

Behavioral Health &
Wellness Program

DIMENSIONS: Tobacco Free Program Fundamentals

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Thursday, April 2, 2015
Montpelier, Vermont



School of Medicine

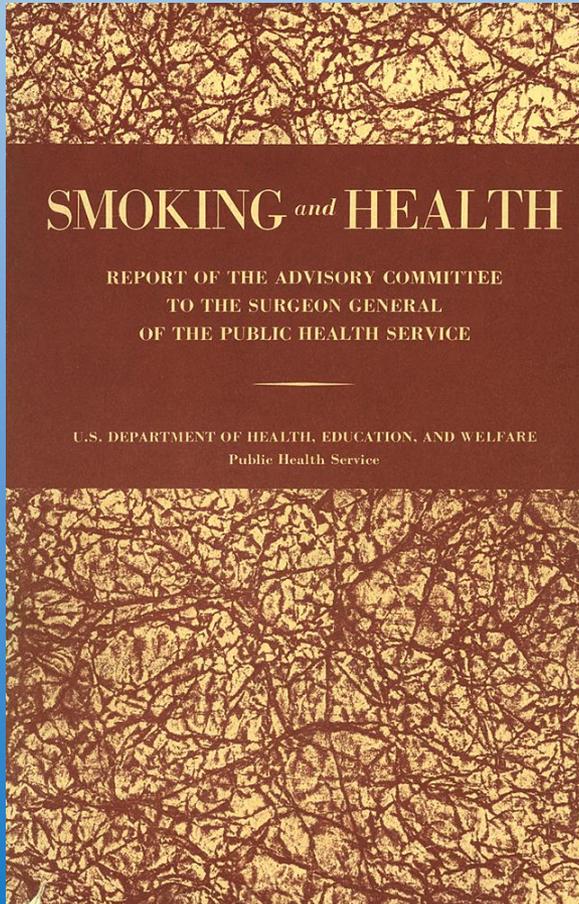
UNIVERSITY OF COLORADO
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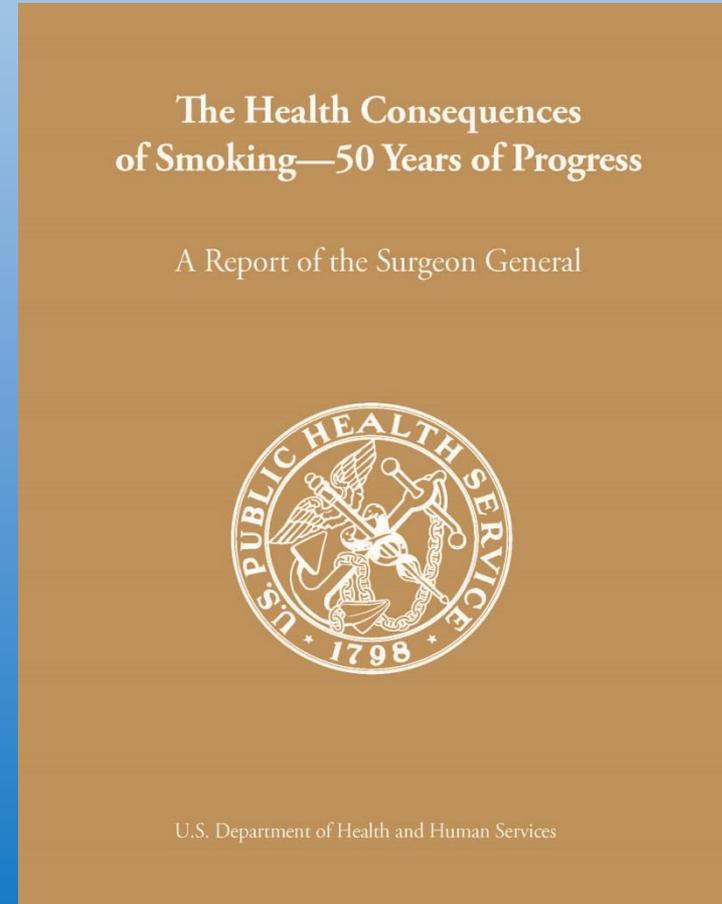
What is killing the majority of us is not infectious disease, but our chronic and modifiable behaviors.



The Health Consequences of Smoking: 50 Years of Progress A Report of the Surgeon General

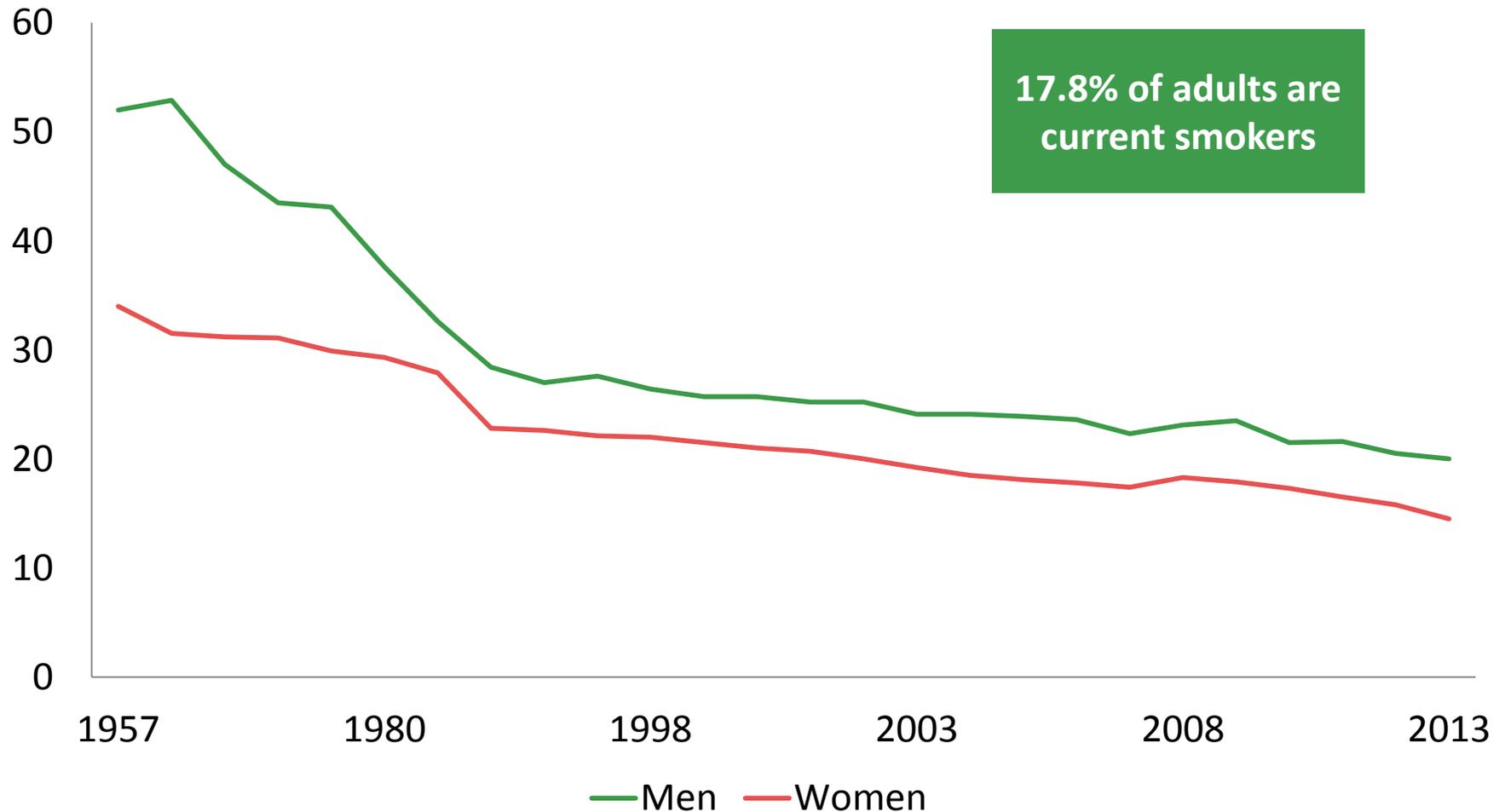


1964



2014

Trends in U.S. Adult Smoking



Rates of Tobacco Use

Smoking rates by state:

- Ranges from 11.8% in Utah to 29% in Kentucky

Smoking rates by region:

- Highest in the Midwest (20.6%) and South (19.2%)
- Lowest in the Northeast (16.9%) and West (13.6%)



Demographic Characteristics

There are several demographic characteristics that may influence patterns of tobacco use among the U.S. population:

Age

Income/Education

Gender

Occupation

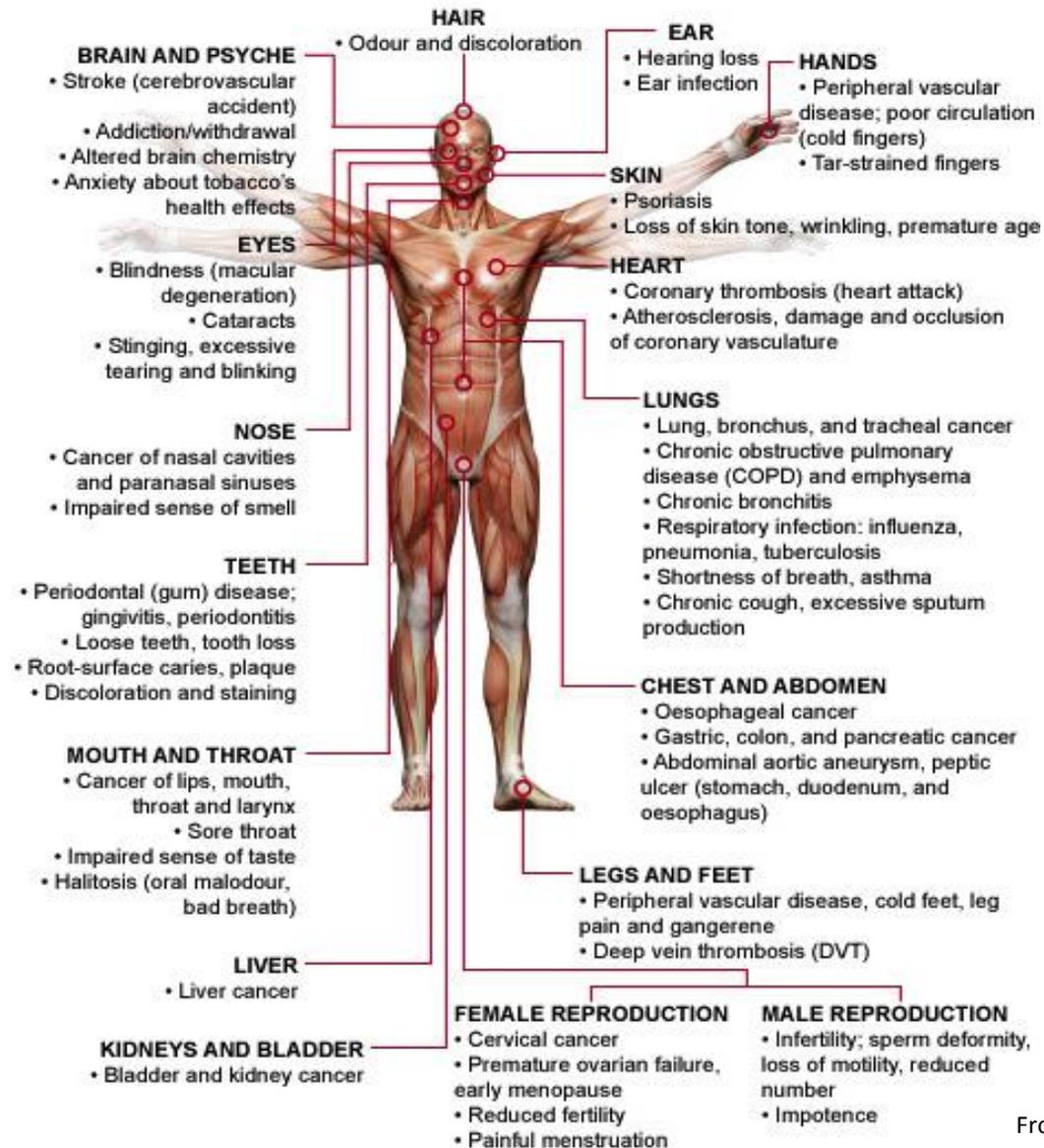
Race/Ethnicity

Behavioral Health

Geography

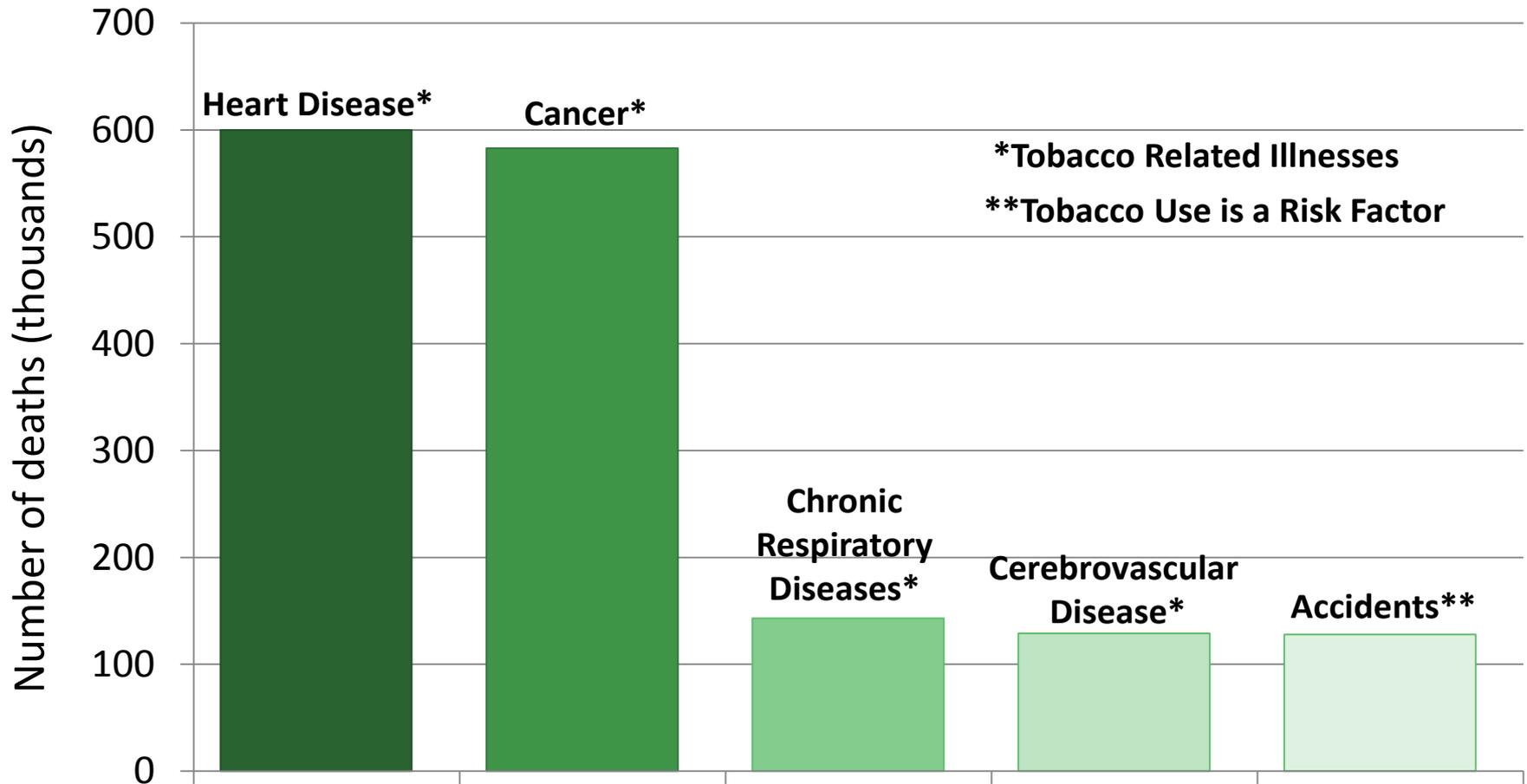
Sexual Orientation

How Tobacco Harms You



From The Tobacco Atlas Third Edition

Annual Causes of Death in the United States



The Dangers of Second-Hand Smoke

- There is no safe level of second-hand smoke
- Being around tobacco smoke is directly linked to disease and premature death in nonsmokers
- Serious health effects for children and adults include sudden infant death syndrome (SIDS), lung and ear problems, and asthma

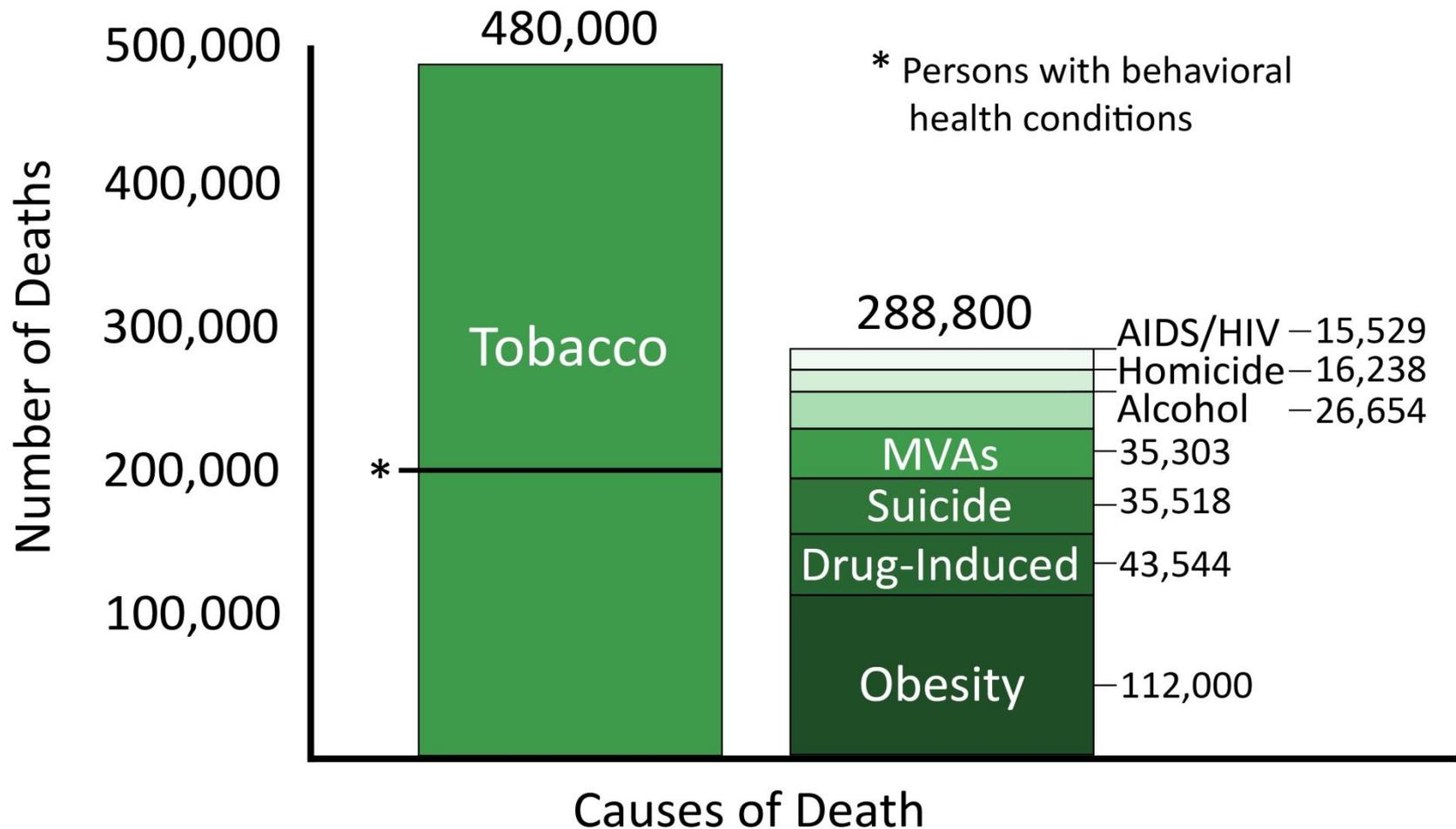


The Dangers of Third-Hand Smoke

- Particles and gases left behind after a cigarette is extinguished
- Third-hand smoke
 - Collects on fabrics and surfaces and present in air
 - Can remain for months
- Early research links exposure to multiple adverse health outcomes
- Infants and children at particular risk due to increased exposure



Behavioral Causes of Death in U.S.



Tobacco and Behavioral Health Populations

Persons with behavioral health conditions:

- Are nicotine dependent at rates **2-3 times higher**
- Represent over **44%** of the U.S. tobacco market
- Consume over **34%** of all cigarettes smoked



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 drug abuse	49-98%

Tobacco Industry Targeting

- In 2011, tobacco companies spent \$8.8 billion on advertising and promotional materials
- Tobacco companies sought out individuals with limited resources to cessation services
- Promoted smoking in treatment settings
- Monitored or directly funded research supporting the idea that people with schizophrenia need to smoke to manage symptoms

For every **\$1** the state spends to reduce tobacco use, **\$18** is spent by tobacco companies to promote their products.



Common Concerns

“They will lose their sobriety if they also try to quit smoking.”

“They don’t want to.”

“It isn’t relevant”

“I don’t have time to do this on top of everything else”

“It isn’t my job to police smoking.”

“They can’t”

“I’ve always heard smoking helps symptoms. I don’t want to make their symptoms worse.”



Common Concerns

“Smoke breaks are a time when I build relationships with clients.”

“This is one of their last personal freedoms.”

“I don’t have the training necessary.”

“If we go tobacco-free, behavioral problems will increase.”

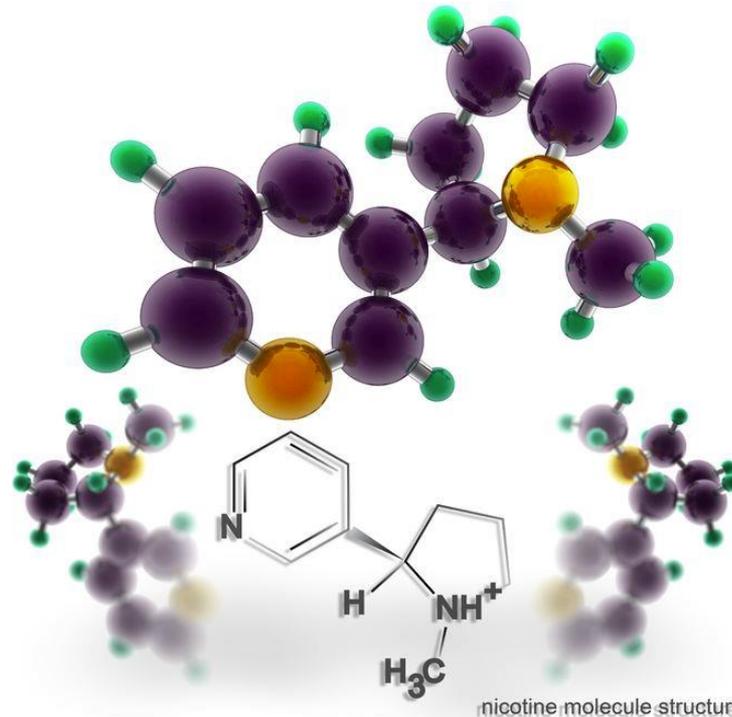
“How are we going to fund this?”

“The issues we face are unique.”

“Why spend time on this when there are more important psychiatric, substance abuse, and medical issues?”



The Biology of Tobacco Addiction



Tobacco Use Affects Behavioral Health Care and Treatment

Persons with behavioral health conditions who use tobacco:

- Have more psychiatric symptoms
- Have increased hospitalizations
- Require higher dosages of medications
- Are twice as likely to leave against the advice of their doctors, if withdrawal symptoms are not treated



What is Nicotine?

- The major pharmacologically active alkaloid in tobacco
- A naturally occurring, colorless liquid
- Properties of nicotine allow it to cross blood brain barrier
- It is toxic at high doses but can be safe and effective as medicine at lower doses



Tobacco Products that are Smoked



Cigarettes:

- Most common form of tobacco in the U.S.



Cigars:

- One cigar has as much tobacco as a pack of cigarettes
- Contain high levels of nicotine



Clove Cigars/ Bidis:

- Cloves are a mixture of tobacco and cloves and have twice the nicotine compared to cigarettes
- Bidis look like marijuana joints, come in candy flavors, and have higher levels of tar, carbon monoxide, and nicotine than cigarettes



Tobacco Products that are Smoked

Waterpipe smoking (hookah):



- Tobacco flavored with fruit pulp, honey, and molasses
- Often used for longer amounts of time than cigarettes, so more tar and nicotine is inhaled

Pipes:



- Puffed into the mouth, typically not inhaled
- One of the least commonly used forms of tobacco

Smokeless Tobacco Products

- In 2013, about 2.6% of Americans used smokeless tobacco
- Rates of use for smokeless tobacco have not changed over the last five decades



Chewing Tobacco



Wet Snuff



Dry Snuff



Dissolvable Tobacco



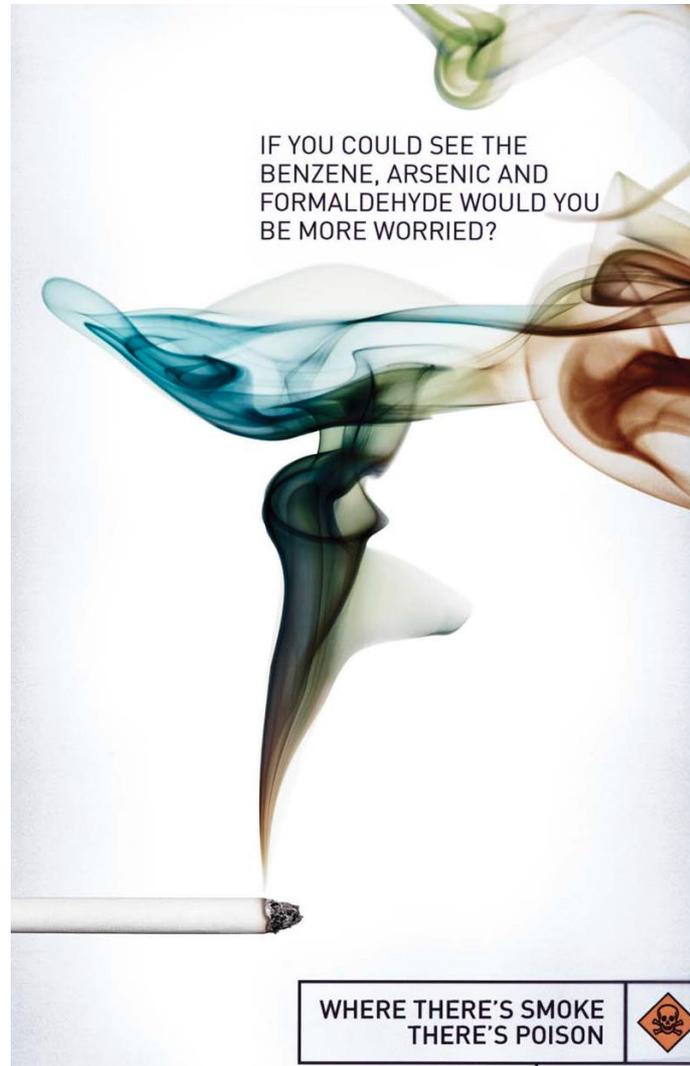
Snus

Chemicals in Tobacco Products

Arsenic



Butane



Ammonia

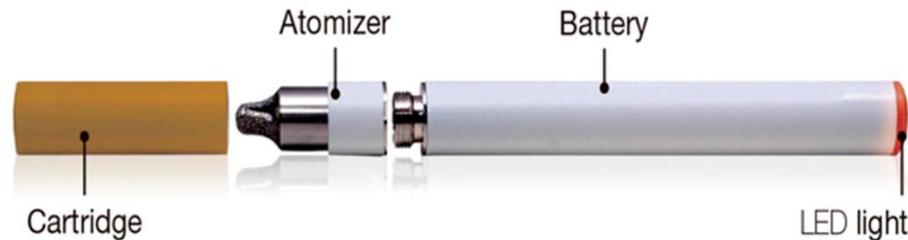


Cadmium



E-Cigarettes

- A battery-powered electronic device that provides doses of nicotine in a vapor form
- Ingredients:
 - Propylene glycol and/or glycerin
 - Nicotine, 0-20mg/ml
 - Flavoring and other additives

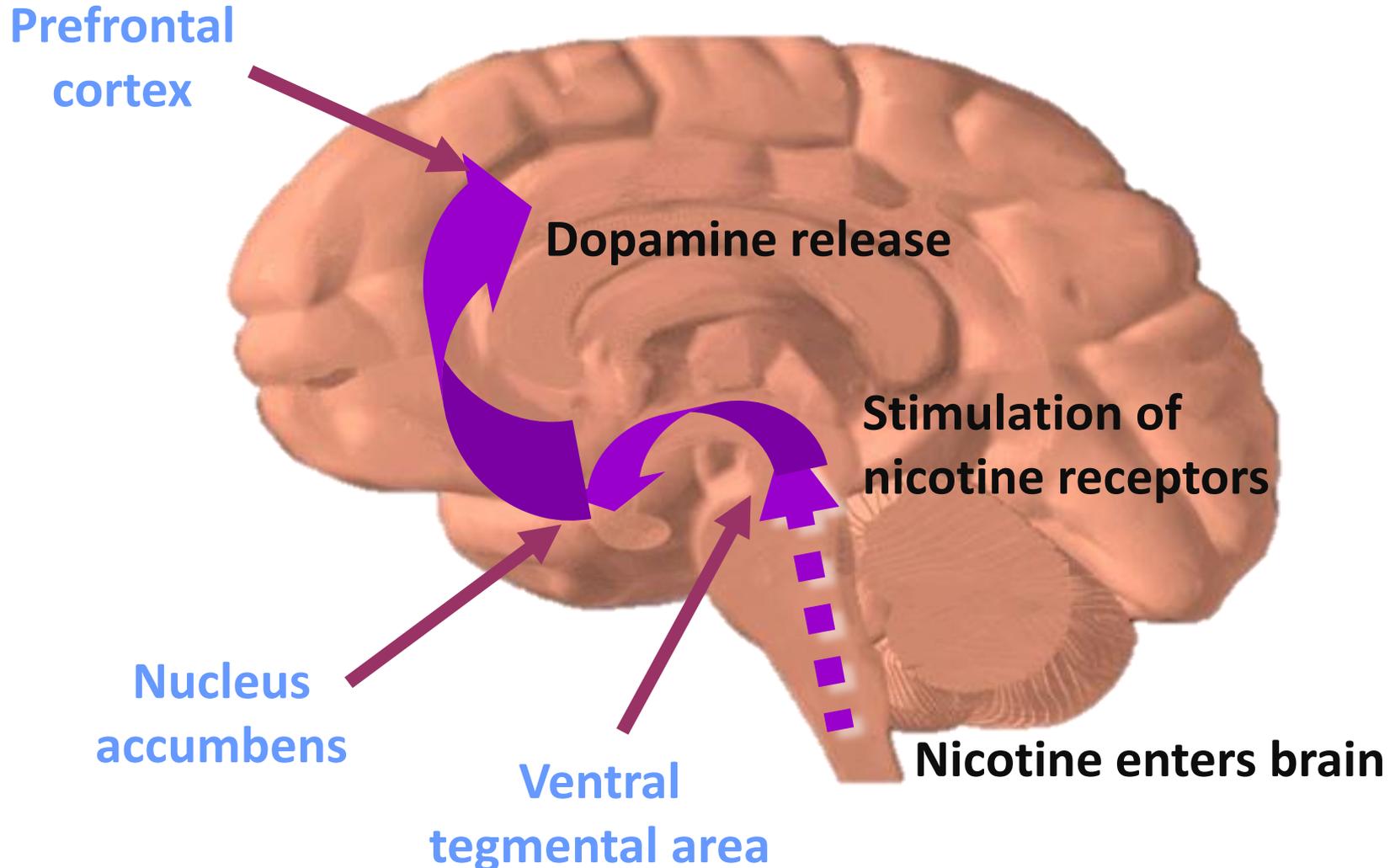


E-Cigarettes

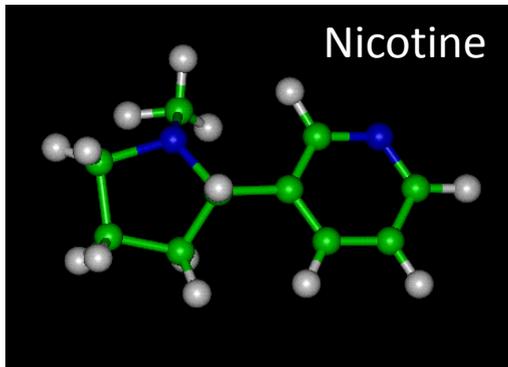
- Not an FDA-approved cessation device
- Do not address addiction to nicotine or behavior patterns
- Unknown health risks
 - E-cigarettes are not “emission free”
 - Contain harmful chemicals
 - No long term studies



Dopamine Reward Pathway



Neurochemical Effects of Nicotine



- Dopamine → Pleasure, reward
- Norepinephrine → Arousal, appetite suppression
- Acetylcholine → Arousal, cognitive enhancement
- Glutamate → Learning, memory enhancement
- β -Endorphin → Reduction of anxiety and tension
- GABA → Reduction of anxiety and tension
- Serotonin → Mood modulation, appetite sup.

Benowitz. Nicotine & Tobacco Research 1999;1(suppl):S159–S163.

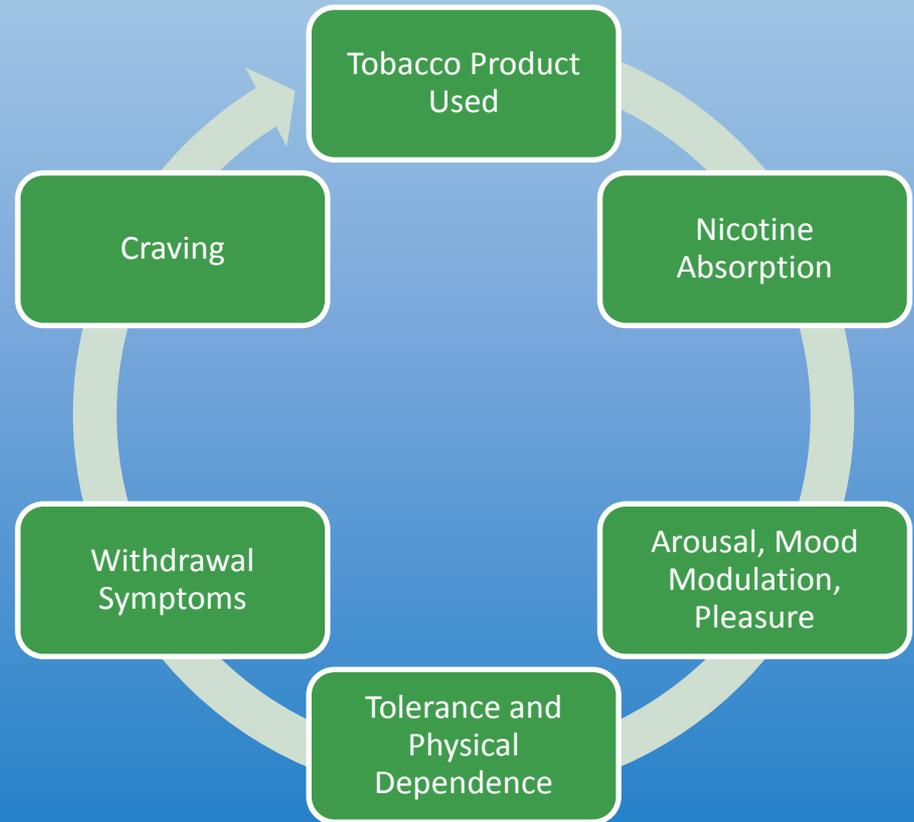
Nicotine Addiction Cycle

Nicotine addiction is often a chronic, relapsing condition

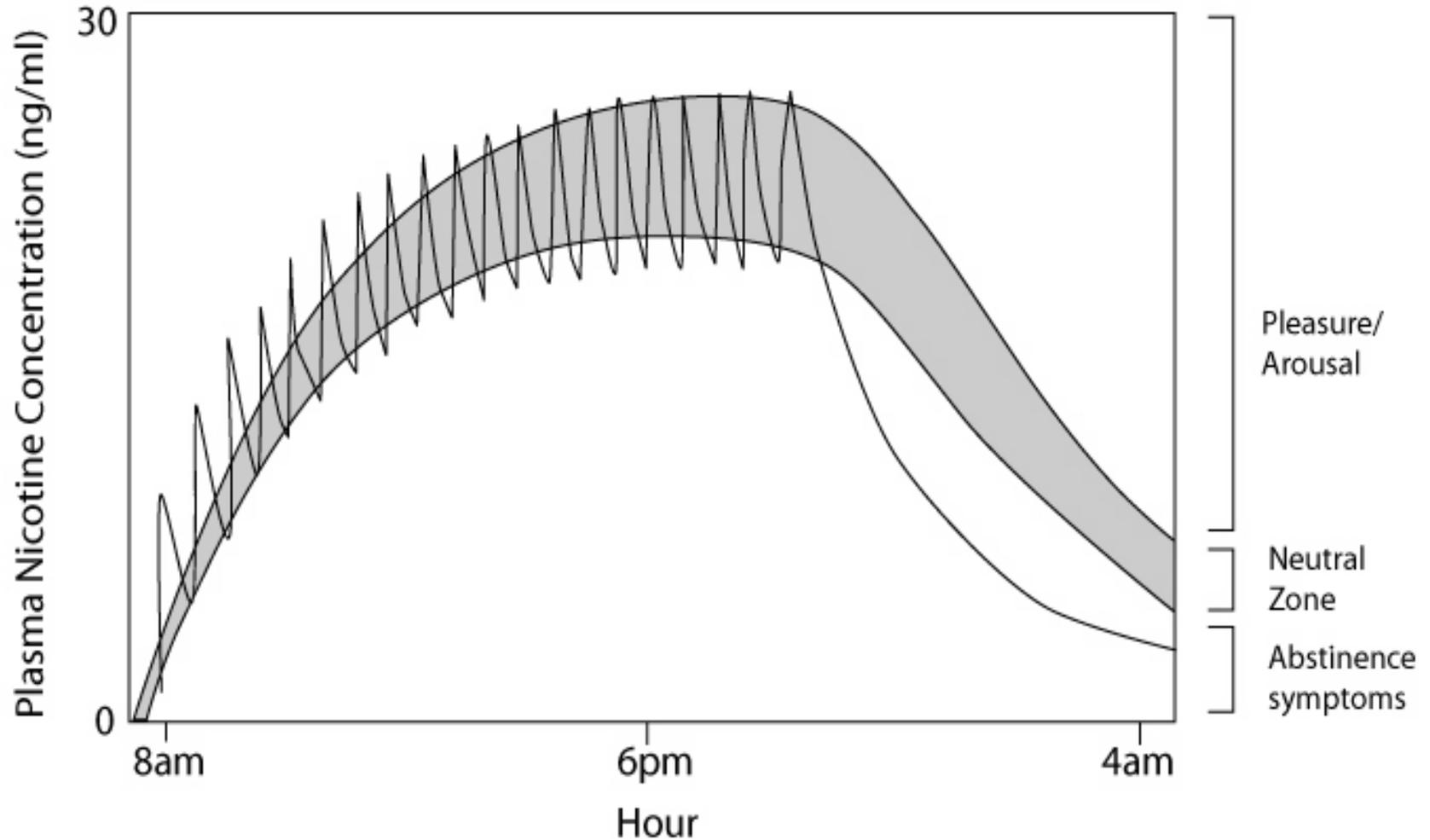
(e.g., Foulds, 2006; Steinberg et al., 2008)

A problematic pattern of tobacco use leading to clinically significant impairment

(DSM-5, 2013)



Nicotine Addiction Cycle



Nicotine Withdrawal Effects

- Irritability/ Frustration/ Anger
- Anxiety
- Difficulty Concentrating
- Restlessness/ Impatience
- Depressed Mood
- Insomnia
- Increased Appetite

Most symptoms:

- Appear within the first 1–2 days
- Peak within the first week
- Decrease within 2–4 weeks



The Stress and Smoking Connection

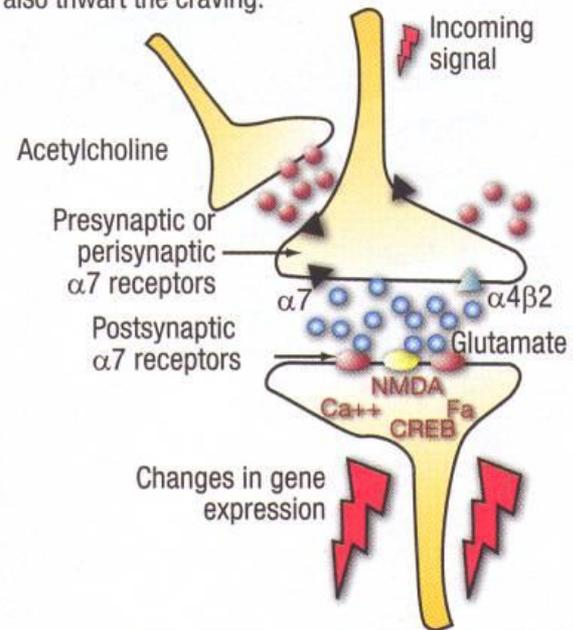
- The majority recognize smoking is physically unhealthy
 - But mistakenly believe it has positive psychological functions
 - In particular- stress relief
 - Smoking is used as an indirect coping strategy
 - And perceived stress reduction is often relief of withdrawal symptoms

Schizophrenia

- Decreased α -7 nicotinic receptors
- Nicotine activates nAChR
- Partially normalizes sensory processing deficits
- Smoking may improve negative symptoms & cognitive functioning
 - attention
 - orientation

Nicotine Receptors: Both Culprit and Cure?

Below is a model of presynaptic and postsynaptic alpha 7 nicotinic receptors, which are the first line of response to nicotine. These receptors are deficient in schizophrenia patients, which may explain their craving for cigarettes. A drug that counters the deficiency may also thwart the craving.



Source: Sherry Leonard, Ph.D., et al., *American Journal of Psychiatry*, November 2006

Nicotine Metabolism

- In humans, the major enzyme involved in the metabolism of nicotine is CYP2A6.
- 70% of nicotine is cleared from the blood during each pass through the liver.
- 85% - 90% of nicotine is metabolized in the liver and the majority on the first pass through the liver before it enters into the systemic circulation.



Medications Known or Suspected To Have Their 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)
	Clomipramine (Anafranil)	Imipramine (Tofranil)
	Desipramine (Norpramin)	Mirtazapine (Remeron)
	Doxepin (Sinequan)	Nortriptyline (Pamelor)
	Duloxetine (Cymbalta)	Trazodone (Desyrel)
MOOD STABILIZERS	Carbamazepine (Tegretol)	
ANXIOLYTICS	Alprazolam (Xanax)	Lorazepam (Ativan)
	Diazepam (Valium)	Oxazepam (Serax)
OTHERS	Acetaminophen	Riluzole (Rilutek)
	Caffeine	Ropinirole (Requip)
	Heparin	Tacrine
	Insulin	Warfarin
	Rasagiline (Azilect)	

Cessation Concurrent with Psychiatric Treatment

Smoking cessation has no negative impact on psychiatric symptoms and smoking cessation generally leads to better mental health and overall functioning.

Baker et al., 2006; Lawn & Pols, 2005; Morris et al., 2011; Prochaska et al., 2008



Psychiatric Symptoms Are Not Exacerbated by Smoking Cessation

- Smoking cessation is associated with:
 - ↓ depression, anxiety, and stress
 - ↑ positive mood and quality of life compared with continuing to smoke
 - The effect size seems as large for those with psychiatric disorders as those without
 - The effect sizes are equal or larger than those of antidepressant treatment for mood and anxiety disorders

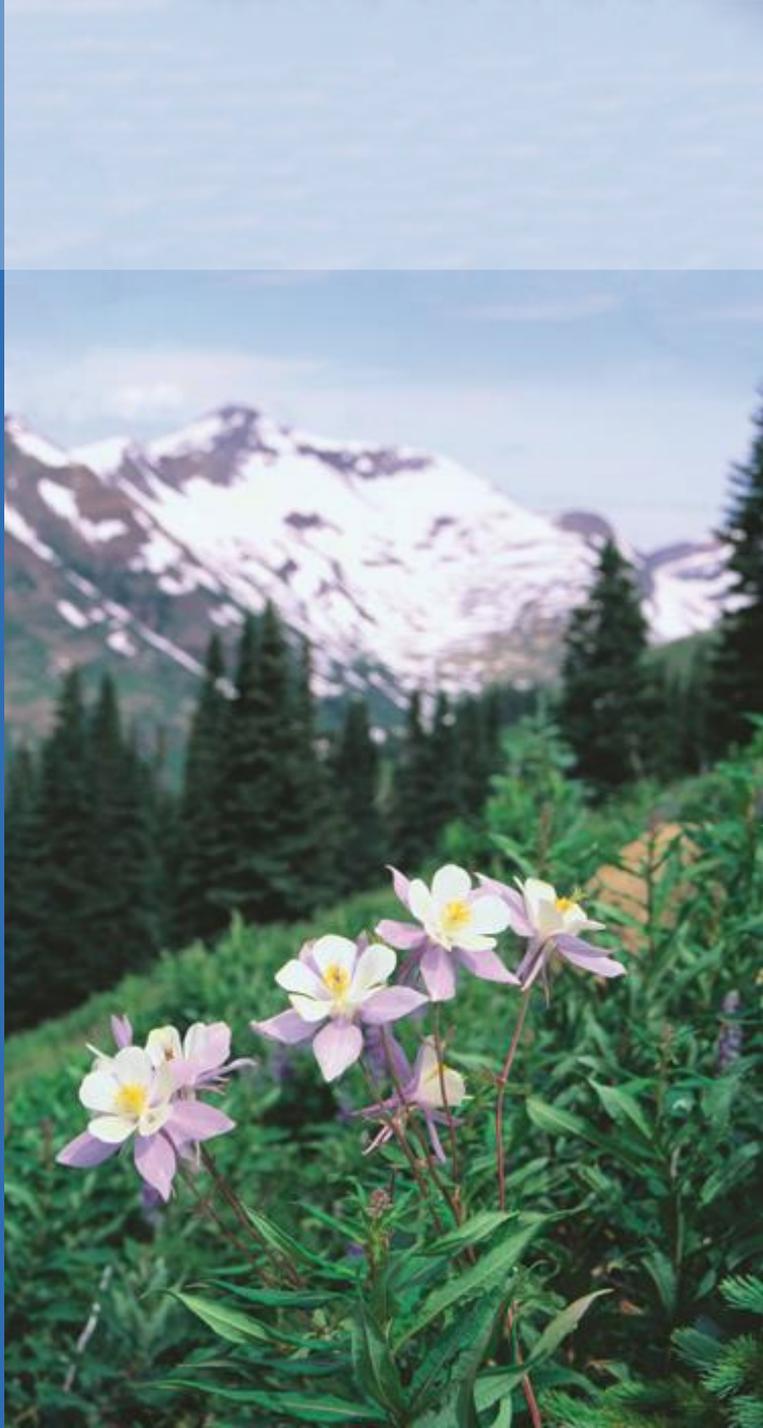
Taylor et al, 2014

Tobacco Use Affects Treatment & Recovery from Addiction

Addressing tobacco dependence during treatment for other substances is associated with a 25% increase in long-term abstinence rates from alcohol and other substances

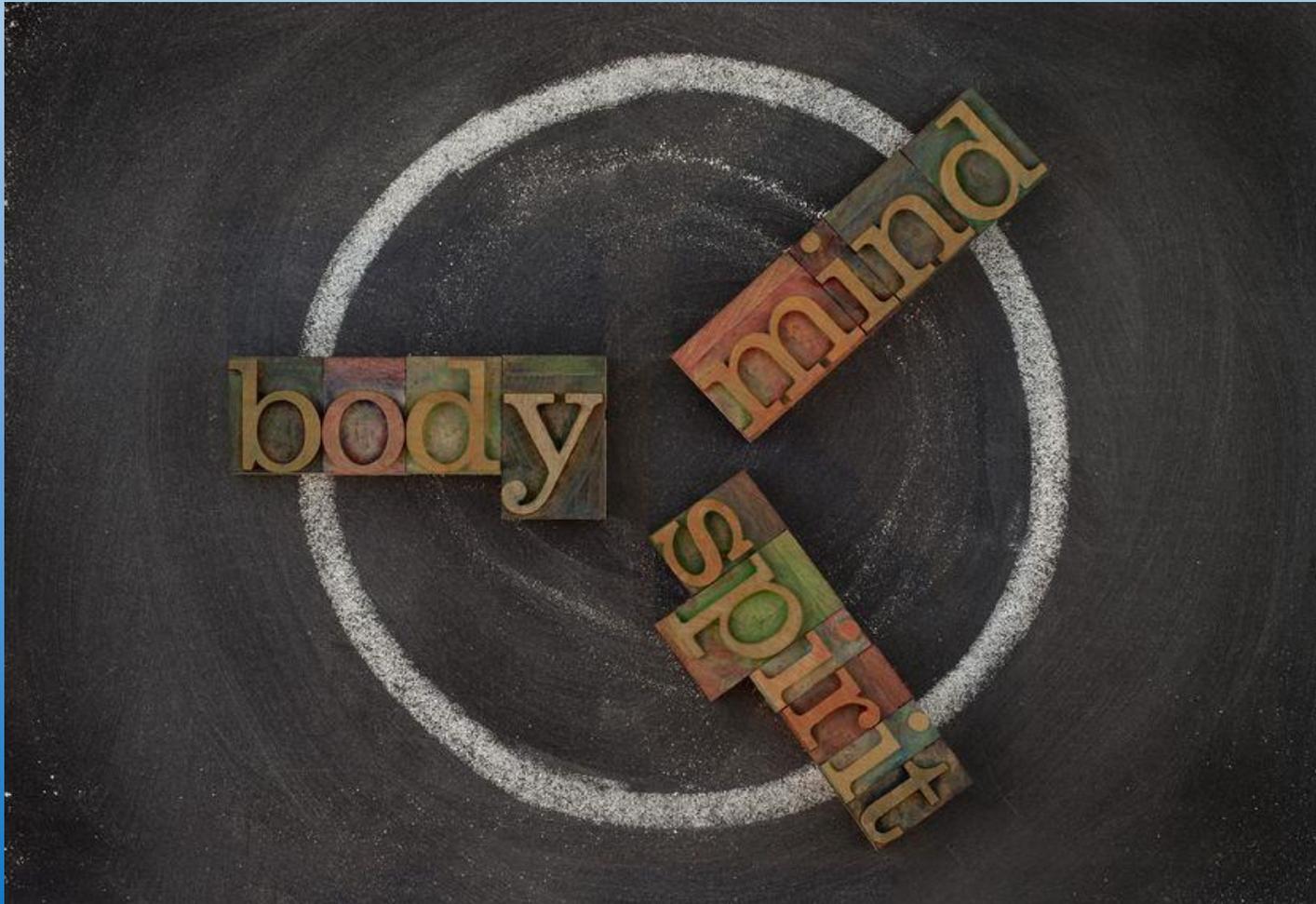
Prochaska et al., 2004





Tobacco Cessation: A Key to Treatment and Recovery

Treating the Whole Person



Integration is the New Norm

- Mental health and addictions
- Across healthcare sectors
 - Integrated care & health homes
 - Public health
 - Quitlines
- Community integration
- Chronic care
- Diagnoses/ codes
- EHRs & performance measurement



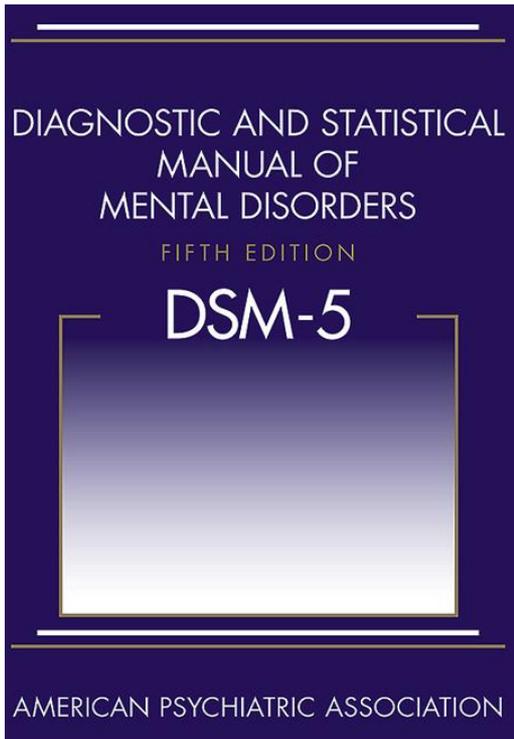
An addiction...

is an addiction...

is an addiction



DSM-5 – Substance Related and Addictive Disorders

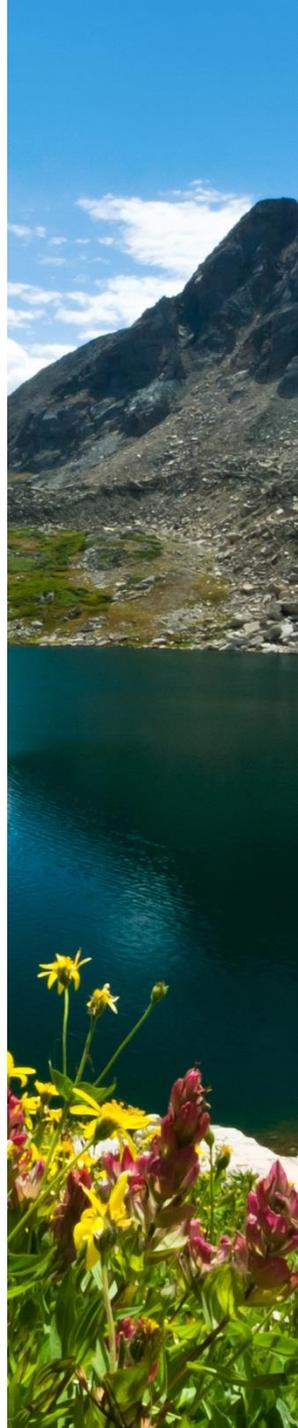


There are four tobacco-related disorders:

- ① Tobacco Use Disorder
- ② Tobacco Withdrawal
- ③ Other Tobacco-Induced Disorders
- ④ Unspecified Tobacco-Related Disorder

Regulatory Requirements

- Joint Commission (Hospitals)
- Affordable Care Act (Insurance)
- Meaningful Use (Hospitals and Clinics)
- Health Resources and Services Administration (Community Health Clinics)
- National Commission for Quality Assurance (Patient-Centered Medical Home)

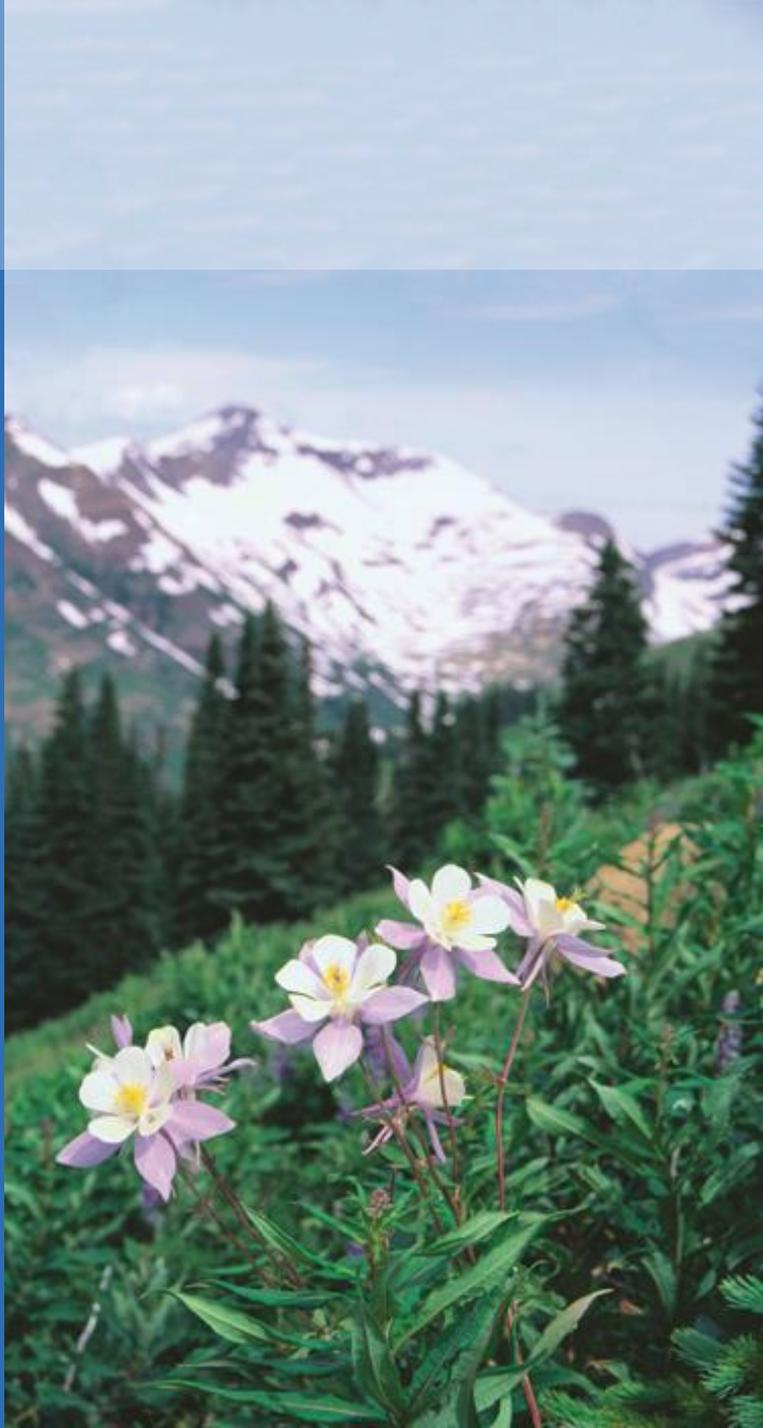


Why Community Treatment Settings?



- Expertise in behavioral change
- Therapeutic alliances
- Co-occurring treatment
- Access to high risk populations
- Patient-directed
- Complements other prevention and wellness activity
- Continuity of care
- Performance measurement





Evidence-Based Interventions Motivational Intervention

Interventions Work

Quitting tobacco is difficult but absolutely feasible, **if assistance is provided**

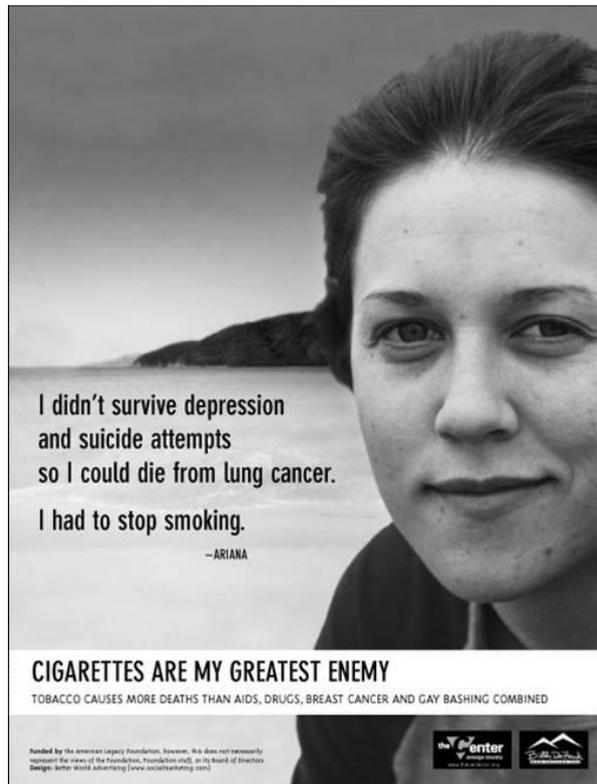
- Quit rates with willpower alone – 4%
- Pharmacotherapy (NRT) alone – 22%
- Counseling plus NRT – 36%
- Chantix – 44%



Quitting: It Can Be Done

Persons with behavioral health conditions:

- Are able to quit using
- 75% want to quit using
- 65% tried to quit in the last 12-months



I didn't survive depression
and suicide attempts
so I could die from lung cancer.
I had to stop smoking.
—ARIANA

CIGARETTES ARE MY GREATEST ENEMY
TOBACCO CAUSES MORE DEATHS THAN AIDS, DRUGS, BREAST CANCER AND GAY BASHING COMBINED

Funded by the American Legacy Foundation. However, this does not necessarily represent the views of the Foundation, President (s), or its Board of Directors
Design: Letter World Advertising (www.letterworldadvertising.com)



Quitting Smoking has Many Health Benefits

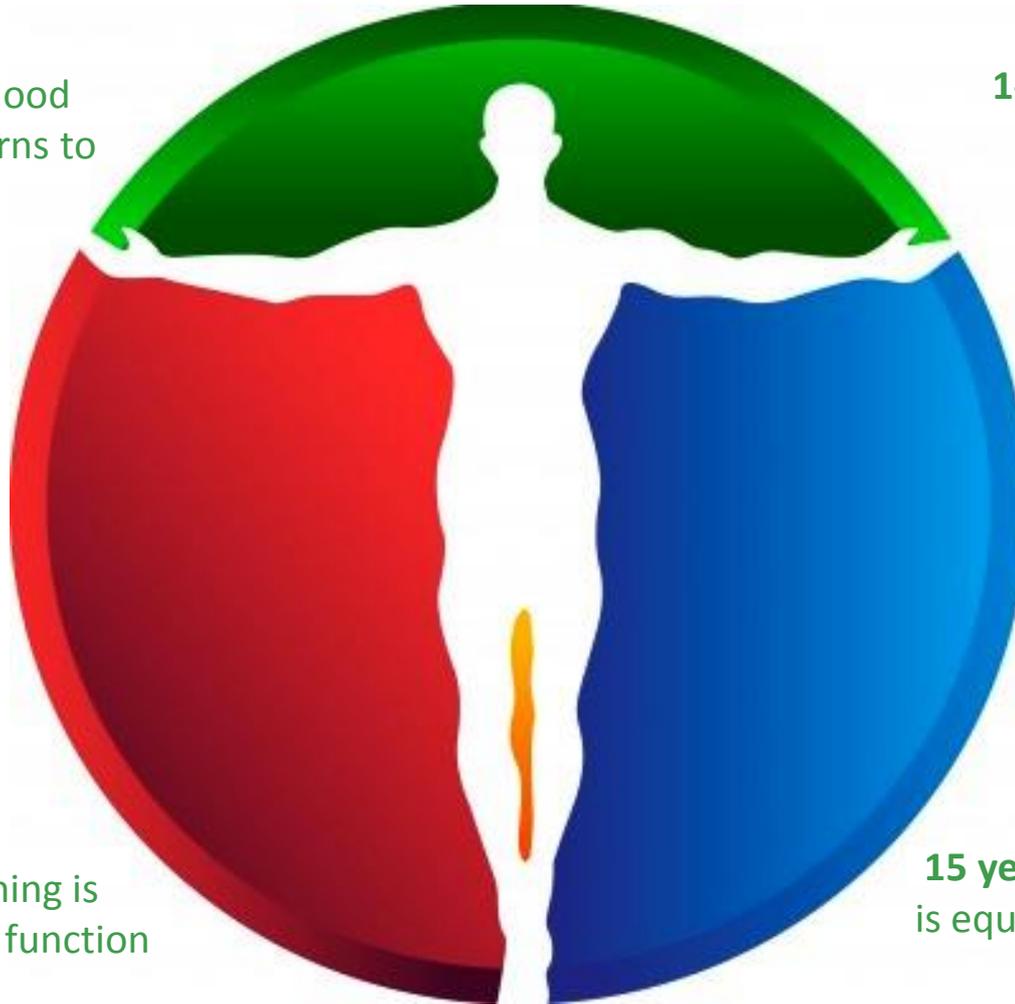
Within...

20 minutes blood pressure returns to baseline

48 hours sense of smell and taste begin to return to normal

12 hours oxygen levels return to normal; carbon monoxide drops significantly

72 hours breathing is easier and lung function increases



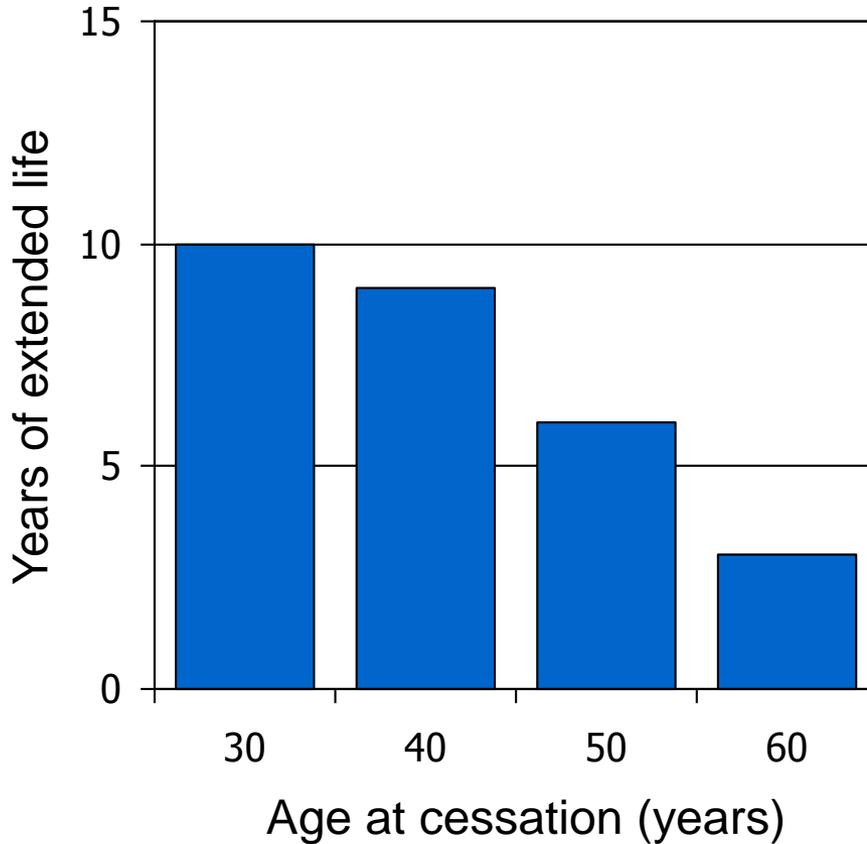
1-9 months chronic cough decreases; breathing improves, overall energy levels increase

1 year risk of heart disease, stroke, and heart attack less than half that of a smoker

10 years lowered risk of some cancers

15 years risk of heart disease is equal to someone who has never smoked

Benefits of Quitting



Quitting smoking at ANY age leads to a longer and healthier life



Tobacco Dependence Has Two Parts

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

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

Courtesy of the University of California, San Francisco



Tobacco Cessation Interventions: The 5 A's and 2A's & R Models

The 5 A's:

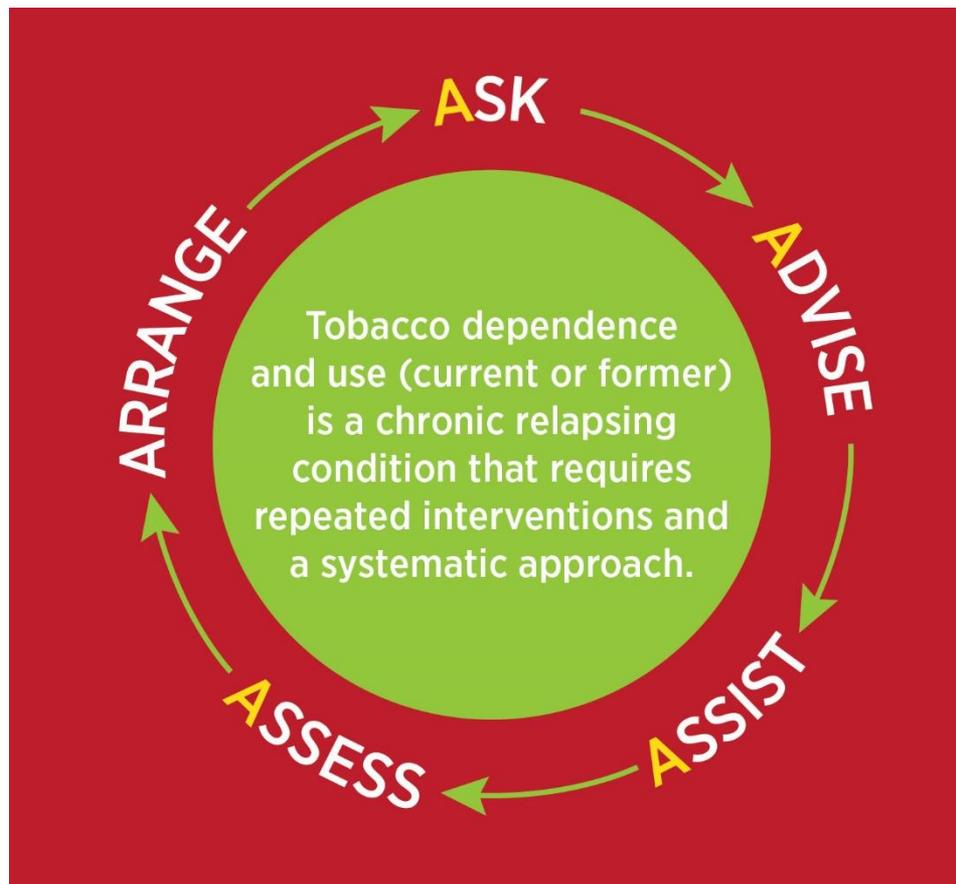
- Ask
- Advise
- Assess
- Assist
- Arrange

The 2 A's & R:

- Ask
- Advise
- Refer



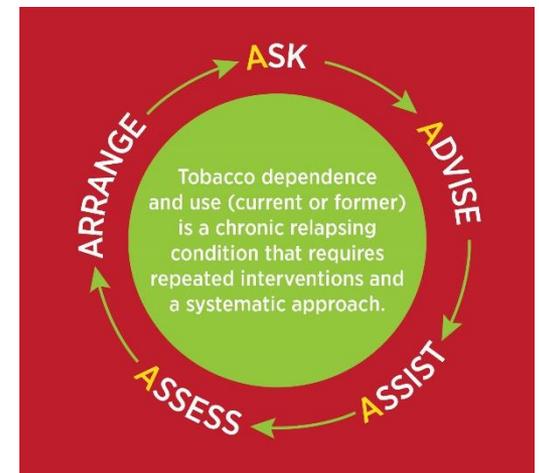
Tobacco Cessation Interventions: The 5 A's



Tobacco Cessation Interventions: 5 A's

ASK all individuals about tobacco use

- “Do you, or does anyone in your household, use any type of tobacco?”
- “How many times have you tried to quit?”
- Explore tobacco use history



Integration into Standard Practice

- Assess tobacco as part of normal assessment & screening
- Add tobacco cessation to treatment plan

The screenshot displays a medical software interface with a window titled "Vitals". The window contains the following information:

Taken on 12/19/2007 at 1436

BP:	118/76	SpO2:	
Pulse:	88	Weight:	180 lbs (81.65 kg)
Resp:		Height:	6' (1.829 m)
Temp:			
Source:	<input type="text"/>	PF (best):	<input type="text"/>
LMP:	<input type="text"/>		

At the bottom of the window are buttons for "Restore", "Close F9", "Previous F7", and "Next F8".

An inset window titled "Tobacco Use" is overlaid on the right side of the "Vitals" window. It contains the following text:

Tobacco Use — Verify Edit

Not Asked

Types: Cigarettes, Cigars, Chewing

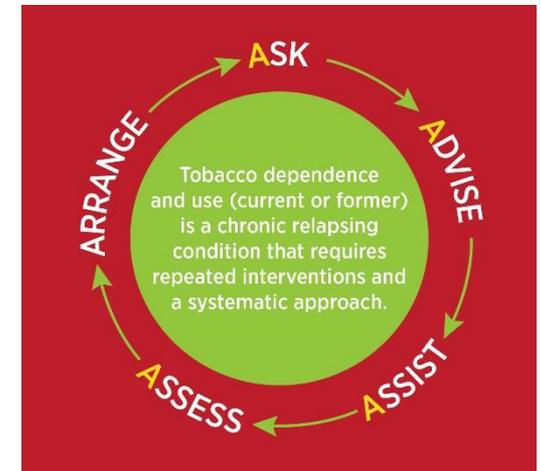
Packs/Day: Years: Pack Years: 0

Last verified: <Never verified>

Tobacco Cessation Interventions: 5 A's

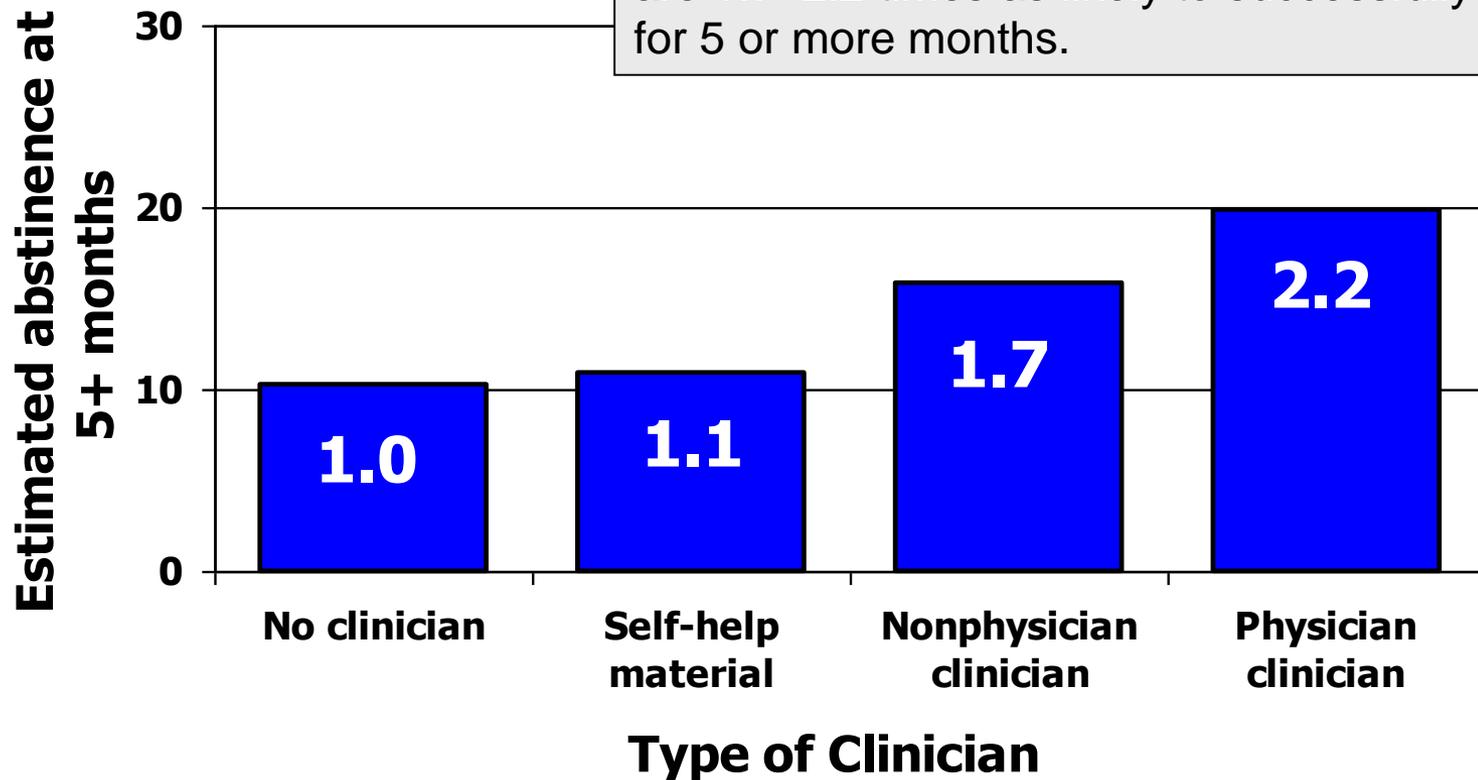
ADVISE people who use tobacco to quit

- Provide a clear, personalized and non-judgmental message about the health benefits of quitting tobacco
 - What would motivate the person to quit?



Advice Can Improve Chances of Quitting

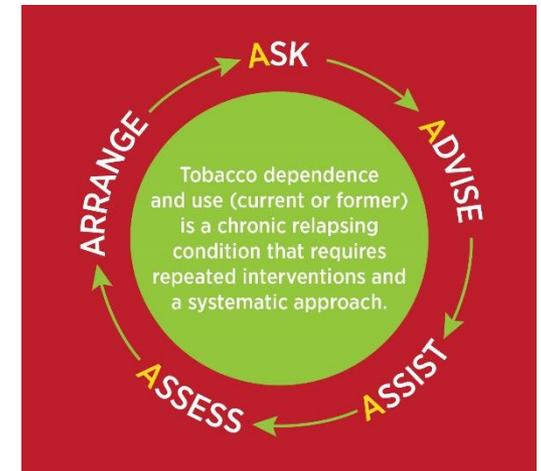
Compared to people who smoke who do not get help from a clinician, those who get help are 1.7–2.2 times as likely to successfully quit for 5 or more months.



Tobacco Cessation Interventions: 5 A's

ASSESS readiness to quit

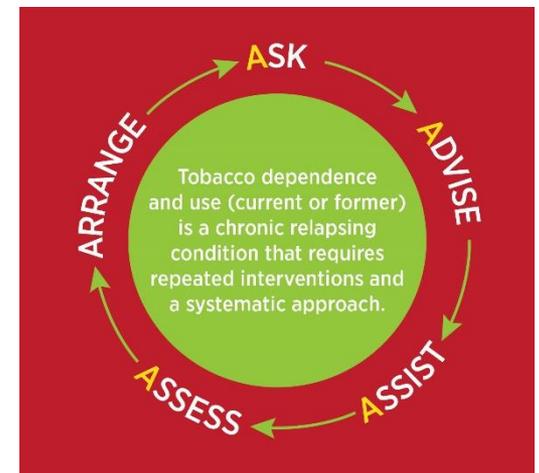
- “How do you feel about your smoking?”
- “Have you considered quitting?”
- Explore barriers to quitting
- Assess nicotine dependence
 - “How many cigarettes do you smoke a day?”
 - “How soon after you wake do you have your first cigarette?”



Tobacco Cessation Interventions: 5 A's

ASSIST individuals interested in quitting

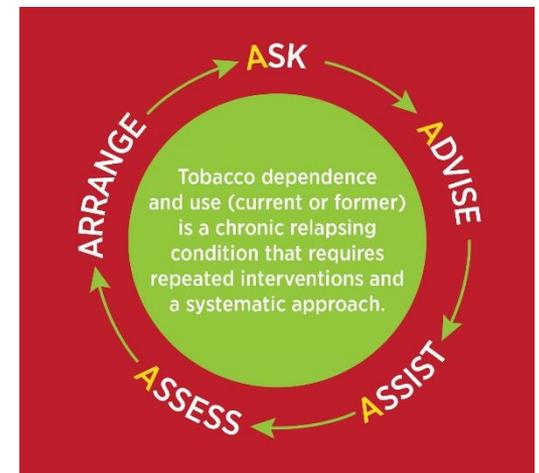
- Set a quit date or gradually cut down
- Discuss their concerns
- Encourage social support



Tobacco Cessation Interventions: 5 A's

ARRANGE follow-up visits to track progress

- Encourage individuals to join the Tobacco Free group
- Discuss ways to remove barriers
- Congratulate successes
- Encourage individuals to talk with their providers

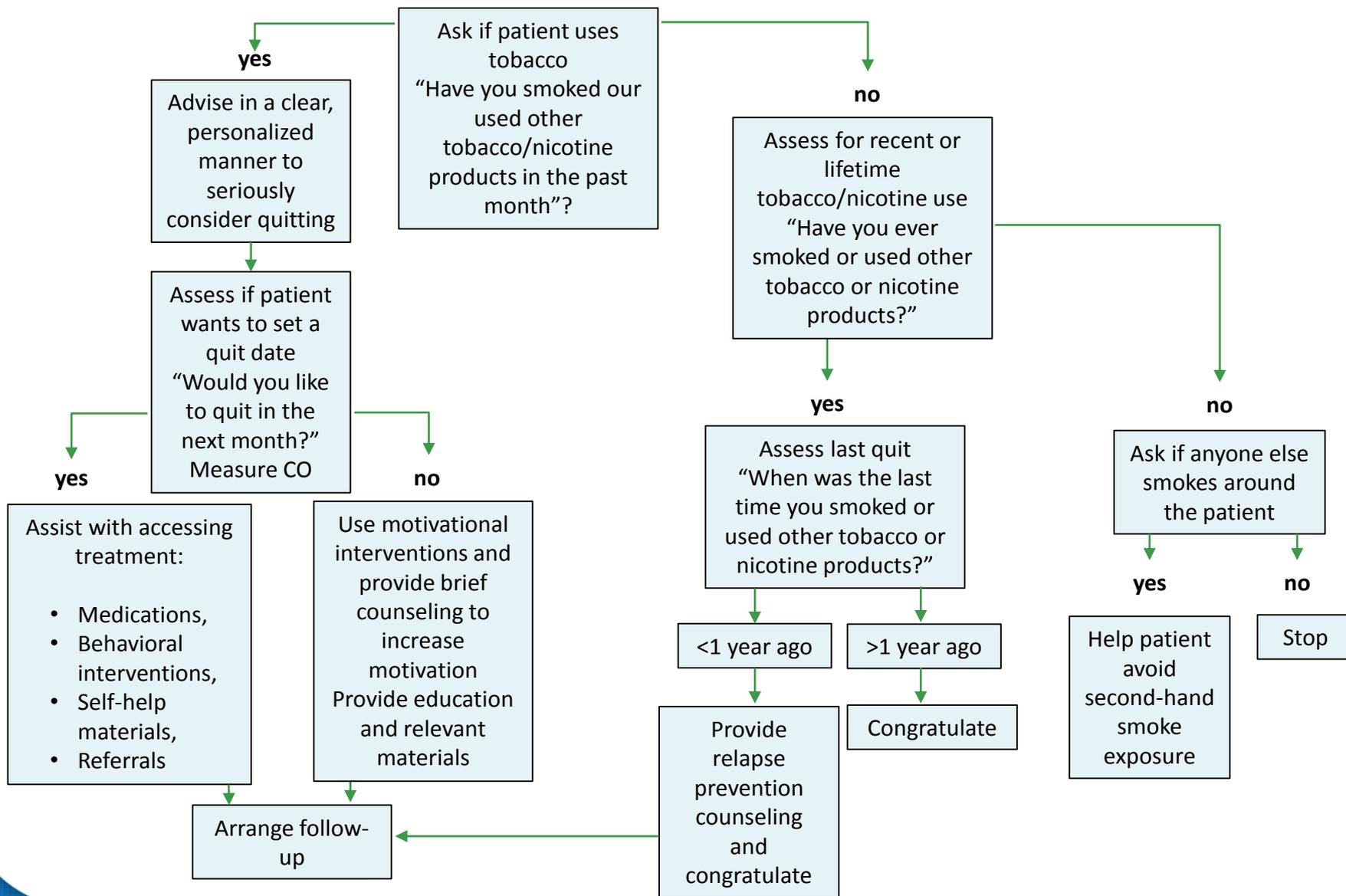


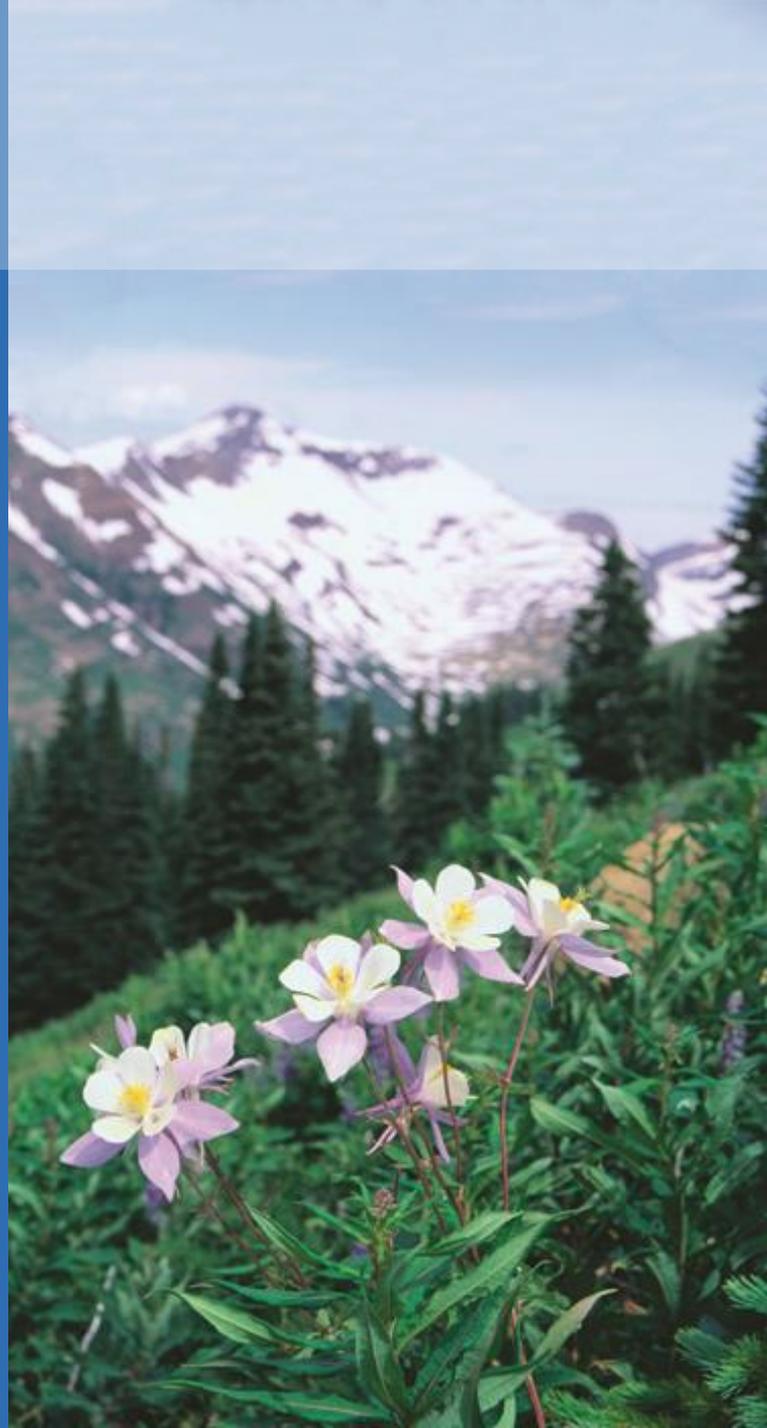
Tobacco Cessation Interventions: 2 A's and R Model

- **ASK** if s/he uses tobacco
- **ADVISE** Provide a clear, personalized and non-judgmental message about the health benefits of quitting tobacco
- **REFER**
 - To Tobacco Free group
 - To a provider/counselor
 - To a quitline or helpline



The 5A's Model

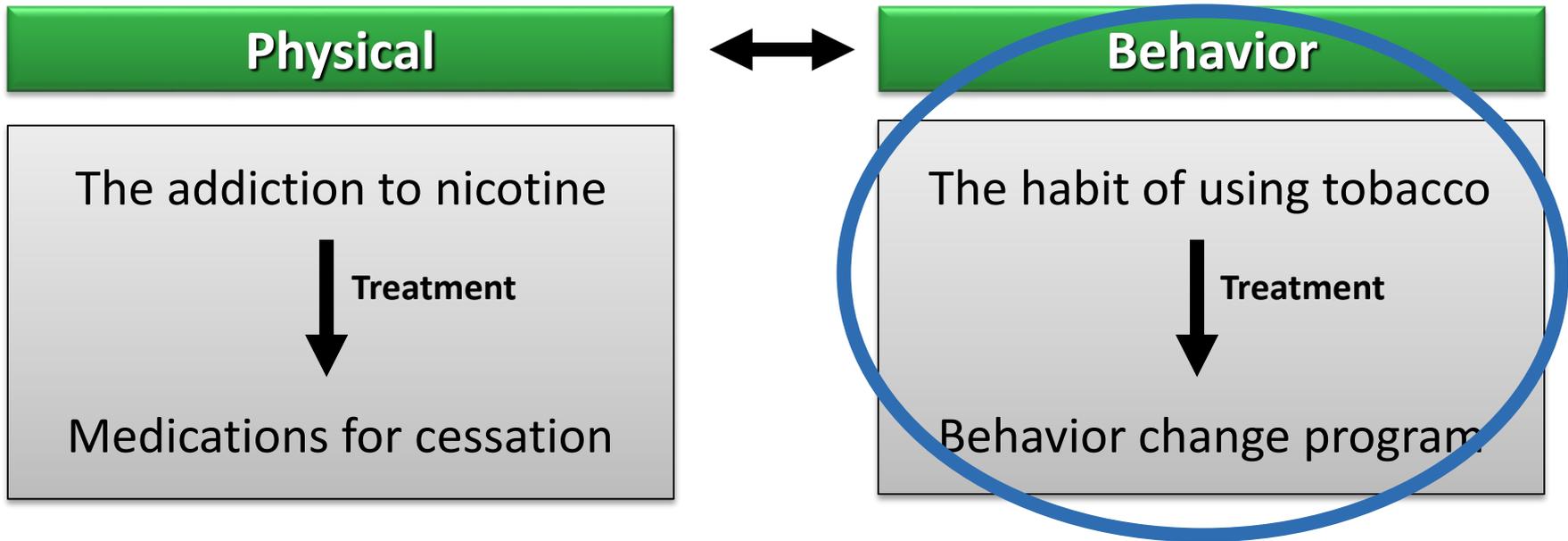




Tobacco Cessation Interventions Counseling

Tobacco Dependence Has Two Parts

Tobacco dependence is a 2-part problem



Treatment should address both the addiction and the habit.

Courtesy of the University of California, San Francisco

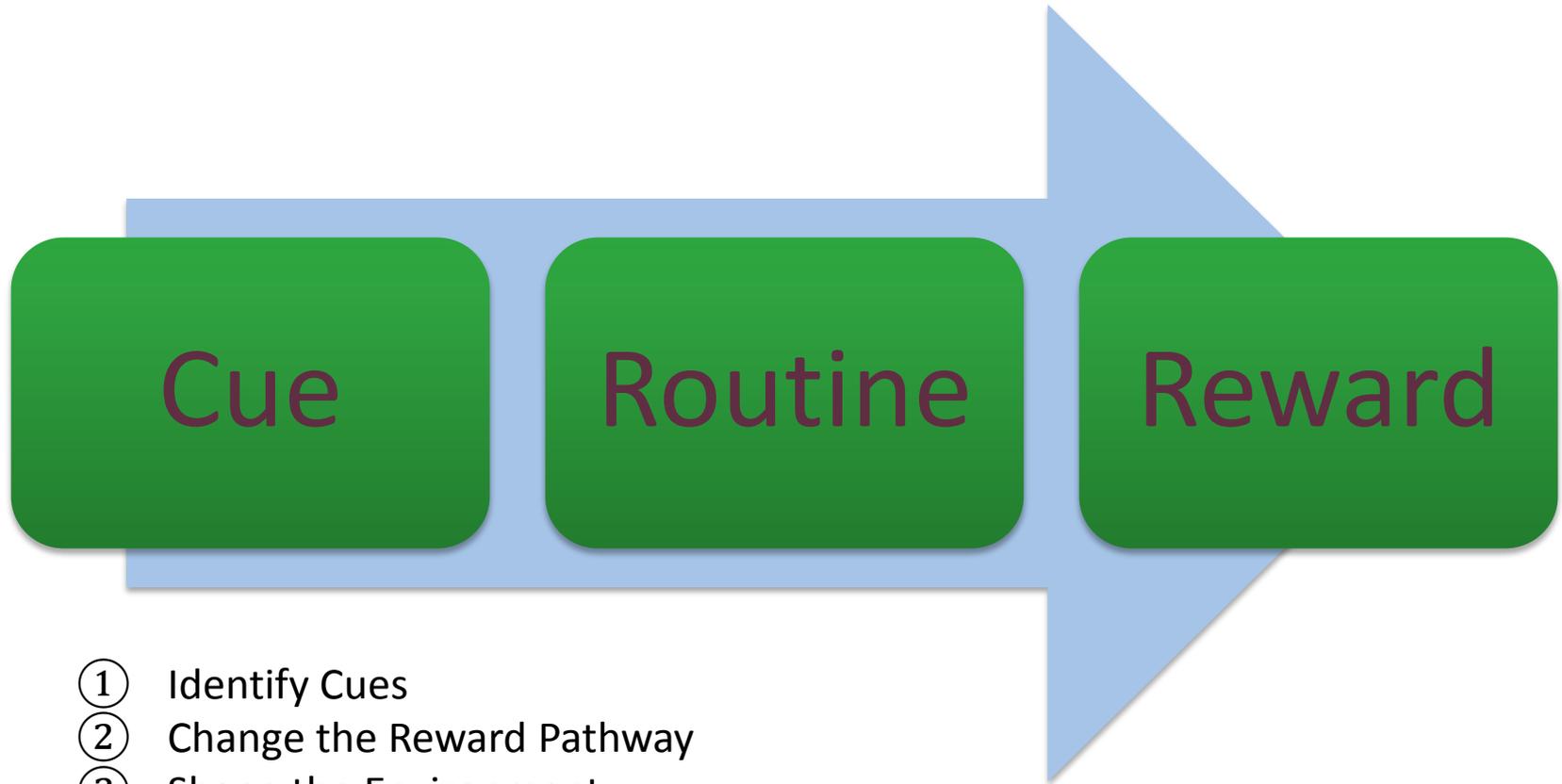


Matching Patient Motivation

Stage	Definition	Intervention
Pre-contemplation	Not considering changing	Educate/Inform
Contemplation	Thinking about making a change	Encourage/Motivate
Preparation	Actively considering changing in the immediate future or within the next month	Assist with goal setting
Action	Making overt attempts to change	Provide support, assist as needed to overcome barriers
Maintenance	Made changes for longer than six months	Continued support, set new goals when ready



Creating Habits



Relapse

Relapse - (tobacco use after tobacco cessation) can be another challenge

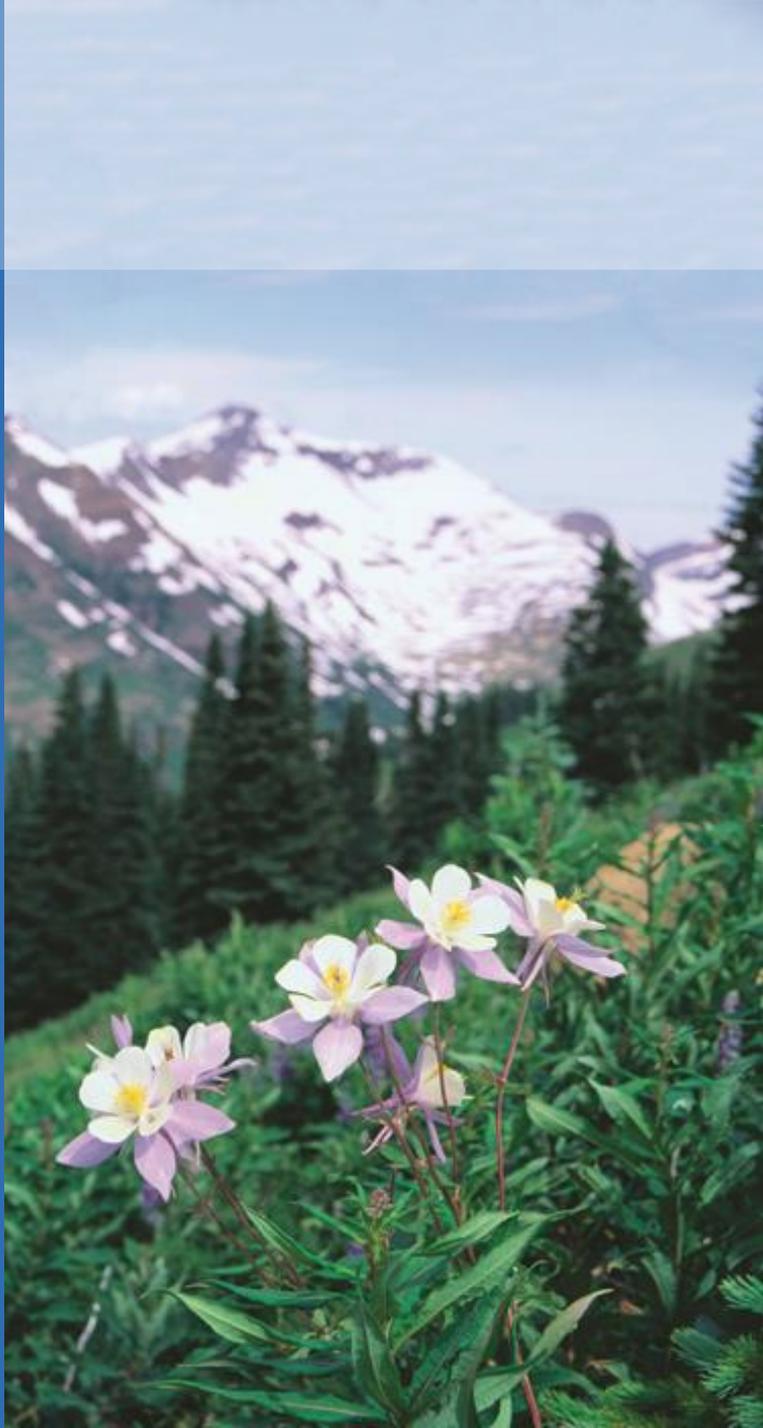
- For many people, quitting takes more than one try
- People may need to practice quitting first
- Discussion: What can be learned from past quit attempts?



Health Behavior Change Interventions

- Cognitive-Behavioral Therapy
- Motivational enhancement
- Individual counseling >4 sessions
- Psycho-educational groups
- Individualized treatments based on diagnoses
- Referral to quitlines





Tobacco Cessation Interventions Motivational Intervention

Motivational Intervention

- Conduct 30-minute semi-structured interview
- Work with individuals to increase their readiness for tobacco cessation
- Provide brief, personalized feedback about their carbon monoxide levels and the cost of smoking
- Encourage individuals to set concrete and manageable goals
- Discuss and list the supports they need to set a quit date and sustain their quit attempt



Motivational Intervention

Structured Interview

Name: _____ Date: _____

Center Name: _____ Location: _____

Complete the following questions:

- 1) On a scale from 1 (not considering stopping) to 10 (ready to set a quit date), how ready are you to stop your tobacco use?

Readiness Rating: _____

- 2) What makes you rate your readiness a _____ (add current readiness rating)? Describe.

- 3) What would need to change in order to increase your number from a _____ (add current readiness rating) to a _____ (current readiness rating plus 2)? Describe.



Motivational Intervention

Carbon Monoxide Monitoring

What is carbon monoxide?

Carbon monoxide is a deadly chemical found in cigarette smoke. It is produced by burning tobacco in the form of cigarettes, cigars, and pipes. Carbon monoxide is an odorless and colorless gas that replaces oxygen in your body. With lowered levels of oxygen, your body needs to work harder, placing strain on your heart. This puts smokers at a higher risk for heart attack and stroke.

The GOOD NEWS about carbon monoxide is it lasts only a short time in your body. Within 2-3 days of quitting smoking, your carbon monoxide levels can return to the same level as a non-smoker.

Measure your carbon monoxide levels.

A carbon monoxide monitor measures the amount of carbon monoxide in your body (in parts per million, or ppm).

My CURRENT carbon monoxide level is: _____

0-8 Normal or very low smoker

9-20 Occasional Smoker

21-39 Regular Smoker

40-78 Heavy Smoker

My goal is to LOWER my carbon monoxide level to: _____



Motivational Intervention

How Much Does Smoking Cost?

Review the chart below. Look for the approximate number of cigarettes you smoke each day in the left-hand column. When you find the row that matches the number of cigarettes you smoke each day, look across the row to find out how much you spend per day, week, month, year and 10 years. Write down these amounts in the chart below.

Approximate Number of Cigarettes I Smoke Each Day	Average Cost* Per Day	Average Cost* Per Week	Average Cost* Per Month	Average Cost* Per Year	Average Cost* In 10 Years
½ pack (10 cigs)	\$2.50	\$17.50	\$75.00	\$912.50	\$9125.00
1 pack (20 cigs)	\$5.00	\$35.00	\$150.00	\$1,825.00	\$18,250.00
1 ½ packs (30 cigs)	\$7.50	\$52.50	\$225.00	\$2,737.50	\$27,375.00
2 packs (40 cigs)	\$10.00	\$70.00	\$300.00	\$3,650.00	\$36,500.00
2 ½ packs (50 cigs)	\$12.50	\$87.50	\$375.00	\$4,562.50	\$45,625.00
3 packs (60 cigs)	\$15.00	\$105.00	\$450.00	\$5,475.00	\$54,750.00

*The average costs in this chart are determined based on a \$5 per cigarette pack cost.



On average, I spend

\$ _____ per day

\$ _____ per week

\$ _____ per month

\$ _____ per year

\$ _____ per 10 years

Motivational Intervention

Top 3 Reasons Why I Want to Stop My Tobacco Use

1) _____

This reason motivates me because...

2) _____

This reason motivates me because...

3) _____

This reason motivates me because...



Motivational Intervention

My Tobacco Cessation Goals

Take a moment to identify two short-term tobacco cessation goals. Choose one goal that is related to your tobacco use behaviors. Choose a second goal that is related to healthy behaviors. As you achieve these goals, you will reset them. Try to choose goals that feel attainable to you.

Tobacco Cessation Goal #1: Tobacco Use Behaviors

What I need to successfully achieve my Tobacco Cessation Goal #1:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Tobacco Cessation Goal #2: Healthy Behaviors

What I need to successfully achieve my Tobacco Cessation Goal #2:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

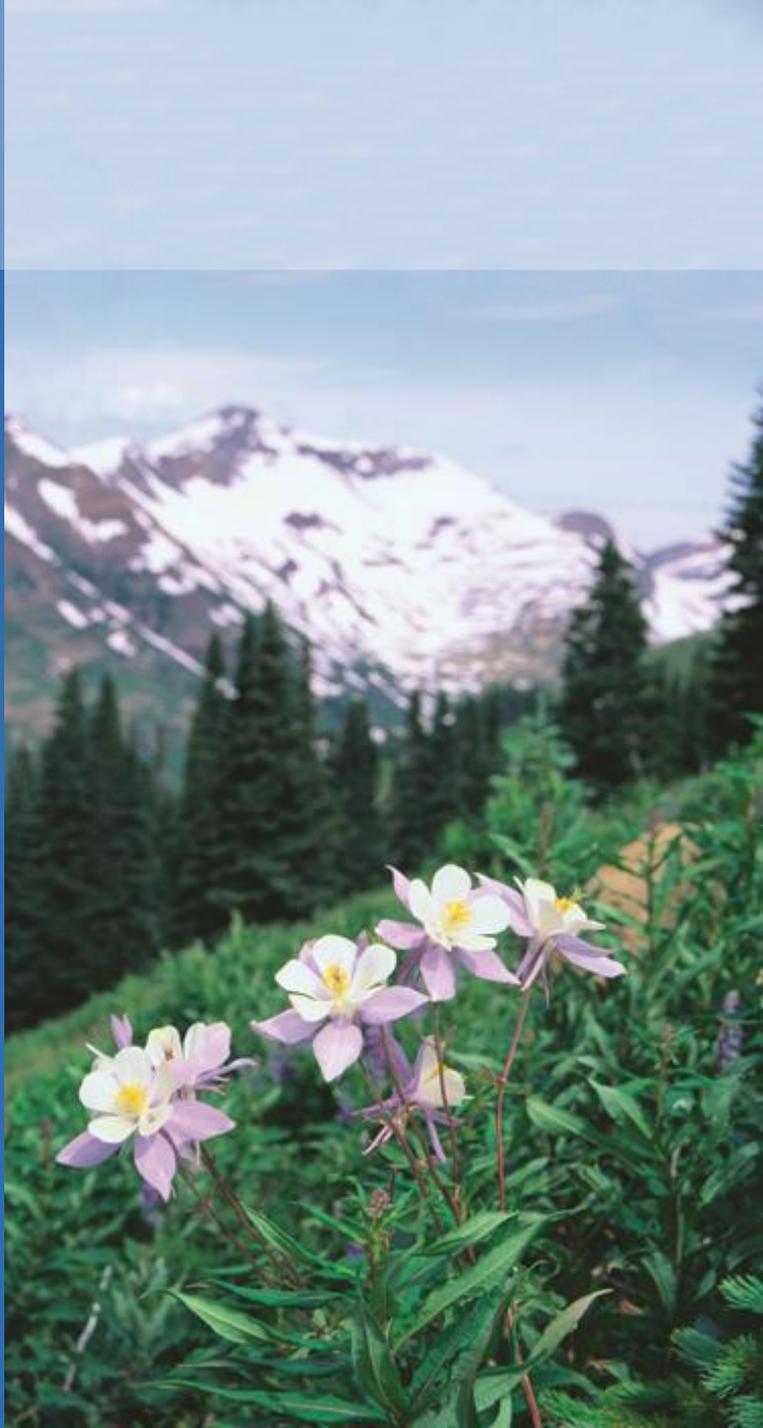


Motivational Intervention

6 Steps I Can Take to Achieve My Tobacco Cessation Goals

- 1) **Envision my tobacco-free life** – In order to believe you can live tobacco-free, it helps to practice imagining and feeling what it may be like to be tobacco-free. The more *real* it can become in your mind, the more it seems possible. Make time each day to envision yourself living tobacco-free. Ask yourself...what does my tobacco-free life look like? How does my body feel? How will I act? What will I choose to do differently?
- 2) **Listen to my body** – Check in with yourself throughout the day. Ask yourself...how do I feel? What is my stress level? Am I beginning to experience a craving for tobacco? What are my physical and emotional needs right now? Once you are aware of what you need, you can take the necessary steps to meet your needs.
- 3) **Pay attention to my tobacco use behaviors** – For one week, take a few minutes each day to record your tobacco use. Write down the number (amount) of cigarettes you smoked (or other tobacco products you used). Keep track of the triggers for your use. Note the types of environments in which you increase your tobacco use. Your awareness of these behaviors provides the opportunity for you to make the choice to do something different.
- 4) **Make manageable changes** – When you set goals for yourself, choose short-term, manageable goals— ones you believe you can achieve. This way, you can build your confidence and skills over time.
- 5) **Reach out for support** – There are many resources available to provide you the support you need on your tobacco-free journey. Attend a Tobacco Cessation Group, schedule regular meetings with your health care providers, reach out to family and friends and seek out community and online resources.
- 6) **Enjoy my journey!** – Look for new activities that feel fun to you. You are more likely to maintain behaviors you enjoy, building them into your daily routine. Take this opportunity to learn about your preferences, likes and dislikes, and practice new behaviors. Your journey to a living tobacco-free can be a journey of self-discovery.





Other Tobacco Cessation Interventions

Common Elements of Counseling

Treatment Component	Examples
Recognize danger situations	<ul style="list-style-type: none">• Negative affect and stress• Being around other tobacco users• Drinking alcohol• Experiencing urges• Smoking cues
Develop coping skills	<ul style="list-style-type: none">• Learning to anticipate and avoid• Learning cognitive strategies that will reduce negative moods• Accomplishing lifestyle changes that reduce stress, improve quality of life, and reduce exposure to smoking cues• Learning cognitive and behavioral activities (e.g., distracting attention; changing routines)
Provide basic information	<ul style="list-style-type: none">• Even a single puff may cause relapse• Expected withdrawal symptoms• The addictive nature of smoking

PHS Clinical Guideline, 2008

Common Elements of Support

Supportive Treatment Component	Example
Encourage the patient in the quit attempt	<ul style="list-style-type: none">• Note that effective tobacco dependence treatments are now available• Note that one-half of all people who have ever smoked have now quit• Communicate belief in patient's ability to quit
Communicate caring and concern	<ul style="list-style-type: none">• Ask how patient feels about quitting• Directly express concern and willingness to help as often as needed• Ask about the patient's fears and ambivalence regarding quitting
Encourage the patient to talk about the quitting process	Ask about: <ul style="list-style-type: none">• Reasons the patient wants to quit• Concerns or worries about quitting• Success the patient has achieved• Difficulties encountered while quitting

PHS Clinical Guideline, 2008

DIMENSIONS: Tobacco Free Program

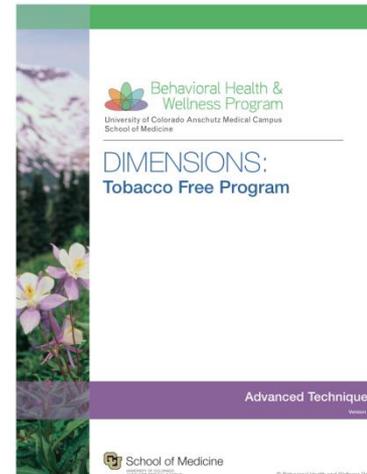
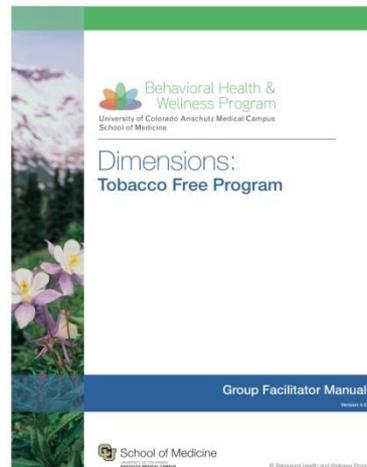
- An evidence-based tobacco cessation program that promotes positive health behavior change
- Initially developed in 2006
- Implemented in 19 states
- The program supports tobacco cessation through motivational engagement strategies, group process, community referrals, and educational activities



Tobacco Free Group Overview

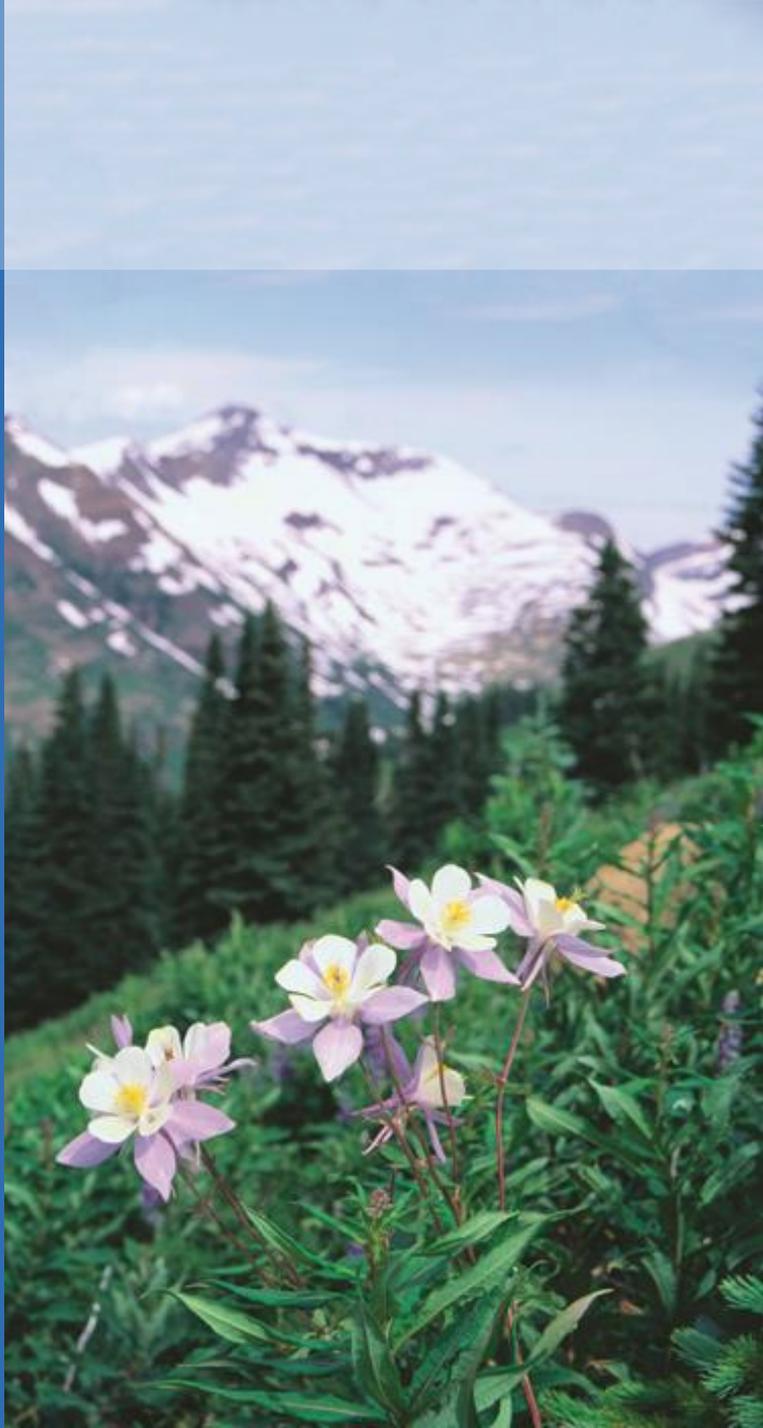
Weekly, 60- to 90-minute, open group

- Participants may join at any time
- Some information does build on previous sessions
- Participants may attend as many sessions as needed
- Session topics cycle over a 6-week period



Quitline Referral





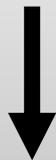
Tobacco Cessation Interventions Pharmacotherapy

Tobacco Dependence Has Two Parts

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

Treatment should address both the addiction and the habit.

Courtesy of the University of California, San Francisco



Why Use a Medication for Quitting?

Medications:

- Make people more comfortable while quitting by reducing withdrawal symptoms
- Allows people to focus on changing their behavior
- Improve chances of a successful quit attempt



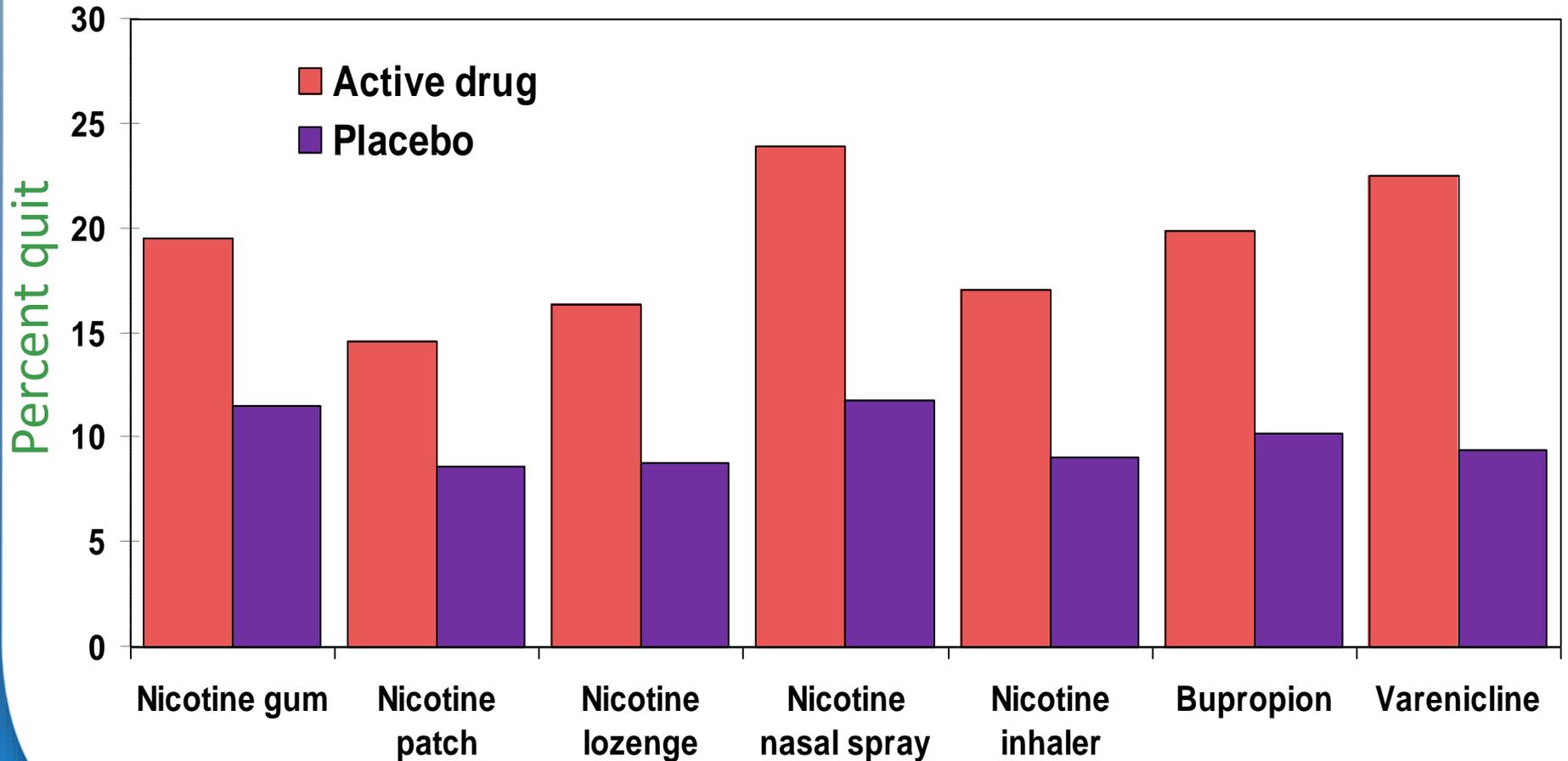
Tobacco Cessation Medications

The only medications approved by the Food and Drug Administration (FDA) for tobacco cessation are:

- Nicotine gum
- Nicotine lozenge
- Nicotine patch
- Nicotine nasal spray
- Nicotine inhaler
- Bupropion SR tablets
- Varenicline tablets

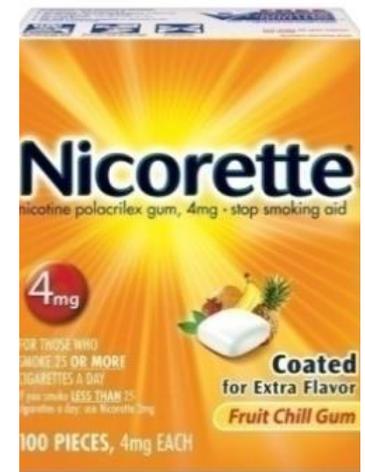


Long-Term (36-month) Quit Rates for Cessation Medications



Nicotine Gum

- Sugar-free chewing gum
- Available in different flavors
- Absorbed through the lining of the mouth
- Available in two strengths
- Sold without a prescription
- May not be a good choice for people with jaw problems, braces, retainers, or significant dental work



Nicotine Lozenge

- Sugar-free lozenge
- Available in different flavors
- Absorbed through the lining of the mouth
- Available in two strengths
- Sold without a prescription



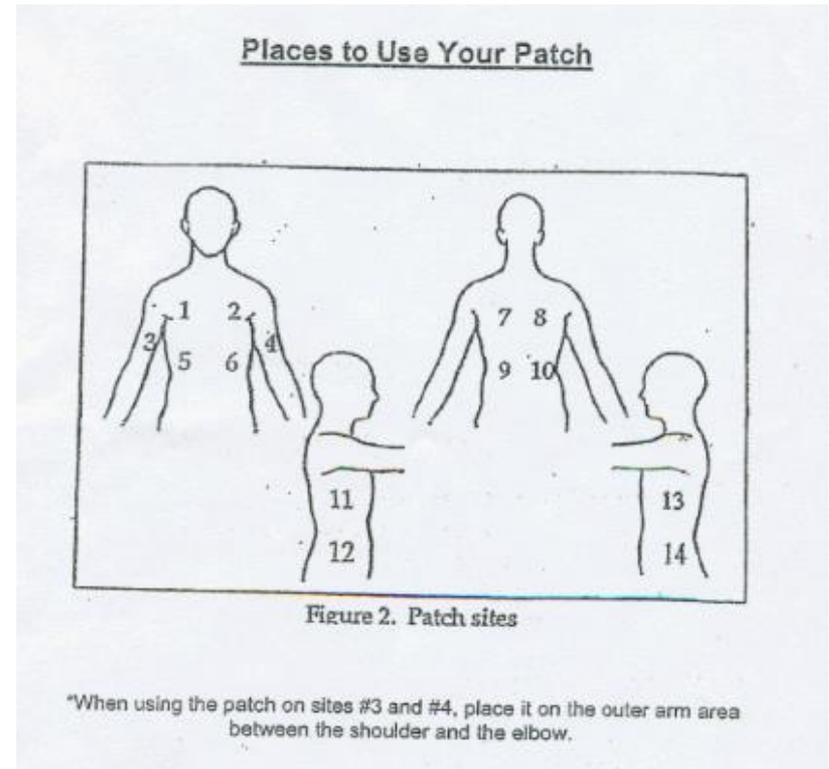
Nicotine Patch

- Nicotine is absorbed through the skin
- Sold without a prescription
- Do not cut in half
- Apply a new patch every 24 hours



Dosing: Nicotine Replacement Therapy

- Roughly 1 mg. NRT patch for each cigarette per day, so if a person is smoking 2 packs per day we start with 2 x 21 mg. patch dose.



Label Update:

Nicotine Replacement Therapy

- There are no significant safety concerns associated with the concomitant use of nicotine replacement therapy (NRT) products with other nicotine-containing products, including cigarettes
- There are no significant safety risks associated with the use of NRT products for longer than the labeled number of weeks of use
- Current marketed NRT products do not appear to have significant potential for abuse or dependence



Previous

Drug Facts Labeling

Warnings

Do not use.

- If you continue to smoke, chew tobacco, use snuff, or use a different NRT product or other nicotine-containing products

Directions

- Stop smoking completely when you begin using the NRT product
- It is important to complete treatment. Stop using the NRT product at the end of a specified number of weeks. If you still feel the need to use the NRT product, talk to your doctor

Current

Drug Facts Labeling

Warnings

None.

The “Do not use” statement has been removed.

Directions

- Begin using the NRT product on your quit day
- It is important to complete treatment. If you feel you need to use the NRT product for a longer period to keep from smoking, talk to your healthcare provider

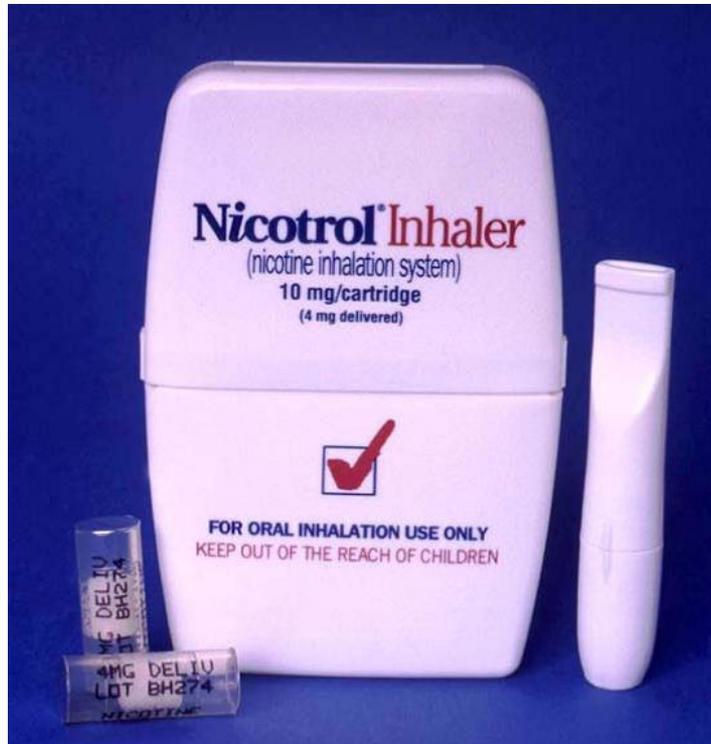


Nicotine Nasal Spray

- About 100 doses per bottle
- Quickly absorbed through the lining of the nose
- Sold with a prescription as Nicotrol NS



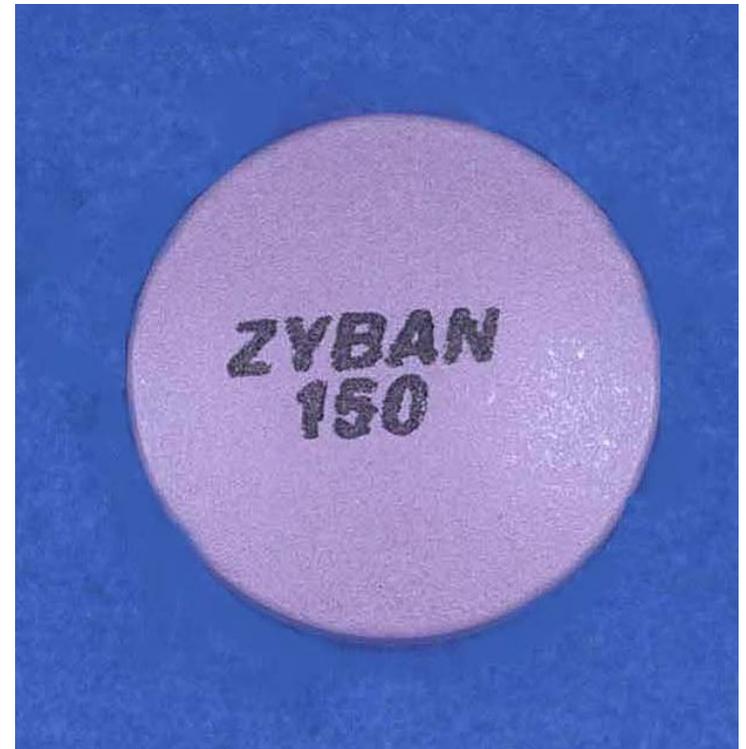
Nicotine Inhaler



- Absorbed through the lining of the mouth
- Allows for similar hand-to-mouth ritual of smoking
- Sold with a prescription

Bupropion SR Tablets

- Does not contain nicotine
- The tablet is swallowed whole, and the medication is released over time
- Sold with a prescription as Zyban or generic



Varenicline



- Does not contain nicotine
- The tablet is swallowed whole
- Sold with a prescription only as Chantix



- People who take Chantix should be in regular contact with their doctor

NOTE: Some people who used varenicline have reported experiencing changes in behavior, agitation, depressed mood, suicidal thoughts or actions. People should talk to their doctor before taking this medication.



Combination Therapy

Use of two or more forms of tobacco cessation medications can improve cessation rates:

 **PLUS**  **OR**  **OR**  **OR** 

 **PLUS**  **OR**  **PLUS**  **OR** 

Pre-Cessation Nicotine Replacement

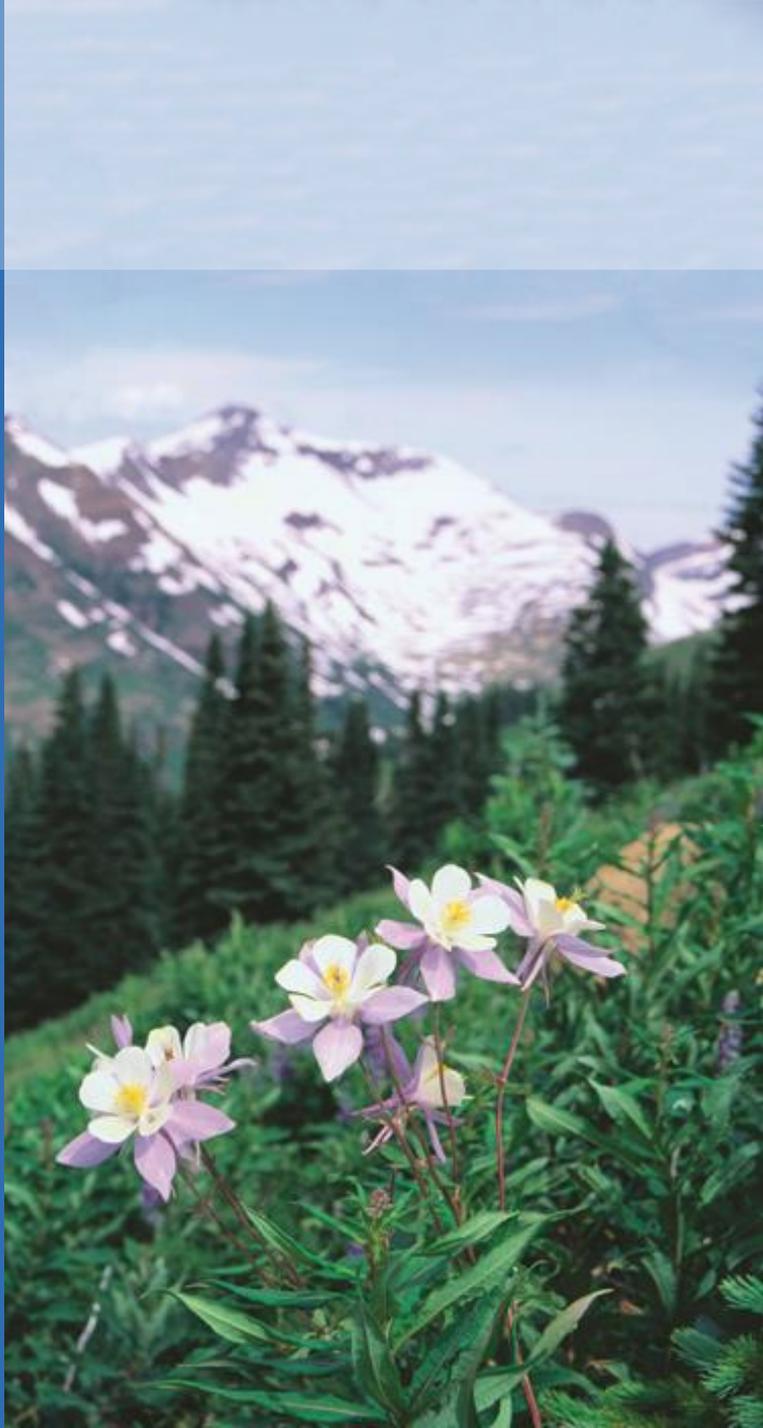
Studies show individuals who used NRT before their quit date:

- Did not experience any significant side effects
- Experienced an increase in their quit rates
- Were twice as likely to maintain their abstinence at 6 months

Talking About Tobacco Cessation Medications

- Encourage people to talk with their primary care provider before starting any tobacco cessation medications
- Inform people about their different options for tobacco cessation medications
- Encourage people to read all the directions before they start using a tobacco cessation medication





Tobacco-Free Policy



Tobacco-Free Policies

Smoke-Free Policy is Not Prohibition

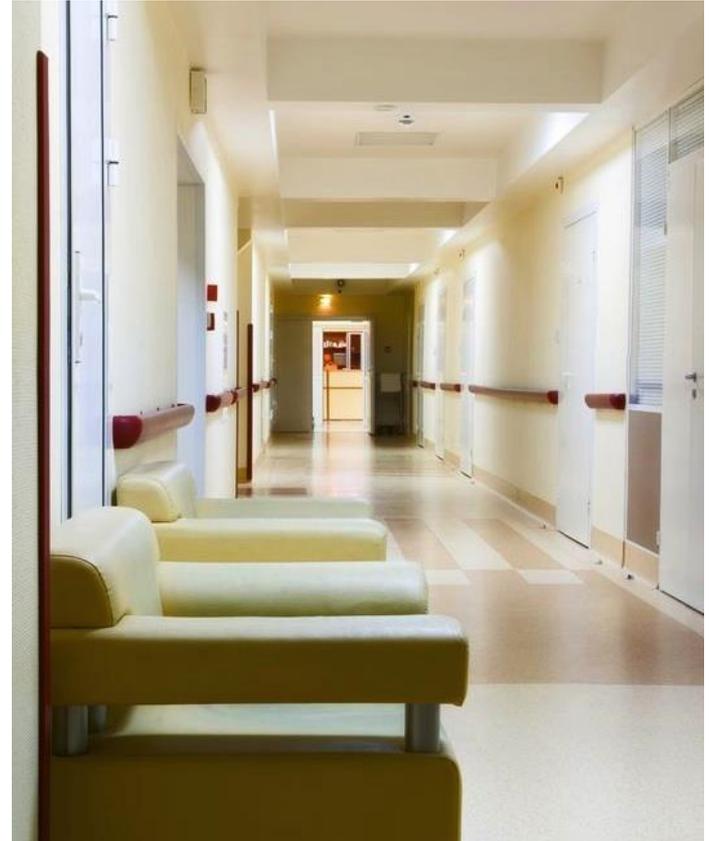
There will not be a ban on the sale of tobacco, nor will smokers be required to give up smoking. However, the law or policy will ensure that those who wish to smoke may do so only in places where the health of others is not put at risk.



Return on Investment

For Facilities:

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



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



Psychiatric Hospital Outcomes



- Improved health of patient
- Cleaner grounds/environment
- Reduced seclusion and restraint
- Decreased coercion and threats among patients and staff
- Increased availability of tobacco cessation medication
- Increased staff satisfaction

A Parallel Process

- Client, visitor, and staff policy
- Client and staff resources
 - Facilities
 - Incentives
 - Medications
 - Peer support



Smoking Prevalence Among Mental Health Providers

30% - 35% of mental health providers smoke as compared to:

- Primary Care Physicians 1.7%
- Emergency Physicians 5.7%
- Psychiatrists 3.2%
- Registered Nurses 13.1%
- Dentists 5.8%
- Dental Hygienists 5.4%
- Pharmacists 4.5%



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*

<http://www.bhwellness.org/resources/toolkits/>

10 Steps Toward Success

- 1 Assess and plan
- 2 Secure organizational support
- 3 Draft implementation plan
- 4 Draft the policy
- 5 Craft message and communicate intentions
- 6 Provide cessation support to organization
- 7 Provide policy support to organization
- 8 Finalize and launch policy
- 9 Monitor the policy & respond to changes
- 10 Disseminate innovation



1 Assess and Plan

Create pre-evaluation plan (pre vs. post)

- Identify most relevant measures for your organization

Conduct focus groups and key informant interviews for clients, staff, and administrators

- Everyone affected by the policy needs to be represented



2

Establish Organizational Support

Need enthusiastic support from head of organization (CEO, ED, etc.)

- One of the most crucial steps
- Without this, it is likely that a policy will have difficulties in being successfully implemented and maintained



3

Draft Implementation Plan

- Create timeline (6 – 12 months)
- Finalize evaluation plan
- Sustainability
 - Private health plans
 - State Medicaid
 - Centers for Medicare and Medicaid Services (CMS)
 - Employee health plans
 - Employee wellness programs



4

Draft the Policy

- Provide a clear rationale that cites the documented health risks that tobacco use poses to clients and staff.
- Create in consultation with staff and clients.
- Acknowledge the right of employees to work in a tobacco-free environment.



Sample Language

“We are developing this policy to provide a healthy and safe environment for employees, clients, and visitors and to promote positive health behaviors.”

“Tobacco acts as a cue for other drug use and maintains a drug-related coping style.”



5

Craft the Message and Communicate Intentions

“We are not saying you must quit smoking. But we are saying you cannot use tobacco while you are at work. If you are ready to quit, we want to support your efforts.”



Clearly Communicate Your Intentions

- Internet, Intranet
- Pay check messages
- Signage
- Letter from CEO, President, or Chief Medical Officer
- Letters to staff
- Pamphlets for staff
- Pamphlets for residents
- Notice boards
- Posters and/or banners inside and outside building
- Appointment card announcements
- Prominently displayed countdown to the kick-off day

Inform outside providers and agencies

- Mental health and addictions providers
- Primary care clinics
- Criminal justice
- Public health
- School systems
- Mayor's office
- HMOs
- Medicaid office
- Homeless shelters



6 Provide Tobacco Cessation Support to Organization

Provide training to staff on:

- The association between mental illnesses, addictions and tobacco dependence
- Evidence-based pharmacotherapy and counseling
- Scope of work changes
- Brief screening and assessment tools
- Treatment planning & discharge planning
- Referral

Educate Staff & Patients

Behavioral Health & Wellness Program
University of Colorado Anschutz Medical Campus
School of Medicine

DIMENSIONS:
Tobacco Free Toolkit
for Healthcare
Providers

<http://www.bhwellness.org/resources/toolkits/>

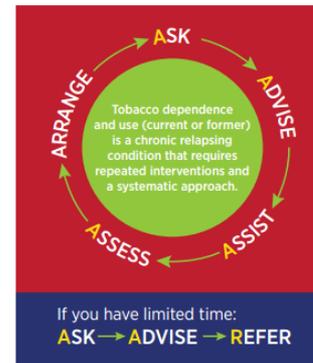
Planning for Change

Once you have assessed a person's readiness to quit, you can start developing a plan of care. However, much of this planning involves continuing to assess an individual's motivation and potential barriers to change. In addition, the plan needs to be individualized. Motivational interviewing techniques will be vital to assisting individuals to take the next step.



TIP: While Preparing for Change, Keep Your Assessment Hat On! Use those Motivational Interviewing Tools.

The 5 A's: Ask, Advise, Assess, Assist and Arrange



The U.S. Public Health Service Clinical Practice Guideline: Treating Tobacco Use and Dependence provides healthcare clinicians an onsite strategy for smoking cessation treatment that is built around the "5 A's" (Ask, Advise, Assess, Assist and Arrange). Knowing that providers have many competing demands, the 5 A's were created to keep steps simple. **Regardless of the patient's stage of readiness for a cessation attempt, the 5 A's are essential for every patient visit.**

The guideline recommends that all people entering a healthcare setting should be **asked** about their tobacco use status and that this status should be documented. Providers should **advise** all tobacco users to quit and then **assess** their willingness to make a quit attempt. Persons who are ready to make a quit attempt should be **assisted** in the effort. Follow-up should then be **arranged** to determine the success of quit attempts. The full 5 A's model is most appropriate for agencies and organizations that

have tobacco cessation medications and/or counseling and behavioral interventions available. In particular, settings providing integrated care (primary care and behavioral health) services are ideal as they have the expertise necessary for combined cessation treatment approaches.

For agencies and organizations that do not have tobacco cessation services readily available, the recommendation is the use of the first two A's (**ask** and **advise**) and then the agency can **refer** to available community services (this is referred to as the 2 A's & R model).

Regardless of the patient's stage of readiness for a cessation attempt, the 5 A's are essential for every patient visit.

6 Provide Tobacco Cessation Support to Organization

- Counseling
- Quitline
- Peer services
- Online resources
- Nicotine replacement therapies (NRT)
- Bupropion SR (Wellbutrin, Zyban)
- Varenicline (Chantix)



7

Provide Policy Support to Organization

- Train staff on enforcing policy, incorporating role play
- Educate clients, staff, administrators, and visitors on impact of policy implementation
- Collect pre-launch policy data



8 Finalize and Launch Policy

- Make sure signage is in place
- Inform visitors directly and indirectly
- Throw a kick-off celebration



8

Finalize and Launch Policy

- Neighborhood events
- Local and state health departments
- Tobacco-free coalitions
- Telephonic and web-based forums
- National events
 - Great American Smoke Out—the third Thursday of every November
 - World No Tobacco Day on May 31st each year



9

Monitor the Policy and Respond to Challenges

- Client, visitor, and employee violations
- Work with relapse, but the needs of the agency will outweigh the disruptions of any one client, visitor or employee



9

Monitor the Policy and Respond to Challenges

- Conduct regular post-implementation evaluations
- Meet with leadership team to review evaluation findings and recommend amendments
- Continue to support policy education and support throughout organization



10

Disseminate Innovation

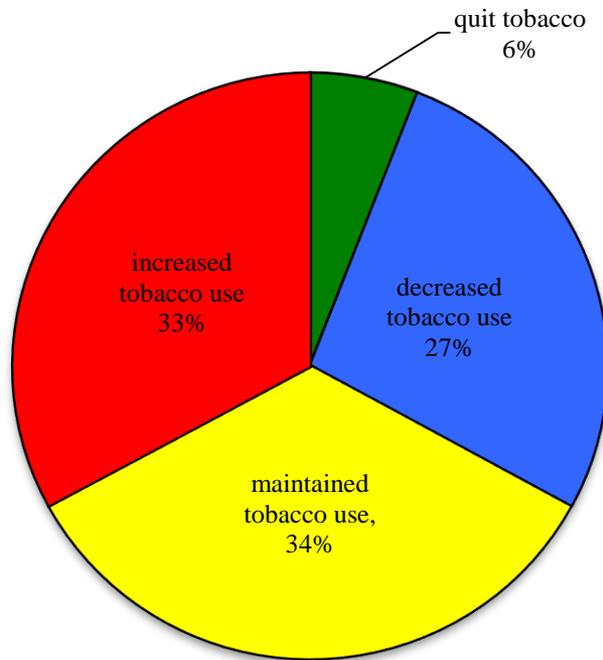
- Case study
- Submit for quality improvement awards
- Submit for recognition awards
- Share experience with partner organizations
- Join local coalitions to receive and provide support



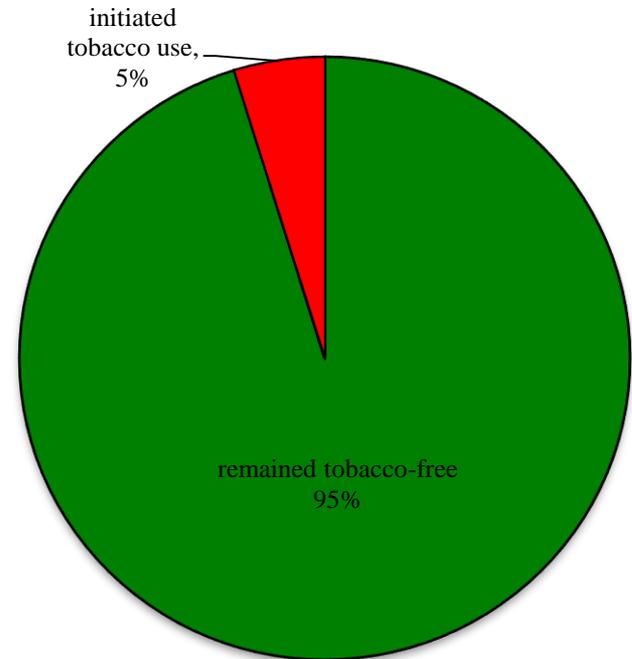
Colorado Example

Pre-Policy

- What Happened to Tobacco Users in Treatment:

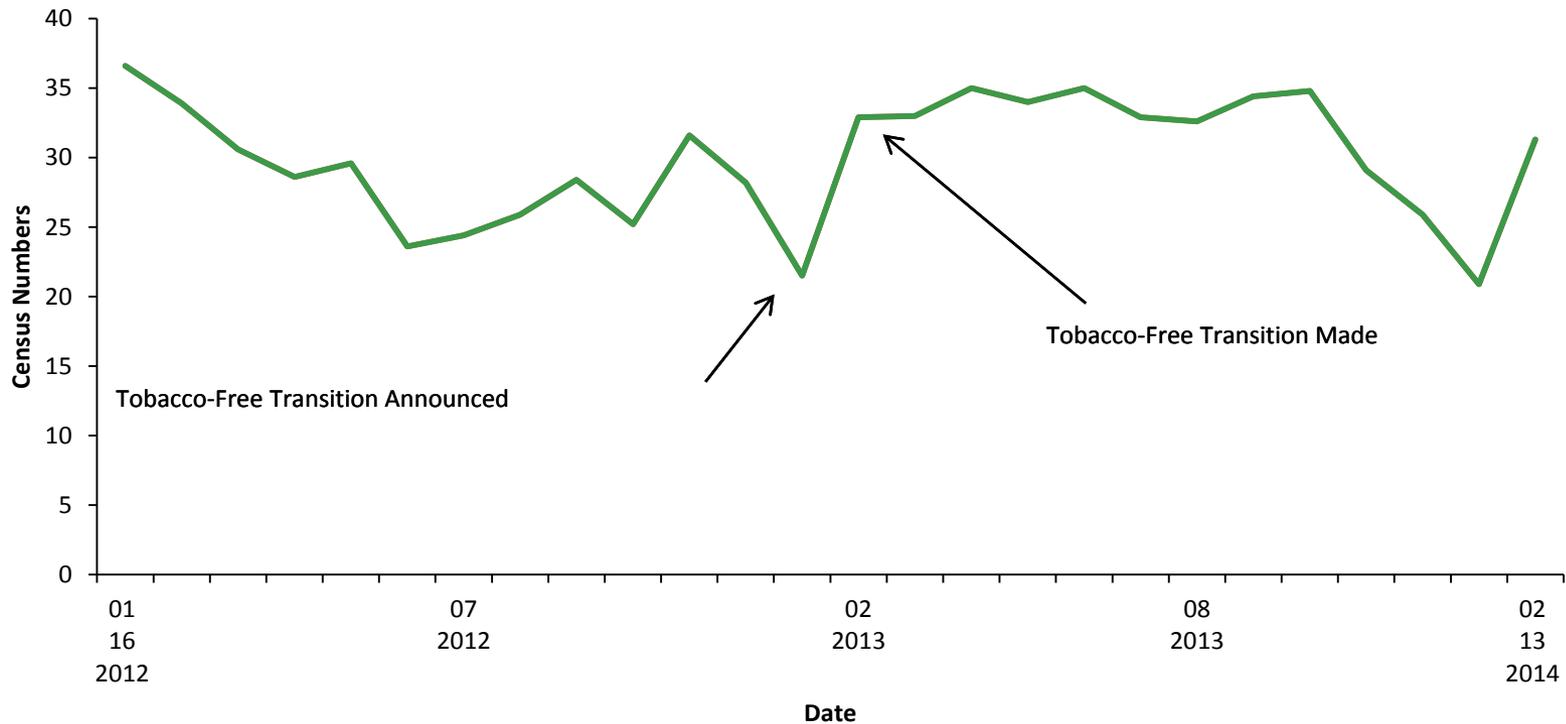


- What Happened to Non-Tobacco Users in Treatment:

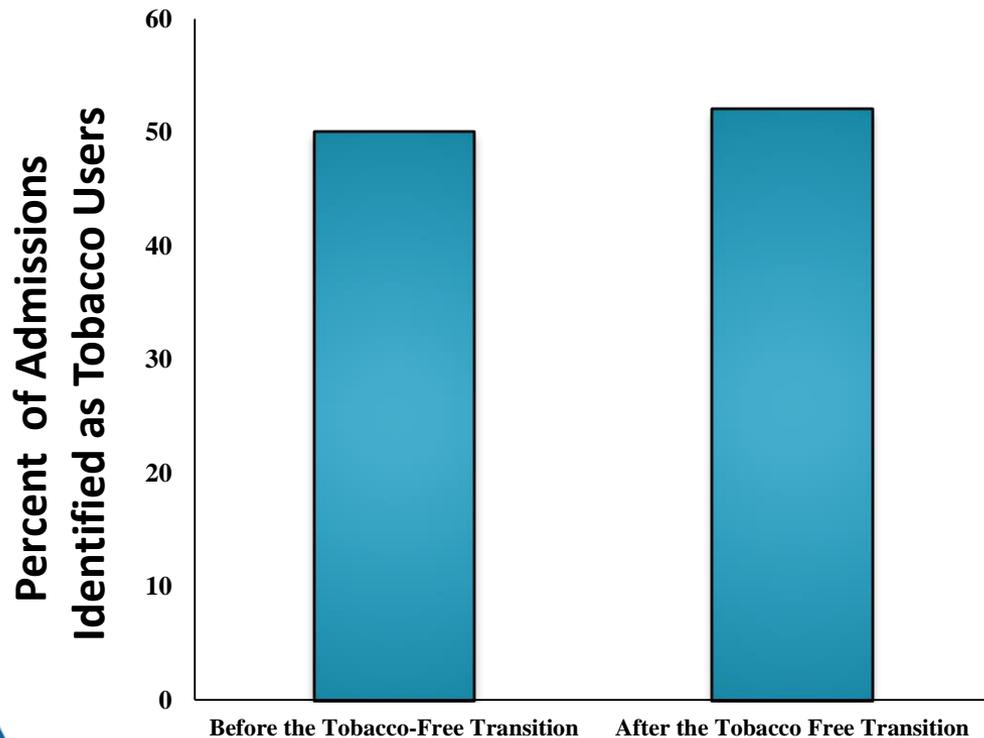


Census

Figure 1: CeDAR Census Data before and after tobacco free policy implementation



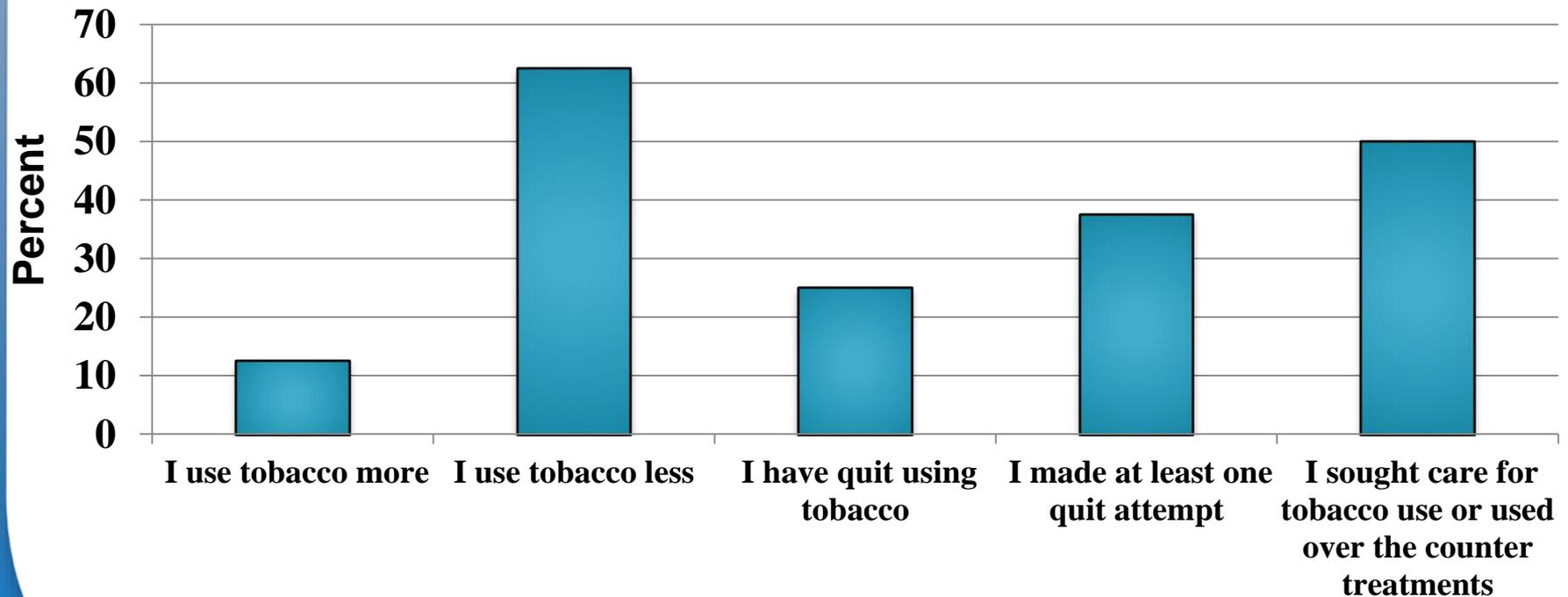
Outcomes: Individuals with Tobacco Use Disorders



- No decline in number of tobacco users coming to treatment
- 100% of tobacco-users reduce the amount of their tobacco use (improved from 33%)
- No tobacco-users increase the amount of their tobacco use (improved from 27%)
- They are nine times more likely to report planning to stop tobacco use at discharge (6% vs. 52%)



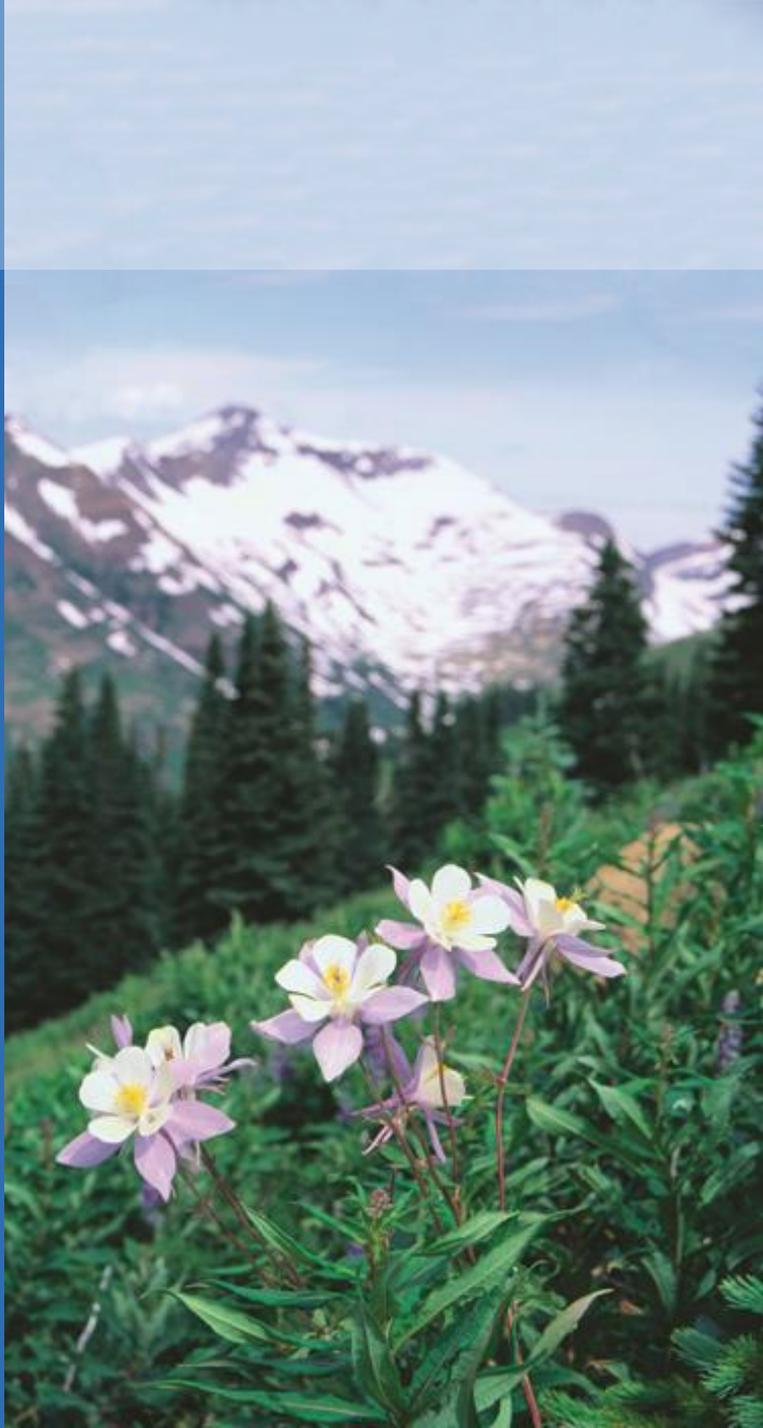
Outcomes: Staff with Tobacco Use Disorders



Post-Transition Status

- Improved census
- Improved treatment
- Improved quit rates
- Reduced adverse events
- Reduced triggering
- Reduced exposure to second-hand smoke



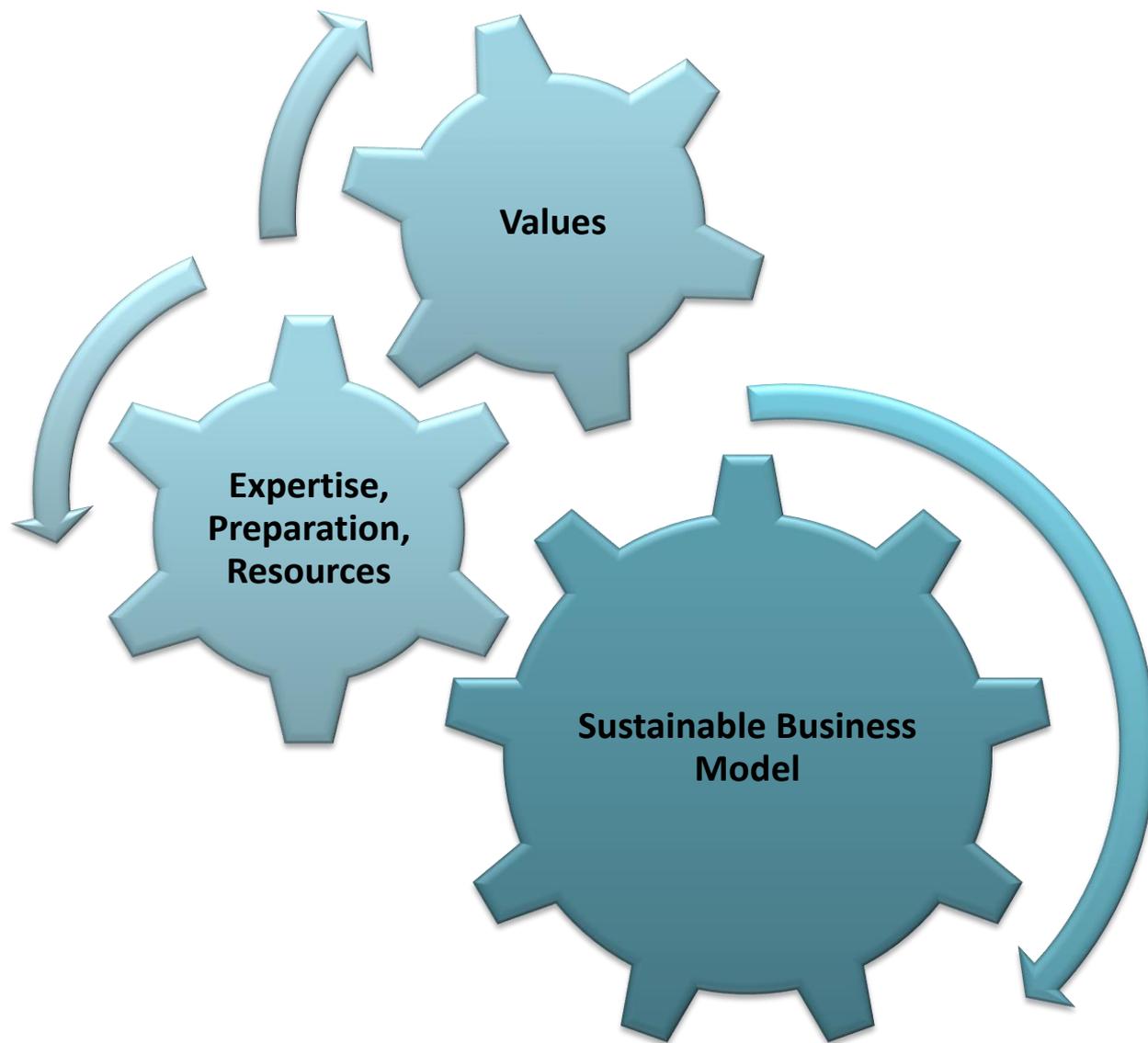


Integration Strategies

Implementation Hurdles

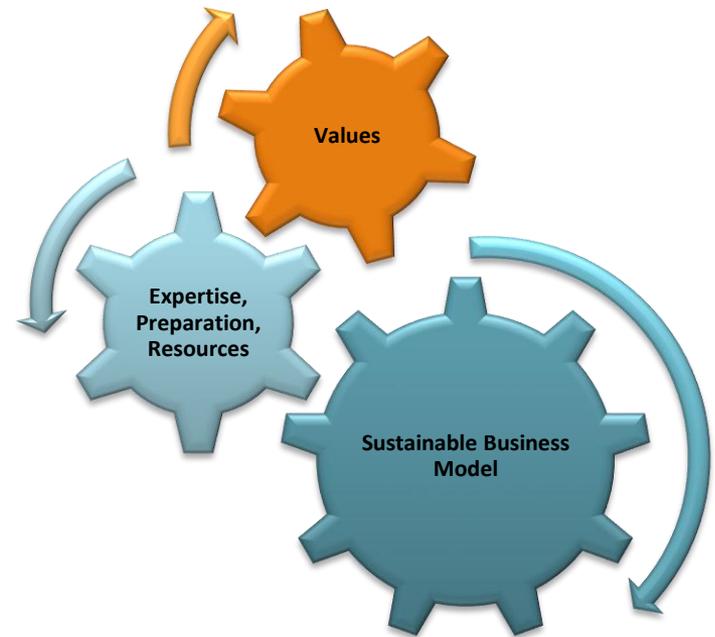
- Agency Culture and Climate
- Personal Impact
 - Workload/ Paperwork
 - Job security
 - Habit/ Motivation
- Awareness- Knowledge
 - Anxiety/ Fear
 - Beliefs
 - New skill sets
- Unprepared Systems





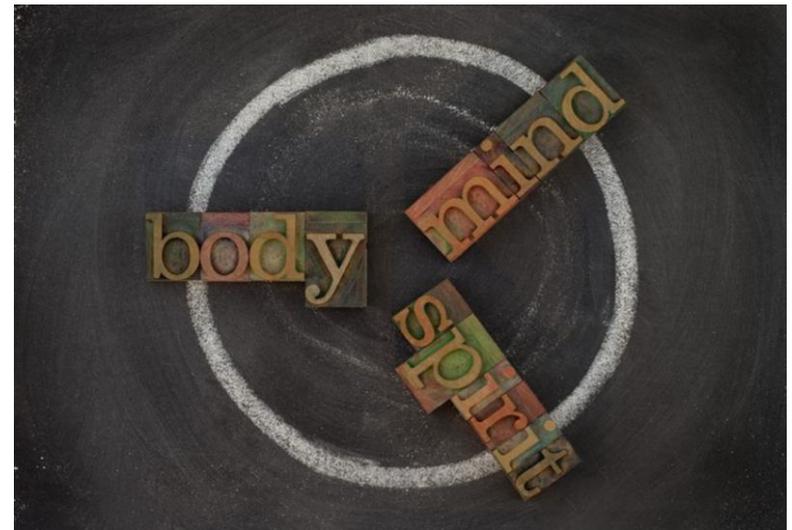
Organizational Values

How do the values of the organization inform the decision to prioritize or not prioritize tobacco cessation?



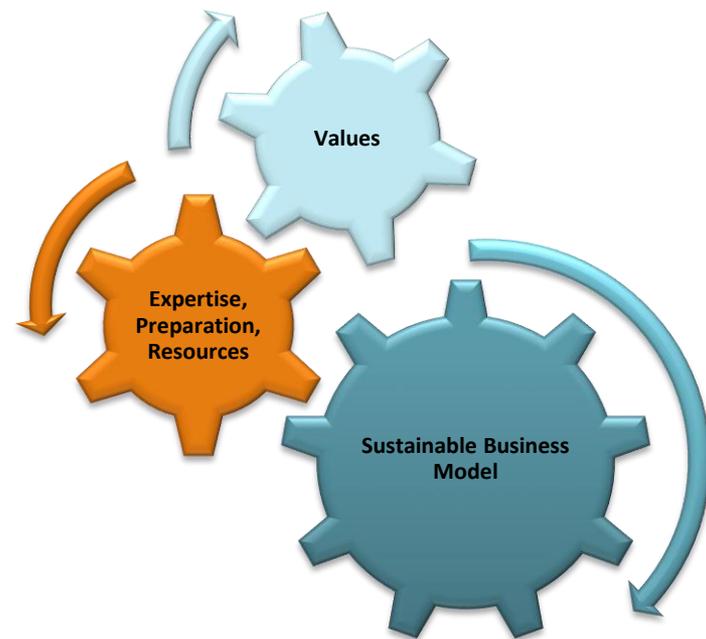
Agency Alignment

- Identify the Framing Context
 - Mission & Values
 - Co-Occurring/ Dual Disorders
 - Chronic Care/ Integrated Care
- Build a Clear Rationale
 - Tobacco as a Bridge
- Communicate
 - Intentions
 - Expectations
- Demonstrate Leadership



Organizational Assets

- What are the agency's strengths and resources that will facilitate success?
- What additional skills and resources does the agency need to ensure success?



Tobacco Dependence Treatment Does Not Need to Be in a Silo

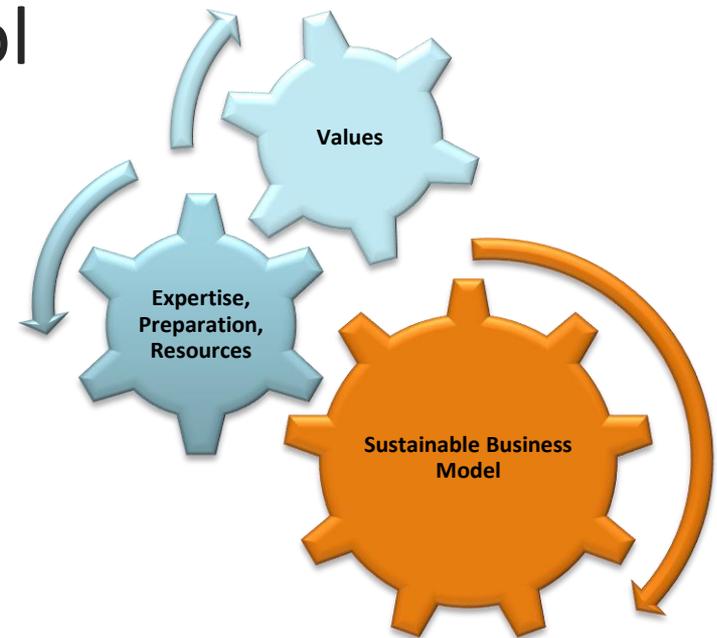


Chronic Care Model



Sustainability

What are agency plans for creating sustainable integration of tobacco control and prevention?



Electronic Health Records: An Opportunity

Identified as an opportunity to:

- Save time, space, and money
- Identify high-risk individuals
- Improve the quality of care
- Strengthen the continuum of care
- Communicate information more efficiently
- Reduce medical errors
- Improve legal and regulatory compliance



Hillestad et al., 2005; Hivert et al., 2009; Shea & Hripcsak, 2010

EHR Domains

Richter et al. UKanQuit,
University of Kansas Hospital

Tobacco Treatment - Tobacco Use

Time Taken:
Date: 11/29/2010 Show Last Filed Value
Time: 1232 Show Row Info
****To flag data as significant, right click on the row name****

[-] Unable To Assess
Unable To Assess

Last Filed Value:
****No data filed****

[-] Tobacco Treatment
Select "Yes" If Patient
Has Used Tobacco
In Last 12 Months;
Otherwise, Select
"No"

Last Filed Value:
No taken at 09/29/10 0849 by Pat Bates

Tobacco Cessation
Brochure Given?

Last Filed Value:
Yes taken at 02/27/09 0700 by Margaret Turner

Nurse/Patient
Requests A Tobacco
Treatment Specialist
Consult

Last Filed Value:
Completed taken at 02/27/09 0700 by Margaret Turner

Nurse/Patient
Requests Medication
To Prevent
Withdrawal

Last Filed Value:
Not Applicable taken at 02/11/09 1104 by Ann Powell

How Many Years Did
You Smoke?

Screening:
ID smoking status

Treatment:
Offer counseling

Treatment:
Offer medications

Billing Diagnosis and Codes

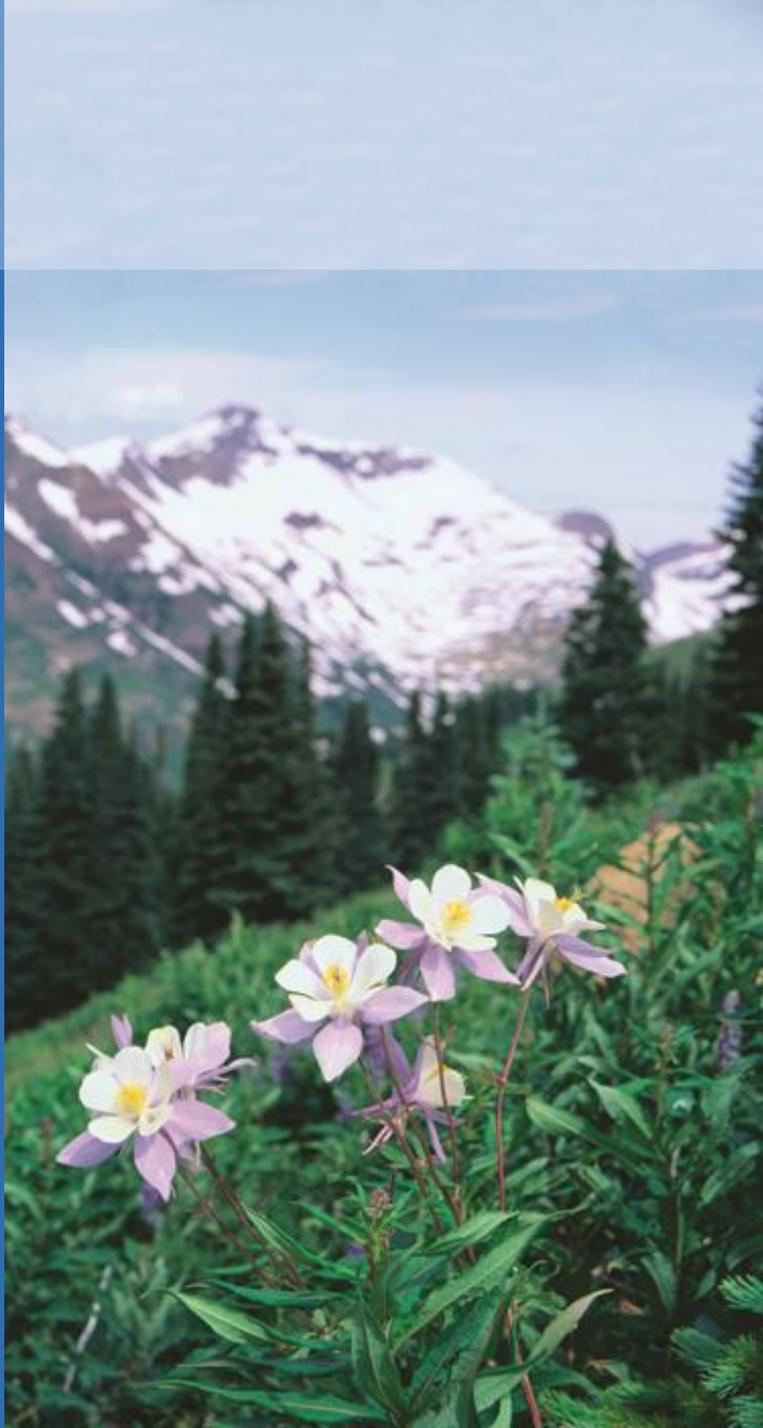
Diagnosis & Treatment	Codes
Tobacco Use Disorder Diagnosis	305.1
Personal History of Tobacco Use	V15.82
Symptomatic Tobacco Use Counsel 3-10 min	99406
Symptomatic Tobacco Use Counsel >10 min	99407
Asymptomatic Tobacco Use Counsel 3-10 min	G0436
Asymptomatic Tobacco Use Counsel >10 min	G0437

*Group sessions by a physician, 99078 and other qualified individuals S9453 may also reimbursable

Upcoming ICD-10 Codes

- ICD-10 Codes: F17.2 Nicotine Dependence
 - F17.20 Nicotine dependence, unspecified,
 - F17.21 Nicotine dependence, cigarettes;
 - F17.22 Nicotine dependence, chewing tobacco,
 - F17.29 Nicotine dependence, other tobacco product





Strategic Planning

Systems Change



Potential Actions and Indicators

- Rapid Transition Committee/ Workgroup
- Policy Example
 - Timeline Set
 - Policy Drafted
- Clinical Example
 - Training in Treatment Guidelines
 - Individual and Group Interventions Scheduled
- System Example
 - Roles and Responsibilities Clarified- HR
 - Screening and Assessment/ EHR
 - Integration into Treatment Planning

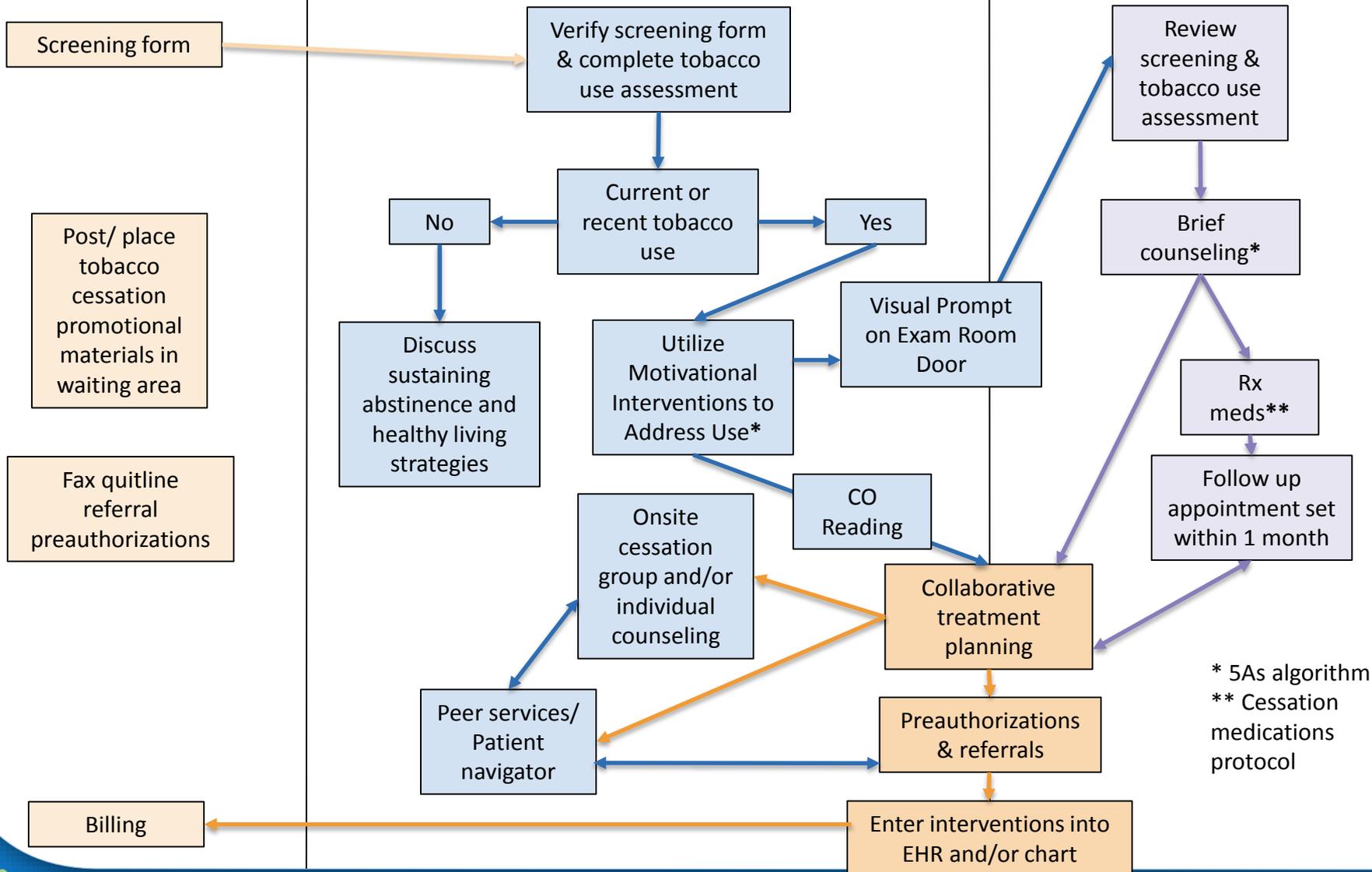


Tobacco Cessation Workflow

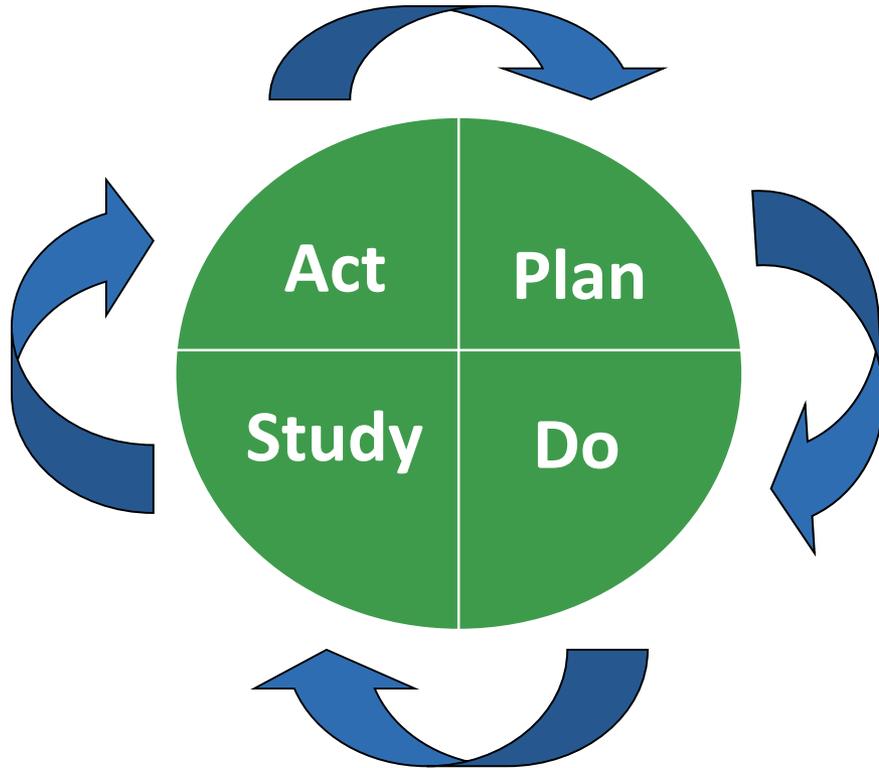
Front Desk/ Admin

Clinician/ Medical Assistant (5A's Model)

Physician (2A's & R Model)



Plan-Do-Study-Act Process

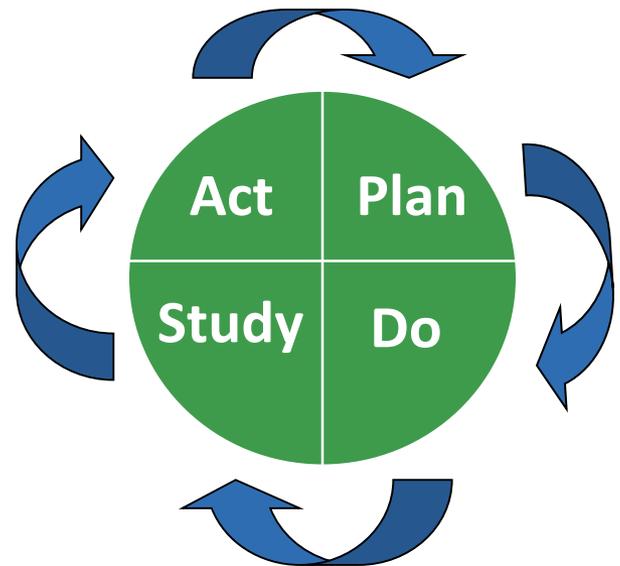


Three key questions:

- What are we trying to accomplish?
- How will we know a change is an improvement?
- What change can we make that will result in improvement?

Steps for PDSA Process

- **Plan:** Decide what change will be made, who will do it, and when it will be done
- **Do:** Carry out the change
- **Study:** Ensure that you leave time to reflect and use experience of change to discuss results
- **Act:** Based on what you learned, what will your next plan be? What will be different?



Change Exercise

Importance Ruler

On a scale from 0 to 10, how IMPORTANT is it for you to change RIGHT NOW?



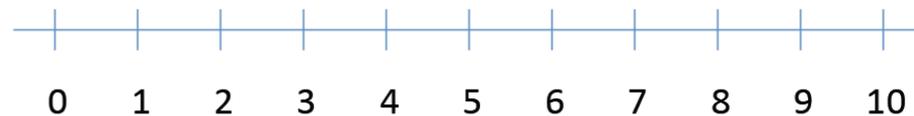
Confidence Ruler

On a scale from 0 to 10, how CONFIDENT are you that you can change RIGHT NOW?



Readiness for Change Ruler

On a scale from 0 to 10, how READY are you to take steps towards change RIGHT NOW?



Control Ruler

On a scale from 0 to 10, how much CONTROL do you have over your ability to make positive change RIGHT NOW?



DIMENSIONS Action Plan

Name: _____ Date: _____

Training Location: _____

Organization Name: _____

Best Way to Contact You:

Email: _____

Phone: _____

Position (check all that apply):

Administrator Other (specify): _____

Peer Advocate _____

Provider _____

DIMENSIONS training attended:

Tobacco Free Policy – Fundamentals

Tobacco Free Program – Advanced Techniques

Tobacco Free Program – Fundamentals

Well Body Program – Advanced Techniques

Well Body Program – Fundamentals

Other (specify): _____

Readiness for change (check one):

Pre-contemplation: *Not considering change*

Contemplation: *Considering change*

Preparation: *Making concrete plans for change*

Action: *Actively taking steps toward change*

Maintenance: *Sustaining changes already made*

Based on readiness for change, I will work to achieve the following goal(s) over the next 3-6 months.

Consider SMART goal criteria (Specific, Measurable, Achievable, Realistic, Timely).

Goal #1:

Completion of Goal #1 will be evidenced by:

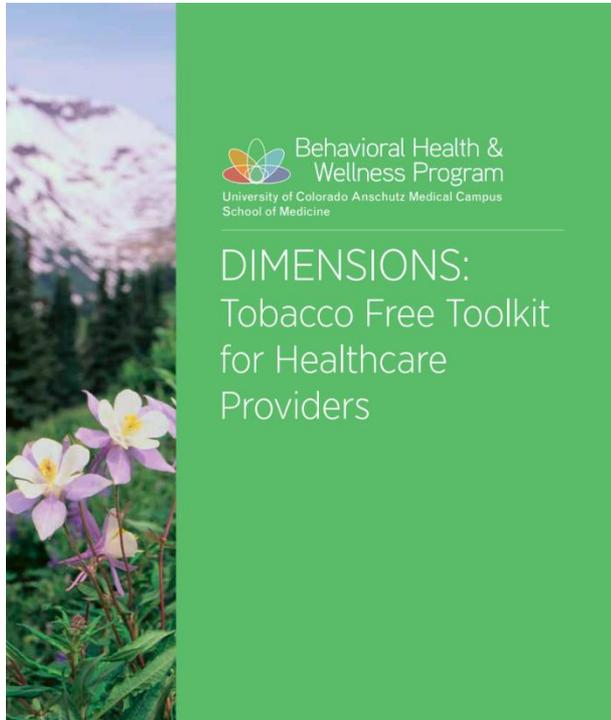
Potential barriers to achieving Goal #1:

Goal #2:

Completion of Goal #2 will be evidenced by:

Potential barriers to achieving Goal #2:

Resources



<http://www.bhwellness.org/resources/toolkits/>



SMOKING CESSATION
LEADERSHIP CENTER

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



NATIONAL BEHAVIORAL
HEALTH NETWORK
FOR TOBACCO & CANCER CONTROL

www.thenationalcouncil.org/consulting-best-practices/national-behavioral-health-network-tobacco-cancer-control/

Behavioral Health & Wellness Program

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www.bhwellness.org



Behavioral Health and
Wellness Program



BHWP_UCD