Learning Objectives

• Be able to explain three group activities that help people to get ready and move forward with cutting down or quitting tobacco.
Outline

- Overview: TRUST Clinic Tobacco Cessation Group
- Success Tip
  - Strong Team
  - Tailored Curriculum
  - Outreach and Engagement
  - Resources
- Review four of our most popular activities
- Questions
TRUST Clinic

- Unique collaboration between Alameda County Health Care for the Homeless and LifeLong Medical
- Serves people experiencing homelessness or at risk of homelessness in downtown Oakland
- High prevalence of Serious Mental Illness (SMI) and Substance Use Disorders, including Tobacco Use Disorder
- Services: Primary Care, Behavioral Health (psychiatry and psychotherapy), Health and Wellness Coaches, Groups, Shower, Food, Clothing
Persons with Serious Mental Illness and Tobacco Use Disorder

- 20-25% of people experiencing homelessness have a Serious Mental Illness (SMI), while only 6% of the American population have SMI
- People with SMI die 25 years earlier than the general population
- Smoking is a major contributor
- 44% of all cigarettes are consumed by people with SMI
- Reflects the high prevalence and heavy use
- Factors: biological, psychosocial, cultural, industry-related

TRUST Clinic Tobacco Cessation Group

- February 2017: Rewarded an Alameda County Behavioral Health Care Services (BHCS) Tobacco Recovery Mini-Grant

- Goals:
  - Develop and implement a Tobacco Cessation Group
  - Train staff on Tobacco Recovery
  - Decrease barriers to Tobacco Use Disorder treatment
Success Tips: Strong Team

- Leadership: Jeffrey Seal, MD
- Coordinator/ Facilitator: Ruiqi Tang
- Grant Manager: Aislinn Bird, MD, MPH
- Facilitator: Max Dolane
- Consultant Pharmacist: Seth Gomez, PharmD
- Pharmacist Interns: New intern every 2 months
- Referral Source: PCPs/ Behavioral Health Providers
Success Tips: Tailored Curriculum

Curriculum based on published work:

- AC BHCS Tobacco Intervention Program (TIP)
Success Tips: Tailored Curriculum

- Many of the published activities were not a good fit for our clinic population
- Factors: Mixed levels of literacy, varying abilities to concentrate due to SMI and multiple psychosocial stressors, history of mandated group attendance
- We tailored our activities to be very engaging, short and simple, no required reading or writing, voluntary but encouraged and incentivized
Success Tips: Outreach and Engagement

- Group facilitators call past participants with reminders about the Tobacco Cessation Group
- Behavioral Health Providers and PCPs are notified if their patients attended the group to encourage continued participation
- All staff are trained in Tobacco Recovery and Motivational Interviewing
- Providers are encouraged to evaluate for Tobacco Use Disorder at every visit and offer Nicotine Replacement Therapy as appropriate
Success Tips: Resources

- **Grant Funded Incentives:**
  - Lunch provided at every group
  - If attended one full group, would receive a $5 gift card to Subway at the end of the group
  - If attended the full eight group series, would receive a $10 gift card
  - Free Nicotine Replacement Therapy (NRT) provided in clinic

- **Clinic Resources:**
  - Other groups: Mindfulness, Nutrition and Exercise, SMART Recovery Group
  - Weekly acupuncture appointments
  - Behavioral Health and Primary Care
Tobacco Cessation Group Outline

- Introductions
  - Name
  - Optional: History of tobacco use; the takeaway from this group
- Review material from last week
- Introduce topic of the day
- Interactive activity
- Pharmacy intern answer questions, show free NRT
- Providers available after group to prescribe NRT
Group Activity One

- **Title:** What’s In A Cigarette?
- **Activity:**
  - White Board Side One: images of chemicals in a cigarette
  - White Board Side Two: list of chemical names
  - Participants guess images
  - Match images to names
- **Feedback:**
  - Like how visual it is
  - Does not require the ability to read
  - Participants felt proud about their knowledge of chemicals
Group Activity One
### Group Activity One

<table>
<thead>
<tr>
<th>Image</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nail Polish Remover</td>
<td>Butane</td>
</tr>
<tr>
<td>Lighter Fluid</td>
<td>Arsenic</td>
</tr>
<tr>
<td>Paved Road</td>
<td>Acetone</td>
</tr>
<tr>
<td>Rat Poison</td>
<td>Tar</td>
</tr>
</tbody>
</table>
Group Activity Two

- **Title:** What Are Withdrawal Symptoms?
- **Activity:**
  - What does withdrawal mean?
  - How do you experience nicotine withdrawal?
  - Write on whiteboard
- **Feedback:**
  - Discussion based
  - Participant driven
  - Health education/what people attempting to quit should expect
  - Inform participants of other clinic resources (Mindfulness Group, Acupuncture Appointments)
Group Activity Two

WITHIN 20 MINUTES OF QUITTING SMOKING...

YOUR BODY BEGINS A SERIES OF CHANGES THAT CONTINUE FOR YEARS.

20 MINUTES
Your heart rate drops.

2 WEEKS - 3 MONTHS
Your heart attack risk begins to drop. Your lung function begins to improve.

1 YEAR
Your added risk of coronary heart disease is half that of a smoker's.

10 YEARS
Your lung cancer death rate is about half that of a smoker's. Your risk of cancers of the mouth, throat, esophagus, bladder, kidney, and pancreas decreases.

12 HOURS
Carbon monoxide level in your blood drops to normal.

1-9 MONTHS
Your coughing and shortness of breath decrease.

5 YEARS
Your stroke risk is reduced to that of a nonsmoker's 5-15 years after quitting.

15 YEARS
Your risk of coronary heart disease is back to that of a nonsmoker's.

FOR MORE INFORMATION VISIT CDC.GOV

CHASE BREXTON HEALTH SERVICES
<table>
<thead>
<tr>
<th>Symptom</th>
<th>Cause</th>
<th>Duration</th>
<th>Relief</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feel tired</td>
<td>Nicotine is a stimulant</td>
<td>2-4 weeks</td>
<td>Take naps, NRT</td>
</tr>
<tr>
<td>Trouble sleeping</td>
<td>Nicotine influences sleep patterns</td>
<td>1 week</td>
<td>Avoid caffeine after 12noon, relaxation techniques</td>
</tr>
<tr>
<td>Irritability</td>
<td>Craving for nicotine</td>
<td>2-4 weeks</td>
<td>NRT, relaxation techniques</td>
</tr>
</tbody>
</table>
Group Activity Three

- **Title:** Pop Quiz!
- **Feedback:**
  - Exciting, health competition
  - Participants were very engaged
  - Led to lively discussions
1. Heart disease is the number one preventable death in the United States.
1. FALSE. Tobacco is the leading preventable cause of death in this country, and the world. Cigarette smoking is responsible for more than 480,000 deaths per year in the United States (or about 1,300 deaths every day)
2. In 2014, the tobacco industry spend more than $9 billion on advertising and promotion of cigarettes (about $1 million every hour)
2. TRUE. The tobacco industry spent more than $9 billion on advertising and promotion of cigarettes.
3. Nicotine is at least as addictive as alcohol, heroin, and cocaine.
3. TRUE. Nicotine is as addictive as alcohol, heroin, and cocaine, and is often harder to quit.
4. Around 1,000 chemical compounds are created by burning a cigarette.
4. FALSE. Cigarette smoke contains over 4,000 chemicals, including 43 known cancer-causing compounds and 400 other toxins. These include nicotine, tar, and carbon monoxide, as well as formaldehyde, ammonia, hydrogen cyanide, arsenic, and DDT.
5. Around 90% of smokers start smoking at 16 years of age.
5. TRUE. Tobacco is a gateway drug in teen substance abuse, and many continue to smoke throughout their lives if untreated. Tobacco companies target teens because they are vulnerable and rebellious.
6. Lung cancer is the only cancer smokers really need to be concerned about.
6. FALSE. Cigarette smoking can cause cancer of the nose, mouth, trachea, esophagus, lungs, stomach, liver, pancreas, kidneys, bladder, colon, cervix, bone marrow, and blood.
7. The most common method of quitting tobacco is going cold turkey.
Group Activity Three

7. TRUE. It is the most common way people attempt to quit, and the least successful. The most successful treatment is a combination of support groups and Nicotine Replacement Therapy (NRT).
Group Activity Four

- Title: Nicotine Replacement Therapy
- Activity:
  - Run by the pharmacy intern
  - Bring NRT to the group
  - Evaluate what participants already know about NRT and pros and cons of each method, fill in knowledge gaps as needed
  - Information written on the white board
- Feedback:
  - Participant run
  - Access to a pharmacy intern
Group Activity Four

Nicotine - small controlled amount of nicotine
Replacement to help manage "cravings" &
Therapy withdrawal symptom without dangerous

<table>
<thead>
<tr>
<th></th>
<th>Patch</th>
<th>Gum</th>
<th>Lozenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pros</td>
<td>peel, stick, forget about it (easy to use)</td>
<td>oral fixation</td>
<td>oral fixation</td>
</tr>
<tr>
<td></td>
<td>once daily dosing</td>
<td>delay weight gain</td>
<td>delay weight gain</td>
</tr>
<tr>
<td>Cons</td>
<td>skin irritation</td>
<td>taste</td>
<td></td>
</tr>
</tbody>
</table>

Chemicals found in cigarettes (harm reduction)
A fun, engaging, popular Tobacco Cessation Group is possible in a clinic serving people experiencing homelessness or at risk of homelessness.

Results: (influenced by tobacco tax)
- Number of participants who quit: 4
- Number of participants who cut down: at least 12
- Number of participants at one group: 5-20

Success tips:
- Strong Team
- Tailored Curriculum
- Outreach and Engagement
- Resources
Questions?