

Build a Culture of Wellness & Recovery: Address Tobacco

Dawn Robbins

Oregon Department of Public Health

Health Promotion & Chronic Disease Prevention



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“Silently and insidiously, tobacco sales and smoking became an accepted way of life, not only in our society, but also in our public mental health treatment facilities...”

Tobacco-Free Living in Psychiatric Settings

**A Best-Practices Toolkit
Promoting Wellness and Recovery**

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National Association of State Mental Health Program Directors
66 Canal Center Plaza, Suite 302
Alexandria VA 22314
Telephone: (703) 739-9333 Fax: (703) 548-9517
www.nasmhpd.org

What Works?

- Get Ready
- Implement
- Sustain the Effort



Get Ready!

- Build a team
- Communicate with key audiences
- Adopt systems



Build a team



- Visible support from top administration and clinical staff
- Partners can include treatment staff, unions, peers, advocates, cancer survivors, community programs
- Include smokers, non-smokers and former smokers

Communicate with Key Audiences

- Respect concerns of opponents
- Develop a shared vision of wellness and recovery
- Forge a clear process that engages consumers, staff and community leaders



Choose key messages

- People with serious mental illness die 25 years younger than the general population.¹
- Smokers with schizophrenia spend more than one-quarter of their total income on cigarettes.²
- Tobacco use interferes with psychiatric medications.³

¹NASMHPD, Morbidity and Mortality in People with Serious Mental Illness, 2006.

² Steinberg ML, Ziedonis DM, Krejci JA & Brandon TH. *Tobacco Control* 13(2); 2004.

³ Williams JM & Ziedonis DM. *Behavioral Healthcare*. May 2006.



Messages about quitting

- Two-thirds of smokers want to quit. About 3 percent can quit on their own. They are far more successful with the kind of help we provide. ¹
- Even highly addicted smokers with mental illness *can quit and are more likely to succeed with a combination of medications and behavioral therapy.* ²

ⁱ Fiore MC, Bailey WC, Cohen SJ et al. *Treating Tobacco Use and Dependence*. June 2000.

^{vii} Williams JM & Ziedonis DM. *Addictive Behaviors*. (29); 2004.

Adopt Clinical Systems

- Train staff/peers in nicotine addiction and tobacco cessation
- Assess tobacco use and bmi for all who enter facility and include in treatment plan
- Devise clinical protocols to advise tobacco users to quit and assess motivation to quit

Systematically ease quitting

- Incorporate tobacco cessation into individual and group therapies
- Include prescription and over-the-counter FDA-approved tobacco dependence treatment meds in formulary
- Document changes in client tobacco use and interventions in patient charts



Continuity helps

- Assure that a specific mental health practitioner coordinates all services, including tobacco cessation
 - Compile information about community resources, including the National Tobacco Quitline, 1-800-QUIT NOW (1-800-784-8669), and share with consumers and families
 - Include in discharge plan tobacco cessation or relapse prevention with support

“We provided closure exercises, referrals, and patches. We planted seeds of knowledge so that when a client was really ready to make a change in their life and quit their addictions, including tobacco, they had the support systems in place to help.”

– Angela Bornemann, Arapahoe House



Other Systems Changes

- Offer free or low-cost cessation treatment for employees
- Bill insurance for peer and employee tobacco cessation treatment
- Work with families to support consumers in efforts to become tobacco-free
- Collect data about consumer and staff tobacco use, including use of evidence-based quitting methods

Implement

- Create a tobacco-free campus
 - Develop clear policies to remove smoking areas from the hospital campus
 - Place no-smoking signs and smoking-cessation materials in conspicuous place
 - Add tobacco to your list of contraband
- Replace smoking breaks with 'fresh air' breaks
- Provide healthy activities

Sustain the Effort

- Develop meaningful measures
- Offer employees quitting help
- Connect peers leaving residential treatment with community efforts, (i.e. 1-800-QUIT-NOW, Nicotine Anonymous)



Celebrate!

“I love me

and who I am becoming.”

From ‘To Smoke or Not to Smoke’

By consumer, Bill Newbolt

Resources

- **Bringing Everyone Along Resources:**
<http://www.tcln.org/bea/>
- **Smoking Cessation Leadership Center**
<http://smokingcessationleadership.ucsf.edu/BehavioralHealth.htm>
- **National Association of State Mental Health Program Directors**
<http://www.nasmhpd.org/archives2.cfm>

Thank you!