

**SAMHSA-HRSA**  
**Center for Integrated Health Solutions**



# Establishing Smoking Cessation Initiatives in Health Centers



***Chad Morris, PhD &  
Bettie Thompson Blackmon, FNPC***



**August 15, 2011**

Health Resources and Services Administration &  
The National Council for Community Behavioral Healthcare



NATIONAL COUNCIL  
FOR COMMUNITY BEHAVIORAL HEALTHCARE

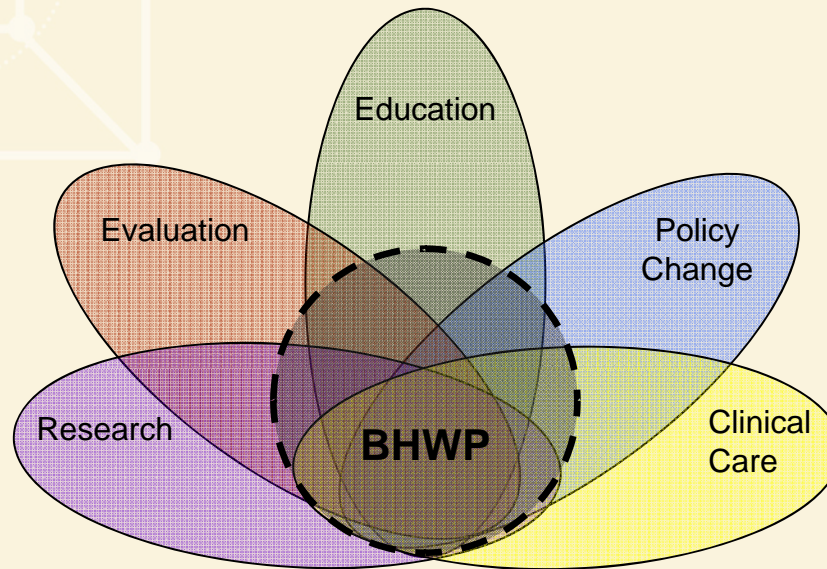
A Life in the Community for Everyone  
**SAMHSA**  
Substance Abuse and Mental Health Services Administration

**HRSA**

[www.CenterforIntegratedHealthSolutions.org](http://www.CenterforIntegratedHealthSolutions.org)

# Behavioral Health & Wellness Program

[www.bhwellness.org](http://www.bhwellness.org)



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





**Quitting  
smoking is  
easy to do.  
I've done it a  
million times.**

Mark Twain

**There is a Doctor in the House**  
—and it took a minimum of '15,000 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**

E. J. Reardon Tobacco Company, Winston-Salem, N. C.

*When you write mention THE TRAINED NURSE, March, 1946* 175



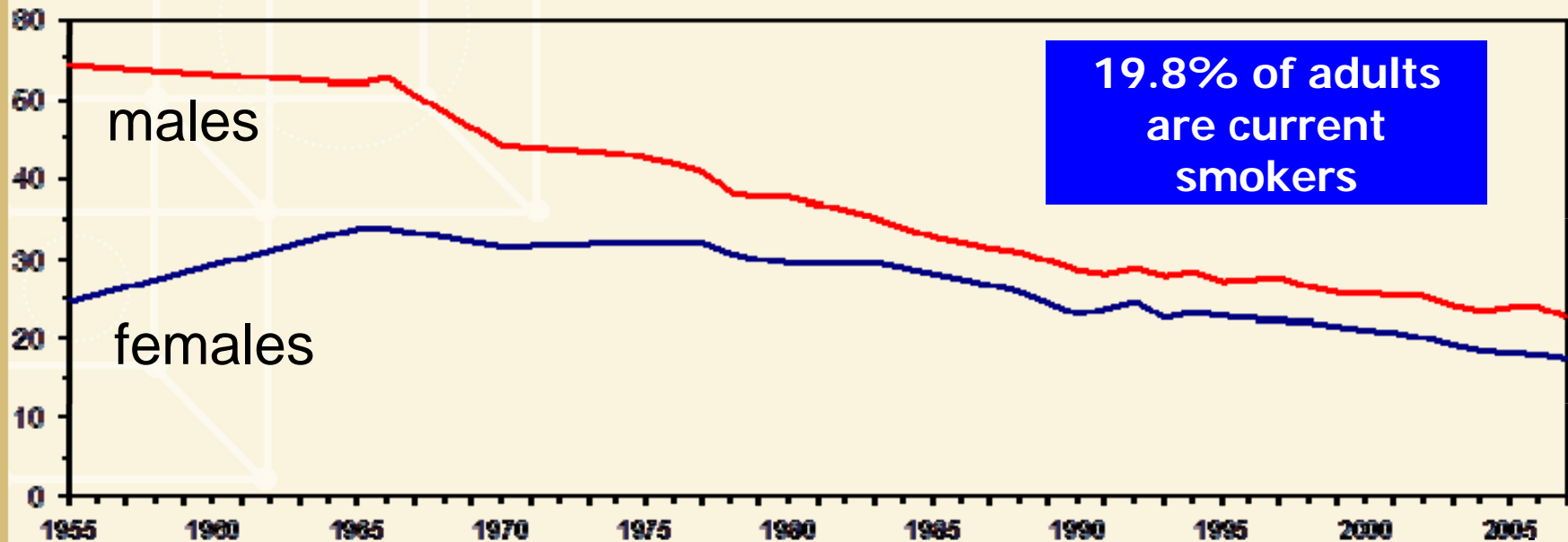
# Why Community Health Clinics?



- Integrated and health home models
- Access to high risk populations
- Community-based and patient-directed
- Complements other prevention and wellness activity
- HRSA performance measure



## Trends in Adult Smoking in the U.S. up to 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.

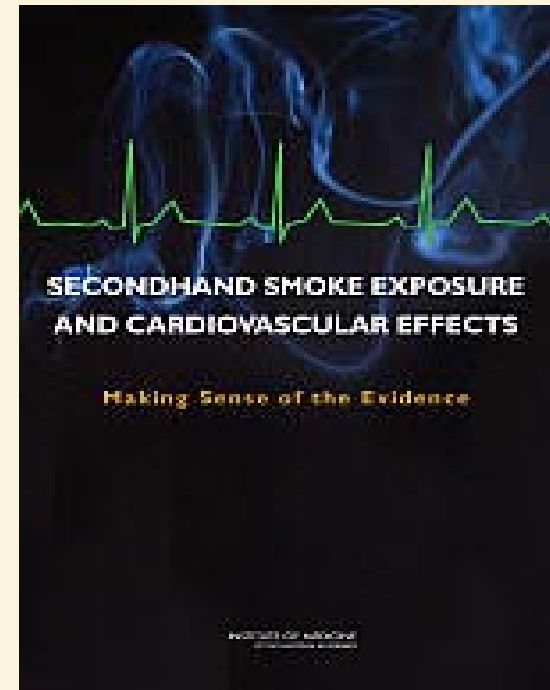


Mokdad et al. (2004). *JAMA* 291:1238–1245.  
Flegal et al., (2005). *JAMA* 293:1861–1867.



# 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](http://www.cdc.gov/tobacco/basic_information/health_effects/heart_disease/index.htm)

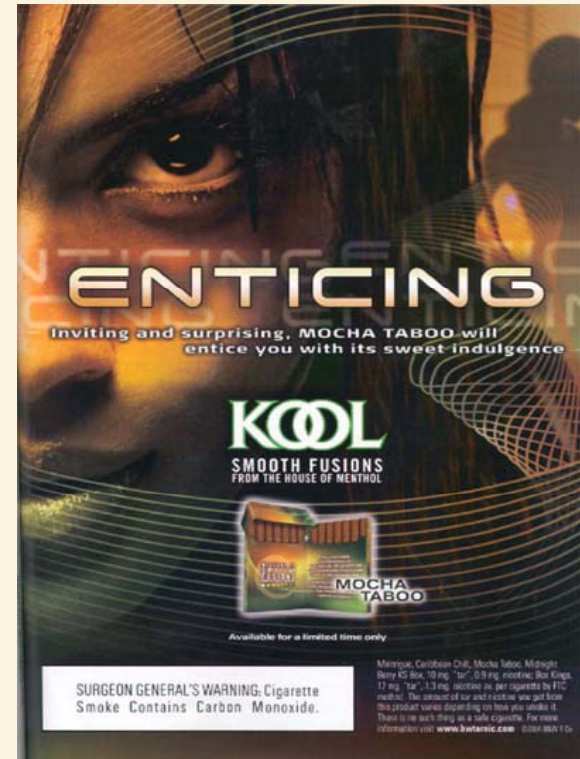




# Youth Targeting

“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

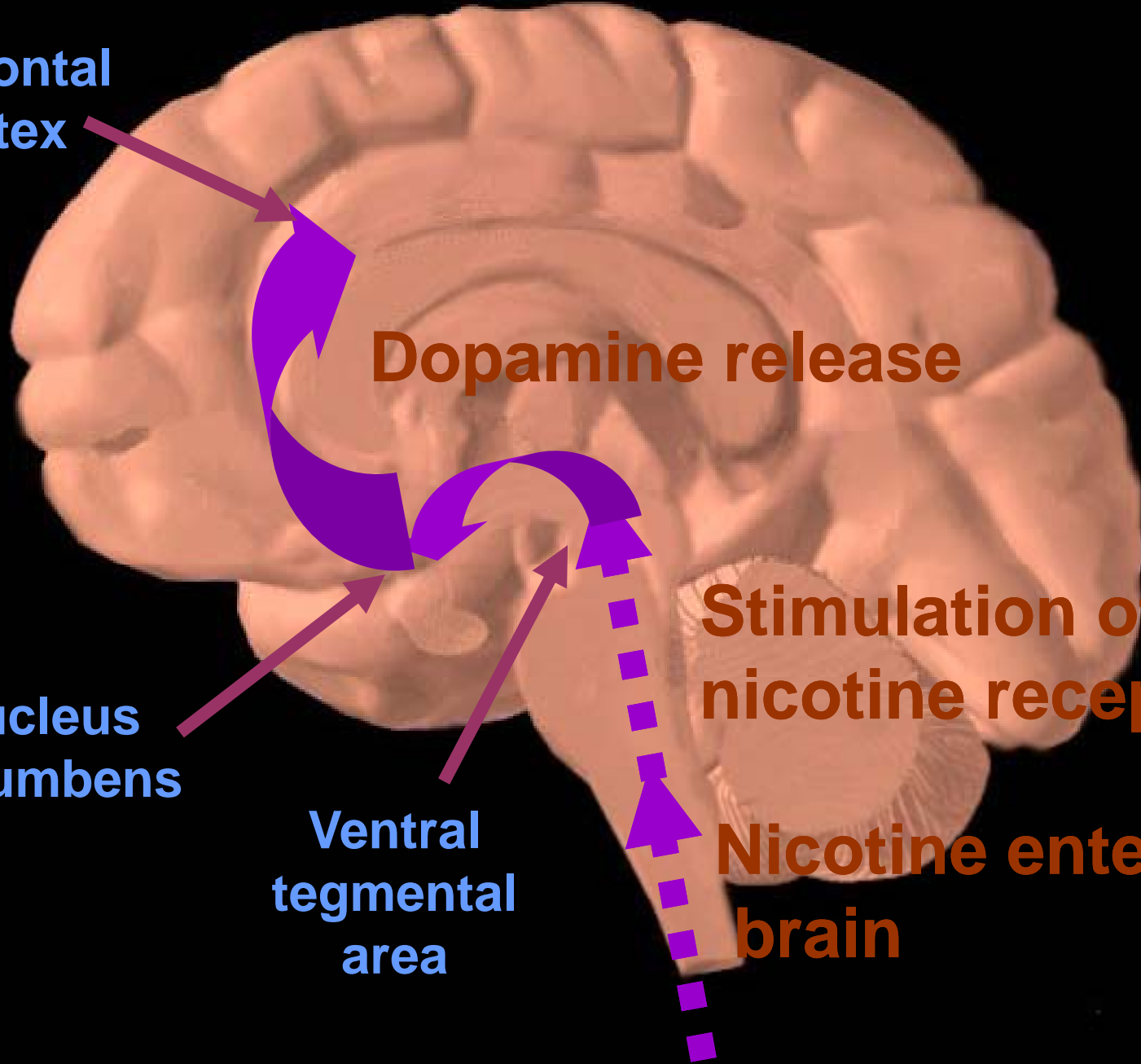
Dopamine release

Nucleus accumbens

Ventral tegmental area

Stimulation of nicotine receptors

Nicotine enters brain



# Nicotine Effects

## Receptor Activation

- Increase arousal
- Heighten attention
- Influence stages of sleep
- Produce states of pleasure
- Decrease fatigue
- Decrease anxiety
- Reduce pain
- Improve cognitive function

## Withdrawal Symptoms

- Mentally sluggish
- Inattentive
- Insomnia
- Boredom and dysphoria
- Fatigue
- Anxiety
- Increase pain sensitivity
- Decrease cognitive function

**Most withdrawal symptoms peak 24–48 hr after quitting and subside within 2–4 weeks**



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# Intervention & Treatment



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# Addressing Provider Concerns

- “They can’t”
- “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”
- “I don’t have the training necessary”



Services should be integrated at the point of delivery, actively involve patients as partners in their care, and be coordinated with other community resources

-CBHC, 2010



# 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



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# Assessment, Treatment Planning, and Continuity of Care



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# Clinic Checklist

- 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 tobacco cessation listed on the treatment plan?*
- 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?*



# 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.<sup>a</sup></p>	<p>Expand the vital signs to include tobacco use or use an alternative universal identification system.<sup>b</sup></p> <div data-bbox="869 610 1598 997" style="border: 1px solid black; padding: 10px; margin: 10px auto; width: fit-content;"> <p style="text-align: center;"><b>VITAL SIGNS</b></p> <p>Blood Pressure: _____</p> <p>Pulse: _____      Weight: _____</p> <p>Temperature: _____</p> <p>Respiratory Rate: _____</p> <p>Tobacco Use:    Current    Former    Never (circle one)</p> </div> <p><sup>b</sup> 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>

<sup>a</sup> 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.





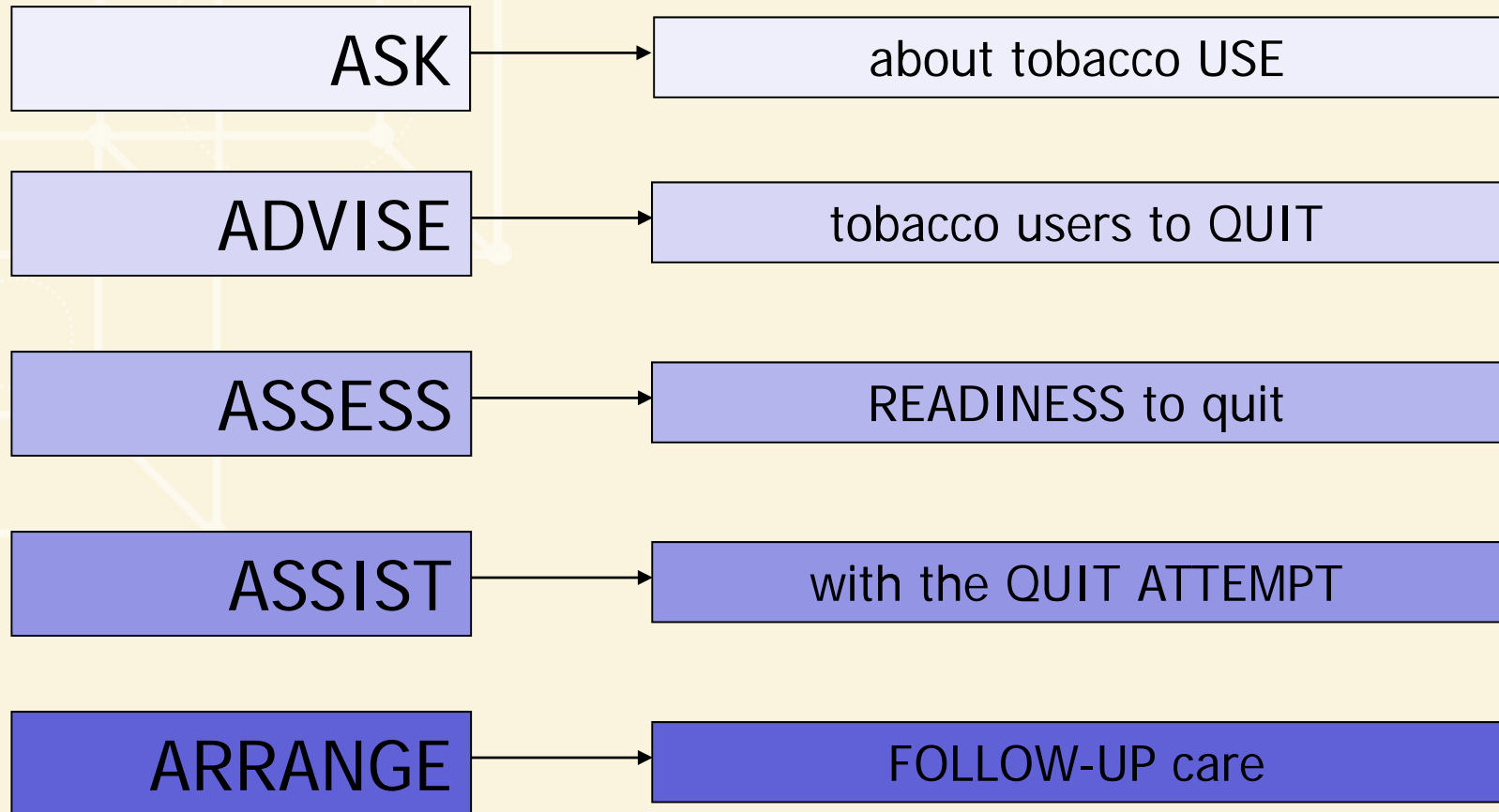
If you have limited time:

**ASK** → **ADVISE** → **REFER**

**COLORADO**  
**QuitLine**  
*Be tobacco free*  
1-800-QUIT-NOW  
1-800-784-8669

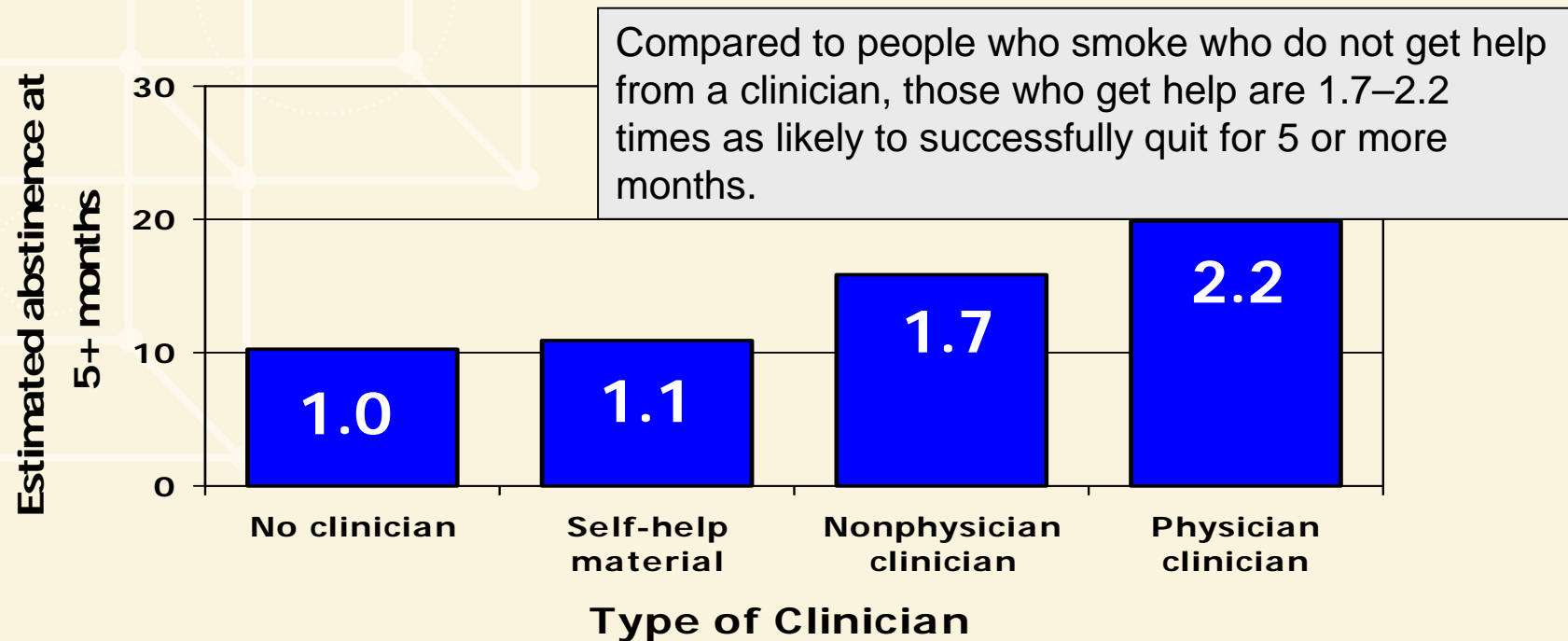


# Assessment and the 5A's





# Advice Can Improve Chances of Quitting



Fiore et al. (2008). *Treating Tobacco Use and Dependence: 2008 Update*. Rockville, MD: USDHHS, PHS.



## 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



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# Quitline



Take Control  
**1-800-QUIT-NOW**  
Call. It's free. It works.  
1-800-784-8669  
[www.smokefree.gov](http://www.smokefree.gov)



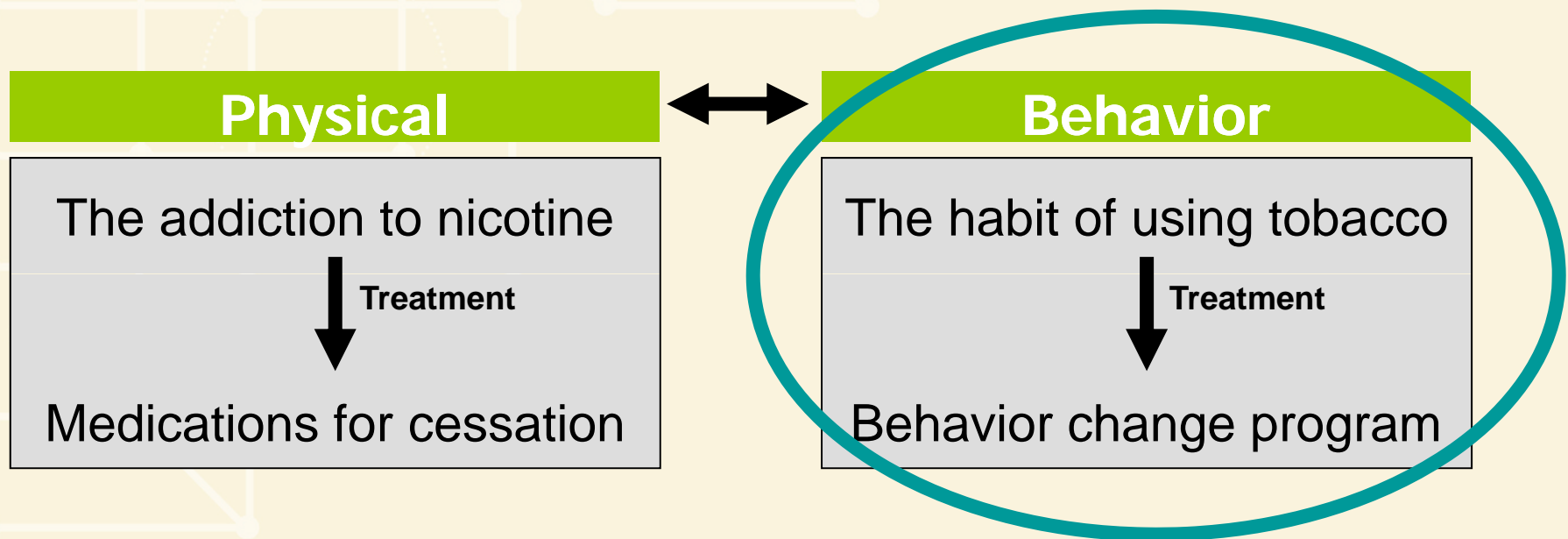
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**Tobacco dependence is a 2-part problem.**



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

*Courtesy of the University of California, San Francisco*



# Resources & Tools for Change

- Motivational enhancement
- Multi-disciplinary treatment planning
- Cognitive-Behavioral Therapy
- Individual counseling >4 sessions
- Groups meeting 6-10 weeks
- Peer-to-peer support
- Community referral





## 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



## **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

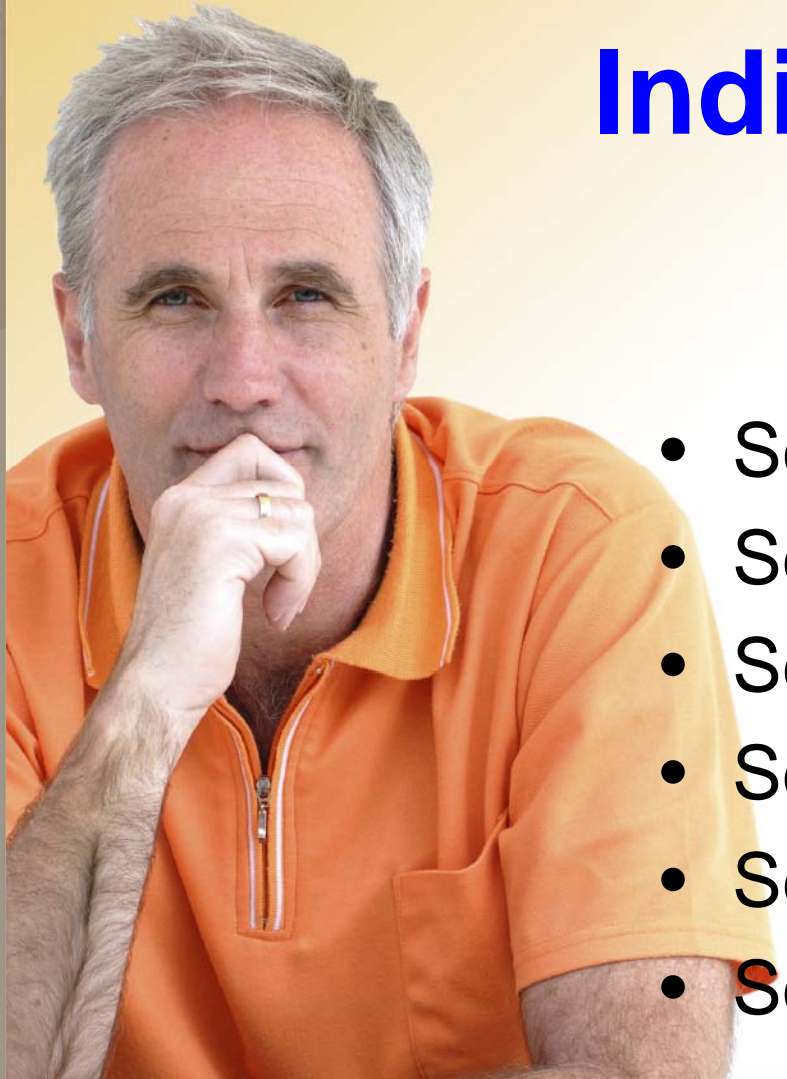
Advise to stop smoking

Discuss the effects of secondhand smoke on health of children, relatives, and friends

Offer an appointment specifically to discuss quitting



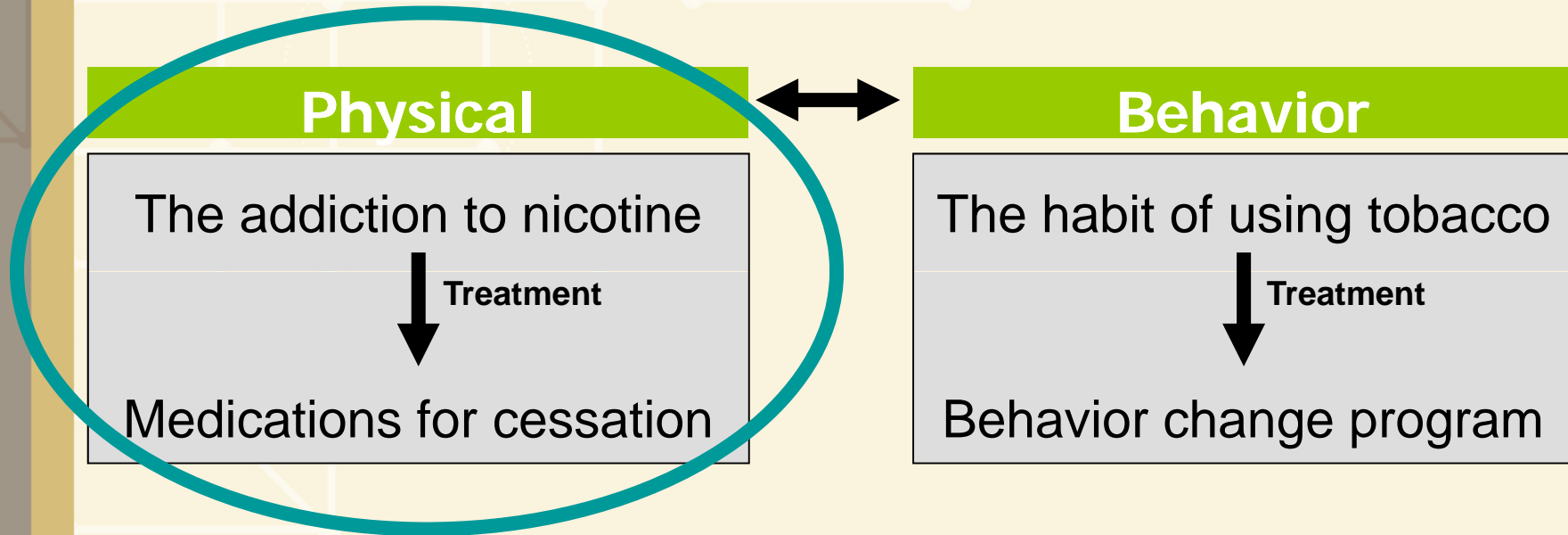
# Individual or Group Intervention



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



**Tobacco dependence is a 2-part problem.**



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

*Courtesy of the University of California, San Francisco*



# Metabolism of Nicotine

70% of nicotine is cleared from the blood during each pass through the liver.

The half-life of nicotine in the blood is ~120 minutes.

Smoking induces CYP1A2 isoenzyme

Monitor for side effects, weight gain

Cessation may produce rapid, significant increase in blood levels of psychotropics and other medications





## Medications Know or Suspected To Have Their Levels Affected by Smoking and Smoking Cessation

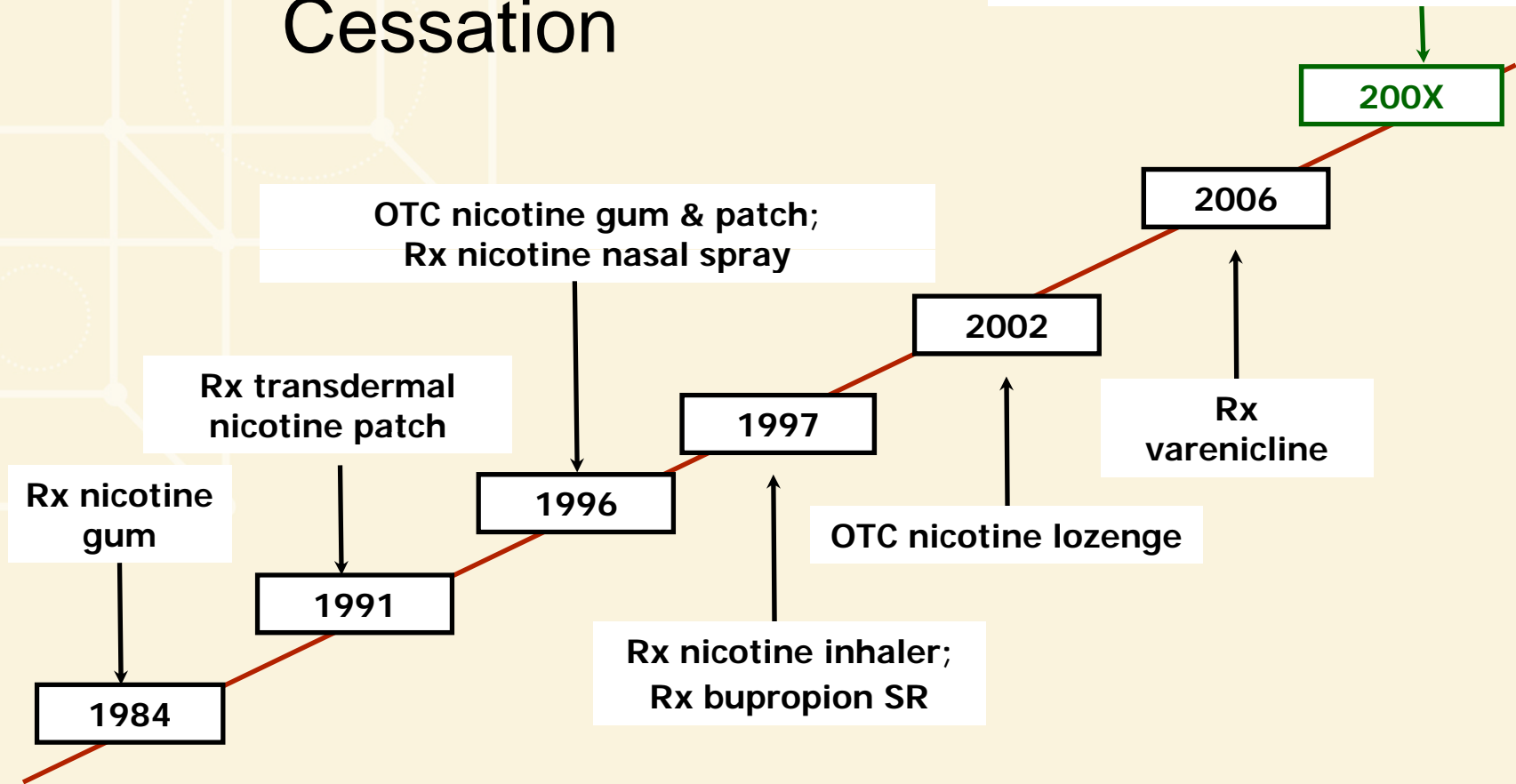
5

<b>ANTIPSYCHOTICS</b>	Chlorpromazine (Thorazine)	Olanzapine (Zyprexa)
	Clozapine (Clozaril)	Thiothixene (Navane)
	Fluphenazine (Permitil)	Trifluoperazine (Stelazine)
	Haloperidol (Haldol)	Ziprasidone (Geodon)
	Mesoridazine (Serentil)	
<b>ANTIDEPRESSANTS</b>	Amitriptyline (Elavil)	Fluvoxamine (Luvox)
	Clomipramine (Anafranil)	Imipramine (Tofranil)
	Desipramine (Norpramin)	Mirtazapine (Remeron)
	Doxepin (Sinequan)	Nortriptyline (Pamelor)
	Duloxetine (Cymbalta)	Trazodone (Desyrel)
<b>MOOD STABILIZERS</b>	Carbamazepine (Tegretol)	
<b>ANXIOLYTICS</b>	Alprazolam (Xanax)	Lorazepam (Ativan)
	Diazepam (Valium)	Oxazepam (Serax)
<b>OTHERS</b>	Acetaminophen	Riluzole (Rilutek)
	Caffeine	Ropinirole (Requip)
	Heparin	Tacrine
	Insulin	Warfarin
	Rasagiline (Azilect)	

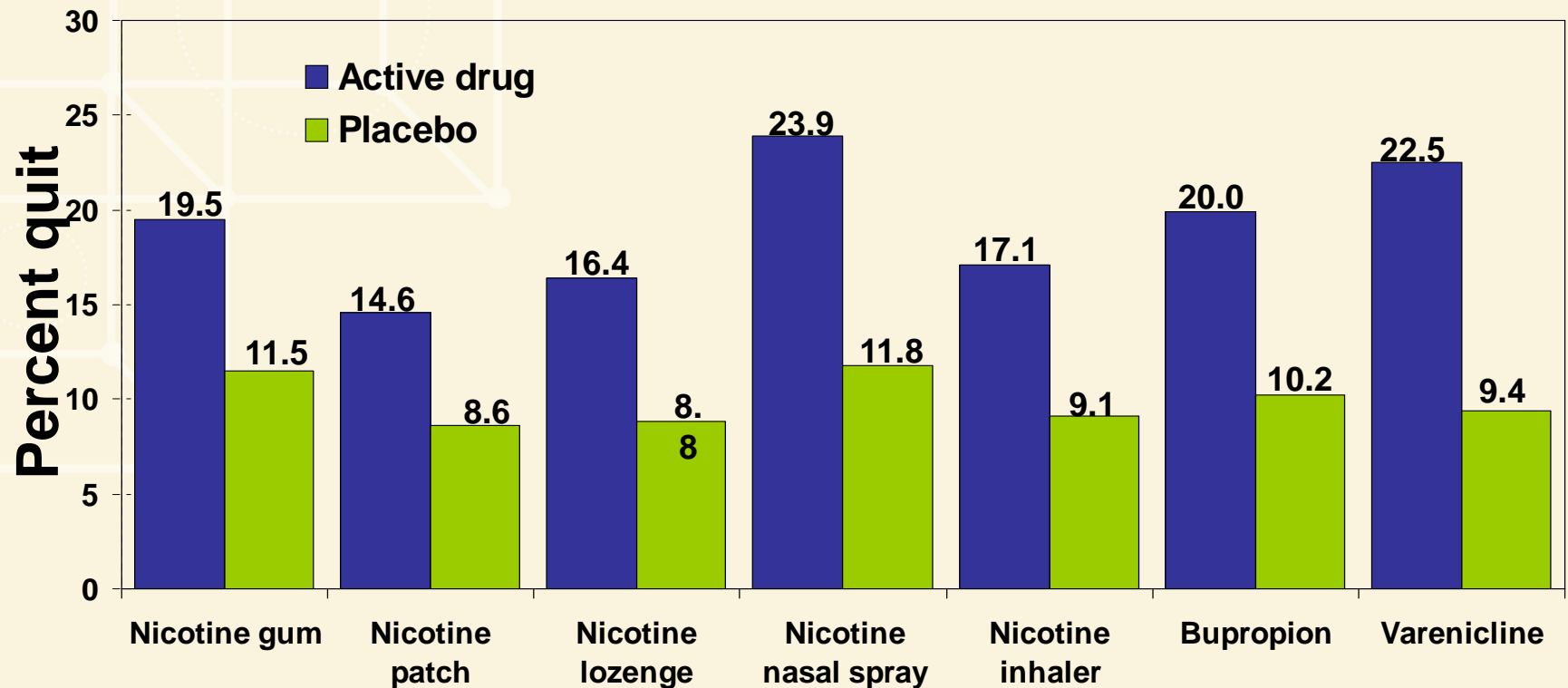


# FDA Approvals for Smoking Cessation

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



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



Data adapted from Silagy et al. (2004). *Cochrane Database Syst Rev*; Hughes et al., (2004). *Cochrane Database Syst Rev*; Gonzales et al., (2006). *JAMA* and Jorenby et al., (2006). *JAMA*



# 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



# NRT Patches

## Nicoderm CQ:

Recommended doses for 10+ cigs/day (if less than 10 cigarettes per day consider other NRT or start with patch at 14mg/day)

### Patch strength

21 mg/day

14 mg/day

7 mg/day

### Duration

6-8 weeks

2-4 weeks

2-4 weeks

## Nicotrol:

15 mg/16 hours

8 weeks





# Nicotine Gum

- Sugar-free chewing gum
- Absorbed through the lining of the mouth
- Available in two strengths (2mg and 4mg)
- Available flavors are:
  - Original, cinnamon, fruit, mint (various), and orange
- Sold without a prescription as Nicorette or as a generic
- Some find the gum difficult to chew
- May not be a good choice for people with jaw problems, braces, retainers, or significant dental work



*Nicorette gum (shown here) is manufactured by GlaxoSmithKline.*

*Courtesy of the University of California, San Francisco*



# 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



## 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

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

## DISADVANTAGES

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



# 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**





# Tobacco-Free Policy



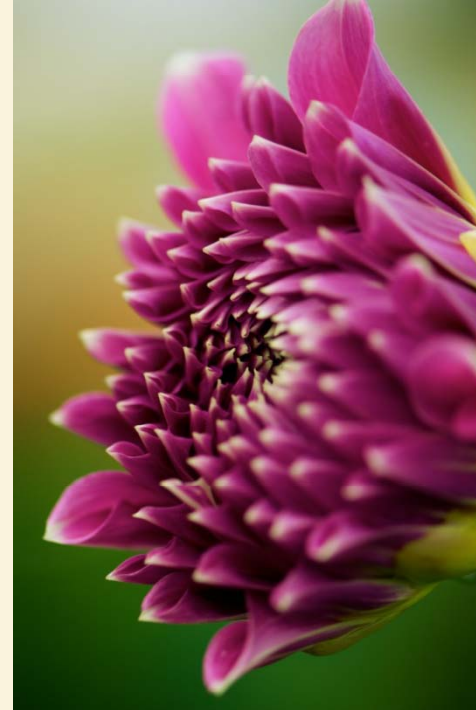
<http://www.epa.gov/smokefree/pledge/index.html>



## Return on Investment

### For Facilities:

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



Pictures property of Eric Belluche



# Return on Investment

## **For Clinicians and Staff:**

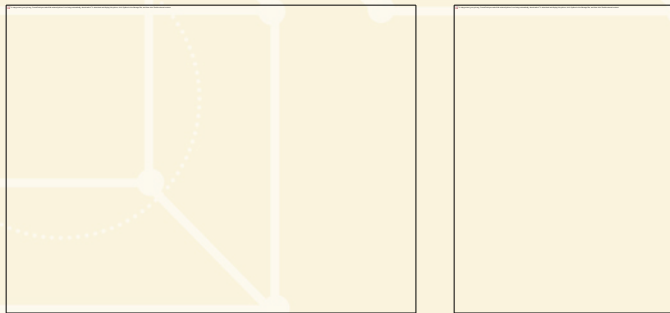
- Decreased hospital admissions
- Decreased absenteeism
- Increased staff productivity
- Increased staff satisfaction

## **For Patients:**

- Decreased disease and death
- Decreased hospital admissions
- Increased quality of life



## 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/>

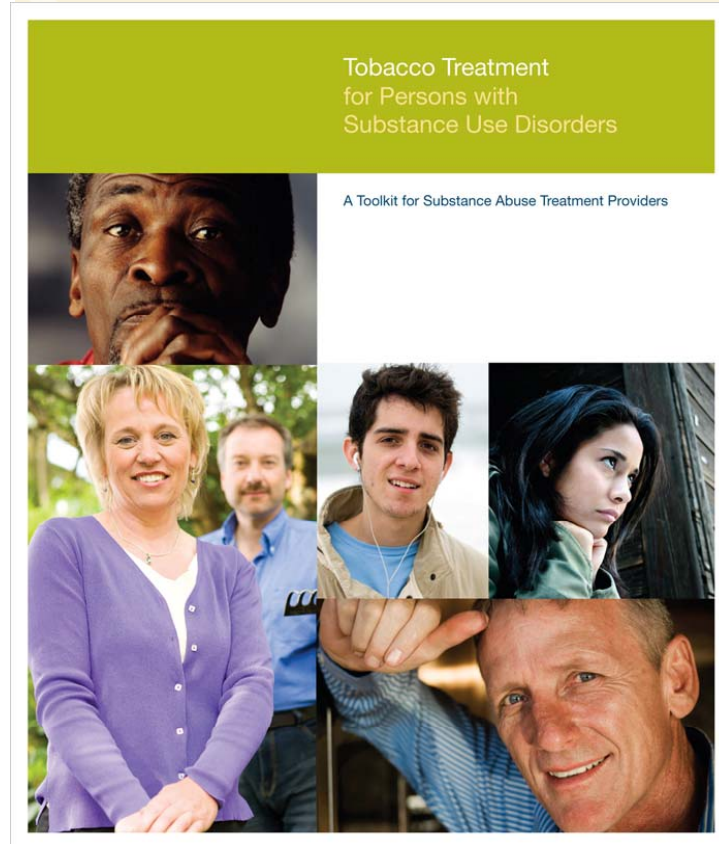
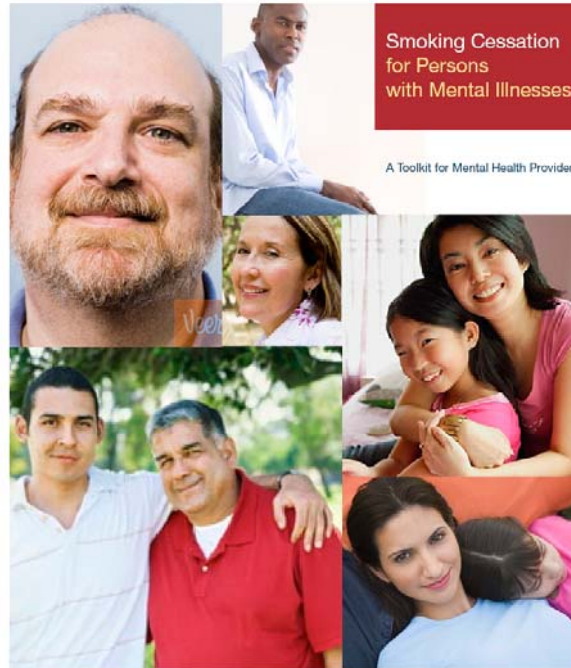




# Interventions for Tobacco Use



Smoking Cessation for Persons with Mental Illnesses  
A Toolkit for Mental Health Providers



PDF available at:

[http://smokingcessationleadership.ucsf.edu/Downloads/MH/Toolkit/Quit\\_MHToolkit.pdf](http://smokingcessationleadership.ucsf.edu/Downloads/MH/Toolkit/Quit_MHToolkit.pdf)

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





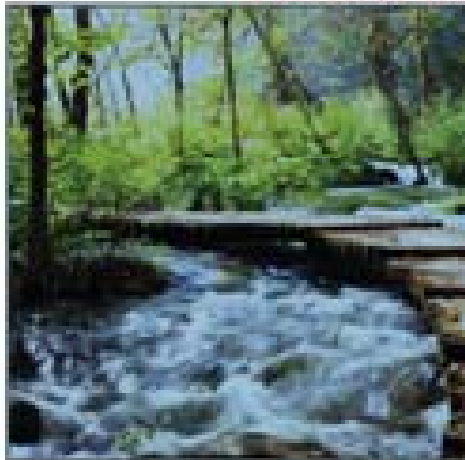
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**Peer-to-Peer  
Well Body Program**



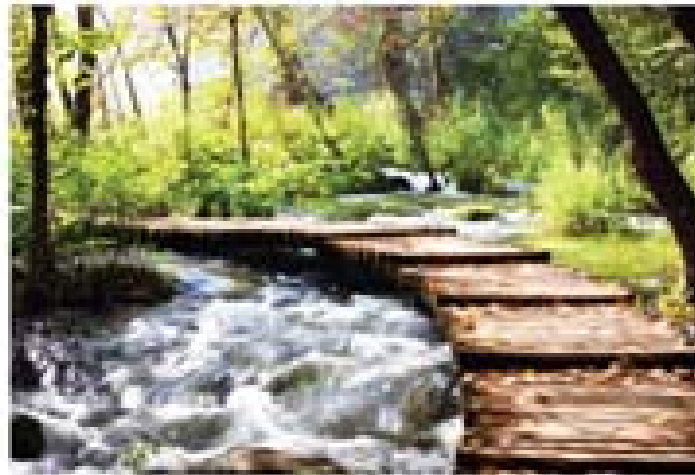
**Peer Support  
Facilitator**

**Peer-to-Peer  
Tobacco Recovery Program**



**Behavioral Health and Wellness Program**  
University of Colorado Anschutz Medical Campus  
School of Medicine  
Department of Psychiatry

**Peer Support Group  
Manual**



**Behavioral Health and Wellness Program**  
University of Colorado Anschutz Medical Campus  
School of Medicine  
Department of Psychiatry

**B**e **H**ealthy, **W**ise, & **P**roductive  
Newsletter of the Behavioral Health & Wellness Program  
May/June 2011

University of Colorado Anschutz Medical Campus, BHWPP provides comprehensive wellness training, program development, services, and evaluation.

**Awake!**

Cindy Wang, PsyD

My home is my car to believe an evening & I notice the tension can't wait for the red pain. My right foot to accelerator pedal to go as soon as the breath feels shallow. ed of the passing car stopped around me, my hair and being making a turn that program? Who looks like slower than the best? How will I get it?

had said, I know that a mental. The rushing checked itself for to meet the demands to become strong. ing, I sit back a little and my head back adjust. I take a deep ng slow? I know that and will not help me to breathe any longer. I culture or health? I

see people riding along on their bikes, looking exhilarated. Unlike two more times and I'm happy. I'm aware of the things in the way I feel simply from the minor adjustments I made...deep breaths, relaxed posture.

For me, the practice of mindfulness isn't about spending long hours meditating or chanting yoga daily. It's about paying attention to the string of seemingly meaningless moments in my daily life. It's about making a conscious choice to be, do and think differently. It's about catching myself when I'm just being critical and making a decision to shift my focus to the present. I know that I'll never do it perfectly. I just hope to do it enough more often when I'm pushing away towards a destination without taking the time to look around.

**Our Team:**  
Chad Morris, PhD  
Director  
Cindy Wang, PsyD  
Clinical Director  
John Mahalik, PhD, MPH  
Director of Research & Evaluation  
Karon Davison, MDW  
Manager, Health Services  
Shawn Smith, MA, MBA  
Manager, Business & IT  
Jennifer Hershock  
Program Administrator  
Rachel Bernath  
Student Research Assistant

Visit us Online  
[www.bhwellness.org](http://www.bhwellness.org)

For details on a complete



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**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:**

**Los Angeles County, Tobacco Control and Prevention  
Program**

3530 Wilshire Blvd, Suite 800

Los Angeles, CA 90010

Phone: (213) 351-7890

Email: [tobacco1@ph.lacounty.gov](mailto:tobacco1@ph.lacounty.gov)

Web: <http://publichealth.lacounty.gov/tob/index.htm>



## National Resources

### **Smoking Cessation Leadership Center**

<http://smokingcessationleadership.ucsf.edu>

### **Behavioral Health and Wellness Program**

<http://www.bhwellness.org>

### **Americans for Non-Smokers' Rights**

<http://www.no-smoke.org>

### **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



# Community Best Practice

***Primary Care Providers for a Healthy Feliciano, Inc.***



## **Primary Care Providers for a Healthy Feliciano, Inc.**

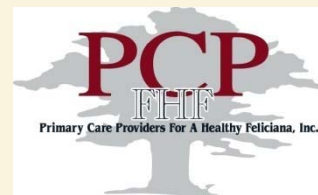
Serving Louisiana Families since 1999

A Network of FQHCs since 2005

Nurse Practitioner Driven

Joint Commission Accredited since 2007

NCQA Medical Home Designation 2009





# MyWinMed EMR Risk Assessment

Documents Configuration

Temp: 98.90 Wt: 128.40 Pulse: 90 Allergies: NKDA  
 CC: Sore throat x 1 ; sore are beneath left breast (fell 2 weeks ago) BMI: 22.74 Respiratory Rate: 20  
 Ht: 5'3 B/P: 125/79 O2 Sat: 97

**Nurses Section - Risk Assessment 03-24-2011**

**Risk Assessment**

Date Completed: MM/DD/YYYY  
 Patient Refused: MM/DD/YYYY

**Depression Screening**

Over the past two weeks, how often have you been bothered by a

Little interest or pleasure in doing things?:  
 Feeling down, depressed, or hopeless?:  
 Trouble falling asleep, staying asleep, or sleeping too much?:  
 Feeling tired or having little energy?:  
 Poor appetite or overeating?:  
 Feeling bad about yourself - or that you're a failure or have let yourself or  
 Trouble concentrating on things, such as reading the newspaper or wat  
 Moving or speaking so slowly that other people could have noticed. Or, t  
 than usual?:  
 Thoughts that you would be better off dead or of hurting yourself in some  
 If you have checked off any problems, how difficult have those problems  
 people?:  
 PHQ-2 Score: 0  
 PHQ-9 Score: 0

**Asthma Assessment**

Not Applicable for this patient:  
 Asthma action plan present?  
 Last asthma related hospitalization?: MM/DD/YYYY  
 Severity Assessment:

**Tobacco Assessment**

**Current Tobacco Use**

Smoking Status:  
 Smoking cessation counseling recieved?  
 Smoking cessation medication recieved?

Add Tobacco

Type	Packs Per Day	Years Used
Cigarettes	1.00	

**Adult Woman Assessment**

Refused PAP:  
 Never Had PAP:  
 Date of last PAP exam?: MM/DD/YYYY  
 Date of last mammogram: MM/DD/YYYY



# My WinMed EMR- Social History

**History - Social History 03-24-2011**

**Social History**

**General Social History**

Occupation: Payroll clerk  
 Living Arrangement: Family  
 Highest Level of Education:  
 Notes:

**Tobacco Use**

**Current Tobacco Use**

Smoking Status:  
  Smoking cessation counseling received?  
  Smoking cessation medication received?

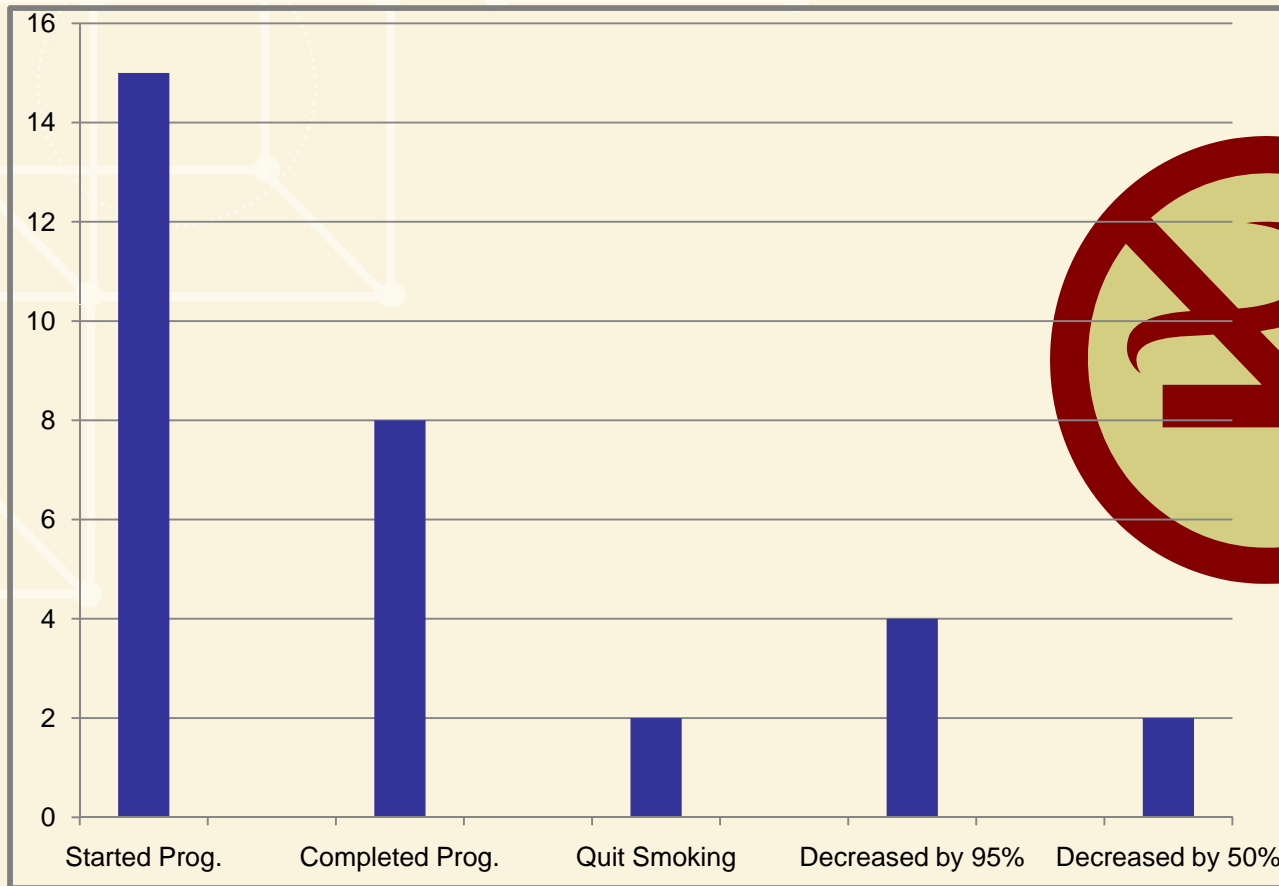
Tobacco History Reviewed:

Type	Packs Per Day	Years Used	Date Quit
Cigarettes	1.00		

**Alcohol Use**



# Results of Smoking Cessation Program



# Contact Information

Chad Morris, PhD  
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Behavioral Health & Wellness Program  
1784 Racine Street  
Mail Stop F478  
Aurora, CO 80045  
303.724.3709  
[Chad.Morris@ucdenver.edu](mailto:Chad.Morris@ucdenver.edu)

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