Assessment and Evidence-Based Tobacco Treatment

Objectives
Be able to:
- Apply the Tobacco Use Assessment when evaluating new behavioral health clients.
- Explain the two components of evidence-based tobacco treatment

Presented by Cathy McDonald MD, MPH  4.26.18
Tobacco Policy Consistent with ACBHCS Mission

- ACBHCS mission is to maximize the recovery, resilience and wellness of all eligible Alameda County residents who are developing or experiencing serious mental health, alcohol or drug concerns
ACBHCS Tobacco Policy 2016 Purpose

◆ Cigarette smoking is chief preventable cause of morbidity and mortality

◆ Disproportionately effects those with behavioral health conditions and can interfere with mh/sud recovery

◆ BHCS committed to addressing and treating Tobacco Use Disorder

AND IT PROTECTS STAFF & CLIENTS
Protect those with behavioral health conditions from this
BHCS clients have highest rates of use

- **Substance Use Disorder**
  - 80-90% smoke cigarettes
  - When people in drug treatment are treated for tobacco risk of relapse to drugs decreases 25% one year later
  - Evidence that quitting smoking does not cause relapse to drugs or alcohol
  - Leading cause of death in recovering people is tobacco-50% of deaths
Special Needs- Highest rates of use Mental Health

- Mental Health Clients
  - Smoking cigs changes blood levels of some psych meds-clients need dose decrease
  - Atypical neuroleptics seem to make it easier for schizophrenics to quit smoking
  - People with schizophrenia may be helped by frequent short acting NRT-don’t need to smoke
  - People with history of depression who quit need close FU to catch depression due to quitting—Some clinicians will treat 6-12 months
  - Major contributor to 25 year mortality gap
  - Leading cause of death in Mental Illness
Smoking Rate Trend Among Adults with Serious Mental Illness

http://www.samhsa.gov/data/sites/default/files/spot120-smokingspd_/spot120-smokingSPD.pdf
MYTHS and FACTS

- Myth: Quitting Smoking Worsens Recovery in MH/SUD
- Fact: Quitting Smoking actually improves recovery in MH/SUD
MORE MYTHS and FACTS

- **Myth**: Tobacco is necessary self-medication
- **Fact**: Many symptoms relieved by tobacco are from withdrawal

- **Myth**: People with Behavioral Health Challenges are not interested in Quitting
- **Fact**: They are just as interested (70%)

- **Myth**: They aren’t able to quit
- **Fact**: Rates are similar in people with MH problems when treated

Schroeder, S.
Getting Free

- The biggest myth of all: Smoking should be the lowest priority concern for patients with mental health challenges

- Fact: People with psychiatric disorders are far more likely to die from smoking than from mental illness.

Courtesy of PEERS - Peers Envisioning and Engaging in Recovery Services
**Improved Mental Health with Quitting Smoking**

Meta Analysis of 26 studies – included 6 studies in those with psychiatric conditions

**Table 1** Effect of smoking cessation on mental health. Sensitivity analysis after Newcastle-Ottawa scale

<table>
<thead>
<tr>
<th>Outcome</th>
<th>No of studies included</th>
<th>No of studies excluded</th>
<th>Effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety</td>
<td>4</td>
<td>0</td>
<td>-0.37</td>
</tr>
<tr>
<td>Depression</td>
<td>9</td>
<td>1</td>
<td>-0.29</td>
</tr>
<tr>
<td>Mixed anxiety and depression</td>
<td>4</td>
<td>1</td>
<td>-0.36</td>
</tr>
<tr>
<td>Psychological quality of life</td>
<td>4</td>
<td>4</td>
<td>0.17</td>
</tr>
<tr>
<td>Positive affect</td>
<td>1</td>
<td>2</td>
<td>0.68</td>
</tr>
<tr>
<td>Stress</td>
<td>2</td>
<td>1</td>
<td>-0.23</td>
</tr>
</tbody>
</table>

Taylor et al. BMJ 2014
Smoking Keeps Consumers from Achieving Recovery: Being Financially Stable Getting Jobs Securing Housing
Quitting tobacco social impact

- Removes another source of possible stigma
- Over time increases social support and contact
- Quitting smoking is contagious.
THE MORE PEOPLE QUIT
THE MORE PEOPLE QUIT

IMPLEMENTING COMPREHENSIVE TOBACCO POLICIES LIKE BHCS TOBACCO POLICIES HELPS THIS TO HAPPEN
SAMHSA VIEW on TOBACCO and Behavioral

- Behavioral health 25% of population, smoke 40% of cigarettes.
- Smoking also appears to interfere with behavioral health - Cite Taylor meta-analysis:
  - Can increase long-term abstinence from alcohol and other drugs.
- Research shows want to quit, can quit, and benefit from proven smoking RX.
- (SAMHSA) recommends tobacco-free facility/grounds policies and integration of tobacco treatment behavioral healthcare.
ACBHCS Policy very important

- Overall Appearance of your Agency
  Sets the tone for the ability of your agency to support people quitting tobacco
Exterior of Your agency Can Look Like This
Or it can look like this

TOBACCO-FREE ZONE
Zona Libre del Tabaco

Thanks for your support
Gracias por su apoyo
Biopsychosocial Roots of Nicotine Addiction

**Biological**
- Physical Addiction
- Withdrawal Symptoms
- Use = Relief
- Reward

**Psychological**
- Paired Activities
- Routines/Habits
- Triggers
- Stress Management
- Coping with Emotions

**Social**
- Connections
- Fitting in
- Family/Partners
- Cultural Norms
Nicotine at the $\alpha4\beta2$ Receptor

Binding of nicotine at the $\alpha4\beta2$ nicotinic receptor in the Ventral Tegmental Area (VTA) is believed to cause release of dopamine at the Nucleus Accumbens (nAcc)

Nicotine goes from airway to lungs to heart to brain in 7 seconds!
Nicotine addiction is not just a bad habit. Discontinuation leads to withdrawal symptoms.
II Tobacco Use Disorder Assessment

Assess at admission for tobacco use, second hand smoke exposure and vapor annually. For those who report use or have quit in the last year REASSESS AT EVERY VISIT. If clients meet DSM criteria they have tobacco use disorder.
Behavioral Health Staff are Ideally Suited to Treat Tobacco

- You know how to talk to people
- See clients frequently
- Familiar with MI and CBT

AND

- Integrating tobacco treatment into behavioral health services can be more effective than separating services. (Mcfall 2010 and Lembke 2007)
ACBHCS Tobacco Use Assessment
TUA
1. Do you live with a Tobacco User?
   □ Yes  □ No

2. Have you ever used tobacco?
   □ Yes  □ No

3. Do you currently use Tobacco?
   □ Yes  Go to 6.  □ No If no, go to 4 and 5

4. Quit > 1 year ago end here

5. Quit < 1 year ago.

What help do you need to stay quit?
______________________________________________
6. Cigarette Use
7. Pipe Use
8. Cigar Use
9. Smokeless tobacco use
10. E-Cigarettes, vape Use

10a. Do you smoke menthol? ☐ Yes ☐ No

11. Have you ever attempted to quit? ☐ Yes ☐ No

Approximate date of last attempt ______________________

12. How many times have you attempted to quit tobacco?

__________________________________________________
13. Which of these ways have you tried in the past to quit tobacco?

☐ Nicotine patch  ☐ Tobacco Cess group
☐ Nicotine lozenge  ☐ Nicotine anonymous
☐ Nicotine Gum  ☐ Acupuncture
☐ Nicotine nasal spray or Inhaler  ☐ Hypnosis
☐ Zyban  ☐ 1 800-No-Butts
☐ Chantix or varenicline  ☐ Cold Turkey
☐ Other _________________________
☐ help from local agency _________________________
14. Meds with levels decreased by smoking - check those patient takes. May need decrease in med after 3 weeks quit

☐ Amitryptyline (Elavil)
☐ Notriptyline (Pamelor)
☐ Imipramine
☐ Clomipramine (Anafranil)
☐ Fluvoxamine (Luvox)
☐ Trazodone (Desyrel)
☐ Fluphenazine (Prolixin)
☐ Haloperidol (Haldol)
☐ Olanzapine (Zyprexa)
☐ Clozapine (Clozaril)
☐ Chlorpromazine (Thorazine)

* ☐ Caffeine
15. Ready to Quit __________________
Thinking about quitting within the next 30 days____________________
Not interested in quitting __________________

16. Referred to
☐ Smokers’ Helpline ☐ Tobacco treatment plan
☐ Nicotine Anonymous ☐ No referral
☐ Other referral (please specify) ☐

If other, please specify:
______________________________________________
______________________________________________
17. Materials Provided

- No materials provided
- Quit line Card
- Benefits of Quitting
- SHS flyer
- Benefits of quitting in recovery
- Benefits of quitting in mental health recovery
- Stop Smoking Checklist
- Other material (please specify)

If other, please specify: ______________________________________
DSM V Tobacco Use Disorder

- Larger amounts then intended at first
- Desire to cut down
- Time spent getting and using it
- Craving or strong urges
- Failure in major role work, school,
- Continue despite interpersonal prob
- Used to avoid withdrawal
DSM V Tobacco Use Disorder

- Important activities given up due to it
- Recurrent use in dangerous situation
- Continued in spite of physical or psych problem
- Tolerance amount increased over time
- *Withdrawal symptoms or use to avoid

Heaviness of smoking Index - very Helpful

- Cigarettes per (CPD) and Time to First Cigarette (TTFC) - Excellent index of severity of addiction
III Treatment - regular follow up in treatment plan

AFTER DOING TUA

a. Provide advice to quit and information that is clear, personal and relevant
b. Treat appropriately for stage of change
c. Support families
d. Provide help to parents/caregivers who smoke
Evidence-Based Tobacco Treatment

- Counseling
  AND
- Medication
Common Withdrawal Symptoms

- Anxiety 87%
- Irritability 80%
- Lack of concentration 73%
- Restlessness 71%
- Craving 62%
- Digestive problems 33%
- Headaches 24%
- Drowsiness 22%
- Others including coughing, dizziness, depression, tightness in chest, hunger
## First Line FDA Approved Smoking Cessation Products

<table>
<thead>
<tr>
<th>Type of Product</th>
<th>Over-the-Counter</th>
<th>Prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nicotine patch</td>
<td>Nicotrol®</td>
<td>Habitrol®</td>
</tr>
<tr>
<td></td>
<td>Nicoderm CQ®</td>
<td></td>
</tr>
<tr>
<td>Nicotine gum/lozenge</td>
<td>Nicorette®</td>
<td></td>
</tr>
<tr>
<td>Nicotine inhaler</td>
<td></td>
<td>Nicotrol Inhaler®</td>
</tr>
<tr>
<td>Nicotine nasal spray</td>
<td></td>
<td>Nicotrol NS®</td>
</tr>
<tr>
<td>Nonnicotine tablet</td>
<td></td>
<td>Zyban</td>
</tr>
<tr>
<td>Nonnicotine tablet</td>
<td></td>
<td>Chantix*</td>
</tr>
<tr>
<td>NRT GENERALLY SAFE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Electronic cigarette - e cigarette ENDS - Electronic Nicotine Delivery Systems – not evidence-based

Battery operated electronic cigarette that delivers vapor

![Diagram of battery, atomizer, and cartridge with instructions: screw atomizer to battery and push cartridge to atomizer.](image)
Medication Assisted Treatment

- Use of FDA approved Tobacco Treatment Medications is another form of Medication Assisted Treatment (MAT).
## Success in Quitting at 6 Months

<table>
<thead>
<tr>
<th>Method</th>
<th>Success Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self quitting</td>
<td>5%</td>
</tr>
<tr>
<td>Physician Advice</td>
<td>10%</td>
</tr>
<tr>
<td>Placebo</td>
<td>14%</td>
</tr>
<tr>
<td>Nicotine patch 6-14 weeks</td>
<td>23%</td>
</tr>
<tr>
<td>Zyban</td>
<td>24%</td>
</tr>
<tr>
<td>Patch + Paxil or Effexor</td>
<td>24%</td>
</tr>
<tr>
<td>Patch + Zyban</td>
<td>29%</td>
</tr>
<tr>
<td>Chantix</td>
<td>*33%</td>
</tr>
<tr>
<td>Nicotine patch &gt;14 weeks + gum or spray</td>
<td>*37%</td>
</tr>
</tbody>
</table>

*References at [www.surgeongeneral.gov/tobacco/gdlnrefs.htm](http://www.surgeongeneral.gov/tobacco/gdlnrefs.htm)
COMBINATION PHARMACOTHERAPY

Regimens with enough evidence to be ‘recommended’ first-line

• Combination NRT
  Long-acting formulation (patch)
    • Produces relatively constant levels of nicotine
      
      PLUS
  Short-acting formulation (gum, inhaler, nasal spray)
    • Allows for acute dose titration as needed for nicotine withdrawal symptoms

• Bupropion SR + Nicotine Patch
<table>
<thead>
<tr>
<th>Nicotine patch</th>
<th>Nicotine patch*</th>
</tr>
</thead>
<tbody>
<tr>
<td>21 mg 4 weeks 1 refills</td>
<td>14 mg 4 weeks 1 refills</td>
</tr>
<tr>
<td>Then 14 mg 2 weeks 0 refills</td>
<td>Then 7 mg 4 weeks 0 refills</td>
</tr>
<tr>
<td>Then 7 mg 2 weeks 0 refills</td>
<td></td>
</tr>
</tbody>
</table>

Apply patch morning of quite date & remove next morning + apply new patch

### 4 Mg Flavored Nicotine Gum

| 4 mg up to 6/day 4 wks 0 refills(#168) | 4 mg up to 4/day 4 wks 0 refills(#112) |
| 4 mg up to 4/day 4 wks 0 refills(#112) | Then |
| 4 mg up to 2/day 4 wks 1 refill(#56) | Then |

QS Chew until tongue tingly. Park between cheek and gum until not tingly. Chew max. 30 min. Dispense 4 wks at a time. Cut gum in half if too strong.

### 4 Mg Flavored Nicotine Gum

| 4 mg up to 4/day 4 wks 0 refills(#112) | 4 mg up to 2/day 4 wks 1 refill(#56) |
| 4 mg up to 2/day 4 wks 1 refill(#56) | |

QS Chew until tongue tingly. Park between cheek and gum until not tingly. Chew max. 30 min. Dispense 4 wks at a time. Cut gum in half if too strong.
Assessing Readiness to Quit In TUA

- Not Ready
- Thinking about it
- Ready
Not interested in quitting

- Ask permission to find out more – scaling
- How important is it for you to quit on a scale of 1-10? What take to move up?
- How confident are you that you can quit on a scale of 1-10? What take to move up?

Other questions

- If you decided to quit how would you go about it?
Thinking about it in next 30 days

Use motivational tools. Listen carefully
- So what’s good about your smoking?
- What’s the down side?
- Summarize in favor of smoking then in favor of quitting
- Ask- What’s the next step?
Thinking about it in next 30 days

Additional Questions

- Where does smoking fit into your future?
- What are some things that you can do to help you get ready to quit?
- What would it be like for you to quit for a day if we gave you the tools?
Assessing Readiness to Quit—READY

- Join with client—Plan together
  – Optimize System Support
  – Proven effective in clinical practice guide
  – Problem solving and relapse prevention
    ■ Negative affect and stress
    ■ Being around tobacco users
    ■ Drinking alcohol
    ■ Having urges
    ■ Smoking cues and availability of cigarettes
Assessing Readiness to Quit - READY

- Skills training (coping skills, anger management etc.)
  - Anticipate and avoid triggers
  - Strategies to reduce negative moods
  - Lifestyle changes to reduce stress
  - CBT to cope – self talk, distracting, changing routines
- Basic info on harms, benefits of quitting, waving crave, risk of one puff, withdrawal peaks 1-2 weeks
Supportive Counseling

- Support in Agency &/or Helpline or group
  - Provide encouragement - belief in ability to quit inspite of relapses
  - Show caring and concern - how is client feeling about quitting – willingness to keep helping - ask about fear/ambivalence - reinforce positive effects of quit - focus on success
Supportive Counseling

- Support in Agency &/or Helpline or group
  - Encourage talk about quitting, reasons, concerns, difficulties
  - Share examples of success (video)
    
    https://youtu.be/w1MZHrwjxlc
The Quit Plan: Five Keys

1. Get Ready
2. Get Support and Encouragement.
3. Learn New Skills and Behaviors.
4. Get Medication and Use it Correctly.
5. Be Prepared for Relapse or Difficult Situations.

Address difficulty/barriers first
The Quit Plan: Five Keys For

5. Be Prepared for Relapse or Difficult Situations.

- Living in Board and Care all smoke
- Partner smokes cigarettes
- Worried about weight gain
- Worried won’t be able to handle stress
- Doesn’t know what to do about breaks
- Afraid won’t have any friends
The Quit Plan: Five Keys

1. Get Ready - set quit date or cut down
   - Prepare - pack tracks - reduce - clarify reasons and post
   - Decide about medications and select
   - Clean house and car
   - Get hand to mouth items ready
   - Contact support people
   - Get tobacco paraphernalia out of home
   - Identify smoke free places to go
The Quit Plan: Five Keys

2. Get Support and Encouragement.
   - Intra-treatment support - staff
   - Family and friend - schedule specific support - harder to arrange
   - People to call if urge to smoke
   - Helpline, Nicotine Anonymous, Group
The Quit Plan: Five Keys

3. Learn New Skills and Behaviors - CBT
   - Positive self talk - I can go without this cigarette. I can surf craving wave
   - Self management - list triggers from self monitoring coffee – urge smoke avoid - don’t drink coffee
     alter - drink tea
     substitute – stressed - deep breathe
4. Get Medication and Use it Correctly

- Encourage medication to help with withdrawal
- Get it before quitting
- Know how to take it
- Get refills before you run out
- Carry short acting after successful quitting just in case.
Strategies that may help menthol users quit

- Information re tobacco targeting - www.blacklivesblacklungs.com
- Switching to non-menthol cigs
- Higher doses of NRT
- Varenicline for light smokers
- Menthol cough drops for hand to mouth or mint candy- mint NRT
- Culturally sensitive “Clear Pathways”
Clear Pathways
Winning the Fight Against Tobacco
FREE California Smokers’ Helpline

- Based at UC San Diego
- Highly trained staff
- Excellent resource
- Majority of clients have behavioral health challenges – use >medication-
success essentially the same
- Multiple Language lines
FREE California Smokers’ Helpline

- Provide 2 weeks nicotine patch to callers from Alameda County per protocol- can get someone started
- First call choice of mailed materials or counseling/coaching
  demographic information
  schedule first counseling call
How does one do a web referral- add to favorites

- Can support client in making the first call
- Can help to have volunteer support client through all calls.
- Or Web refer for proactive follow up
  
  [https://forms-nobutts.org/referral/](https://forms-nobutts.org/referral/)

Complete info on referrer and client contact info AND CONSENT
Other resources

- Nicotine Anonymous
- [https://smokefree.gov/smokefreetxt](https://smokefree.gov/smokefreetxt) 3-5
- Smoker’s Helpline Text program 1
- Berkeley Public Health Department Quarterly Quit Group- (510) 981-5330 QuitNow@cityofberkeley.info
- Peers – presentation at agency group to help people get started
- BecomeAnEx.org
Easy ways to help clients quit tobacco

- Any medication better than cold turkey
- Nicotine medication is VERY SAFE
- Combining meds better than one
- Behavioral support key to ongoing success
- Good Medi-Cal coverage for meds
- Use 1-800-no-butts excellent staff and/or consumer groups/individual
49 year old female

- DX: Chronic Paranoid Schizophrenia
  - Zyprexa 20 mg po q hs,
  - Neurontin 300 mg q am & 600 mg qhs
  - Prozac 20 mg po q am

- Medical History-COPD
- Smokes 2 ppd since age 21
- Lives in board and care
- After discussing for a few months - starts to cut down then ready to quit and sets a quit date.
49 year old female

- How will you help this client prepare?
- How would you approach medication in this patient?
- What is the simplest and safest way to treat?
49 year old female

- Treatment intervention
  - Cessation group at agency (or telephone counsel or online cess with Quitnet/ ALA Freedom From Smoking)
  - Individual sessions (part of med manage)
  - Nicotine patch 21 mg x 6 weeks, 14 mg x 2 weeks, 7 mg x 2 weeks.
    Might have used 21 mg + 21 mg x 1 wk, 21+14 x 1 wk, 21+7 x 1 wk then 21 mg TAR required for this
  - Nicorette gum 2 mg - taper after 6 months - quit 4 years
    (options: lozenge, spray, inhaler, zyban)
What clients who got help to quit have said

- “I don’t cough when I go up the steps. I saw my Father do the same thing and then died from COPD from smoking. That’s not going to be me.”

- “I am taking my kids to Disneyland with the money I am saving since I quit smoking.” 

-
What clients who got help to quit have said

- "My housing comes first, All the places I have looked at are No Smoking. I’m happy I found your program that has helped me to quit."
Summary

- Importance of ACBHCS tobacco policy
- Tobacco Use Assessment
- Evidence-based Treatment - Meds + Counseling
- Medication Assisted Treatment
- Counseling
- Helpline Referral
ATOD-Training-Technical Assistance-Resources

- On site Training or Program Consults re tobacco policy or treatment
- Materials-posters – signage etc.
- 4 day CEU Tobacco Treatment Specialist Training
- Tobacco Treatment conference call
- Contact Patricia Sanchez, MPH
  510-450-8338 Ext 315 or pbsanchez1@gmail.com
- Cathy McDonald, MD Cmcdonatr@aol.com