

# ASHES, Vol. 18(7) - An intervention to reduce tobacco use in residential substance use treatment programs by promoting tobacco-free grounds

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Rates of tobacco use are [disproportionately high](#) among individuals with substance use disorders (SUD), including those in addiction treatment. California has taken measures to prioritize tobacco cessation among these individuals. The state's [Tobacco-Free for Recovery Initiative](#) supports residential SUD treatment programs in implementing tobacco-free grounds policies (i.e., no tobacco use by clients or staff on program grounds) and other measures that promote tobacco cessation. This week, ASHES reviews a [study by Caravella McCuistian and colleagues](#) that examined changes in smoking prevalence, tobacco use behaviors, and receipt of tobacco-related services by clients of residential SUD treatment programs participating in California's Tobacco-Free for Recovery Initiative.

## **What was the research question?**

Were there differences in smoking prevalence, tobacco use behaviors, and receipt of tobacco-related services among clients of residential SUD treatment programs before, during, and after program participation in the Tobacco-Free for Recovery Initiative?

## **What did the researchers do?**

Seven residential SUD treatment programs received financial support and expert guidance to design and implement tobacco-free policies through the Tobacco-Free for Recovery Initiative. Clients currently enrolled in these programs completed surveys at three timepoints over 15 months: at the start of the intervention (i.e., baseline), at an interim timepoint, and at the end of the intervention (i.e., post-intervention). Participants at these timepoints represented independent, [cross-sectional](#) samples.

All participants reported current cigarette use and whether they had been

screened for smoking status by a staff member. Current smokers reported tobacco use behaviors. Both current smokers and those who quit during treatment reported receipt of tobacco-related services: nicotine replacement therapy (NRT) or other pharmacotherapy, referral to a smoking cessation specialist or helpline, counseling, and whether quitting smoking was part of their treatment plan. The researchers assessed changes in smoking prevalence, tobacco use behaviors, and receipt of tobacco-related services across the three timepoints. They then assessed changes over time between the baseline and interim, and baseline and post-intervention timepoints.

### **What did they find?**

Five of the seven programs implemented tobacco-free policies. At these sites, client smoking prevalence decreased from 54.2% at baseline to 26.6% at post-intervention. More than half of participants (60.2%) reported being screened for smoking at baseline and this remained relatively unchanged at post-intervention. Current smokers and those who quit during treatment reported an increase in NRT/pharmacotherapy from baseline (11.9%) to post-intervention (25.2%). Receipt of referrals and quitting smoking as part of the client’s treatment plan remained relatively unchanged from baseline to post-intervention, while tobacco-related counseling decreased (see Figure). Clients were less likely to report being a current smoker at post-intervention compared to baseline. Current smokers and those who quit while in treatment were more likely to receive NRT/pharmacotherapy at post-intervention compared to baseline.

#### **Changes in receipt of tobacco-related services at baseline, interim, and post-intervention among clients of residential substance use treatment programs participating in California's Tobacco-Free for Recovery Initiative**

<b>Tobacco-related service</b>	<b>Baseline</b>	<b>Interim</b>	<b>Post-Intervention</b>
<i>Any NRT/ pharmacotherapy</i>	11.9%	24.5%	25.2%
<i>Any referral</i>	31.6%	34.4%	34.0%
<i>Any counseling</i>	62.3%	60.4%	54.8%
<i>Quitting in treatment plan</i>	29.9%	41.8%	27.8%

Figure. Changes in receipt of tobacco-related services at three timepoints (baseline, interim, and post-intervention) among clients of residential SUD programs participating in the Tobacco-Free for Recovery Initiative. Adapted from McCuistian et al. (2022). Click image to enlarge.

### **Why do these findings matter?**

This study found that interventions that support residential SUD treatment programs in implementing tobacco-free grounds policies might lead to a decrease in prevalence of client smoking and increase in the receipt of NRT and pharmacotherapy. Increased efforts should be made to support residential SUD programs in implementing tobacco-free policies, such as mandating SUD treatment programs assess and offer to treat tobacco use, or increasing staff training regarding the provision of tobacco-related services.

### **Every study has limitations. What are the limitations of this study?**

This study used an observational, cross-sectional study design; as such, [causality](#) cannot be determined. In other words, we can't say with certainty that the reduced prevalence of smoking or increase in NRT/pharmacotherapy were a result of this initiative. Findings may not be [generalizable](#) to non-residential SUD treatment programs or to programs found in other states or countries.

### **For more information:**

[SmokeFree](#) offers tools and tips for quitting and maintaining abstinence from smoking tobacco. The Centers for Disease Control and Prevention also provides [research and tips](#) about cigarettes and how to quit. For additional self-help tools, please visit the BASIS [Addiction Resources](#) page.

— Kira Landauer, MPH

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