

A qualitative study of staff perspectives.

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Introduction

People who use drugs or alcohol are far more likely to smoke than the wider population. Although estimates vary, some research suggests that 80-90% of adults in substance use treatment smoke^{1 2}, putting them at a much greater risk of smoking related death or associated health conditions³. It has also been suggested that alcohol dependent adults are more likely to die from smoking related illnesses than from alcohol related ones⁴.

Substance use treatment can provide an ideal opportunity to offer advice and support on smoking cessation, but this is not widely offered. One of the key barriers to this has been identified as staff attitudes towards smoking cessation.

- Staff rate smoking cessation less important than other substance use²
- Beliefs that clients don't want to quit⁵
- Smoking as part of therapeutic alliance between staff and client⁶
- Concern that quit attempts will jeopardise abstinence from other substances⁵
- Staff working in substance use services need to support smoking cessation for it to be effective, so understanding their perspectives is crucial to being able to address the significant problem of tobacco use in those in treatment for substance use.

Methods

Purposive sampling was used to recruit nine participants to take part in semi structured interviews. Participants were identified who were currently working in community based substance use treatment. During the interviews, participants were asked about their prior experiences of smoking cessation, if and how they thought it was appropriate to include in treatment, and what they thought would be effective, as well as the relationship between smoking and substance use. Interviews were transcribed, then manually coded using thematic analysis to identify key themes.

It would be like saying like, right, okay, we'll go for a heroin break. Now. We'll go into the pub. But you can't go to the pub. (P3, male)

I believe that there should be a very robust process in place for smoking cessation, and that, at the moment, does not exist. (P2, male)

And it's the nature of what we do... we just don't see it as, and is it really is important. (P5, female)

There's no point doing something if nobody wants it, if no one's going to get enthusiastic about it. And that means staff and service users need to think it's worthwhile. And if it isn't, then it isn't. (P4, male)

Results

Most participants felt that there was a need and that it was appropriate and necessary for the service to address. All acknowledged the harmful nature of smoking. They identified several reasons it was not currently prioritised, and barriers for introducing smoking cessation into the service.

Barriers:

- Organisation and policy
 - Smoking breaks
 - Legality of smoking and risk perception
 - Harm reduction
- Lack of knowledge
 - Confusion around vaping
 - Pathways unclear or unavailable
 - Frustration, have skills but feel limited in ability
- Staff smoking behaviours
 - Felt hypocritical
 - Stress relief
 - Therapeutic alliance – trust, them vs us, modelling
- Perceptions of need / want
 - Priority of other more immediate risk
 - Not what they come for
 - Too much to do at once

It's hard as well. If you smoke. Yeah. I feel a bit hypocritical. Kinda like, practice what you preach. I think staff would agree with that, you know, you can't be sitting there saying you know, stop smoking, then go off and smoke. (P5, female)

When you're dealing with people who are injecting heroin and crack into their into their groin like four or five, six times a day, then you know, you tend to gloss over the cigarettes because it's not going to kill them immediately as an alcohol withdrawal will kill you. (P3, male)

Still, not many people want help to stop smoking (P4, male)

Recommendations for smoking cessation:

- Peer support
- Specialist support
- Drop in or rolling programme
- Day and time important
- Accessible
- Build on existing programmes and skills
- No extra work for staff
- Incentives for engagement not results
- Self reported smoking status
- Include reduction not just abstinence as goal

Discussion and Next Steps

The findings of this study support previous work on staff perceptions and barriers to smoking cessation in this setting. However, the majority of those interviewed did recognise the importance of this issue and were enthusiastic about integrating smoking support into the treatment service, despite concerns around additional workload, lack of a clear pathway and staff themselves smoking. This highlights the importance of the acceptability of any future interventions to staff, and the need to work with them to ensure their understanding and support.

As well as exploring their perceptions, staff were asked about their ideas about a potential smoking cessation intervention. These recommendations will be used alongside similar data collected from clients of the services to make recommendations about future smoking cessation interventions.

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