

REPORT 1:

Outpatient Substance Use Dependence Treatment Facility Survey

Oregon Nicotine Treatment and Recovery

Prepared by Rede Group, June 2022

Acknowledgements:

The Oregon Nicotine Treatment and Recovery Project is guided by a participatory panel composed of individuals with lived-experience and health care, community-based, and governmental organizations. The goal of this project is to improve the lives and life-expectancy of people with a co-occurring behavioral health conditions and nicotine addiction.

Rede Group Team

Jill Hutson, MA
Beck Wright, MPH
Elizabeth Paschal
Erin Charpentier, MFA
Makinna Miles, MPH

OHA Team

Kaitlyn Lyle, MA
Sarah Hargand, MPH

Contents:

Terminology.....	2
Introduction.....	2
About the Facilities.....	3
Findings.....	4
Discussion.....	9

Terminology:

NiTR	Nicotine Treatment and Recovery
OHA	Oregon Health Authority
SUD	Substance Use Disorder

Introduction

Substance use disorders (SUD) facilities are critical elements in Oregon’s overall system for diagnosing and treating behavioral health conditions. Acknowledging this and the need to prioritize the flow of work, the NiTR Expert Panel decided to focus on SUD treatment facilities in the first phase of the project. This report describes the outcomes of a questionnaire survey of outpatient SUD treatment facilities about their current policies and practices for supporting nicotine treatment and recovery. The survey included questions about tobacco free policies, tobacco/nicotine dependence screening and treatment practices, challenges to providing tobacco/nicotine dependence treatment, and resources that would be helpful for improving tobacco/nicotine treatment dependence.

Key takeaways

- Most facilities reported having a nicotine/tobacco free environment
- Most facilities reported screening for tobacco/nicotine use, about half of the facilities reported providing treatment or referring to treatment, and very few facilities reported providing pharmacotherapy
- Over two-thirds of respondents felt clients/consumers were not concerned about tobacco/nicotine use and were not interested in quitting

Method

The survey was developed based on surveys that other states¹ have used in behavioral health settings. The SUD survey was fielded from February 14 - April 22, 2022. It was programmed into Survey Monkey, an online survey tool, and survey respondents were recruited multiple ways: through emails from the OHA Health Systems Division Licensing and Certification, OHA Public Health Division, and Rede Group; sent to the Oregon Council for Behavioral Health membership email list; recruitment by the NiTR Expert Panel; and individual calls directly to facilities. A total of 52 surveys were received. After data cleaning, 29 unduplicated, completed surveys were included in analysis.

¹ Rede reviewed survey examples from Montana, New Jersey, South Carolina, and Virginia and worked with the NiTR Expert Panel to adapt the surveys and add additional questions specific to this project

Limitations

Accurate list of outpatient SUD treatment facilities:

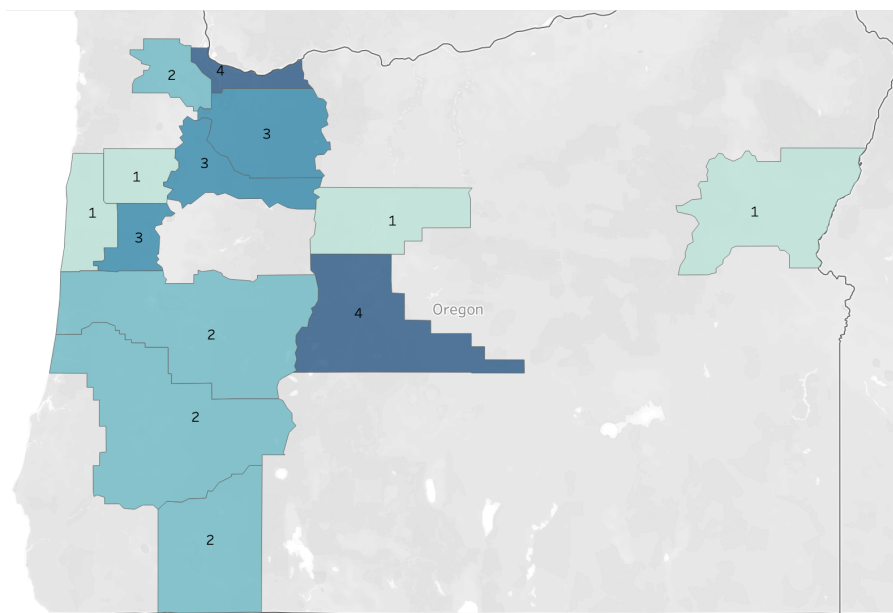
Rede encountered barriers in obtaining a current, accurate list of outpatient substance use facilities in Oregon from OHA. Thus, Rede and OHA utilized informal methods to disseminate the survey (such as invitations via listservs) therefore Rede did not have a complete list of who the survey link was emailed to and the response rate was indeterminate.²

Representation across Oregon:

The majority of the surveys returned were from facilities along Oregon's I-5 corridor, with just a few from central Oregon, and one from eastern Oregon. This may be due to the fact that there were fewer facilities and perhaps less capacity of staff, as well as incorrect contact information. Although Rede hoped to receive surveys from every county in the state, the surveys received did provide a picture of services available within the system.

About the facilities

Respondents were primarily from the west side of the state, mostly along the 1-5 corridor, with a few from central and eastern Oregon.



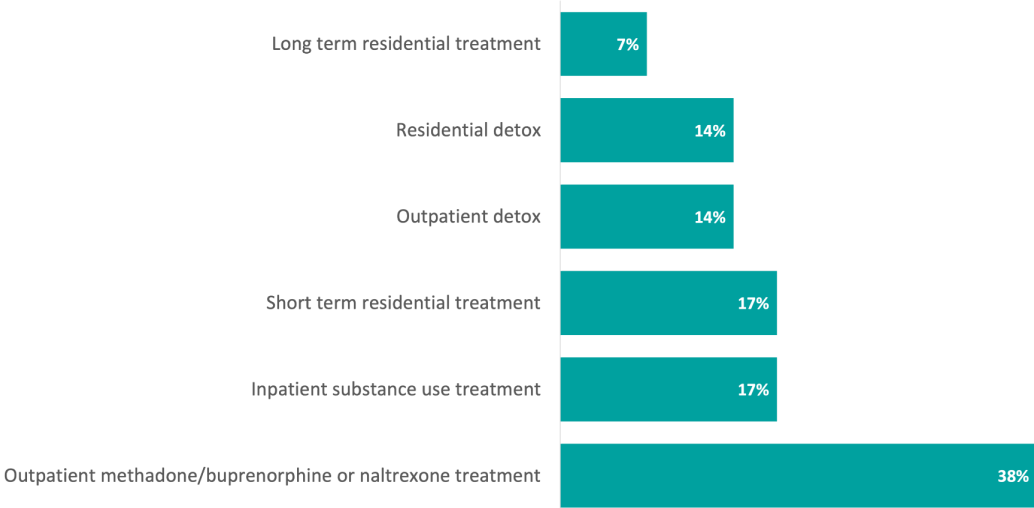
All 29 facilities provided services to adults aged 18-64. Many facilities also served seniors over 65 (22 respondents) and adolescents (15 respondents). Three facilities served children under 15, and one facility wrote that they serve 13-18 year-olds.

² A detailed description of survey creation, distribution, and analysis will be available in the forthcoming report on the Survey Process for Outpatient SUD Facilities Report.

The majority of facilities did not have a specific population focus (24 out of 29). Below is the list of the specific populations that the 5 facilities did indicate a focus on. Respondents were able to select all that apply.

- LGBTQIA2S
- Latino/a/x
- American Indian/Alaska Native
- African American/Black
- Asian
- Native Hawaiian/Pacific Islander
- Immigrant/Refugee
- People with disabilities
- People with intellectual disabilities
- Criminal justice involved
- DUI's
- Women (with or without children)

Most facilities provided services in addition to outpatient SUD treatment services, including the following:

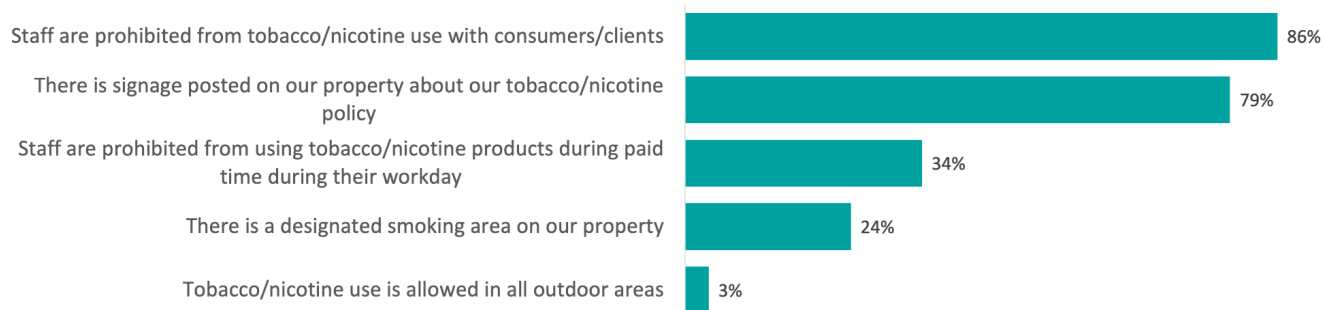


Findings

Facility tobacco/nicotine use policies

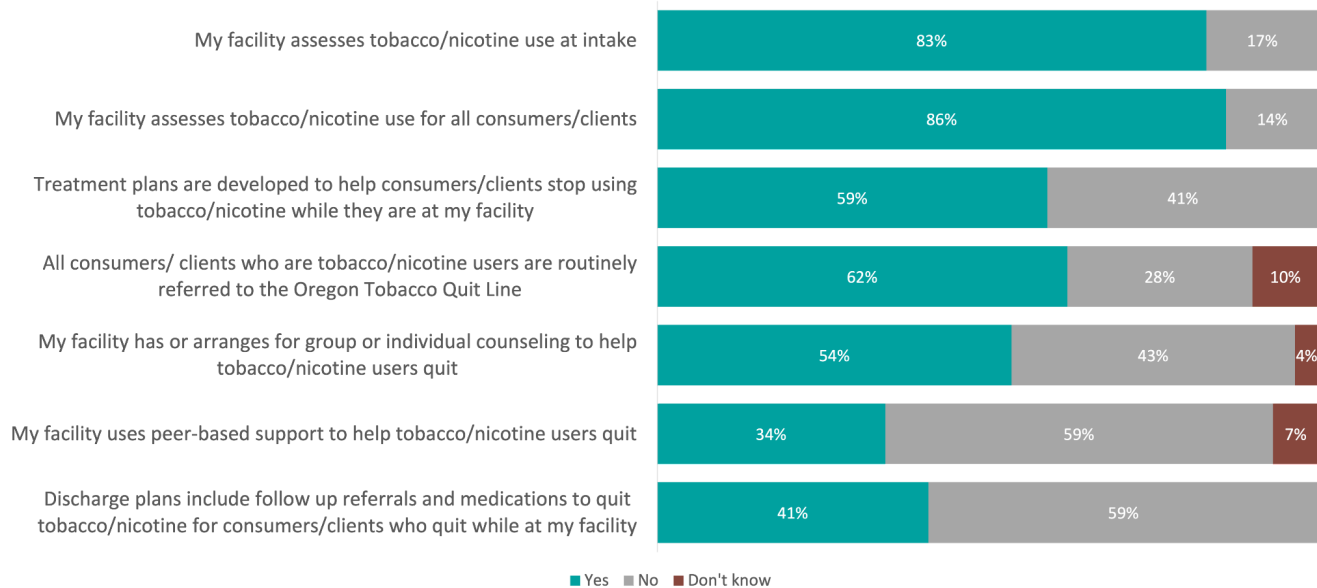
All but one respondent reported having some sort of written policy, and over half reported having a completely tobacco/nicotine free policy, prohibiting tobacco/nicotine use in all buildings and on their grounds (57%). Another 38% of respondents reported that they did not have a campus wide policy, but did prohibit tobacco/nicotine use inside buildings and near building entrances. Respondents indicated a variety of other policies related to where and

when tobacco/nicotine use could occur. Almost all facilities (86%) prohibited staff from using tobacco with clients/consumers, and most reported having signage posted to communicate their policy. One-third reported prohibiting staff from using tobacco/nicotine products during paid time. One-quarter of respondents had a designated smoking area, and one facility allowed tobacco/nicotine use anywhere outside.

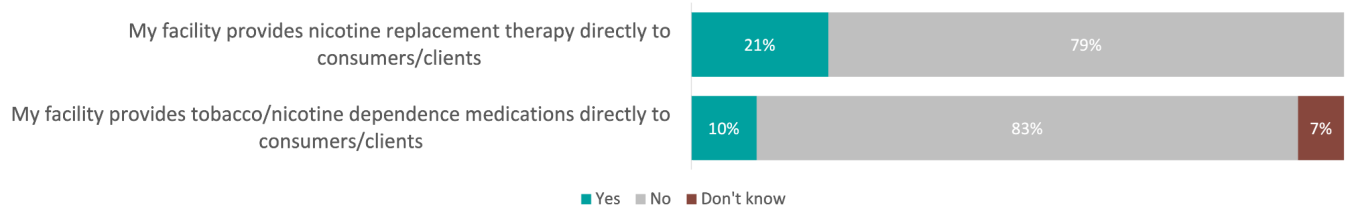


Tobacco/nicotine treatment practices

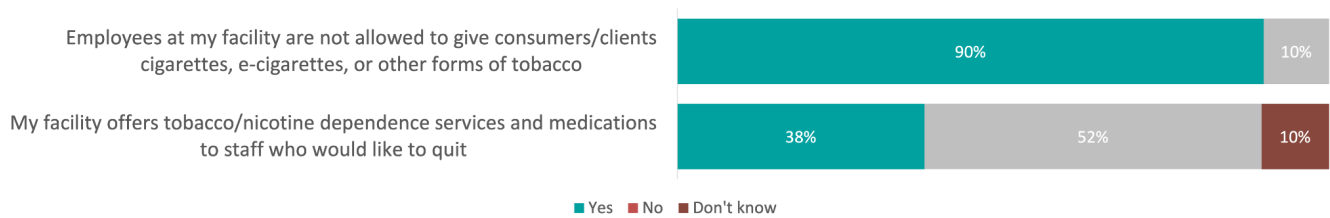
The majority of respondents reported that their facility screened for tobacco use, and more than half supported treatment planning, arranged for treatment services, and/or referred to the Oregon Tobacco Quit Line (Quit Line). Interestingly, 10% did not know if they referred clients/consumers to the Quit Line. Less than half of facilities surveyed provided peer-based support or included nicotine dependence treatment in discharge plans.



Very few facilities provided pharmacotherapies (nicotine replacement therapy or medication such as bupropion or varenicline) for nicotine dependence on site.

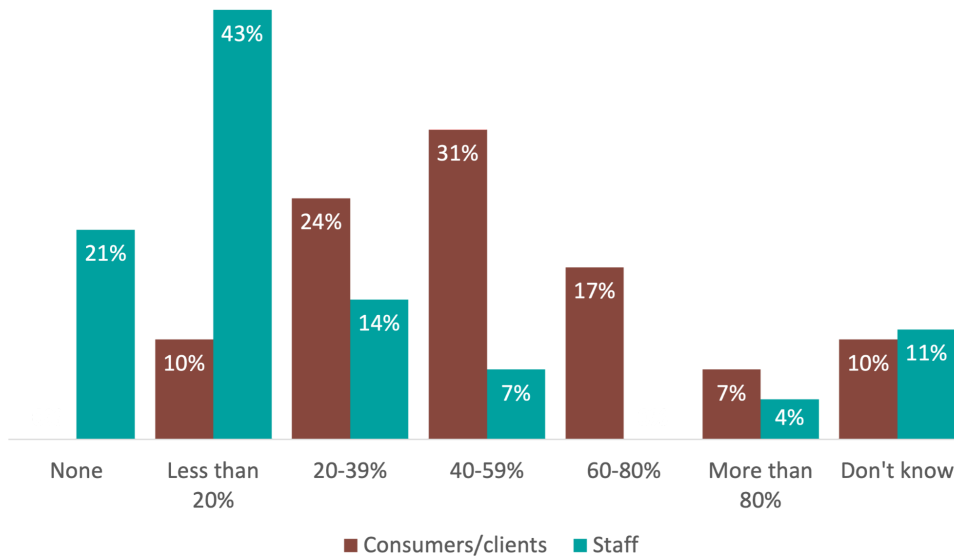


Practices related to employee behaviors were asked about in the survey. The vast majority of facilities prohibited employees from providing tobacco/nicotine products to clients/consumers. Approximately half of respondents (52%) reported that they **did not** provide cessation support to their employees.



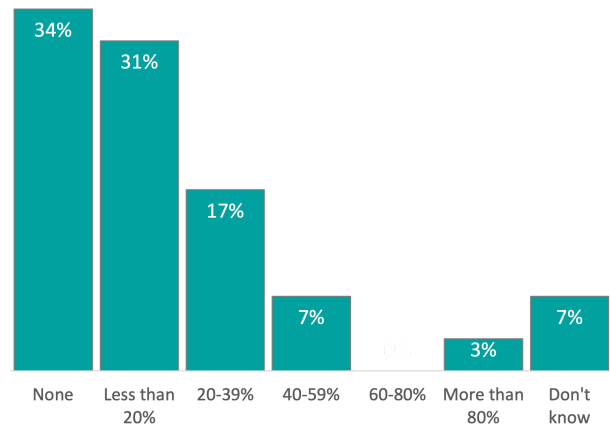
Tobacco/nicotine use

Survey respondents were asked to estimate the percentage of their clients/consumers and staff who currently used tobacco/nicotine products. Respondents estimated that more clients/consumers used tobacco/nicotine products than staff, and over 20% of respondents estimated that none of the staff at their facility used tobacco/nicotine products, while that response option was not selected for clients/consumers by any respondent. The majority of respondents (79%) reported that at least 20% of clients/consumers used tobacco/nicotine products at their facility, and over half of respondents reported that at least 40% of clients/consumers used tobacco/nicotine products at their facility. For comparison, in 2020, the percentage of adult tobacco use in Oregon was 23%.



Nicotine dependence treatment

Respondents were asked to estimate the percent of clients/consumers who were in treatment for nicotine dependence in an average month. One-third of respondents reported that there were no clients/consumers engaged in nicotine dependence treatment in a given month. One respondent (3%) reported that more than 80% of their clients/consumers were engaged in nicotine dependence treatment.

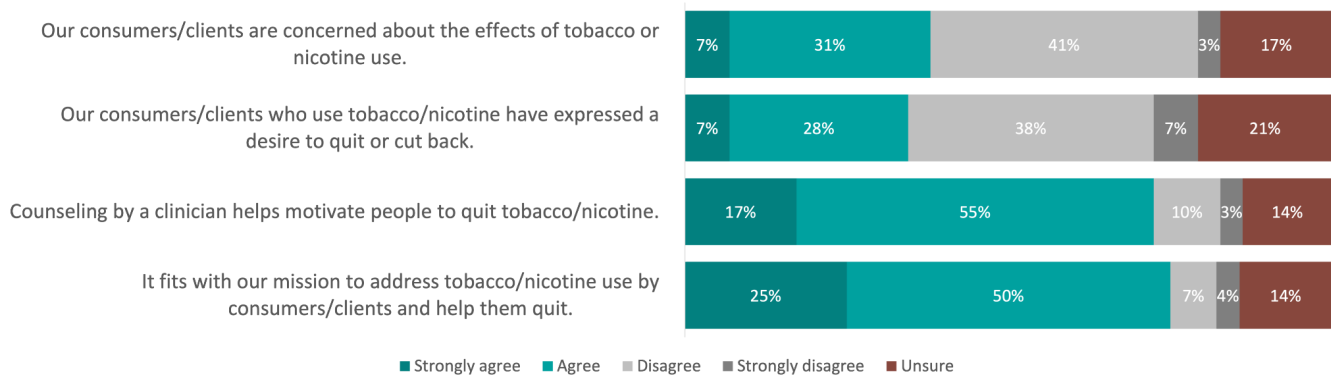


Attitudes/beliefs

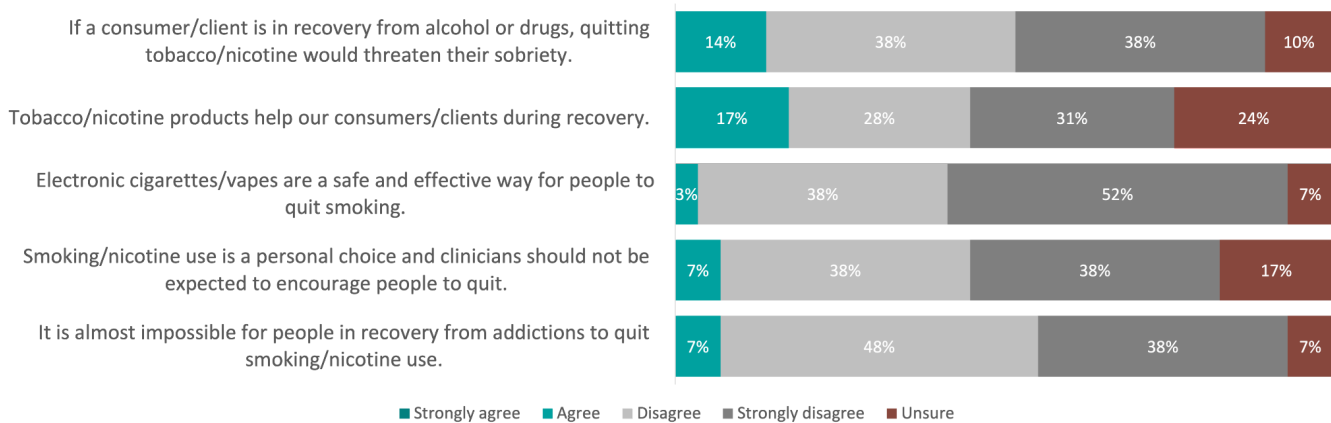
The survey included a series of attitude and belief questions to gain information about SUD providers' understanding of SUD and tobacco/nicotine use. Respondents used a four point likert scale from strongly disagree to strongly agree, with a fifth option of unsure they could select if they didn't know.

Nearly three-quarters of respondents (72%) agreed that counseling by a clinician helped motivate people to quit smoking, and three-quarters of respondents reported that they felt it fits with the mission of their organization to address tobacco/nicotine use. Roughly one-third of respondents reported that clients/consumers were concerned about tobacco/nicotine use,

and about one-third reported that clients/consumers had expressed a desire to quit or cut back on their tobacco/nicotine use.

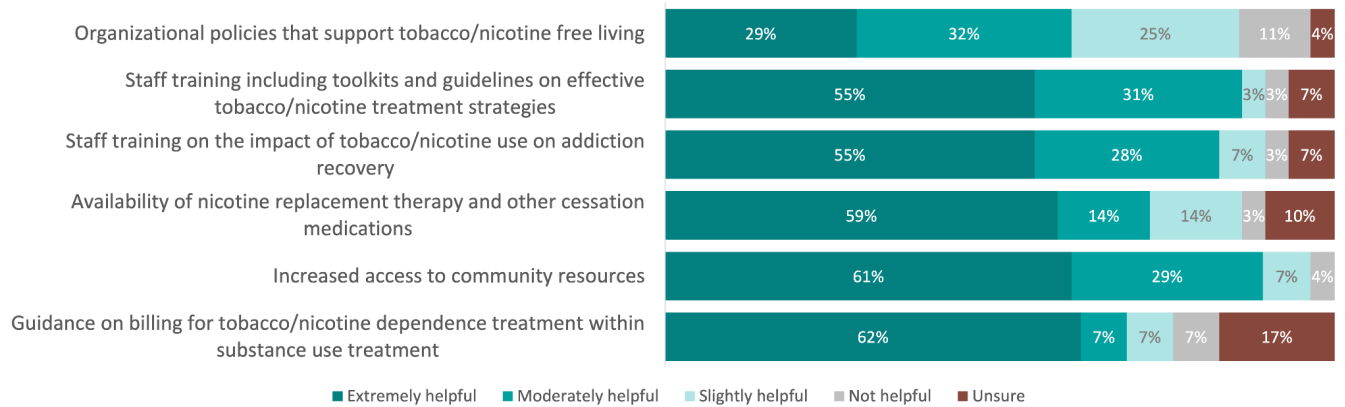


Overall, very few respondents reported that nicotine/tobacco use supported the sobriety of clients/consumers, and the majority (86%) reported that they did not believe that it is impossible for people in recovery to quit their tobacco/nicotine use. Additionally, almost all (90%) of respondents reported that vaping is not a safe way to quit smoking.



Resources

The survey also asked respondents to rate the potential usefulness of specific technical assistance tools and resources to help them improve nicotine dependence treatment practices. The top two resources that were considered extremely or moderately helpful were: staff training including toolkits and guidelines on effective tobacco/nicotine treatment strategies and increased access to community resources.



Discussion

Barriers to fielding this survey

As previously stated, this is not a representative sample of SUD facilities in Oregon. We were unable to determine a response rate for these surveys since we did not know the full list of facilities that were contacted. More work is needed to compile an accurate list of SUD facility contacts in Oregon.

Alignment with best practices

Diagnosis and Treatment

Oregon SUD facilities reported practices that varied in alignment with national best practices for nicotine dependence treatment (as outlined by the Million Hearts Tobacco Cessation Change Package³). Best practices for tobacco dependence treatment include assessing use, developing treatment plans, identifying and connecting clients/consumers with referral sources, and following up with clients/consumers. While a large portion (83%) of facilities assessed clients'/consumer's tobacco/nicotine use at intake, fewer (62%) facilities reported regularly referring clients/consumers to the Quitline and a smaller percentage (59%) developed treatment plans to help clients/consumers. Less than half of facilities included following up with clients/consumers about their cessation efforts in discharge plans.

Tobacco/Nicotine-free Environments

According to Oregon Administrative Rule⁴, all outpatient SUD facilities are required to be tobacco-free on program facilities and on program grounds. In contrast, almost one-quarter of facilities in this survey reported that there was a designated smoking area on their

³ "Tobacco Cessation Change Package - Million Hearts®." *Million Hearts*, https://millionhearts.hhs.gov/files/Tobacco_Cessation_Change_Pkg.pdf.

⁴ Oregon Administrative Rule 309-019-0205, Health Systems Division: Behavioral Health Services - Chapter 309. Oregon Secretary of State Administrative Rules. (n.d.). Retrieved from <https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=242831>

property. It is a best practice to provide a property-wide tobacco free environment to support recovery for nicotine dependence.

While data collected from the survey are purely descriptive, it is clear that there is room for improvement in outpatient facilities' alignment with best practices both from the state and nationwide.

Questions for further consideration

- Nearly all facilities, 86%, reported that they assessed clients/consumers for tobacco/nicotine use, but only 59% assisted with the treatment planning. Does this gap reflect a good intention, but lack of strategy or follow-through, or, was the estimate of 86% inflated? Alternatively, were providers underestimating their clients'/consumers' desire to quit?
- Only 38% of facilities reported offering nicotine dependence services to staff who wanted to quit. This number seems low given the strong evidence of the effectiveness of counseling and medications in treating nicotine dependence. Was the lack of services due to an assumption that the employee's private insurance is covering services elsewhere?
- Only 21% of facilities said they provided nicotine replacement therapies to clients/consumers, and 10% said they provided other nicotine dependence medications. Again, this number seems low given the strong evidence of the effectiveness of counseling and medications in treating nicotine dependence. Why was this number so low? Was there a lack of staff who could provide these medications?
- Through survey responses and anecdotes shared by the Expert Panel, it is clear that policy and practice may not align when it comes to tobacco free campus policies. How many facilities actually provide a tobacco/nicotine free environment?

Next Steps

- (1) The results outlined in this report create a strong case for continuing to assess outpatient SUD treatment facilities' current policies and practices for supporting nicotine treatment and recovery. Clearly, a greater response rate and a more robust method for administering the survey would benefit generalizability and overall understanding of areas of strength and weakness in SUD facilities' policies and practices. In addition, establishing a method for routinely administering this survey would allow OHA to track improvement or deterioration in services and supports offered to clients/consumers over time. Specifically, continuing efforts to obtain a list (with contact information) of all outpatient SUD facilities from OHA's Health Systems Division (the agency tasked with licensing/certifying these facilities) is advised. (As noted earlier, Rede and PHD attempted to obtain this list from HSD during Summer and Fall

2021 and Winter 2022). This survey would ideally be sent directly to facilities with individualized links, allowing for direct follow-up.

- (2) With guidance from the Expert Panel, Rede will continue exploring nicotine cessation efforts in Oregon in order to identify barriers, make recommendations, and improve recovery. The next step is to collect information from SUD providers who work directly with clients/consumers. The purpose of this round of data collection is to gain a deeper understanding of workplace issues that affect the facilities' ability to support nicotine dependence treatment and recovery. Outcomes from this report will guide data collection methods throughout the remainder of this evaluation.