



Getting Beyond “No!”: Engaging Pre-Contemplative Tobacco Users with Behavioral Health Conditions

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December 5, 2023

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Important Information



This Zoom webinar will be recorded.



By joining this session, you automatically consent to the recording and note-taking.



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About Us – Center for Health Systems Improvement

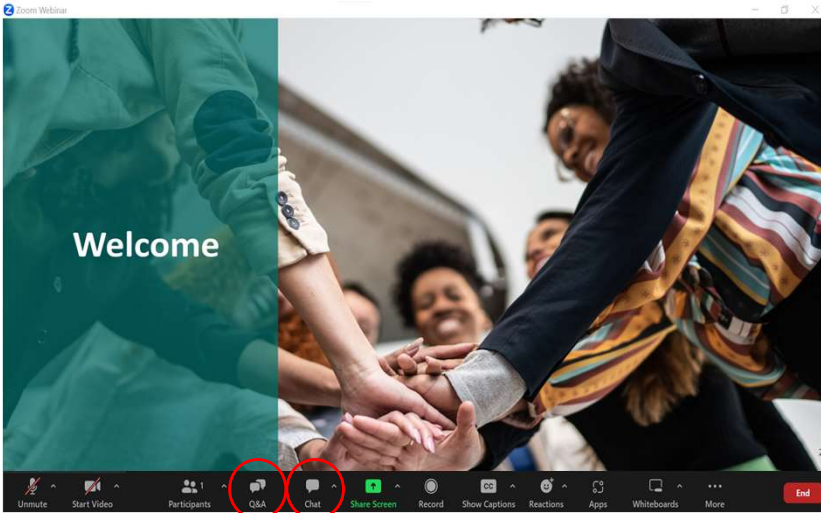
- Outcomes-focused capacity building services to 8 regions across New York State
- Supporting health systems improvement to ensure every tobacco user is:
 - appropriately screened for tobacco use
 - offered and receives tobacco dependence treatment
- Funded by the New York State Department of Health and established in July 2014



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Logistics



If you have questions throughout this webinar, please enter them using the "Q&A" icon.

If you are experiencing tech difficulties, or would like to react to the information shared, utilize the chat function

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Disclosure

The following people have no relevant financial, professional or personal relationships to disclose:

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There are no commercial supporters of this activity.

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Continuing Education Note

Requirements for Continuing Education credits/contact hour(s)

- Attend entire duration of training
- Completion of CE evaluation
- Pass a post-test with an 80% or higher

*Participants will also receive a 3-month post-survey to assess any clinical practice changes made a result of this training.

We appreciate your participation in completing this survey.

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Objectives

- Provide an overview of Key Message #7 from the Treating Tobacco Use Disorder in Behavioral Health Populations: Innovative Approaches and Uses of Approved Medications. Medication Assisted Treatment should be considered for behavioral health patients who may not yet be ready to treat their tobacco use disorder (precontemplation stage) but would benefit from reduced smoking
- Explore the efficacy of current tobacco interventions in behavioral health settings
- Identify how to successfully integrate stage wise tobacco interventions with individuals who are in precontemplation regarding cessation

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Treating Tobacco Use Disorder in Behavioral Health Populations



Treating Tobacco Use Disorder in Behavioral Health Populations:

Innovative Approaches and
Uses of Approved Medications

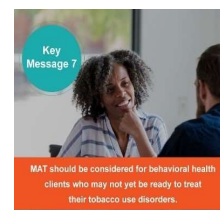
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- Developed by the Center for Health Systems Improvement (C-HSI) under the guidance of the Bureau of Tobacco Control, New York State Department of Health with expert knowledge from Tobacco Control stakeholders
- The report provides an overview of the seven FDA-approved medications for treating tobacco use, several key messages for treating tobacco use disorder in behavioral health populations, and recommended use of those medications associated with improved outcomes.

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Treating Tobacco Use Disorder in Behavioral Health Populations



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Poll #1

How optimistic do you feel about achieving successful TUD treatment outcomes with people who have absolutely no interest in addressing their tobacco use?



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Susan Friedlander, LCSW


- Over 35 years of experience in the public mental health sector with a focus on recovery, rehabilitation and wellness
- Consultant specializing in the intersection of tobacco and public mental health
- Active member of the New York City DOHMH Behavioral Health Tobacco Workgroup
- Adjunct Professor at Stony Brook School of Social Welfare
- Former tobacco user

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Review Key Message #7



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Key Message #7

Medication Assisted Treatment should be considered for behavioral health patients *who may not yet be ready to treat their tobacco use disorder* (precontemplation stage) but would benefit from reduced smoking.

Treating Tobacco Use Disorder in Behavioral Health Populations:
Innovative Approaches and Uses of Approved Medications




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Key Points

- Effective to start NRT or varenicline even if person is not interested in cessation.
- No negative impact on future cessation.
- May improve motivation and self-efficacy.

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How do you start treatment when a person simply has no interest in addressing their tobacco use?

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Sound Familiar?

Practitioner:

I asked about smoking, and they said they didn't want to quit. It's their choice!

Individual:

I need cigarettes to deal with my [fill in the symptom].

Practitioner:

I don't really know much about tobacco, so I referred them to [fill in the alternative service].

Individual:

I get really bored. Smoking is just what I do.

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Sound Familiar?

Practitioner:

This is something for primary care to handle. We don't get paid for smoking cessation.

Individual:

I tried the Patch and it didn't do anything.

Practitioner:

I don't want to take away cigarettes. It's their only pleasure!

Individual:

I quit everything - this my only pleasure!

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Sound Familiar?

Practitioner:

Smoking is the least of their problems. They need to focus on more serious issues!

Individual:

Smoking is the least of my problems. I need to focus on more serious issues!

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The Feeling is Mutual!



- Lack of information
- Lack of self-efficacy
- Lack of hope
- Frustration

But how did we get here?

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How Tobacco Became Embedded in the Culture of the Behavioral Health System

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Role of the Tobacco Industry (1970's-1990's)

- Targeted marketing to homeless population (high % people with SMI); RJ Reynolds: Project SCUM (Subculture Urban Marketing)
- Cultivated relationships with service organizations, shelters and MH facilities through sponsorship and donations.
- Provided free cigarettes to mental health & homeless facilities
- *Apollonio & Malone (2005) Journal of Tobacco Control*
- Monitored or directly funded research supporting the idea that individuals with schizophrenia are less susceptible to the harms of tobacco and that they need tobacco as self-medication
- *Prochaska, et. al. (2008). Schizophrenia Bulletin.*

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Role of the Tobacco Industry Today



- Marketing campaigns target low-income neighborhoods.
- People who have a serious mental illness are twice as likely as the general population to live in a neighborhood with lots of stores that sell tobacco and high levels of tobacco advertisements.
- E-cigarettes marketed as a cessation tool; deliberate youth appeal

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Role of the Mental Health System

- Use of cigarettes as reward or incentive
- Belief that smoking cessation results in decompensation or takes away the “only pleasure”
- 1990 JCAHO Hospital Smoking Ban: AMI/FAMI successfully advocated for smoking areas in MH facilities; "it is inhumane to rob these patients of their autonomy and dignity by infringing on one of the few remaining freedoms historically allowed patients." *

*Prochaska and Hall; (2008) Schizophrenia Bulletin

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Role of Mental Health System Today

- Belief that smoking cessation results in decompensation or takes away the “only pleasure”; people with SMI don’t want to quit.
- Only 39 percent of mental health treatment facilities in the United States provided cessation counseling.
- Only about 25 percent of these facilities offered nicotine replacement therapy and/or other tobacco cessation medications.
- About 50% of mental health treatment facilities had smoke-free policies both inside and outside their facilities (SAMHSA, 2017).
- Implementing Tobacco Cessation Treatment for Individuals with Serious Mental Illness: A Quick Guide for Program Directors and Clinicians https://store.samhsa.gov/sites/default/files/d7/priv/pep19-02-00-001_0.pdf

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Peer Culture



- Belief that tobacco alleviates mental health symptoms
- Smoking as a coping strategy
- Smoking as a social experience
- Smoking as a bonding activity
- Smoking as an expression of freedom and control

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No wonder we struggle with tobacco interventions in behavioral health settings!

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How to Address Tobacco Use in Pre-Contemplation

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Poll #2

What Do We Typically Do That Doesn't Work?

- ☐ Avoid the issue.
- ☐ Ask once as required and avoid the issue.
- ☐ Disregard stage of change.
- ☐ Focus exclusively on the health risk.
- ☐ Ignore impact on personally meaningful goals.
- ☐ Convey that cessation is the only intended outcome of tobacco treatment.
- ☐ Minimize importance of staff competency in COD treatment and tobacco interventions.
- ☐ All of the above.

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What Does Work?

- 1 Stagewise Interventions
- 2 Recovery & Community Integration Framework
- 3 Practical Strategies to Address Discomfort

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Stagewise Interventions

Offer Treatment Interventions that are **Appropriate** to Stage of Change



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Stagewise Interventions: Evidence-Based Approach for Co-Occurring Disorder Treatment

Stage of Change	Stage of Treatment
Pre-contemplation	Engagement
Contemplation Preparation	Motivation Building *Persuasion
Action	Active Treatment
Maintenance	Relapse Prevention

Prochaska & DiClemente, 1983

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Interventions to Use During Pre-Contemplation

- Engagement
- Exploration of immediate needs and recovery goals.
- Empathy for anxiety and discomfort associated with tobacco-free settings
- Information about nicotine withdrawal symptoms
- Problem-solving related to cravings and withdrawal in tobacco-free settings

Offer Treatment Interventions that are Appropriate to Stage of Change

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Resource: How Do You Assess Stage of Change?



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Recovery & Community Integration Framework

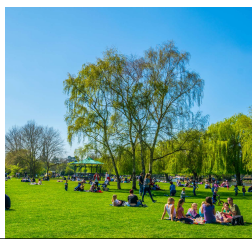
Focus on **Personally
Meaningful** Recovery
Goals and
Community
Integration



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What do these settings have in
common?



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Bringing Tobacco Into the Discussion

Preparing for a Job Interview:

- It's totally normal to feel anxious! What are some things we can do to prepare you for the interview and help you feel more confident?
- You mentioned that smoking helps you feel calm. That's really important! But how do you think a potential employer might react if they smelled cigarettes?
- Let's explore some other things you can do to keep calm and create a good impression.
 - **Peer Support**
 - **Breathing Techniques/Mindfulness**
 - **Breath Freshener**
 - **Personal Hygiene and Clothing**
- **Time-limited NRT** instead of smoking to feel calm & focused

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Bringing Tobacco Into the Discussion

Traveling to see family on public transportation:

- How are you feeling about going to your family for the holiday?
- You mentioned that smoking helps you feel calm. That's really important! But I remember that it upset your Mom that you smoked in the house last time.
- Let's explore some other things you can do to keep calm and feel comfortable at your Mom's place.
 - Peer Support
 - Breathing Techniques/Mindfulness
 - Clarifying where/when you can smoke
 - **Time-limited NRT instead of smoking to feel calm and manage cravings during 3-hour bus ride and at Mom's house.**

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Practical Strategies to Address Discomfort

Offer NRT as a Tool
to Manage Cravings
and Withdrawals in
Tobacco-Free
Settings



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NRT as a Coping Tool

- Unpack perception that “it doesn’t work”:
 - **Discuss nicotine withdrawal and nicotine replacement**
 - **Assess how much NRT person used and which type**
 - **Explore whether NRT was used correctly**
- Combination NRT
- Choice of Products
- Correct Use of Products



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Practical Considerations

- Administration, Pharmacy and MD/NPP Buy-In
- Staff Training
- Medicaid Benefit (vs. Medicare, Commercial)
- Combination NRT
- Choice of Products
- Correct Use of Products



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Resources

CENTER OF EXCELLENCE FOR HEALTH SYSTEMS IMPROVEMENT: SUGGESTED RESOURCES FOR WEBINAR ATTENDEES

[Treating Tobacco Use Disorder in Behavioral Health Populations: Innovative Approaches and Uses of Approved Medications](#); Developed by the Center for Health Systems Improvement for a Tobacco-Free New York at CAI.

[Center for Practice Innovations](#): Focus on Integrated Treatment (FIT) modules teach stage-wise interventions and motivational interviewing; also includes several tobacco-specific modules. Available to all OMH and OASAS licensed providers.

[NYC DOHMH Coping with Nicotine Withdrawal \("Be Free with NRT" Toolkit\)](#)

Resources for Individuals

- [What is Your Relationship with Tobacco Quiz? \(PDF\)](#)
- [How to Use Tobacco Treatment Medications Pocket Guide \(PDF\)](#)
- [How Can I Get Tobacco Treatment Medications? Insurance Guide \(PDF\)](#)
- [Be Free with NRT video](#): 15-minute video portraying an individual and his case manager discussing the impact of his tobacco use on his housing. Demonstration of how to correctly use all NRT products.

Resources for Health Care, Social Service and Housing Providers

- [Commissioner of Health Letter \(PDF\)](#)
- [What is Your Relationship with Tobacco Quiz? Guidance for Providers \(PDF\)](#)
- [Exploring Myths and Facts About Tobacco Use \(PDF\)](#)
- [Other Resources for Addressing Tobacco Use \(PDF\)](#)

[Tobacco Cessation Training and Technical Assistance Center \(TCTTAC\)](#): Provides training to NYC-based behavioral health providers; Resources tab links to a wide range of tools and materials as well as free webinars.



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Revisiting Poll #1



How optimistic do you feel about achieving successful TUD treatment outcomes with people who have absolutely no interest in addressing their tobacco use?

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Q & A

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For More Information



For more information about Health Systems Tobacco-Free New York

Please visit: www.nyhealthsystems.org

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Evaluation



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