

# How to make a Tobacco Treatment Group the most popular group at your agency!



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**ALAMEDA COUNTY HEALTH CARE FOR  
THE HOMELESS  
TRUST CLINIC**

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# 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

Schroeder, S.A., Morris, C.D. (2010). Confronting a Neglected Epidemic: Tobacco Cessation for Persons with Mental Illnesses and Substance Abuse Problems. *Annual Review of Public Health*. 31:1, 297-314

# 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)
- Brown, R. A. (2003). Intensive Behavioral Treatment. In D. B. Abrams (ED.) *The Tobacco Dependence Treatment Handbook: A Guide to Best Practices* (pp. 115-177). New York, NY : The Guilford Press.
- Williams, J. et al (2005). *Learning About Healthy Living: Tobacco and You.*



# 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 take away 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



Image	Name
Nail Polish Remover	Butane
Lighter Fluid	Arsenic
Paved Road	Acetone
Rat Poison	Tar

# 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.



# Group Activity Two



Symptom	Cause	Duration	Relief
Feel tired	Nicotine is a stimulant	2-4 weeks	Take naps, NRT
Trouble sleeping	Nicotine influences sleep patterns	1 week	Avoid caffeine after 12noon, relaxation techniques
Irritability	Craving for nicotine	2-4 weeks	NRT, relaxation techniques

# Group Activity Three



- **Title: Pop Quiz!**
- **Feedback:**
  - Exciting, health competition
  - Participants were very engaged
  - Led to lively discussions

# Group Activity Three



1. Heart disease is the number one preventable death in the United States.

# Group Activity Three



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)

# Group Activity Three



2. In 2014, the tobacco industry spend more than \$9 billion on advertising and promotion of cigarettes (about \$1 million every hour)

# Group Activity Three



2. TRUE. The tobacco industry spent more than \$9 billion on advertising and promotion of cigarettes.

# Group Activity Three



3. Nicotine is at least as addictive as alcohol, heroin, and cocaine.



# Group Activity Three



3. TRUE. Nicotine is as addictive as alcohol, heroin, and cocaine, and is often harder to quit.

# Group Activity Three



4. Around 1,000 chemical compounds are created by burning a cigarette.

# Group Activity Three



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.

# Group Activity Three



5. Around 90% of smokers start smoking at 16 years of age.

# Group Activity Three



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.

# Group Activity Three



6. Lung cancer is the only cancer smokers really need to be concerned about.

# Group Activity Three



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.

# Group Activity Three



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 Replacement Therapy - small controlled amount of nicotine to help manage "cravings" & withdrawal symptom without dangerous chemicals found in cigarettes (harm reduction)

	Patch	Gum	Lozenges
Pros	- peel, stick, forget about it (easy to use) - one daily dosing	oral fixation delay weight gain	oral fixation delay weight gain
Cons	skin irritation	taste	

# Conclusion



- 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?

