Vermont Promotes Policy & Treatment to Reduce Disparity in Tobacco Use among Individuals with Mental Health & Substance Abuse Conditions

CONTEXT

Disparities in tobacco use and burden exist among specific population groups, including Vermonters with a mental health and/or substance abuse (MHSA) condition. Individuals with a MHSA diagnosis are more likely to use tobacco, and those with severe mental health conditions are likely to smoke more heavily [i]. In Vermont, the smoking prevalence is 27% among adults that report depression[ii], 38% among adults who use marijuana and 23% among those who binge drink, compared to 18% among the general adult population[iii].

Smokers with MHSA conditions report wanting to quit tobacco at rates that are similar to the general population and research indicates treating tobacco along with other MHSA issues can help improve depression and anxiety disorders, and help substance recovery to be more successful. Treatment for tobacco use in MHSA settings remains a challenge. With a commitment to address the tobacco-related health burden suffered by those with MHSA conditions, including lower quality of life and shortened life expectancy, the Vermont Department of Health (VDH) has prioritized making its state-funded MHSA treatment facilities and facility grounds tobacco-free.

MHSA treatment facilities have the potential to play an integral role in promoting and supporting cessation efforts through 1) implementing tobacco-free campus policies to reduce secondhand smoke exposure and triggers, and 2) integrating cessation services into treatment to promote health among staff and patients. Starting in 2012, VDH has worked to foster tobacco-free policy adoption among MHSA treatment centers. The VDH Alcohol and Drug Abuse Program (ADAP) and Tobacco Control Program (TCP) have provided training and technical assistance to facilities on policy development, integrating cessation activities into care plans, and development of communication, templates and testimonials to provide positive messages to the population of Vermonters with MHSA issues. The VTCP also provides nicotine replacement therapy to residential facilities. While tobacco-free campus policies are not mandatory for designated agencies, approximately half of residential programs and all MHSA facilities have completely or partially adopted and implemented such policies.

Recently, the VDH evaluated the initiative to identify how to improve support to agencies and increase adoption and implementation of tobacco-free policy and integration of treatment as standard of care. The evaluation examined clinical and administrative staff perceptions of the policy and policy implementation process; exploring the organizational culture and context which facilitates or discourages policy adoption. The evaluation conducted key informant interviews of clinical and administrative staff. The results were documented in a final report used to articulate the role that organizational context plays in policy adoption and implementation.

INTERVIEW THEMES

Several themes were identified through the key informant interview process. While the key informant interviews were conducted with a small sample and cannot be considered representative of overall facility perspective, the themes identified provide rich insight to the context in which designated agencies in particular operate and the lens through which they view the integration of tobacco treatment into MHSA treatment. These themes are important considerations in the identification and development of plans to further improve approaches to tobacco policy and treatment implementation.

- **Culture of Health:** An established culture of health and wellness within an organization and among staff facilitates support and implementation of a tobacco-free campus and integration of cessation into treatment.
- **Compliance:** Further success of integration will occur when compliance for use of tobacco on campus is treated the same as would the use of alcohol or other substances on campus.
- **Residential Campuses:** Use of tobacco products indoor was not allowed, however designated space outside the facility was allowed.

> ***" As clinicians our first reaction to change reflects a concern of greater impact on our practice and clients than what really happens."***
>
> —CLINICAL INTERVIEWEE

" We did a countdown, with events and information given out each week. By the time we reached the end staff thought – I'm so thankful that is over and we don't have to hear about the countdown any longer – and didn't complain about the actual policy."

—ADMINISTRATOR INTERVIEWEE

- **Diversity:** Population tailored supports and resources will create more effective treatment approaches for clients who have complicated and diverse behavioral health, physical health and a challenging social context within which they live.
- **Harm Reduction Culture:** A cultural shift away from the application of harm reduction to tobacco cessation will improve tobacco treatment and increase the policy effectiveness. Data and EMRs: Data collection was better among organizations with functional, robust electronic medical record systems (EMRs). A focus on the importance of recording the data in the EMR will improve data available.
- **Best Practice Policy Roll Out:** Best practice roll out strategies implemented by organizations resulted in smoother transition to and acceptance of the policy.
- **Impact of Imminent Threat:** Repeated work by the state to include policy development and implementation into MHSA grant funding heightened awareness and willingness to implement the policy.

NEEDS AND OPPORTUNITIES

Effective strategies such as tobacco identification and treatment are most successful when implemented in the context of communities and organizations affected. Through analysis of the key informant themes and findings, barriers and facilitators to policy adoption and tobacco treatment integration were identified. These issues provide valuable insight to contextual factors impacting policy and treatment implementation and are important considerations when planning ongoing or future work in this area.

- **Resources:** Lack of adequate resources to address tobacco cessation including nicotine replacement therapies and medications, cessation specialists and clinician time was consistently discussed with interviewees.
- **Wellness Coaches:** Clients have a multiplicity of health issues needing integrated approaches that could be managed by a Wellness Coach including asthma, diabetes and obesity.
- **Ongoing Training:** Trainings which include behavioral health specialists speaking to the specific issues of MHSA clients are very valuable.
- **Incremental Approaches:** Interviewees were optimistic that they could "push the needle" further but it would need to be incremental with small measureable successes.
- **Community and Partner Engagement:** There was a desire for developing a systems based approach between the state, designated MHSA agencies and other community partners.
- **Patience:** The organizational culture and resource deficits will continue to be challenging. They desire a partner in the Department of Health who recognizes that change will be difficult and it will take time.

NEXT STEPS

Moving forward, the TCP, in collaboration with the Vermont Department of Mental Health's Culture of Wellness work group, will re-focus the initiative and their efforts to promote health overall, including tobacco policy and treatment supports. During fiscal year 2017, the TCP will support an in person dialogue of MHSA directors and staff with behavioral experts and two webinars. A peer support collaborative will be offered for approximately 6-8 months, providing opportunities for MHSA staff to share their experiences and challenges during six conference calls throughout the year. Through the Culture of Health work group, the TCP will cultivate staff and leadership champions to contribute to agenda content and practice sharing for the peer support collaborative calls. A TCP staff will be designated as a content matter expert available for consultation and support. Information critical to this work will be reorganized on the TCP website to create an road map for MHSA staff at different stages of policy and treatment implementation. Finally, the TCP would like to work with the Culture of Health work group and ADAP stakeholders to brand the initiative, creating a common language for partners.

[i] CDC. Morbidity and Mortality Weekly Report. Vital Signs: Current Cigarette Smoking Among Adults Aged ≥18 Years with Mental Illness — United States, 2009–2011. February 8, 2013 / 62(05);81-87.

[ii] Vermont Department of Health. BRFSS 2014 – Tobacco Use Report. January 2016 .

[iii] Vermont Department of Health. 2013 Vermont Behavioral Risk Factor Surveillance System.