

People With Mental Health and Addiction Problems – The Forgotten Smokers?

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Why Forgotten?

- ◆ 40 years of reducing smoking rates EXCEPT for smokers with mental illness or addiction
- ◆ Unidentified high risk group?
 - Little data on tobacco use in this group
 - Little data on tobacco-caused disease in these groups
- ◆ Assumption: they don't really want to quit?
- ◆ Assumption: none of them are able to quit?
- ◆ Assumption: their behavioral health problems will worsen if they give up tobacco
- ◆ False beliefs and Stigma leads to no change

Barriers to Addressing Smoking

- ◆ Provider Resistance
- ◆ Patient Resistance
- ◆ Family Resistance
- ◆ Concern about exacerbation of symptoms, relapse, and increased acting out
- ◆ Concern about interaction with psych meds
- ◆ Easy Access
- ◆ Taking away their only pleasure

Consequences & Costs of Not Treating Tobacco in the Behavioral Health System

- ◆ Increased Mortality
- ◆ Increased Morbidity
- ◆ Increased use of health care resources
- ◆ Decreased Quality of Life
- ◆ Increased Societal Costs, including costs to employers

This is a health disparity issue

- ◆ A sizeable segment of the population is consuming tobacco 2-3x the rate of the rest of the population.
- ◆ The system in which they receive care currently does little to change tobacco use.
- ◆ The behavioral health system needs a radical change to solve this problem.
- ◆ Tobacco control has largely ignored this issue

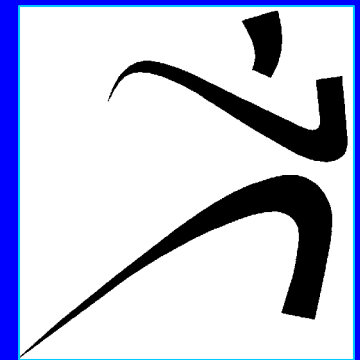
This is a systems issue affecting many more than just the clients

- ◆ Smoking prevalence is high among staff in the behavioral healthcare system and their families
- ◆ It also has a knock-on effect on the families of clients in the behavioral healthcare system
- ◆ It is the system and the culture within the system that needs to be changed. This will create a lasting effect.

Barriers to Tobacco Dependence Treatment

- ◆ Lack of staff training
- ◆ “not my role” – go to primary care
- ◆ Staff fear that patient’s will misuse NRT or smoke while taking NRT
- ◆ Staff who smoke – normalize smoking, staff may help patient’s access cigarettes, program may sell cigarettes
- ◆ Restrictive formulary or coverage of the cost of medications
- ◆ Limited income and cannot afford OTC medications

The Steps for Becoming a Tobacco-Free Facility



1. Acknowledge the profound challenge tobacco creates for the treatment community
2. Establish a leadership group or committee and secure the commitment of the organization in writing
3. Develop a tobacco-free policy
4. Establish a policy implementation timeline with measurable goals & objectives

5. Conduct staff training
6. Provide ongoing recovery options for staff who use tobacco
7. Assess and diagnose tobacco use in patients and use this in treatment planning
8. Incorporate tobacco & nicotine information in patient education curriculum

9. Establish ongoing communication with 12-Step recovery groups, professional colleagues, and referral sources about policy changes.
10. Require staff to not be identifiable as tobacco users
11. Establish tobacco-free facility and grounds
12. Implement comprehensive nicotine dependence treatment throughout program

Some recent publications on tobacco treatment and mental health

- ◆ <http://www.tobaccoprogram.org/staffarticles.htm>
- ◆ Foulds J, Williams J. Tobacco use, cataracts and schizophrenia. *American Journal of Psychiatry* 2005; 161:1113-1115 (let)
- ◆ Foulds J, Gandhi KK, Steinberg MB, Richardson D, Williams J, Burke M, Rhoads GG. Factors associated with quitting smoking at a tobacco dependence treatment clinic. *American Journal of Health Behavior* 2006; 30:400-412
- ◆ Han ES, Foulds J, Steinberg MB, Gandhi KK, West B, Richardson D, Zelenetz S, Dasika J. Characteristics and smoking cessation outcomes of patients returning for repeat tobacco dependence treatment. *International Journal of Clinical Practice* 2006 September; 60(9): 1068-1074.
- ◆ Ziedonis DM, Guydish J, Williams J, Steinberg M, Foulds J. Barriers and solutions to addressing tobacco dependence in addiction treatment programs. *Alcohol Research and Health* 2006; 29(3): 228-235.
- ◆ Foulds J, Williams JM, Order-Connors B, Edwards N, Dwyer N, Kline A, Ziedonis DM. Integrating tobacco dependence treatment and tobacco-free standards into addiction treatment: the New Jersey experience. *Alcohol Research and Health* 2006; 29(3): 236-240
- ◆ Williams J, Foulds J. Successful tobacco dependence treatment in schizophrenia. *American Journal of Psychiatry* 2007 February; 164(2):222-227

Screening for behavioral problems at assessment

- ◆ <http://www.tobaccoprogram.org/questionnaires.htm>
- ◆ Ask about history of treatment
- ◆ Ask about specific diagnoses
- ◆ Screening using K-6
- ◆ Use same screening tool to monitor/evaluate changes in mental health

What did we learn?

- ◆ Tobacco treatment can be successfully integrated into addictions treatment
- ◆ Most clients want to address tobacco
- ◆ Treating tobacco did not cause clients to leave treatment early
- ◆ The greatest resistance comes from staff
- ◆ Tobacco-free grounds were cited as the most challenging aspect of implementation
- ◆ Enforcement of licensure standards is key
- ◆ NRT helps treat withdrawal symptoms
- ◆ Now is the time for behavioral services to treat tobacco with the seriousness it deserves

Conclusions

- ◆ **Combining policy change, staff training and treatment integration can successfully change the tobacco culture in behavioral health settings.**
- ◆ **Other behavioral health facilities have made the transition to a tobacco-free facility relatively smoothly (e.g. Ann Klein and Princeton House). It is not a small change, but it is doable. The time is right.**
- ◆ **Behavioral health patients can quit smoking but may require more intensive face-to-face treatment and pharmacotherapy from someone trained to provide tobacco dependence treatment.**