Smoking Cessation for Persons with Serious Mental Illness

MDQuit Best Practices Conference

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Outline of Talk

- Smoking in Persons with Serious Mental Illness
- What Consumers Say About Smoking and Quitting
- Brief Clinic-based Intervention
- More Intensive Psychological Intervention
- Experience of a Psychiatric Health System Becoming Smoke-Free

Smoking and Serious Mental Illness (SMI)

- High prevalence of smoking in schizophrenia and other SMI
- Those who smoke are heavier smokers
- Contribution to respiratory, heart, and other diseases

Treating Smoking In SMI: Overview of the Literature

- Limited success of patient-level interventions
- Programs applied are usually those used in the general population
- Schizophrenia patients can quit for periods up to 12 months following treatment
- Quit rates are lower than in the general population

Obstacles to Change

- System-Related Barriers
  - Smoking cessation not priority in mental health settings
  - Smoking cessation methods not tailored for SMI
- Illness-Related Barriers
  - Low motivation
  - Cognitive impairment
  - Biological effects of nicotine
- Other Barriers
  - History of failure in quitting
  - Lack of social support for non-smoking

Stages of Behavioral Change: A Model for Understanding the Process of Smoking Cessation

- *Pre-contemplation* - Not ready to change
- *Contemplation* - Thinking about change
- *Preparation* - Getting ready to make change
- *Action* - Making the change
- *Maintenance* - Sustaining behavior change until integrated into lifestyle
- *Relapse and Recycling* - Slipping back to previous behavior and re-entering the cycle of change
- *Termination* – Leaving the cycle of change

What Consumers Say: Barriers to Quitting

- Frequently reported barriers
  - Enjoy smoking, don’t want to give it up
  - Don’t want to be told to quit smoking
  - Can’t afford smoking treatment
  - Afraid symptoms of mental illness will worsen
  - Afraid quitting will make me feel sick
  - Don’t want to go to AA/NA/12-Step groups
- Frequently reported triggers for smoking
  - Negative feelings, e.g. frustrated, conflicts with family, angry, depressed, anxious, stressed
  - Cravings, e.g. getting up in the morning, other situations associated with smoking

What Consumers Say: Why they decided to QUIT

- Health problem that was made worse by smoking

  "My asthma landed me in the hospital and I couldn't breath"

- High cost of cigarettes

  "It got to the point where it was a choice between buying cigarettes and buying food"

- Support and direction from family members

  " My mother kept asking me to quit…she bought me the patch"

- Smoking cessation medication

  "My doctor prescribed Chantix and that did the trick"

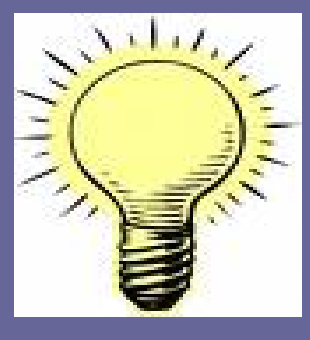
- Peer influences

  "My close friend and roommate quit so I figured that I could, too"

Why Bother With Smoking Cessation in SMI?

- Many SMI smokers want to quit
- There are effective treatments
- Mental health care providers/centers can provide these interventions
- We have a responsibility to promote health

What Can We Do?



- Smoking cessation as part of mental health care
- Brief intervention in the clinic– 5 A's
- More intensive psychological intervention
- Promoting a smoke free healthcare environment

Smoking Cessation as Part of Mental Health Care

- Changes to the physical surroundings that provide a positive message re: quitting
- Overall goal to create within mental health treatment a climate that is supportive of quitting
- Environmental changes may include
  - Posters, Pamphlets, Self-help materials
  - Comfortable smoke-free place for patients
  - Formal discussions of smoking/quitting
  - Clinicians asking patients about smoking cessation
- Staff as a source of support, encouragement, and social reinforcement for smoking reduction and quitting

General Issues in Smoking Cessation Treatment for SMI

- Harm reduction approach
- Smoking cessation care coordination
- Many options
  - Individual sessions
  - Group interventions
  - Medication
  - Allow patients to help in selection of strategies

The AHRQ Guidelines for Treating Tobacco Use

THE 5 A's for Brief Intervention

An Evidence-Based Approach

(Only takes 1 – 5 minutes to implement)

The "5 A's" For Brief Intervention

ASK about tobacco use (<1 minute)	Identify and document tobacco use for EVERY patient at EVERY visit.
ADVISE to quit smoking (< 30 seconds)	In a clear, strong, personalized manner, urge EVERY user to quit.
ASSESS willingness to make a quit attempt (<1-2 minutes)	Is the tobacco user willing to make a quit attempt at this time?
ASSIST in quit attempt (<1-3 minutes)	Give all patients a brochure. For the patient willing to make a quit attempt, provide pharmacotherapy and counseling if possible.
ARRANGE follow-up (<1 minute)	Schedule follow-up contact, preferably within first week after the quit date.

ASK: Systematically Identify ALL Tobacco Users at EVERY Visit

Action *(<1 minute)*	Strategies for Intervention”
Ask *EVERY* patient at *EVERY* visit about tobacco use.	Ask: “Do you smoke cigarettes? How many cigarettes do you smoke per day? Per week?”

ADVISE: Strongly Urge ALL Tobacco Users to Quit

Action *(30 seconds)*	Strategies for Intervention
In a *clear*, s*trong*, and *personalized* manner, urge every tobacco user to quit.	Clear: "I think it is important for you to quit smoking now, and I can help you." Strong: "As your doctor, I need you to know that quitting smoking is one of the most important things you can do to protect your health now and in the future." Personalized: "You said you were concerned about having a smokers cough. Quitting would help get rid of that."

ASSESS: Determine Willingness to Make a Quit Attempt

Action *(<1 –2 minutes)*	Strategies for Intervention
Ask *EVERY* tobacco user if he or she is willing to make a quit attempt at this time (e.g. within the next 30 days).	Ask: "How ready are you to make an attempt to quit smoking in the next 30 days on a scale of 1 to 10?"

|-----|-----|-----|-----|-----|-----|-----|-----|-----|

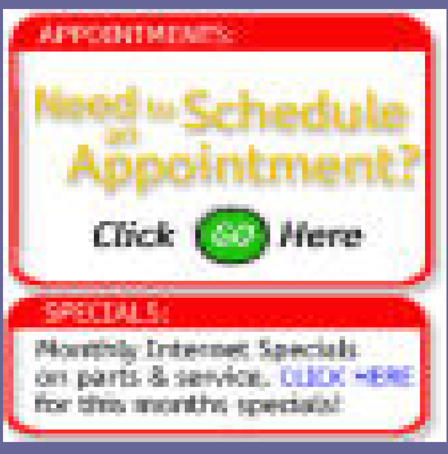
1 2 3 4 5 6 7 8 9 10

Not ready at all — Almost ready — Very ready

ASSIST: 4 Ways of Helping the Patient to Quit

	Low Motivation	High Motivation
	There’s no way I’m quitting!	I really want to do this!
1. STATEMENT OF ASSISTANCE	“I know you’re not ready to quit right now, but what do you think would help you to get there?”	“I’m really glad you want to quit. It would be good to set an exact quit date to shoot for.”
2. DISCUSS TREATMENT OPTIONS	“I know you may not be ready, but there a lots of treatment options if you change your mind.”	“Let’s talk about some of the treatment options that can help you to stop.” (Briefly review nicotine replacement therapies, group treatments, and available medications)
3. DISCUSS SUPPORT/REFERRAL OPTIONS	“I know you may not be ready, but gum, the patch, medications and even groups are available.”	“I can help you get the support you need to overcome the challenges. We both know it’s hard to stop smoking.”
4. DISTRIBUTE MATERIALS	“I’d like to give you this pamphlet to take a look at when you have a minute.“	“These handouts should help.”

ARRANGE: Schedule Follow-up/Revisit and Repeat the other "A's"

<table>
<tr><th>ACTION
(<1 minute)</th><th>Strategies for Intervention</th></tr>
<tr><td>Schedule follow-up contact and make explicit your intention to follow-up on smoking cessation focus.

</td><td><u>Low Motivation</u>
"I know you're not ready to make a quit attempt right now, but since this is so important, I'm going to bring this back up with you the next time you come in, O.K. I really want you to know that it would be good for you to quit."

<u>High Motivation</u>
Focus on assist plan you put in place…."I'm glad you committed to a quit date and agreed to try the Zyban and nicotine patch. We'll we see how things are going at your next visit."</td></tr>
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More Intensive Psychological Intervention: Elements

- **Motivational Interviewing**
- **Contingency Management**
- **Goal Setting**
- **Skills Training**
- **Education and Relapse Prevention**
- **Referral for and Support of Pharmacotherapy**

Psychological Intervention: Motivational Interviewing **(MI)**

- **Assumptions**
  - **Client brings a capacity to change**
  - **Client alone is responsible for changing**
- **Approach by empathic clinician**
  - **Discusses what is going on in client's life and explores reasons and options for change**
  - **Elicits client's personal reasons for smoking cessation**
  - **Acknowledges barriers to quitting**
- **Emphasis on client's stated positive reasons to quit smoking, for example**
  - **Easier to breathe**
  - **More energy, improved health**
  - **Smell better**
  - **Save money**
  - **Fewer wrinkles**
  - **No more stained teeth**

Psychological Intervention: Contingency Management

- **Reinforce any reductions in smoking**
- **Based on breath CO results < 8 ppm (indicating no smoking in the last 6 hours)**
- **$1.50 for first nonsmoking test**
  - **Increases by 50 cents for every 2 consecutive nonsmoking tests to a cap of $3.50**

Psychological Intervention: Goal Setting

- **Patients create a concrete goal to work on between sessions**
- **Goals written down in a formal "contract"**
- **Allows for a review of individual progress towards smoking reduction/quitting**

Psychological Intervention: Skills Training

- **Stop smoking skills** focus on strategies for quitting smoking (planning a quit date, identifying triggers, changing habits, coping with cravings)
- **Coping skills** focus on strategies for coping with negative states (depression, stress, medication symptoms and side effects) without smoking
- **General social skills** focus on helping patients say No to smoking, improve social skills and increase engagement in social interactions that do not involve smoking

Psychological Intervention: Examples of Handouts

- **Some negative consequences of smoking**
- **Dealing with cravings**
- **Talking to your doctor about medication for smoking**
- **Things to do that do not involve smoking**
- **Coping with high risk situations**
- **Coping with depression**

Psychological Intervention: Education and Relapse Prevention

- Education
  - Teach patients the negative health effects of smoking and the positive benefits of quitting.
  - Tailor to SMI
    - Include connection with cognitive function
    - Include connection with weight gain
- Relapse Prevention
  - Planning for high risk situations
  - Planning for lapses

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

Pharmacotherapy

- Indicated for all patients attempting to quit except
  - Medical contraindications
  - Smoking fewer than 10 cigarettes/day
  - Pregnant/breastfeeding women
  - Adolescents
- Many SMI patients will be unsure about using medications/NRT.
  - Keep the option for medication/NRT use open and have these tools available if and when a patient is willing to try them

Pharmacotherapy continued

- **Nicotine replacement**
  - **Over the Counter: Nicorette®, nicotine gum, Commit Lozenge®, Habitrol®, Nicoderm CQ®, Nicotrol®, Nicotine Transdermal System**
  - **By Prescription: Nicotrol Inhaler®, Nicotrol NS Nasal Spray®**
- **Bupropion SR (Zyban®): works through dopamine agonism**
- **Varenicline (Chantix): partial agonist at the α4β2 nicotinic acetylcholine receptor; may relieve nicotine withdrawal and cigarette craving, and block nicontine's reinforcing effects; but concern about side effects noted**

Becoming A Smoke Free Campus: The Experience of Sheppard Pratt

Becoming Smoke Free: Time Line

- Spring 2005: Smoke breaks for inpatients discontinued; NRT made available
- Summer/Fall 2005: Smoking cessation classes offered to employees and patients
- Summer 2006: NRT available to employees
- Fall 2006: NRT available to outpatients
- February 1, 2007: New policy enacted: No smoking allowed anywhere on campus

Becoming Smoke Free: Strategies

- Explicit timeline and promotion
- Positive message
- Smoking cessation classes for all
- Nicotine Replacement Therapies available at no cost to patients and employees
- Enforcement of new policy

Becoming Smoke Free: Successes

- Inpatient units
  - New building
  - Controlled environment
  - Nicotrol inhalers to prevent withdrawal
- Employees
  - Adherent with policy
  - Increased motivation for smoking cessation
  - Few resignations related to policy
- Business perspective
  - Revenue neutral

Becoming Smoke Free: Challenges

- Special populations
  - Outpatients with co-occurring drug and alcohol disorders
  - Residential private-pay patients
  - Contract workers
- Sustaining commitment to new policy
- Ongoing enforcement

Summary

- Smoking in SMI is highly prevalent and very harmful
- Treating smoking in SMI is important
- Many people with SMI want to quit
- There are things that we (mental health care providers) can do to address smoking in SMI
- Mental health care providers are logical providers of smoking cessation in SMI