New Frontiers in Smoking Cessation to Support Wellness among People with Mental Health Problems

May 26, 2010

Disclaimer

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Archive

- This Training Teleconference is being recorded.
- The PowerPoint presentation, PDF version, audio recording of the teleconference, and written transcript will be posted to the SAMHSA 10x10 Campaign Web site *http://www.10x10.samhsa.gov* under the "10x10 Training" section.

Tobacco Cessation Interventions

- Chad Morris, Ph.D.
  Director, Behavioral Health & Wellness Program
  University of Colorado Denver

Alarming Statistics

- At least 1 in 5 people has a diagnosable behavioral health disorder during the course of any given year (Kessler et. al., 2006)
- Persons with behavioral health disorders die up to 25 years earlier than the general population (NASMHPD, 2006)
- Persons with addictions and mental health problems:
  - are nicotine dependent are a rate 2-3 times higher
  - represent over 44 percent of U.S. tobacco market
  - consume over 34 percent of all cigarettes smoked in the U.S. (Lasser et. al., 2000)

Tobacco Use by Diagnosis

Schizophrenia	62-90%
Bipolar disorder	51-70%
Major depression	36-80%
Anxiety disorders	32-60%
Post-traumatic stress disorder	45-60%
Attention deficit hyperactivity disorder	38-42%
Alcohol abuse	34-80%
Other addictions	49-98%

(Beckham et al., 1995; De Leon et al., 1995; Farnam 1999; Grant et al., 2004; Hughes et al., 1996; Lasser et al., 2000; Morris et al., 2006; Pomerleaue et al., 1995; Stark & Campbell, 1993; Ziedonis et al., 1994)

Barriers and Vulnerabilities

- Biological predispositions
- Systemic hurdles
- Stigma and provider beliefs
- Psychological and social factors
- Tobacco industry targeting

Medications Known or Suspected To Have Levels Affected by Smoking and Smoking Cessation		
ANTIPSYCHOTICS	Chlorpromazine (Thorazine)	Olanzapine (Zyprexa)
	Clozapine (Clozaril)	Thiothixene (Navane)
	Fluphenazine (Permitil)	Trifluoperazine (Stelazine)
	Haloperidol (Haldol)	Ziprasidone (Geodon)
	Mesoridazine (Serentil)	
ANTIDEPRESSANTS	Amitriptyline (Elavil)	Fluvoxamine (Luvox)
	Clomimpramine (Anafranil)	Imipramine (Tofranil)
	Desipramine (Norpramin)	Mirtazapine (Remeron)
	Doxepin (Sinequan)	Nortriptyline (Pamelor)
	Duloxetine (Cymbalta)	Trazodone (Desyrel)
MOOD STABLIZERS	Carbamazepine (Tegretol)	
ANXIOLYTICS	Alprazolam (Xanax)	Lorazepam (Ativan)
	Diazepam (Valium)	Oxazepam (Serax)
OTHERS	Acetaminophen	Riluzole (Rilutek)
	Caffeine	Ropinirole (Requip)
	Heparin	Tacrine
	Insulin	Warfarin
	Rasagiline (Azilect)	

Tobacco Industry Targeting

- Study analyzed previously secret tobacco industry documents
- Monitored or directly funded research supporting the idea that individuals with schizophrenia:
  - were less susceptible to the harms of tobacco
  - needed tobacco as self-medication
- Promoted smoking in psychiatric settings by:
  - providing cigarettes
  - supporting efforts to block hospital smoking bans

(Prochaska, Hall, Bero, 2007)

Cessation Concurrent with Mental Health or Addictions Treatment

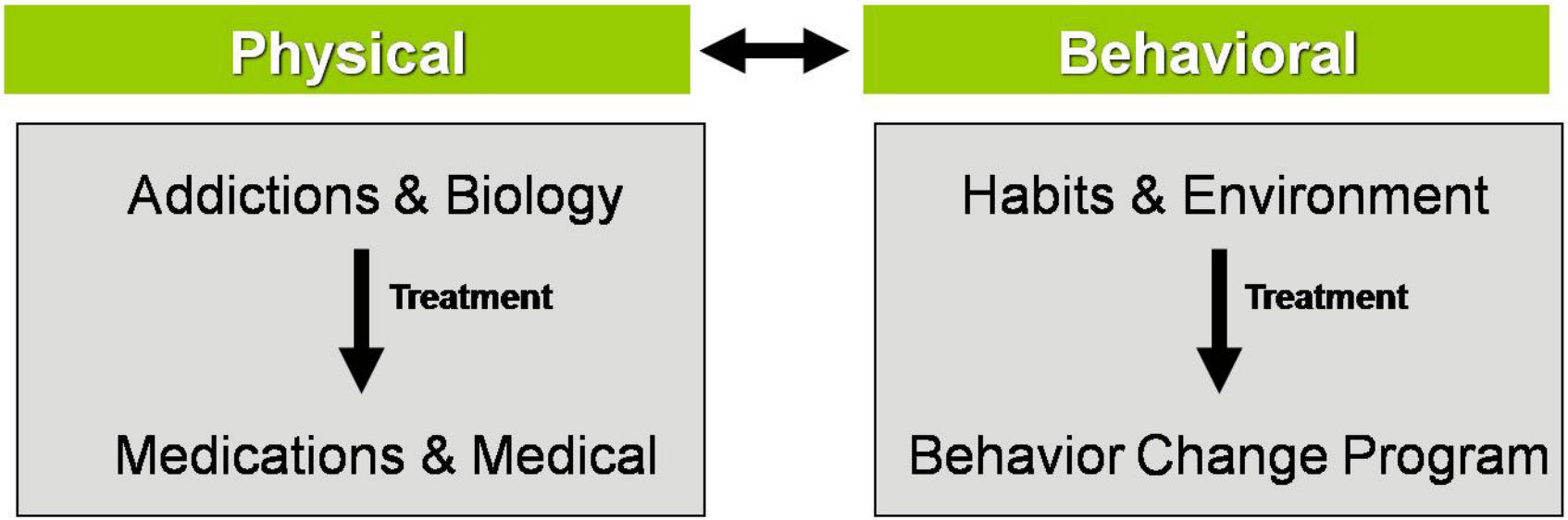
- Smoking cessation has no negative impact on psychiatric symptoms and smoking cessation may even lead to better mental health and overall functioning

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

- Participation in smoking cessation efforts while engaged in other substance abuse treatment has been associated with a 25 percent 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)

Responding to Clinical Needs



Tobacco Cessation Works

- Seventy percent of smokers say they want to quit, 40 percent attempt to quit
- Quitting tobacco is difficult but absolutely feasible if assistance is provided
  - quit rates with willpower alone – four percent
  - pharmacotherapy (NRT) alone – 22 percent
  - quitline counseling plus NRT – 36 percent
  - Varenicline – 44 percent
- Smokers are more than twice as likely to quit with coverage

(el-Guebaly et al., 2002)

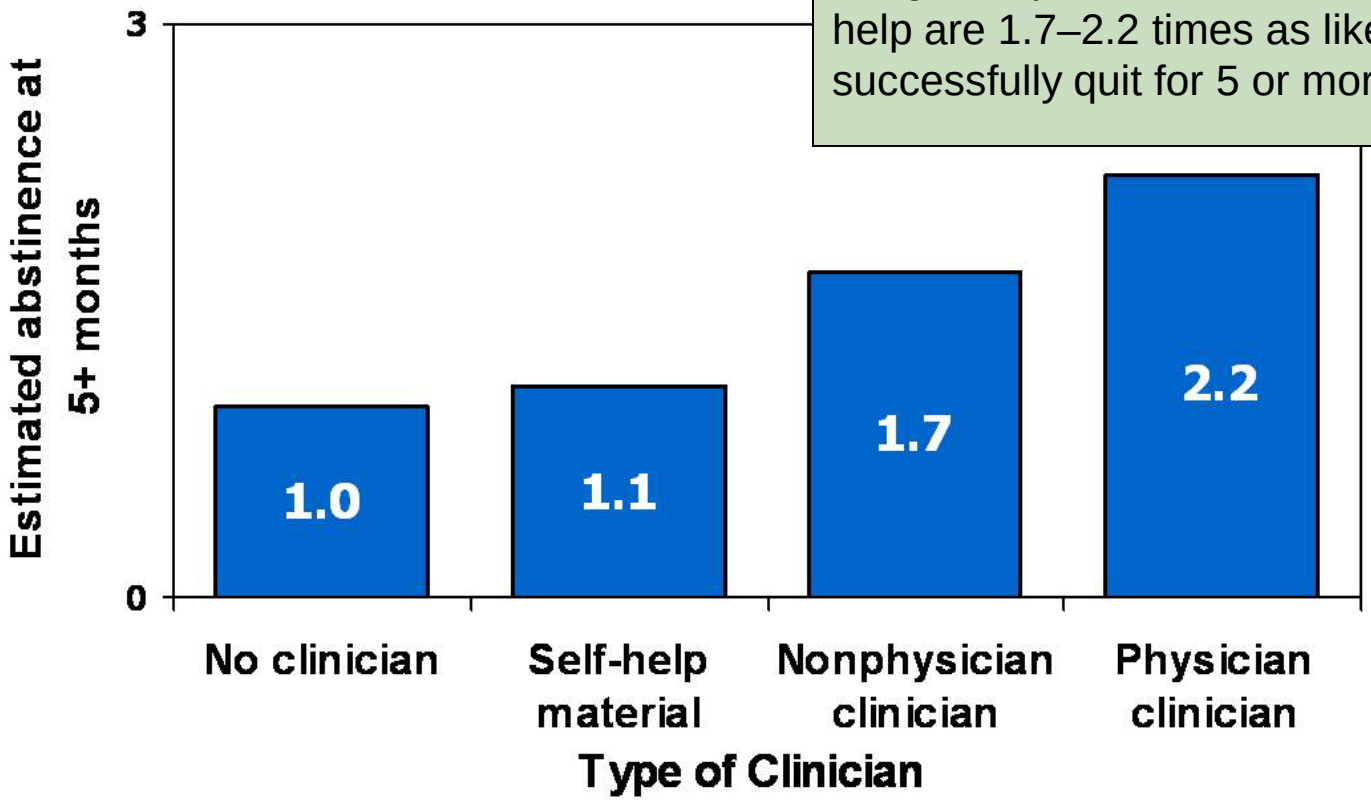
Smoking Cessation Results

- Most combine meds & psycho-education +/or CBT
- Schizophrenia: 8 studies (n= 9-70)
  - quit rates 35-56 percent post-treatment,
  - twelve percent at 6 months
- Depression: 8 studies (n= 29-615)
  - quit rates 31-72 percent post-treatment
  - 12-46 percent at 12 months

(el-Guebaly et al., 2002)

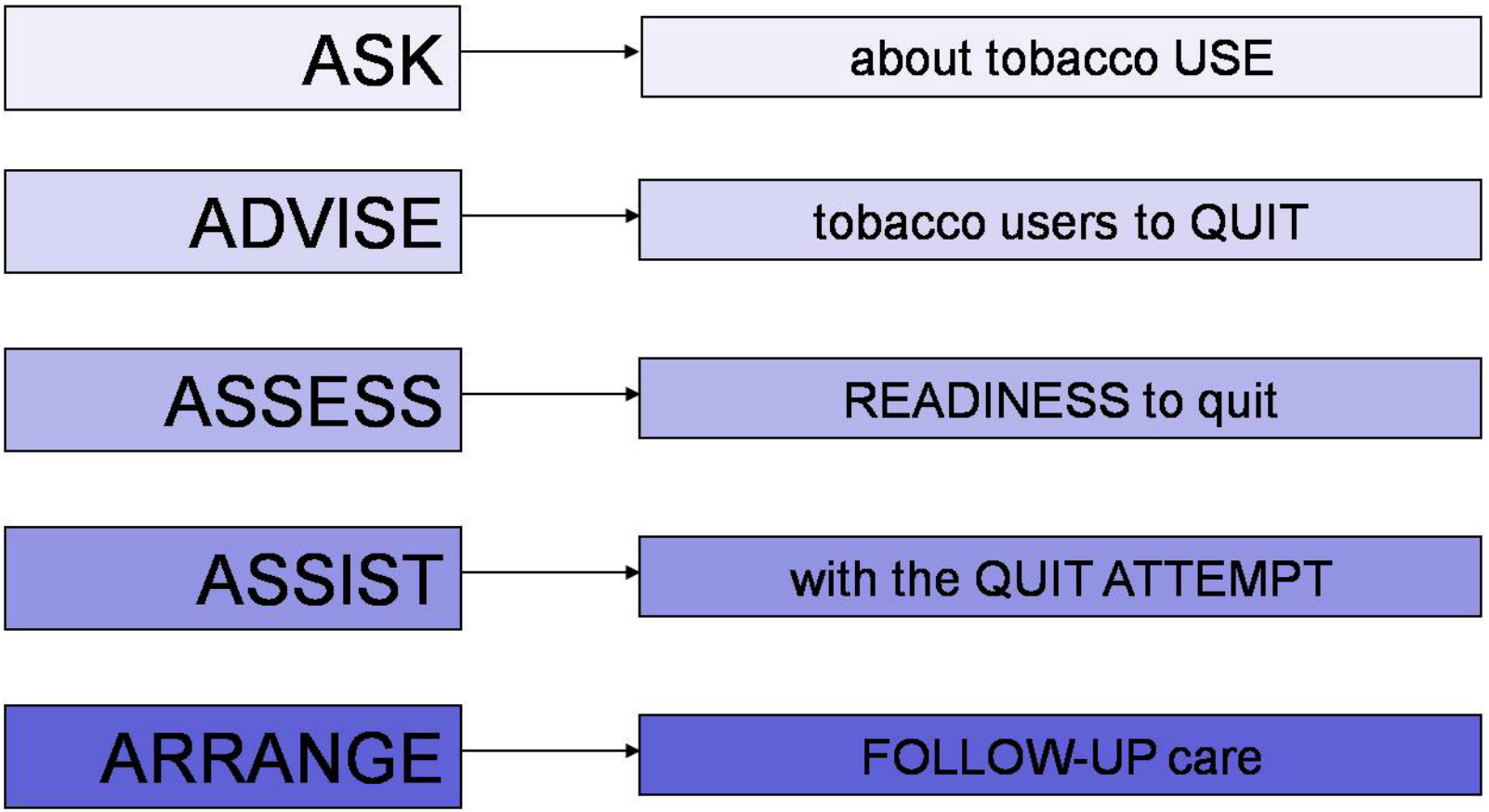
Advice Can Improve Chances of Quitting

Compared to people who smoke who do not get help from a clinician, those who get help are 1.7–2.2 times as likely to successfully quit for 5 or more months.



(Fiore et. al., 2008)

Assessment and the 5A's



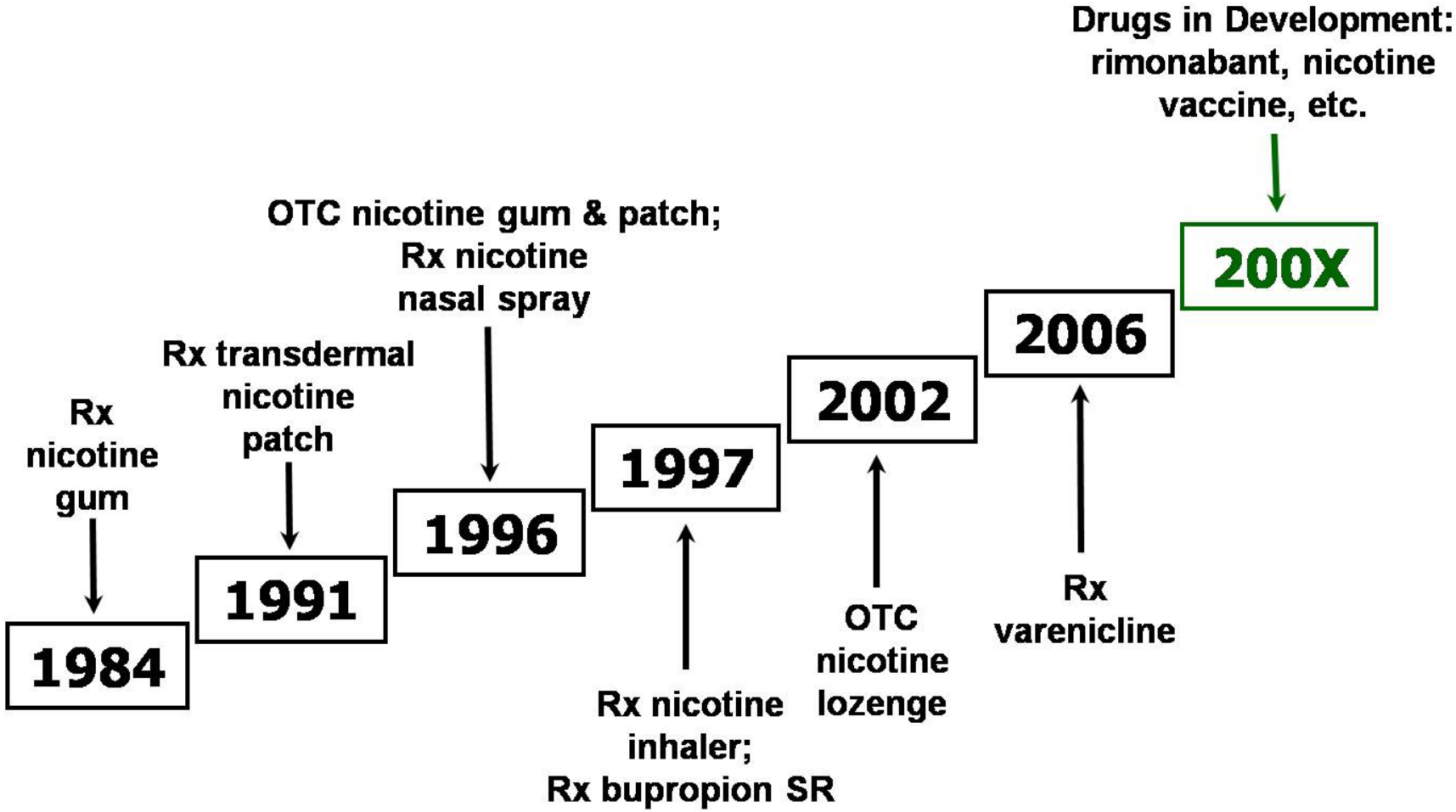
2 A's and R Model

- 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

Wellness Resources & Tools

- Medications & medical interventions
- Cognitive-behavioral therapy
- Motivational enhancement
- Individual counseling
- Group meetings
- Individualized treatments based on diagnoses
- Family based strategies
- Peer-to-peer support
- Referrals (e.g., quitline)

FDA Approvals for Smoking Cessation



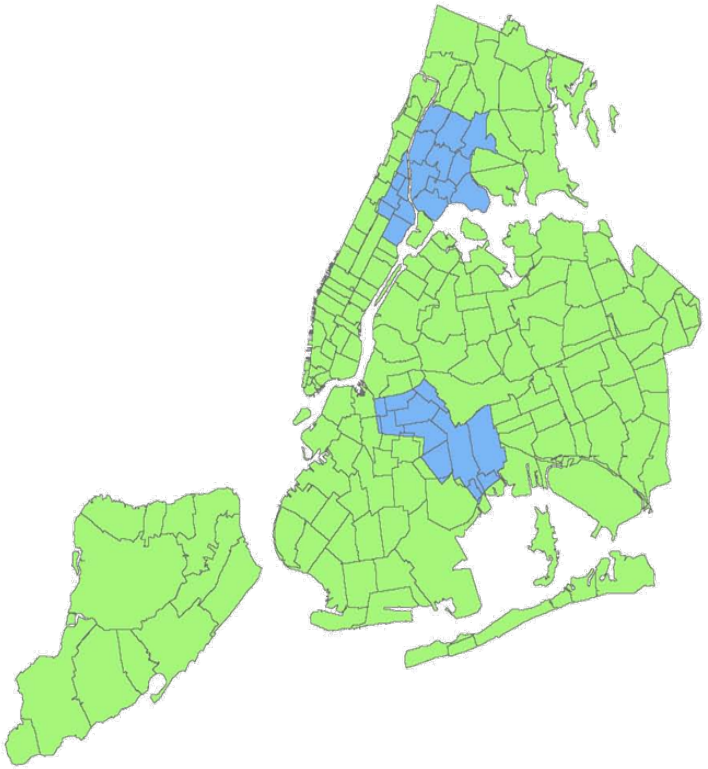
NYC DOHMH Smoking Cessation for Mental Health Providers Detailing Campaign

- Marlene M. Reil, Ph.D., C.A.S.A.C.
  Bureau of Mental Health
  NYC Department of Health and Mental Hygiene

Public Health Detailing

- Program began in 2003
- Modeled after pharmaceutical sales approach:
  - "selling" good health and promoting public health interventions
  - brief, one-on-one interactions with health care providers and staff; total office call
- Goals:
  - promote preventive health interventions to health care providers in the primary care practice setting
  - promote use of clinical systems to ensure that opportunities for care are not missed
  - develop relationships and serve as a resource to practice staff

Behavioral Health Care Setting
New York City



- Contracted Staff:
  - 4 field staff
  - 1 field supervisor
- Mental Health Sites:

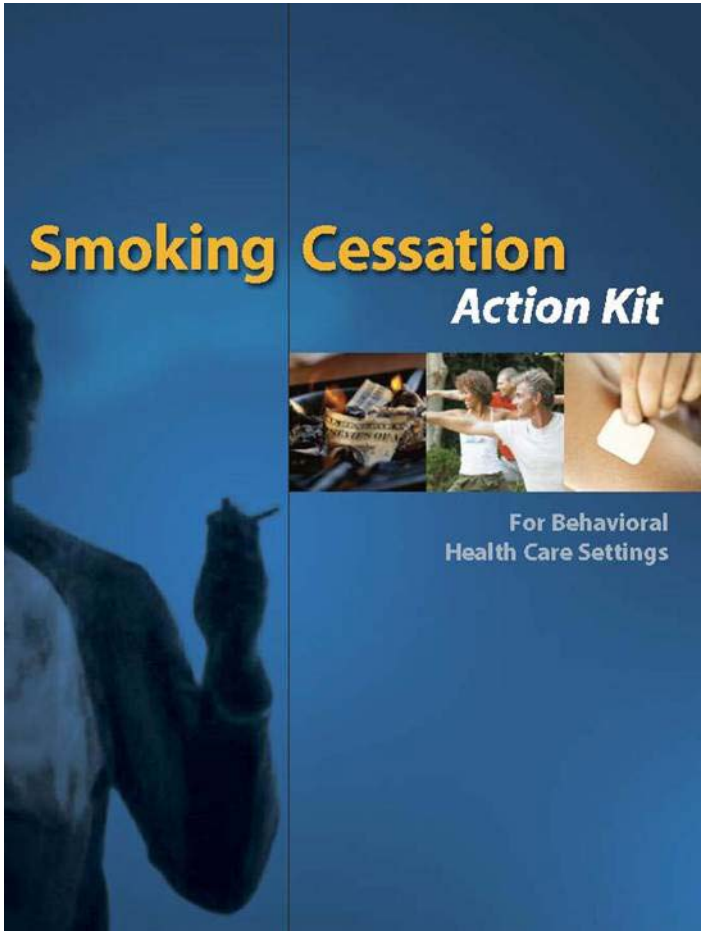
  ~ 400 sites
- Initial visits in Jan, Feb, 2009 and follow-up visits in July, August, 2009

Key Recommendations

- Assess smoking status and readiness to quit at intake and at least every three months thereafter
- Prescribe smoking cessation medications and treatments to assist people in becoming tobacco-free
- Provide education and raise awareness about becoming and remaining tobacco-free

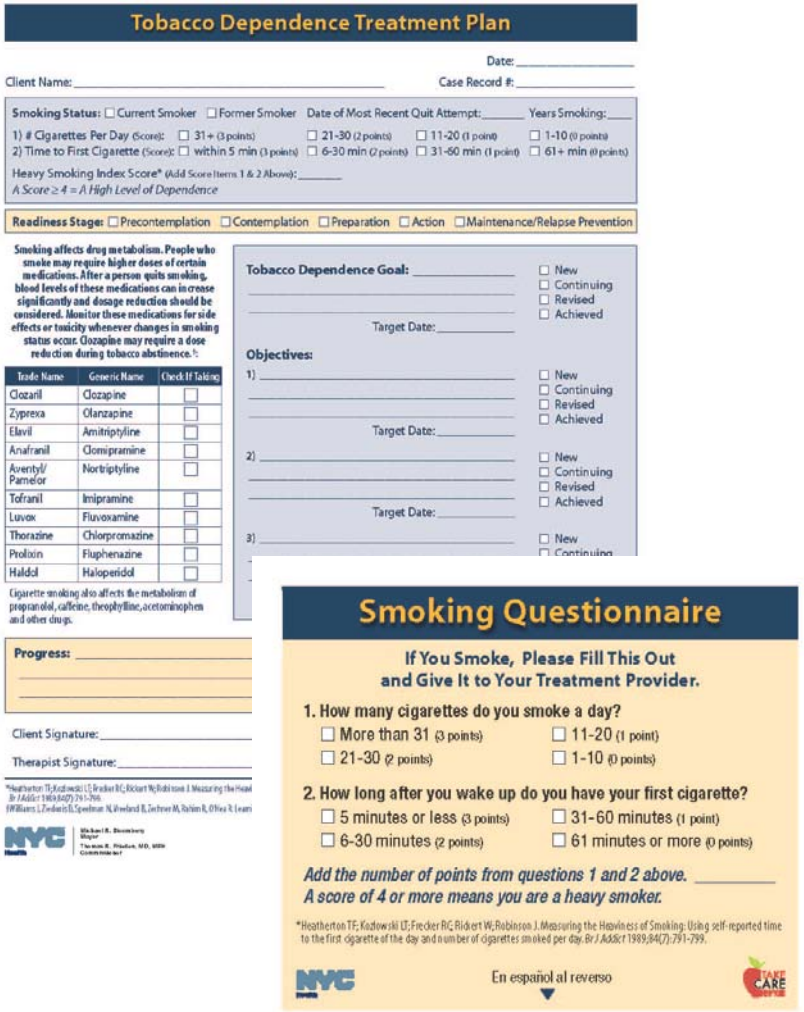
Action Kits

- Clinical tools
- Provider resources
- Patient education
- Medications
- Health bulletins
- Incentives (pens, post-it pads)



Clinical Tools

- Support delivery of evidence-based care
- Assist in implementing clinical preventive services and chronic disease management
- Time saving
- Targeted to an interdisciplinary health care staff



Tobacco Dependence Treatment Plan

Date: _____

Client Name: _____ Case Record #: _____

Smoking Status: ☐ Current Smoker ☐ Former Smoker Date of Most Recent Quit Attempt: _____ Years Smoking: ____

1) # Cigarettes Per Day (Score): ☐ 31+ (3 points) ☐ 21-30 (2 points) ☐ 11-20 (1 point) ☐ 1-10 (0 points)

2) Time to First Cigarette (Score): ☐ within 5 min (3 points) ☐ 6-30 min (2 points) ☐ 31-60 min (1 point) ☐ 61+ min (0 points)

Heavy Smoking Index Score* (Add Score Items 1 & 2 Above): _____

A Score ≥ 4 = A High Level of Dependence

Readiness Stage: ☐ Precontemplation ☐ Contemplation ☐ Preparation ☐ Action ☐ Maintenance/Relapse Prevention

Smoking affects drug metabolism. People who smoke may require higher doses of certain medications. After a person quits smoking, blood levels of these medications can increase significantly and dosage reduction should be considered. Monitor these medications for side effects or toxicity whenever changes in smoking status occur. Clozapine may require a dose reduction during tobacco abstinence.[1]

Trade Name	Generic Name	Check If Taking
Clozaril	Clozapine	☐
Zyprexa	Olanzapine	☐
Elavil	Amitriptyline	☐
Anafranil	Clomipramine	☐
Aventyl/ Pamelor	Nortriptyline	☐
Tofranil	Imipramine	☐
Luvox	Fluvoxamine	☐
Thorazine	Chlorpromazine	☐
Prolixin	Fluphenazine	☐
Haldol	Haloperidol	☐

Cigarette smoking also affects the metabolism of propranolol, caffeine, theophylline, acetaminophen and other drugs.

Tobacco Dependence Goal: _____ ☐ New ☐ Continuing ☐ Revised ☐ Achieved

Target Date: _____

Objectives:

1) _____ ☐ New ☐ Continuing ☐ Revised ☐ Achieved

Target Date: _____

2) _____ ☐ New ☐ Continuing ☐ Revised ☐ Achieved

Target Date: _____

3) _____ ☐ New ☐ Continuing

Progress: _____

Client Signature: _____

Therapist Signature: _____

*Heatherton TF, Kozlowski LT, Frecker RC, Rickert W, Robinson J. Measuring the Heaviness of Smoking: Using self-reported time to the first cigarette of the day and number of cigarettes smoked per day. Br J Addict 1989;84(7):791-799.

Williams J, Zwebelis D, Speedtsma N, Howland R, Zechner M, Rahim R, Oliva R. Learn

Smoking Questionnaire

If You Smoke, Please Fill This Out and Give It to Your Treatment Provider.

1. How many cigarettes do you smoke a day?
   - ☐ More than 31 (3 points)
   - ☐ 21-30 (2 points)
   - ☐ 11-20 (1 point)
   - ☐ 1-10 (0 points)
2. How long after you wake up do you have your first cigarette?
   - ☐ 5 minutes or less (3 points)
   - ☐ 6-30 minutes (2 points)
   - ☐ 31-60 minutes (1 point)
   - ☐ 61 minutes or more (0 points)

Add the number of points from questions 1 and 2 above. _____

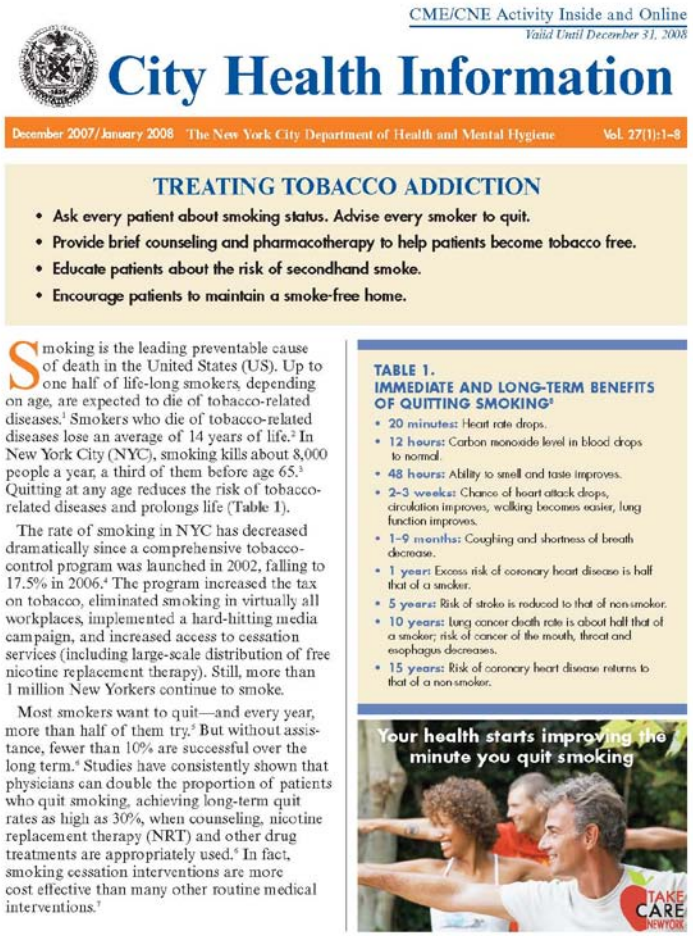
A score of 4 or more means you are a heavy smoker.

*Heatherton TF, Kozlowski LT, Frecker RC, Rickert W, Robinson J. Measuring the Heaviness of Smoking: Using self-reported time to the first cigarette of the day and number of cigarettes smoked per day. Br J Addict 1989;84(7):791-799.

En español al reverso

Provider Resources

- Peer reviewed articles and clinical guidelines on evidence-based care
- Provide health care providers and other clinical staff vital statistics
- Information on DOHMH interventions



CME/CNE Activity Inside and Online
Valid Until December 31, 2008

City Health Information

December 2007/January 2008 · The New York City Department of Health and Mental Hygiene · Vol. 27(1):1–8

TREATING TOBACCO ADDICTION

- Ask every patient about smoking status. Advise every smoker to quit.
- Provide brief counseling and pharmacotherapy to help patients become tobacco free.
- Educate patients about the risk of secondhand smoke.
- Encourage patients to maintain a smoke-free home.

Smoking is the leading preventable cause of death in the United States (US). Up to one half of life-long smokers, depending on age, are expected to die of tobacco-related diseases.[1] Smokers who die of tobacco-related diseases lose an average of 14 years of life.[2] In New York City (NYC), smoking kills about 8,000 people a year, a third of them before age 65.[3] Quitting at any age reduces the risk of tobacco-related diseases and prolongs life (Table 1).

The rate of smoking in NYC has decreased dramatically since a comprehensive tobacco-control program was launched in 2002, falling to 17.5% in 2006.[4] The program increased the tax on tobacco, eliminated smoking in virtually all workplaces, implemented a hard-hitting media campaign, and increased access to cessation services (including large-scale distribution of free nicotine replacement therapy). Still, more than 1 million New Yorkers continue to smoke.

Most smokers want to quit—and every year, more than half of them try.[5] But without assistance, fewer than 10% are successful over the long term.[6] Studies have consistently shown that physicians can double the proportion of patients who quit smoking, achieving long-term quit rates as high as 30%, when counseling, nicotine replacement therapy (NRT) and other drug treatments are appropriately used.[6] In fact, smoking cessation interventions are more cost effective than many other routine medical interventions.[7]

TABLE 1.
IMMEDIATE AND LONG-TERM BENEFITS OF QUITTING SMOKING[8]

- **20 minutes:** Heart rate drops.
- **12 hours:** Carbon monoxide level in blood drops to normal.
- **48 hours:** Ability to smell and taste improves.
- **2–3 weeks:** Chance of heart attack drops, circulation improves, walking becomes easier, lung function improves.
- **1–9 months:** Coughing and shortness of breath decrease.
- **1 year:** Excess risk of coronary heart disease is half that of a smoker.
- **5 years:** Risk of stroke is reduced to that of non-smoker.
- **10 years:** Lung cancer death rate is about half that of a smoker; risk of cancer of the mouth, throat and esophagus decreases.
- **15 years:** Risk of coronary heart disease returns to that of a non-smoker.

Patient Education Materials (secondary)

- Prompts discussion with health care provider
- Targeted to all literacy levels
- Available in multiple languages so there are no missed opportunities
- Provides key patient message

Campaign Highlights

- Working in close collaboration with the Office of Health Integration and the Bureau of Tobacco Control
  - key recommendations
  - revised Smoking Cessation Action Kit
  - pre-campaign letter
  - building relationships with sites
- Campaign coincided with NEW YEAR and time to Quit the Smoke!
- “Domino effect”

Follow-up Activities

- Follow-up visits in the summer of 2009 (over 300 contacts made at over 200 sites)
- Site administrator survey
- Sites that received initial and follow-up visits received a copy of “Smoke alarm: the truth about smoking and mental illness” in January, 2010, for consumer use in the waiting room and for use with consumers regardless of literacy levels

Lessons Learned

- Programs assessing smoking status at every treatment plan review increased from 21.2 percent to 58 percent
- Programs that provided smoking cessation education, medication, and counseling increased from 34.9 percent to 49.5 percent
- Programs' willingness to use clinical tools/adopt key recommendations rose from five percent to 52 percent
- Sites are requesting additional support and assistance from DOHMH
- Clinicians find the *Tobacco Dependence Treatment Plan* useful as a standard protocol when assessing the patient, including readiness to quit and heaviness of smoking index

Lessons Learned

- Successful strategies included:
  - Holding regular group sessions
  - Addressing smoking at intake and at reassessments
  - Including cessation in treatment planning
  - Educating and counseling clients on health benefits and expense of smoking
  - Providing medication
  - One-on-one counseling
  - Focusing on reducing the amount smoked rather than quitting
  - Staff education
  - Smoke-free facility

Campaign Barriers

- Sites are larger than originally anticipated
- Pre-call planning is needed
- More group presentations than one-on-one interactions
- Not enough materials
- Visits are taking 2-3 hours per site
- Not enough time for in-person follow-up

Future Needs

- “Starter kits” of nicotine replacement therapy on site for distribution to consumers
- Mental health care providers are eager to learn more about Take Care New York and other campaigns such as hypertension, diabetes, obesity, and HIV testing
- Surveyed sites ranked consumer education materials and staff training as their top priority areas regarding tobacco dependence programming

New York State Medicaid Smoking Cessation Policy

- Two courses of smoking cessation therapy per recipient, per year are allowed
- A course of therapy is defined as no more than a 90-day supply (an original order and two refills)
- For all smoking cessation products, the recipient must have an order. NYS Medicaid reimburses for over-the counter nicotine patches. Prescription nicotine patches are no longer reimbursed.
- For more information on the New York State Medicaid Smoking Cessation policy, please call the Bureau of Pharmacy Policy and Operations at: (518) 486-3209.

Mind Your Health Peer Coaching Program

- Goal: To improve physical health outcomes for consumers in mental health service settings
- Educated 20 peer specialists on physical health and wellness and trained them in coaching techniques
- Part of program was to design health and wellness programming to be implemented in mental health service sites; some focused on creating smoking cessation programming
- One participant quit smoking during the project
- Round 2 starts July 13, 2010 for peer specialists currently working in a mental health service setting in New York City. For details, please contact: SNiederm@health.nyc.gov or 212-219-5393.

Peer-to-Peer Support for Smoking Cessation

- Marie D. Verna
  Program Support Coordinator
  UMDNJ/University Behavioral HealthCare
  Co-founder, CHOICES

- Employs mental health peer educators, Consumer Tobacco-Cessation Advocates, to deliver the message to smokers with mental illnesses:
  - addressing tobacco is important and can improve their quality of life in many ways
  - seeking tobacco treatment will increase their chances of being able to quit smoking

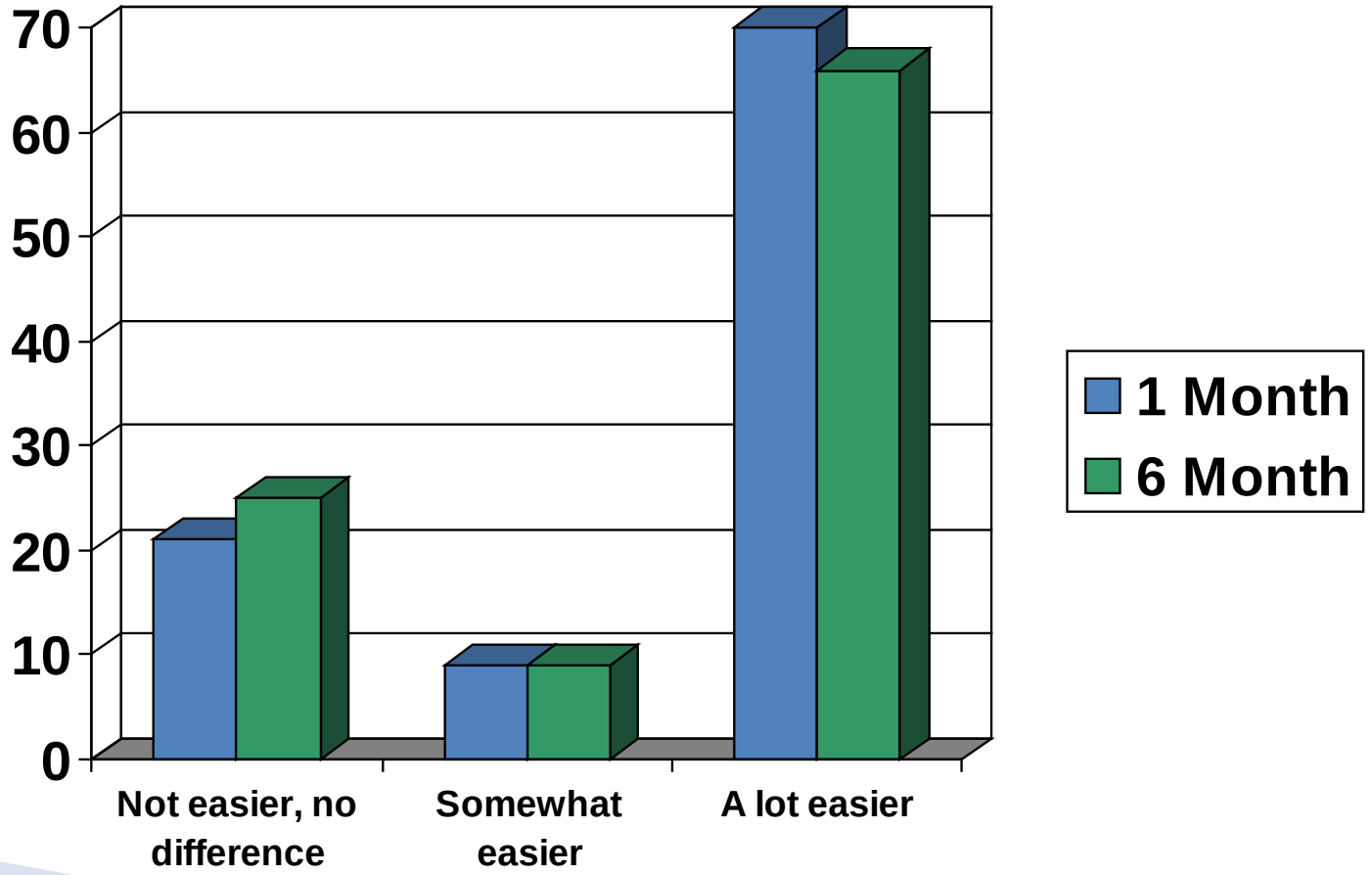
Peer-to-Peer Support

- Provide support and information
- Motivate individual smokers to seek treatment
- Not about “making” people quit
- Not “formal” treatment

Advantages of Peer Educators

- Shared experiences
- Increased trust
- Relaxed interaction
- Lack of “judgment”
- Empowering to consumers
- Rated high satisfaction

How easy was it to talk with a CTA about your smoking compared to your psychiatrist/mental health professional?



Training

- Thirty hours
- Tobacco education
- Working with smokers
- Advocacy
- Organizing events with agencies
- Ongoing supervision

Types of Contacts

- Group:
  - general education
  - information about CHOICES
  - personal stories, consumer “voice”
- Individual:
  - brief 20-minute discussion
  - personalized feedback

Consumer Voice
Reasons for Wanting to Quit

- Health
- Cost
- Smell
- Children
- Relationship to other addictive behavior

Consumer Voice
Barriers to Quitting

- Stress
- Weight gain
- What else is there?
- What if everyone around me smokes?
- What if I don’t have the willpower?
- Where is free treatment?

Personalized Feedback

- Carbon monoxide score and feedback
  - big impact on people
  - can “see” short-term benefits to quit
- Cost of cigarettes for the year
- Tobacco-caused medical conditions
- Treatment resources

(Steinberg, ML, Ziedonis, DM, Krejci, JA, TH Brandon. (2004). Motivational Interviewing with personalized feedback: A brief intervention for motivating smokers with schizophrenia to seek treatment for tobacco dependence. *Journal of Consulting and Clinical Psychology* 72(4): 723-728.)

What Can You Do With the Money That You Will Save?

If **YOU** Quit Smoking…**YOU WILL SAVE MONEY!**

It is important for you to think about what you can buy or do for yourself with this money. It is a special way to congratulate you for being able to quit smoking. Thinking of something special that you may want, can help motivate you to set a goal to quit.

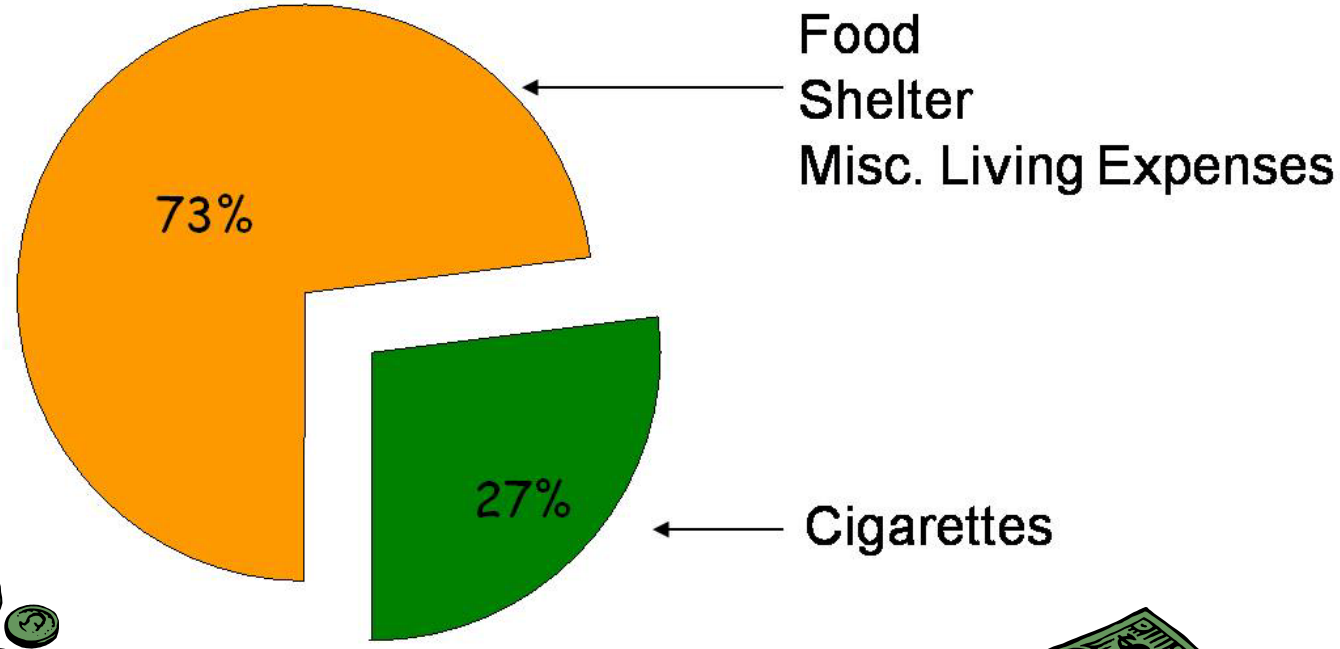
BUY FOR YOURSELF

What things do you need that you could buy for yourself with the extra money you will have from quitting smoking?

- ❑ Shirt
- ❑ Pants
- ❑ Socks
- ❑ Shoes
- ❑ Coat or Jacket
- ❑ Jewelry
- ❑ Television
- ❑ Toaster
- ❑ Microwave Oven
- ❑ Coffee Maker
- ❑ Stereo
- ❑ CD's
- ❑ Other _____

	What are the three most important things that you would want to buy?	Approximate Cost
1		$
2		$
3		$

Monthly Budget as a Percentage of Median Public Assistance Received (N=68)



Accomplishments

- “Best practice” resource
- Completed over 380 site visits in NJ
- Interacted with over 12,340 consumers
- Presented at 31 consumer conferences and 37 non-consumer events
- Mental Health America Innovative Programming Award 2007, American Psychiatric Association Award 2009, and Community Mental Health Journal, 2010

Sustainability

- Robert Wood Johnson Foundation and SAMHSA
- American Legacy Foundation
- American Cancer Society
- Cancer Institute of New Jersey
- New Jersey Department of Human Services, Division of Mental Health Services

Resources

- CHOICES *http://www.njchoices.org*
- Tobacco-Free Living in Psychiatric Settings (NASMHPD) *http://www.nasmhpd.org/general_files/publications/NASMHPD.toolkitfinalupdated90707.pdf*
- Smoking Cessation for Persons with Mental Illnesses: A Toolkit for Mental Health Providers *http://smokingcessationleadership.ucsf.edu/Downloads/MH/Toolkit/Quit_MHToolkit.pdf*
- Rx for Change: Clinician-assisted Tobacco Cessation *http://rxforchange.ucsf.edu/curricula/*
- Bringing Everyone Along *http://www.tcln.org/bea/*

Speaker Biographies

- **Chad Morris, Ph.D.**, is an associate professor at the University of Colorado Denver Department of Psychiatry and director of the Behavioral Health & Wellness Program. He researches community-based care models and tobacco cessation and obesity interventions for persons with mental health problems and substance abuse disorders. He is the principal investigator of multiple studies and clinical trials exploring the effectiveness of psychosocial and pharmacologic tobacco cessation strategies.
- **Marlene M. Reil, Ph.D., C.A.S.A.C.**, created and developed, with her colleagues in the New York Department of Health and Mental Hygiene, the "Mind Your Health" peer health-and-wellness coach training program. She also contributed to the development of the Smoking Cessation Action Kit and Detailing Campaign, a public health campaign that provided smoking cessation tools and resources to more than 400 behavioral health provider agencies in New York City.
- **Marie D. Verna** is a program support coordinator at UMDNJ/University Behavioral HealthCare. She was diagnosed in 1983 with bipolar disorder and since 1997 has devoted her professional career to improving the lives of people with mental health problems through education and advocacy. She is a founder of CHOICES, a consumer-to-consumer tobacco cessation education program that received Mental Health America's Innovation and Creativity in Programming Award.

For more information:

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Survey

We value your suggestions. Within 24 hours of this teleconference, you will receive an e-mail request to participate in a short, anonymous online survey about today's training material. Survey results will be used to determine what resources and topic areas need to be addressed by future training events. The survey will take approximately 5 minutes to complete.

Survey participation requests will be sent to all registered event participants who provided e-mail addresses at the time of their registration. Each request message will contain a Web link to our survey tool. Thank you for your feedback and cooperation.

Written comments may be sent to the Substance Abuse and Mental Health Services Administration 10x10 Wellness Campaign via e-mail at 10x10@samhsa.hhs.gov.