Tobacco Cessation Support Groups Imbedded in Healthcare Agencies - good for providers, even better for clients.  

By Judy Gerard

Tobacco cessation support groups imbedded in Alameda County primary care and behavioral settings are an efficient and conducive way to encourage patients/clients to quit smoking and a logical extension of services. This is definitely a win for both providers and clients. Providers are better able to control the quality of care and track clients’ progress. And clients can access these services in places that are already accessible to them, and part of their usual weekly routines and available transportation. Familiarity enhances their comfort level – they already know the staff, especially in mental health programs, and often some of the people in the groups too. The types and diversity of these groups vary from place to place depending on the clients and other issues involved. We’ve briefly showcased two quite different programs, but aimed at the same goal: to help clients quit smoking. We hope what these programs have accomplished will inspire your own efforts to help your clients to quit smoking.

(The Continued on Page 6)

The Doctor’s Page: Helping Clients with Schizophrenia Quit Smoking  

By Cathy McDonald, MD, MPH

Patients with schizophrenia CAN quit smoking. Individuals with these conditions are known to smoke more than the general population and to inhale more deeply and have higher levels of nicotine dependence. In general, they have not received the support to quit smoking that has been available to other populations. Part of the reason for this has been concern among mental health professionals that smoking helps to ease symptoms. The reality is that the smoking rate among schizophrenics is at least 60%, and they tend to be very heavy smokers – and their increased nicotine and cotinine levels are believed to be due to increased puff volume and frequency. Additionally, those with schizophrenia often live in environments with many other smokers, making it harder to quit smoking.

Numerous studies have shown that the same evidence-based methods that help other populations to quit smoking work for this population although success rates are lower. These clients may experience more quit attempts, and often require more intensive treatment and support over a longer period of time to establish continued abstinence.

(The Continued on Page 2)

Ask, Advise, Assist...Tobacco Cessation Expanding to Other Health Care Professions  

By Rosalyn Moya, MPH

The role of smoking cessation and treatments that focus on behavior change has traditionally been left to counselors, and not health care providers. This is a missed opportunity. At least 70% of people who smoke visit a physician. One-third to half of all smokers visit a dental office each year, according to CDC’s guidelines and the Smoking Cessation Leadership Center respectively.

Additionally, about one out of five patients who visit the pharmacy are smokers. Health providers such as dentists, pharmacists, doctors and nurses all have the opportunity to see smokers and provide cessation information and resources. It makes sense that smokers see health providers more since the burdens of tobacco can increase and exacerbate many health problems.

(The Continued on Page 5)
HELPING CLIENTS WITH SCHIZOPHRENIA QUIT SMOKING
By Cathy McDonald, MD, MPH, FAAP, ATOD NETWORK Project Director (Continued from Page 1)

Numerous studies have shown that the same evidence-based methods that help other populations to quit smoking work for this population although success rates are lower. These clients may experience more quit attempts, and often require more intensive treatment and support over a longer period of time to establish continued abstinence.

An issue that frequently comes up is how does smoking help a person with schizophrenia? Patients with schizophrenia often smoke very intensely and many cigarettes per day. Some of this may be because they need the high levels of nicotine they get from smoking in order to provide enough nicotine to stimulate the alpha-7 nicotinic receptors. These receptors are reduced in number and function in schizophrenia causing abnormal electro-physiologic measures, saccadic eye movements and decreases in working memory, conditions that are reversed when the person smokes cigarettes. These same reversals can be achieved with 4mg nicotine gum and/or nicotine nasal spray without the additional 3999 dangerous chemicals found in cigarettes. Unfortunately the improvements in these deficits last only about 10 minutes, underscoring why long acting nicotine patch with short acting meds like gum and spray can be particularly effective. In addition to the effects of smoking on alpha 7 nicotine receptors, smoking also affects p50 gating. Clozapine improves p50 gating which helps to screen out extraneous sounds, similar to what smoking does – thus it makes it a bit easier to quit smoking when a patient is being treated with Clozapine.

A 2 year follow-up study established that patients with schizophrenia who reduce smoking, are more likely to quit smoking. Reduction is sometimes accomplished by using NRT, (nicotine patch, gum, lozenge), while still smoking. Contrary to popular belief this is not a dangerous practice, but rather it is a practice referred to as ‘reduce to quit,’ – sometimes used in patients who need to quit but are not motivated, or for those who really want to quit but have no confidence that they can quit.

Because of the fact that hydrocarbons in tobacco cause rapid clearing of certain psychotropic drugs, clients who quit tobacco need to be monitored for signs of overdose or toxicity after about 3 weeks of not smoking, and as in the case below, a patient may need his medication dose decreased if it is one of the affected medications.

Although the nicotine nasal spray is initially irritating, if the 4 mg gum does not work, the spray is a great alternative. With the spray venous nicotine levels peak after 4-15 minutes and it can be repeated in quick succession up to 5 times an hour if necessary. Use of nicotine nasal spray has been associated with increased scores on tests of verbal memory. In an instructive review article about treating tobacco in schizophrenia, Dr. Williams describes in detail the case of a 41 year old man with schizophrenia who smoked 30 cigarettes a day and had tried 20 times to quit, never lasting more than 3 days. He was treated with 550 mg of Clozapine daily and 50mg of clomipramine daily. With extensive medical and behavioral support over a period of several years he was able to quit tobacco – trying 8 times before ultimately being successful. He was put on a regimen of nicotine patch and frequent nicotine nasal spray for rapid craving relief and nicotine inhaler at other times. He received 16 visits prior to successful quitting and 10 visits after successful quitting over a 5 year period. He used the inhaler and nasal spray for several years before tapering off and has maintained abstinence from cigarettes for a number of years. He also experienced significant improvements in his mental status and functioning. He moved from a day program to attending college. His Clozapine dose was reduced to 300 mg per day.

An alternative to using nicotine replacement for those with schizophrenia who want to quit would be to use varenicline. This drug works on the alpha 4 beta 2 nicotine receptor which helps patients to put down cigarettes. Although it has been reported to cause erratic behavior and suicidal ideation or completion, a recent study by Dr. Jill Williams et al, demonstrated that it was no worse than placebo in patients with stable schizophrenia and it clearly helped people to quit smoking. Because of the concerns that have come up it does have a warning label and therefore it is important to assess the client’s past and current behavioral state and to be sure that the patient is reliable and will go to get help if he starts to experience behavioral change.

Varenicline is an alternative to NRT treatment that does not have any known impact on the Alpha 7 nicotine receptors. Bupropion has also been found to be effective in treating schizophrenia patients for tobacco dependence and is another alternative.

Evidence-based treatment for tobacco is medication plus counseling to change behaviors associated with tobacco use that sustain the addiction. Any tobacco treatment for a patient with schizophrenia needs to include individual and/or group counseling to help the patient to make changes in their patterns and lifestyle to be able to stay tobacco-free and avoid relapse as much as possible. This is an important part of a tobacco treatment plan and often goes on for months, and/or years, as the patient continues with new quit attempts after each relapse. This is a normal part of the process of change in anyone and is exacerbated with addictions – thus it is important for both patient and provider to be patient and for the provider to give on going support. **Note: There is no evidence that quitting smoking leads to worsening of schizophrenia.**

Helping patients with schizophrenia to quit smoking can go beyond the actual dynamics of counseling and medication when staff at behavioral health agencies are trained to integrate tobacco treatment into their work and maintain tobacco-free grounds consistent with Alameda County Behavioral Health Care Services Tobacco Policies and Consumer Treatment Protocols, which can be found at the BHCS website: abhcs.org (under the Tobacco Treatment and Resources tab). Another important step in supporting clients to be tobacco-free, is to work with board and care providers to establish tobacco-free homes and grounds, and encourage board and care providers to support clients in quitting tobacco and/or establish some homes restricted to those who are tobacco free. At times caregivers have been enlisted to make sure a patient puts on his patch every morning and takes off the old one.

According to Dr. Luis Roxas, a psychiatrist at Eden Community Support, the combination of intensive counseling (weekly individual meetings, or group if available) and aggressive nicotine replacement (2-3 medications) can be very effective for some clients. Dr. Roxas individualizes his treatment based on the client's personality, strengths and weaknesses, so he really tries to get to know his clients well during the initial evaluation. He uses a lot of simple and practical interventions, and often takes on the role of becoming either a coach or a teacher, depending on the patient. He also thinks it's important to make adjustments with the approach if the intervention is not working. A 'cookbook' approach most often will fail in most of our clients. The interventions need to be tailored to the client. In some cases Dr. Roxas gives specific instructions, such as setting specific times to practice alternative behaviors instead of smoking during times of highest risk. These high risk times can be first thing in the morning, when the client is bored or restless, and while socializing with others.
What are the keys to successful tobacco treatment in patients with schizophrenia?

1. Patience and perseverance on the part of the patient and the provider
2. Accepting a goal of smoking reduction initially
3. Providing nicotine replacement patch even if the patient does not want to quit to help the patient reduce.
4. High dose combination NRT – short acting NRT combined with patch over long periods of time as needed for the patient
5. Ongoing counseling and support for prolonged periods of time through multiple quit attempts may be necessary and continued support after quitting to sustain abstinence
6. Ability to live, work and play in a tobacco-free environment

A recent local case, managed at an Alameda County community clinic, involved a patient with schizophrenia in remission who had previously failed to quit on varenicline, but really wanted to quit. This patient began to use the patch under his doctor’s supervision to help him cut down and got help from a smoking cessation counselor. Initially he continued to smoke the same number of cigarettes but he attended a smoking cessation group. Over the course of several months he cut down and began supplementing his patch with nicotine lozenge and was able to stop smoking cigarettes. By the end of a year he had stopped smoking cigarettes and was using about 6 lozenges a day and was continuing to attend and lend support to others in the smoking cessation group.

JAMA Article – Helping people who smoke and are struggling to quit.

An article in the Journal of the American Medical Association on October 16th, 2012 by tobacco expert Nancy Rigotti MD, presents the case of a hypothetical 50 year old with depression treated with Prozac who smokes 15-20 cigarettes per day (cpd). When asked about quitting he says he has tried everything and nothing works. He had used a nicotine patch for 5 days and stopped due to cravings. He cut down to 5 cpd while taking bupropion for a month and he has heard of varenicline, but thinks it might be dangerous and wonders if he should use an electronic cigarette. The article goes on to review what constitutes evidence-based tobacco treatment in detail and concludes by noting that although this patient believes he has tried everything he really has not. He has never had counseling, combination pharmacotherapy or varenicline and his trial of nicotine replacement therapy (NRT) was inadequate. Dr. Rigotti notes that she would discourage the use of the e-cigarette due to the absence of data to support safety and efficacy for cessation and the fact that the client has not tried the following effective FDA approved options:

- Patch plus gum, lozenge, inhaler or nasal spray
- Varenicline with appropriate screening and supervision
- Combination NRT and bupropion (since he had partial success with bupropion in the past and it can be used with SSRI’s like Prozac)

Dr. Rigotti’s final words are “Whatever he tries it is important to encourage him to keep trying, assure him that he can succeed, monitor his progress, and continue to offer help at each visit.”

*** Note” In her article Dr. Rigotti mentions ‘reduce to quit’ which is a method that can help even those who are not interested in quitting to be successful. It consists of providing NRT, usually nicotine patch while the patient continues to smoke. The majority of people who smoke who do put on a patch will cut down their smoking.

Rigotti N. Strategies to Help a Smoker Who is Struggling to Quit. JAMA. 2012;308(15):1573-1580.


HOW TO CONDUCT A HEALTHY LIVING CLASS
WITH A FOCUS ON TOBACCO INTERVENTIONS
This is a skill building workshop on how lead a series of healthy living classes that integrates tobacco interventions in each class.

Lead Trainer:
Cathy McDonald, M.D., MPH, ATOD Project Director

Description:
Participants will learn how to utilize the 20 session Learning About Healthy Living curriculum developed by a psychiatrist and a team of social workers, specifically designed to help motivate mental health clients to consider quitting smoking. The curriculum incorporates tobacco interventions in each session as clients learn how tobacco-use affects their ability to make healthy living choices and attain a higher level of wellness and recovery. The curriculum has been tested and studied as an effective approach to increase client awareness of the impact of tobacco use. Participants will receive a copy of the curriculum and have practice time during the workshop.

Who Should Attend:
Clinical Staff of mental health programs who are seeking an effective Health Living Group curriculum and want to learn how to lead healthy living groups in your agency. If possible, come with another person from your program.

Learning Objectives: At the end of the training, participants will be able to:
- Understand the rationale of including tobacco interventions in all sessions of healthy living classes.
- Learn how healthy living classes can be an important factor in motivating clients to quit smoking.
- Be able to conduct a series of healthy living classes with a special focus on tobacco use.

Tuesday, Dec. 4, 2012
8:30 a.m. - 12:30 p.m.
FREE Training - FREE Parking

Behavioral Health Care Services
2000 Embarcadero Cove, 4th Floor
Oakland, CA 94606

Gail Steele Room - formerly Alameda Room

For more information, please call
Judy Gerard at 510-653-5040 x 349.
Please register using the form below.

REGISTRATION FORM
Please fax registration to Rosalyn Moya at 510-653-6475
or Email the following information to moyar@sutterhealth.org

IMPORTANT: Registration deadline is November 29, 2012. Please register early.

NAME: ____________________________ AGENCY: ____________________________

MAILING ADDRESS: ____________________________

EMAIL: ____________________________

DAY PHONE: ____________________________ FAX: ____________________________

DISCIPLINE: ____________________________ LICENSE #: ____________________________

Because of budgetary constraints in Alameda County, we will be unable to provide food.
Please bring your own snacks and beverages.
Besides primary care doctors, health providers from areas, such as emergency, pre-natal, and surgery, as well as pediatricians may access patients who do not regularly seek health care services except at these particular circumstances, such as during pregnancy or emergencies. Surgeries and pregnancies are critical events to consider quitting.

In addition to increased opportunities for health providers to access smokers, advice and counseling and/or referral are great ways to help patients personally connect and get help on quitting smoking. Even minimal counseling by a health provider, three minutes, shows increases in abstinence rates. McCullough’s study looking at a two question intake asks if patient is a “current smoker?” and has “plans to quit?” This showed increased rates in identification of smokers and cessation counseling. Coordinated care and treatment of tobacco dependence consistently from all health providers and institutionalizing the treatment of tobacco dependence in the health care setting is critical for patient health as they should not have to fight nicotine addiction alone.

Studies show the power of strategic advice from healthcare providers. Studies reveal that quit rates increase for patients who receive advice from any health care professional compared to no advice. For example, Kruger et al. found that people who received advice to quit smoking were more interested in quitting than respondents who did not receive advice from their health provider. Another study, by Bao et al, found that advice doubles, from 6.9% to 14.7%, the success for quitting. Advice increases interest in quitting and increases success for those trying to quit. In addition to leveraging teaching opportunities for tobacco cessation, health providers’ can access patients who smoke and are thinking of quitting.

More than 70% of smokers in the United States report that they want to quit, and about 44% report that they try to quit each year. Unfortunately, many of these efforts are unassisted and unsuccessful, with a 4% to 7% success rate. This emphasizes the importance of integrating tobacco cessation interventions in multiple health care practices are key in accessing and assisting smokers to increase their motivation and chance for success in quitting this deadly addiction.

Highland Hospital has an Integrative approach to smoking cessation. Patients access Highland Hospital’s smoking cessation program through a physician order referral system in which doctors consistently ask patients about their smoking status and record it in their admission form, a simple check box, which goes to the pharmacy. Physicians order smoking cessation counseling for all smokers, in which pharmacy students and interns provide counseling and education on how to use cessation medication while the patient is in the hospital. The program is unique because, with clinical pharmacist oversight, pharmacy students and interns run the program at the pharmacy. About 3-4 patients are seen per day and the program has been running for about six years. Despite staff turnover, capable new students and interns are trained in tobacco cessation using motivational interviewing techniques and brief tobacco cessation counseling techniques, taught at trainings conducted by Dr. McDonald and Judy Gerard from the ATOD Network...
Tobacco Cessation Support Groups Imbedded in Healthcare Agencies - good for providers, even better for clients:  
(Continued from Page 1)
By Judy Gerard

Alameda County Medical Center (ACMC) was one of the first county healthcare systems to begin offering one-on-one cessation counseling as part of their system of care for patients at Eastmont Wellness Center in 2005. The program was first started with ‘seed funding’ from the Alameda County Tobacco Control Program, and supported with technical assistance by the ATOD Network staff for several years as the program rooted and became established. Since then, full-time cessation counselor, Dalys Wright, MPH, has implemented services at three other ACMC sites – Newark and Winton Wellness Centers, and at Highland Hospital. In addition to providing one-on-one counseling, in recent years she has also conducted a weekly 2-hour cessation group at the Eastmont site, alternating every other week between English and Spanish.

She also facilitates a monthly support group at Eastmont, that is open to anyone, but attended mainly by African Americans, who statistically have higher rates of smoking, and often a harder time quitting. This very popular group, with an attendance range of 3-12, has been meeting since March 2010, and provides a place for clients to talk about how they manage urges to smoke, and stay in touch with their reasons to quit, and a place to come when they relapse. Many of these clients have tobacco-related chronic health conditions, a motivating incentive for people to quit and stay quit. Dalys reports that the discussions are often quite lively, and sometimes even involve group members conducting gentle, interventions with a member whose motivation and desire to quit seems doubtful. One woman with COPD received such a group intervention, that put her on a more intentional path, and she was able to quit a few months later. A couple men in this group have been quit for 2.5 years, which is very inspiring to newcomers who are struggling to quit, or for those who have relapsed and want to try again. The group celebrates the Great American Smoke Out, in November each year, participating in an activity called ‘Beat the Tobacco Piñata,’ using a homemade piñata stuffed with sugar-free candy and gum, and motivational messages. This can be quite an emotional ritual as participants beat the piñata and vent their anger and frustration over family and friends whose health and lives have been compromised by tobacco use.

ACMC provides nicotine replacement therapies, (NRT), and tobacco treatment prescription medications to clients under Medi-Cal (including Alameda Alliance and Blue Cross), Medicare and HealthPAC. Most clients prefer the nicotine patch and Bupropion, but other tobacco treatment medications are also used. The ACMC tobacco cessation program, a service provided through the Health Education Dept., has reached a point where Dalys would welcome some additional help. Demand for services continues to grow. Dalys can be reached by email at dawright@acmedctr.org.

The Alameda County Behavioral Health Care Services (BHCS), Conditional Release Program - CONREP is a forensic mental health outpatient program that provides services for about 30 patient/offenders who have been discharged by state mental health hospitals on a legal commitment – ordered to receive intensive clinical case management, individual and group therapy for mental health treatment and substance abuse issues, along with other related services, as a condition of their release. Clients’ diagnoses included paranoid schizophrenia, schizoaffective disorder and bipolar, and are treated and managed by an on-site psychiatrist.

According to CONREP social worker, Helene Hoenig, LCSW, a majority of her clients smoke. Many of her clients weren’t able to smoke while they were hospitalized, but resumed smoking as soon as they were discharged to the community. She saw an opportunity to help those clients who might be interested in quitting, by providing weekly cessation group services. Last April, 2012, Helene attended a 2-day training on how to use the Tobacco Intervention Program, (TIP) a cessation curriculum, developed specifically for people with substance use issues by ATOD Network staff Dr. Cathy McDonald and Judy Gerard, in consultation with American Lung Assoc., Freedom From Smoking, cessation specialist and facilitator, Gloria Soliz.

(Continued on Page 7)

Need help with your patients?
Dr. Cathy McDonald provides free technical assistance on tobacco dependence treatment and cessation techniques to physicians and other medical staff.
Call her at: 510-653-5040 X 315.
Helene started offering the cessation groups in early June. Attending the group was optional, but it counted toward weekly group attendance requirements. Nine (9) clients participated over a 10 week period. Attendance varied, including a couple of clients who joined the group after it had begun.

The results varied. One group member had been a chronic smoker for years, but had quit smoking 7 years ago. He came to the group for support against relapse. Another client quit just before the group started in anticipation of the support the group would offer. She has remained quit for the last 4 months. Two (2) others were able to quit for several weeks, but have relapsed and are now smoking again. One attended 5 sessions and cut down, but felt his psychiatric symptoms were increasing due to nicotine withdrawal. Several others were able to significantly cut down on the number of cigarettes they smoked per day. The CONREP psychiatrist prescribed NRT, (patches, gum, lozenges), that some clients used with varying degrees of success.

At one point during the program, Helene invited Jader Tadefa from PEERS (See Award for Excellence), to present the popular PEERS PowerPoint presentation that covers tobacco education, harm reduction and benefits of quitting. After the 10 sessions ended, the group decided they wanted to continue meeting as a support group. Even though this new support group doesn’t count toward their weekly group attendance, many of the group participants continue to attend. Helene said she would start another 10 week session as demand arose. Helene Hoenig can be emailed at HHoenig@acbhcs.org.

Award for Excellence …. Congratulations to Jader Tadefa of PEERS
Photo of Jader from Peers newsletter

Jader Tadefa works at PEERS, a Behavioral Health Care Services supported organization that offers programs to promote wellness and recovery among mental health consumers in Alameda County. Jader, who is in recovery and has also stopped smoking, coordinates a program, and is the primary presenter, that offers tobacco education to consumers at mental health provider programs and in community settings. The PEERS Peer to Peer Tobacco Education and Harm Reduction program is designed to give consumers the facts about tobacco-use, the benefits of quitting and information on tobacco addiction and treatment, in an effort to create more awareness and help motivate consumers to seek help in quitting smoking.

Jader took over the program about a year ago, and it seems to have become quite a passion for him. Using a Power Point set-up, Jader travels around the county to make presentations at provider sites and venues where consumers work or gather to socialize. Last year he made presentations at over 22 sites, to ‘rave’ reviews from his peer audiences. His quiet, soft-spoken, non-judgmental demeanor, makes him a popular and excellent presenter that agencies are eager to have come back again. He engages consumer audiences by telling his own story, encourages discussion, and a very supportive approach to this important, but sensitive topic among these groups, often comprised of heavy smokers. Additionally, last spring, he also recruited and trained 14 other PEER presenters on how to make these presentations. Some of them accompany him as he makes his rounds of mental health treatment agencies and consumer groups.

Last June, the Alameda County Tobacco Coalition presented Jader with a Community Service Award that recognized him as an outstanding role model and for his exemplary work in the community. In the future he hopes to lead tobacco cessation support groups for his peers in recovery. We’re hoping to be able to train him and a few other interested peer counselors to institute peer led cessation support groups in several locations in the county in the near future. To set up a presentation, contact Jader at jtadefa@peersnet.org Phone: 510- 827-7438.
ATOD NETWORK UPCOMING TOBACCO TRAININGS

Nov. 20, 2012 - Enhanced Motivational Interviewing as a Tobacco Cessation Intervention
♦ Held at the Behavioral Health Care Services headquarters at 2000 Embarcadero, Oakland, CA
♦ 8:30 am to 12:30 pm

Dec 4, 2012 - How to Conduct a Healthy Living Class with a Focus on Tobacco Interventions
♦ Held at the Behavioral Health Care Services headquarters at 2000 Embarcadero, Oakland, CA
♦ 8:30 am to 12:30 pm

Dec. 18, 2012 - Cessation Provider Roundtable Workshop
♦ Held at the Behavioral Health Care Services headquarters at 2000 Embarcadero, Oakland, CA
♦ 8:30 am to 12:30 pm

Email: moyar@sutterhealth.org for training flyers

**ON-SITE STAFF TRAININGS AVAILABLE**
Alameda County AOD, Mental Health, and Primary Care Providers can schedule an on-site staff tobacco training at your agency by calling Judy Gerard at (510) 653-5040 X 349.

Cessation Providers
Welcome!!! Roundtable Workshop - Dec 18, 2012

Learn from your peers about their tobacco treatment interventions and cessation support programs. Get help from the experts. Group practice discussion, networking and resource sharing. FREE. CEU’s available.

Tuesday
Dec. 18, 2012
8:30-12:30pm
Held at Behavioral Health Care Services 2000 Embarcadero, Oakland, CA

Space is limited. Please RSVP by Dec 13, 2012
For more info:
Call Judy Gerard 510-653-5040 ext 349
or email Judy at atodnetjudy@aol.com

The Nicotine-Free News is available by email.
Contact moyar@sutterhealth.org