

Tobacco Dependence Treatment vs Smoking Cessation

An innovative shift in Treatment Perspective

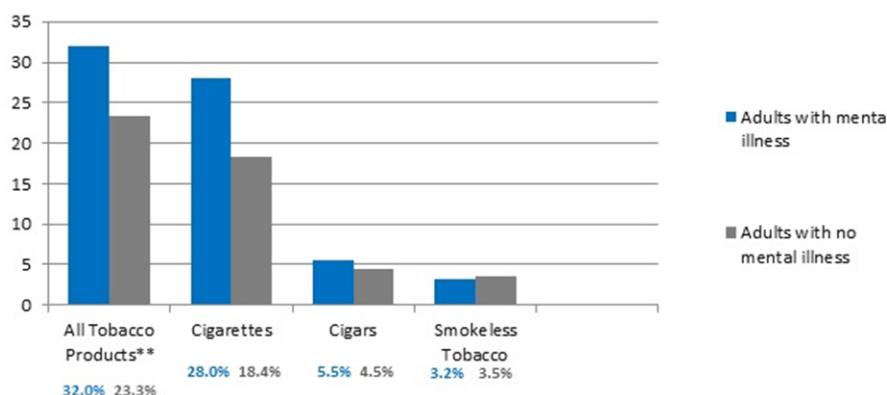
INTRODUCTION & PURPOSE

Develop a tobacco dependence treatment program (TDTP) for the behavioral health population treating tobacco dependence as harmful as other addictions and utilizing motivational interviewing techniques to gauge clients' level of motivation and desire to change.

BACKGROUND & OBJECTIVES

- The rate of smoking in the behavioral health population is 40% and as opposed to the general population is **not** decreasing over time.
- Some behavioral health programs, staff and patients believe that smoking helps to maintain sobriety and to manage symptoms of schizophrenia, anxiety and depression.
- Nicotine is often not recognized as an addiction which requires treatment.
- The behavioral health population's average life span is 25 years shorter than the general population and 50% of deaths are related to smoking.
- To address the disconnect between the high percentage of behavioral health patients using tobacco and the serious mortality risks associated with this use, since 10/17 RUMC outpatient programs have sent 13 staff to 3 days trainings provided by the DOHMH TCTTAC initiative in partnership with the Center for Practice Innovations and Dr. Jill Williams of Rutgers University.
- We have also received technical training from TCTTAC which has informed our approach to this pilot project.

Current Use* of Specific Tobacco Products Among Adults with Mental Illness Compared with Adults with No Mental Illness^{†3}



METHODS

- Elements of a successful TDTP are a structured smoking cessation group, structured Healthy Living group, NRT, MAT and CO monitoring.
- Since many patients are in the pre contemplative stage of motivation and change, based on materials from the training, we developed a Health Living group which provides patient's information about the risks of smoking without the expectation that they have decided to quit.
- On 4/14/18 a tobacco dependence awareness day was held by the TDTP team. Of a potential 160 patients present that day, 36, or 22% expressed interest in groups, 19 expressed interest in the Healthy Living Group and 17 expressed interest in the Smoking Cessation Group

RESULTS

- As of 7/18, The Healthy Living group has 6 members, 31% of those expressing interest and the smoking cessation Group has 3 members, 18% of those expressing interest.
- The second phase of the pilot project will focus on promoting the Healthy Living group as transition to the Cessation group, running a tobacco dependence week to reach and educate more staff and patients, introducing the TDTP program at intake, planning an in-service by our FNP and Psychiatric resident on the impact of smoking on psychiatric medication and expanding the program to another RUMC mental health clinic and to the RUMC substance abuse program.

Implications for Practice

- In spite of the serious mortality risks associated with tobacco dependence for the behavioral health population, the challenges to successful implementation of a successful TCTP program are challenging and systemic.
- The most important change required is to understand and implement interventions based on the understanding that tobacco dependence is an addiction which requires treatment significantly more comprehensive than smoking cessation.
- In general this involves staff and patient education and in particular it involves promotion of Healthy Living groups as preparation and transition to Cessation groups.
- Shifting the thought process to emphasize the contemplation stage, the importance of harm reduction model, and how the idea of failure is a barrier to moving into the tobacco dependence group.

EXPRESSED INTEREST VS ACTUAL ATTENDANCE

