

# Smoking Cessation in Mental Health: Problems, Process, & Peers

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# Overview of Today's Talk

- Why is it important to quit smoking?
  - Especially for priority populations (i.e., SMI)
- What helps people quit smoking?
- Journey in & out of addiction
- Successful strategies for cessation

# Why is it important to Quit?

- “Cigarette Smoking...

is the chief, single, avoidable cause of death in our society and the most important public health issue of our time.”

*C. Everett Koop, M.D.  
former U.S. Surgeon General*

# Special Populations: SMI

- Individuals with serious mental illness (SMI; e.g., schizophrenia and bipolar disorder) are...
  - More likely to smoke cigarettes
  - Smoke more cigarettes per day
  - Take in more nicotine and tar from each cigarette

*Source: Dr. Marc L. Steinberg, an assistant professor of Psychiatry @ the UMDNJ-Robert Wood Johnson Medical School*



# Smoking Among People with Mental Illnesses

- 44% of all U.S.-made cigarettes are smoked by people with mental illnesses
- 60-90% of people with mental health diagnoses smoke
- Nearly 50% of tobacco-related deaths in the U.S. each year are among people with mental illnesses
- People with mental illnesses are often not advised to quit smoking

# Smoking Prevalence

## Smoking Prevalence among People with Mental Illnesses:

- Major depression.....50 to 60%
- Anxiety disorder.....45 to 60%
- Bipolar disorder.....55 to 70%
- Schizophrenia\* .....65 to 85%

\*20% of those with schizophrenia started smoking at college age and many began smoking in mental health settings, receiving cigarettes for good behavior.

**NOTE:** Compared to approximately **21%** of people without mental illnesses

Source: [http://www.nasmhpd.org/general\\_files/publications/NASMHPD.toolkit.final.pdf](http://www.nasmhpd.org/general_files/publications/NASMHPD.toolkit.final.pdf)

# Priority Populations: Individuals with Mental Illness

“ Persons with mental illness smoke half of all cigarettes produced -- and are only half as likely to quit as smokers without mental illness”

*Source: Smoking Cessation Leadership Center, a national program office of the Robert Wood Johnson Foundation*

# Smoking sequelae

- Individuals with SMI are...
  - More than **twice** as likely to develop cardiovascular disease
  - Over **three** times as likely to develop respiratory disease and cancer
  - ...and have a life expectancy that is **twenty-five years** shorter than the general population



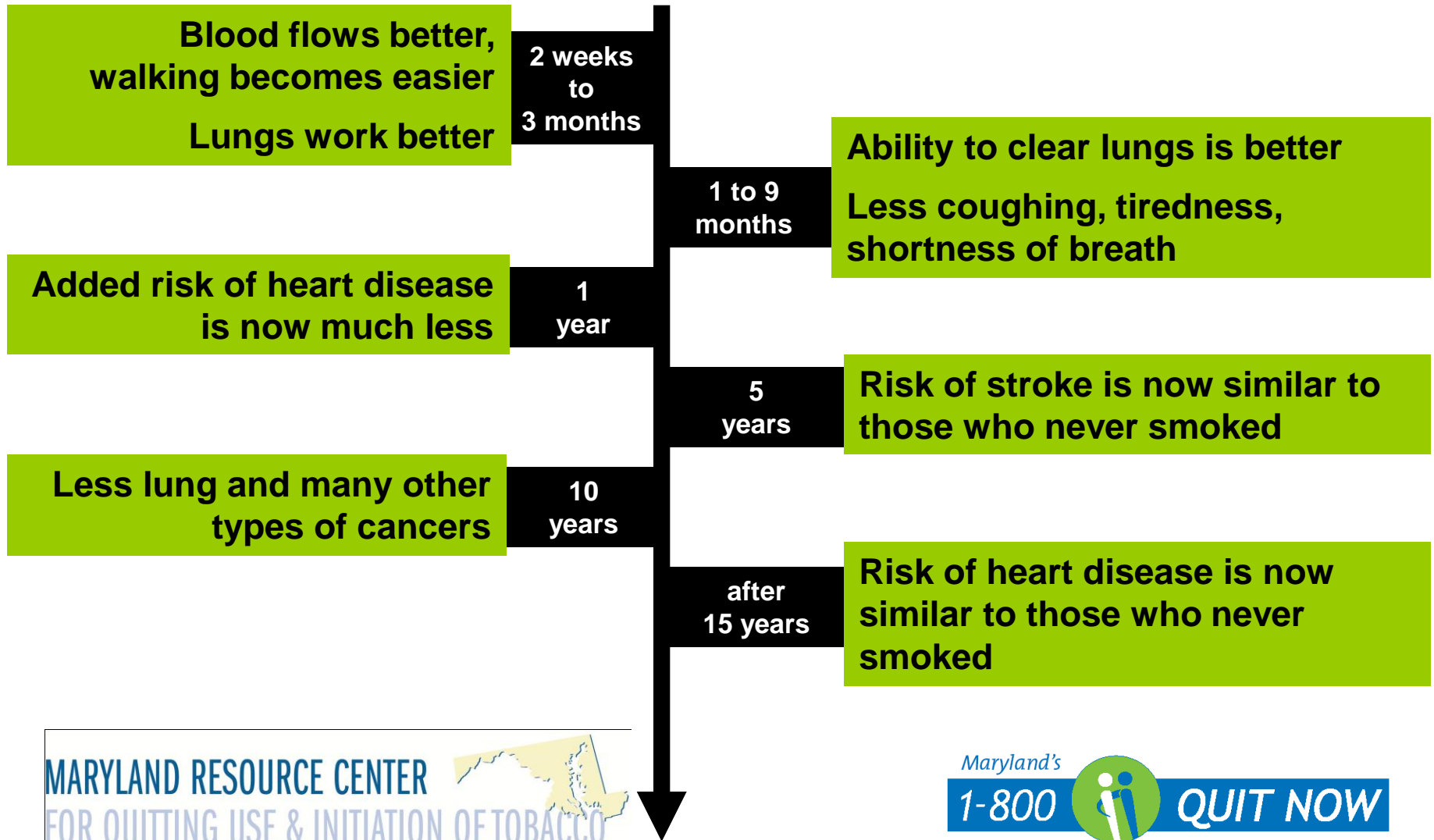
# Morbidity & Mortality

- Persons with mental illness experience higher rates of disease and premature death and a reduced quality of life compared to those without mental illness
  - Half of all deaths due to smoking are experienced by individuals with mental illness.

*Source: Smoking Cessation Leadership Center, a national program office of the Robert Wood Johnson Foundation*

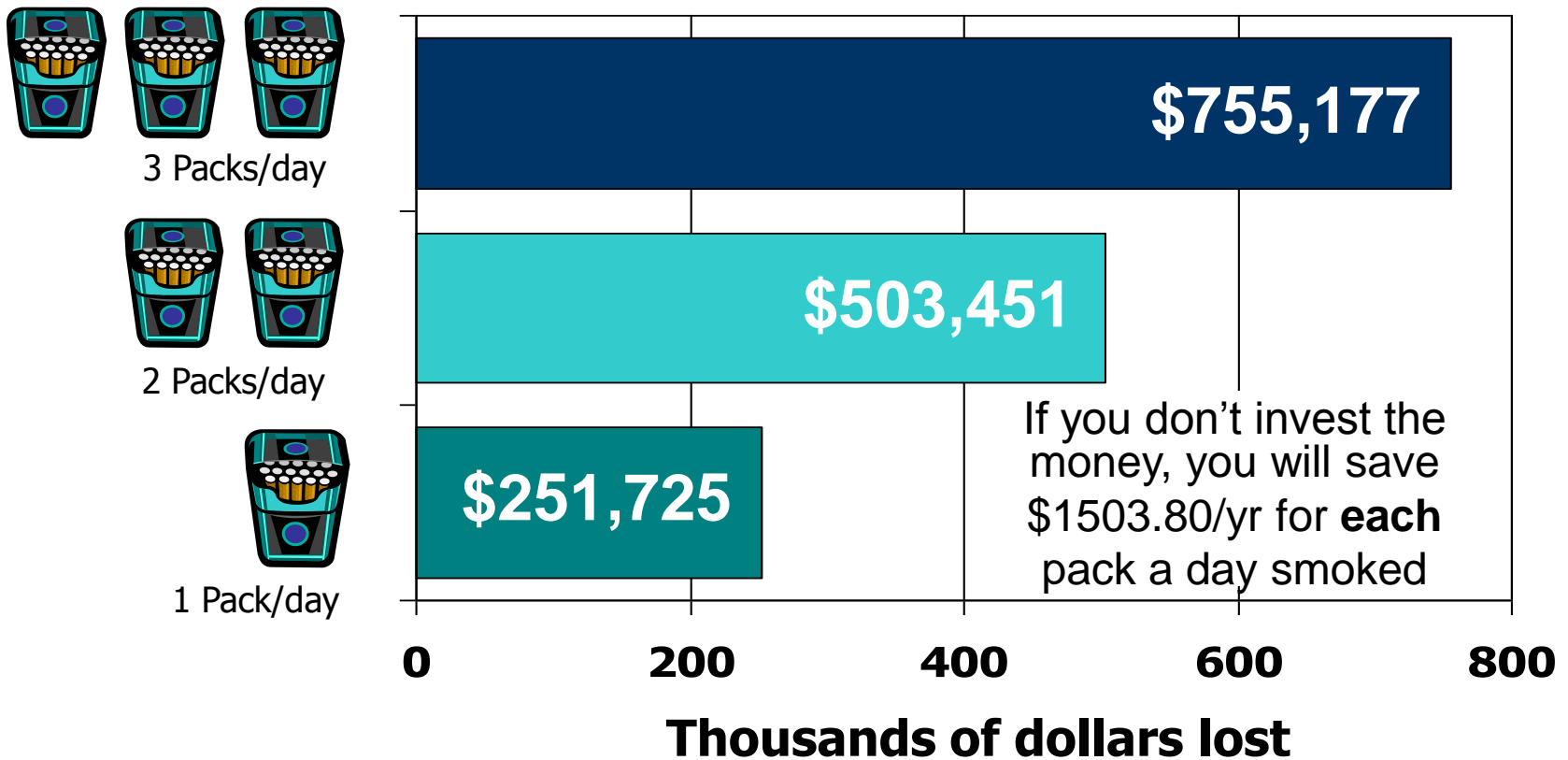
# Benefits of Quitting

Time Since Quitting



# Cost of Smoking

If you save the money you use to buy cigarettes for 50 years @ \$4.32 per pack and earn 4% interest



# Tobacco Dependence has Two Parts

Treatment should address both the addiction **and** the habit.

**Physical**

The addiction to nicotine



Treatment

Medications for cessation



**Behavior**

The habit of using tobacco



Treatment

Behavior change program/  
Counseling

# Helping with the Physical Part: Medication

- Medications help with the physical part of quitting (addiction)
- Make people more comfortable when quitting
- Less irritable, better sleep and mood, less cravings, less weight gain
- Medications do not have the harmful ingredients in cigarettes
- Can focus on changing behavior

# Helping with the Behavior Part: Counseling & Support

- Counseling helps with the Behavior part (Habit)
- Prepare to quit: Change the environment
  - Have tobacco-free home rules
  - Avoid smoke and things that remind you of smoking (ash trays, tobacco branded items)
  - Plan other activities for when you usually smoke (e.g., after dinner)
- Plan to quit: Pick a date to quit
- Decide why YOU want to quit: Reasons

# Helping with the Behavior Part: Counseling & Support

- Counseling can be helpful from both providers *and* peers
- Definitions of terms used:
  - Consumer: A term “used to refer to people who use or who have used mental health services.”
  - Peer Counselor: A term “used to refer to a current or former mental health consumer who plays a supportive role in helping other consumers achieve wellness.”

*Adapted from Slides by Rx for Change*

# Barriers to quitting

When quitting, people have a hard time because they may...

- Fear weight gain
- Fear withdrawal symptoms
- Give up a social activity to do with friends
- Expect failure- maybe they failed in the past
- Think they cannot cope with tension and anxiety
- Do not know enough about the good parts of quitting
- Have a hard time changing daily routines that include smoking



# Ways to Overcome Barriers

- Increase positive thoughts
  - “I am in control, I thought about smoking, but I won’t!”
  - Say the word “STOP” out loud, or imagine a stop sign
- Use substitutes for smoking
  - Water, sugar-free chewing gum, hard candies
- Learn new ways to cope, think, & act when you have stress

# Why is Smoking So Common among People with SMI?

- **Psychiatric Facilities:**
  - Patients have often been rewarded with smoking
  - ~1/3 of staff working in these facilities are smokers themselves
- **Lack of provider attention:**
  - Patients are not often advised to quit by their clinicians
    - One study found that psychiatrists offer smoking cessation counseling to only 12% of their clients who smoke (Himmelhoch et al., 2003).
  - Focus on other health problems
  - Low expectations for consumers to successfully quit

# People with SMI *Can* Quit!

- The costs of smoking and benefits of quitting can be applicable and important to all smokers, with or without mental illnesses.
- It is true that people with serious mental illness may...
  - Find it more difficult to quit
  - Need more intensive interventions
- *...but this is not a reason to give up! People with mental illnesses WANT to and CAN quit smoking*
- Smoking cessation is an important part of recovery...
  - “The strength and courage that allow the enjoyment of a lifestyle of freedom from addiction translates into abilities and resources that foster mental health recovery.”

*Adapted from Slides by Rx for Change*

# Benefits of Quitting for Mental Health Consumers

- Improve health and overall quality of life
- Increase healthy years of life
- Improve the effect of medications for mental health problems
- Decrease social isolation
- Help to save money by not buying cigarettes
- Quitting smoking is a right and is important for recovery



Effective intervention begins  
with understanding the journey  
into and out of addiction

# A Personal Journey

- The journey into and out of nicotine addiction is a personal one marked by...
  - Biological, psychological, social risk, and protective factors
  - Social Influences (peers, media, tobacco companies, policies, current events)
  - Personal choices and decisions
  - A process of change that is both *common* and *unique*

# How Do People Change?

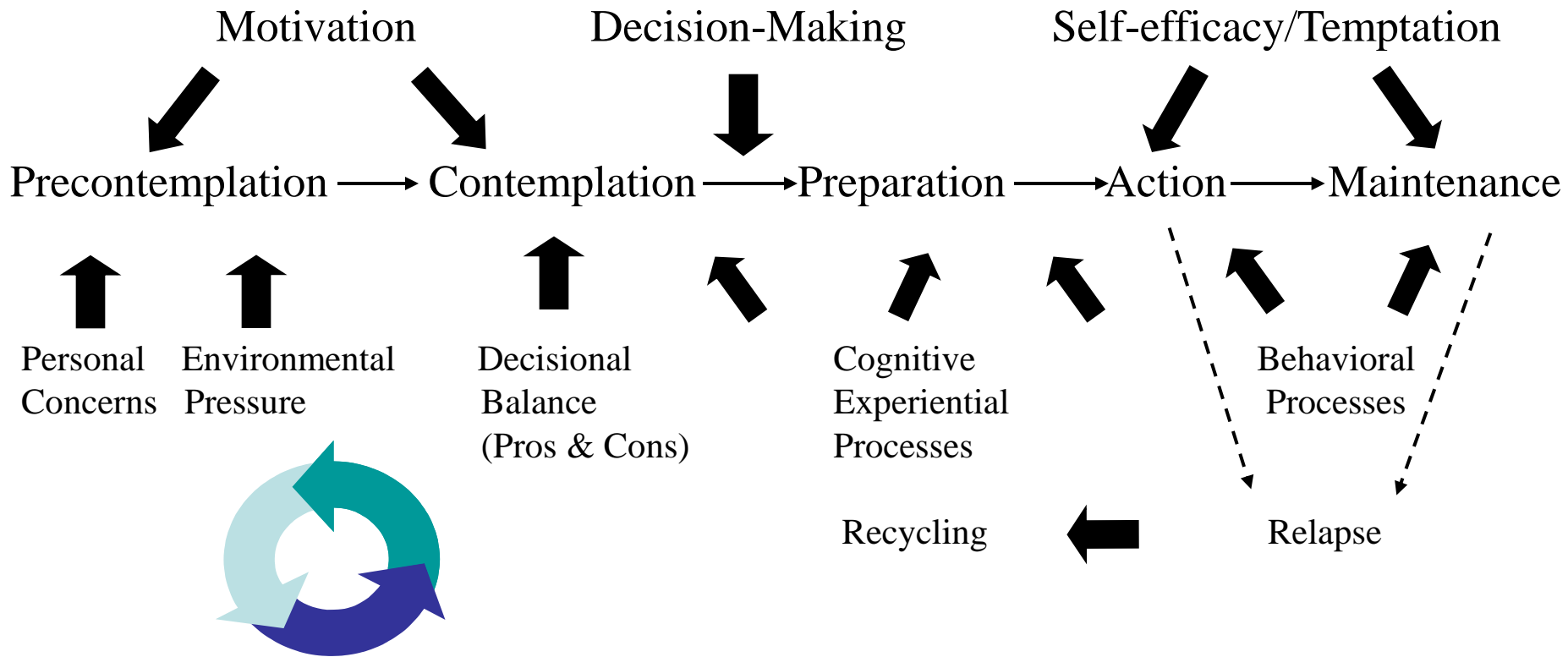
- People change voluntarily only when...
  - They become **interested and concerned** about the need for change
  - They become **convinced** that the change is in their best interest or will benefit them more than it will cost them
  - They organize a **plan of action** that they are **committed** to implementing
  - They **take the actions** that are necessary to make the change and sustain the change

# Stage of Change Tasks

- **Precontemplation** 
- **Contemplation** 
- **Preparation** 
- **Action** 
- **Maintenance** 
- **Interested and Concerned**
- **Risk-Reward Analysis & Decision making**
- **Commitment & Creating an Effective/Acceptable Plan**
- **Implementation of Plan and Revising as Needed**
- **Consolidating Change into Lifestyle**

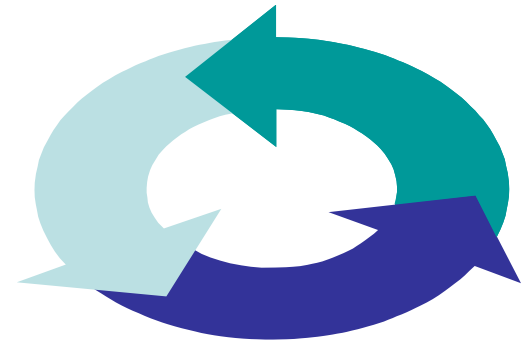


# Theoretical and practical considerations related to movement through the Stages of Change



# Cyclical Model for Intervention

- Most smokers will recycle through multiple quit attempts and multiple interventions.
- However successful cessation occurs for large numbers of smokers over time.
- Keys to successful recycling
  - Persistent efforts
  - Repeated contacts
  - Helping the smoker take the *next step*
  - Bolster self-efficacy and motivation
  - Match strategy to patient stage of change



# Journey of Smokers in Maryland

Stage-based analysis of 2000, 2002 & 2006 Maryland Adult Tobacco Surveys (MATs)

# Stage of Change for Smoking Cessation

- Using the 2000, 2002, & 2006 Maryland Adult Tobacco Surveys (MATs) respondents were classified into 5 Stages of Smoking Cessation:



- Precontemplation** = Current smokers who are not planning on quitting smoking in the next 6 months



- Contemplation** = Current smokers who are planning on quitting smoking in the next 6 months but have not made a quit attempt in the past year



- Preparation** = Current smokers who are definitely planning to quit within next 30 days and have made a quit attempt in the past year



- Action** = Individuals who are not currently smoking and have stopped smoking within the past 6 months



- Maintenance** = Individuals who are not currently smoking and have stopped smoking for longer than 6 months but less than 5 years

# Maryland Data

<b>Stages of Change for Smoking Cessation</b>	<b>2000 MATS</b>	<b>2002 MATS</b>	<b>2006 MATS</b>
Precontemplation	1,664 (40.5%)	2,153 (36.6%)	1704 (45.3%)
Contemplation	691 (16.8%)	963 (16.4%)	773 (20.5%)
Preparation	621 (15.1%)	966 (16.4%)	310 (8.2%)
Action	229 (5.6%)	403 (6.9%)	216 (5.7%)
Maintenance	904 (22.0%)	1,396 (23.7%)	762 (20.2%)



# Why Intervene with Tobacco Users?

- Advice by health providers...
  - Makes a difference
  - Enhances motivation to quit
  - Increases the likelihood of a quit attempt (now or later)
  - Results in greater satisfaction with health care
  - Is *highly* cost-effective

Source: *Treating Tobacco Use and Dependence (TTUD)*, 2008

# Selecting a Treatment: Triage Guidelines

- Steer patient to most appropriate treatment
  - Patient characteristics and preference
- Minimal self-help interventions are a good place to start for many smokers
- More intensive...if patient has made many prior attempts, is high on nicotine dependence, and is ready and willing
- Treatment matching
  - Tailored materials
  - Pharmacological aids

# Effective Strategies

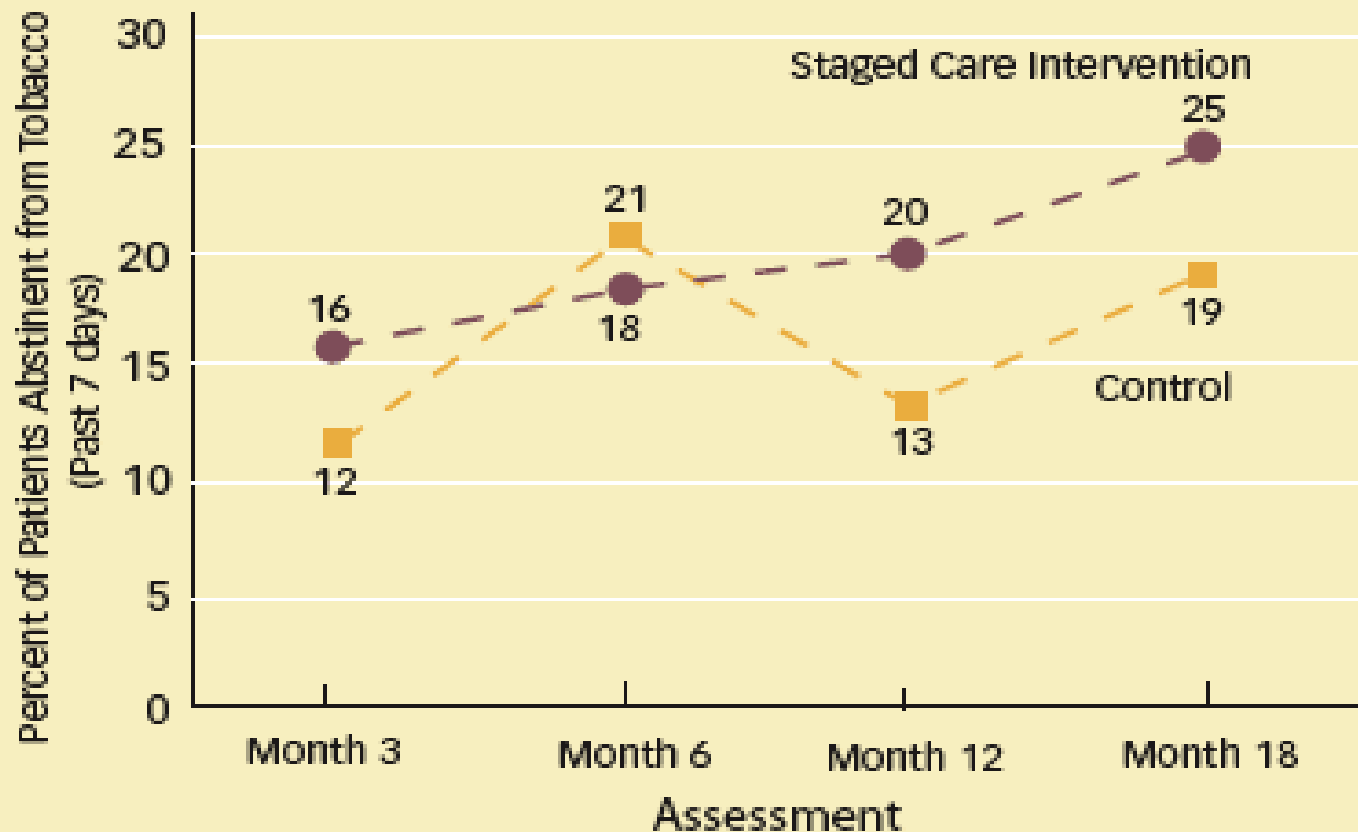
- Teachable Moments
- Various strategies used with individuals without mental illness will work with individuals with MI & SMI
  - Nicotine Replacement Therapy
  - CBT
  - Group Therapy
  - Quitlines



# Hall and colleagues (2006) RCT

- Depressed smokers who were treated with a combination of motivational counseling, nicotine patches, and behavioral therapy were more likely than their counterparts who did not receive the interventions to be smoke-free at 12- and 18-month assessments

**MORE DEPRESSED SMOKERS QUIT WITH STAGED CARE INTERVENTION** Among smokers in outpatient treatment for depression, more who participated in the Staged Care Intervention achieved abstinence at the 12- and 18-month followups compared with participants in the control group.



**Source:** Hall, S.M., et al, (2006). Treatment for cigarette smoking among depressed mental health outpatients: a randomized clinical trial. *American Journal of Public Health*, 96(10),1808-1814.

# Medications for Smoking Cessation

- Nicotine gum
  - Nicorette (OTC)
  - Generic (OTC)
- Nicotine lozenge
  - Commit (OTC)
  - Generic (OTC)
- Nicotine patch
  - Nicoderm CQ (OTC)
  - Generic (OTC, Rx)
- Nicotine nasal spray
  - Nicotrol NS (Rx)
- Nicotine inhaler
  - Nicotrol (Rx)
- Bupropion SR tablets
  - Zyban (Rx)
  - Generic (Rx)
- Varenicline tablets
  - Chantix (Rx)

*Source: Rx for Change*

# NRT for Persons with MI & SMI

- The patch may be the preferred nicotine replacement option for people with serious mental illness because of its high compliance rate and ease of use.
  - The patch is less helpful for immediate cravings, thus it is often coupled with nicotine gum, an inhaler or nasal spray
  - Combination of patch plus one of the short-acting forms may be most efficacious approach

*Source: National Association of State Mental Health Program Directors Toolkit*

# Evidence of Effectiveness of Tobacco Dependence Interventions in Specific Populations

- Bupropion SR and NRT may be effective for treating smoking in individuals with schizophrenia and may help improve negative symptoms and depressive mood
  - Individuals on atypical antipsychotics may be more responsive to Bupropion SR than those taking standard antipsychotics
- Meta-analysis (2008): bupropion SR and nortriptyline vs. placebo for individuals with past history of depression
  - Bupropion & nortriptyline both effective in increasing long-term cessation rates in smokers with history of depression (OR = 3.42)

Source TTUD

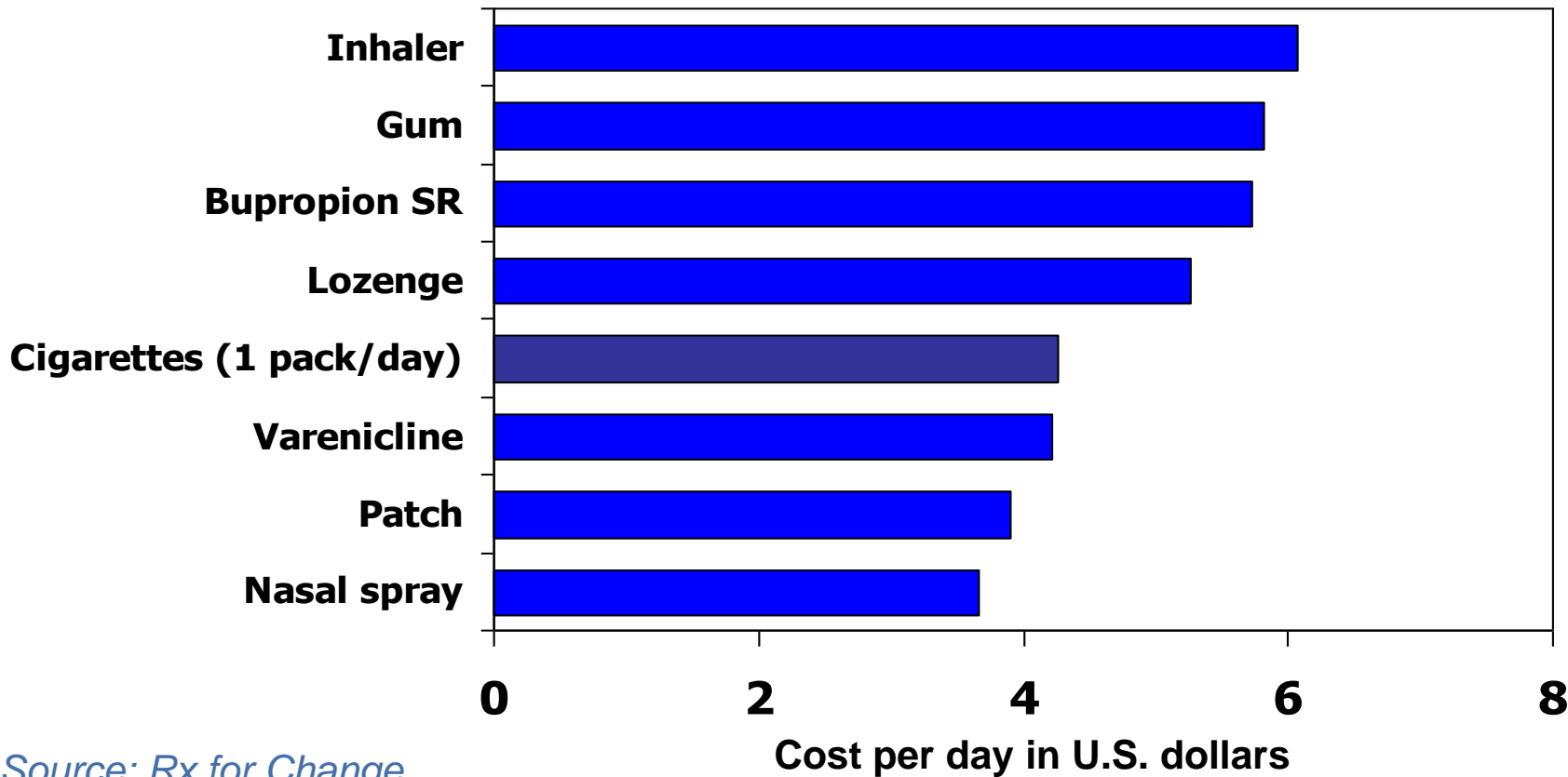
# Things to Consider ...

<b>SMOKING CESSATION MAY INCREASE BLOOD LEVELS OF THESE MEDICATIONS</b>		
<b>ANTIPSYCHOTICS</b>	Haloperidol	Olanzapine
	Chlorpromazine	Clozapine
	Fluphenazine	
<b>ANTIDEPRESSANTS</b>	Clomipramine	Imipramine
	Desipramine	Nortriptyline
	Doxepin	
<b>MOOD STABILIZERS</b>	Carbamazepine	
<b>ANXIOLYTICS</b>	Desmethyldiazepam	
	Oxazepam	
<b>OTHERS</b>	Heparin	Acetaminophen
	Insulin	Caffeine
	Theophylline	Propranolol
	Tacrine	Warfarin

Source: [http://www.nasmhpd.org/general\\_files/publications/NASMHPD.toolkit.final.pdf](http://www.nasmhpd.org/general_files/publications/NASMHPD.toolkit.final.pdf)



# Daily Costs of Treatment versus Smoking Cigarettes



Source: Rx for Change



# Treatments Do Work

- Treatment for persons with MI that combine Nicotine Replacement Therapy (NRT) with Cognitive Behavioral Therapy (CBT) have been shown to be efficacious
- CBT programs with highest quit rates have
  - Groups of approximately 8 to 10 individuals
  - Meet once a week for 7 to 10 weeks

*Source: Toolkit*



# Treatments Do Work

- For persons with schizophrenia, combining CBT with NRT and strategies to enhance motivation yield the highest success rates
- Baker et al. (2006) found a significantly higher proportion of smokers with a psychotic disorder who completed all CBT treatment sessions remained abstinent at follow-up periods relative to controls who received usual care
  - 3 months: 30.0% vs. 6.0%
  - 6 months: 18.6% vs. 4.0%
  - 12 months: 18.6% vs. 6.6%

# Quitlines

- Quitlines help increase success by an average of 56%
- They are accessible and efficient
- They appeal to those less likely to seek help in traditional group settings
- Several studies have found that persons with behavioral health issues may use quitline services more frequently and have outcomes very similar to the general population.

*(Colorado Department of Public Health Colorado Department of Public Health and Environment, 2009 unpublished and Environment, 2009 unpublished data Hrywna et al., 2007; Kreinbring & Dale, 2007; Tedeschi et al., 2009; Zhu et al, 2009 unpublished data)*

Source: [http://smokingcessationleadership.ucsf.edu/Downloads/webinar\\_16\\_nov\\_18\\_2010.pdf](http://smokingcessationleadership.ucsf.edu/Downloads/webinar_16_nov_18_2010.pdf)

# Quitlines & Callers with SMI

- The prevalence of current mental illness among quitline callers ranges from 19% - 50%

*(Canadian Smokers' Helpline, 2009 unpublished data; Hrywna et al., 2007; Kreinbring & Dale, 2007; McAfee, Tutty, Wassum, & Roberts, 2009; Tedeschi, Zhu, Tedeschi Zhu & Herbert 2009) & Herbert, 2009).*

- Approximately half (48.9%) of callers report having at least one mental health issue, broken down as follows: (Zhu et al, 2009, unpublished data)
  - Any.....48.9%
  - Depression.....36.9%
  - Anxiety.....27.8%
  - Bipolar.....16.1%
  - Schizophrenia..... 7.1%
  - Drug/Alcohol..... 5.2%

Source:

[http://smokingcessationleadership.ucsf.edu/Downloads/webinar\\_16\\_nov\\_18\\_2010.pdf](http://smokingcessationleadership.ucsf.edu/Downloads/webinar_16_nov_18_2010.pdf)

# Quitlines & Callers with SMI

- *Recommendation:* If QLs screen for chronic care conditions for all callers, behavioral health questions should be included.
- All motivated callers, even those lacking psychiatric stability, should still receive counseling and pharmacotherapy to the degree possible
- Success may vary by severity of MI and comorbidities
- More research needs to be conducted with this priority population

Source: [http://smokingcessationleadership.ucsf.edu/Downloads/webinar\\_16\\_nov\\_18\\_2010.pdf](http://smokingcessationleadership.ucsf.edu/Downloads/webinar_16_nov_18_2010.pdf)

# Quitlines & Callers with SMI

- The general principles of the interventions will be the same as for the general population - a combination of counseling and pharmacotherapy
- Cognitive & behavioral challenges will need to be anticipated
- Specifically, staff are encouraged to tailor treatment to the individual:
  - Psychiatric stability & functional status
  - Quitting history
  - Biochemical factors
  - Content, length, & number of calls

Source:

[http://smokingcessationleadership.ucsf.edu/Downloads/webinar\\_16\\_nov\\_18\\_2010.pdf](http://smokingcessationleadership.ucsf.edu/Downloads/webinar_16_nov_18_2010.pdf)

# The Maryland Tobacco Quitline

- Free reactive and proactive phone counseling services
- Free nicotine patches or gum while supplies last
- Quit Coaches™ - Trained specialists
- Provides individually-tailored quit plans
- Referral to local county resources—
  - Cessation classes
  - In-person counseling
  - Access to NRT & medications
    - Varies by county





CALL 1

CALL 1

CALL 2

CALL 3

CALL 4



## MAKING THE CALL IS THE FIRST STEP

A smoke-free life begins here. First, we talk about your history with quitting. What worked? What didn't? Next, we put together a quit plan based on your experiences. Finally, we discuss medications that might work for you like nicotine replacement therapy. Now we can plan your Quit Date.

Your second call will focus on giving you extra support. Your Quit Coach™ will see how your quit has gone so far and discuss any obstacles. They'll listen to your concerns and give you the encouragement to keep you going.

In the third call, your Quit Coach™ will show they are still behind you 100%. If things are going well, they'll cheer for you. If things aren't going so great, they'll offer advice to help get you back on track.

In the fourth call, your Quit Coach will discuss if you've had any past problems quitting so you can prepare for any future challenges. And if you should ever feel any doubts or cravings, a friendly, supportive voice is just a free phone call away.

# FREE



free call  
free support  
free medicine

**CALL NOW 1-800-784-8669**

This is a free service provided by Maryland's Department of Health and Mental Hygiene



Department of Health  
and Mental Hygiene

**HAVE A QUIT COACH CONTACT YOU, IT'S THAT EASY**

Click Here to start. It's FREE, confidential and anonymous

**CLICK HERE**  
to order brochures

### + Latest Success Story:

[>> watch the video](#)

#### + Bea, 51

"For 15 years I had been trying to quit. I tried so many different ways but the Quitline, my Quit Coach, my family, and my faith helped me to succeed. First we set a quit date, then they recommended a medication to help me and they also taught me how to deal with my cravings. I've been smoke-free for 9 months and I am happy I quit. My family and my boss are, too."

[TELL US YOUR STORY](#)

# Peer Counselors as an effective strategy



# How can Peer counselors Help?

## AIRS

- **ASK** – About tobacco use
- **INFORM** – About the benefits of quitting
- **REFER** – To quitting resources & Quitline
- **SUPPORT** – Before, during, & after quit attempt

# Step 1: ASK about tobacco use

- What you can say
  - “I talk to peers about tobacco use because it’s an important part of recovery. Do you use any type of tobacco?”
- Other reasons to say WHY you ask about tobacco
  - Tobacco can...
    - Affect how medicines work
    - Cause medical and mental health problems
  - Smoking is the #1 preventable cause of death and disability in the world!

# Questions to Ask

- How much do you smoke now?
- Are you interested in smoking less?
- When do you want to quit?
- Have you tried to quit before?

# INFORM

- Inform peers about the available medications to help them quit
  - Encourage peers to talk with their doctor, nurse, or pharmacist before starting any of these products
  - Tell peers to read all of the directions before they start using these products
  - The products should be used according to a schedule, not “as needed”

# INFORM

- Share that people who talk to counselors *and* get medications often do the best
- Encourage peers to find non-smoking people to support them in quitting
- After sharing ideas, remind peers to talk to doctors or providers before starting anything

# If a peer asks why they need to talk to a doctor...

- To discuss
  - Special concerns with mental health while quitting
  - Learn which medications your insurance will cover/discount
  - Interactions with other medicines
  - Help you select a quit date
  - Follow-up visits

# REFER to a FREE QUITLINE

IT IS EASY!!! What you can say:

“Call the quitline number 1- 800-QUIT NOW. They provide free cessation counseling and support made just for you.”

- Quitline callers get 1-on-1 help from trained counselors
- **Quitlines are free and they work!**



**1-800-784-8669**

# REFER

- Doctor, nurse, pharmacist, other clinician for more counseling
- Local health department or other quit smoking groups
- Free programs advertised on boxes of NRT & medicines
- Nicotine Anonymous (12-step):  
[www.nicotine-anonymous.org](http://www.nicotine-anonymous.org)
- Become an EX: [www.becomeanex.org](http://www.becomeanex.org)



# SUPPORT

- PRAISE ALL PROGRESS
- Offer tips to stay quit
- Help set up doctor visits
- Encourage peers to seek support
- Remind peers of reasons for quitting
- Remind peers that it can take “practice” to quit
- It takes many people 5 or more times before they have success

# When peers need a boost, ask them to...

- Remember why quitting is important
  - To be healthy?
  - For family?
- Do some positive self-talk: “I can do this...”
- See themselves as nonsmokers
- Think about how to cope with stress or pain without tobacco
  - Take a walk with a friend or your dog
  - Call a supportive non-smoking friend
  - Draw or paint
  - Write in a journal
  - Read a book or magazine
  - See a movie

# If a peer asks you about your tobacco use...

- **If you have never smoked**, you may have a hard time understanding how hard it is to quit. Let them know that even though you haven't done it before, you will try your best to support them.
- **If you currently smoke or have quit**, you probably have a better idea about what it's like to be addicted to tobacco. You can share your experiences, but let them talk more.

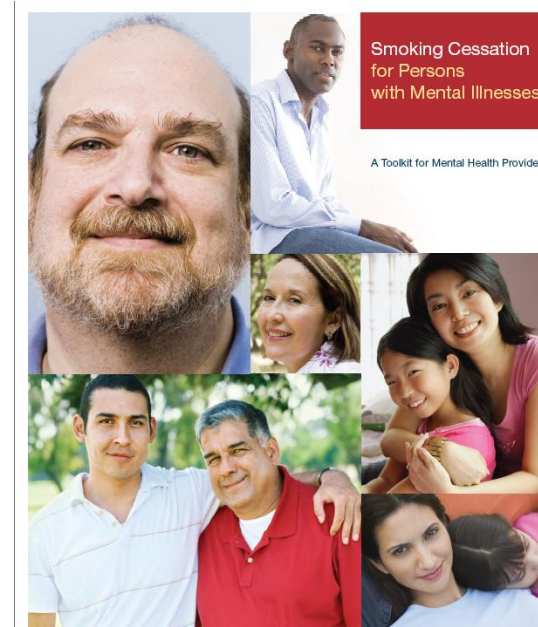


# Talking about smoking is not easy

- People have different feelings about smoking
- Some want to quit; others do not
- One way to start the conversation:
  - “I want to support you in living a healthy life. Tobacco use can make us unhealthy in many ways. People who get help are likely to quit. Do you want to quit smoking (or using other tobacco products)?”
  - (If yes) “I would like to support you in this process.”
  - (If no) “Is it okay if I ask you again in the future about your smoking?”

# Resources

- Smoking Cessation for Persons with Mental Illness, A Toolkit for Mental Health Providers



[www.tcln.org/bea/docs/Quit\\_MHToolkit.pdf](http://www.tcln.org/bea/docs/Quit_MHToolkit.pdf)

# Resources

- Tobacco-Free Living in Psychiatric Settings, A Best Practices Toolkit Promoting Wellness and Recovery
  - [www.nasmhpd.org/general\\_files/publications/NASMHPD.toolkit.final.pdf](http://www.nasmhpd.org/general_files/publications/NASMHPD.toolkit.final.pdf)

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# Questions?

# Additional Slides

# MDQuit Resource Center

- MDQuit is in its 5<sup>th</sup> year as Maryland's source for tobacco cessation and prevention best practices
- Funded by the Department of Health & Mental Hygiene (DHMH)
- Located at the University of Maryland, Baltimore County (UMBC)
- Key methods of dissemination
  - Trainings
  - Newsletter
  - Materials
  - Website



### Mission

The Maryland **Q**uitting **U**se and **I**nitiation of **T**obacco (MDQuit) Resource Center is dedicated to assisting providers and programs in reducing tobacco use among citizens across the state

MDQuit's mission is to:

- Link professionals and providers to state tobacco initiatives
- Provide evidence-based, effective resources and tools to local programs
- Create and support an extensive, collaborative network of tobacco prevention and cessation professionals
- Provide a forum for sharing best practices throughout the state of Maryland





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## MDQuit.org

Our mission is to link professionals and providers to state tobacco initiatives, to provide evidence-based, effective resources and tools to local programs, to create and support an extensive, collaborative network of tobacco prevention and cessation professionals, and to provide a forum for sharing best practices throughout the state of Maryland.



### INFORMATION CENTER

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Click [here](#) for a pdf version of MDQuit's latest Newsletter (Spring 2010). Click [here](#) if you would like to be added to our mailing list to receive a mailed copy of the newsletter.

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*Our online certification program is now CME-approved!* Click [here](#) to find out more and complete your training.

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**MODELS MEASUREMENT**

## PROVIDERS' CORNER

The following information is presented for providers who provide tobacco cessation and prevention services to Maryland residents.

This website's primary goal is to assist Maryland tobacco users quit smoking and reduce the burden of tobacco use among non-users. To meet this goal, we provide:

- Updated information to help guide providers
- Tools to help motivate your clients
- A location where you can review brochures, and materials, as well as how to order such materials

Overview

Physicians

Dentists

Pharmacists

Pediatricians/OBGYNs

Nurses

Mental Health Professionals

Health Departments

Employers

School Personnel

Physical Therapists

Respiratory Therapists



### Treating Tobacco Use and Dependence

A clinical practice guideline, was published to assist clinicians in implementing effective treatments for cessation. This guideline recommends that all clinicians should have a systematic routine for identifying smokers. There are five steps involved in providing a minimal intervention, called the "5

NEWS & EVENTS

PROGRAMS & MATERIALS

PROVIDERS' CORNER

SPECIAL POPULATIONS

MARYLAND DATA

POLICY INITIATIVES

MODELS MEASUREMENT

## SPECIAL POPULATIONS

The U.S. Department of Health and Human Services identifies several special populations with unique concerns that should be addressed in quitting use and initiation of tobacco. This section features current research information that can be helpful when working with the following special populations:

- [Co-occurring Mental Illness](#)
- [Ethnic Groups](#)
- [LGBT](#)
- [Medical Diagnoses](#)
- [Military Personnel](#)
- [Older Populations](#)
- [Pregnancy](#)
- [Youth](#)

Co-occurring Mental Illness

Ethnic Groups

LGBT

Medical Diagnoses

Military Personnel

Older Populations

Pregnancy

Youth



For additional information, see the Clinician's Packet for [Treating](#)