

We Can

Integrating nicotine dependence treatment into AOD treatment and support has been found to increase smoking cessation,¹ and improve AOD treatment outcomes for service users.^{2,3} The We CAN Program—Communities Accessing all-types of Nicotine replacement therapy (NRT)—aims to reduce smoking among people utilizing specialist alcohol and other drug (AOD) non-government organisations (NGOs) in the ACT by providing free access to 8-12 weeks-worth of any type of NRT through vouchers redeemable at partnering community pharmacies, complemented by smoking cessation advice and support.

The Program is managed by the Alcohol Tobacco and Other Drug Association ACT (ATODA), is funded by ACT Health, and is implemented in partnership with specialist AOD non-government organisations and community pharmacies. The Program and its rationale have been described elsewhere.⁴

This poster reports operational data of the Program during a 20-month pilot phase (July 2015 – March 2017) in specialist AOD services in the ACT.

Authors:

Anke van der Sterren, Carrie Fowlie, Amanda Bode
Alcohol Tobacco and Other Drug Association ACT (ATODA) / anke@atoda.org.au

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A successful smoking cessation program for people accessing specialist alcohol and other drug non-government organisations in the ACT: the We CAN Program—Communities Accessing all-types of Nicotine replacement therapy

About the We Can Program

- » Provides access to free NRT for a disadvantaged target population with very high smoking rates
- » 82% of people who access specialist AOD services in the ACT report being smokers⁵
- » People experiencing disadvantage often want to quit (or reduce) smoking, and can do so with the right support
- » NRT (except patches on script) is largely unaffordable for this group
- » Takes a settings-based approach
 - » delivered through eight non-government specialist AOD services, including all residential NGO services
- » Enables delivery of best practice nicotine dependence treatment^{6,7}
 - » full courses of NRT
 - » combination therapy that combines patches with an intermittent form of NRT (e.g. gum, inhalator, lozenges, spray)
 - » complemented by specialist smoking cessation support
- » Implemented as part of routine AOD treatment and support
 - » service users of AOD NGOs are screened and assessed by workers to require smoking cessation support
 - » service users receive ongoing smoking cessation advice throughout their treatment and support
- » Leverages and enhances specialist AOD services' treatment and support expertise and organisational tobacco management policies
- » Leverages on existing smoking cessation training and resources through ACT community pharmacies

Key findings

- » 325 vouchers were distributed to service users
 - » 59% of vouchers were given to men; 38% to women
 - » the average age of service users was 34 years
 - » 14.5% were given to Aboriginal and/or Torres Strait Islander service users
- » 82% of vouchers were presented at the pharmacy (representing potential quit attempts)
- » At least 28 people made more than one quit attempt (i.e. received more than one voucher)
- » Many service users who presented to the pharmacy to purchase NRT accessed sufficient NRT to make a quality quit attempt as demonstrated by:
 - » multiple visits to pharmacies to purchase NRT—average of 2.57 times per voucher
 - » purchasing a full course of NRT—40% of vouchers were completely, or almost completely expended (i.e. at least \$250 of NRT was purchased)
 - » purchasing combination NRT—81% of vouchers were used to purchase a combination of patches and intermittent forms of NRT
- » 100% of these participating clients also received smoking cessation support from a specialist AOD treatment and support worker, complemented by support when attending the pharmacy
- » Feedback from AOD workers, pharmacies, and clients has been extremely positive, with the Program working effectively to support quit attempts

Conclusion

The We CAN Program has been successful at facilitating access to costly and best practice nicotine dependence treatment and support for people utilizing specialist AOD services. The model could be translated into other community- and government-based health settings.

1 D Apollonio, R Philipps & L Bero, 'Interventions for tobacco use cessation in people in treatment for or recovery from substance use disorders', *Cochrane Database of Systematic Reviews*, Issue. 11. Art. No.:CD010274, DOI:10.1002/14651858.CD010274.pub2., 2016

2 JJ Prochaska, K Delucchi, K. & SM Hall, 'A meta-analysis of smoking cessation interventions with individuals in substance abuse treatment or recovery'. *Journal of Consulting and Clinical Psychology*, vol. 72, pp.1144-56, 2004.

3 SL Thurgood, A McNeill & D Clark-Carter, 'A systematic review of smoking cessation interventions for adults in substance abuse treatment or recovery'. *Nicotine & Tobacco Research*, vol. 1-10. doi:10.1093/ntr/ntv127, 2015

4 C Fowlie, A van der Sterren, A Bode, 'The 'We CAN Project': a model to improve access to all-types of NRT by smokers in specialist alcohol and other drug non-government organisations in the ACT', Poster presented at the Australasian Professional Society for Alcohol and Drugs (APSAD) Conference, November 8 – 11, 2015, *Drug and Alcohol Review*, vol 34, S1, pp.27 – 28, 2015.

5 Alcohol Tobacco and Other Drug Association ACT (ATODA), Service Users' Satisfaction and Outcomes Survey 2015: a census of people accessing specialist alcohol and other drug services in the ACT, ATODA Monograph Series, No.4, Canberra, ATODA, 2016.

6 LF Stead, R Perera, C Bullen, D Mant, J Hartmann-Boyce, K Cahill & T Lancaster, 'Nicotine replacement therapy for smoking cessation'. *Cochrane Database of Systematic Reviews* DOI: 10.1002/14651858.CD000146.pub4, 2012.

7 Zwar et al, *Supporting smoking cessation: a guide for health professionals*, The Royal Australian College of General Practitioners, Melbourne, 2014.