

# **Mobilizing Clinicians' Motivation to Intervene with their Clients who use Tobacco**

*March 6, 2012*

*Living Well: Strategies for Tobacco Free Recovery  
Santa Monica, CA*

Daryl Sharp

Associate Dean for Faculty Development & Diversity in the School of Nursing  
Associate Professor of Clinical Nursing & in the Center for Community Health



SCHOOL OF  
**NURSING**  
UNIVERSITY of ROCHESTER  
MEDICAL CENTER

# Clarifying Expectations

- What brought you to this session?
- What are you looking for?
- What are your experiences thus far in trying to help people to stop smoking?
- How many of you are from fully tobacco free facilities?
- How many of you offer intensive tobacco dependence interventions in your facility?



# Objectives

- To discuss evidence-based pharmacological & counseling strategies for those who are tobacco dependent
- To describe an intensive tobacco dependence intervention program for those with psychiatric disorders
- To describe the APNA/SCLC performance partnership model



# Where are we?

- We have made progress *BUT*:

**TOBACCO DEPENDENCE REMAINS THE LARGEST PREVENTABLE CAUSE OF DEATH & DISABILITY WORLDWIDE**

- Smoking is concentrated in subpopulations of those with mental illnesses and/or substance use disorders



# Prevalence rates by diagnostic category across studies (Morris et al., 2009)

- Major depression • 36-80 %
- Bipolar disorder • 51-70 %
- Schizophrenia • 62-90 %
- Anxiety disorders • 32-60 %
- PTSD • 45-60 %
- ADHD • 38-42 %
- Alcohol abuse • 34-93 %
- Other drug abuse • 49- 98 %



# Factors linked with high smoking rates

See *Counseling Points*, Vol.1, Number 1, 2010

- Genetic predisposition
- Nicotine effects
- Boredom
- Smoking part of culture
- Used as a reward in some psychiatric settings
- May negate some antipsychotic agents' side effects
- Increased sensitivity to nicotine withdrawal
- Lack of social support
- High unemployment rates & poverty
- Relatively low education levels



# Genetic vs. Environmental Influences on Smoking

Increasing evidence that there are inherited vulnerabilities to nicotine addiction and differences in abilities to quit

May allow tailored treatments

- focusing on dopamine and noradrenergic systems in the brain
- suggests long-term treatment may be needed

(Benowitz, 2008)



# ***The nature of nicotine addiction***

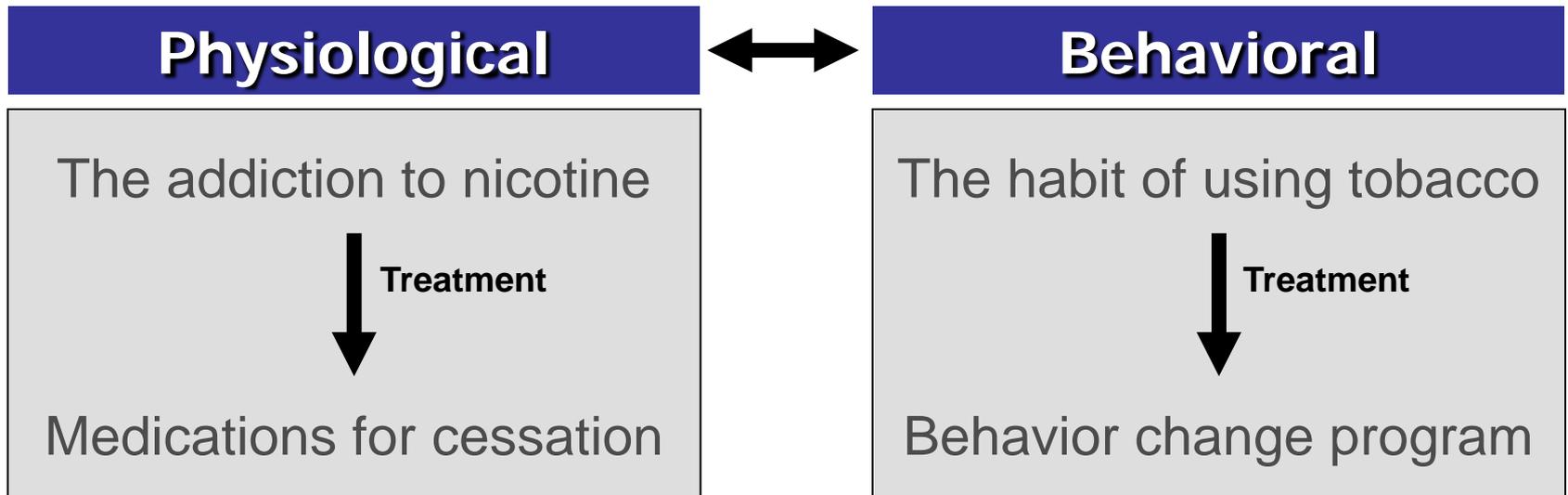
***Of all the substances of abuse, nicotine has the highest probability of causing dependency when one has tried it at least once; nicotine may be the most addicting substance known.***

**(Stahl, 2008)**



# Tobacco Dependence Treatment

## Tobacco Dependence



Treatment should address the physiological *and* the behavioral aspects of dependence.

Fiore et al. 2008; rxforchange/ucsf



# Treating Tobacco Use And Dependence

CLINICAL PRACTICE GUIDELINE  
2008 UPDATE

U.S. Department of  
Health and Human Services  
Public Health Service

2008 Guideline: 5/7/08



SCHOOL OF  
**NURSING**  
UNIVERSITY of ROCHESTER  
MEDICAL CENTER

# PHS Guideline for Treating Tobacco Use & Dependence

- Highly significant health threat
- Disinclination among clinicians to intervene consistently
- Presence of effective interventions



Fiore et al., 2008



SCHOOL OF  
**NURSING**  
UNIVERSITY of ROCHESTER  
MEDICAL CENTER

# Types of Interventions

(Fiore et al., 2008)

- **Briefer**

- 3-10 minutes
- Targets smokers who are willing, unwilling, and those who recently quit

- **More intensive**

- Total clinician-client time > 30 minutes with at least 4 sessions
- Tend to be coordinated by tobacco dependence specialists
- May use multiple clinician types & formats



# Recommended Clinical Approaches

- ▶ The “5 A’s including STAR” for patients willing to make a quit attempt
- ▶ The “5 R’s” for patients unwilling to make a quit attempt at this time
- ▶ Relapse prevention for patients who have recently quit
- ▶ Intensive interventions should be provided when possible
- ▶ Health care administrators, insurers, and purchasers should institutionalize guideline findings

(Fiore et al., 2008)



# The “5 A’s”

## For Patients Willing to Quit

(Fiore et al., 2008)

- **ASK** about tobacco use
  - ▶ **ADVISE** to quit in clear, strong, personalized message
  - ▶ **ASSESS** willingness to make a quit attempt
  - ▶ **ASSIST** in quit attempt
    - ▶ Develop quit plan
    - ▶ Recommend medication unless contraindicated
    - ▶ **STAR: Set date; Tell others; Anticipate challenges; Remove tobacco products**
  - ▶ **ARRANGE** for follow-up



# The “5 R’s”

## For Patients Unwilling to Quit

(Fiore et al., 2008)

- ▶ **RELEVANCE** of quitting: Tailor advice & discussion
- ▶ **RISKS** of continued smoking: Ask person to identify negative consequences
- ▶ **REWARDS** of quitting: Ask person to identify potential benefits
- ▶ **ROADBLOCKS** to quitting: Identify barriers & problem--solve
- ▶ **REPEAT**: Reinforce motivational message at every visit



# Components of Intensive Counseling

- ***Pharmacotherapy***
  - **Problem solving & skills training**
    - educate about withdrawal /toxicity
    - teach coping strategies
  - **Ongoing interpersonal support**
    - be positive, encouraging, & compassionate
  - **Mobilizing support from others**
    - Quitline at 1-800-QUIT-NOW
    - Family/friends education
- (Fiore et al., 2008)



# Pharmacotherapy Interventions

***All patients attempting to quit smoking should be encouraged to use effective pharmacotherapy except under special circumstances***

Fiore et al., 2008



SCHOOL OF  
NURSING  
UNIVERSITY of ROCHESTER  
MEDICAL CENTER

# Nicotine Pharmacodynamics

## Central nervous system

- Pleasure
- Arousal, enhanced vigilance
- Improved task performance
- Anxiety relief

## Other

- Appetite suppression
- Increased metabolic rate
- Skeletal muscle relaxation

## Cardiovascular system

- ↑ Heart rate
- ↑ Cardiac output
- ↑ Blood pressure
- Coronary vasoconstriction
- Cutaneous vasoconstriction

(Benowitz 1992, 1997, 2008)



# NRT: Products

## Polacrilex gum

- Nicorette (OTC)
- Generic nicotine gum (OTC)

## Lozenge

- Commit (OTC)
- Generic nicotine lozenge (OTC)

## Transdermal patch

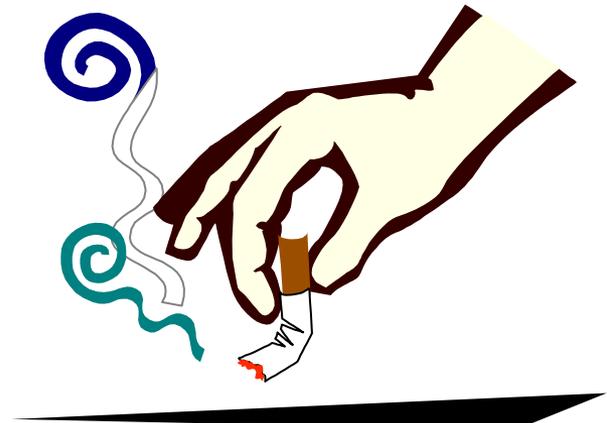
- Nicoderm CQ (OTC)
- Generic nicotine patches (OTC, Rx)

## Nasal spray

- Nicotrol NS (Rx)

## Inhaler

- Nicotrol (Rx)



Fiore et al., 2008



# Tobacco is Carcinogenic

## Nicotine, Although Addictive, is Not Carcinogenic

- Tobacco smoke contains greater than 60 carcinogenic agents and approximately 200 known toxins
- Smoking cigarettes with lower yields of tar has not been proven to decrease associated risks
- Nicotine is not carcinogenic
- Nicotine is the substance in cigarettes that causes addiction

### Carcinogenic/Toxic Chemicals in Tobacco Smoke

Ammonia

Arsenic

Cadmium

Carbon monoxide

Formaldehyde

Hydrogen cyanide

Toluene

# How Nicotine Replacement Therapies (NRT) Work

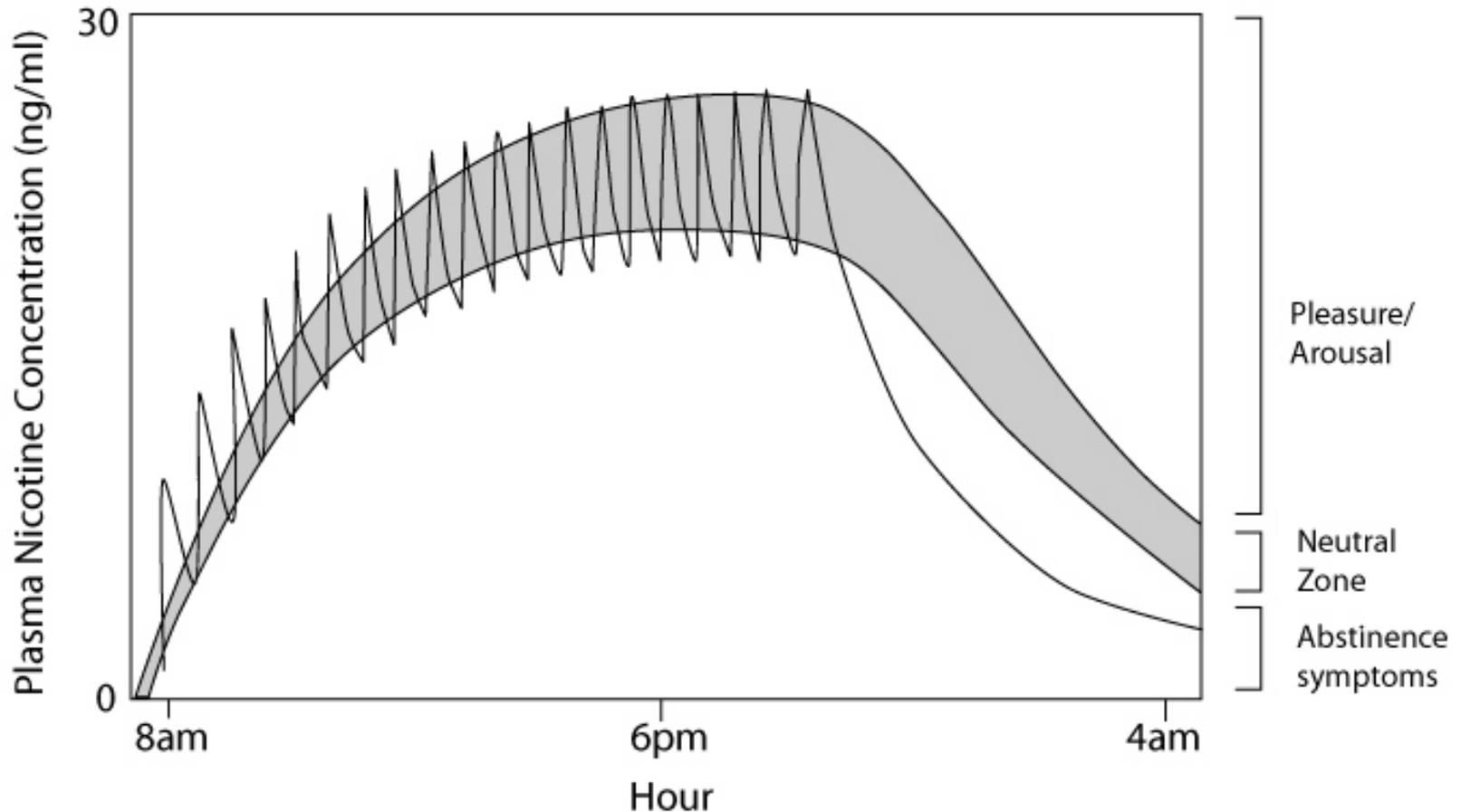
- Smoking stimulates  $\alpha 4\beta 2$  receptors
- Receptors become desensitized within minutes (~one cigarette)
- Receptors re-sensitize after 45 minutes  
➔ WITHDRAWAL symptoms
- NRT alleviates re-sensitization of nicotinic  $\alpha 4\beta 2$  receptors responsible for withdrawal
- 20 cig/pack

Stahl, 2008



# Nicotine Addiction Cycle

(Benowitz, 1992)



# A Patient-Centered Approach to NRT Dosing

- **Estimate amount of nicotine patient is getting from smoking**
  - **Generally 1-1.5 mg. of nicotine/cigarette**
- **Cover with comparable NRT (often helpful to use a continuous + intermittent form of NRT) mindful that NRT is more slowly absorbed than nicotine from cigarettes; higher peak levels of nicotine result in higher subjective effects of nicotine; often need higher doses of NRT to achieve same effects**
- **Review signs/symptoms of potential side effects including information that combination NRT is not FDA approved/discuss risks & benefits**

Benowitz & Dempsey, 2004; Williams, G.C. et al., 2006



# A Patient-Centered Approach to NRT Dosing

- **Teach patient signs/symptoms of nicotine withdrawal & nicotine toxicity**
- **On a scale of 0-3 (0=none; 1=mild; 2= moderate; 3= severe)**
  - ***Signs of withdrawal:***
    - Anxiety
    - Irritability
    - Difficulty concentrating
    - Cravings for cigarettes
  - ***Signs of toxicity***
    - Nausea
    - Sweating
    - Palpitations

Williams, G.C., et al., 2006



# Nicotine Patch

- **Advantages:**

Easy to use, private, one per day, helps with early morning cravings

- **Disadvantages:**

Skin reactions, not orally gratifying, vivid dreams, insomnia

- **Dosage:** 4 weeks - 21mg/24hrs.

then 2 weeks - 14mg/24hrs.

then 2 weeks - 7mg/24 hrs.

- **Costs:**

\$4.25/day

Fiore et al., 2008



# Nicotine Gum

- **Advantages:**

Orally gratifying, useful to offset cravings

- **Disadvantages:**

Poor taste, mouth soreness, dyspepsia, hiccups

- **Dosage:** Maximum dose: 24 pieces/day

patient smokes < 25 cigs/day: 2mg

patient smokes > 25 cigs/day: 4mg

*\*must use correctly: chew & park*

- **Costs:**

\$6.25/day (about 10 pieces)

Fiore et al, 2008



# Nicotine Inhaler

- **Advantages:**
  - Mimics smoking, keeps hands & mouth busy**
- **Disadvantages:**
  - Mouth & throat irritation, coughing, rhinitis,**
  - Less effective below 40° F**
- **Dosage:** 6 – 16 cartridges/day
  - One cartridge lasts 20 min. continuous puffing**
  - Good for 24 hours if not used completely**
- **Costs:** \$6.00 -16.00/day

Fiore et al., 2008



# Nicotine Nasal Spray

- **Advantages:**

Higher nicotine levels, fast relief for heavy smokers, rapid delivery of nicotine

- **Disadvantages:**

Nasal irritation, sneezing, coughing, runny nose

- **Dosage:** 1 – 2 doses/hour (in each nostril)

minimum dose: 8 doses/day

maximum dose: 40 doses/day

- **Costs:** \$5.00 -15.00/day

Fiore et al., 2008



# Nicotine Lozenge

- **Advantages:**

  - Keeps mouth busy, easy to use in social situations

- **Disadvantages:**

  - Mouth/throat irritation, heartburn, indigestion, hiccups & nausea

- **Dosage:** minimum dose: 9 lozenges/day

  - 2mg: smokes 1<sup>st</sup> cigarette after 30 min. of waking

  - 4mg: smokes 1<sup>st</sup> cigarette within 30min.of waking

- **Costs:**

  - \$4.50/day

Fiore et al., 2008



# Additional NRT Guidelines

- **Combining the nicotine patch & *ad libitum* NRT (nicotine gum/nicotine nasal spray) is more efficacious than a single form of NRT**
- **FDA has not approved combination NRT strategy**
- **Certain groups of smokers may benefit from extended use of NRT**
  - **Continued use of medication is clearly preferable to a return to smoking with respect to health consequences**
- **Risks/benefits analysis and patient preferences should inform pharmacotherapy choices**

Fiore et al., 2008



# NRT: Precautions

- **Patients with underlying cardiovascular disease; package inserts recommend caution:**
  - Recent myocardial infarction (within past 2 weeks)
  - Serious arrhythmias
  - Serious or worsening angina
  - *There is no evidence of increased cardiovascular risk with NRT*
- **Other precautions**
  - Active temporomandibular joint disease (gum only)
  - Pregnancy/Lactation

Fiore et al., 2008



# Common Beliefs about NRT

- Medications to stop smoking are too expensive
- One addiction may be traded for another
- Worry about the risks & safety of NRT
- Only 16% of those who smoke feel NRT helps people quit

(Bansal et al., Nicotine & Tobacco Research, 2004)



# Bupropion SR

- **Advantages:**  
Antidepressant, less weight gain,  
FDA approved for maintenance therapy (6mos)
- **Disadvantages:**  
May disrupt sleep, possible headaches, &  
dry mouth, seizure risk
- **Dosage:** Begin 1-2 weeks prior to quit date  
150mg q am for 3 days  
Increase to 150mg b.i.d. (at least 8 hours apart)
- **Costs:** \$3.25/day

Fiore et al., 2008



# Varenicline

**Partial agonist selective for the nicotine acetylcholine receptor**

- **Advantages:**

- Dual mechanism of action: agonist and antagonist effects

- **Disadvantages:**

Nausea, insomnia, vivid dreams, headaches; use with caution in patients with renal dysfunction

- **Dosage:** Begin 1 week prior to quit date to minimize nausea/insomnia
  - Days 1 – 3: 0.5 mg qd
  - Days 4 – 7: 0.5 mg bid
  - Days 8 – 28: 1 mg bid

An additional 12 wks recommended for those who quit  
Adjust dose for renal insufficiency 0.5 mg/d for GFR < 30

\*Should be taken after eating and with full glass of water

- **Costs:** \$3.30/day

Fiore et al., 2008



# Varenicline: Public Health Advisory

- **FDA WARNINGS and PRECAUTIONS (February 2008)**
  - Serious neuropsychiatric symptoms
    - Changes in behavior
    - Agitation
    - Depressed mood
    - Suicidal ideation
    - Attempted and completed suicide
  - **Developed during Chantix therapy and during withdrawal of Chantix therapy**
  - **May cause recurrence or exacerbation of psychiatric illness**

Fiore et al., 2008



SCHOOL OF  
**NURSING**  
UNIVERSITY of ROCHESTER  
MEDICAL CENTER

# Combination Pharmacotherapy

- Bupropion SR + NRT can be safely combined; considered a first line medication combination
- NRT should **NOT** be combined with Varenicline
- The safety of combining Bupropion & Varenicline has **NOT** been established

Fiore et al., 2008



SCHOOL OF  
**NURSING**  
UNIVERSITY of ROCHESTER  
MEDICAL CENTER

# When people stop smoking

- May be at risk for medication toxicity
- The tar in smoke enhances P450 enzyme system
  - Increased 1A2 isoenzyme activity
- Smoking can increase metabolism of meds (decreased serum levels)
- Those who smoke tend to be on higher medication doses

Stahl, 2008



# Drugs potentially affected by smoking

- Watch for signs of toxicity
  - Caffeine
  - Theophylline
  - Fluvoxamine
  - Olanzapine
  - Clozapine

*Not a problem with NRT!*

Fiore et al., 2008



# Preventing Relapse

(Fiore et al., 2008)

- ▶ Relapse prevention interventions should be provided with every smoker who has recently quit
- ▶ Crucial to address relapse the first 3 months after quitting (6 months in SMI population)
- ▶ Strategies to use with recent quitters:
  - Encourage continued abstinence
  - Invite discussion of benefits, success milestones, problems encountered or anticipated
  - Use or refer to an intensive intervention as appropriate



# Electronic cigarettes\*

\*e-Cigarettes

(*BMJ* 2010; 340:c311; FDA, 2010)

- Widespread & increasingly popular
- Potential safety concerns:
  - Toxic chemicals
  - Labeling inaccuracies
- September 9, 2010: FDA cited 5 electronic cigarette distributors: violations of the Federal Food, Drug, & Cosmetic Act (FDCA) including unsubstantiated claims & poor manufacturing practices



# ***Any exposure = HARM***

***“There is no level of cigarette smoking or exposure to cigarette smoke that does not make the cells in your lungs sick; don’t think that smoking one or two cigarettes a week means you are home free.”***

**Dr. Ronald Crystal**

**Weill Cornell Medical Center, NY, NY**

***(Strulovici-Barel et al., 2010, Am Journal of Respiratory & Critical Care Medicine)***



**SCHOOL OF  
NURSING**  
UNIVERSITY of ROCHESTER  
MEDICAL CENTER

# ***Medications are often necessary but not sufficient:***

*People do best with properly dosed pharmacotherapy AND intensive tobacco dependence counseling*

Fiore et al., 2008



# Components of Intensive Counseling

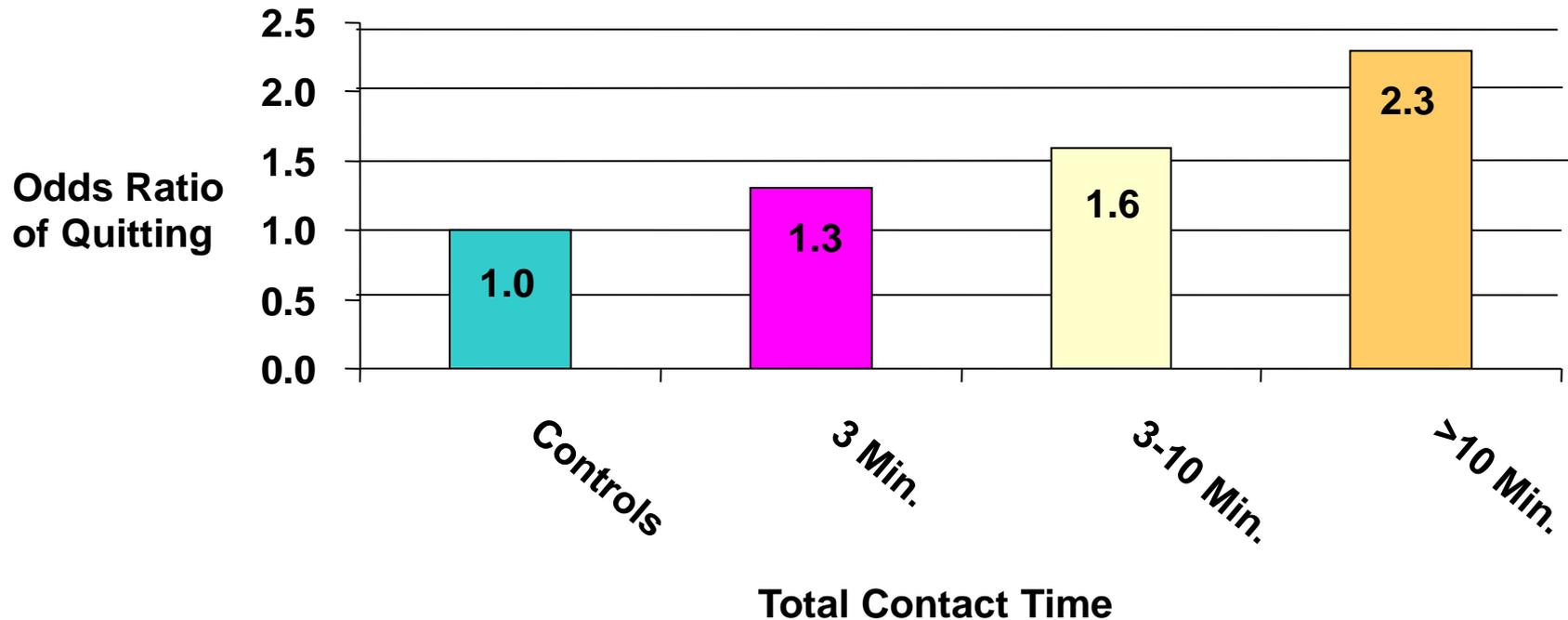
- **Pharmacotherapy**
- ***Problem solving & skills training***
  - educate about withdrawal /toxicity
  - teach coping strategies
- ***Ongoing interpersonal support***
  - be positive, encouraging, & compassionate
- ***Mobilizing support from others***
  - NYS Quitline at 1-866-NY-QUITS/1-866-697-8487
  - Family/friends education (Fiore et al., 2008)



# Quitting Increases with Counseling

Strong dose-response relation between counseling intensity & cessation success

(Fiore et al., 2008)



# Practical Counseling:

## Skills building/problem solving and mobilizing social support

- Developing Quit Plans
  - Problem-solving
  - Skills building
  - Identifying sources of social support
    - Intratreatment (treatment team)
    - Extratreatment (family/friends; not included in 2008 PHS Guidelines)

Fiore et al., 2008



# Process of Counseling

- Studies have shown that the way in which you counsel your clients makes a difference in how successful they are in changing health behaviors
- The ***PROCESS*** of counseling is as important as the ***CONTENT*** of the intervention

Williams et al., 2006



# Smoker's Health Study

(Geoffrey Williams, MD, PhD, PI; funded by NIMH/NCI)

- Randomized Controlled Trial
- N = 1006 adults who smoked
  - Relatively disadvantaged (poor/undereducated)
  - More than half not initially ready to stop smoking
- Intervention
  - Integration of PHS guidelines/SDT
  - Targeted smoking and LDL cholesterol
- Sample excluded people with psychosis/bipolar disorder

Williams et al., 2006



# Self-determination theory

(Deci & Ryan, 1985)

- Human beings intrinsically motivated toward health

Three psychological needs:

- Autonomy
- Competence
- Relatedness



# Self-determination theory

(Deci & Ryan, 1985)

- Autonomous motivation:
  - Sense of volition
  - Self-initiation
  - Personal endorsement of behavior
- Controlled motivation:
  - Pressured by interpersonal or intrapsychic force



# Self-determination theory

(Deci & Ryan, 1985)

Autonomy supportive care environments:

- Understand patient's perspective
- Acknowledge feelings
- Offer choices
- Provide relevant healthcare information



SCHOOL OF  
**NURSING**  
UNIVERSITY of ROCHESTER  
MEDICAL CENTER

# Self-determination theory

(Deci & Ryan, 1985)



Autonomy supportive environments  
**enhance** autonomous motivation



# Self-determination theory

(Deci & Ryan, 1985)

- Controlling care environments:
  - Pressure patients to act in certain way
  - Threaten with information



# Self-determination theory

(Deci & Ryan, 1985)



Controlling environments inhibit autonomous motivation



SCHOOL OF  
NURSING  
UNIVERSITY of ROCHESTER  
MEDICAL CENTER

# Smoker's Health Study

(Geoffrey Williams, MD, PhD, PI; funded by NIMH/NCI)

- The clinical endpoint of the intervention was to guide the client to making a clear choice about whether he wanted to change or not (***support client's autonomy need***)
- If the client wanted to stop smoking or change diet then the clinician provided competence training on how to reach that goal (***support client's competence & relatedness needs***)



# Smoker's Health Study

(Williams et al., 2006)

- **Results:**

- Those who received the autonomy supportive intervention (process), which also was based on the PHS guidelines for treating tobacco use and dependence (content) had significantly higher quit rates at 6 & 18 months than those in the comparison condition (who were encouraged to work with their primary care providers and community agencies)



# Mobilizing Motivation:

## Autonomy Support/Motivational Interviewing

- **Stay mindful of importance of psychological need satisfaction:**
  - Autonomy
  - Competence
  - Relatedness
- **Counselor-client relationship is a partnership (not expert/recipient)**
- **Elicit and acknowledge the client's perspective**
  - Listen well and reflect

Miller & Rollnick, 2002;  
Williams et al., 2006



# Mobilizing Motivation:

## Autonomy Support/Motivational Interviewing

- **Advise client about the importance of stopping smoking to health in a clear but non-controlling manner**
  - Do not use information as a weapon/threatening manner
- **Provide health risks/benefits information; pharmacotherapy & quit plan options when invited/client signals readiness**
  - Ask permission
  - Check in with clients about how they are hearing the information
  - Provide rationale for suggestions you offer
- **Avoid willfulness and maintain neutrality**
- **Support client initiatives for change**

Miller & Rollnick, 2002;  
Williams et al., 2006



## FIVE KEYS FOR QUITTING

## YOUR QUIT PLAN



### 1. GET READY.

- ▶ Set a quit date and stick to it—not even a single puff!
- ▶ Think about past quit attempts. What worked and what did not?



### 2. GET SUPPORT AND ENCOURAGEMENT.

- ▶ Tell your family, friends, and coworkers you are quitting.
- ▶ Talk to your doctor or other health care provider.
- ▶ Get group or individual counseling.
- ▶ For free help, call 1-800-QUIT NOW (784-8669) to be connected to the quitline in your State.



### 3. LEARN NEW SKILLS AND BEHAVIORS.

- ▶ When you first try to quit, change your routine.
- ▶ Reduce stress.
- ▶ Distract yourself from urges to smoke.
- ▶ Plan something enjoyable to do every day.
- ▶ Drink a lot of water and other fluids.
- ▶ Replace smoking with low-calorie food such as carrots.



### 4. GET MEDICATION AND USE IT CORRECTLY.

- ▶ Talk with your health care provider about which medication will work best for you:
- ▶ Bupropion SR—available by prescription.
- ▶ Nicotine gum—available over the counter.
- ▶ Nicotine inhaler—available by prescription.
- ▶ Nicotine nasal spray—available by prescription.
- ▶ Nicotine patch—available over the counter.
- ▶ Nicotine lozenge—available over the counter.
- ▶ Varenicline—available by prescription.



### 5. BE PREPARED FOR RELAPSE OR DIFFICULT SITUATIONS.

- ▶ Avoid alcohol.
- ▶ Be careful around other smokers.
- ▶ Improve your mood in ways other than smoking.
- ▶ Eat a healthy diet, and stay active.

### 1. YOUR QUIT DATE:

\_\_\_\_\_

\_\_\_\_\_

### 2. WHO CAN HELP YOU:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 3. SKILLS AND BEHAVIORS YOU CAN USE:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 4. YOUR MEDICATION PLAN:

Medications: \_\_\_\_\_

Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 5. HOW WILL YOU PREPARE?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Quitting smoking is hard. Be prepared for challenges, especially in the first few weeks.**

Followup plan: \_\_\_\_\_

Other information: \_\_\_\_\_

Referral: \_\_\_\_\_

\_\_\_\_\_  
Clinician

\_\_\_\_\_  
Date

USDHHS. (2010). At: <http://www.ahrq.gov/clinic/tobacco/tearsheet.pdf>.



SCHOOL OF  
**NURSING**  
UNIVERSITY of ROCHESTER  
MEDICAL CENTER

# URSON Tobacco Dependence Intervention Program

***Purpose:*** To deliver and evaluate an intensive multifaceted tobacco dependence intervention program designed to meet the special needs of those with SMI

Funded by NYS Tobacco Control Program, 2006-2009



# Intensive Intervention

- Intensity increased in comparison to standard intensive interventions via:
  - Greater clinician time
  - More treatment sessions
  - More treatment formats
  - Multiple types
  - Longer-term pharmacotherapy intervention
    - NRT/Bupropion SR/Varenicline
    - Harm reduction strategies
  - Extended and repeated problem-solving/skills building
  - Enhanced intratreatment social support
  - Enhanced extratreatment social support

(Fiore et al., *Clinical Practice Guideline for Treating Tobacco Use & Dependence*, 2000)



# Key intervention components

- Nurse practitioner in psychiatry coordinating program/direct care provider experienced RN
- Distinct from but connected to extant MH treatment program
- Ongoing exposure to multiple treatment components
  - Individual
  - Group
  - Milieu
  - Peer advocate
  - Family/significant other psychoeducation



# Resource for Treatment Staff

- Offered individual or group intervention for staff who smoke
- Confidential
- Delivered at work site or off site at URSON (staff preference)



# Assessment Measures

- Follow-up assessments
  - 3, 6, 12 months
  - Number of cigarettes smoked daily
  - 7 day point prevalence (PP; CO verified)
- Nurse encounter forms (tracking nurse activities)
- Qualitative interviews (initial slides)



# Nurse Activities

- **Contact time:**
  - **< 10 minutes: 59%**
  - **10-20 minutes: 20%**
  - **> 30 minutes: 21%**
- **Most frequent form of contact: unscheduled, walk-in visits**
- **Point of contact:**
  - **Clients: 68%**
  - **Treatment team members: 22%**
  - **Group home staff, peers, family/friends: 8%**



# Nurse Activities

- **Competence building (42%)**
  - Educating; problem solving/skills building, medications, withdrawal/toxicity symptoms; providing resources
- **Autonomy support (32%)**
  - Listening; rapport building
- **Mobilizing social support (10%)**
  - Advocating on behalf of the client; mobilizing social support; reaching out to potential clients
- **Team collaboration (7%)**
  - Consultation, referral, charting
- **Intervening re: general mental health issues (5%)**



# Sample

- **Gender**
  - 45 women
  - 54 men
- **Race**
  - 62% majority
  - 38% minority
- **Age**
  - Median = 44 years
- **Relationship status**
  - 32 % partnered
- **Education**
  - 35% < high school
  - 37% high school education
  - 28% > high school education
- **Income**
  - 95 < \$20,000
  - 3 \$20,000-\$40,000

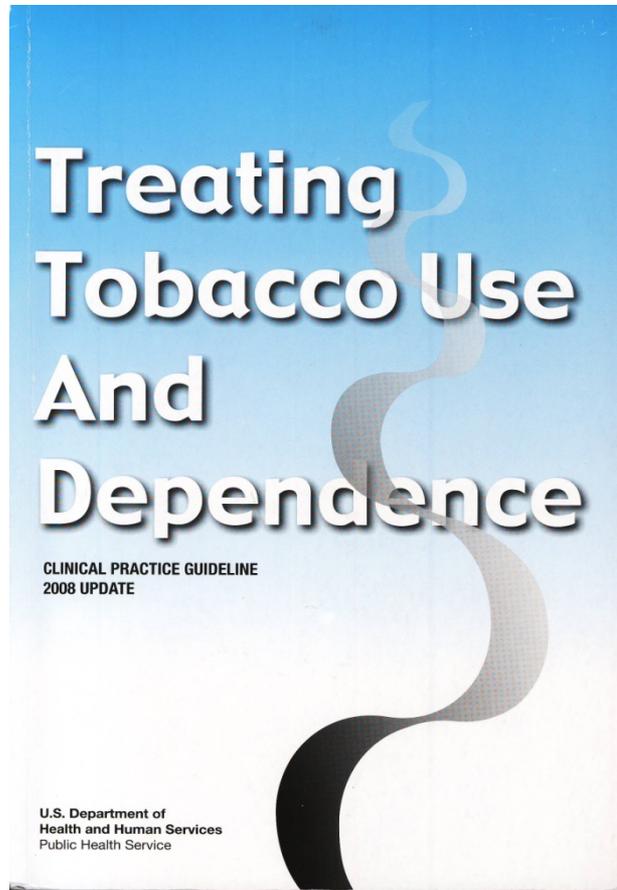


# Smoking History

- **Average cigarettes smoked daily: 21**
- **Average years smoked: 24**
- **Average Fagerstrom score: 5.7 (moderately high)**
- **72 permitted to smoke on residence property**
- **70 wanted to quit within next 30 days**



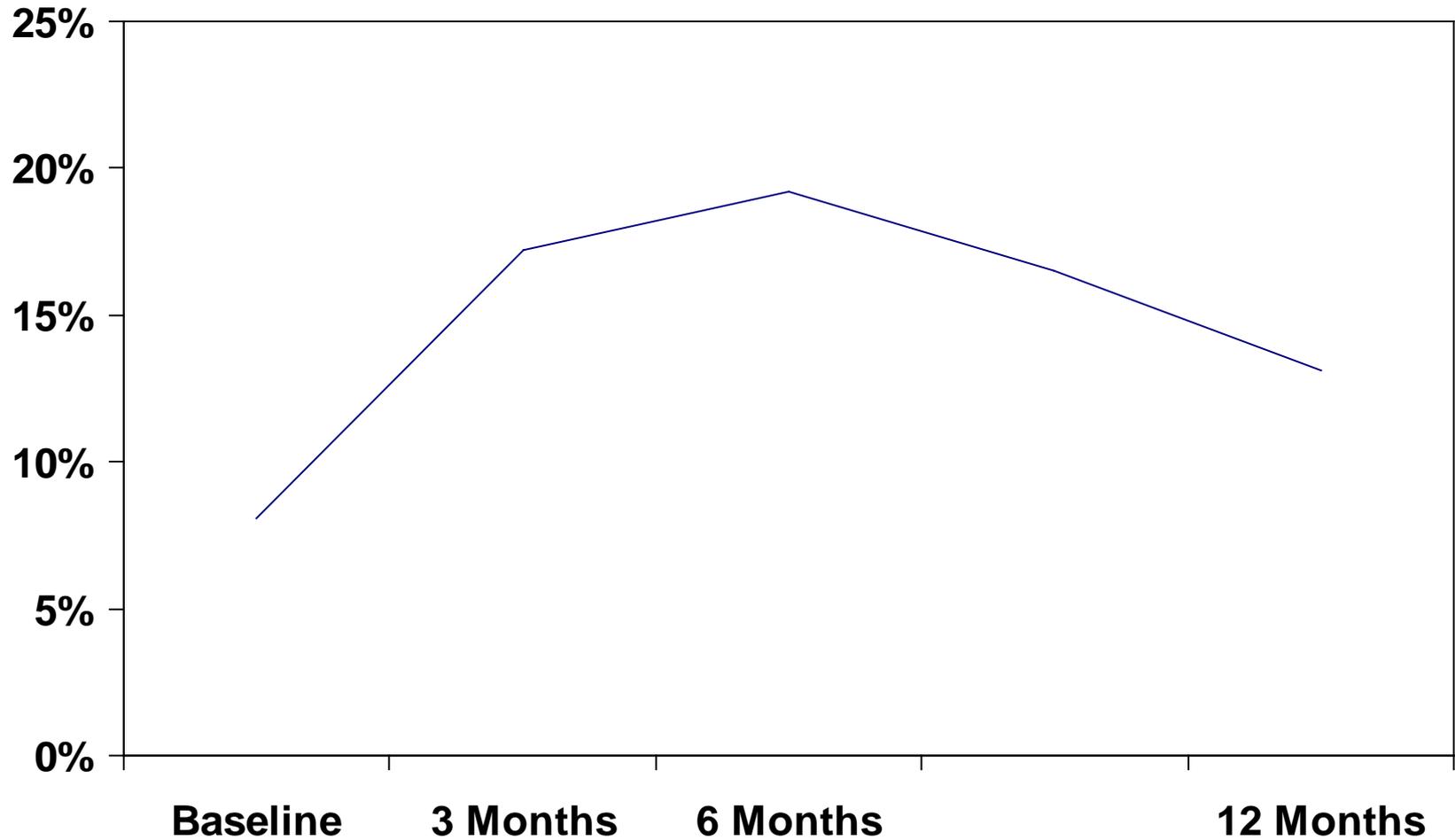
# Cessation medications



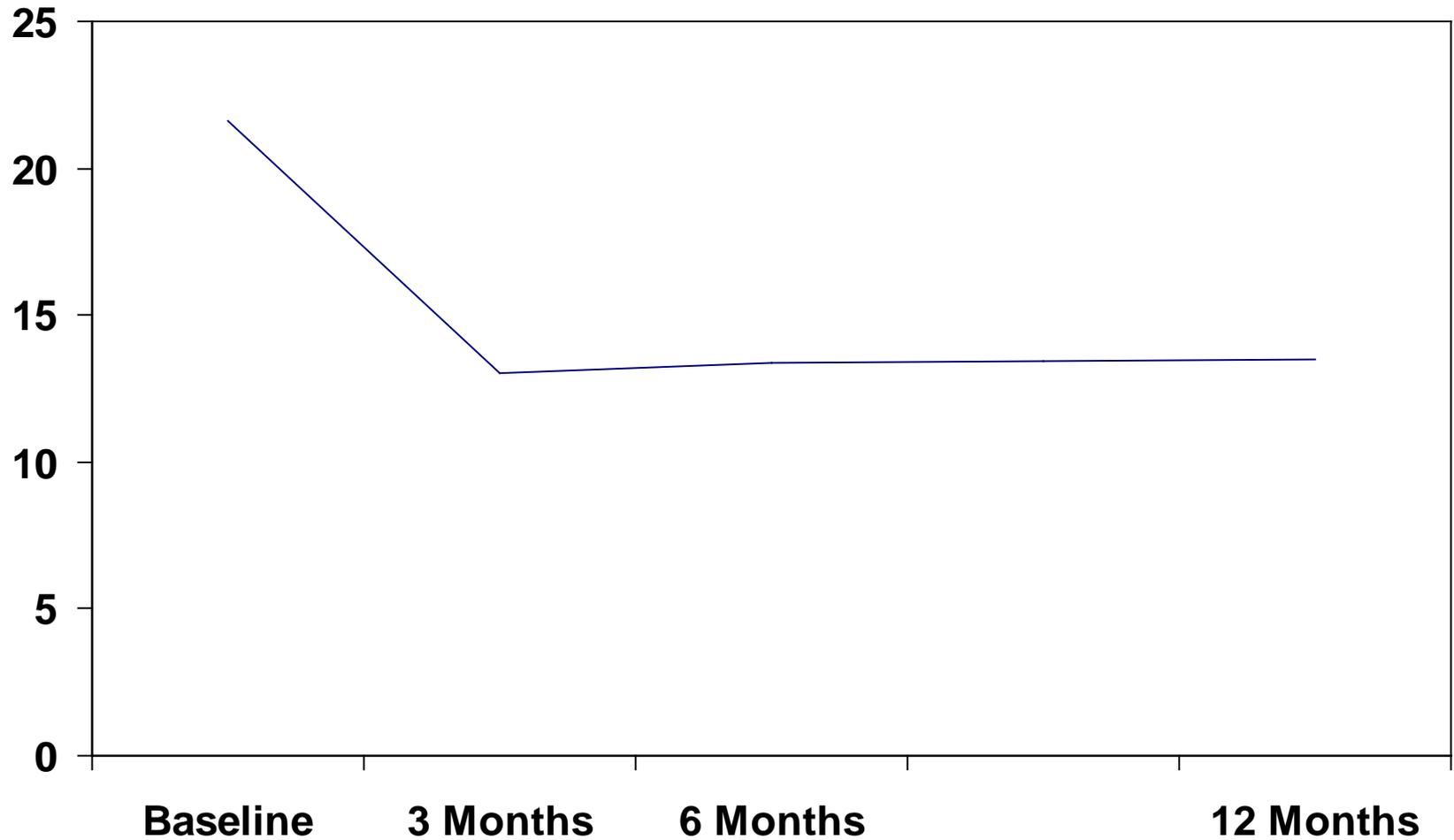
|         |     |
|---------|-----|
| Patch   | 74% |
| Gum     | 86% |
| NS      | 16% |
| Inhaler | 31% |
| Lozenge | 12% |
| Zyban   | 40% |
| Chantix | 24% |



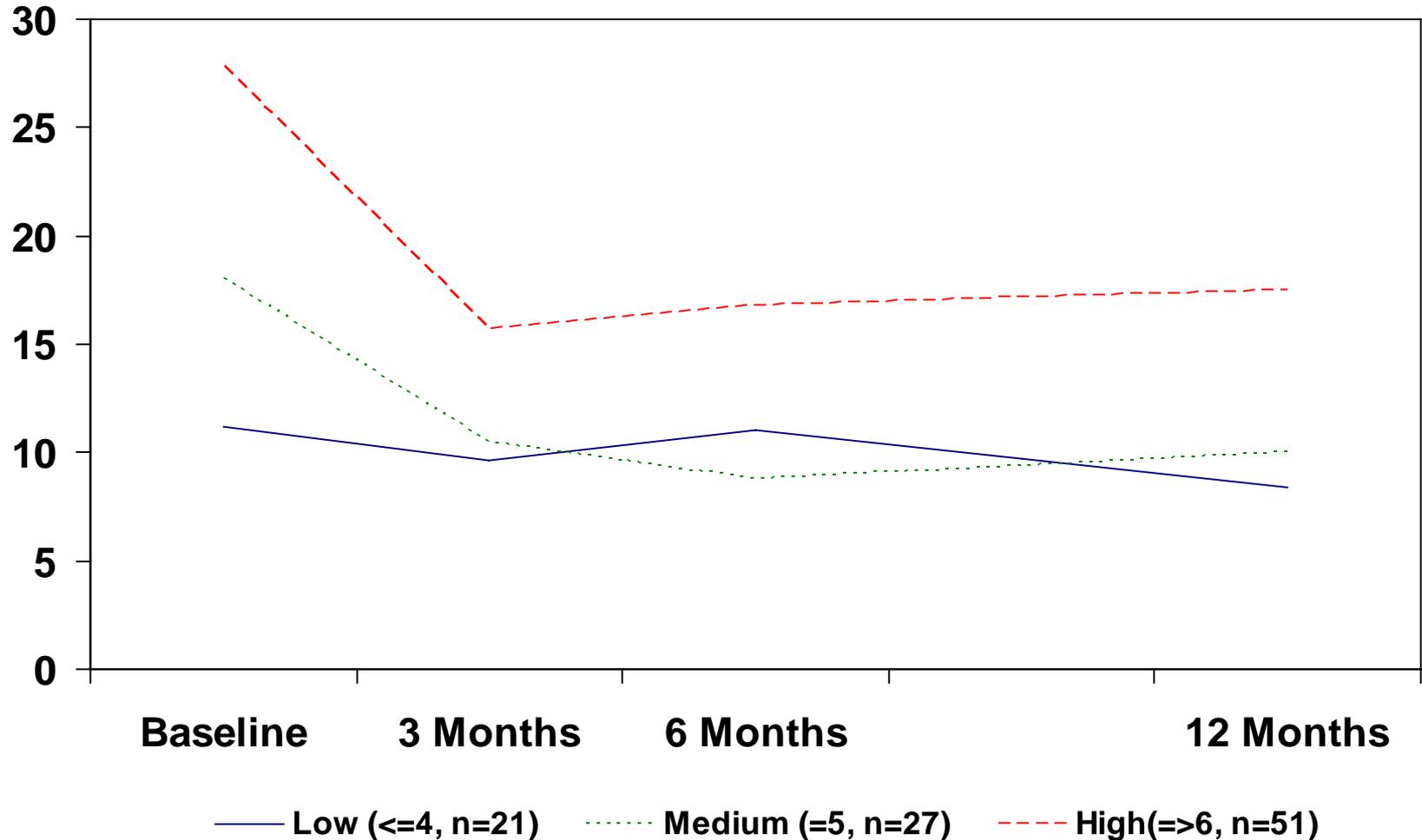
# 7-Day Point Prevalence Over Time



# Cigarettes Smoked per Day



# Cigarettes Smoked per Day by Dependence (Fagerstrom Score)



# Tobacco Dependence Bundle

- **Smoke free facility with environmental cues to action**
- **At least 2 identified site champions, preferably from different disciplines**
- **All staff trained and competent in providing brief interventions**
- **Intensive interventions easily accessible/tailored for the mentally ill**
- **Access to sufficient supplies of pharmacotherapy (e.g. NRT)**
- **Intervention to assist staff who are tobacco dependent**



# Our Experience in Building the Bundle

- **High demand (clinical program delivered to 276 clients, 99 of whom participated in evaluation)**
- **Space negotiations**
- **Staffing problems**
- **Sabotage**
- **Medication access**
- **Ask-Advise-Refer more likely with intensive program in place**



# The Program Was Effective

- Despite roadblocks
- Went into a primed setting (partially built bundle)
  - Smoke free with environmental cues
  - Site champions
  - Some staff trained in brief interventions
  - Chart reminders



# The Grant Has Ended; So Too Has The Program

The facility is back to its partially bundled status

Lack of interest in or motivation to continue to provide an intensive program

- **“If it doesn’t generate revenue, it doesn’t warrant space”**
- **“Medical morbidities from tobacco dependence are not charged to our cost center”**
- **The current emphasis on prevention and managing multiple chronic conditions is likely to help us provide more treatment for those who use tobacco and have psychiatric illnesses**





SCHOOL OF  
**NURSING**  
UNIVERSITY of ROCHESTER  
MEDICAL CENTER



# American Psychiatric Nurses Association



SCHOOL OF  
**NURSING**  
UNIVERSITY of ROCHESTER  
MEDICAL CENTER



- **Fall 2007: Smoking Cessation Leadership Center (SCLC) contacted APNA to explore partnership**
- **APNA Board of Directors convened Tobacco Dependence Task Force**
- **National call inviting participation**
- **APNA members surveyed**
- **February 2008: Smoking Cessation Performance Partnership Summit, Leesburg, VA**





## **TASK FORCE CHARGE:**

***Develop a nationwide strategic plan designed to strengthen the scope and effectiveness of psychiatric nurses' interventions with their clients who smoke***



SCHOOL OF  
**NURSING**  
UNIVERSITY of ROCHESTER  
MEDICAL CENTER



## **Performance Partnership Model:**

- Where are we now?***
- Where do we want to be?***
- How do we get there?***
- How will we know we are getting there?***





# PERFORMANCE PARTNERSHIP MODEL:

*Where are we now?*



SCHOOL OF  
**NURSING**  
UNIVERSITY of ROCHESTER  
MEDICAL CENTER

# APNA Tobacco Dependence Survey

- Design: Cross sectional analysis of 29-item online survey
- Sample: APNA members accessible by email in early 2008
- Measures: Anonymous, Survey Monkey
  - 10-15 minute completion time
  - 2 email reminders

(Sharp, Blaakman et al., 2009)



# APNA Tobacco Dependence Survey

- Analyses:
  - Descriptive statistics
  - T-tests (continuous); Chi-square (nominal), Kendall's tau (ordinal) to compare nurses referring to cessation resources vs. non-referrers & nurses involved with intensive interventions vs. those not involved

(Sharp, Blaakman et al., 2009)



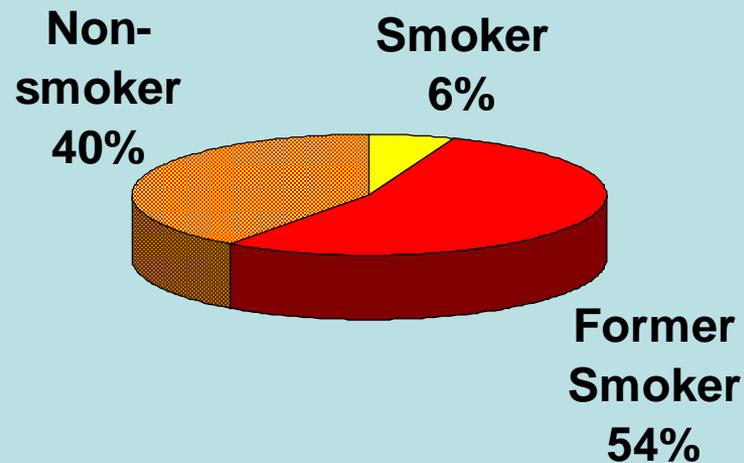
# Survey Results

- 4000 surveys emailed; 1365 responded
  - **31.6% response rate**
- 45% > 20 yrs PMH RN; 17.2% < 5 yrs
- 35% BSN; 54.5% MS; 9.6% PhD/DNP
- 23% Staff RN; 32.4% APN; 17.3% Faculty
- 42.8% Inpatient; 33% Outpatient; 17.3% Faculty

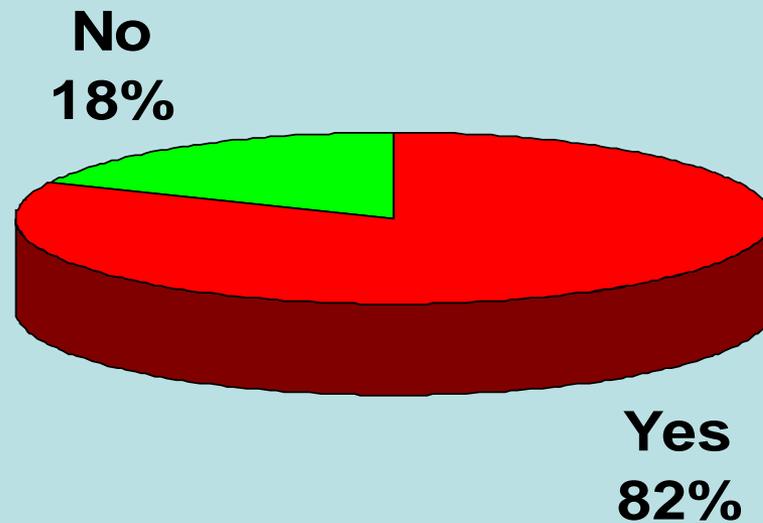
(Sharp, Blaakman et al., 2009)



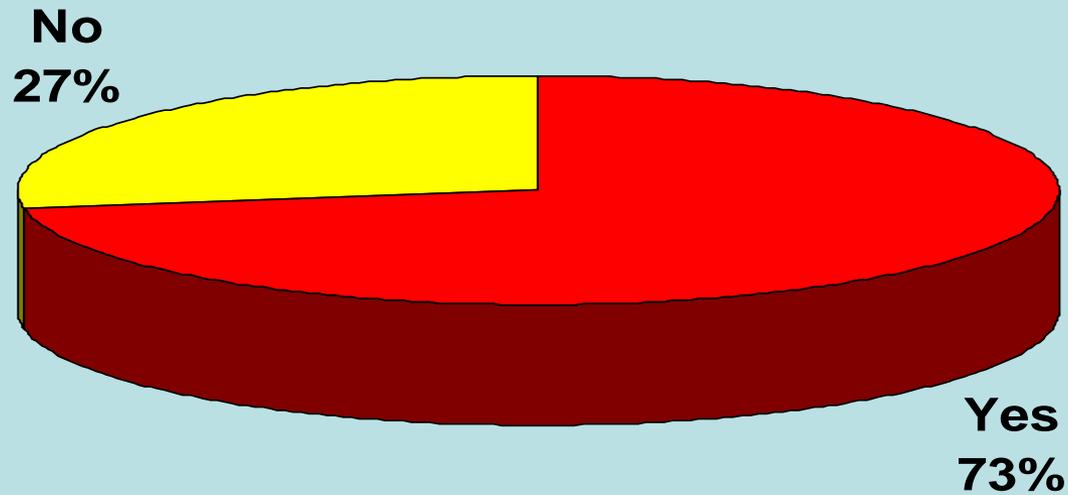
# Nurses' Smoking Status



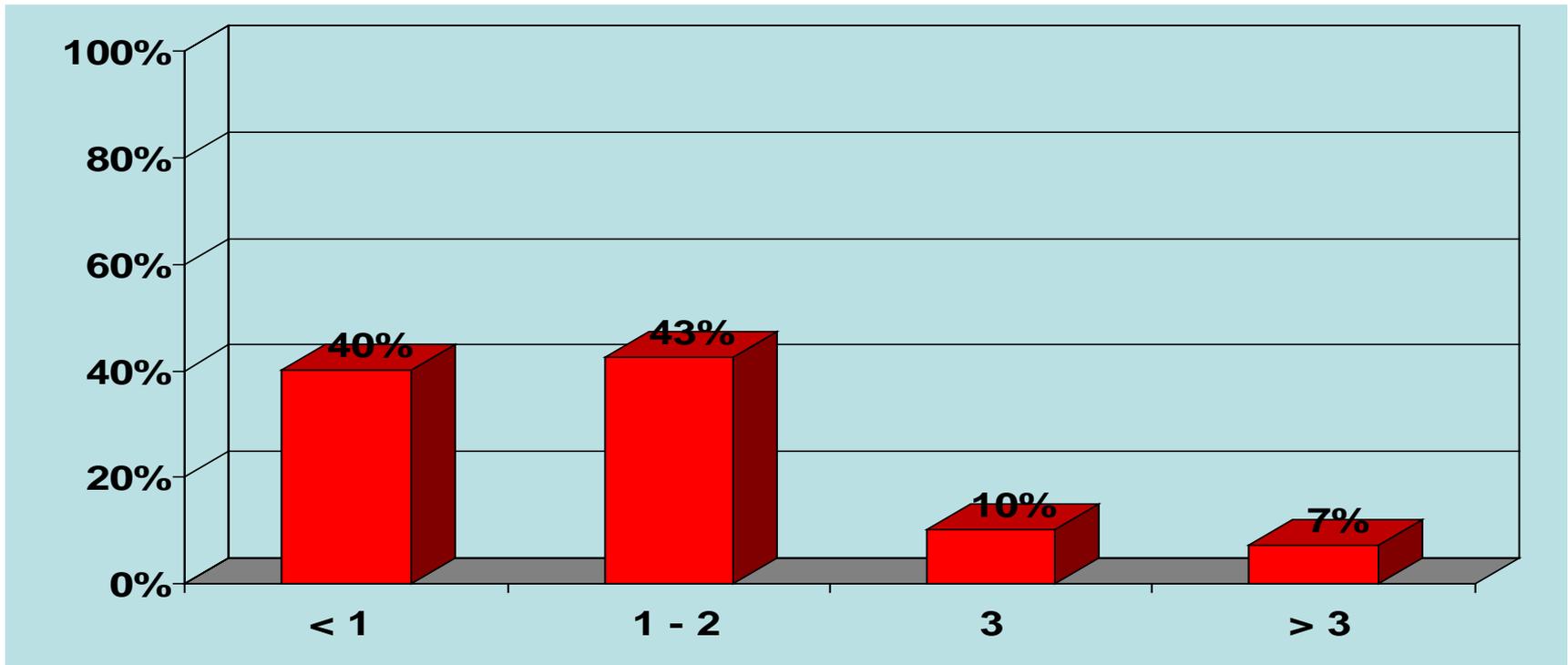
# Smoke-Free Workplace



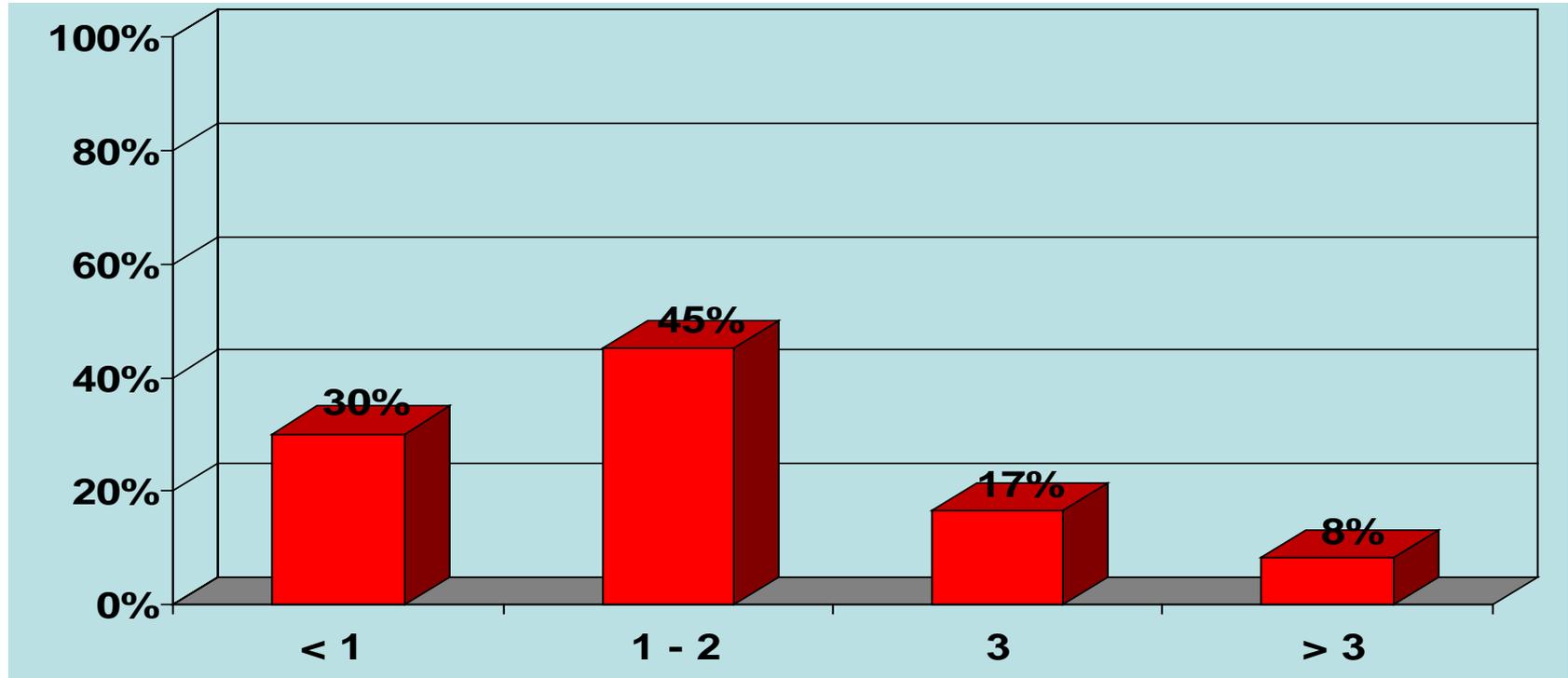
# Necessary Part of Recovery from MI or Addictive Disorders?



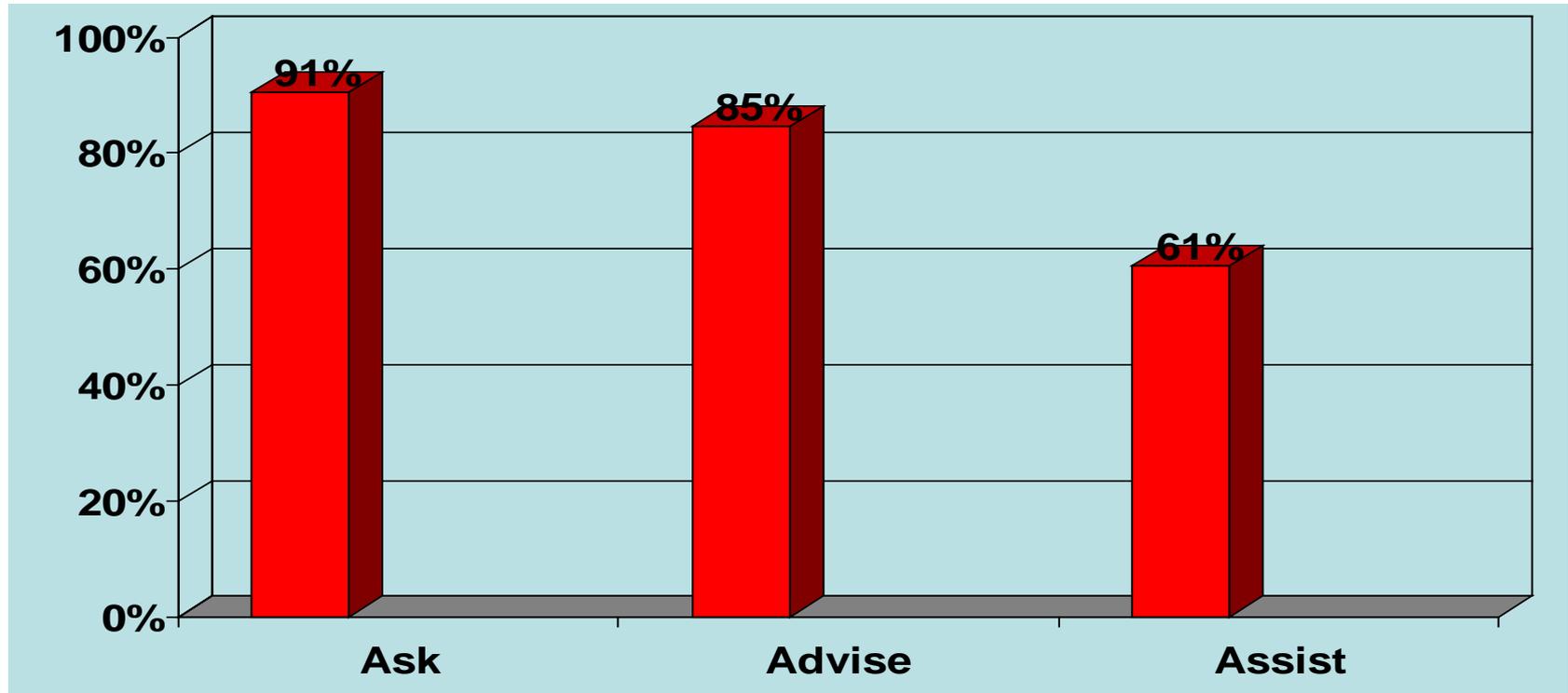
# Hours Spent on Tobacco Dependence: Undergraduate Curricula



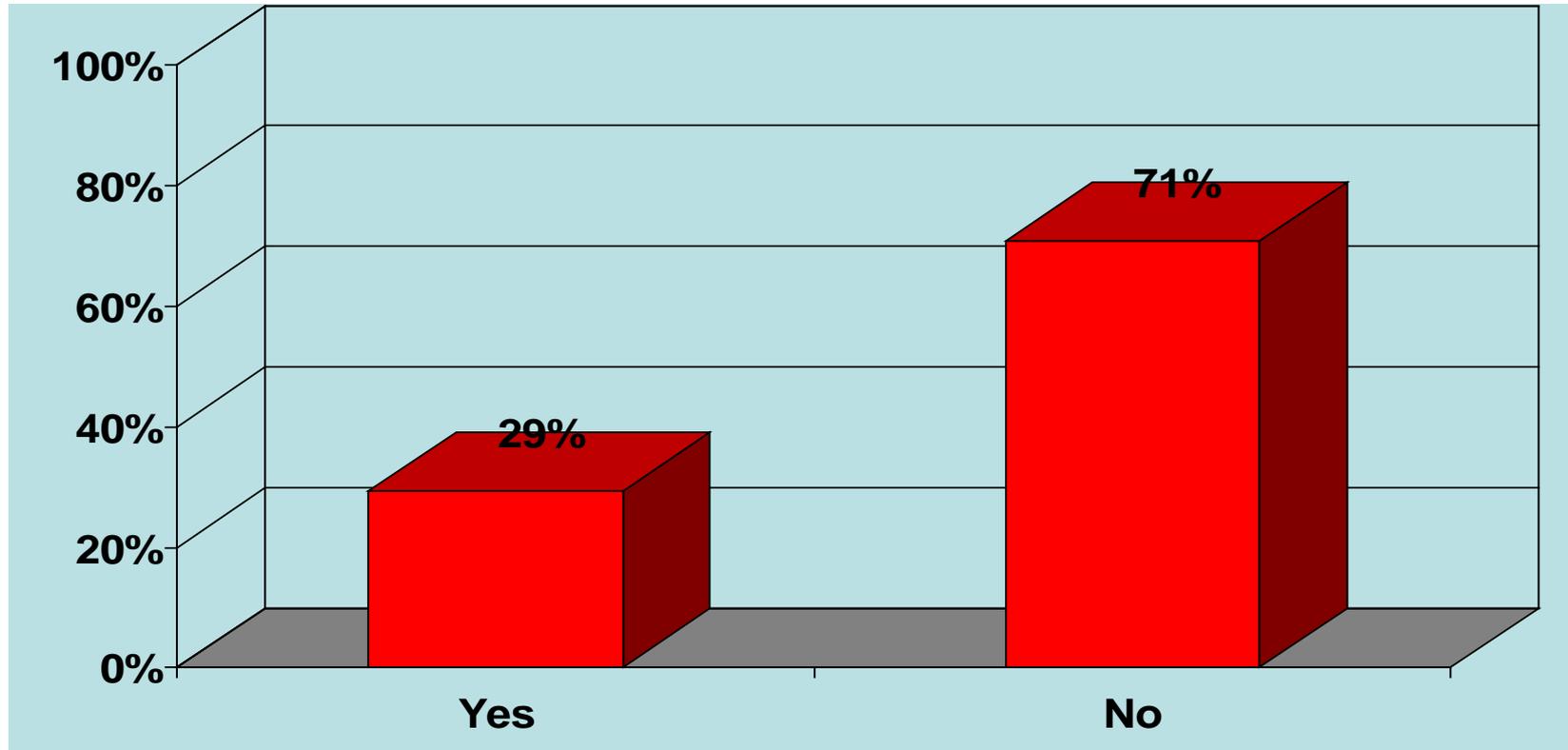
# Hours Spent on Tobacco Dependence: Graduate Curricula



# Brief Interventions by Nurses



# Intensive Interventions by Nurses



# Findings/Implications

- Nurses reported relatively high knowledge (meds, counseling, resources) but lacked confidence in ability to help & in clients' abilities to reduce/quit smoking
- Nurses asked & advised but did not consistently refer or provide intensive interventions
- Nurses less likely to intervene if not confident

(Sharp, Blaakman et al., 2009)



# Findings/Implications

- Tobacco dependence education including strategies to enhance motivation needed to enhance nurses' efficacy/confidence
- Respondents more likely interested in topic but ¼ did not rate it as a work priority
- ***Per NASMHPD (Mauer, 2008): Cardiac deaths outnumber suicides among those with mental illness but smoking assessment/intervention less likely to be routine***

(Sharp, Blaakman et al., 2009)



# Findings/Implications

- Increasing value of tobacco dependence interventions is vital to support wellness/recovery & denormalization efforts
- Workplace values impact nurses
- ***We must work collaboratively to strengthen our intervention skills and public voices to advocate for smoking cessation among ourselves & those entrusted to our care***

(Sharp, Blaakman et al., 2009)





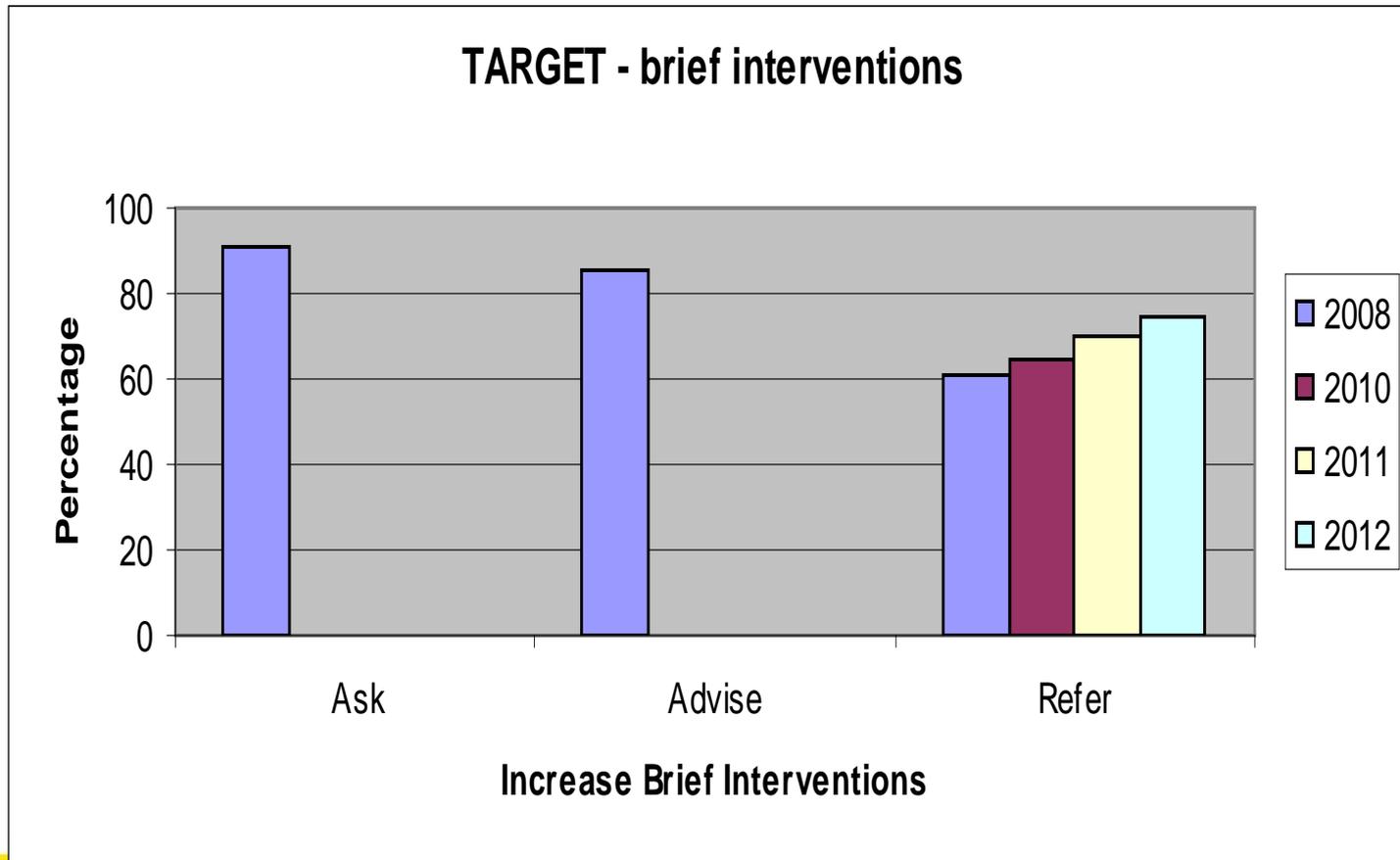
# PERFORMANCE PARTNERSHIP MODEL:

***Where do we want to be?***

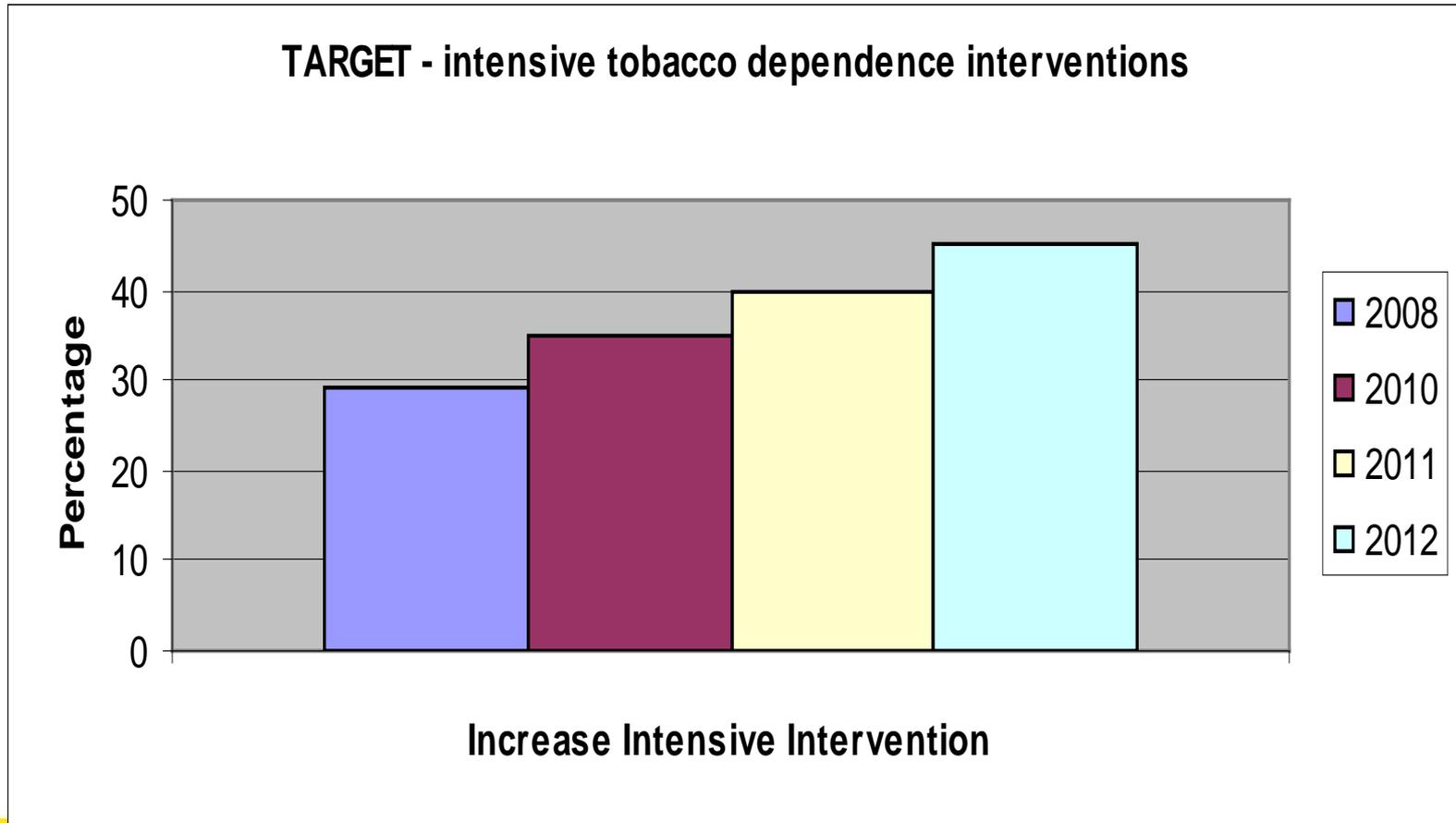


SCHOOL OF  
**NURSING**  
UNIVERSITY of ROCHESTER  
MEDICAL CENTER

# Strategic Plan Goal #1: Increase RNs who Refer



# Strategic Plan Goal #2: Increase RNs who provide higher intensity interventions





# PERFORMANCE PARTNERSHIP MODEL:

*How do we get there?*



SCHOOL OF  
**NURSING**  
UNIVERSITY of ROCHESTER  
MEDICAL CENTER



# **Strategic Plan Strategy Focus:**

**Partnership-building locally,  
regionally, nationally**



SCHOOL OF  
**NURSING**  
UNIVERSITY of ROCHESTER  
MEDICAL CENTER



## Specific initiatives:

- Networking & collaboration:
  - Local & regional APNA members
  - OMH, OASAS, SAMHSA policy makers
  - SCLC partners
    - <http://smokingcessationleadership.ucsf.edu>
    - 2 national webinars
    - C. Everett Koop conference; Steve's editorial
  - Tobacco Free Nurses



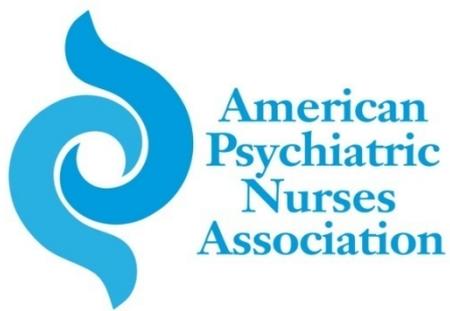


# **Strategic Plan Strategy Focus:**

## **Plan dissemination**



SCHOOL OF  
**NURSING**  
UNIVERSITY of ROCHESTER  
MEDICAL CENTER



## Specific initiatives:

- Smoking Cessation Position Statement
- Task force report, *APNA Newsletter*, May 2008
- *SCLC Partner Meeting*, May, 2008
- Poster presentation with SCLC partners: *National Council on Tobacco or Health*, June 2009
- Tobacco dependence survey results: June/July 2009, *JAPNA*





# APNA Position Statement:

*Psychiatric Nurses as Champions for Smoking Cessation*  
(Naegle, Baird, & Stein, 2009)

The time to act is now!

**Failure to act on tobacco  
dependence equals harm.**



SCHOOL OF  
**NURSING**  
UNIVERSITY of ROCHESTER  
MEDICAL CENTER



# **Strategic Plan Strategy Focus:**

## **Education & awareness/media**



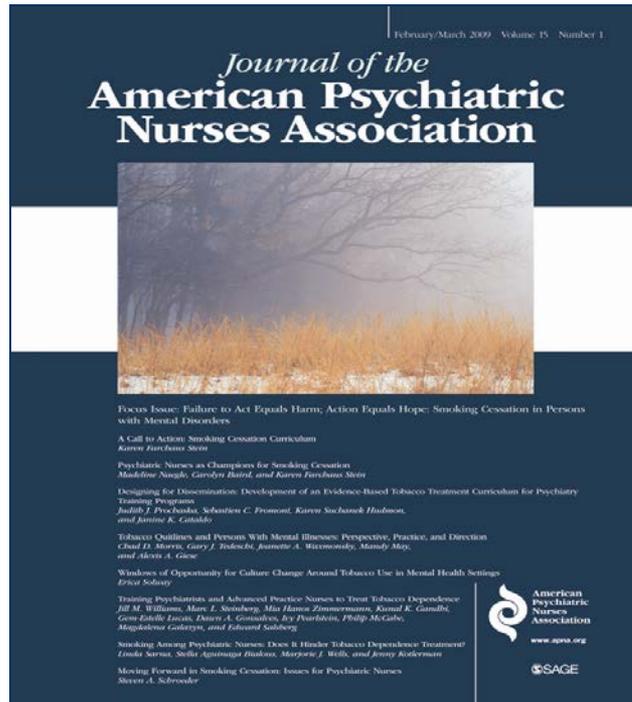
SCHOOL OF  
**NURSING**  
UNIVERSITY of ROCHESTER  
MEDICAL CENTER



## Specific initiatives:

- Tobacco Dependence Information Center: APNA website, <http://www.apna.org>
- JAPNA February/March 2009 issue dedicated to tobacco dependence
- Presentations: APNA Annual Conference, 2008 & 2009  
*Clinical Psychopharmacology Institute*, 2008, 2009, 2010
- Interactive panel discussions: APNA Annual Conference, 2008, 2009, 2010, 2011
- 3 part *Counseling Points* series: 2010





**JAPNA**  
**February/March 2009**  
**issue fully dedicated**  
**to tobacco**  
**dependence!**



**SCHOOL OF**  
**NURSING**  
**UNIVERSITY of ROCHESTER**  
**MEDICAL CENTER**

# APNA Tobacco Dependence Information Center

- <http://www.apna.org/i4a/pages/index.cfm?pageid=3643>
- For questions and/or more information, see APNA Council Chairpersons, Daryl Sharp and Susan Blaakman

## Intensive Tobacco Dependence Intervention with Persons Challenged by Mental Illness: Manual for Nurses

Daryl L. Sharp, PhD, APRN, BC, FNAP  
Nancy K. Bellush, RN, BSN  
James S. Evinger, MDiv  
Susan W. Blaakman, MS, PMHNP-BC  
Geoffrey C. Williams, MD, PhD

University of Rochester  
School of Nursing  
Tobacco Dependence  
Intervention Program



SCHOOL OF  
**NURSING**  
UNIVERSITY of ROCHESTER  
MEDICAL CENTER



# **Strategic Plan Strategy Focus:**

## **Communication/support**



SCHOOL OF  
**NURSING**  
UNIVERSITY of ROCHESTER  
MEDICAL CENTER

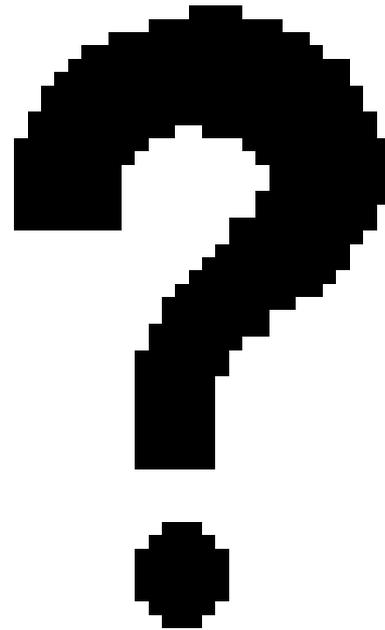


## Specific initiatives:

- Council members-SCLC partners conference call strategy meetings
- Advise APNA Board of Directors re: initiatives as needed, e.g. endorsement of the *Clinical Practice Guideline for Treating Tobacco Dependence: 2008 Update; proposed Joint Commission tobacco use & dependence performance measures*; developed APNA's position on USDHHS *Managing Multiple Chronic Conditions (2010)*



# Questions/Thoughts



# Acknowledgements

**Smoking Cessation Leadership Center:**  
<http://smokingcessationleadership.ucsf.edu/>

**Substance Abuse & Mental Health Services Administration:**  
<http://www.samhsa.gov/>

**American Psychiatric Nurses Association:**  
<http://www.apna.org/>



**And thank you, too, for your attention!**



SCHOOL OF  
**NURSING**  
UNIVERSITY of ROCHESTER  
MEDICAL CENTER