

# **Tobacco Dependence Treatment and Recovery: The New York State Partnership**

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# Presentation Overview

This presentation will describe and discuss:

- Overview of Tobacco Use in people with SMI
- NYS Partnership
- FIT Training
- Tobacco Dependence Treatment services in PROS
- The Learning About Healthy Living (LAHL) manual

# **Overview of Tobacco Use in People with SMI**

# Why should we become involved?

- Saves lives
- Saves healthcare dollars
- Improves productivity
- Nicotine Dependence is a DSM-IV Disorder
- Disproportionate in the mental health population
- Tobacco dependence and mental illness are co-occurring disorders
- Behavioral practitioners practice psycho-social treatments
- Tobacco interferes with psychiatric medications
- Consistent with wellness and recovery approaches
- Reimbursement for treatment is improving

*Williams, MD and Zeidonis, MD 2006*

# Why Should We Become Involved?

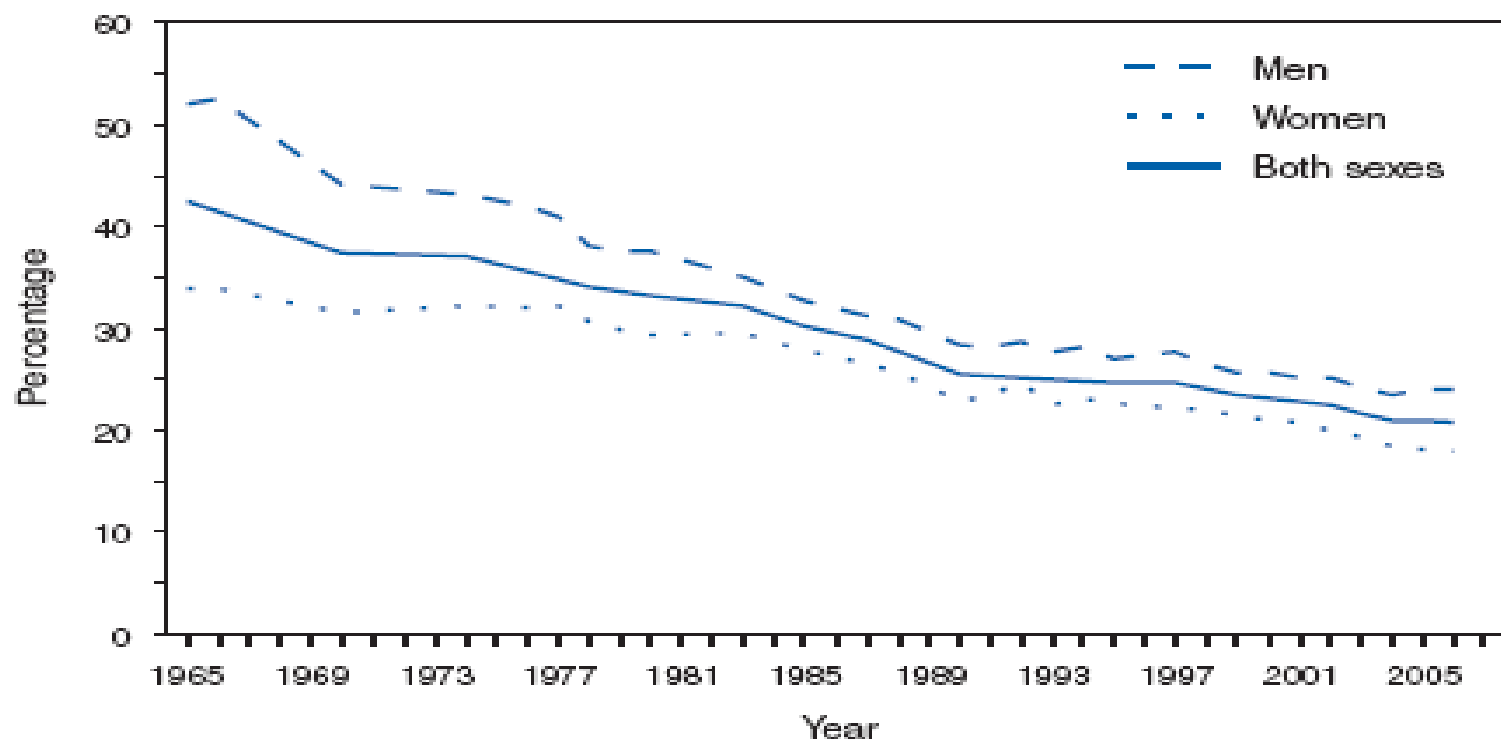
About ½ of all cigarettes smoked in the USA---  
Are smoked by someone with SMI and/or  
Substance Use Disorder!!!!

# SMI-Reduced Life Expectancy

- 20% shorter life span
- Poor health care
- Increased coronary heart disease largely smoking related (remains when controlled for weight/bmi) *goff 2005*
- Increased mortality rates (above general population)
  - Cardiovascular disease 2.3 x
  - Respiratory disease 3.2 x
  - Cancer 3.0 x

Brown 2000; Davidson 2001; Allison 1999; Dixon 1999; Herran 2000

**FIGURE. Estimated percentage of persons aged  $\geq 18$  years who were current smokers,\* by sex — National Health Interview Survey, United States, 1965–2006**



\* During 1965–1991, current smokers were defined as persons who reported smoking at least 100 cigarettes during their lifetimes and who, at the time of interview, reported smoking (“Have you smoked at least 100 cigarettes in your entire life?” and “Do you smoke cigarettes now?”). In 1992, the definition changed to more accurately assess intermittent smoking (i.e., smoking on some days) and included persons who reported they smoked either every day or some days (“Do you now smoke cigarettes every day, some days, or not at all?”)

# Schizophrenia and Smoking

- Very high prevalence: 80% (65-85)
- Smoke more
  - quantity of cigarettes
  - amount of draw per cigarette
- Smoking topography studies
- Half as successful in quit attempts
- Smoking produces therapeutic benefit
- Smoking ameliorates medication side effects

Jill Williams: Tobacco Dependence in Mental Health Settings

# Quit Attempts in Total Population

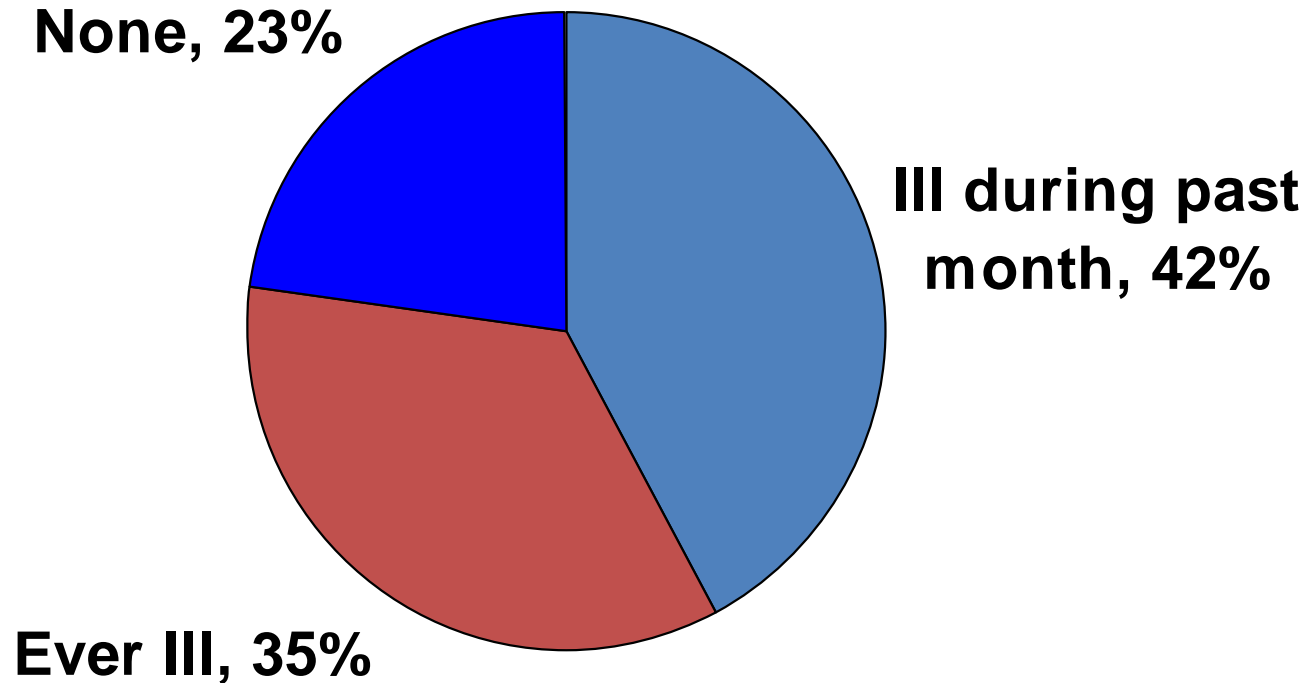
- About 2/3 of all current smokers have tried to quit
- Majority of quit attempts, whether or not successful, occur without organized assistance
- Evidence supports that more nicotine dependent/multiple relapses may respond better to organized cessation
  - Even though people with SMI want to quit, they engage in quit attempts less often
  - When they do, they are about ½ or less as likely as others to have a successful quit attempt

# Tobacco Dependence and Mental Health Care

- Traditionally permissive attitude
  - Tobacco has traditionally been a reward in mental health settings
  - Management incentive on Inpatient units
  - Nicotine Dependence: most common substance abuse disorder among individuals with schizophrenia
- Higher rates of smoking in mental health providers and psychiatrists than other health professionals

# Current Smokers by Mental Illness History

*Lasser, et.al. 2000*



# Who owns the problem?

- Mental health population represents a wide spectrum
- Smoking has a high prevalence across the continuum (Only 22% of smokers have not had a diagnosable mental illness)
- Common factor: high prevalence of desire to quit across the population
- However: not all segments of the mental health population are equally successful with traditional quit-smoking interventions

# **New York State Action Plan**

# 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

**New York is the first state (of 5) of the  
Leadership Academies for Wellness and Smoking Cessation**

# 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. Medicaid and Managed Care Utilization and Expansion of Benefits
3. Improved Tobacco Cessation through Policy, Certification, and Regulation
4. Training and Dissemination

# Workgroups

- Workgroup for each strategy – open to new members
- Monthly workgroup conference calls
- ListServ
- Membership has increased to include
  - NYAPRS
  - Peer-run program
  - Curriculum reviewers

# Peer Support

- Peer driven / Wellness integrated approaches have proven effective: allows person to talk to someone who knows about quitting smoking
- Rx for Change for Peers training, CHOICES
- Encourage the development of support groups and peer specialists (Buffalo PC)
- NYAPRS – consumer forum at Fall conference
- Designed Tobacco related questions as part of Consumer Questionnaire

# 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 for Smoking Cessation:
  - Covered agents include nasal sprays, inhalers, Zyban (bupropion), Chantix (varenicline), over-the-counter nicotine patches and gum.
  - Two courses of smoking cessation therapy per recipient, per year are allowed. A course of therapy is defined as no more than a 90-day supply (an original order and two refills)

# 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

# Evidence Based Training and Dissemination

- Web-based education targeting tobacco cessation incorporated into FIT (Focus on Integrated Treatment) training program
- Tobacco dependence treatment learning 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



**Focus on Integrated Treatment**

*Whole Treatment. Whole Recovery. Whole Lives.*

Center for Practice Innovations at Columbia Psychiatry

<http://www.practiceinnovations.org>

**PROS Tobacco Dependence Treatment  
Services:  
Pharmacology Basics**

# It's the Smoke that Kills

**Cigarette smoke > 4000  
compounds**

Acetone, Cyanide, Carbon Monoxide,  
Formaldehyde

**>60 Carcinogens**

Benzene,  
Nitrosamines

This Slide Courtesy of Jill Williams, MD

UMDNJ



# Medication for Tobacco Dependence

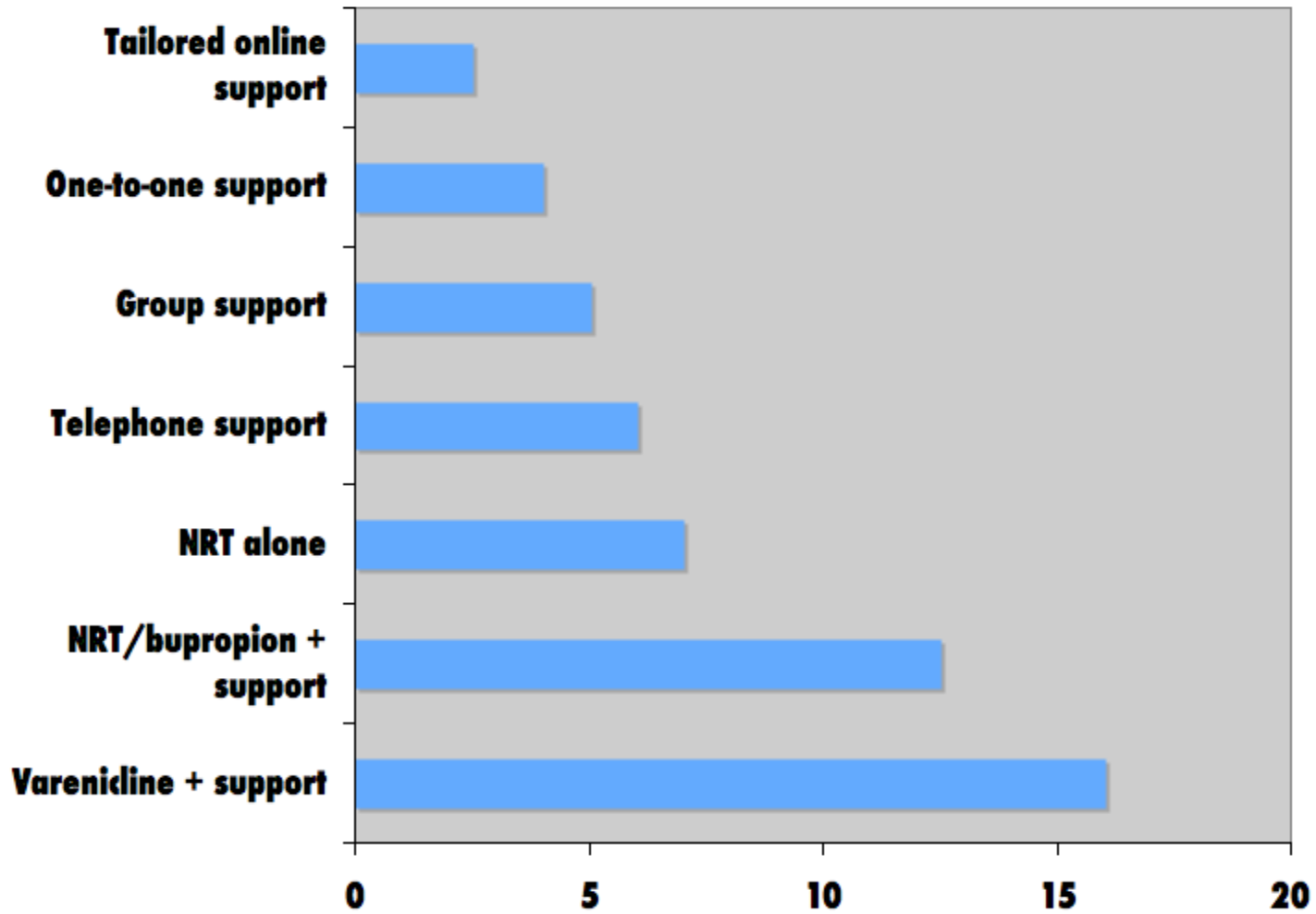
- First-line Tobacco Dependence Medications (FDA Approved)
  - Nicotine Replacement
    - Gum, lozenge, inhalers, spray, patch,
  - Bupropion (Zyban; Welbutrin)
  - Varenicline (Chantix)

# Myth Busting about Nicotine Replacement

- Nicotine is not a carcinogen
- Patients tend to self dose
- Scheduled is better than PRN
- Period of treatment: may be crucial factor in SMI
- OK to combine with bupropion
- OK to combine with each other
- Very few contraindications
- Little to no drug-drug interactions

# More myth busting regarding NRT

- Nicotine and patients with MI / Cardiac Disease
  - No reason not to use
  - Not introducing a “new drug”
  - Safer nicotine delivery vs smoking



Westman/ Schiff, 2010 based on Cochrane Review Data

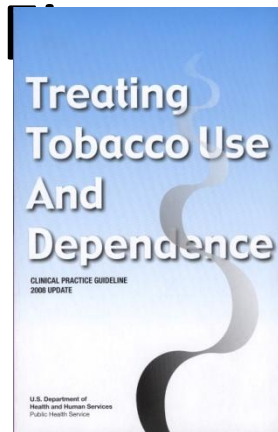
# SMI and Tobacco Dependence

- Tobacco Dependence Medications must be part of the psychopharmacologic treatment plan
  - Consideration of the need to deviate from “standard” treatment
  - How and why (logic of plan)
  - Thoughts about next steps
  - Cost benefit considerations
  - Important aspect of plan whether or not prescribing is done by the psychiatrist or by primary care
  - Difficult to quit patients need focused and aggressive treatment planning around smoking dependence treatment

**Pros Tobacco Dependence Treatment  
Services:  
Assessment and Counseling**

# 2008 Tobacco Dependence Clinical Practice Guideline

- “All smokers with psychiatric disorders, including substance use disorders, should be offered tobacco dependence treatment, and clinicians must overcome their reluctance to treat this population” (Fiore et al., 2008, p. 154).



# Specific treatment strategies for CRS and IR component:

- Assess individuals for tobacco dependence.
  - Stages of Change
  - Fagerstrom Test for Nicotine dependence (FTND).
- Document nicotine dependence on IRP.
- Educate individual about tobacco, which contains nicotine and that when smoked is highly addictive.
- Motivational interviewing to assist consumer who is in precontemplative stage.
- Wellness group to include tobacco dependence, as well as developing other healthy lifestyle behavior.

# Stages of Change

**Precontemplation:** No plans to quit

**Contemplation:** Considering a quit attempt

**Preparation:** Planning a quit attempt

**Action:** Engaged in quit attempt

**Maintenance:** Relapse prevention

# Fagerstrom test for Nicotine Dependence

- The assessment tool is included in the linked article, “Assessing Nicotine Dependence,” by Terry Rustin, MD.
- <http://www.aafp.org/afp/20000801/579.html>

# Wellness and Health Education

Interventions should address both clients' misconceptions regarding tobacco use and realistic fears about quitting, including:

- nicotine withdrawal
- relapse of mental illness
- 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.

# Education and Treatment

- Interventions should address both clients' misconceptions regarding tobacco use and realistic fears about quitting, including weight gain and withdrawal.
- Persons with mental illnesses are at heightened risk for obesity and the metabolic syndrome because of side effects of psychiatric medications as well as physical inactivity.
- They must **learn healthy coping strategies, including good nutrition and exercise** (may need referral to PCP for evaluation before changing diet or starting exercise).

# Support Client

The greatest chance the clinician has to aid the client 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*

# Client who has Considered but Not Ready to Quit

- Identify potential negative consequences of tobacco use. highlighting those that seem most relevant to the client
- Encourage the person to speak specifically about why quitting is relevant to him or her
- Highlight benefits of stopping tobacco use.
- The clinician should ask the patient to identify potential benefits of stopping tobacco use.
- UMDNJ: **“I’m not ready to quit smoking but I am ready to”**  
**List**

## For IDDT service in IR

- Engage individual in an EBP intervention to treat tobacco dependence, which includes pharmacotherapy and cognitive behavioral treatment.
- Staff trained in tobacco dependence treatment interventions for people with serious mental illness.

# Counseling Strategies: Intensive Interventions

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

# 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.

# Counseling Strategies: Intensive Counseling

- Higher intensity
- Session length > 10 minutes
- 4 or more sessions, often exceed 8 sessions
- Tend to be coordinated by tobacco dependence specialists
- Multiple clinicians, best when coordinated care

# Intensive Treatment

## Keep it Person- Centered

- Individual interventions
- Treatment groups
- Motivational interviewing
- Problem-solving and skills training
- Cognitive Behavioral Therapy (CBT)

# Person Centered

- **If you are losing your own motivation to deliver tobacco dependence intervention, seek consultation with a colleague so that you can once again utilize the energy of your *self to work creatively and collaboratively with your clients* -**
- ***Colleagues, supervisors, administrators need to support the tobacco dependence program and the clients and staff – must have buy-in***

# 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
  - <http://njchoices.org/>
  - Consumer Advocates
  - Quit Tips
  - Art and Poetry
  - Support

# Individualized Recovery Planning

- **Values:**
  - Person-centered
  - In the individual's voice
  - Recovery-focused
- **Documentation involves:**
  - conducting a series of **Assessments**
  - developing an **Individual Recovery Plan** (including Relapse Prevention Plan)

# Individualized Recovery Plan

- Nicotine Dependence should be included as DSM IV diagnosis
  - An individualized plan as part of client's life goals to include tobacco dependence treatment
  - Hope to advance toward less smoking
  - Important aspect of plan whether or not prescribing is done by the psychiatrist or by primary care
  - Monitoring for nicotine withdrawal and symptoms of psychiatric illness (Medication may need adjustment when quit smoking)
  - Support systems: staff, peers friends and family

# “Learning About Healthy Living”

- The aim of this treatment manual is to provide a format to address tobacco for smokers with a serious mental illness who are either prepared to quit smoking or who are simply contemplating quitting in the future.
- This manual has been developed with input from mental health consumers and treatment staff.
- The manual was designed to give the consumer information about the recovery process from tobacco addiction, including educating them about the treatment.
- Facilitator and consumer handouts

# “Learning About Healthy Living”

- 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 1) 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 an eight- to ten-week 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.
- Group I would clearly fit under our definition of Wellness and as such would be delivered and recorded as a **CRS service**.

# 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.
- The Group II format provides an intervention that may be delivered as part of IDDT (**IR**). The person needs to be participating in **Clinical Treatment** component.

# Self- Assessments and Medical Questionnaires

- UMDNJ Learning About Healthy Living
  - Consumer Self-Report Tobacco Assessment
  - On the Path to Healthy Living Questionnaire

### Consumer Self-Report Tobacco Assessment

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: M F

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

**Tobacco Use –**

1. Please check the appropriate box for each type of tobacco:

<b>1a CIGARETTES</b>	Never Used	
	Used in the Past	
	Currently Use	
<b>1b PIPE</b>	Never Used	
	Used in the Past	
	Currently Use	
<b>1c CIGARS</b>	Never Used	
	Used in the Past	
	Currently Use	
<b>1d CHEWING TOBACCO</b>	Never Used	
	Used in the Past	
	Never Used	
	Currently Use	
<b>2. What age were you when you first used or tried tobacco?</b>		
<b>3. What age were you when you started using tobacco on a regular basis?</b>		
<b>4. How many cigarettes do you smoke each day?</b>		
<b>5. How many minutes after you wake up do you smoke your 1<sup>st</sup> cigarette?</b>		
<b>6. Do you sometimes awaken at night to have a cigarette or use tobacco?</b>		Yes _____ No _____
<b>7. Who smokes in your household?</b>		
Please check all that apply:		
	No One	
	Parents	
	Brothers/Sisters	
	Significant Other	
	Roommates	

Section 5: Chapter 4

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Why do you believe so many people with mental illness smoke?

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What reason or factor do you feel made you want to smoke?

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**IMPORTANT POINTS TO REMEMBER**

Tobacco addiction is the most common substance abuse disorder for people with mental health problems.

People diagnosed with a mental illness are three times more likely to be a smoker than people without a mental illness.

## Health Benefits of Quitting Smoking

<b>Within 20 minutes</b>	Blood pressure and pulse goes back to normal.
<b>After 8 hours</b>	The carbon monoxide level in your blood drops to normal and the oxygen level increases.
<b>24 hours after quitting</b>	Your chance of a heart attack decreases.
<b>2 weeks to 3 months after quitting</b>	Your circulation improves and your lung function increases up to 30%.
<b>From 1 to 9 months</b>	You stop coughing and breath easier and your overall energy increases. Your cilia (tiny hair like structures that move mucus out of the lungs) regain normal function in the lungs, increasing the ability to handle mucus, clean the lungs, and reduce infection.
<b>1 year after quitting</b>	The risk of coronary heart disease is cut in half
<b>5 years after quitting</b>	Your chances of lung cancer death and stroke are cut in half
<b>10 years after quitting</b>	The chances of lung cancer are equal to that of a non-smoker. The risk of cancer of the mouth, throat, esophagus, bladder, kidney, and pancreas decrease.
<b>15 years after quitting</b>	The risk of coronary heart disease is the same as a non-smoker.

**Did you know that cigarettes could actually cause you to be tense and ADD to the STRESS in your life?**

Smokers believe that when they have a cigarette, it eases the feelings of anxiety or restlessness that they are feeling. As we learned earlier, these same feelings of anxiety and restlessness are caused from withdrawal (or not having a cigarette because the body needs one).

**Smokers often mention stress as a reason keeping them from quitting.**

Smokers have learned to use tobacco to help cope with stress. Remember... Smoking and stress do not have to go hand in hand. There are other healthy things you can do to make yourself feel better!

**Cigarettes will not take away your problems.**

- ✓ Smoking will usually only add to the problems you already have.

**When you quit, you have to learn new ways of handling stress.**

- ✓ Physical activity and healthy eating can help to reduce stress.
- ✓ Making sure that you have time to do the things you like to do is very important.
- ✓ Sometimes writing down your feelings and frustrations will help to relieve stress.
- ✓ Making a "to do" list each day can also be very helpful. As you complete them, check them off and you will see everything that you accomplished. This technique helps you to remember and will also take away the stress of worrying to remember to do them.
- ✓ For some people, being outside in nature is helpful. Sitting at a park or on a beach can be very relaxing. Sometimes just closing your eyes and imagining that you are at your favorite place can be relaxing.

## How are my medications affected by smoking?

Many commonly used medications interact with chemicals in tobacco smoke. This results in a lowering of blood levels of these medications. Stopping smoking also interacts with medications but in the opposite way- it raises medication levels. That is why it is important for your doctor to know if you smoke and when you decide to quit smoking.

The liver is an important organ for purifying the body.

- ✓ By working hard to remove harmful chemicals and toxins from the body, the liver can keep the body in a normal balance.
- ✓ Even medications that we use to treat disease are removed from the body in this way.

Tars in cigarette smoke “turn on” a part of the liver system.

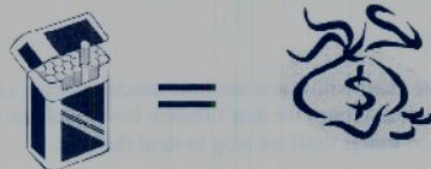
- ✓ This means that in a smoker, this enzyme works faster and better than usual.
- ✓ In smokers, some medications are taken out of the body faster than normal.
- ✓ Smokers may need to be on higher medication doses, in order to correct this problem and for those medications to work.
- ✓ This is not usually a good thing and can lead to more medication side effects.

### IMPORTANT POINT TO REMEMBER

The effect of tars on the liver could result in:

1. Higher medication doses for a smoker
2. Medications not working as well in a smoker
3. More side effects from medication in a smoker

## How Much Does Smoking Cost?



### How do you spend your money?

If you are a smoker, you should keep track of how much money you spend on tobacco. Sometimes we do not realize how much we are spending on certain items because we pay for them a little at a time. Whether it be stopping at a fast food restaurant on a regular basis, buying cigarettes or alcohol, using the telephone too much...these items can add up to take a large chunk of money out of our budgets.

### What is the cost of smoking?

- ✓ Smoking cigarettes is very expensive.
- ✓ It cost \$5 or more to buy a pack of cigarettes today.
- ✓ The tobacco companies only spend \$0.06 (6 cents) to make a pack of cigarettes.
- ✓ That means that the tobacco companies make about \$4.94 profit on each pack of cigarettes that you buy!
- ✓ The more you smoke...the more money the tobacco industry makes. Did you know that the Tobacco Companies make more than \$32 billion dollars each year?

#### IMPORTANT POINT TO REMEMBER

1 Pack of Cigarettes Cost Approximately	<b>\$5.00</b>
Minus 6 Cents it Costs to Make	<b>- \$0.06</b>
<b>BALANCE</b>	<b>\$4.94</b>

This balance includes the profits made by the tobacco companies and taxes paid to the government.

**I'm not ready to quit smoking but I am ready to:**

- Come to group to talk about tobacco.
- Read handouts
- Talk to other people who used to smoke and learn about how they were able to quit
- Count and keep track of how many cigarettes I smoke each day.
- Recognize my smoking patterns.
- Delay smoking at certain times.
- Make it more difficult for myself to smoke. I can move my cigarettes from their usual place. I can smoke with my other hand or do things that are not my usual smoking "habit".
- Try to reduce my carbon monoxide level.
- Ask my family and friends how they feel about my smoking. Ask them if they would be able to help me when I try to quit.
- Calculate how much I spend on tobacco each week, each month and each year.
- Think about the benefits of quitting smoking for me personally.
- Change my smoking.
- I'm beginning to think seriously about quitting smoking.

## MY QUIT PLAN

Name \_\_\_\_\_

I have made a decision to quit smoking on \_\_\_\_\_.

As part of my plan to quit smoking, I will: (check all that apply)

- Come to treatment sessions to talk about tobacco.
- Read handouts
- Talk to other people who used to smoke and learn about how they were able to quit
- Make a list of all the reasons I want to quit. I will carry this with me in my pocket as a reminder.
- Begin to make smoking more difficult and more unpleasant for myself. This means not smoking my favorite brand, not smoking in my favorite places and going outdoors to smoke.
- Save the money I used to buy cigarettes to do something or buy something special for myself.  
Each week, I will save \$ \_\_\_\_\_.  
I will use the money to: \_\_\_\_\_.
- My "Support Person" will be: \_\_\_\_\_.  
He/She will help me to quit and remain without tobacco. Instead of smoking, I will try to talk to this person when I feel like I want a cigarette.
- Make an appointment with my doctor to talk about tobacco treatment medications.

### Other Ideas for My Quit Plan

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Tobacco Dependence Treatment Plan

Patient Name: \_\_\_\_\_

### Problem:

Tobacco Dependence as evidenced by spending a great deal of time smoking, use despite known dangers of tobacco use, tolerance (increasing use over time to obtain desired effect). Patient is unable to abstain from smoking during illness and noted medical problems.

CO Reading \_\_\_\_\_

Level of Motivation: \_\_\_ High \_\_\_ Average \_\_\_ Low \_\_\_ None

### Goal:

To reduce or eliminate use of tobacco

### Objectives:

1. Client will acknowledge that tobacco use is a problem for them.
2. Client will attend gain knowledge about the effects of their tobacco use by attending the Learning about Healthy Living Group on a weekly basis.
3. Client will learn about the medical complications caused by tobacco use and be able to identify personal medical concerns.
4. Client will learn about treatment medications to prevent and reduce withdrawal symptoms and be able to identify their preference to use.
5. Client will develop a quit plan with the assistance of staff.
6. Client will set a quit date and begin to abstain from smoking.
7. Client will progress from the educational/motivational group to the quit group.

### Interventions:

1. Attend Learning about Healthy Living \_\_\_\_\_  
\_\_\_\_\_ Education/Motivational Group \_\_\_\_\_ Quit Group
2. Client will meet weekly with Physician \_\_\_\_\_  
to discuss appropriate use of tobacco dependence treatment medications.
3. Treatment staff will help identify alternatives to trigger situations.

\_\_\_\_\_  
Signature of Clinician

\_\_\_\_\_  
Date

# Toolkits/Resources

- Developed by experts who have done research on Smoking in People with Serious Mental Illness
- Consumer Input
- Easily available to programs
- No one approach – review all resources and be open to hearing about other models

# 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  
<http://www.apna.org/files/public/TobaccoDependenceManualforNurses.pdf>
- University of Colorado Smoking Cessation in People with mental Illnesses  
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[http://www.omh.state.ny.us/omhweb/adults/wellness/lifespan/smoking\\_cessation/](http://www.omh.state.ny.us/omhweb/adults/wellness/lifespan/smoking_cessation/)

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