



Tackling Tobacco in Addiction Treatment Settings

September 28, 2016

Overview of the Tobacco Recovery Wellness Initiative
 Rose Julius, DO MPH DABAM, Deputy Chief Medical Officer, Adult Services, CBH




National Recovery Month
 Prevention Works - Treatment is Effective - People Recover
 SEPTEMBER 2016

PROJECT RECOVERY WALKS 2015

JOIN THE VOICES FOR RECOVERY: OUR FAMILIES, OUR STORIES, OUR RECOVERY!

Today's Objectives

- Increase understanding of the impact of tobacco on the health status and recovery of the population served in addiction treatment settings
- Dispel myths about addressing tobacco in addiction treatment settings
- Learn how tobacco interventions can support individuals in their recovery
- Take the first steps towards creating tobacco free environments in addiction treatment facilities



Tobacco Recovery & Wellness Initiative (TRWI)

- Formed in November 2013
- Collaboration between:
 - Philadelphia Department of Public Health Tobacco Policy and Control Program (TPCP)
 - University of Pennsylvania's Comprehensive Smoking Treatment Program (CSTP)
 - Department of Behavioral Health and Intellectual disAbilities (DBHIDS)



Goal of TRWI

- To improve the emotional, behavioral, physical and environmental health of people in recovery by placing tangible and effective tobacco dependence treatment tools in the hands of DBHIDS/CBH providers



TRWI: Key Objectives

- Recognize tobacco use as a core behavioral health issue deserving attention and resources
- Transcend care from a symptom reduction approach by promoting wellness as a key component of all treatment and support services.
- Establish policies which create tobacco-free treatment environments and alter the culture of smoking in treatment settings



TRWI: Key Objectives

- Provide support to behavioral health staff who want to quit
- Provide treatment decision supports to providers
 - Safe and effective use of FDA- approved pharmacotherapies
 - Effective counseling and follow-up with tobacco-using consumers
 - Key cessation resources



TRWI: Key Objectives

- Address biases and frequently asked questions that can present a barrier to offering consistent tobacco use disorder treatment
- Provide training opportunities for behavioral health providers to treat tobacco use disorders
- Reduce smoking and smoking-related morbidity and mortality among Philadelphians with behavioral health problems

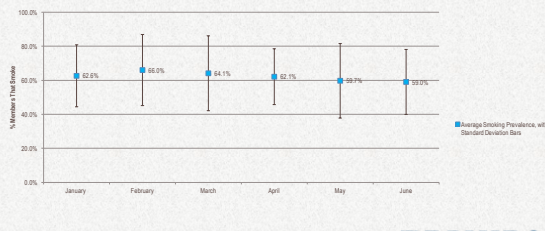


Smoking in MI/SUD Population

- Smoking is the #1 cause of preventable disease, disability and death in the US (SOURCE: NIDA)
- Smoking results in about 1 in every 5 U.S. deaths (CDC Centers for Disease Control and Prevention, Smoking and Tobacco Use: Fact Facts, http://www.cdc.gov/tobacco/data_statistics/fact_sheets/fact_sheets/index.html Updated April 2014)
- For every one person who dies from smoking, about 30 more suffer from at least one serious tobacco-related illness. (CDC)
- \$75 billion in direct medical costs annually (CDC)



Smoking Prevalence: AIP in Philadelphia



TRWI Work to Date

- Learning collaborative formed
- Provider champions across the network served as internal supports and education source
- Staff at multiple sites trained formally
- Public Health Detailing
- All inpatient psychiatric hospitals participated in creating tobacco free environments as of 2015
- Made possible by CVS Health Community Grant awarded to CBH



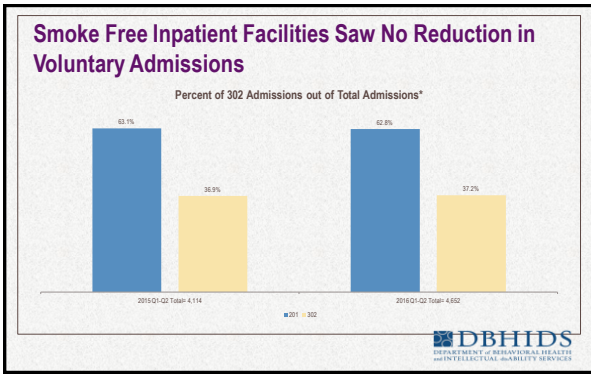
Provider Agreement Amendment

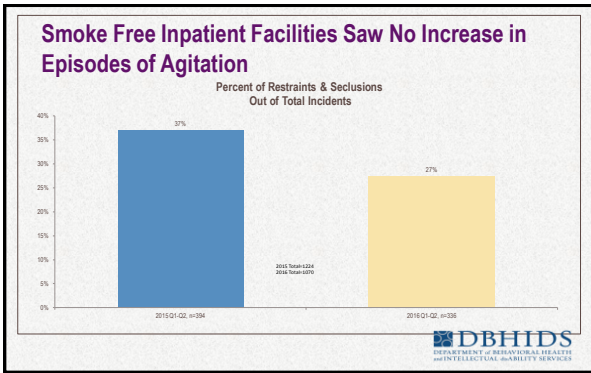
(18) **Effective December 14, 2015**, Acute Inpatient Psychiatric (AIP) and Extended Acute Inpatient (EAC) providers shall maintain a tobacco-free environment in which smoking and the use of tobacco products (including but not limited to cigarettes, electronic cigarettes, cigars, chewing tobacco, snuff and pipe smoking) is prohibited on the campus of the hospital accessible by CBH enrollees.

(i) CBH members are not permitted to be taken off of campus to smoke or use tobacco products.

(ii) CBH members will be screened for tobacco use disorders and provided smoking cessation treatment options while admitted to the campus.










TRWI Next Phase

- Expand TRWI efforts to include residential drug and alcohol treatment facilities




DBHIDS
DEPARTMENT OF BEHAVIORAL HEALTH
AND INTELLECTUAL ABILITY SERVICES

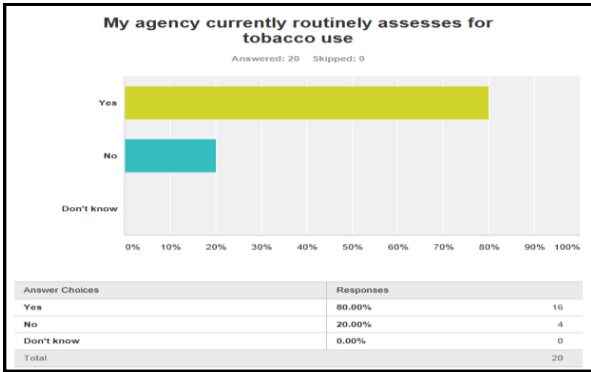


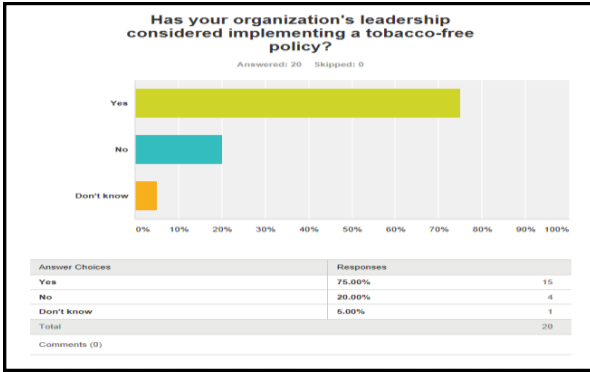
DBHIDS
DEPARTMENT OF BEHAVIORAL HEALTH
AND INTELLECTUAL ABILITY SERVICES

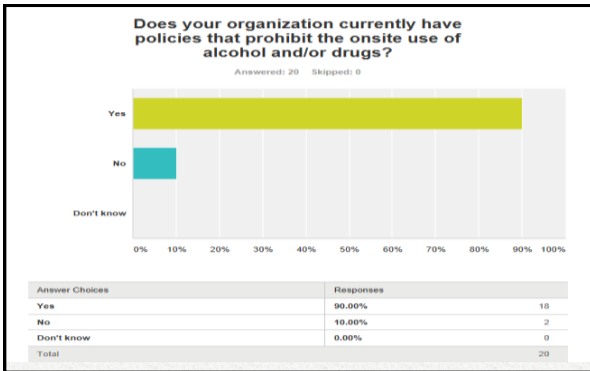
Addiction Treatment Provider Survey

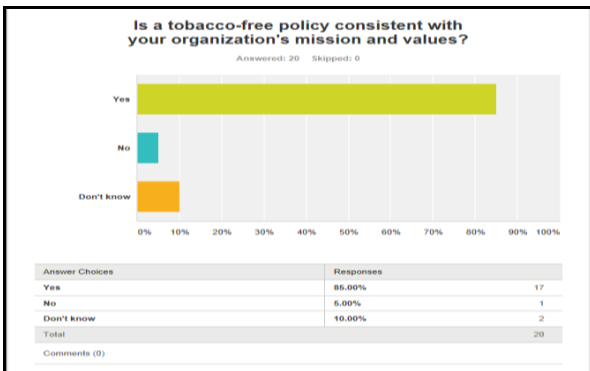


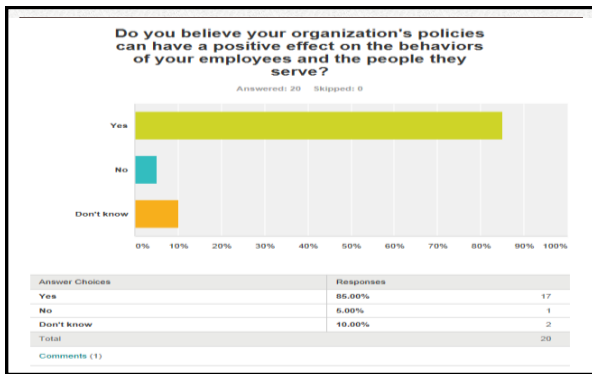
C.B.H.
Community Behavioral Health

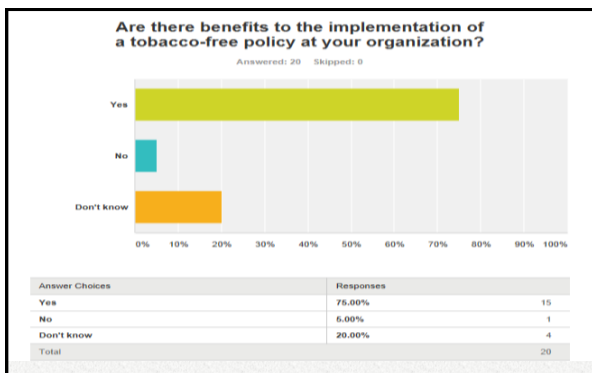


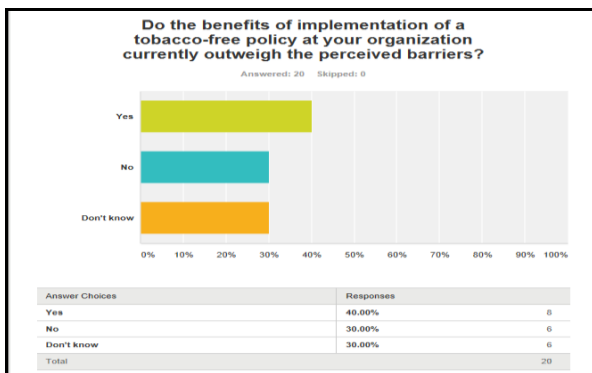












Perceived Barriers

- Large number of staff smoke
- Individuals will choose to leave treatment
- Tobacco may be needed to help individuals quit other substances
- Early in recovery may not be the right time to address quitting smoking
- Smoking is a cultural norm in facilities and in 12 step meetings

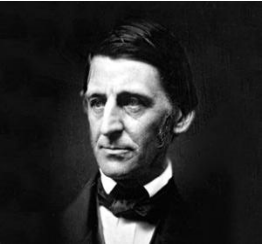


Adding the "T" to the "AOD": Separating Fact from Fiction
Ryan Coffman, MPH, CHES, CTTS-M, FS (Retired)
Tobacco Policy and Control Program Manager
Philadelphia Department of Public Health

Learning Objectives

- Separate the fact and fiction to address tobacco use in substance use disorder treatment settings (SUD)
- Relate the importance of resetting the norm to address tobacco use in MI/SUD settings to your clients and colleagues
- Compare and contrast addressing tobacco in physical health and behavioral health settings
- Describe opportunities to reset the tobacco norms at your agency

SURGEON GENERAL WARNING:
This presentation may be hazardous to your perceptions
Risk Of Lung Cancer And Heart Disease, Even In Nonsmokers.



“The believing we do something when we do nothing is the first illusion of tobacco.”
-Ralph Waldo Emerson



Fact Fiction

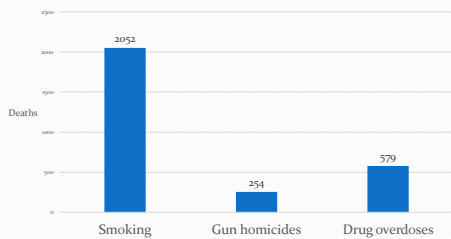
Fiction

- Quitting smoking is the “lesser of two evils.” At least my patient/client isn’t using drinking or drugging

Smoking in MI/SUD Population

		Source
Smoking among general Philadelphia population	22.4% (2014/5)	PHMC HHS ²
Among those ever with a substance abuse problem	69% (2012)	PHMC HHS
Among those with problem alcohol use ³	48% (2012)	PHMC HHS
Among those with a diagnosed mental health condition	33.5% (2014/5)	PHMC HHS

Smoking kills 3x times as many people as drugs and 8x as many people as gun homicides



Smoking attributable mortality calculated using SAMRIZ methodology. Data source: Philadelphia Department of Public Health, Vital Statistics Report, 2012. Firearm homicide data and Drug Overdose death data from the Philadelphia Medical Examiner's Office.

From the Source

- “Different people smoke for different reasons. But the **primary reason is to deliver nicotine into their bodies.** ...**Similar organic chemicals include nicotine, quinine, cocaine, atropine and morphine.**”

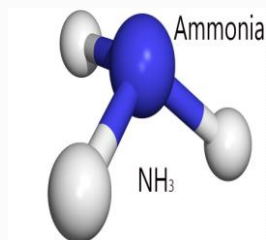
Philip Morris, 1992, Bates Number 2065387288/7290

From the Source

- “A cigarette as a ‘drug’ administration system for public use has **very, very significant advantages: Speed.** Within 10 seconds of starting to smoke, nicotine is available in the brain...**Other ‘drugs’ such as marijuana, amphetamines, and alcohol are slower and may be mood dependent.**”

- British American Tobacco

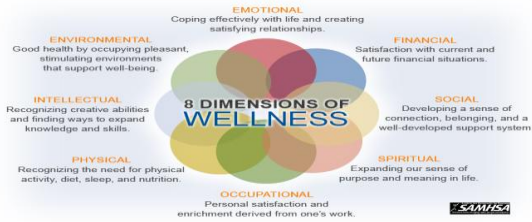
Board Rooms vs. Street Corners



The Secret and Soul of Marlboro

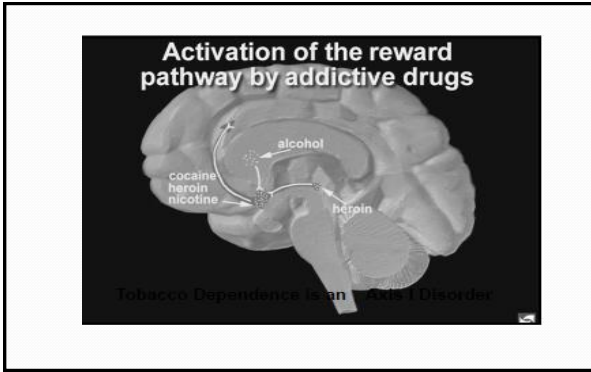
- Used to enhance uptake of nicotine to the blood
- Ammonia is added to increase the alkalinity of smoke and increase amount of nicotine in a 'free' form rather than in a 'bound' form of nicotine salts.
- "The secret of Marlboro is ammonia."
 - Brown & Williamson, 1989

The Multi-Dimensional Impacts of Tobacco Use



Fiction

- "Our clients have to smoke. Quitting smoking will jeopardize my patient's recovery from alcohol and/or other drugs."



Fact

- Individuals with MI/SUD are far more likely to die of tobacco use than their MI/SUD
- More individuals with alcohol dependence die from smoking related disease than alcohol related disease
- Quitting tobacco use in recovery can increase long-term abstinence rates by **25%** from alcohol and other drugs

Tobacco Withdrawal

Tobacco Withdrawal (4 or more)

- Depressed mood
- Insomnia
- Irritability, frustration or anger
- Anxiety
- Difficulty concentrating
- Restlessness
- Increased appetite or weight gain

Tobacco Use Disorder

- **Tobacco Use Disorder (2 or more)**
 - Withdrawal
 - Tolerance
 - Desire or efforts to cut down/ control use
 - Great time spent in obtaining/using
 - Reduced occupational, recreational activities
 - Use despite problems
 - Larger amounts consumed than intended
 - Craving; strong urges to use



Fiction

- “Staff do not have the training or the time to help our patients with tobacco use.”

Fact

- | | |
|---|---|
| <ul style="list-style-type: none"> • Staff who are tobacco-free <ul style="list-style-type: none"> • Do not use tobacco with patients • More supportive of smoke-free policy • More likely to offer and help patients quit • Have more time available time and health, recovery, and wellness activities • Staff are interested in <ul style="list-style-type: none"> • Resources, training, support to address and quit tobacco use | <ul style="list-style-type: none"> • Staff who smoke <ul style="list-style-type: none"> • 18 days a year on smoke breaks. • Absent from work 26% more often than non-smokers. • Higher health care costs • Impacts staff and patient interactions |
|---|---|

Williams et al., 2011; McNeill 2010; Rennie, Bowerth, 2010; Brooks, 2014



SUD Treatment Providers Uniquely Positioned

- Integrated mental health and addiction services
- Interventions matched to motivational level
- Longer and more intensive treatment perspective
- Psychopharmacology
- Case management
- Addictions Experience and Training
- Experts in Psychosocial treatment
 - Individual, group, etc.

The Toll of Tobacco in the SUD Treatment Community

- Dr Bob and Bill W (AA)
- Danny C and Jimmy K (NA)
- Marie Nyswander (Methadone Maintenance)
- Charles Dederich (Syanon)
- Senator/Governor Harold Hughes (Society of Americans in Recovery)



Fiction

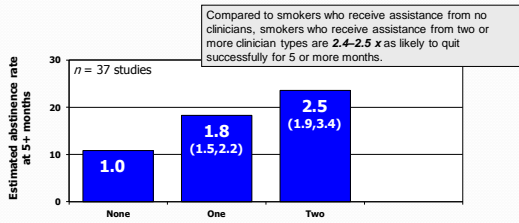
“Tobacco treatment is the consumer’s primary care provider’s responsibility.”

Physical Health Analogy

- Patient presents with unmanaged hypertension
- Would a primary care provider provide no treatment and refer to cardiologist ?



Fact



Fiore et al. (2008). *Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline*. Rockville, MD: USDHHS, PHS, May 2008.

Fiction

- “Our clients are not interested in quitting.”

Physical Health Analogy

- Tobacco treatment rates can be over **40%** with counseling and medications, comparable to diabetes and hypertension
 - Would we ever not offer evidence-based treatments to our patients in our clinical practice?
- Dual diagnosis patient develop stable remission at a rate of about **10-15% achieving remission per year**
 - Would we ever not offer dual diagnosis treatment?

Drake & Munter, 2000; Drake 2000

Physical Health Analogy

- Hypertensive patient in a community health clinic would like to begin a moderate exercise routine while taking hypertensive medications to manage their high blood pressure
 - Would they dissuade them from those treatment goals?



Fact

- **44% -80%** of individuals in addiction treatment are interested in quitting their tobacco use
- Smoking cessation rates for individuals with SUD are comparable with the general population



McGarry, & Gajinoni, 2000; Ellingstad, Sobell, Sobell, Cleland, & Approval, 1999; Irving, Sidorov, Barling, Thomas, & Brenner, 1994; Richter, Gibson, Akhavan, & Schmeckle, 2000; Robinson et al., 2003; Seo & Clark, 1993; Zaffino, Benson, & Schryder.

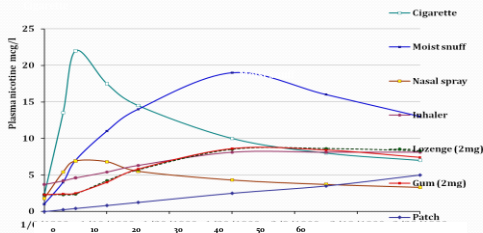
Fiction

- “Quit smoking medications just substitutes one addiction for another.” **TRUTH:)**

Fact

- Deliver nicotine in lower, slower, and more evenly than tobacco products
- Much lower abuse liability compared to tobacco products

Comparison of Nicotine Levels in Tobacco Products and Nicotine Replacement Therapy



Adapted from Rx for Change

Fiction

- “Smoking with clients give us a chance to talk about things we can’t talk about in group.”

Physical Health Analogy

- Tobacco-using patient smoking in a surgical ICU after a knee replacement
- Does not have cigarettes in the hospital
- Offer community beer for coping/managing their hospitalization?



Physical Health Analogy

- Smoke-free policies are viewed as being consistent with health care settings’ commitment to health and wellness and allow patients to focus on treatment
- Staff are not permitted to use cigarettes as reward/punitive measure for participating in physical therapy
- Staff are not permitted to use substances or offer medications to influence patient behavior
- Many legal items/activities that are not permitted in health care settings
 - Weapons, medications, alcohol, sexual activity, certain food items



Fiction

- “Even if tobacco use is a problem, we don’t know what to do for our population”

Fact

- **Patient**
 - Every patient is screened, assessed, treated, and discharged with medication and behavioral treatment
 - FDA-approved pharmacotherapies
 - Individual, group, telephonic
- **Environment**
 - Indoor and Outdoor tobacco-free policies
 - Written and virtual communications
- **Staff**
 - Training
 - Recovery

Organizational Support



Resetting the Norm

- Recovery vs. Addiction
- Inclusion vs. Marginalization
- Wellness vs. Death/Disability
- Resiliency vs. Poor MI/SUD management



Redefine



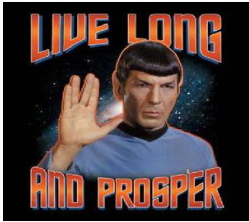
Stay in touch!




www.smokefreephilly.org
www.foodfitphilly.org

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 Program Manager
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Leonard Nimoy 1931-2015



Community Behavioral Health
Tackling Tobacco Use in Addiction Treatment Settings
**Recovery-Oriented Tobacco Interventions for
 Individuals with Substance Use Disorders**



Tony Klein, MPA, NCACII
 Tony.Klein@rochesterregional.org

RECOVERY-ORIENTED MESSAGE

Working Definition of Recovery

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
 Substance Abuse and Mental Health Services Administration
 www.samhsa.gov

FOUR MAJOR DOMAINS THAT SUPPORT RECOVERY

- **Health:** overcoming or managing one's disease(s) as well as living in a physically and emotionally healthy way.
- **Home:** a stable and safe place to live.
- **Purpose:** meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society.
- **Community:** relationships and social networks that provide support, friendship, love, and hope.

www.samhsa.gov



CASE EXAMPLE

- Therapeutic Community
- Harlem NYC
- 45 – 50 Adult Males
- Community Meeting
- Tobacco Awareness Group



ADDRESSING TOBACCO IMPROVES QUALITY OF CARE

- Alcoholics provided [tobacco dependence treatment] during addictions treatment was associated with a 25% increased likelihood of long-term abstinence from alcohol and illicit drugs.

Prochaska et al., Journal of Consulting and Clinical Psychology, 2004
Meta Analysis of 19 Randomized Control Trials with Individuals in Current Treatment or Recovery

- All smokers with psychiatric disorders, including substance use disorders, should be offered tobacco dependence treatment, and clinicians must overcome their reluctance to treat this population.

PHS Clinical Practice Guideline, 2008 Update, p 154.

ADDRESSING TOBACCO IMPROVES QUALITY OF CARE

- "Considerable research indicates that tobacco dependence treatment does not interfere with patients' recovery from the abuse of other substances."
- "Evidence indicates that tobacco use interventions, both counseling and medication, are effective in treating smokers who are receiving treatment for chemical dependency."

Based on Fiore, M. C., Jaén, C. R., Baker, T. B., Bailey, W. C., Benowitz, N. L., Curry, S. J., et al. (2008). Treating Tobacco Use and Dependence: 2008 update. Clinical Practice Guideline. Rockville, MD: Public Health Service, USDHHS.

"Tobacco use is a social and cultural problem with an individual addictive component."

Bauer, 2006



TOBACCO INTERVENTIONS

Two Fundamental Goals:

- "Denormalize" tobacco use within the treatment & recovering community culture.
- Provide treatment to assist patients to establish and maintain tobacco abstinence as part of "a day at a time" recovery.

CULTURAL ADAPTATION

Goal: To accommodate the cultural beliefs, values, attitudes, and behaviors of the target population

Modify Evidence-Based Treatment

- | | |
|--|--|
| <ul style="list-style-type: none"> ▪ Design ▪ Treatment components ▪ Approach to delivery ▪ Nature of the therapeutic relationship | <p>Take into account:
 Historical, Environmental & Social Forces</p> |
|--|--|

Hawkins, Kreuter et al., 2008

SURFACE & DEEP STRUCTURE

- **Surface Structure:** match intervention materials and messages to observable social and behavioral characteristics.
- **Deep Structure:** incorporate the core cultural values of the target group to increase saliency of the message and program impact.

Changes in **both** facilitate participants' experience of self-reference and identification with the message, which increases the likelihood that they will identify discrepancies between their actual and ideal behaviors.

Resnicow et al., 2000

CULTURAL ADAPTATION PROCESS

PHASE I:
Data Collection



PHASE II:
Treatment Modification

PHASE III:
Pilot Test

PHASE IV:
Outcomes

- | | | | |
|---|--|---|---|
| <ul style="list-style-type: none"> ▪ Quantitative Data ▪ Qualitative Data ▪ Community Based Participatory Research Methods ▪ Community Advisory Board ▪ Develop Culturally Appropriate and Valid Measures ▪ Ensure Health Literacy of Materials ▪ Cultural Translation if Needed | <ul style="list-style-type: none"> ▪ Treatment Content ▪ Treatment Modality ▪ Treatment Intensity ▪ Treatment Delivery | <ul style="list-style-type: none"> ▪ Acceptability ▪ Social validity ▪ Feasibility ▪ Satisfaction ▪ Comprehension ▪ Credibility ▪ Self-Reference ▪ Therapeutic Alliance ▪ Preliminary Efficacy | <ul style="list-style-type: none"> ▪ Treatment Entry ▪ Treatment Attendance ▪ Therapeutic Alliance ▪ Treatment Adherence ▪ Treatment Response ▪ Maintenance of Treatment Response |
|---|--|---|---|

Borrelli, B. (2010). Smoking Cessation: Next Steps for Special Populations Research and Innovative Treatments. *Journal of Consulting and Clinical Psychology, 78*(1), 1-12.

TOBACCO INTERVENTIONS

Two Levels of Behavioral Counseling to Match Intervention to Client Stage-Readiness:

Tobacco Awareness
Cognitive

- Engagement
- Develop Interest
- Highlight Importance
- Advance Stage-Readiness

Tobacco Recovery
Behavioral

- Learn Coping Skills
- Elevate Confidence
- Embrace Lifestyle Change
- Always with Pharmacotherapy

SUGGESTED ENGAGEMENT TOPICS

- Highlight and thoroughly explore the role that tobacco plays within alcohol and drug use rituals
- Share information on how cigarettes have been "re-engineered" to make them more addicting
- Acknowledge how continued tobacco use increases the probability of alcohol and drug relapse
- Discuss the traditional use of tobacco in the recovering community, i.e. coffee and cigarettes at 12-Step Meetings
- Explore how tobacco use behavior parallels or can maintain behavior associated to other drug use

THE ROCHESTER RECOVERY GROUP HOME PROJECT

Key Lessons Learned

- NYS DOH TCP funded
- 3-Year: Commencing April 2006
- 14 Community Residence Programs
- Additional scheduled activity to fill boredom
- Counseling to learn “substance-free” socialization skills
- Stop the underground “tobacco dealing”

THE PARADOX

- As one walks through a drug recovery process, the cigarette is often the last thread of a tangible link to one’s old identity (person active in addiction) while developing a new identity (person in recovery).
- Tobacco use provides a sense of familiar comfort, yet often inhibits growth to key objectives of recovery: cognitive and behavioral change to redefine self and lifestyle.

REFRAME LANGUAGE

Use language consistent to recovery culture, 12-Step teachings and therapeutic community principles

Public Health/Medical Terms

- Smoking
- Quit Date
- Cessation

Preferred Terminology

- Tobacco Use, Hit, Fix
- Recovery Start Date
- Tobacco Treatment, Recovery

The language we use is fundamental in creating environments conducive to a recovery process. – William White

ENVIRONMENTAL SUPPORT

Alcohol, Tobacco, & Drug-Free Policy



SUMMARY

Why an Integrated Recovery-Oriented Tobacco Intervention?


- An integrated, recovery-oriented tobacco intervention is consistent with provider mission and improves quality of care
- Models of care are designed to treat substance use disorders
- Practitioners are highly competent in providing psycho-social treatments
- We can maintain fidelity to EBP while tailoring the protocol to accommodate the cultural beliefs, values, attitudes, and behaviors of the targeted clinical population

Why Address Tobacco in Addiction Treatment Settings?



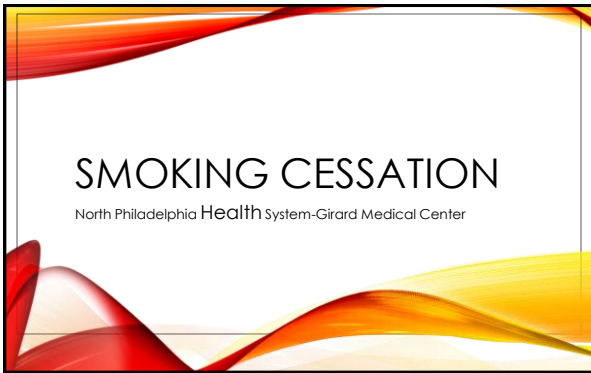
When I stopped living in the problem and began living in the answer, the problem went away.

*Big Book of Alcoholics Anonymous
Page 449*



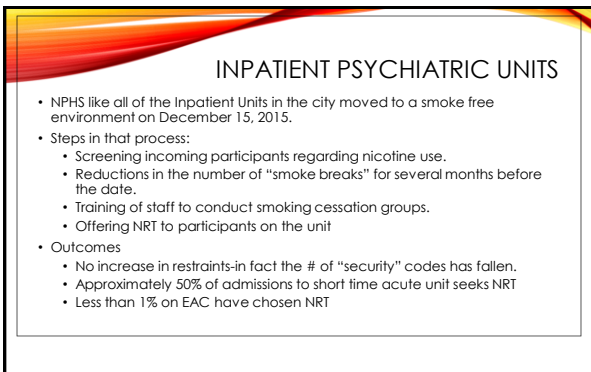
Thank You

Tony.Klein@rochesterregional.org
585.368.4718



SMOKING CESSATION

North Philadelphia Health System-Girard Medical Center



INPATIENT PSYCHIATRIC UNITS

- NPHS like all of the Inpatient Units in the city moved to a smoke free environment on December 15, 2015.
- Steps in that process:
 - Screening incoming participants regarding nicotine use.
 - Reductions in the number of "smoke breaks" for several months before the date.
 - Training of staff to conduct smoking cessation groups.
 - Offering NRT to participants on the unit
- Outcomes
 - No increase in restraints-in fact the # of "security" codes has fallen.
 - Approximately 50% of admissions to short time acute unit seeks NRT
 - Less than 1% on EAC have chosen NRT

CURRENT STATISTICS INPATIENT SUBSTANCE USED DISORDER UNITS

- Ninety-nine percent of Participants admitted to programs are screened for nicotine use.
- Ninety-two percent are active smokers or nicotine users
- Forty-nine percent accepted smoking cessation material
- Twenty percent of the Participants who received smoking cessation materials received NRT

PLANS FOR SUD UNITS

- Continue to screen all admissions for nicotine use
- Conduct Informational Kick Off regarding a smoke free campus
- Reduce number of "smoke breaks" for Residential Programs
- Reduce number of approved smoking areas
- Provide smoking cessation training for staff
- Increase smoking cessation groups for Participants
- Focus on wellness and health alternatives
- Determine date for smoke free campus
- Post signage regarding smoke free campus

SMOKING CESSATION AND STAFF

- Obtain administrative buy-in for setting December 31, 2016 as the date the campus moves to smoke-free for staff
- Conduct informational campaigning for smoking cessation program
- Conduct 2nd Wellness Kickoff
 - Previous session held in October 2015

**Tobacco Addiction & Treatment:
A Member's Testimony**

**Michael Luna
Re-Enter, Inc.**



***Overview of Tobacco
Dependence Treatment***

**Frank Leone, MD, MS
Adrienne Banks, MPH**

Comprehensive Smoking Treatment Program
University of Pennsylvania
Philadelphia, PA
1-888 PENN STOP



Disclosure

Consultant Arrangements: None
Equity Ownership: None
Patent Arrangements: None
Grants/Research Support: National Institutes of Health
Pennsylvania Department of Health,
Health Promotion Council of PA
National Cancer Institute,
Phila Department of Public Health
Employment: University of Pennsylvania
Speakers' Bureau: None
Other: None

Objectives

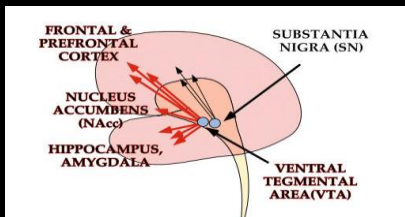
- Describe the biology of nicotine addiction and how it relates to clinical manifestation.
- Identify general management strategies for patients who use tobacco.
- Describe the safety and efficacy of tobacco pharmacotherapy in patients.

Smoking: Disordered Motivation

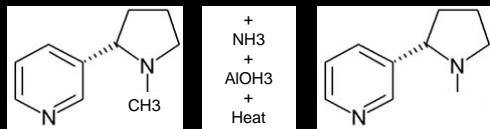
- Nicotine releases “gratification” producing chemicals in the brain.
- Addictive properties related to rate of delivery to the brain.
- Long term exposure to nicotine produces changes in brain function and structure.

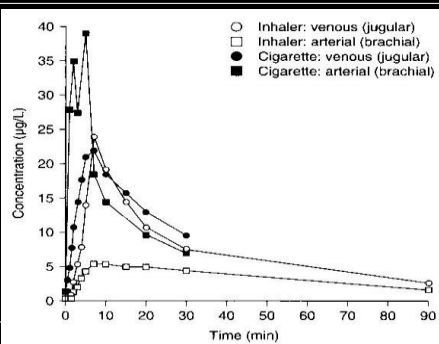
Mesolimbic Dopaminergic system

Emotion
Motivation
Memory



Optimization through the Beauty of Organic Chemistry





Long term changes

- Increased neuronal arborization
- Increased density of nicotinic receptors
- Increased sensitivity of receptor ion channels
- Changes gene expression
 - Neuronal protein synthesis increases
 - Neurotransmitter synthesis increases



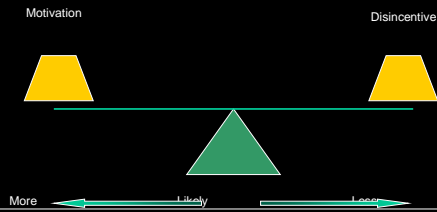
Disordered Motivation: *Compulsion.*

- *Ambivalence* = cardinal sign
- Not exactly ready, willing, or able.
- *Hesitant*
- Patients want change, but don't want change.
- "I desperately want to *want* to quit smoking"

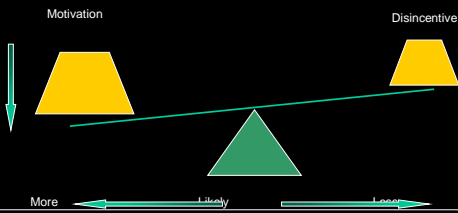


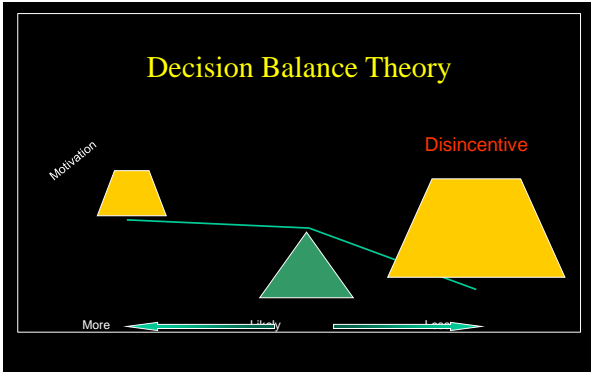
"Come back when you're ready"

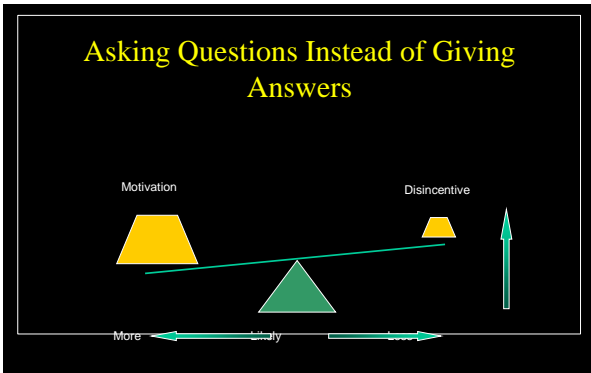
Decision Balance Theory



Decision Balance Theory

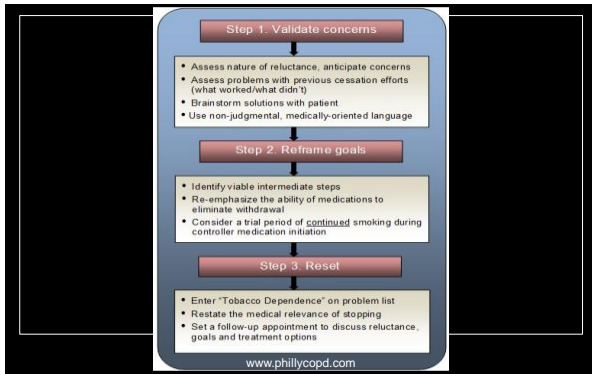


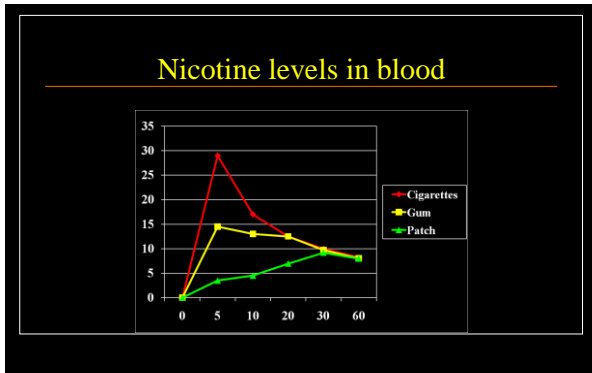




Tending to Matters of Style: *Four Magic Words*

- Empathy
- Validation
- Joining
- Hope





Nicotine Replacement Therapy

- Patch
 - Helps to *prevent* cravings from occurring
 - Start high (21mg/day) and step down over 8 - 10 weeks.
 - Most common side effect = local irritation
 - OTC preparations only



Nicotine Patch

"The Nicotine Patch is an efficacious smoking cessation treatment that patients should be encouraged to use." Strength of Evidence = A

Pharmaco-Therapy	Number of arms	Estimated OR (95% CI)	Estimated Abstinence Rate (95% CI)
Placebo	80	1.0	13.8
Nicotine Patch	32	1.9 (1.7, 2.2)	23.4 (21.3, 25.8)

Nicotine Replacement Therapy

- Gum
 - 2mg and 4 mg dose
 - chewed and parked to allow mucosal absorption
 - 1 to 2 pieces per hour when used alone
 - can be used in conjunction with patch to treat sudden urges



Nicotine Gum

"Nicotine Gum is an efficacious smoking cessation treatment that patients should be encouraged to use." Strength of Evidence = A

Pharmaco-Therapy	Number of arms	Estimated OR (95% CI)	Estimated Abstinence Rate (95% CI)
Placebo	80	1.0	13.8
Nicotine Gum	15	1.5 (1.2, 1.7)	19.0 (16.5, 21.9)

Nicotine Replacement Therapy

- Inhaler
 - Helps to treat sudden cravings once they occur
 - Softly puffed to allow mucosal absorption
 - 1 to 2 puffs per hour as needed
 - can be used alone or in conjunction with patch
 - May give smoker sense of "control"



Nicotine Inhaler

"The Nicotine Inhaler is an efficacious smoking cessation treatment that patients should be encouraged to use." Strength of Evidence = A

Pharmaco-Therapy	Number of arms	Estimated OR (95% CI)	Estimated Abstinence Rate (95% CI)
Placebo	80	1.0	13.8
Nicotine Inhaler	4	2.1 (1.5, 2.9)	24.8 (19.1, 31.6)

Combination NRT

"Combining the long-term patch (>14 weeks) with a self-administered form of NRT is more efficacious than a single form." Strength of Evidence = A

Pharmaco-Therapy	Number of arms	Estimated OR (95% CI)	Estimated Abstinence Rate (95% CI)
1 NRT	32	1.0	23.4
2 NRT	3	3.6 (2.5, 5.2)	36.5 (28.6, 45.3)

Bupropion SR

- Safe with continued smoking.
- Less weight gain.
- Start 7-10 days prior to quit date.
- Duration: 8-12 weeks, consider up to 6 months or longer in h/o depression.
- Combine with NRT for better results.



Patch + Bupropion

"Combining Bupropion treatment with transdermal NRT is more efficacious than a single form." Strength of Evidence = A

Pharmaco-Therapy	Number of arms	Estimated OR (95% CI)	Estimated Abstinence Rate (95% CI)
Patch	32	1.0	23.4
Combo	3	2.5 (1.9, 3.4)	28.9 (23.5, 35.1)

Varenicline

- Use for at least one week prior to abstinence attempt
- No effect on weight gain.
- May require >4 weeks Rx to reach effect
- Duration: 6 months more effective than 3 months. Up to one year safe.
- Nausea main SE – take with food



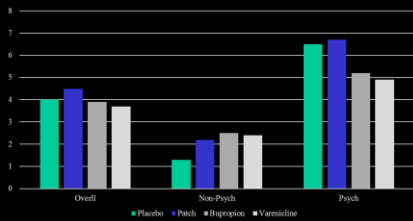
EAGLES Trial

- Global – 6 countries, n = 8058
- Longitudinal – 5 years
- Specific – RCT powered to look for adverse events
- Matched – enrolled ½ group with SMI
- Follow-up – included 30 days following treatment end date.

Relative Treatment Effect Size

- Varen vs Placebo 2.80
- Buprop vs Placebo 1.82
- NRT vs Placebo 1.84
- Varen vs NRT 1.57
- Buprop vs NRT 0.95
- Varen vs Buprop 1.58

Adverse Event Rates



Points to Remember

- Smoking is the behavioral manifestation (cardinal sign) of a disturbance in brain biology induced by exposure to nicotine.
- The cardinal symptom of this pathology is *compulsion* to smoke, manifest as reluctance.
- The basic approach to counseling includes: 1) Validate, 2) Reframe, 3) Repeat
- Pharmacotherapy very useful in resolving apprehension of compulsion when used correctly.

Useful Web Resources

- tobaccodependence.chestnet.org
- www.phillycopd.com
- www.pennmedicine.org/pennstop



*"If we always do what we've always done,
we'll always get what we've always gotten."*

- Anonymous

Comprehensive Smoking Treatment Program

Carol.Banks@uphs.upenn.edu





DEPARTMENT of BEHAVIORAL HEALTH
and INTELLECTUAL DISABILITY SERVICES

TRWI Next Steps


C · B · H
Community Behavioral Health


TRWI: Next Steps

- CBH provider agreements for residential addiction treatment facilities will be updated:
 - providers shall maintain a tobacco-free environment in which smoking and the use of tobacco products is prohibited on the campus accessible by CBH enrollees.
 - (i) CBH members are not permitted to be taken off of campus to smoke or use tobacco products.
 - (ii) CBH members will be screened for tobacco use disorders and provided smoking cessation treatment options while admitted to the campus.


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TRWI: Next Steps

- New agreement language will be in effect **January 1, 2018**
- Planning and implementation of smoke free treatment facilities has begun
- Join the learning collaborative
- Opportunities for staff training, detailing
- Site visits
- www.smokefreephilly.org


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TRWI Implementation Timeline

Start/End Date	Title/Name of Phase	Milestone(s)
September 2016	Project Start	Project Kick-Off Event
Oct 1- Dec 31, 2016	PHASE 1: Establish a Shared Vision	Provider Forums, Consumer Forums, Multiple Presentations
Jan 1- Mar 31, 2017	PHASE 2: Establish a Baseline	Clinical, Administrative & Environmental Assessments
Apr 1- Jun 30, 2017	PHASE 3: Engage, Educate, & Develop Shared Direction	Provider training opportunities, detailing visits
July 1, 2017	Provider Policy Drafts Due	PDPH and CBH provide feedback
Jul 1- Dec 31, 2017	PHASE 4: Consultation/Technical Assistance	Ongoing support with policy readiness and development
November 1, 2017	Provider Final Policy Drafts Due	PDPH and CBH provide feedback
January 1, 2018	Tobacco-Free Policy Implementation Effective Start Date	Project Close Date



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Wrap-up

THANK-YOU!!!



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