

Addressing the Whole Patient: Examination of Smoking Policies in SUD Treatment Facilities



Smoking Policies in SUD Treatment Facilities

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INTRODUCTION

- Tobacco use disorder (TUD) often co-occurs with other substance use disorders (SUDs)
- Studies show that smoking cessation does not have a negative effect on treatment of concomitant SUDs and may aid in treatment outcomes
- The aims of this research were to:
 - Describe tobacco-related treatment options and smoking policies in SUD treatment facilities in the United States
 - Examine how state-level and facility-level factors are related to SUD facility smoking policies

METHODS

- Sample: SUD treatment providers in 2021 (N=16,623)
- Data were compiled from 1) BRFSS Prevalence & Trends Data: 2020, 2) N-SUMHSS: 2021, and 3) U.S. State Laws Requiring Tobacco-Free Grounds for Mental Health and Substance Use Facilities
- Analysis:
 - Descriptive statistics were used to separately examine characteristics of SUD facilities with outpatient treatment (N=13,778) and SUD facilities with non-hospital residential treatment (N=3,449)
 - Multinomial logistic regression was completed for both outpatient and residential facilities:

Independent Variables	Dependent Variable
Binary State Proportion of Adults who use Tobacco (25 States and DC w/ the Lowest Proportion of Adults who use Tobacco vs. 25 States w/ Highest Proportion)	Smoking Policy: 1. Most permissive (Permitted Anywhere Outside, Designated Indoor Area(s), Anywhere Inside, or Anywhere) 2. Semi-permissive (Permitted in Designated Outdoor Area(s)) 3. Least permissive (Not Permitted to Smoke Anywhere Outside or Within Any Building)
State Laws Requiring Tobacco-Free Grounds (Yes or Partial vs. No)	
Assessment Screening or Education/Counseling for Tobacco (Yes vs. No)	
Pharmacotherapy: Nicotine Replacement or Non-Nicotine Cessation (Yes vs. No)	

RESULTS

Descriptive Statistics

- Most outpatient facilities (52.1%) and residential facilities (67.8%) had a semi-permissive smoking policy
- Few outpatient facilities (7.3%) or residential facilities (1.4%) had the most permissive smoking policy
- Lowest proportion of adults who use tobacco: Utah (8.2%)
- Highest proportion of adults who use tobacco: West Virginia (22.6%)

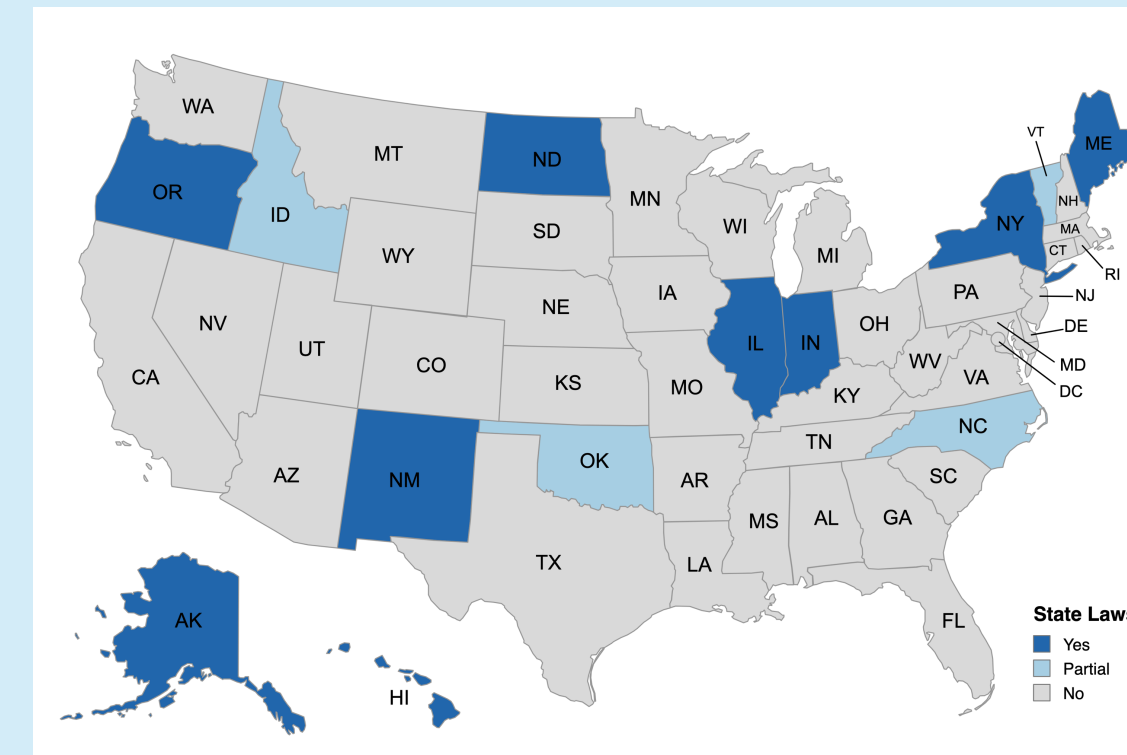


Figure 1. State Laws and Regulations Requiring Tobacco-Free Grounds

Multinomial Logistic Regression

Variable	Semi- vs. Least permissive		Most vs. Least permissive	
	Adjusted OR	95% CI	Adjusted OR	95% CI
State Proportion of Adults who use Tobacco Highest 25 States vs. Lowest 25 States and DC	1.167***	1.085, 1.256	1.055	0.918, 1.213
State Laws Requiring Tobacco-Free Grounds for SUD Facilities Yes or Partial vs. No	0.475***	0.437, 0.516	0.725***	0.619, 0.850
Assessment Screening or Education/Counseling for Tobacco Yes vs. No	0.584***	0.522, 0.654	0.348***	0.294, 0.412
Pharmacotherapy (Nicotine Replacement/Non-Nicotine Cessation) Yes vs. No	0.591***	0.548, 0.637	0.333***	0.281, 0.395

***p<.001

Variable	Semi- vs. Least permissive		Most vs. Least permissive	
	Adjusted OR	95% CI	Adjusted OR	95% CI
State Proportion of Adults who use Tobacco Highest 25 States vs. Lowest 25 States and DC	0.968	0.827, 1.131	1.303	0.726, 2.340
State Laws Requiring Tobacco-Free Grounds for SUD Facilities Yes or Partial vs. No	0.310***	0.259, 0.370	0.747	0.381, 1.465
Assessment Screening or Education/Counseling for Tobacco Yes vs. No	0.861	0.689, 1.077	0.240***	0.130, 0.444
Pharmacotherapy (Nicotine Replacement/Non-Nicotine Cessation) Yes vs. No				

***p<.001

Note: The Pharmacotherapy: Nicotine Replacement/Non-Nicotine Cessation Variable was not added to the adjusted models due to small cell sizes

DISCUSSION & CONCLUSION

- Few facilities implement the “most permissive” smoking policy, suggesting consensus that unrestricted smoking detracts from the health of patients
- For outpatient facilities**, three variables had a strong effect on smoking policy: 1) facilities located in a state with laws requiring tobacco free grounds at SUD facilities, 2) those with tobacco screening/education/counseling services, and 3) those with nicotine pharmacotherapy were less likely to have a permissive tobacco smoking policy
 - If these relationships are causal, these factors could be leveraged to encourage more restrictive smoking policies to reduce tobacco-related disparities in this population
- For residential facilities**, fewer statistically significant relationships existed
 - This could mean that the relationship between these factors (e.g., state law), and smoking policies in a residential setting is weaker, or this could be due to smaller sample size
- Limitations:** grouping of individual variables in the multivariable analyses due to small cell sizes, no assessment of causality
- Future studies:**
 - Address vaping policies
 - Examine the effect of smoking policy restrictiveness on tobacco-related outcomes for individuals in SUD treatment

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