



SAMHSA-HRSA Center for Integrated Health Solutions

Practical Tools for Assessing and Treating Tobacco Use

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June 17, 2011

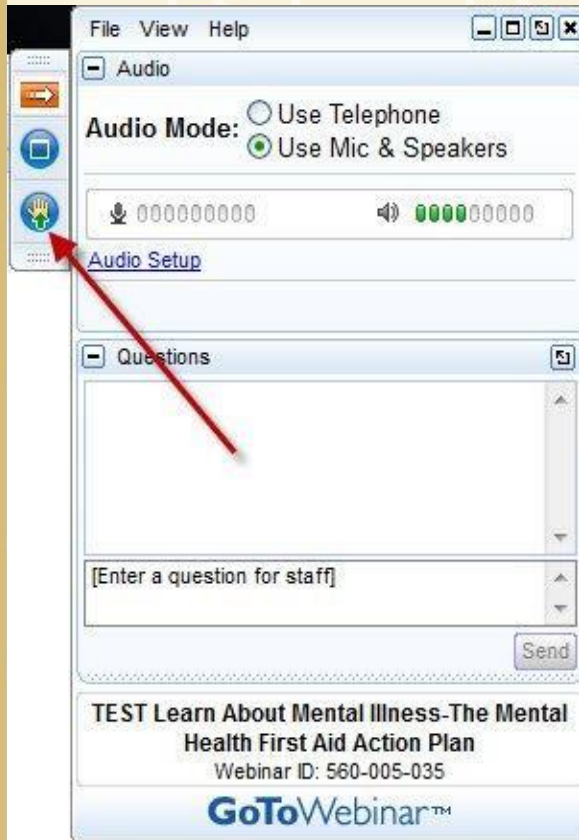


**NATIONAL COUNCIL
FOR COMMUNITY BEHAVIORAL HEALTHCARE**

A Life in the Community for Everyone
SAMHSA
Substance Abuse and Mental Health Services Administration

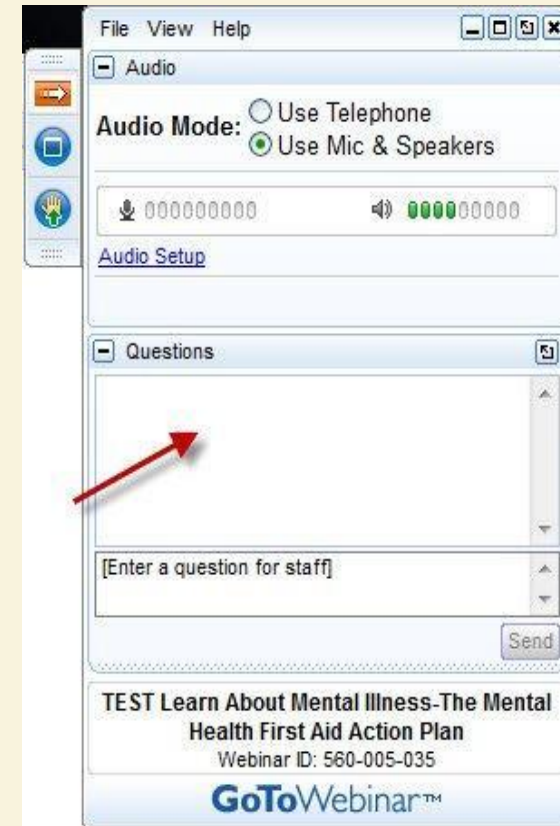
HRSA

www.CenterforIntegratedHealthSolutions.org



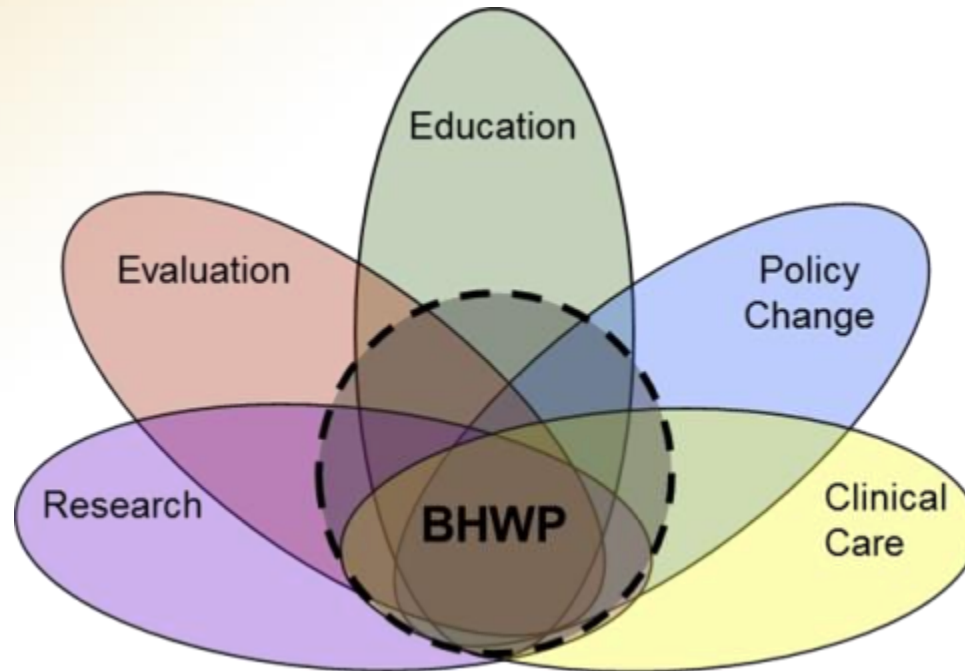
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Behavioral Health & Wellness Program

www.bhwellness.org



What is killing the majority of us is not infectious disease, but our chronic and modifiable behaviors





There is a Doctor in the House

*—and it took a minimum
of 115,000 and 7 years'
hard work and study
to get him there!*

● Proudly he "hangs out his shingle," symbol of his right to engage in the practice of medicine and surgery. But to a doctor it is more than a right: it is a privilege—the privilege of serving mankind, of helping his fellow man to a longer, healthier, and happier life.



According to a recent
nationwide survey:

**More Doctors
Smoke Camels**
than any other cigarette

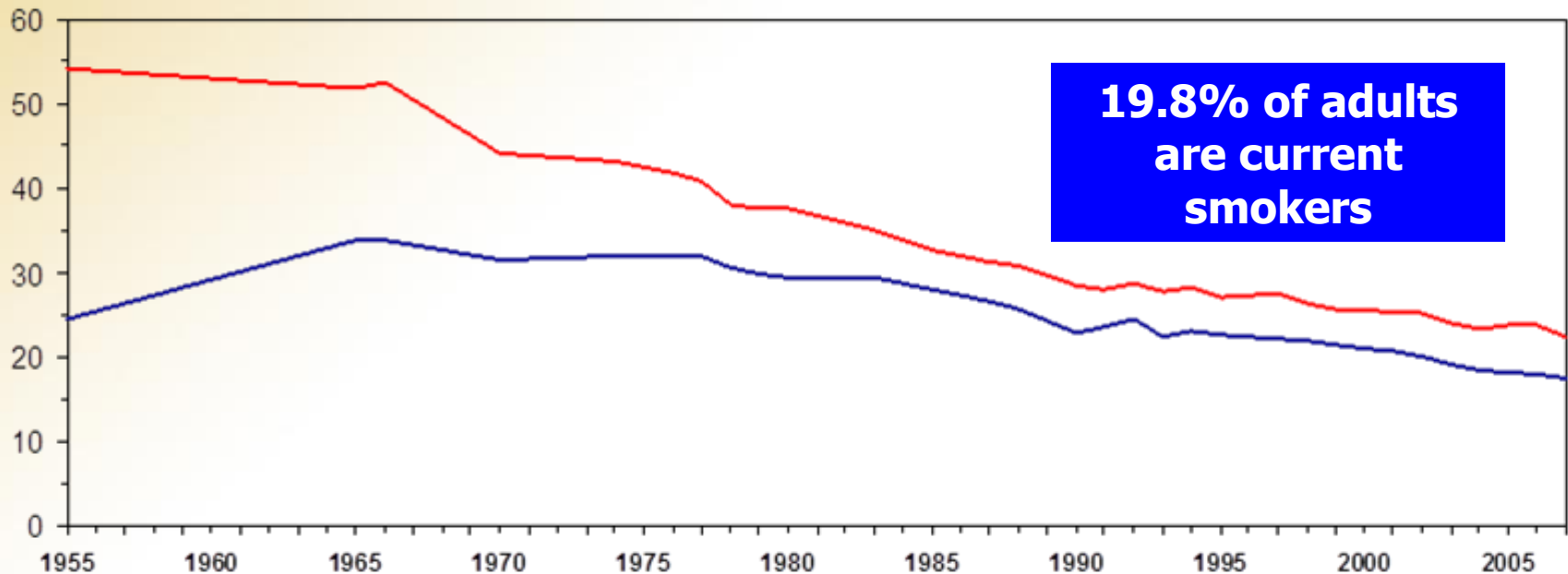
R. J. REYNOLDS TOBACCO COMPANY, WASHINGTON, D. C.

When you invite mention THE TRAINED NURSE, March, 1946

175



U.S. Trends in Adult Smoking 1955–2007

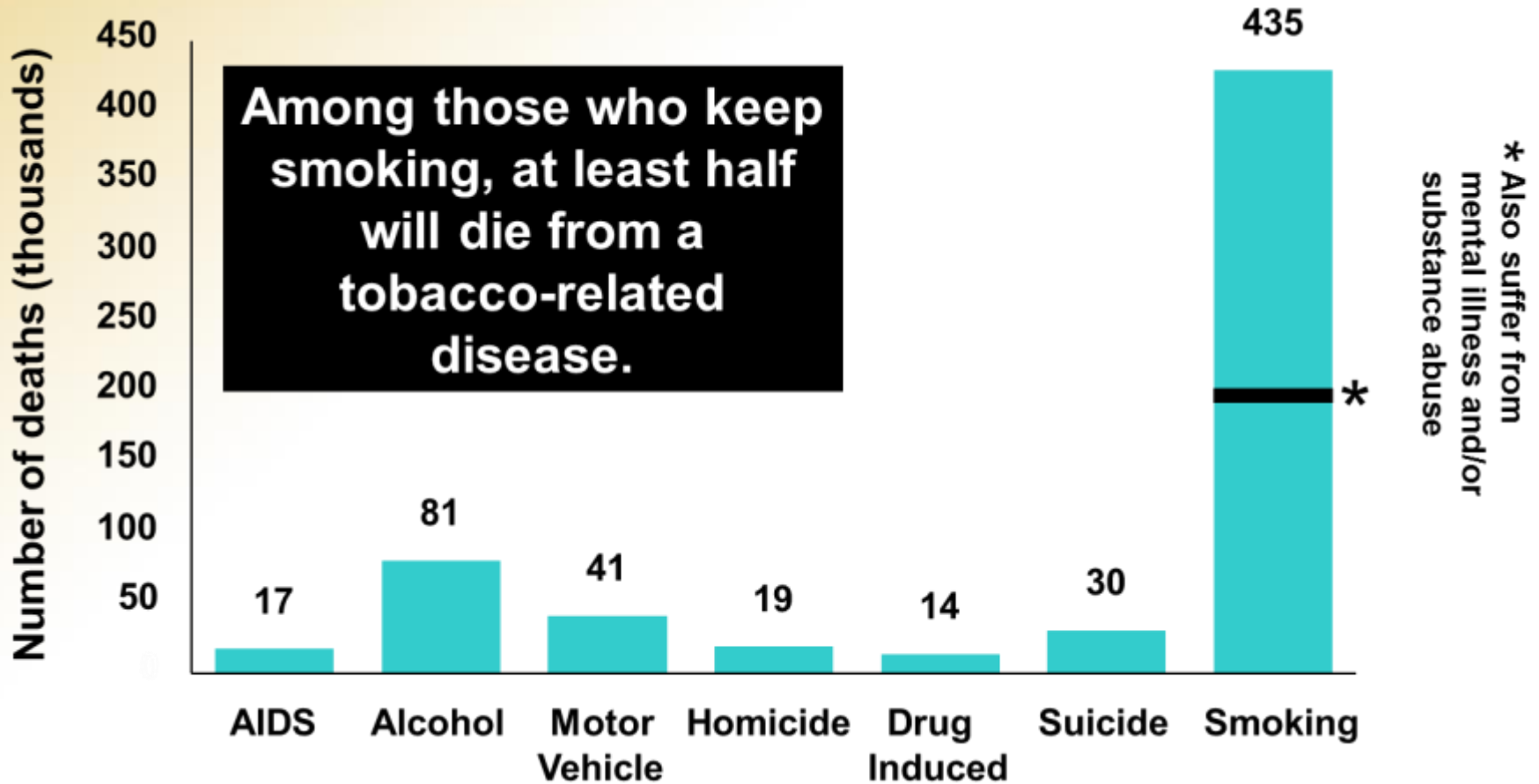


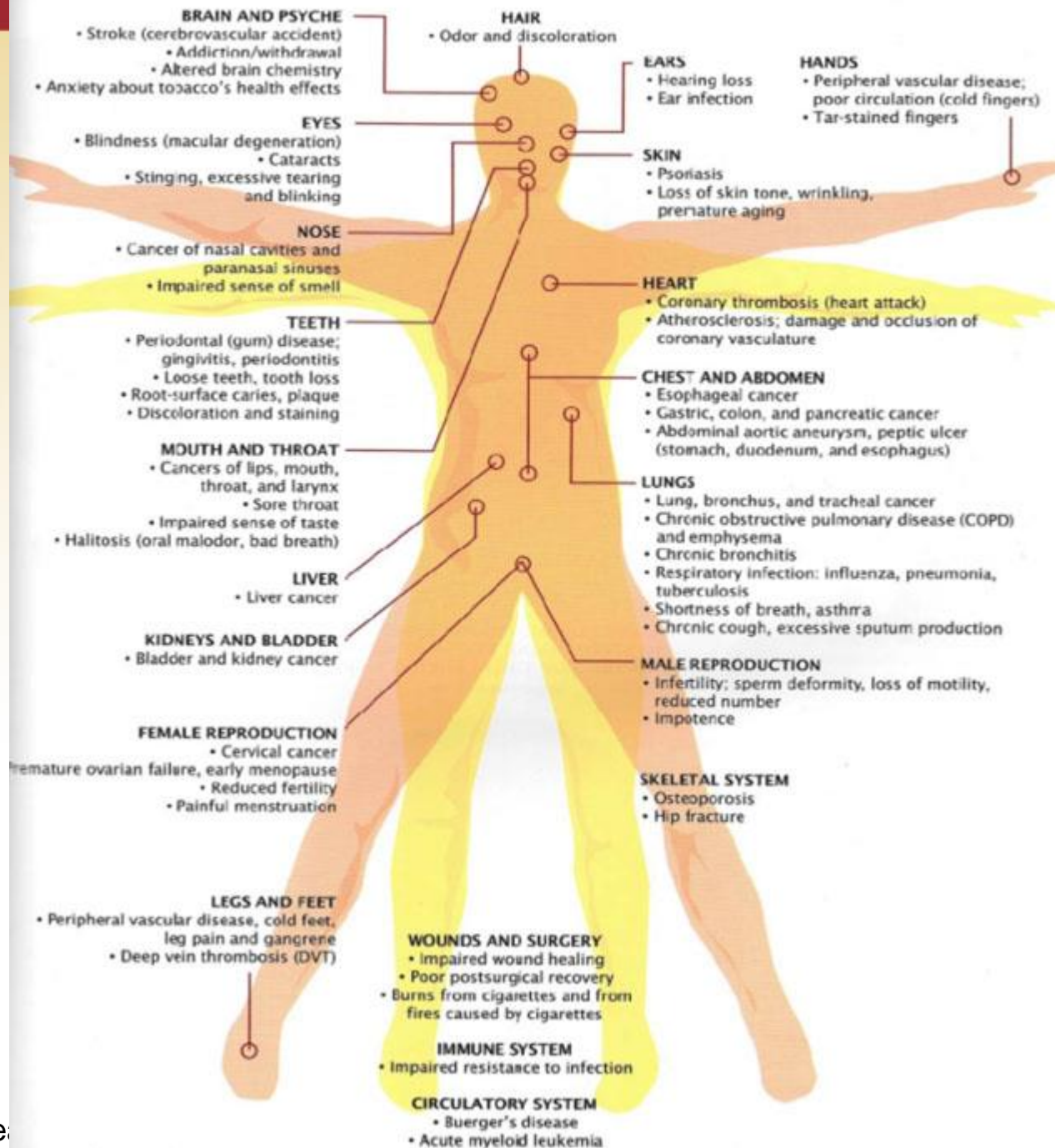
70% want to quit

Graph provided by the Centers for Disease Control and Prevention. 1955 Current Population Survey; 1965–2007 NHIS. Estimates since 1992 include some-day smoking.



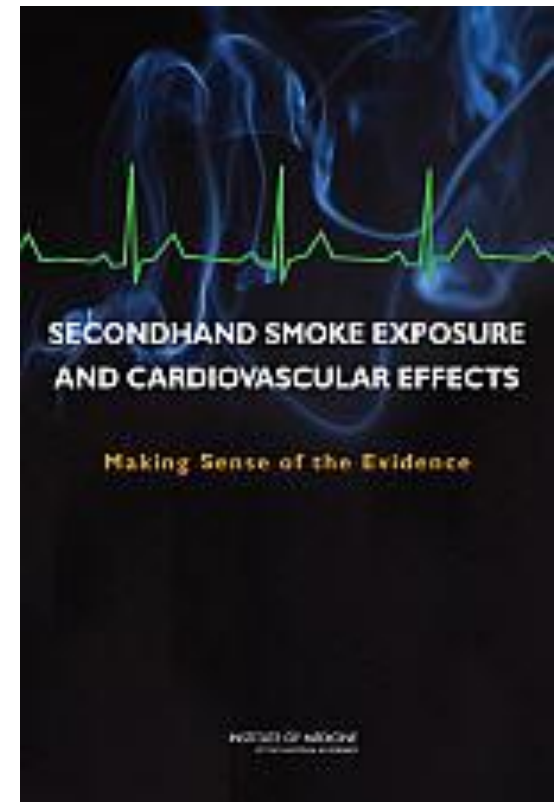
Comparative Causes of Annual Deaths in the U.S.





Secondhand Smoke

Nonsmokers who are exposed to secondhand smoke at home or work increase their heart disease risk by 25–30% and their lung cancer risk by 20–30%



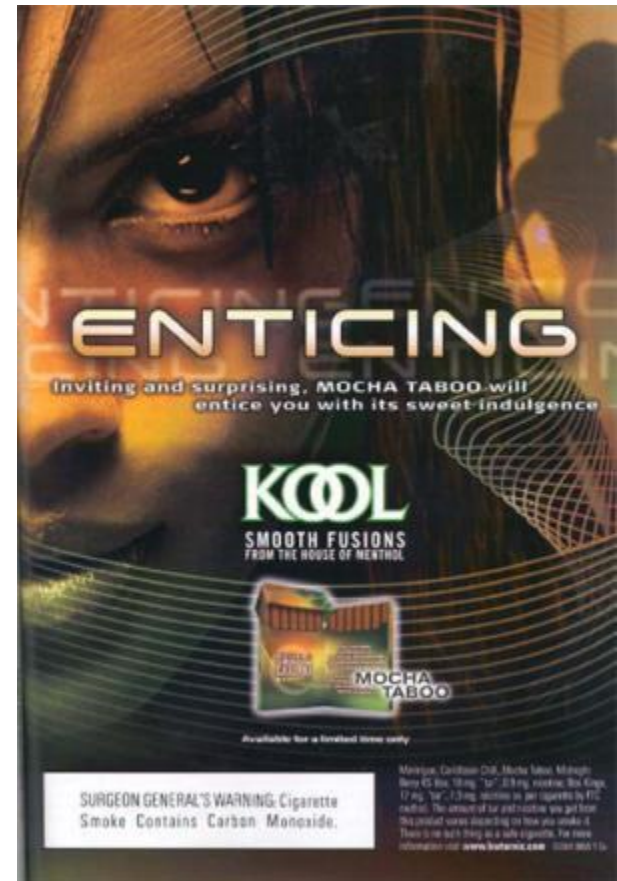
http://www.cdc.gov/tobacco/basic_information/health_effects/heart_disease/index.htm



Youth Targeting

“If our Company is to survive and prosper, over the long term, we must get our share of the youth market.”

– RJ Reynolds planning memorandum 1973



Dopamine Reward Pathway

Prefrontal cortex

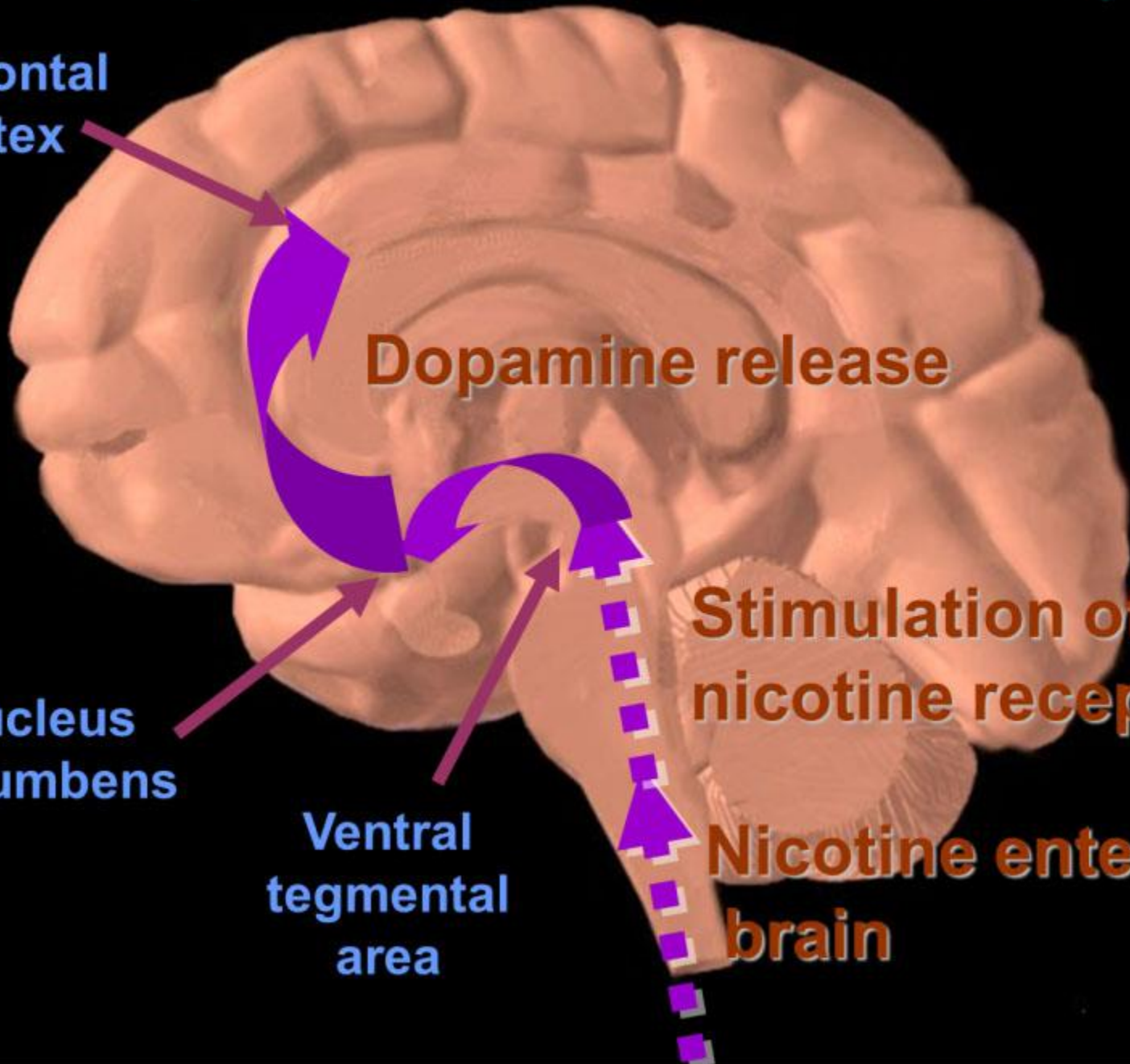
Dopamine release

Nucleus accumbens

Ventral tegmental area

Stimulation of nicotine receptors

Nicotine enters brain



Addressing Provider Concerns

- “They can’ t”
- “It isn’ t relevant”
- “They don’ t want to”
- “I don’ t have time to do this on top of everything else”
- “I’ ve always heard smoking helps symptoms. I don’ t want to make their symptoms worse.”
- “They will lose their sobriety if they also try to quit smoking or lose weight”



Addressing Provider Concerns

- “Smoke breaks are a time when I build relationships with clients”
- “I don’ t have the training necessary”
- “Why spend time on this when there are more important psychiatric, substance abuse, and medical issues?”
- “If we go tobacco-free, behavioral problems will increase”
- “The issues we face are unique”
- “This is one of their last personal freedoms”



Tobacco Cessation Works

- 70% of smokers say they want to quit, 40% of smokers attempt to quit
- Quitting tobacco is difficult but absolutely feasible if assistance is provided
 - Quit rates with willpower alone – 4%
 - Pharmacotherapy (NRT) alone – 22%
 - QuitLine counseling plus NRT – 36%
 - Chantix – 44%
- Smokers are more than twice as likely to quit with coverage



Cessation Concurrent with Mental Health or Addictions Treatment

Smoking cessation has no negative impact on psychiatric symptoms and smoking cessation may even lead to better mental health and overall functioning

(Baker et al., 2006; Lawn & Pols, 2005; Morris et al., Unpublished data; Prochaska et al., 2008)



Cessation Concurrent with Mental Health or Addictions Treatment

Participation in smoking cessation efforts while engaged in other substance abuse treatment has been associated with a 25% greater likelihood of long-term abstinence from alcohol and other drugs.

(Bobo et al., 1995; Burling et al., 2001; Hughes, 1996; Hughes et al., 2003; Hurt et al., 1993; Pletcher, 1993; Prochaska et al., 2004; Rustin, 1998; Saxon, 2003; Taylor et al., 2000)



Interventions for Tobacco Use



Assessment, Treatment Planning, and Continuity of Care



Integration into Standard Practice

- Assess tobacco as part of normal assessment & screening procedures
- Add tobacco to treatment plan with goals and objectives specific to tobacco
- Provide educational materials related to tobacco
- Address tobacco use in individual and group sessions



Vitals

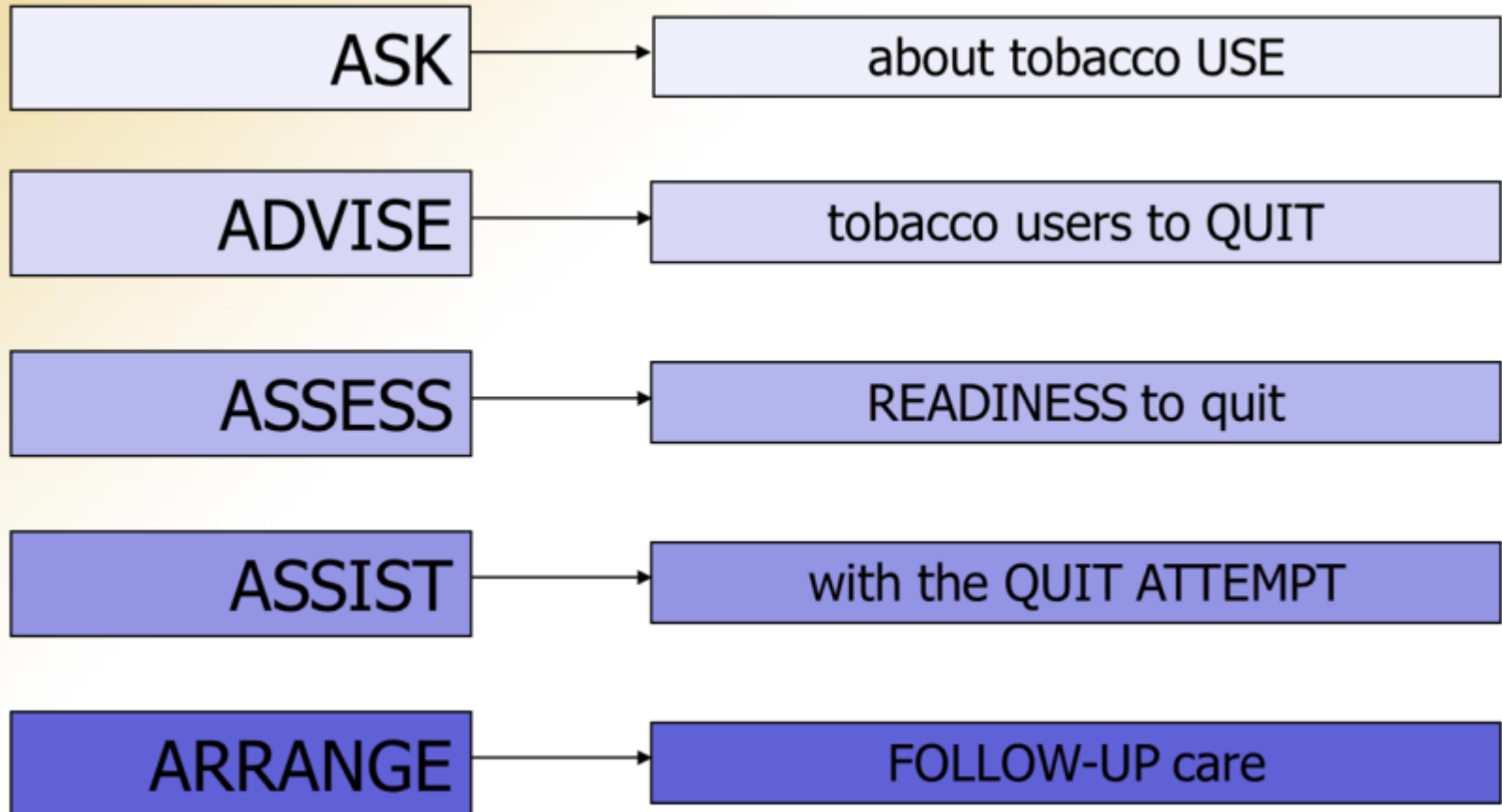
Brief Strategy A1. Ask—Systematically identify all tobacco users at every visit

Action	Strategies for implementation
<p>Implement an office-wide system that ensures that, for EVERY patient at EVERY clinic visit, tobacco-use status is queried and documented.^a</p>	<p>Expand the vital signs to include tobacco use or use an alternative universal identification system.^b</p> <div data-bbox="736 606 1474 996" style="border: 1px solid black; padding: 10px; margin: 10px auto; width: fit-content;"> <p style="text-align: center;">VITAL SIGNS</p> <p>Blood Pressure: _____</p> <p>Pulse: _____ Weight: _____</p> <p>Temperature: _____</p> <p>Respiratory Rate: _____</p> <p>Tobacco Use: Current Former Never</p> <p style="text-align: center;">(circle one)</p> </div> <p>^b Alternatives to expanding the vital signs are to place tobacco-use status stickers on all patient charts or to indicate tobacco use status using electronic medical records or computer reminder systems.</p>

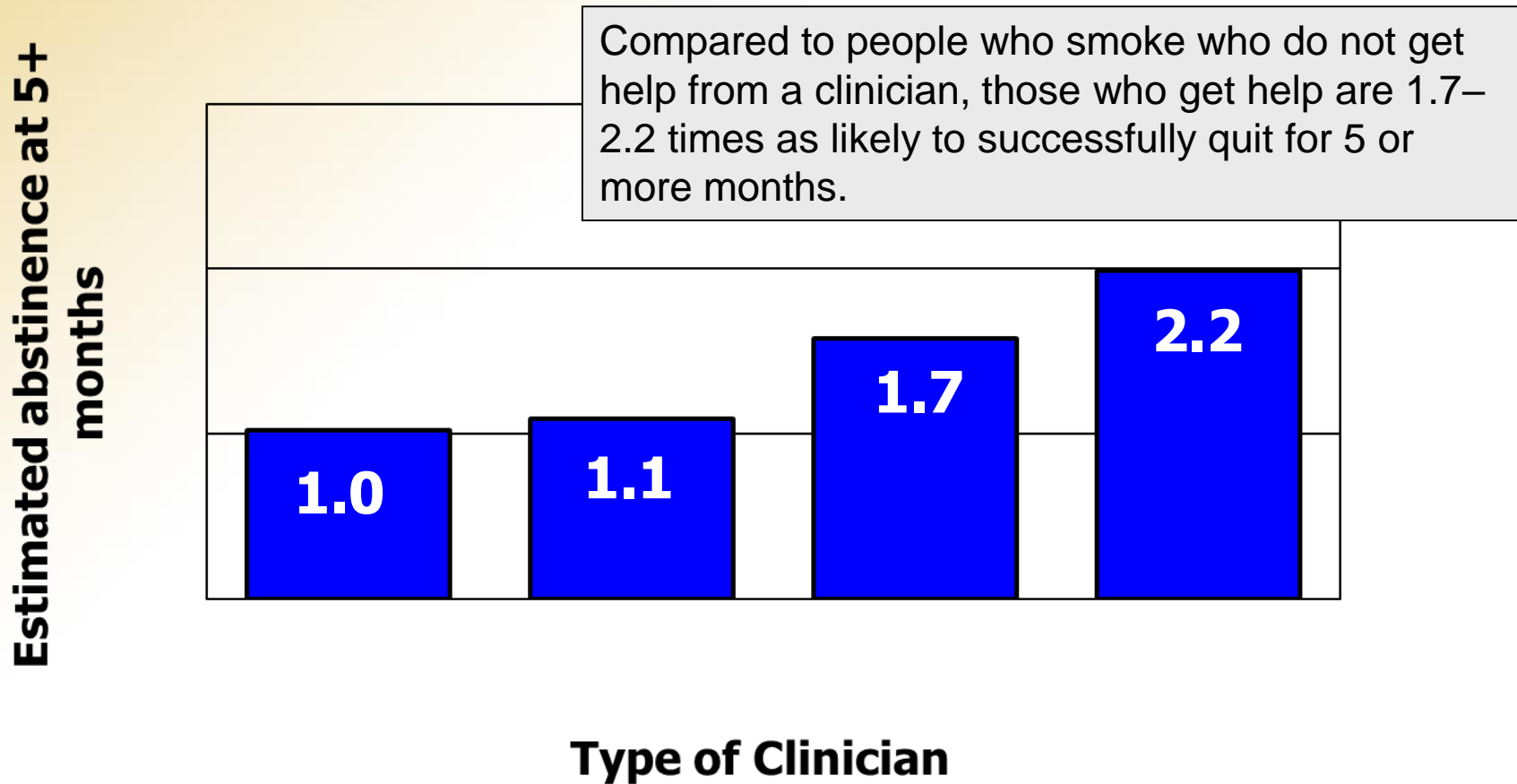
^a Repeated assessment is *not* necessary in the case of the adult who has never used tobacco or has not used tobacco for many years, and for whom this information is clearly documented in the medical record.



Assessment and the 5A's



Advice Can Improve Chances of Quitting



2 A's and R Model

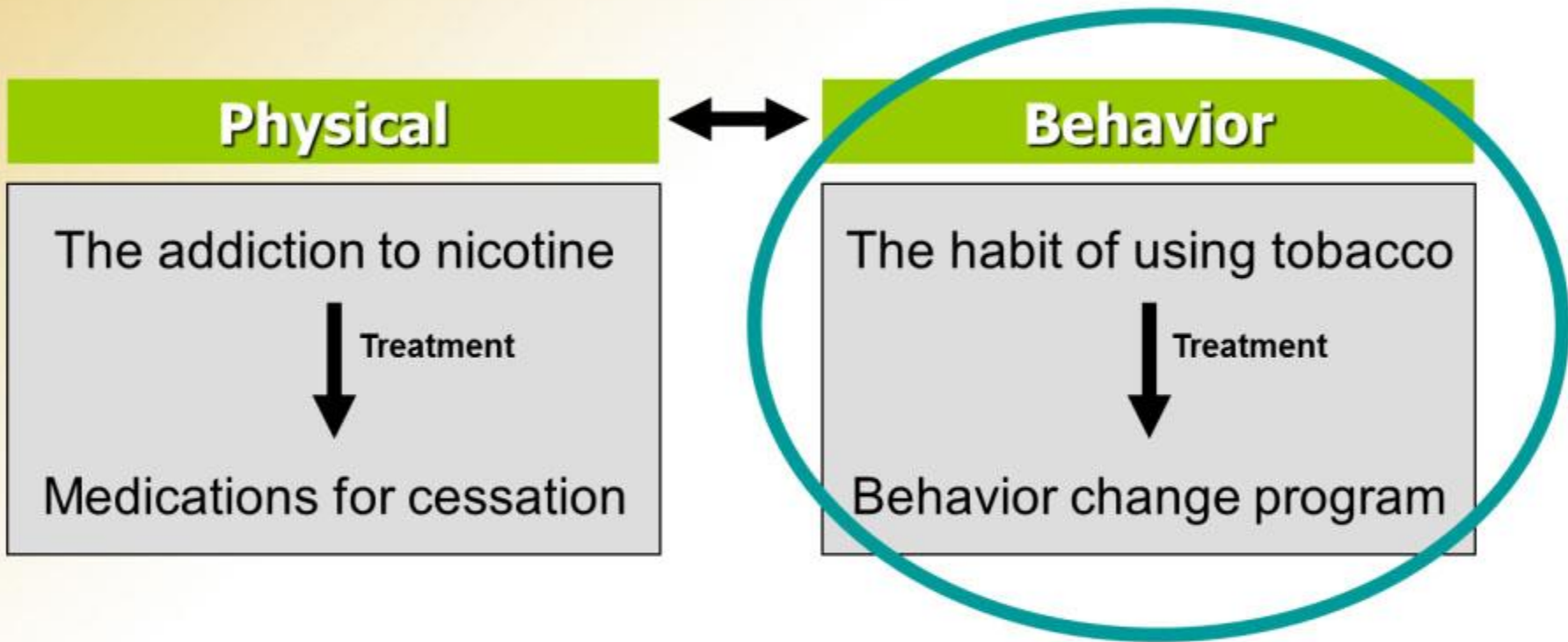
- **ASK:** Determine tobacco use status
- **ADVISE** “Quitting is very important to improving your health. I can refer you to people who can help you”
- **REFER**
 - To a Quitline (1-800-Quit-Now)
 - To Cessation and/or Wellness Group
 - To Peer Support Group



Quitline



Tobacco dependence is a 2-part problem.



Treatment should address both the addiction **and** the habit.



Resources & Tools for Change

- Cognitive-Behavioral Therapy
- Motivational enhancement
- Individual counseling >4 sessions
- Groups meeting 7-10 weeks
- Individualized treatments
- Peer-to-peer support
- Referral to quitlines



Motivational Intervention

- 30 minute session
- Motivate smokers with mental health/ substance use disorders to seek tobacco dependence treatment
- Provides brief, personalized feedback about impact of tobacco use
 - Carbon Monoxide (CO)
 - Money spent on tobacco



The Tobacco Dependence Recovery Program

- Session A: Healthy Behaviors
- Session B: The Truth About Tobacco
- Session C: Changing Behaviors
- Session D: Coping with Cravings
- Session E: Managing Stress
- Session F: Planning Ahead



If Ready to Quit

- Number of cigarettes smoked per day
- Previous quit attempt?
- Withdrawal symptoms?
- Worries about cessation?
- Strategies to quit smoking
- Advise setting a quit date
- When is the first cigarette smoked
- Refer to the helpline and other cessation resources
- Offer an appointment or telephone call 1-2 weeks after the quit date
- Recommend/prescribe nicotine replacement therapy or other medications

Tremblay, Cournoyer & O' Loughlin, 2009



If Not Ready to Quit

- Discuss the effects of smoking on health
- Pros and cons of smoking?
- Pros and cons of quitting?
- Express concerns about their smoking
- Advise to stop smoking
- Discuss the effects of secondhand smoke on health of children, relatives, and friends
- Offer an appointment specifically to discuss quitting

Tremblay, Cournoyer & O' Loughlin, 2009



Tobacco dependence is a 2-part problem.

Physical

The addiction to nicotine



Treatment

Medications for cessation

Behavior

The habit of using tobacco



Treatment

Behavior change program

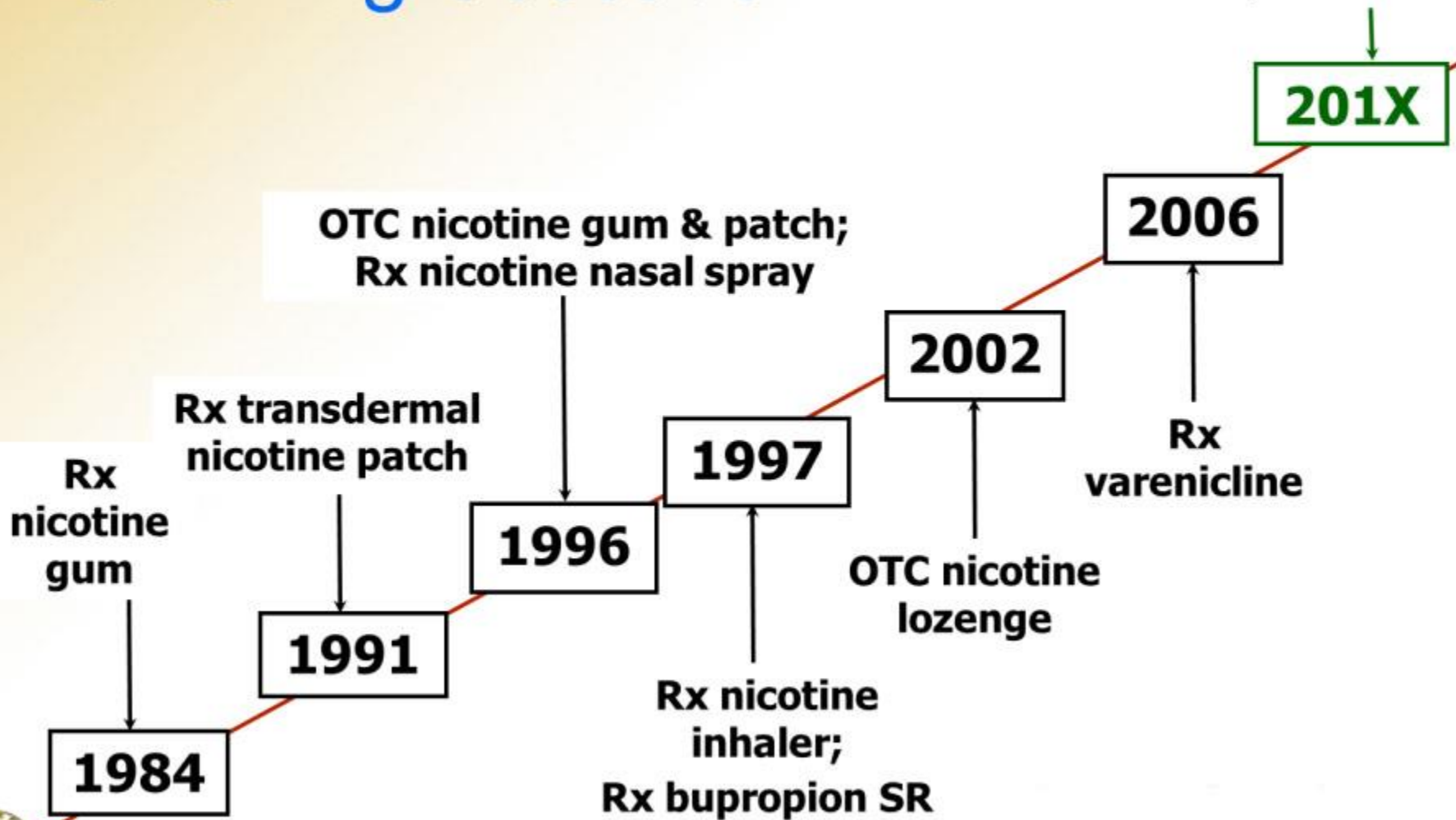


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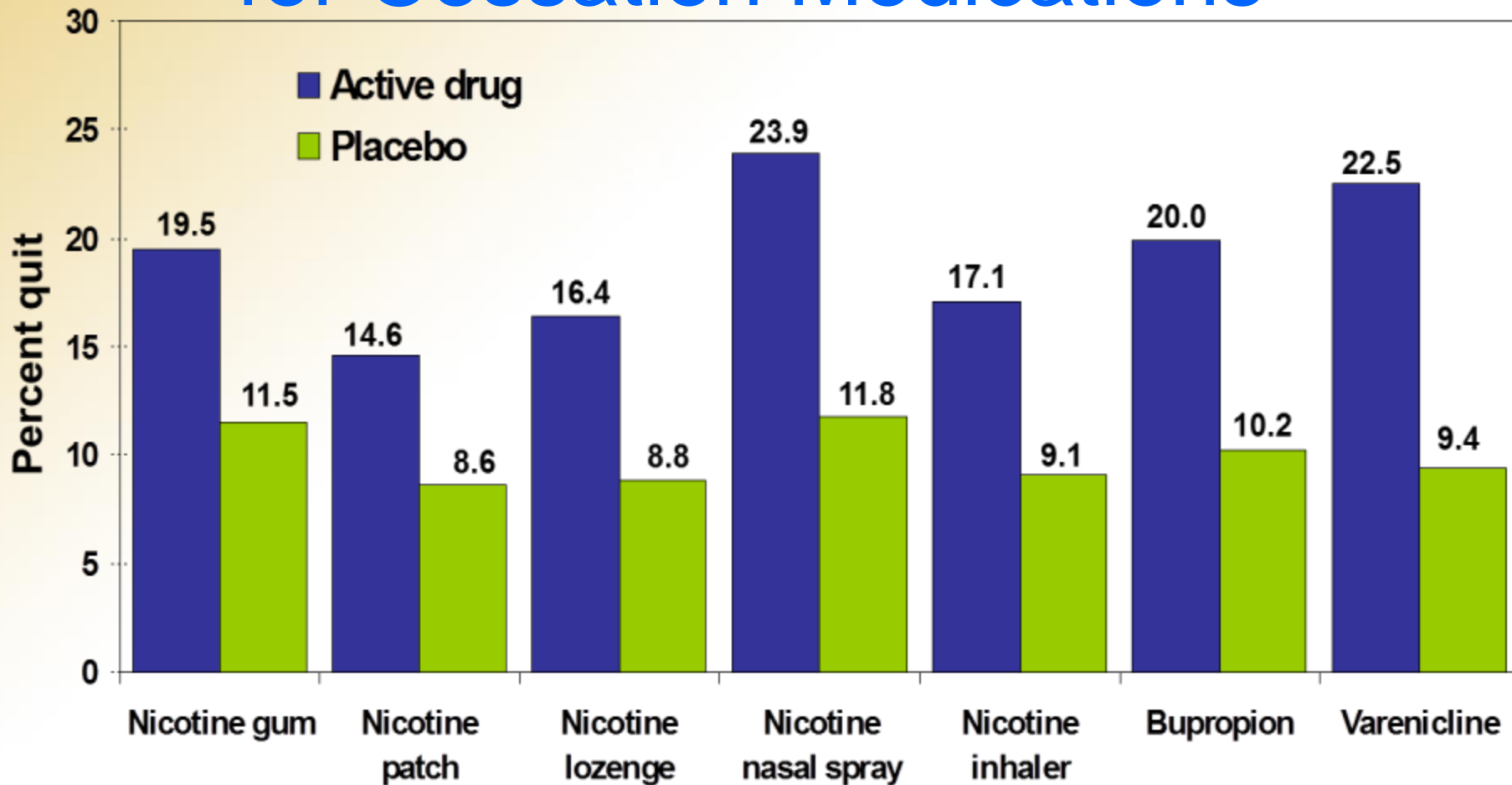


FDA Approvals for Smoking Cessation

*Drugs in Development:
rimonabant, nicotine
vaccine, etc.*



Long-term (36 month) Quit Rates for Cessation Medications



Nicotine Patch



ADVANTAGES

- Provides consistent nicotine levels
- Easy to use and conceal
- Fewer compliance issues
- Safe in presence of C-V disease

DISADVANTAGES

- Clients cannot titrate the dose
- Allergic reactions to adhesive may occur
- Taking patch off to sleep may lead to nicotine cravings in the morning



Bupropion SR Tablets

- Does not contain nicotine
- Tablet that is swallowed whole, and the medication is released over time
- Same medication as Wellbutrin, which is used to treat depression
- Sold with a prescription



Courtesy of the University of California, San Francisco



Varenicline

CHX 0.5

CHX 1.0

ADVANTAGES

- Oral formulation with twice-a-day dosing
- Offers a new mechanism of action for persons who previously failed using other medications
- Early trials suggest this agent is superior to bupropion SR

DISADVANTAGES

- Common side effects:
 - Nausea (in up to 33% of clients)
 - Sleep disturbances (insomnia, abnormal dreams)
 - Constipation
 - Flatulence
 - Vomiting

NOTE: Patients have reported changes in behavior, agitation, depressed mood, suicidal thoughts or actions while taking or after stopping Varenicline.



Combination Therapy

Long-acting formulation (patch, bupropion, varenicline), which produces relatively constant levels of nicotine

PLUS

Short-acting formulation (gum, lozenge, inhaler, nasal spray), which permits acute dose titration as needed for withdrawal symptoms

Ebbert et al, 2009; Hurt et al., 2009; Piper et al., 2009; Schneider et al., 2006; Steinberg et al., 2006



The Peer to Peer Tobacco Dependence Recovery Program

- **A sustainable train-the-trainer model**
- **Active in 7 states**

- **Positive social networking**
- **Education and Awareness Building**
- **One-on-One Motivational Interviews**
- **Tobacco Dependence Support Groups**





Smoke-Free Home Pledge

I _____, on _____, pledge
(Name) (Date)
to protect my children from the health risks from secondhand smoke
by making my home and car smoke-free.



www.epa.gov/smokefree



Tobacco-Free Policies: Return on Investment

- **For Facilities:**
 - Reduced maintenance and cleaning costs
 - Decreased accidents and fires
 - Decreased health insurance costs
 - Decreased worker's compensation payments



Tobacco-Free Policies: Return on Investment

- **For Staff:**
 - Decreased hospital admissions
 - Decreased absenteeism
 - Increased staff productivity
 - Increased staff satisfaction
- **For Clients:**
 - Decreased disease and death
 - Decreased hospital admissions
 - Increased quality of life



Interventions for Weight



What is the Evidence?

Combining smoking treatment and weight control does not produce any harm and there is significant evidence of short-term benefit of concurrent interventions

Short-Term Effectiveness

- Naltrexone, bupropion, fluoxetine, and NRT all limit weight gain during cessation
- Very low calorie diets and CBT limit weight gain

Long-Term Effectiveness

- Low calorie diets and CBT for cessation
- Only CBT for weight



Well Body Peer Support Group

Session A: Healthy Eating Habits

Session B: The Truth about Nutrition

Session C: Changing Behaviors

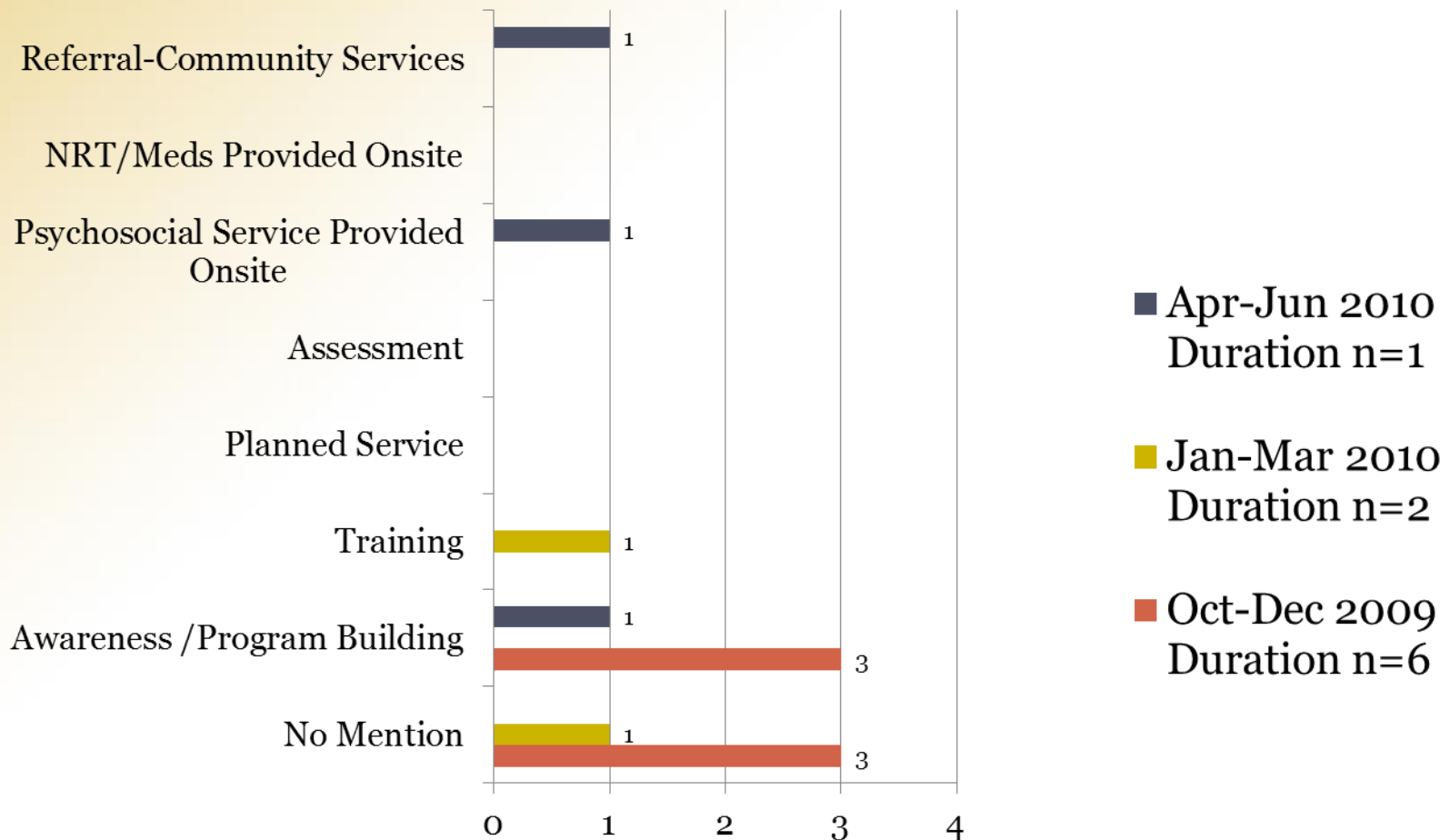
Session D: Coping with Cravings

Session E: Managing Stress

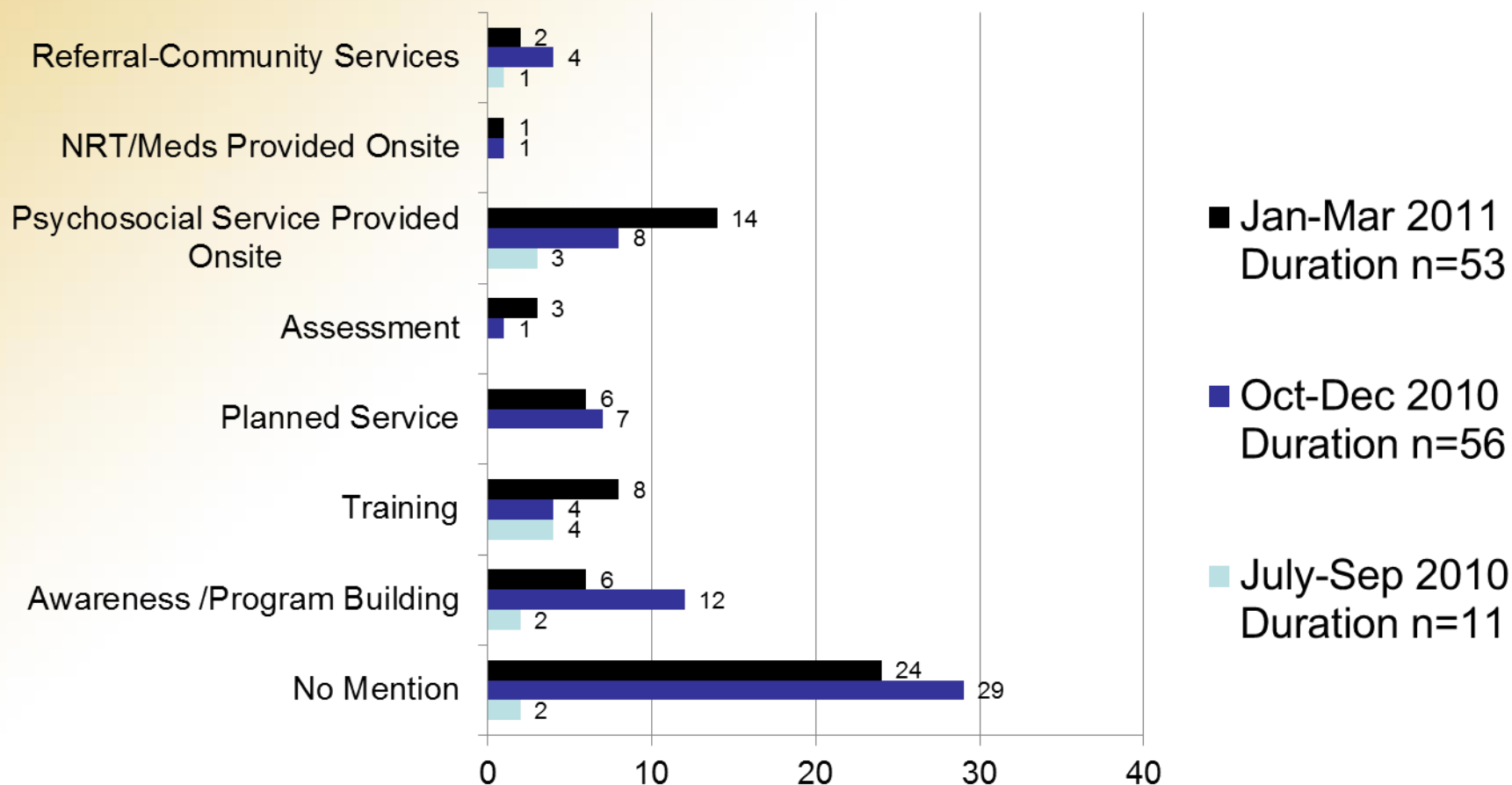
Session F: Planning Ahead



PBHCI Grantee Cessation Activities

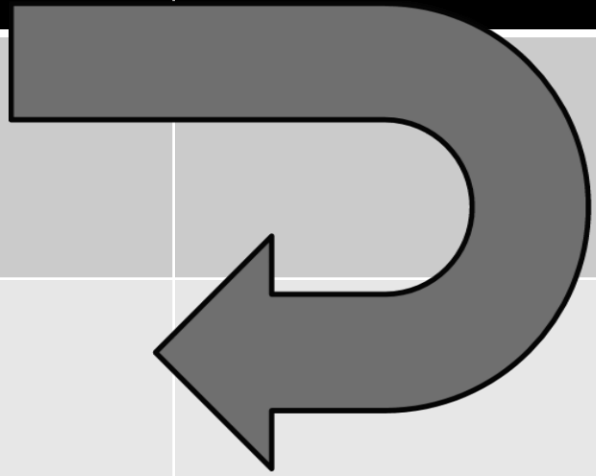


PBHCI Grantee Cessation Activities



Cost/Benefit of Integrating Wellness Programming into Behavioral Health Services

	PROS	CONS
ACT		
DON'T ACT		



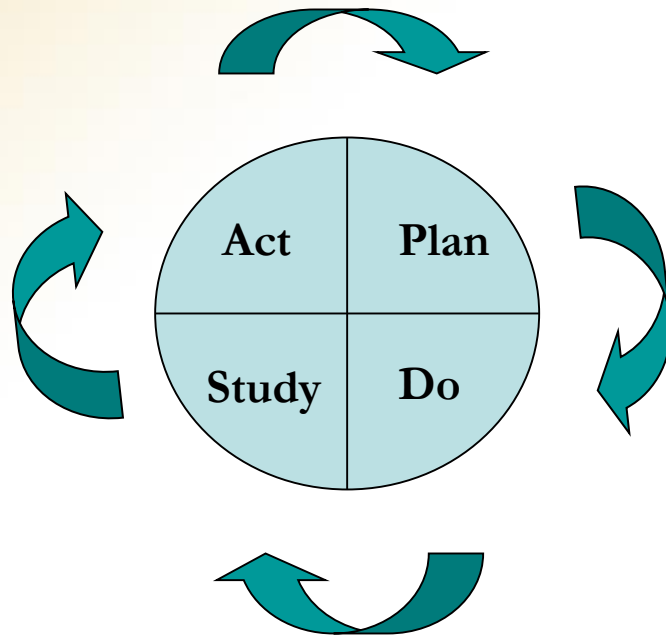
Intersecting Cultures

- The **clinical world** asks ‘ ‘What care is called for?’ ’ and ‘ ‘Is it high quality?’ ’ ,
- The **operational world** asks ‘ ‘What will it take to accomplish such care?’ ’ and ‘ ‘Is it well executed?’ ’ .
- The **financial world** in turn asks ‘ ‘Is it a good value?’ ’

(Miller, Mendenhall, & Malik, 2008)



Technical Assistance and Training for Rapid Improvement



Places to Start

- Do intake forms include charting smoking status or is there another mechanism for charting smoking status?*
- Are tobacco use assessments included in client visits?*
- Does the intake form provide space for updating information during subsequent patient visits?*
- Is there a current copy of specific resources/ referrals available to all staff?*
- Are there patient educational materials readily available (& in non-English languages)?*
- Are prescribing guidelines for cessation available to clinicians?*

From: Health Care Provider's Tool Kit for Delivering Smoking Cessation
Services: California Tobacco Control Alliance
www.tobaccofreealliance.org



Technical Assistance & Training Opportunities

- Evidence-based tobacco dependence interventions (BHWP has separate series of trainings for clinicians, prescribers, and administrators)
- Coordination with quitlines
- Youth & young adult tobacco use treatment
- Policy development, implementation and enforcement for tobacco-free facilities, campuses, and multi-unit housing
- Peer-driven tobacco dependence recovery programming
- Outcome and indicator systems for prevention and wellness
- Health information technology and alignment with healthcare reform
- Agency wellness program development for staff and/or patients
- Business models that incorporate tobacco treatment





Rxforchange



Clinician-assisted tobacco cessation

- [RxforChange Home](#)
- [Welcome](#)
- [About](#)
- [News & Publications](#)
- [Resources](#)
- [FAQ](#)
- [National Speakers Bureau](#)
- [Contacts](#)
- [Petition Against Tobacco Sales in Pharmacies](#)

<http://rxforchange.ucsf.edu/curricula/>



A Tobacco-Free Toolkit for Community Health Facilities



Project TRUST Edition

*Made possible by funding from the Department of Health and Human Services
through the Los Angeles County Department of Public Health*

For More Information, Contact:

Karen Devine
BHWP Health Services Manager
karen.devine@ucdenver.edu



Interventions for Tobacco Use



PDF available at:

http://smokingcessationleadership.ucsf.edu/Downloads/MH/Toolkit/Quit_MHToolkit.pdf

<http://smokingcessationleadership.ucsf.edu/BehavioralHealth.htm>



National Resources

Behavioral Health and Wellness Program

<http://www.bhwellness.org>

Center for Integrated Health Solutions

http://www.thenationalcouncil.org/cs/center_for_integrated_health_solutions

Smoking Cessation Leadership Center

<http://smokingcessationleadership.ucsf.edu>

Partnership for Prevention

<http://www.prevent.org>

National Association of State Mental Health Program Directors

<http://www.nasmhpd.org>

Tobacco Recovery Resource Exchange

<http://www.tobaccorecovery.org>



Pictures property of Eric Belluche



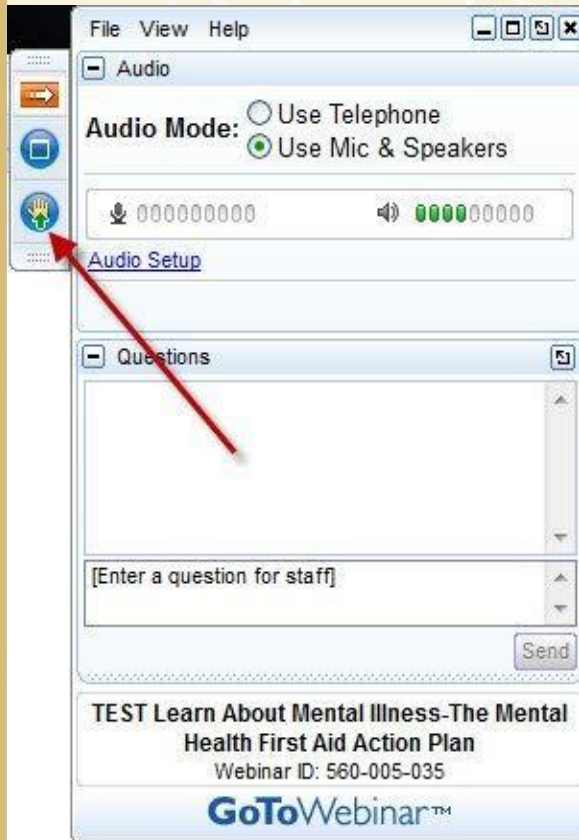
Contact Information

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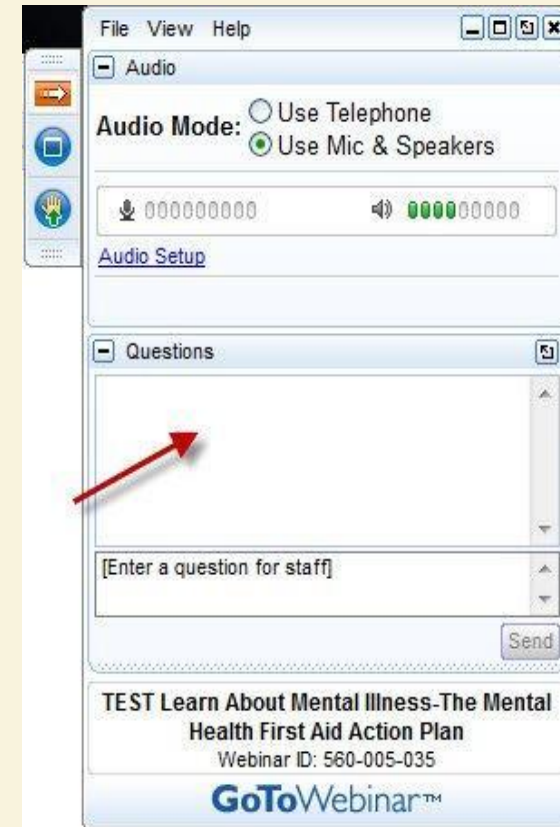
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Announcements

- Please complete the short survey following today's webinar
- Learning Community individual call and regional meeting
 - Region 1: August 31, location TBD
 - Region 2: September 12 in Denver, CO
 - Region 3: September 14 in Knoxville, TN
 - Region 4: September 9, location TBD
 - Region 5: September 23 in Southbury, CT.
- HIT Funding Opportunity FAQ
- Questions? E-mail Emma Green at emmag@thenationalcouncil.org

