Addressing Tobacco Use in the Behavioral Health Population

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Outline

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Tobacco use is the leading cause of preventable disease, disability, and death in the US.

Maryland:

- The highest percentage (66.0%) of adult smokers who have made a quit attempt in the past year.

- For every $1.00 spent on tobacco cessation treatment, there is an average potential return on investment of $1.34.

- Annual costs of smoking-caused health problems: $1.96 Billion.

(Kalman, 1998; Holbrook & Kaltenbach, 2011; Prochaska et al., 2004)
Introduction

**Tobacco and Substance abuse**

Smoking rates are estimated to be as high as **74% to 88%** among individuals with substance abuse problems (and up to **85% to 98%** for individuals in Methadone-Maintenance programs).

Individuals who abuse substances:
• Tend to start smoking at a younger age
• Are more likely to be heavy smokers
• Are more nicotine dependent
• Experience greater difficulty with quitting

**Tobacco and Mental Health**

» Tobacco use among persons with mental illness is **2 to 4 times** as great as among the general U.S. population.

» “In general, the more severe the psychiatric condition, the higher the smoking prevalence.”

Prochaska et al., 2013; Schroeder & Morris, p. 299, 2010
Center for Tobacco Prevention and Control, Maryland Department of Health and Mental Hygiene

» **Organization Goal** to create a tobacco free Maryland

» **Brings together** community partners, state agencies, and local health departments to implement evidence-based strategies to prevent and reduce tobacco use in the state of Maryland.

» **CTPC oversees local and statewide initiatives** modeled on the “best practices” recommendation from the Center for Disease Control and Prevention (CDC).
Programs and projects

» Youth Risk Behavior Survey / Youth Tobacco Survey
» Maryland Tobacco Quitline
» Statewide & Local Tobacco Control Initiatives
» Maryland Comprehensive Cancer Control Plan

The Maryland Initiative

» Maryland was selected as the 4th State for SCLC Leadership Academy for Wellness & Smoking Cessation
» 28 leaders in public health, behavioral health and tobacco control came together to focus on reducing smoking prevalence among people with behavioral health disorders.
» Partners from DHMH, ADAA, MHA, academic institutions, community & peer groups.
Internship Goals and Objectives

- **Review** Maryland specific statistics on Tobacco use in the mental health and substance abuse.
- **Review literature** and current communication materials for this population
- Integrate the data and literature and **develop content for a toolkit** to be used by healthcare providers highlighting the importance of quitting in this special population.
- **Develop content for a brochure** for the family members and patients themselves, giving information of available resources and social and peer support groups
Methods

» Data review and pooling of statistics from MDQuit and State specific statistics.

» Information from previous campaigns by the State and other states and agencies.
  Eg. Dimensions, Rx for change

» Integrate statistics and literature to put together content that will ultimately be used by the contactor
Ambitious Goals: Smoking Reduction Rates in Maryland’s Behavioral Health Clients

Maryland Academy Baseline & Target
Adult Addictions & Mental Health Clients

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Addictions | Mental Health

- Baseline 2010: 71.80%
- Target 2014: 57.44%
- Baseline 2010: 47.80%
- Target 2014: 38.24%
Needs Assessment/Gap Analysis

• Results from a survey of BH providers across the State.
• Completed surveys from ADAA & MHA clinics statewide:
  • 83 (of 160) Mental Hygiene Administration (MHA) clinics with 556 provider responses.
  • 63 (of 155) Alcohol and Drug Abuse Administration (ADAA) clinics with 340 provider responses.
• Examined provider knowledge of policy, presence of programs and views of client smoking.
Desired Resources by Agency Type

Information, Staff Materials, Training, Community Resources, Support Groups, Access to Quitlines, NRT, Medication, Don’t Need, Don’t Know

MHA
ADAA
Problems Identified

• More information and training needed for providers to effectively intervene with tobacco use among their clients.
• While smoking rates have been declining they are nowhere close to the 20% reduction goal that was set in 2011
• Most of the substance abuse population wants to quit but studies have shown that only 3-5% succeed in the absence of outside help.
Common Provider Myths
Smoking Cessation in Substance Abuse Treatment

Myth #1:
- If someone in substance abuse treatment has to give up smoking too, they will just drop out or might have increased chance of relapse.

Myth #2:
- Health care professionals can help the general population quit smoking more easily than helping someone who is also quitting another substance as well.

Myth #3:
- People who are willing to address their substance use problems are probably less motivated to quit smoking.

Myth #4:
- If a person has substance abuse issues, their smoking is much more benign in terms of health risks and concerns and can be addressed later.
## Results: Toolkit

### Drug regimen and precautions to be taken for treating Tobacco Addictions

<table>
<thead>
<tr>
<th>Product</th>
<th>Dose</th>
<th>Use</th>
<th>Adverse effects and contraindications</th>
<th>Advantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gum *</td>
<td>&gt;25 cigarettes/day: 4mg &lt;25 cigarettes/day: 2mg Max 24 pieces/day Duration: up to 12 weeks</td>
<td>Chew each piece slowly Park between gum and cheek if peppery or tingling sensation occurs and resume when it fades No food or beverage 15 min before and during use</td>
<td>Mouth/jaw soreness Hiccups Dyspepsia Hyper salivation If chewed incorrectly: Lightheadedness Nausea/vomiting Throat and mouth irritation</td>
<td>Might satisfy oral cravings May delay weight gain Patients can titrate dose to manage withdrawal Flavors</td>
</tr>
</tbody>
</table>

| Lozenge* | 1st cigarette <30 min after waking: 4mg 1st cigarette >30 min after waking: 2mg Max 20 lozenges/day Duration: up to 12 weeks | Allow to dissolve slowly Do not chew or swallow Occasionally rotate to different areas of the mouth No food or beverage 15 min before and during use | Nausea Hiccups Cough Heartburn Headache Flatulence Insomnia | Might satisfy oral cravings May delay weight gain Patients can titrate dose to manage withdrawal Flavors |

### Intervention planning

#### The 5 A’s of Intervention for patients with mental illnesses

<table>
<thead>
<tr>
<th>Action</th>
<th>Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ask every patient at every visit, including hospital admissions, if they smoke.</td>
<td>• Establish an office system to consistently identify tobacco use status at every visit. • Determine what form of tobacco is used and the frequency of use • Make note of patients exposed to secondhand smoke.</td>
</tr>
<tr>
<td>Advise every tobacco user to quit.</td>
<td>Clear: “As your clinician, I want to provide you with some education about tobacco use and encourage you to consider quitting today.” Strong: “As your clinician, I need you to know that quitting smoking is the most important thing you can do to protect your health now and in the future. Personalized: Tie tobacco use to current health/illness, its social and economic costs, motivation level/readiness to quit, and/or the impact of tobacco use on children and others in the household.</td>
</tr>
<tr>
<td>Advise in a non-judgmental manner</td>
<td>Refer persons interested in quitting if you do not have time</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ask 1 min</th>
<th>Advise 1 min</th>
<th>Refer 2 min</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ask every patient at every visit, including hospital admissions, if they smoke.</td>
<td>Advise every tobacco user to quit.</td>
<td>Refer persons interested in quitting if you do not have time</td>
</tr>
</tbody>
</table>

• Provide information on local smoking cessation resources such as the state’s quitline 1800-QUIT NOW (1800-784-8669). • Request written consumer permission to fax their contact information to a quit line or other program. Inform the patient the cessation program staff will contact them. • Document the referral and follow up on every visit on the current tobacco use and success with cessation.
Results: Brochure

Resources:
Call 1800-Quit-Now for immediate counselling and talk to our quit coach
211 for other services (??)
Visit www.smokefree.gov
Visit www.nicamar.homestead.com or http://www.nicotine-anonymous.org/
For Nicotine anonymous meeting schedules in the Mid-Atlantic Region

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Drug | Cost
---|---
Nicotine gum | $3.82-$4.50 (9 pieces)
Lozenge | $4.55-$5.37 (9 pieces)
Nasal spray | $2.79 (With average daily use)
Transdermal patch | $2.71-$3.57 (1 patch)
Oral inhaler | 11.07 (6 cartridges)
Distribution of Behavioral Health Posters
Limitations and Challenges

» Short time period:
  > Content was developed, however not yet used by the contractor to start initial testing and implementation

» A lot of material is available but not compiled together and takes time to go through everything and ensure there is no duplication of efforts.
Lessons learnt

» The importance of interagency collaborations for improving services and increasing awareness about tobacco cessation.
» The continued need to include and target vulnerable populations in tobacco cessation efforts.
» The importance of visuals and media in creating awareness not only among patients but also providers.
» Got the opportunity to learn about the current developments in tobacco cessation and deepened understanding of tobacco cessation efforts on a macro-level.
Policy recommendations

• We need to further collaboration to expand training and technical assistance to behavioral health programs (administrators, staff and patients) statewide.
• Focus on reaching Statewide BH clinics and agencies with the highest prevalence of tobacco users.
• Distribute behavioral health posters to substance abuse and mental health clinics across Maryland.
• Presence of visual reminders for providers in the form of posters can be effective in increasing rate of tobacco cessation counselling and referrals.
References


5. University of California San Francisco School of Pharmacy The Rx for change: clinician-assisted tobacco cessation curriculum Available at: http://www.rxforchange.org Accessed May 1, 2014.
Questions/Comments

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