Direct Service Staff Focus Groups

Oregon Nicotine Treatment and Recovery

Prepared by Rede Group, August 2023

Acknowledgements:

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Terminology:

DSS	Direct service staff
NiTR	Nicotine Treatment and Recovery
NRT	Nicotine replacement therapy
OHA	Oregon Health Authority
SUD	Substance use disorder

Introduction

In order to learn more about policy and organizational culture around commercial tobacco and nicotine use in inpatient/outpatient substance use disorder facilities, Rede Group (hereafter Rede) conducted two rounds of focus groups with direct service staff working in these facilities. The first round of focus groups was synchronous and took place via Zoom. After completion of Zoom focus groups, it was determined that further engagement was needed to reach saturation of response themes. Thus, Rede conducted a second round of focus groups; this round being asynchronous and utilizing the Collabito platform. Methods for both rounds of focus groups are detailed below.

Methods & analysis

Recruitment

Participants were recruited through a variety of channels: through emailing a list of inpatient and outpatient substance use disorder facilities compiled by Rede, sharing a flier with the Oregon Nicotine Treatment and Recovery in Behavioral Health Expert Panel to disseminate,

and sharing a flier with other contacts involved in cessation work. For the second round of focus groups, Rede also invited folks who had signed up for the first round but had not participated due to their unavailability at the scheduled focus group time or because the groups were already full.

At initial outreach, participants were asked to fill out a survey with their contact information, organization, role, and in which county their organization was located; Rede followed up via email to invite participants to their respective focus group. Staff self-identified as direct service staff and provided treatment services of some kind to clients in inpatient or outpatient substance use disorder facilities (see table D below).

Zoom focus groups

A total of thirteen participants attended real-time focus groups over Zoom. Rede held one focus group for staff working in facilities serving rural-dwelling clients, this focus group had five participants; and one for staff working in facilities serving urban-dwelling clients, this focus group had eight participants. Zoom focus groups were held in August and September of 2022. After focus groups were complete, participants were asked to fill out an online survey with information about their facility to gauge the reach of the assessment.

Collabito focus groups

In February 2023, Rede Group conducted three online, asynchronous focus groups with a total of 26 direct service staff. These focus groups took place on the online platform Collabito, utilizing their bulletin board and questionnaire functions. Once focus group participants were recruited, each received a link via email to one of three focus groups on Collabito, where they had access to participate in ten bulletin boards. Bulletin boards function like a discussion board, allowing participants to respond to prompts in writing, reply to each other, and send "likes" when they agree with something another participant wrote. Click here to learn more about the platform. Collabito focus groups were self-paced, with the suggestion to complete two bulletin board activities each day for five days. There was also a facility information survey for participants to complete. The below chart shows overall participation in each of the three Collabito focus groups.

Each of the three Collabito focus groups consisted of a similar number of participants, and dynamics were consistent across the three. Participants were instructed to leave responses to others' posts to interact with what they had said and to leave likes if they agreed with ideas in others' posts. Participants in the first focus group left many more likes on each others' posts than did participants of the second and third groups.

Figure A: Collabito focus group participant engagement

	Focus group 1 (N=10)	Focus group 2 (N=8)	Focus group 3 (N=8)

Posts	22	24	23
Responses	15	10	10
Likes	42	28	23
Total posts and responses	37	34	33

Analysis

Analysis for the two rounds of focus groups occurred separately, but followed the same process. After completion of focus groups, transcripts were created (using the online transcription service Rev for Zoom focus groups and automatically, as a platform feature, for Collabito focus groups) and uploaded to the Dedoose qualitative analysis platform. The Rede coding team created a coding tree to thematically analyze focus group responses. Inter-coder reliability was established by blind coding two participant transcripts before completing all coding. After coding all transcripts, the Rede team reviewed codes to determine the themes that arose across focus groups.

Participants' organizational affiliations (combined)

The following tables summarize participants' organizational affiliations.

Figure B: County where participants' facility of affiliation is located

Multnomah	17 (44%)
Lane	7 (18%)
Jackson	4 (10%)
Benton	3 (8%)
Crook	1 (3%)
Deschutes	1 (3%)
Josephine	1 (3%)

Figure C: Specific population/community facility provides tailored services to

Lesbian, Gay, Bisexual, Transgender, Queer, Asexual, Two Spirit, etc.	11 (28%)
American Indian/Alaska Native	11 (28%)
African American/Black	11 (28%)
People with intellectual disabilities	10 (26%)
Women with children	3 (8%)
Don't know	2 (5%)
Other (sex workers, youth)	2 (5%)

Klamath	1 (3%)
Marion	1 (3%)

All of the above/none specifically	17 (44%)

Figure D: Role of participant at their facility

Counselor/therapist	13 (33%)
Peer mentor	11 (28%)
Leadership	4 (10%
Case manager	3 (8%)
Certified Recovery Mentor (CRM)	2 (5%)
Other (intake specialist, care coordinator, mental health specialist, treatment assistant, mental health aide, daycare teacher, RN)	7 (8%)

Limitations

Engagement fatigue for Collabito focus groups

The Collabito focus group opportunity, which was asynchronous, allowed participants to respond to discussion boards with different prompts at their own pace over the course of one week, with the suggestion to respond to two each day. Many participants followed this suggestion. Towards the end of the week, engagement began to fall, which may signify participant fatigue. Engagement for each discussion board is documented in the findings section.

Comfortability with sharing in a Zoom meeting

Some participants in Zoom focus groups may have not felt comfortable sharing details about their facilities in a peer group with other providers, particularly if they did not prioritize tobacco-free policies, had weak policies, or their facility or staff did not have anti-smoking attitudes or norms. Collabito focus group participants were more likely to share pro-smoking or vaping behaviors occurring in their facilities than Zoom participants.

Generalizability

Findings presented in this report represent the experiences of the 39 staff who participated in focus groups, and are not intended to be generalizable to all direct service staff or all substance use disorder facilities. The intent is to provide insight into the organizational

culture and practices around commercial tobacco/nicotine use in some facilities, to inform future data collection and make recommendations that may benefit all SUD facilities.

Findings

Organizational culture

Participant feelings around commercial tobacco/nicotine products

In both focus groups, the vast majority of participants shared an overwhelmingly negative view of commercial tobacco/nicotine products. Many had negative personal experiences with commercial tobacco/nicotine products, such as a difficult journey to overcome commercial use themselves. In Zoom focus groups, about half of participants who mentioned being former smokers also mentioned that they had switched to vaping as they quit smoking cigarettes. Nearly all of these participants said that they hoped to someday be completely nicotine-free. Some participants mentioned that, although they had negative feelings around commercial tobacco and nicotine use, they viewed use as a viable harm reduction tool. Other negative statements evidenced concerns about youth using commercial tobacco, frustration with commercial tobacco industry tactics, and concerns about vaping, especially for youth.

"I am disappointed with the tobacco industry as a whole. It is the number one killer when it comes to addictive substances and the damages or sudden death can come many years after a person has quit using. I was a smoker and then I chewed tobacco for many years. I never got into vaping but I see that many young adults and under age youth use vaping products. We truly won't be able to understand the harm that vaping causes until we have collected many years of data and by that time many people will have suffered." -Collabito focus group participant

"I have a bunch of cousins that are way younger than me and are constantly talking about vaping. Like Dawg? You're 13 years old :-')" -Collabito focus group participant

"I have struggled with nicotine use for two decades. I was able to quit cigarettes for over a year before I started using a nicotine vape. This is something I am still working on and hope to be able to give up one day soon." -Collabito focus group participant

Collabito focus group engagement for this question:

Total original posts	22 (85% of participants)
Total likes	42
Total comments on each others' posts	15

Organizational culture around the use of commercial tobacco/nicotine products

Reflecting beyond their own personal feelings to their organizational cultures around the use of commercial tobacco/nicotine products, participants shared varying sentiments.

In Zoom focus groups, many participants shared that use of commercial tobacco/nicotine products was generally not talked about - with clients/consumers or with staff. A couple of participants did mention that the use of these products was normalized among staff and clients, and even that using commercial tobacco/nicotine together was a way that they had observed staff building rapport with clients. One mentioned that the norms related to commercial tobacco/nicotine fluctuated as clients entered and exited their program.

In Collabito focus groups, many participants reported commercial tobacco/nicotine use being normal in their facilities, both for clients and for staff. Some participants indicated clients being more likely to be commercial tobacco users than staff. As it came up when discussing general feelings about tobacco/nicotine use, participants mentioned that commercial tobacco use was viewed as a harm reduction strategy that kept clients from using other substances deemed by staff and/or clients to be more harmful. A testament to how ingrained the use of tobacco/nicotine products is in the culture at some facilities, some participants reported that their facility provided outdoor “smoking areas”, and some said that smoke breaks were a part of the day-to-day routine at their facilities for clients and staff.

When asked about the organizational cultural differences between different types of tobacco/nicotine products, several participants in Collabito focus groups noted that vaping was more acceptable than combustible cigarettes; in contrast, a few participants reported that smoking was allowed for clients, but vaping was not. The rationale provided for this was that clients were adding other (non-tobacco) substances in vapes.

Collabito focus group engagement for this question:

Total original posts	24 (92% of participants)
Total likes	28
Total comments on each others’ posts	10

Organizational culture around quitting commercial tobacco/nicotine

In both rounds of focus groups, it was clear that quitting commercial tobacco/nicotine use was not a common organizational priority. Participants working in facilities where tobacco treatment was not a routine aspect of care said that this was because tobacco/nicotine cessation was not the reason why clients were there, and that their “more dangerous” addictions were much more urgent.

Although not a priority, some Zoom focus group participants described an organizational culture where staff members celebrated those who were trying to quit, and mentioned that they regularly asked clients if they were interested in quitting. A few participants in Collabito focus groups noted that their organization did not have any programs in place for treating nicotine addiction, but several noted that they "referred" or encouraged clients to use the Oregon Tobacco Quitline. Some participants were concerned that promoting tobacco/nicotine treatment would overstep a barrier or disrespect client autonomy.

Collabito focus group engagement for this question:

Total original posts	23 (88% of participants)
Total likes	23
Total comments on each others' posts	10

Vaping

The majority of participants shared that vaping nicotine was generally accepted or even glamorized at their facilities. Vaping was seen as more safe than cigarettes, and particularly for youth, they were more attractive (due to the taste, smell, and social capital) and easier to access. It was easier to access for adults as well, and easier to hide if needed.

When compared to cigarette or other tobacco products, vaping was more common among staff; one participant even mentioned a designated area where staff could vape. Policies around vaping did vary: two Zoom focus group participants shared that their tobacco-free policy included vaping, but a few Collabito focus groups said that, at their facilities, vaping was allowed in residents' rooms or elsewhere on the premises.

"At all 5 of our locations smoking is allowed in designated areas. Vaping is allowed in clients' rooms. There is definitely a difference in the opinion of vaping vs smoking" -Collabito focus group participant

"Vaping is encouraged at our sober living homes as a harm reduction/quitting technique. We allow smoking outside in designated smoking areas and we allow vaping inside/outside. Personally I know vaping is even more difficult to quit than smoking so I don't promote vaping at all. We still don't know what the long term effects of vaping will be." -Collabito focus group participant

"It just seems like it's more okay with everyone than other forms of nicotine." -Zoom focus group participant

Collabito focus group engagement for this question:

Total original posts	23 (88% of participants)
Total likes	23
Total comments on each others' posts	10

Marijuana

One Zoom focus group was asked about the differences in culture around marijana use and commercial tobacco/nicotine products. Participants shared that marijuana was much more accessible now than it used to be, and one participant offered that it may be as easy to access as vape products. Participants shared differing opinions about the correlation between marijuana use and tobacco product use - some observed co-use, and some observed that people typically used one or the other.

All Collabito focus groups had the opportunity to respond to questions about the culture and policy around marijuana use at their facilities. Over half of participants said that marijuana use was completely prohibited, and many also said that marijuana was viewed the same as other substances in terms of abstinence: clients typically had to pass drug tests and would not pass them if they had been using marijuana. Several participants mentioned that clients viewed marijuana as different or less harmful than other drugs. When asked about the relationship between marijuana and tobacco use, six participants said they didn't see any relationship; two said they had; two weren't sure.

Collabito focus group engagement for this question:

Total original posts	25 (96% of participants)
Total likes	20
Total comments on each others' posts	7

Commercial tobacco policies

Participants in both rounds of focus groups shared a wide variety of commercial tobacco-free campus policies at their facilities, including:

- No written policy
- Designated tobacco use ("smoking") area the on campus
- Tobacco-free indoors with tobacco use allowed 10 or 25 feet away from buildings or 50 feet away from campus
- A completely tobacco-free campus (over half of Zoom focus group participants said that their facility was completely tobacco-free)
- Policies that prohibit all use of vapes
- Policies that allow vaping

- Compliance with "state law"
- Providing established smoking breaks for clients

Differences between policy and practice

In both rounds of focus groups, there was strong agreement that established policies were adhered to. In Zoom focus groups, participants shared that, although policies were technically being followed, it was common for clients to step right off the property to use these products. Many participants did not confirm or negate policy/practice differences.

Policy violations

For clients, methods of policy enforcement included verbal reminders, behavior remediation plans, loss of privileges, or program termination. The most frequently mentioned enforcement was a verbal reminder, and participants said that these only sometimes led to further consequences. Several participants also said that, at their facility, there were no repercussions for policy violations.

In Zoom focus groups, participants also discussed policy violations for staff and said that they were seldom an issue. A couple of participants noted that if staff were to come to work smelling like cigarettes, they would be sent home.

Policy impact

Several participants (from both rounds of focus groups) believed that disallowing commercial tobacco use would negatively impact their program because clients wanted treatment programs that allowed commercial tobacco use. Other participants reported that policies disallowing commercial tobacco use were understood as a condition of the program and that clients were accustomed to this circumstance. Many participants from both rounds of focus groups did not share on this topic.

Collabito focus group engagement for this question:

Total original posts	20 (77% of participants)
Total likes	19
Total comments on each others' posts	7

Organizational support for diagnosing and treating commercial tobacco use and addiction

For many participants, the extent to which they had been trained on diagnosing and treating tobacco use and addiction was related to screening and referral procedures. Some participants had not received any training at all, and many who had, did not receive *extensive*

training - they indicated that training was not happening regularly and that, to their knowledge, they were not following a specific curriculum.

There was agreement that they did have the time and resources to screen, treat, and follow up with commercial tobacco users in their practice.

Resources provided to clients

In Zoom focus groups, over half of participants said that their facilities offered counseling for clients who wanted it, or that they helped clients create a treatment plan. Collabito focus group participants were less likely to share that their programs provided individual counseling, but a few did.

Other resources that were provided to clients, reported by participants in either round of focus groups, included referring them to the Oregon Tobacco Quitline, providing Nicotine Replacement Therapies (NRT) or other pharmacology (or providing vouchers for clients to get NRT/pharmacology somewhere else), or providing group counseling sessions. A couple of participants also mentioned providing printed materials about cessation to interested clients.

Collabito focus group engagement for this question:

Total original posts	23 (88% of participants)
Total likes	11
Total comments on each others' posts	2

Barriers to addressing commercial tobacco addiction with clients

Many barriers came to light during focus groups that got in the way of treating commercial tobacco/nicotine dependence during substance use disorder treatment. The following barriers were mentioned by participants:

- Nicotine was seen as a coping mechanism for clients/consumers, and staff did not want to take this away
- Mental health, poverty and trauma were also mentioned as related to nicotine use, and nicotine was used as a coping mechanism to deal with these issues
- Clients/consumers did not value quitting, did not want to quit
- The facility was not inpatient, making it difficult to address with clients/consumers
- The belief that nicotine dependence shouldn't be co-treated at the same time as other substance use disorder
- One's surroundings and supports
- Lack of staff time to treat
- Tobacco/nicotine treatment was not a priority at the organizational level

"Since nicotine usage is so socially normative, it's almost joked about to quit or reduce, especially if they are not near the contemplation stage of quitting. Thus, I feel it makes it a slight bit more challenging for those who may be on the fence to either open up about or follow through with cessation tactics."
-Collabito focus group participant

"Smoking cessation group is the first to go when we are short staffed." -Collabito focus group participant

"Is the problem so much the substance, or is it more so that it's easier to find a cigarette than a friend?"
-Zoom focus group participant

Collabito focus group engagement for this question:

Total original posts	24 (92% of participants)
Total likes	14
Total comments on each others' posts	5

Ideas to increase commercial tobacco treatment

Participants shared several ideas to increase commercial tobacco treatment and help people quit. Thematically, participants thought that more educational materials and opportunities would be helpful, including data/information around the harmful effects of commercial tobacco/nicotine products and information about the benefits of quitting tobacco at the same time as other substances. They also shared a greater need for training opportunities for staff on how to screen and treat. There was agreement that implementing smoke-free policies or making existing policies more rigorous would help. Other ideas shared by participants included:

- Providing/encouraging healthful alternatives to commercial tobacco use
- Offering free NRT
- Increasing FTE to improve organizational capacity for addressing commercial tobacco
- Peer support and staff modeling
- Providing incentives to clients for hitting quit milestones
- Using scare tactics to get through to clients about the harmful effects of tobacco use

"[Available tobacco cessation trainings] seem like a type of training that goes alongside the oral health training to add to people's knowledge of issues they may come into. But from what I've seen, it may not be informative enough to allow them to guide other people through cessation on that generalized training alone." -Collabito focus group participant

"I do know that clients that smoke, have a 80% higher chance of relapsing on their drug of choice and I think more education and information like this should be provided to our client's." -Collabito focus group participant

"If policies were changed then things would absolutely be different concerning commercial tobacco use and our clients. As of now there is no a policy in place that encourages clients or staff to not use commercial tobacco products. The culture there at our facility is smoke if that is your desire. Harm reduction is seen as a positive so if smoking is the only vice left then so be it." -Collabito focus group participant

"I personally like it when the prices go up... cigarettes... they're almost $10 a pack. Who the heck can afford that? But yay, let's go 11." -Zoom focus group participant

Collabito focus group engagement for this question:

Total original posts	24 (92% of participants)
Total likes	25
Total comments on each others' posts	5