Tobacco Dependence Treatment and Recovery: The New York State Partnership

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Presentation Overview

• Tobacco Use and Dependence
• Tobacco Dependence Treatment and Recovery
• NYS Partnership
• FIT Training Modules
• The Learning About Healthy Living (LAHL) manual
1. Overall health is essential to mental health.
2. Recovery includes wellness.

People with serious mental illness die, on average, 25 years earlier than the general population, often due to tobacco-related illnesses.
Tobacco and Mental Illness: Epidemiology

• Overall smoking in the United States has decreased but the proportion of smokers with psychiatric disorders has increased

• 75% of those with either addictions or mental illness smoke compared to 21% in the general population

• Nearly ½ the cigarettes smoked in the U.S. are smoked by those with psychiatric disorders
Smoking and Mental Illness

- Smoking interferes with psychiatric medications
- Some people with mental illness who are on public assistance spend as much 27% of their total income on cigarettes
- Tobacco use is an addiction, not a CHOICE!
What the Research Indicates

• People with mental health problems want to quit and can quit successfully
• Pharmacotherapy and counseling, skill training work best
• Treatment duration may need to be significantly longer
• Future research on best treatment methods and medication is needed
Reasons for Tobacco Use

- Persons with mental illnesses and substance abuse disorders use tobacco for the same reasons as the general population: as part of a daily routine to relieve stress and anxiety.

- However, genetic linkages and neurobiological abnormalities are one of many factors explaining heavy levels of smoking in people with mental illness.

- For people with mental illness, nicotine might normalize associated deficits in sensory processing, attention, cognition and mood.

Clinician Factors to Consider

- Mental health clinicians have responded slower than other health professionals
- Cigarettes used as a behavioral reinforcement
- Belief that smoking reduction/cessation is not a realistic goal
- Clients “only pleasure” & “least of their worries”

*Strasser, 2001; Ziedonis et al., 2003*
Support Client

The greatest chance you have to support the person who does not want to stop smoking at the present, but is open to consider quitting at some point in the future, is to not pressure her while *letting her know you are always willing to help if she ever decides differently*.
Counseling Strategies

The same interventions that help the general population are likely to help people with mental health problems if provided at greater intensity and for longer periods of time.

Keep it Person Centered!!
Intensive Treatment

• A general rule regarding smoking cessation efforts is that more is better.
• More intensive treatment frequency and increased duration lead to greater quit rates.
• Multiple types of clinicians are effective in delivering tobacco treatment, and involving more than one type of provider leads to greater success.
Intensive Treatment

Interventions should address both persons’ misconceptions regarding tobacco use and realistic fears about quitting:

- Nicotine does NOT cause the ill health effects of tobacco use
- Recognize signs/symptoms of nicotine withdrawal
- Concern there will be relapse of mental illness
- Fear of Weight gain
  - People with SMI are have elevated risk for metabolic syndrome
  - Crucial to focus on healthier life-styles, including good nutrition and exercise, simultaneously with tobacco cessation.
Intensive Treatment

Individual or group treatment should include:

- Practical counseling (e.g., problem solving, skills training)
- Social support
- Cognitive behavioral therapy (CBT) helps by changing dysfunctional thoughts, emotions, and behaviors that often accompany nicotine dependency.
- Innovative peer models now being disseminated nationally
Intensive Treatment

Pharmacotherapy:

- People with mental illness often require higher doses of cessation medication, combination treatments, and longer duration.
- Persons with mental health disorders who make quit attempts should be carefully assessed and monitored for depressive symptoms.
- When persons on these psychototropic medications quit smoking, blood drug levels can increase significantly, so they should be monitored by their health care providers to assess for medication side-effects and adjust dosages accordingly. Schroeder S.A., Morris, C.D. (2010).
Pharmacotherapy

- Nicotine replacement Treatment NRT (patches gum, lozenges, inhaler, nasal spray)
- Bupropion SR (Zyban) Antidepressant
- Bupropion + NRT can be combined safely
- Chantix (Varenicline)
New York State Leadership Academy for Wellness and Smoking Cessation

- New York is the first of five states to hold Leadership Academies.
- Supported by the SAMHSA and the UCSF Smoking Cessation Leadership Center (SCLC)
- The New York State summit is a model for future collaborations bridging public health and behavioral health.

Participation: 30 partners from a wide variety of backgrounds:
- Mental Health Leaders, Researchers and Providers
- Public Health Leaders
- Addiction Professionals
- Consumers
- State Agencies
- Tobacco Prevention Experts
SCLC SAMHSA Partnership

Leadership Academies for Wellness and Smoking Cessation

– Reduce smoking and nicotine addiction among behavioral health consumers and staff
– Create partnership among public health (including tobacco cessation), mental health, and substance use prevention and treatment that will serve to improve wellness among behavioral health consumers
Baseline Data and Goal of Partners

Currently in New York State:

- 30% of people with serious mental illnesses smoke
- 50% of people with mental illness and substance use disorders smoke

- The goal of the summit partners: reduce smoking prevalence by 10% in each of these groups by 2015.
- Focus on “Early Adopters” who are leading the way with Smoking Cessation in people with SMI so that we might highlight their efforts and share with other programs
Overarching strategies to reach this goal

1. Peer Support and Recipient Engagement
2. Training and Dissemination
3. Medicaid and Managed Care Utilization and Expansion of Benefits
4. Improved Tobacco Cessation through Policy
Peer Support and Recipient Engagement

- **Buffalo PC**: model using a tobacco dependence treatment peer educator
- Peer Specialist training opportunities
- NYAPRS – consumer forum at Fall 2011 conference
- Tobacco related questions as part of Consumer Assessment of Care Survey (CACS)
Peer Support

• Peer driven / Wellness integrated approaches have proven effective: allows person to talk to someone who knows about quitting smoking
• Encourage the development of support groups around smoking cessation for consumers
• Co-facilitate groups - help with transition inpt to outpt
Peer Support

• CHOICES (Consumers Helping Others Improve their Condition by Ending Smoking) Program
  – Consumer-driven peer outreach program which employs mental health peer counselors, called “consumer tobacco advocates” (CTAs) to serve as tobacco-focused consultants to consumers and mental health agencies

  – Consumer Advocates
  – Quit Tips
  – Art and Poetry
  – Support
Training and Dissemination

• Web-based education incorporated into FIT (Focus on Integrated Treatment) training program

• Collaboration:
  • OMH
  • the Center for Practice Innovations (CPI) at Columbia Psychiatry
  • Research Foundation for Mental Hygiene (RFMH)
  • NYC Department of Health and Mental Health (DOHMH)
  • Allen Communication Learning Services
Evidence Based Training and Dissemination

- Tobacco dependence assessment and treatment modules
- Evidence based and easily accessible training as part of Integrated Dual Diagnosis Treatment (IDDT)
- Similar approach as to that of substance and alcohol use in people with SMI (e.g. motivational interviewing strategies, stages of change)
Focus on Integrated Treatment

Center for Practice Innovations at Columbia Psychiatry
http://www.practiceinnovations.org
FIT modules: Tobacco Dependence

1. Practitioner Tools for Treating Tobacco Dependence
2. Understanding the Use of Medications to Treat Tobacco Dependence
3. Implementing Tobacco Dependence Treatment
Medicaid and Managed Care Utilization and Expansion of Benefits

- In collaboration with NYS DOH, crafted proposal to expand benefit of NRT
- Educate consumers and providers and encourage use of current Medicaid benefit
Improved Tobacco Cessation through Policy, Certification, and Regulation

• Change licensing/regulation to improve detection and treatment of smoking
  • Use of clinic licensing and PROS licensing standards to drive inclusion of tobacco dependence treatment
  • Integrate smoking treatment into IDDT requirements
• Adopt new standards for licensing of mental health programs to include tobacco-related criteria
• Training/technical assistance to assist providers to assess and treat smoking
Learning About Healthy Living (LAHL)

• A specialized group treatment designed by Dr. Jill Williams in collaboration with the UMDNJ Division of Mental Health Services and partners at UMDNJ

• The LAHL treatment approach supports the focus on wellness and recovery within the mental health field and is being used in mental health sites with great success.
LAHL

- Mental Health provider can adapt a program designed for tobacco users with all types of mental health problems.
- Learning About Healthy Living: Tobacco and You is a two-part course offering education and support for healthy choices.
- The first part (Group I) for people with mental illness whether they are ready to quit smoking or not, is structured around 20 topics.
- Group 1 teaches about the impacts of tobacco use, but also educates consumers about healthy diet, activity, and stress management.
- Those who complete the first series of sessions and want to quit smoking can participate in action-based program to learn to quit.
LAHL: Group I

- Group I has an open-ended format with rolling admission, and is not time limited.
- The overall goal of Group I is for consumers to gain knowledge and insight to consider moving toward a tobacco-free lifestyle.
- Consumers will learn about other issues related to healthy living such as nutrition, physical activity, and stress management.
LAHL: Group II

• An action-based treatment for smokers struggling with a mental illness who are ready to try to quit smoking.
• Emphasizes techniques for quitting improving success and reducing risk of relapse.
• Group II is a closed group format and long duration
• Although most consumers will have completed Group I as a pre-requisite, some consumers may come to treatment ready to quit and begin with Group II.
• The treatment is flexible and can be modified to meet the needs of the smoker.
LAHL

- Consumer Self-Report Tobacco Assessment
- On the Path to Healthy Living Questionnaire
- Medications Affected by Smoking
- Health Benefits to Quitting Smoking
- Savings Calculator
- I’m not ready to quit smoking but I am ready to” List
Acknowledgements and Toolkits

• Smoking Cessation Leadership Center
  http://smokingcessationleadership.ucsf.edu

• Rx for Change
  http://rxforchange.ucsf.edu

  Psychiatry Curriculum
  Mental Health Peer Counselor Curriculum

• UMDNJ Learning About Healthy Living Manual
  http://ubhc.umdnj.edu/nav/LearningAboutHealthyLiving.pdf

• APNA Tobacco Dependence Intervention Manual for Nurses

• University of Colorado Smoking Cessation in People with mental Illnesses

• NASMHPD Tobacco-Free Living in Psychiatric Settings
  http://www.nasmhpd.org/general_files/publications/NASMHPD.toolkit.FINAL.pdf

• OMH Wellness Initiative: LifeSPAN
  http://www.omh.state.ny.us/omhweb/adults/wellness/lifespan/smoking_cessation/
References

References

- Prochaska, J. “Smoking and Mental Illness-Breaking the Link”, July 14, 2011, JAMA,
THANK YOU!

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