



**Office of
Mental Health**

Addressing Tobacco from a Rehabilitation Perspective: Key Factors for Implementing Successful Tobacco Interventions in Behavioral Health Services

**NYAPRS Rehabilitation and Recovery Academy
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Training Objectives

1. Participants will learn about the health consequences of tobacco use and the particular impact on people with behavioral health conditions.
2. Participants will become familiar with the negative impact of tobacco use on recovery and community inclusion.
3. Participants will gain an understanding of the elements of implementing successful tobacco interventions in behavioral health settings.

Tobacco Use and SMI: Targeted for Poor Health and Early Mortality

Smoking and Death Rates

Smoking is the leading cause of preventable death.

https://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm

Cigarette smoking is responsible for more than 480,000 deaths per year in the United States, including more than 41,000 deaths resulting from secondhand smoke exposure.

www.cdc.gov/tobacco/data_statistics/sgr/50th-anniversary/index.htm 2014

Smoking kills more people than alcohol, AIDS, car accidents, illegal drugs, murders, and suicides combined, with thousands more dying from spit tobacco use.

www.tobaccofreekids.org

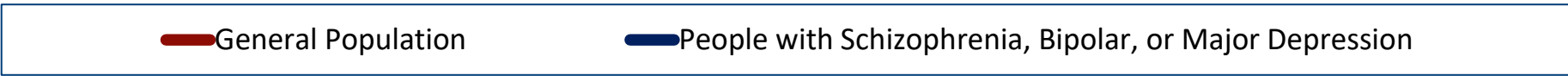
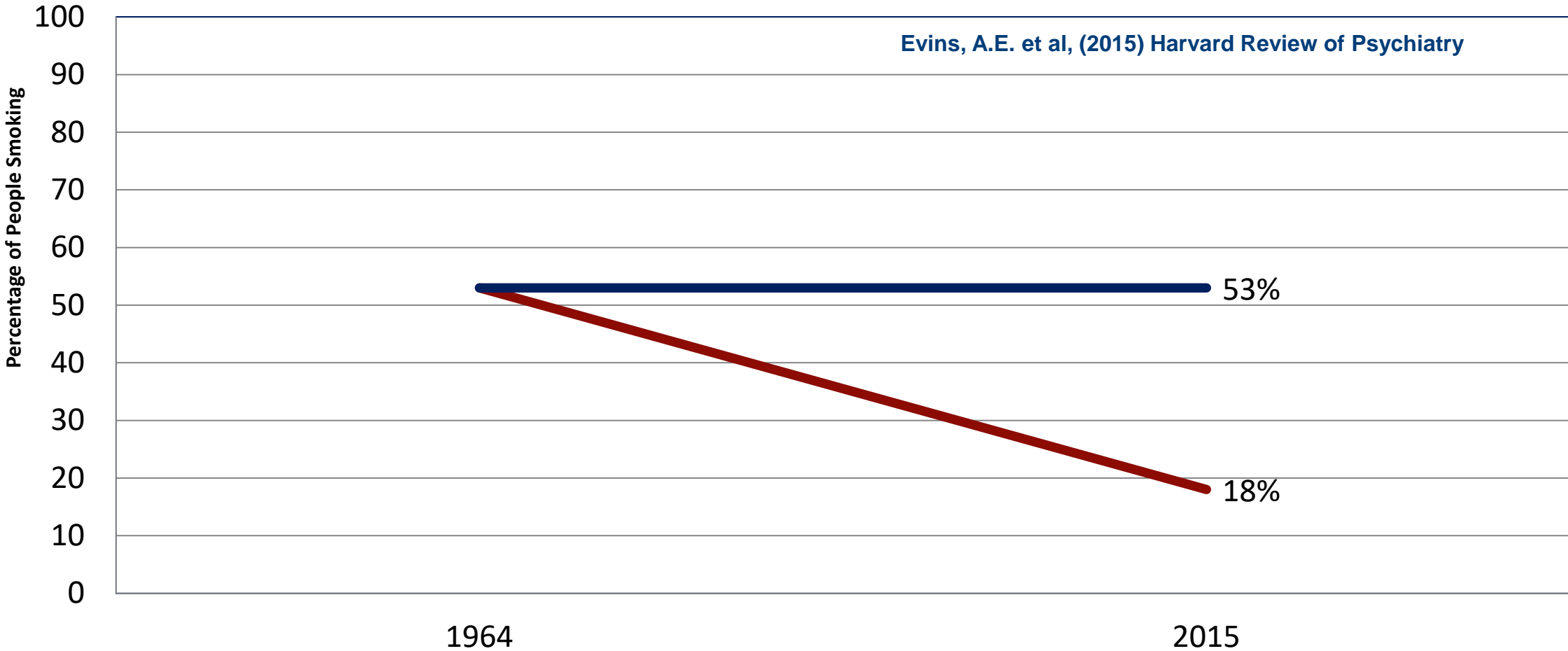


Tobacco Use & Behavioral Health

- Individuals with MI account for about 25% of the adult population, but consume almost 40% of cigarettes sold in the USA
- Smoking prevalence for those with AMI is 2-3 times higher than the overall population
- Highest rates in persons with schizophrenia and bipolar disorder
- Individuals with SMI who are receiving services in public MH system tend to be heavier smokers and extract more nicotine for each cigarette they smoke*

Smoking Rates

Evins, A.E. et al, (2015) Harvard Review of Psychiatry



Why is There A Health Inequity?

- Stress
- Hopelessness and Boredom
- Smoking Culture in the Behavioral Health System
- Lack of Staff Training
- Tobacco Marketing

Role of the Tobacco Industry (1970's-1990's)

- Targeted marketing to homeless population (high % people with SMI); RJ Reynolds: Project SCUM (Subculture Urban Marketing)
- Cultivated relationships with service organizations, shelters and MH facilities through sponsorship and donations.
- Provided free cigarettes to mental health & homeless facilities

Apollonio & Malone (2005) Journal of Tobacco Control

- Monitored or directly funded research supporting the idea that individuals with schizophrenia are less susceptible to the harms of tobacco and that they need tobacco as self-medication

Prochaska, et. al. (2008). Schizophrenia Bulletin.

Role of the Tobacco Industry RIGHT NOW

- Marketing campaigns target low-income neighborhoods.
- People who have a serious mental illness are twice as likely as the general population to live in a neighborhood with lots of stores that sell tobacco and high levels of tobacco advertisements.
- E-cigarettes marketed as a cessation tool; marketed to young people.



Role of the Mental Health System

- Use of cigarettes as reward or incentive
- Belief that smoking cessation results in decompensation or takes away the “only pleasure”
- 1990 JCAHO Hospital Smoking Ban: AMI/FAMI successfully advocated for smoking areas in MH facilities; "it is inhumane to rob these patients of their autonomy and dignity by infringing on one of the few remaining freedoms historically allowed patients.” *

**Prochaska and Hall; (2008) Schizophrenia Bulletin*

Role of the Mental Health System RIGHT NOW

- Belief that smoking cessation results in decompensation or takes away the “only pleasure”; people with SMI don’t want to quit.
- Only 39 percent of mental health treatment facilities in the United States provided cessation counseling.
- Only about 25 percent of these facilities offered nicotine replacement therapy and/or other tobacco cessation medications.
- About 50% of mental health treatment facilities had smoke-free policies both inside and outside their facilities (SAMHSA, 2017).
- Implementing Tobacco Cessation Treatment for Individuals with Serious Mental Illness: A Quick Guide for Program Directors and Clinicians https://store.samhsa.gov/sites/default/files/d7/priv/pep19-02-00-001_0.pdf

Smoking and COVID-19

- You can't smoke and properly wear a face covering.
- Sharing cigarettes and gathering in “smoking circles” is even riskier behavior due to COVID.
- Among young people who were tested for the virus that causes COVID-19, the research found that those who vaped were five to seven times more likely to be infected than those who did not use e-cigarettes. *Stanford University School of Medicine, 2020*
- “At the time of this study, the available evidence suggests that smoking is associated with increased severity of disease and death in hospitalized COVID-19 patients” *World Health Organization, June 2020.*

Bottom Line (Health and Mortality)

- Smoking Disproportionately Impacts People with Behavioral Health Conditions
- People with SMI Die 10-25 Years Prematurely Largely Due to Tobacco Use

Tobacco Use as a Barrier to Recovery and Community Inclusion

What do these settings have in common???



How might tobacco use impact achieving a recovery goal?

Think of someone you know who uses tobacco. How might tobacco use impact their recovery and achievement of life role goals?

Please enter your response in the chat box!

Consider this....

1. Employer interviews two qualified candidates. One of the candidates has a strong tobacco odor.
2. College student comes to lecture late, leaves early and/or steps out in the middle of class to have a cigarette.
3. Increasingly, smoking is prohibited in community (public & private) housing.
4. Person doesn't attend family gathering because smoking is prohibited on the 2 hour bus ride.

Bottom Line (Community Inclusion)

- Smoking may jeopardize employment, housing, educational and social opportunities
- Smokers may be less likely to leave settings where it's easy to smoke due to anxiety about withdrawal symptoms
- Smoking has increasingly become a stigmatized behavior

Mission Essential

Our collective mission is to promote recovery, wellness, community inclusion and social justice.

Addressing tobacco use is essential to achieving our mission.



Key Factors for Implementing Successful Tobacco Interventions

What doesn't work???

Please enter your observations in the chat box!!!

What usually doesn't work?

- Ignoring the issue
- Asking once and ignoring the issue
- Asking when required and ignoring the issue
- Not being mindful regarding Stage of Change
- Hammering people about health risks
- Not linking to personally meaningful benefits
- Lack of familiarity with addiction, COD and treatments



I. Agency Commitment and Culture

- Leadership Buy-in
- Mission and Policies
- Job Descriptions & Staff Competencies
- Support for Staff Training
- Quality Measures

II. Screening and Assessment

- Fagerstrom Test for Nicotine Dependence
- E-cigarettes (“vaping”)
- Stage of Change
- Past Quit Attempts: what worked?
- Prompts for diagnosis (Tobacco Use Disorder)
- HCBS: “Sniff” Test; Does the person smoke/vape?; Does this create a barrier?; Collaborate with clinical treatment provider.
- Resources: <https://nyctcttac.org/our-tools/>

III. EBP: Matching Stage of Change with Stage of Treatment:

Poster: <http://www.easacommunity.org/Toolkit/IDDT%20Poster.pdf>

Stage of Change	Stage of Treatment
Pre-contemplation	Engagement
Contemplation Preparation	Persuasion
Action	Active Treatment
Maintenance	Relapse Prevention

Do you think about quitting?

If no:

1. Validate that you hear the person's response; focus on engagement.
2. As appropriate, help them understand smoking rules in their chosen roles/settings; problem solve about coping strategies for withdrawals including the possibility of using NRT in non-smoking environments---but don't nag about quitting!

If yes, ask about the time frame:

1. If less than 6 months, encourage them to learn about treatment options to prepare. Collaborate with treatment provider.
2. If more than 6 months, help them explore the pros and cons of quitting. What do they enjoy about smoking and how will they replace it? Who will support them? How will they cope with smoking prohibitions in chosen settings?

IV. Discuss Tobacco in the Context of Personally Meaningful Recovery Goals

- Does current tobacco use present any possible barriers to achieving recovery goals?
- What are pros and cons of continued use?
- What are strategies for minimizing barriers if person is not ready to quit?
- Quitting is NOT the only option!

V. Staff Expertise

Basic understanding of nicotine and withdrawals

- Nicotine is highly addictive not carcinogenic;
- Tobacco Use Disorder is an addiction, not a “habit”
- “Withdrawal-Use-Relief” Loop

Basic understanding of available treatments

- Varenicline (“Chantix”) is most effective treatment
- 5 Types of NRT; Recommend combination treatment: Patch plus one fast-acting

Up-to-date Information

- FDA: Chantix black box warning revoked
- FDA: okay to use two types of NRT; okay to smoke and use NRT

Nicotine 101: Why Tobacco is Addictive

- Nicotine is a non-carcinogenic chemical in tobacco that is highly addictive
- Nicotine activates the dopamine reward pathway in the brain (creating a pleasurable “buzz”) and reinforces the need for tobacco
- Person becomes dependent on nicotine to obtain a sense of pleasure and to avoid unpleasant withdrawal symptoms

Nicotine Withdrawal

- Irritability/frustration/anger
- Anxiety
- Difficulty concentrating
- Restlessness/impatience
- Depressed mood
- Insomnia
- Increased appetite/weight gain
- Cravings



VI. MD/NPP Support for Prescribing Tobacco Treatment Medications

- One less step; coordinate treatment and counseling
- Impact on psychotropic medications
- NYS Medicaid covers 5 NRT products, varenicline and bupropion; unlimited trials when prescribed
- Medicare: does not cover OTC (Patch, Gum, Lozenge)
- Commercial Insurance: varies but usually offers some coverage

Varenicline (Chantix)

- Most effective treatment intervention for TUD
- Reduces cravings and decreases the pleasurable effects of tobacco
- Proven to be safe and without serious adverse events or exacerbation of psychiatric symptoms, both in general and for patients with SMI

Varenicline (Chantix)

- Most common side effects: nausea, headache, insomnia and abnormal dreams.
- BH prescribers & consumers may have concerns due to prior FDA “black box” warning.

Nicotine Replacement Therapy (NRT)

“NRT reduces withdrawal feelings by giving you a small controlled amount of nicotine---but none of the other dangerous chemicals found in cigarettes. This small amount of nicotine helps satisfy your craving for nicotine and reduces the urge to smoke...NRT is safe and effective.”

Smokefree.gov

NRT Products

- Nicotine Patch (OTC)
- Nicotine Gum (OTC)
- Nicotine Lozenge (OTC)
- Nicotine Inhaler
- Nicotine Nasal Spray

NRT Education Video

In this 15-minute video, learn how Nicotine Replacement Therapy products can be used to manage tobacco cravings and withdrawal symptoms when you're in a place where you can't smoke...even if you're not ready to quit smoking! Get detailed information about how to properly use all 5 NRT products so that you get maximum relief.

URL:

<https://www.youtube.com/watch?v=UOEpWE8GY0Q>

Bupropriion (AKA Wellbutrin, Zyban)

- Anti-depressant which also reduces cravings and maybe mood changes from nicotine withdrawal
- Risks: headache, seizures, interactions with other psychiatric medications, anxiety, insomnia, mood changes
- Contraindications: seizures, eating disorders; (guarded use) bipolar spectrum
- Start 10-14 days prior to quit date
- Can use with NRT or varenicline

Resources

Center for Practice Innovations (FIT modules on COD, tobacco):

<https://practiceinnovations.org/>

NYS Quitline: <https://www.nysmokefree.com/>

NYC Tobacco Cessation Treatment and Technical Assistance Center (online resources, training/TA for NYC providers): <https://nyctcttac.org/our-tools/>

Smoking Cessation Leadership Center: <https://smokingcessationleadership.ucsf.edu/>

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Discussion & Next Steps