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CENTER for INTEGRATED
HEALTH SOLUTIONS

**EBPs Series:
Tobacco Treatment**

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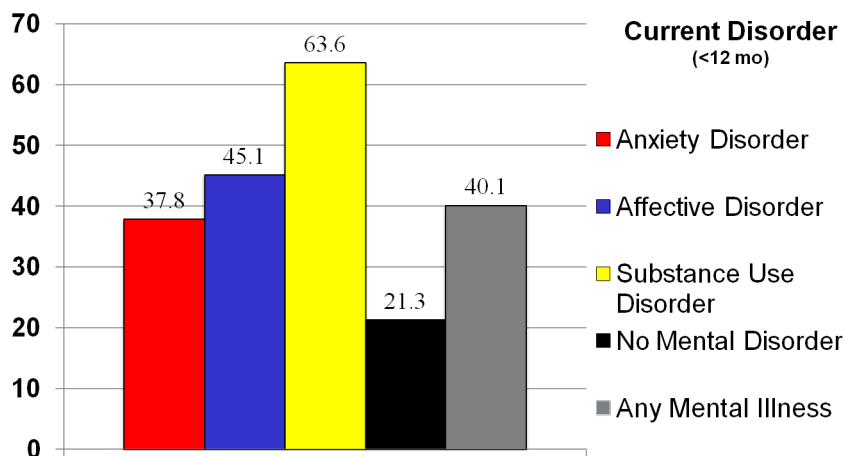
  integration.samhsa.gov

Disclosures

- Grant Support from Pfizer
- Consultant Pfizer
- Grant support from NCI, NIDA, NIMH, NJDMHAS, ABPN
- Consultant and Speaker for American Lung Association, Florida Council for Community Mental Health

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US Smoking Prevalence



*NCS-R 2001-2003; Diagnoses using CIDI
Lawrence et al, BMC Public Health 2009, 9:285*

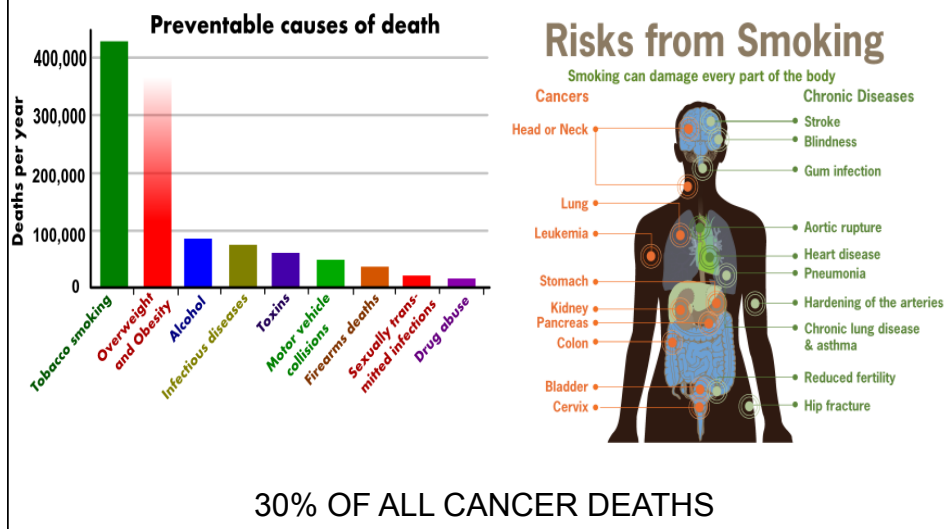
51 Million Smokers in US Today

At least **one third have a mental illness**

~ 16 Million Smokers with Mental Illness

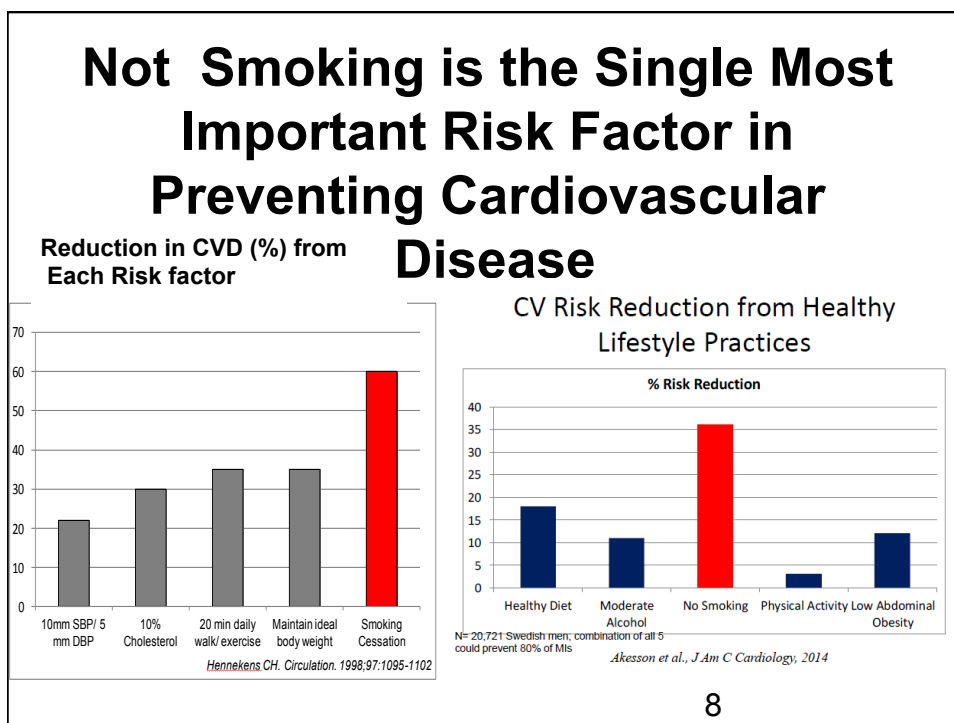
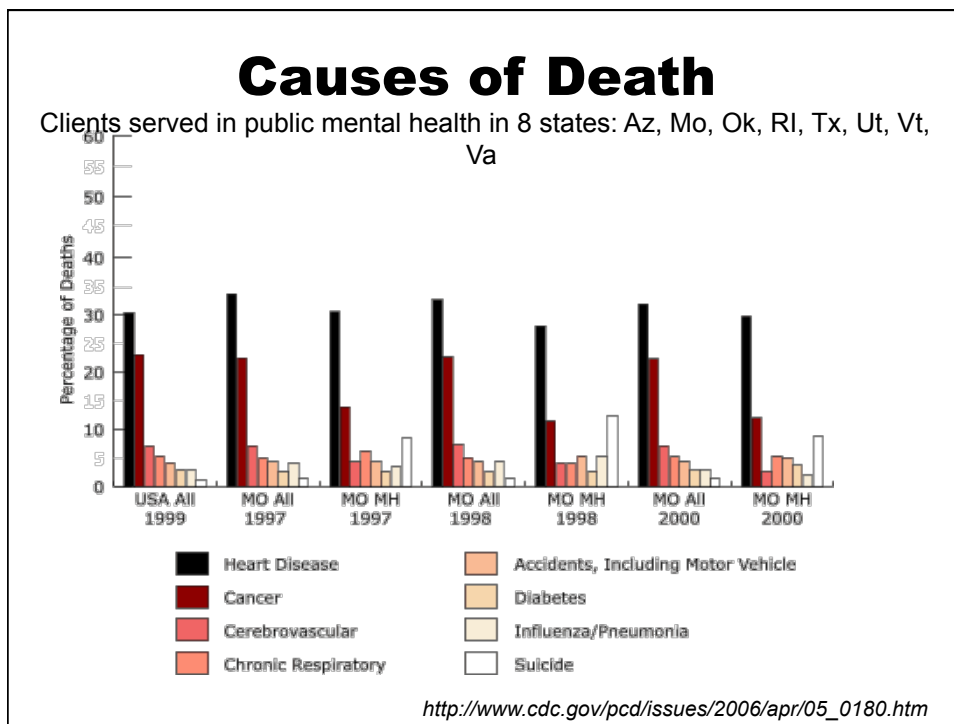
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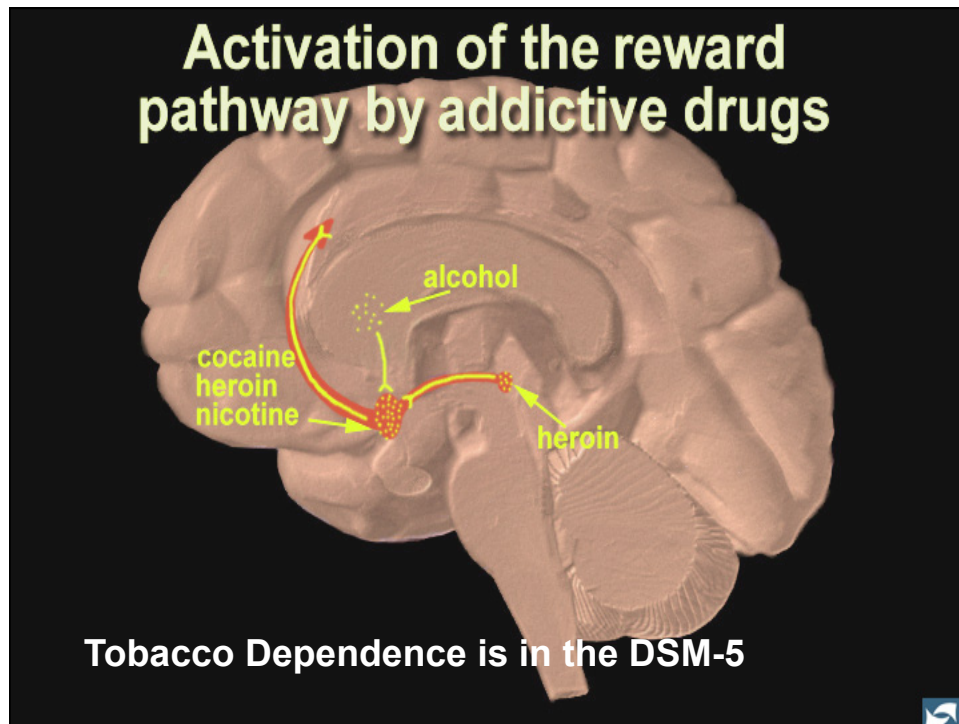
Tobacco= #1 Cause of Preventable Death in US



50% of deaths in schizophrenia, depression and bipolar disorder attributed to tobacco

Callaghan et al., 2013





Tobacco Use Disorder

Most tobacco users are addicted (2 or more)

- withdrawal
- tolerance
- desire or efforts to cut down/ control use
- great time spent in obtaining/using
- reduced occupational, recreational activities
- use despite problems
- larger amounts consumed than intended
- Craving; strong urges to use *DSM-5*

Tobacco Withdrawal

4 or more

Depressed mood

Insomnia

Irritability, frustration or anger

Anxiety

Difficulty concentrating

Restlessness

Increased appetite or weight gain

Why are Patients Not Quitting?

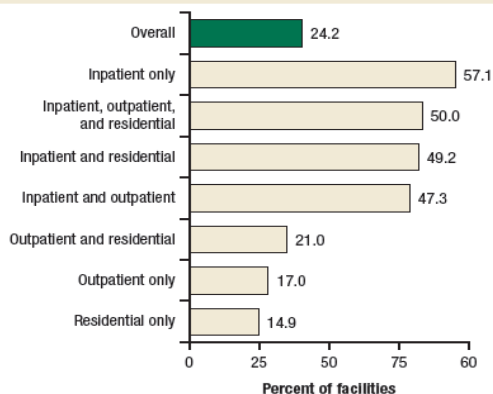
Neurobiological	Greater dependence
Psychological	Poor coping; low confidence
Social & Environmental	Live with smokers
Spiritual & Advocacy	No hope; No peers succeeding
Treatment System & Institutional	No access to help; Not encouraged to quit

Why are Patients Not Quitting?

Neurobiological	Greater dependence
Psychological	
Social & Environmental	Poor coping; low confidence
Spiritual & Advocacy	Live with smokers
Treatment System & Institutional	No hope; No peers succeeding
	Limited access to help

Only 1 in 4 Mental Health Treatment Facilities Offers Quit Smoking Services

Mental health treatment facilities offering services to quit smoking, by treatment setting: 2010



Survey of 9048 MH facilities in US (2010)

Note.—Inpatient settings include 24-hour psychiatric care in a hospital setting. Outpatient settings also include day treatment or partial hospitalization. Residential settings include 24-hour, overnight, psychiatric care in a residential nonhospital setting.

N-MHSS Report, Nov 2014

Treatment for Tobacco Use Disorder Works

- Brief Assessment
- Counseling + Medications
- Approach like a Co-occurring Disorder

5 A's for Brief Intervention

Ask

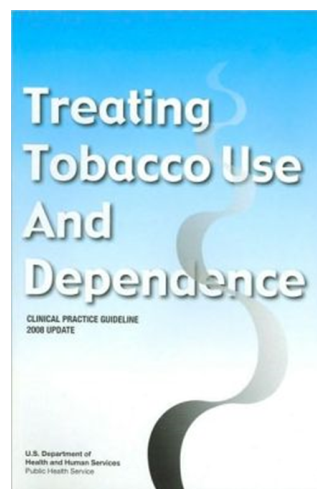
Advise

Assess

- Willing
- Unwilling

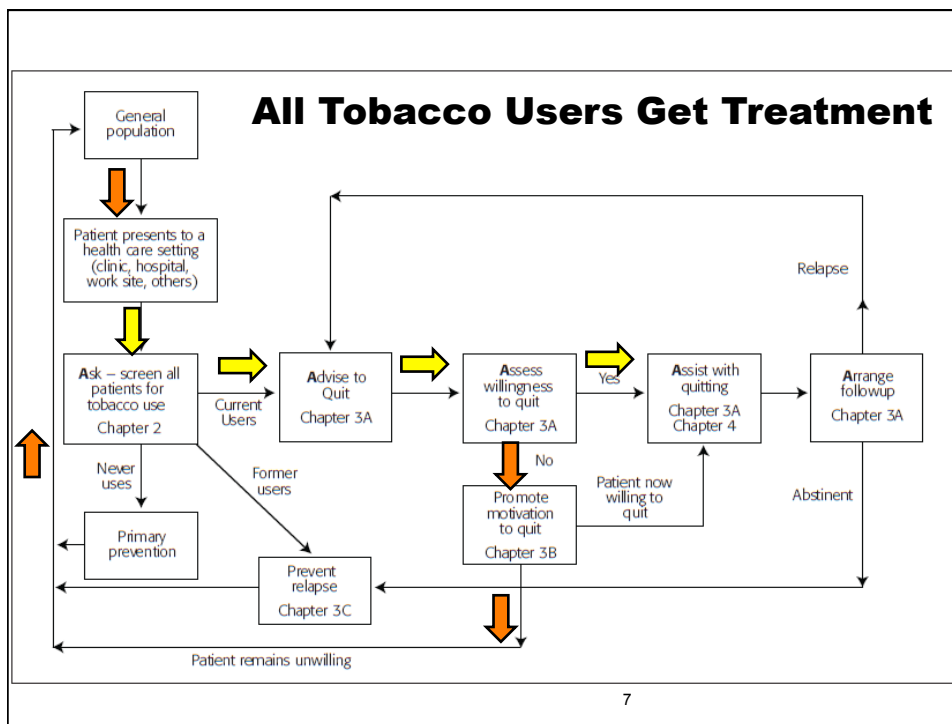
Assist

Arrange



6

Fiore et al., 2008



Assessment

Level of Tobacco Use Motivation to Quit

- First age smoked
- Years smoked
- Current amount
- Tobacco types (pipes, cigars, smokeless)
- Smokers in household
- Consequences of use- health or other
- Money spent on Tobacco
- Carbon Monoxide Level
- Activities surrounding use (social, bar, working)

Assessment of Carbon Monoxide

- CO = product of combustion
- Expired CO in smokers
 - > 10 parts per million (ppm)
- Displaces oxygen on RBCs
- Strain on heart
 - risk factor for CVD
- Can be assessed with a meter

- REVERSIBLE effect
 - Normal levels 2-3 days (0-3ppm)



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Advise on Quitting Tobacco

Clear

- “It is important that you quit smoking now, and I can help you.”

Strong

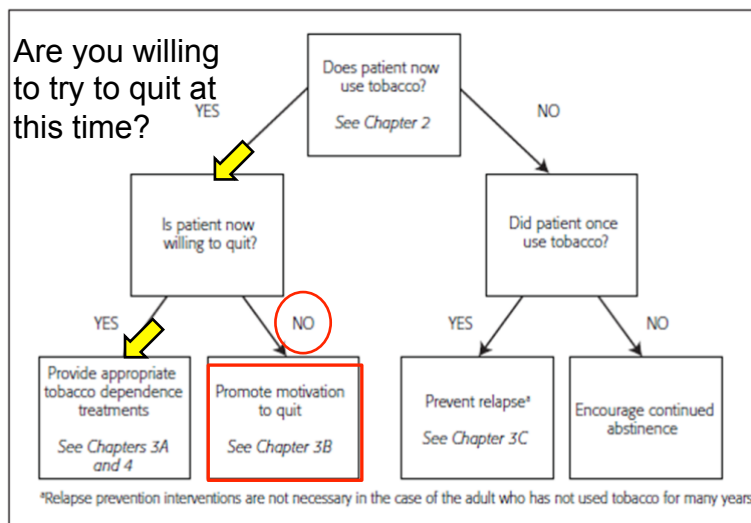
- “Quitting smoking is the most important thing you can do to protect your health now and in the future.”

Personalized

- “We can help prevent future heart attacks like the one you suffered not too long ago by quitting smoking.”

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Assess Willingness to Quit



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Stages of Change

Pre-contemplation	not thinking of stopping in next 6 months
Contemplation	thinking of stopping in next 6 months
Preparation	planning to stop in next 1 month
Action	quit date
Maintenance	abstinent >6 months

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Prochaska & DiClemente 1992

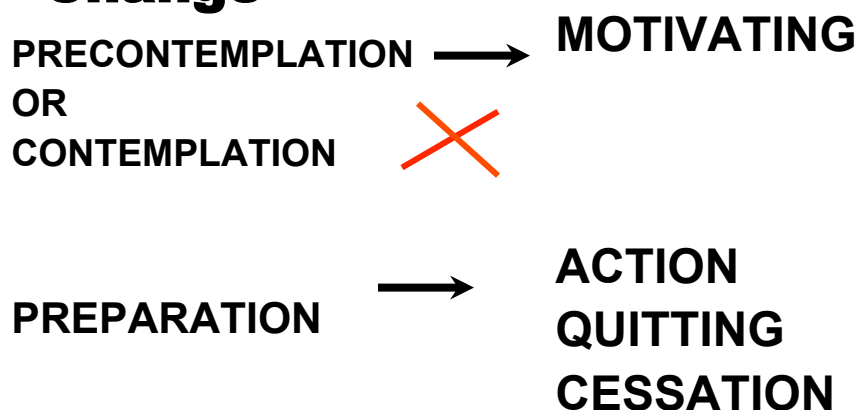
Motivational Interviewing

MI is a collaborative, goal oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion.

Miller & Rollnick, 2012

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Match Treatment Strategies to Stages of Change



Language is Important

Tobacco Dependence

Treatment vs.

“Smoking Cessation”

“Quitting”

“Stop Smoking”

Complete Wellness: Mental and Physical Health

Wellness & Recovery includes Addressing Tobacco



Supporting Clients who have Low Motivation

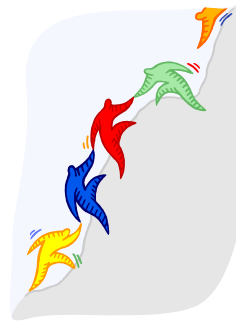
Focus on building relationship

Model positive health behaviors

Explore all areas of wellness

What are the person's life goals?

Help identify skills that they believe are necessary- creates motivation



Principles of Co-occurring Disorders Treatment

Integrated mental health and addiction services

Comprehensive services

Treatment matched to motivational level

Long-term treatment perspective





Continuous Assessment of substance use

Motivational interventions

Psychopharmacology

Case management

Housing



**Learning
About
Healthy
Living**

TOBACCO AND YOU

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*Edited & Revised February 2012
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http://rwjms.rutgers.edu/departments_institutes/psychiatry/divisions/addiction/community/choices.html

LAHL developed to help low motivated smokers

Mental health settings

Group format

Education on range of topics

- Healthy eating
- Increasing activity
- Awareness of tobacco addiction

Learning About Healthy Living

This treatment is designed as two groups.

Group I - Learning About Healthy Living

Group II - Quitting Smoking

It is designed so that consumers can progress from Group I to Group II, when appropriate or desired

Learning About Healthy Living

It assumes that not every one using this treatment will be immediately ready to quit smoking, The overall goal of Group I

- To gain knowledge and insight about tobacco use.
- To become more interested in trying to quit using tobacco
- Moving consumers towards a tobacco-free lifestyle

Pre-Cessation Curriculum

Facilitator's Guide

Accompanies each Chapter

Objectives

Suggested Approach

Additional Resources/ References

Group 1- 20 Sessions

Group II- 6 Sessions

Therapist Style of Delivering Treatment

Client Check-in – tobacco/ other activities

- Self-reported cigarettes per day last week & do expired carbon monoxide (if possible)

Be supportive, empathic Coach / Facilitator

- Involve everyone in process
- Ask them about their opinions / thoughts on the topics
- Be educational and motivational

Provide repetition and assess comprehension

Section 4: Group I

Introduction: Welcome to the Healthy Living Group (Consumer's Handouts Section 5: Introduction)

Objectives for Introduction:

- Welcome consumers to the Learning About Healthy Living Group
- Educate the consumers about the overall content of the Learning About Healthy Living Group
- Allow group members to begin to get to know the Facilitator and each other

After reading this section, individuals will be able to:

- Think about what health issues will be important to them to consider during the course of the group.
- Describe guidelines that will make the group setting a safe place to learn about the "Learning About Healthy Living" program.

Suggested Approach:

- It will be important for the Facilitator to be warm and welcoming to group members upon arrival to create a non-threatening environment.
- Allow participants to introduce themselves to the group
- Discuss rules for expected behavior during group sessions (See also Section 2)
- Although a good portion of this manual's focus is on helping consumers look at their tobacco usage, this could be very threatening initially to the consumer who smokes. It will be important during the Healthy Living approach to emphasize tobacco but the manual also includes topics on healthy eating, increasing physical activity and dealing with stress. Throughout the group sessions, it may be helpful to discuss "unhealthy" ways that people may deal with other problems including stress and mental illness symptoms. (i.e. yelling, violence, alcohol, tobacco, food, etc.). In this way, this approach accurately discusses the relevant risks from smoking and also presents a hopeful and healthy alternative.

Learning About Healthy Living

TOBACCO AND YOU



Revised February 2012

Section 1 Introduction to Learning About Healthy Living Manual

Section 2 General Structure of a Treatment Group

Section 3 Tobacco Dependence Treatment Medications

Section 4 Group I Facilitator's Guide

Section 5 Group I Consumer's Handouts

Section 6 Group II Facilitator's Guide

Section 7 Consumer's Handouts

Section 8 Appendix/Forms Resources and References

Group I: Learning About Healthy Living

20 Weeks

Educational and Motivational

Accepts all smokers with SMI

**Smoking within the context of Healthy Living
(Exercise, stress, & diet)**

50 min group

12-15 seriously mentally ill consumers

Table of Contents: Group 1 Learning about Healthy Living Education Group

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Training and Implementation in NJ

9 community day treatment sites in NJ
(2006)

Clinicians had no prior tobacco training

1 day (6 hour training)

- 2 hours didactic : smoking and mental illness
- 4 hours implementation: including how to use the facilitator's guide, consumer handouts and appendices of additional resource materials. How to assess tobacco use and develop a tobacco treatment plan.
- Detailed instructions and a hands-on practice session for using a carbon monoxide monitor were included.
- 9 pilot sites received support and supervision for the first three months. This consisted of 1-2 brief site visits and 2/ month telephone calls with the project staff to discuss implementation issues

LAHL Feasibility Study

Weekly post-group feedback form

Number of attendees at group and rate aspects of the weekly topic in the manual

Facilitators rated the level of consumer participation and interest, as well as their own ability to run LAHL groups

92 groups

Average 9 consumers attended/ group

Table 1. (N=92 groups at 9 sites; Number (Percentage))

Facilitators' Rating of Consumers who Participated in Group					
	Excellent	Very Good	Satisfactory	Below Average	Missing
Interest in Group	42(45)	41(44)	7(8)	1(1)	2(2)
Ability to Understand Group	43(46)	38(41)	10(11)	0(0)	2(2)
Level of Participation in Group	53(57)	25(27)	9(10)	1(1)	5(5)
Ability to do Written Exercise	31(33)	33(36)	19(20)	0(0)	10(11)
Facilitators' Rating of Themselves as Facilitator					
Their Ability to Facilitate Group	39(42)	39(42)	12(13)	0(0)	3(3)
Their Ability to Teach Content of Group	36(39)	40(43)	14(15)	0(0)	3(3)
Their Ability to Answer Questions in Group	33(36)	44(47)	13(14)	1(1)	2(2)

Consumer Focus Groups

26 participants

Initial feelings of resistance and fear, which dissipated once they attended the first few sessions.

Endorsed hope that the treatment would help them.

They found the handouts helpful and easy to read and described learning important and useful information about health and treatment medications.

Four had quit smoking since starting LAHL and several more had reduced their number of cigarettes smoked per day.

Some stated that they wanted to try to quit smoking in the next 6 months and a few had also tried to improve their eating or exercise habits.

Topics they endorsed as particularly helpful were those on the chemicals found in cigarette smoke, effects of carbon monoxide and nicotine replacement medications.

One consumer remarked that there were benefits from attending LAHL group even if not interested in immediately quitting smoking.

Consumers questioned why smoking had not been addressed sooner.

LAHL in Psychosocial Rehab Clubhouses (NC)

Staff and member surveys

Of the 271 participants (9 programs) 58% completed surveys

Tested well: feasible and well-received

Group facilitators non-clinicians

Staff had been concerned about the viability of the program at its start, but were later surprised,

The curriculum had provided a sense of camaraderie among members and generated energy for other healthy changes in the clubhouse

Lee et al. BMC Public Health. 2011 Sep 14;11:702.

Psychosocial Treatments

First line treatments

Timed before or very soon after the quit date

Best when combined with medications

Different techniques work

Dose-response relationship

↑ minutes and ↑ success

Provider discipline not important

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Fiore et al., 2008

Intensive Treatments

Skills training
Relapse prevention
Problem solving
Coping skills
Stress management

- ✓ Change cognitions about smoking
- ✓ Reinforce nonsmoking
- ✓ Avoid high risk situations

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Benefits of Group

Cost and time effective
Additional support
Accepted treatment in settings
Modeling

- Seeing success
- Using NRT
- Effective coping



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Maximizing Social Support

Intra-treatment support

- GROUP members
- Clinician

Extra-treatment

- Friends
- Family
- Self-help
- Internet



Both ↑ success in making a quit attempt

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Meta-analysis (2008) Effectiveness of meds or counseling alone vs combination

Treatment	Number	Est Odds Ratio (95%CI)	Estimated Quit Rate
Medication alone	8	1.0	22
Meds plus Counseling	39	1.4 (1.2- 1.6)	28

Treatment	Number	Est Odds Ratio (95%CI)	Estimated Quit Rate
Counseling alone	11	1.0	15
Meds plus Counseling	13	1.5 (1.3-2.1)	22

2008 PHS Guideline Update

First-line Treatments (FDA Approved)

- **Nicotine Replacement**
 - **Bupropion**
Zyban/ Wellbutrin
 - **Varenicline** Chantix
- Counseling + Medications =
Best treatment plan

FDA Labeling Updates

- No significant safety concerns associated with using more than one NRT
- No significant safety concerns associated with using NRT at the same time as a cigarette.
- Use longer than 12 weeks is safe

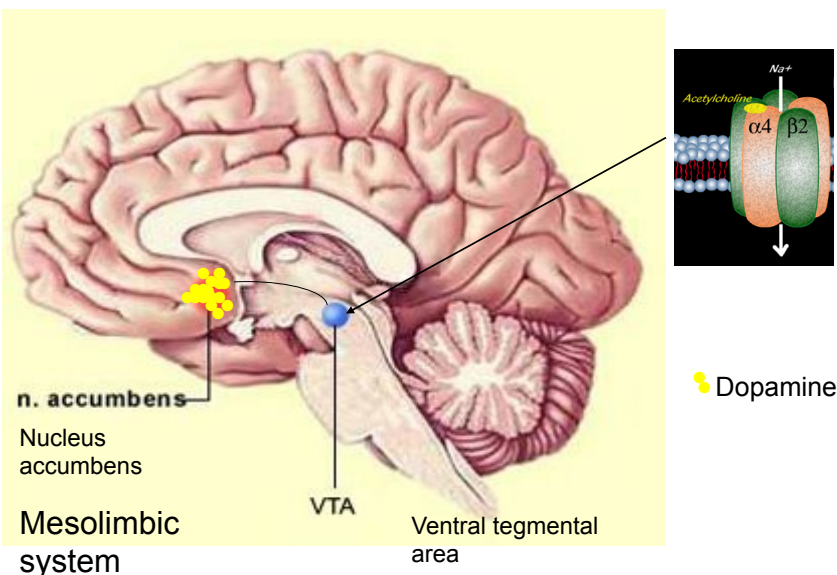
APRIL2013 www.fda.gov/ForConsumers/ConsumerUpdates/ucm345087.htm

Bupropion SR

Effective at 150 to 300mg daily
 Nonsedating, activating antidepressant with effects on NE and DA systems
 Start 10-14 days prior to quit date
 Side effects- headache, insomnia
 Contraindicated in h/o seizures or bulimia
 Noncompetitive nicotinic receptor antagonist
 Similar efficacy to NRT
 Effect independent of depression
 Less weight gain with 300mg than placebo

Slemmer 2000

Varenicline: a selective $\alpha 4\beta 2$ nicotinic receptor partial agonist



Varenicline

Partial Agonist

Partially stimulates
receptor

Some DA release
at NAcc

Prevents
withdrawal

“Antagonist”

Blocks nicotine
binding $\alpha 4\beta 2$

*No drug-drug
interactions
Excreted by kidney
(urine)*

Effectiveness of First Line Medications

Results from meta-analyses comparing to placebo (6 month F/U)

Medication	No. Studies	OR	95% CI
Nic. Patch (6-14 wks)	32	1.9	1.7-2.2
Nic. Gum (6-14 wks)	15	1.5	1.2-1.7
Nic. Inhaler	6	2.1	1.5-2.9
Nic. Spray	4	2.3	1.7-3.0
Bupropion	26	2.0	1.8-2.2
Varenicline (2mg/day)	5	3.1	2.5-3.8

PHS Clinical Practice Guideline 2008 Update

Conclusions

Treatments increase the success rates and should be used in all smokers

Counseling plus medications gives smokers the best chances at quitting

Motivation for those not ready to quit

Treat it like a co-occurring disorder

LAHL a group approach

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Register today

Treating Tobacco Dependence in Behavioral Health Settings



Treating Tobacco Dependence in Behavioral Health Settings is a two-day training developed for psychiatrists, nurses, counselors and other mental health professionals, which prepares the practitioner to effectively deliver tobacco services to smokers with mental illness.

**Two-Day CE/CME Activity
November 17 & 18, 2016**

Location: Rutgers Robert Wood Johnson Medical School
Liberty Plaza, Third Floor
335 George Street, New Brunswick, NJ 08901



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<http://ccoe.rbhs.rutgers.edu/catalog/courses/pdf/17MR05.pdf>