
Barriers and Solutions to Addressing Tobacco Addiction in Addiction and Mental Health Treatment Settings

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Tobacco Use and Psychiatric Disorders

- 20% of Americans have mental illness and / or a substance use disorder (not including tobacco addiction).
- Nicotine dependence is 2 to 3 times more common in this population than the general population.
 - Roughly 75% of our patients vs. 23% all adults in general population
- This population consumes 44% of all the cigarettes in the United States.

Why Address Tobacco Dependence in MH / Addiction Treatment Settings?

- Most individuals in addiction recovery will die because of tobacco-caused medical diseases
- It's a chemical addiction
- Addressing is pro-recovery and wellness
- Tobacco-caused medical diseases reduce the Quality of Life and worsen recovery outcomes
- Second Hand Smoke impacts Smokers and Non-smokers

Massachusetts DMH Data: Clinical Research in Our Clinical Programs

- 26 years shorter life
- Leading causes of death:
 - Cardiovascular
 - Cancer
 - **Respiratory disease**
 - Infections**
 - Diabetes**

Also address obesity, nutrition, exercise, stress management, mood management, vocational rehabilitation, relationship building, and significant ~~other risk factor reduction~~

Clinical, Program, & System Issues

- What are the ongoing barriers?
- What are the innovations?
- How do we continue to change the field to better address tobacco use and dependence?
 - Clinical - screen, assessment, treatment
 - Program - training, QI, program integrity
 - System - collaboration, networks, financial

Barriers to Addressing Tobacco Dependence

- Smoking is still “normal” in most of our settings.
 - Cigarettes are reward and withheld as consequence.
- Staff, Patient, and Leadership attitudes set tone.
 - Clinic “lore:” “tobacco isn’t a real drug,” “too hard to quit all substances,” “quitting tobacco will worsen treatment and recovery,” “patients aren’t interested.”
- Dependent Staff may be ambivalent about treating tobacco or supporting culture change.
- Lack of Staff Training
- Lack of Resources and Financial Support

Like other addictions – one day a at a time ----- there is hope

- Staff and Patients
- Multiple quit attempts
- Really working the steps, Fellowship – support, relapse prevention, 90 / 90, etc
- Utilizing all the tools in the toolbox
 - Screen, Assessment, Treatment Plan
 - Feedback
 - ‘Medications
 - Counseling
 - Nic A

Adopting Evidence Based Practice: Need Program Change & Staff Training

- We need to change the culture so that “not smoking” is “the norm”
- Add to Problem List: 305.1 & 292
- Strategies for Lower-Motivated
 - Feedback Tools & MET
 - Wellness and Recovery / Healthy Living Groups
 - Nicotine Anonymous
 - Other psychosocial treatments

Steps for Addressing Tobacco within Treatment Programs

1. Establish Preliminary Organizational Goals for change
2. Establish a leadership group and have them commit to change
3. Create a Change Plan and Timeline that are realistic
4. Create some short term goals that are easily achievable and inform others of these successes
5. Conduct staff training and ongoing supervision
6. Support recovery for staff who are tobacco dependent

Steps for Addressing Tobacco within Treatment Programs

7. Require better assessments & treatment planning
8. Incorporate patient education materials
9. Support medications for tobacco dependence treatment
10. Integrate motivational, stage-based psychosocial treatments throughout
11. Develop onsite Nicotine Anonymous meetings
12. Develop written Addressing Tobacco Policies

Step 7: Document Assessment and Treatment Planning

- Train staff
- Change intake/assessment forms
- Modify existing tools
 - Addiction Severity Index
- Motivational assessment
- Add nicotine dependence (305.1) & nicotine withdrawal (292) on problem list

Personalized Feedback: What mattered most

- Carbon Monoxide Meter score and feedback
 - Big impact on patients
 - Short and Long-term Benefits to quitting
- Cost of Cigarettes for the year
- Medical Conditions affected by tobacco
- Links with other substances, relapses, etc.



Patient Care Policy Issues

- Screen all patients for tobacco use on admission as part of the initial assessment
- Tobacco abstinence required of patient population
- Incorporate tobacco dependence into the Addiction treatment plan using PHS 2000 guidelines
- Integrate tobacco education into existing programming
- Pharmacotherapy is offered
- Document all tobacco interventions in patient chart
- Prioritize referral to tobacco-free facilities and 12-Step meetings as part of continuing care recommendation

Policy Items for Consideration

- Environmental Policy
 - Tobacco-free facility, grounds and vehicles. Ban sales of cigarettes and tobacco paraphernalia
- Employment Policy
 - Tobacco dependence training is required of all staff
 - Staff is prohibited from smoking at the facility, having tobacco paraphernalia in their work environment, or show evidence of tobacco use during working hours
 - Policy communicated during orientation and annual employee performance review

Smoke Free Policy Movement

- Recognition of harm both from smoking and second hand smoke is building momentum behind movement to ban smoking.
- Smoking is now banned in many public places, in workplaces where over 60% of Americans are employed, and increasingly in public outdoor places.
- Over 40% of public mental health facilities ban smoking and the number is increasing.
- Over 600 hospitals nation-wide have smoke-free or tobacco-free campuses.
- The proportion of smokefree substance use facilities is growing.
- Smoking bans are a factor in both stimulating interest among consumers and clients and in addressing tobacco within facilities.

Moving Forward: Solutions

- Develop specific policies to address tobacco use (Environment, Staff, Patients).
 - Where smoking is allowed, where not, and consequences.
 - Whether policy will require that no staff be identified as a smoker. (May need to provide/use NRT to manage withdrawal during work hours.)
 - Requirement to evaluate consumers for tobacco dependence as part of treatment planning.
 - Use of CO monitor and medication changes in formulary.

Moving Forward: Solutions

- Start with easy system changes.
 - Reduce visibility of smoking areas (not by front door).
 - Ban sales of cigarettes and tobacco paraphernalia.
 - Prohibit staff from smoking with consumers or giving the appearance of smoking.
 - Prohibit using cigarettes to reward and punish.
 - Limit hours and places for smoking.
 - Encourage development of nicotine recovery groups.

Moving Forward: Solutions

- Adopting 100% tobacco free environment policy.
- If this goal is selected – how long this takes depends on the organizational readiness for change.
 - Could take 6 months to 2 years
 - Challenging to implement but best promotes drug-free recovery and healthier treatment.

References

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Questions?