

Presentation on the Draft
“Tobacco-free Living in Psychiatric
Settings
**A Best Practices Toolkit
Promoting Wellness and Recovery”**

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Introduction and Context



Tobacco-free Living in Psychiatric Settings

➤ Introduction

- Dale Svendsen, MD
- John Allen
- David Proffitt

➤ Getting ready

➤ Implementing

➤ Sustaining

➤ Appendix

Why consider going smoke free

- *41% of state psychiatric facilities are smoke-free (2006) and increasing at one per month*
 - *Staff and patients and the campus*
- *Most general hospitals are smoke free*
- *The culture of smoking has changed*
- *It's the thing to do...and the right thing to do*

Why consider going Smoke free

- *Second Hand Smoke*
- *Time spent handing out cigarettes, in smoke breaks, etc. could be spent in active treatment*
- *Legal...States have smoke free laws*
- *Safety and smoking*
 - *Aggression*
 - *Seclusion and restraint*
 - *Fire Risks*

Health Reasons to consider going smoke free

- *Persons with Mental Illness have, on average, a 25 year lower life expectancy than the general*
- *60% of this difference is due to conditions related to or worsened by smoking.*
- *Half of all deaths associated with smoking in America involve persons with mental illness*

Why consider going smoke free

- *Persons with mental illness have been found to smoke more heavily, more efficiently and start smoking at an earlier age than the general population.*
- *Nearly half of all cigarettes sold in America are consumed by persons with mental illness.*
- *It is expensive*

Why consider going smoke free

- *Smoking is a Co-occurring Addictive Disorder*
- *Rates of smoking are 2-4 times higher , among people with psychiatric disorders and substance use disorders. The rates have not gone down. "We" have not focused efforts on reducing this.*
- *Smoking is stigmatizing*
- *Choice and empowerment*

Smoking and Recovery

John Allen (NY)



Facts

- Smoking Kills people with Mental Illness sooner and more often than others who smoke.
- Tobacco addiction vulnerability is enhanced by the presence of Mental Illness.



"I was on the committee to go smoke-free, and it has gone over much, much more successfully than I could ever have imagined."

Social Policy Context

- 1970 - 47% of General Population Smoke
- 1970 – 90% of Persons with Schizophrenia Smoke
- 2002 – 21% of General Population Smoke
- 2002 – 90% of Persons with Schizophrenia Smoke
- Psychiatric Hospitals are the most likely hospital settings to still allow smoking.

Getting Ready

Now or



Role of Leadership

- **Establish and Communicate a Vision.**
 - Superintendent and Medical Director Commitment is vital.
 - Tobacco use policy reform is likely not to be popular – leadership needs to absorb initial reverberations.
- **With Knowledge Comes Responsibility.**
 - Share what is known about the effects of smoking on persons served.
 - Confront the hard facts on effects on care milieu.
 - Acknowledge past inconsistencies.

Communicating the Vision

- **Excellence** in Care requires;
 - 1) **Excellent Care Environments**
 - 2) **Motivating Environments**
 - 3) **Treating the whole Person**
- Establish and **own** the overall goal and invite all others to **own** the goal.
- Commit to reducing distress of both staff and consumers by supporting tobacco cessation.

Messaging

- **Articulate a goal of improving overall health, wellness and recovery for those we serve by ensuring a therapeutic milieu.**
- **Maintain Principle of Co-Occurring disorder treatment.**
- **Address Stigma expressed by Mental Health professionals in predicting capacity for change of those persons with mental illness.**

Social Marketing

- Communications/Education on the effects of tobacco use on persons with mental illness:
 - Employee meeting across all shifts.
 - Community Stakeholder meetings.
 - Meet with advocates/Peer Specialists.
 - Meet with clients.
 - Op-ed articles for local paper.

Creating Communication Agents

- Meet with Unions and address as Human Resource work environment issue.
- Offer special professional group Training – offer CEUs and CMEs
- Provide staff the language to respond to clients – “*talking points*”.

Broad participation in planning and implementation of an Agency Policy

- Participation Group
 - Treatment staff.
 - Other facility staff, unions, patients and patient advocates.
 - Among them should be smokers, non-smokers and former smokers.
- Provide a Committee Charter defining all policy parameters
- Maintain a timetable for reporting (in Charter).

Utilize Outside Resources

- Utilize contributing consultants as needed;
 - Local representatives from nonprofit organizations that support smoke free living.
 - Cancer survivors.
 - Visiting a smoke free facility can be informative and helpful.

Time to Plan and Implement New Policy

Take time to discuss proposed changes and expected positive outcomes with staff and clients.

Anticipate and mitigate potential negative outcomes such as the creation of a black market and movement of contraband and housekeeping and maintenance issues associated with surreptitious smoking.

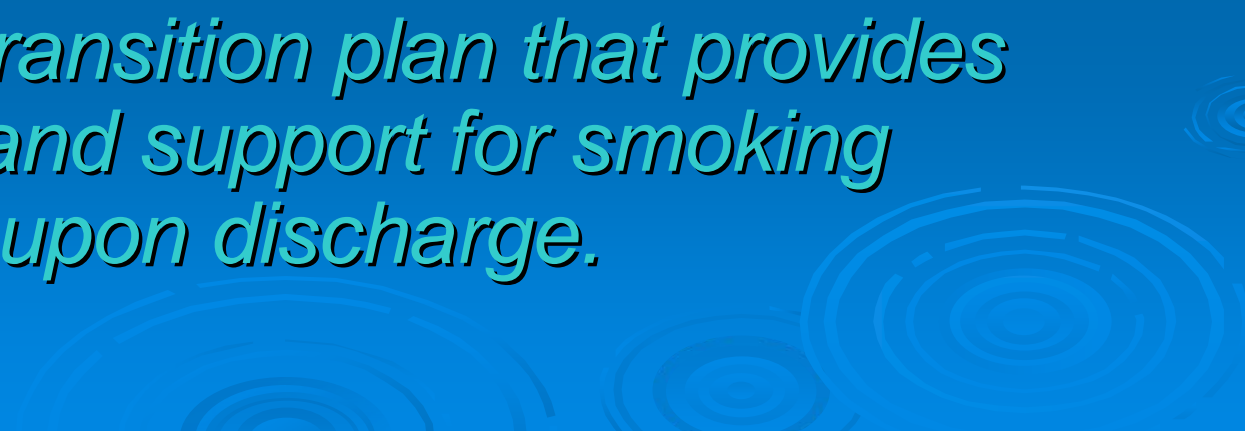
Provide frequent reminders about key dates and events in the form of a countdown to day the facility achieves its smoke free goal.

Provide smoking education and cessation support for clients and staff during the countdown.

Staff Training

- *Provide adequate education*
 - *Motivational Interviewing*
 - *Phases of Change Readiness*
 - *Caffeine/Medication and Smoking Interactions*
- *Train physicians and other staff on smoking cessation and treatment issues.*

Improve the Care Milieu

- ❖ *Increase opportunities for consumers to make and practice lifestyle choices and behaviors.*
 - ❖ *Replace smoke breaks with other activities that allow consumers to continue to interact with staff and practice choice.*
 - ❖ *Create a transition plan that provides follow up and support for smoking cessation upon discharge.*
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- The background of the slide is a solid blue color. In the lower right quadrant, there are several decorative elements consisting of concentric circles, resembling ripples in water or a target pattern, rendered in a lighter shade of blue.

Implementing Policy



Issues for Staff

- No smoking on campus
- Requirements
- Smoking Cessation assistance
- Often a bigger problem for Staff
- EAP

Clinical Issues for Patients

- ❑ Explain Hospital Policy
- ❑ Record Nicotine Dependence with other Diagnoses
- ❑ Include Nicotine Dependence in the TX Plan
- ❑ Offer First Line Medication Treatments
 - ❑ Nicotine Replacement Treatments
 - ❑ Bupropion
 - ❑ Varenicline (Chantic)
 - ❑ Other

5 “A”s

1. Ask---About substance use
2. Advise---To quit or reduce harm
3. Assess---Willingness to quit or consider changing use habits
4. Assist---In setting a quit date or devising a plan to reduce harm
5. Arrange---A plan to follow up.

Assessment Tools

- New Jersey QuitCenters Assessment tool (toolkit)

- Fagerstrom Test for Nicotine Dependence
 - How soon after you wake up do you smoke?
 - Is it difficult to refrain from smoking in places where it is forbidden?
 - Which cigarette would you hate most to give up?
 - How many cigarettes per day do you smoke?
 - Do you smoke more frequently during the first hours after waking
 - Do you smoke if you are so ill that you are in bed?

- CO Monitoring

Treatment: Stages of Change Model

- Pre-Contemplation
- Engagement
- Contemplation Motivational Interviewing
- Persuasion Motivational Interviewing
- Active treatment Group and Individual
 - A RECOVERY AND WELLNESS ACHIEVEMENT
- Relapse prevention Sustain in the community

Smoking Cessation may increase blood levels of some medications

- Antipsychotics...Haloperidol, Fluphenazine, Olanzapine, Clozapine
- Antidepressants...Desipramine, Imipramine, Nortriptyline, Doxepin
- Mood stabilizers...Carbamazepine
- Anxiolytics...Oxazepam, Desmethldiazepam
- Others...Heparin, Acetaminophen, Caffeine, Insulin, Propanolol, Warfarin, etc.

Post-discharge guidelines

- *Patients with a desire to remain tobacco abstinent*
 - *?continue on NRT*
 - *Support resources*
- *Patients who are ambivalent*
 - *Support resources if desired*
- *Patients who have firmly decided to return to smoking*
 - *Discontinue NRT before discharge*

System Issues

- ◆ Print Material for Clients.
- ◆ Print material for family and friends.
- ◆ Notice to Referral Sources.
- Employee Assistance
- Quality Assurance Monitoring

Sustaining the Work

➤ Evaluation measures

- Smoking after discharge
- Smoking Prevalence ...e.g., NRI?
- Quality improvement

➤ Celebrate success

➤ Smoking Cessation becomes a wellness and recovery achievement

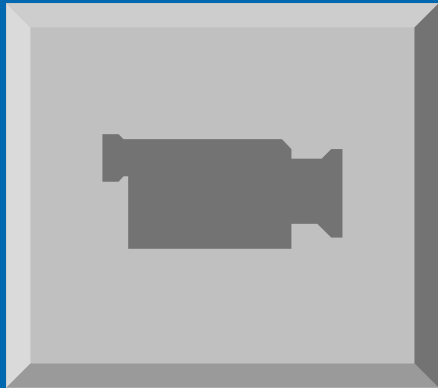
Defining Quality Outcomes

- Lower Staff Injury rate.
- Less verbal and physical aggression.
- Less episodes of seclusion and restraint.
- Expanded treatment times.
- Improved Staff Moral - *staff motivated to be associated with center of excellence.*
- Lower Client injury rate.
- Less Seclusion and Restraint.
- Less Coercion
- Less Intimidation
- Improved Health

Celebrating Success

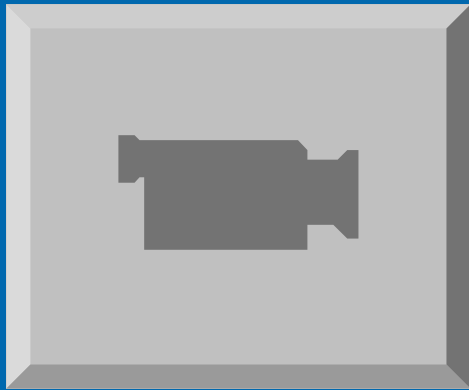
- Communicate quality outcomes.
- Highlight Staff experiences.
- Utilize recognitions for staff who quit.
- Morning meeting recognitions of client achievements.
- Peer lead support groups.

Paula



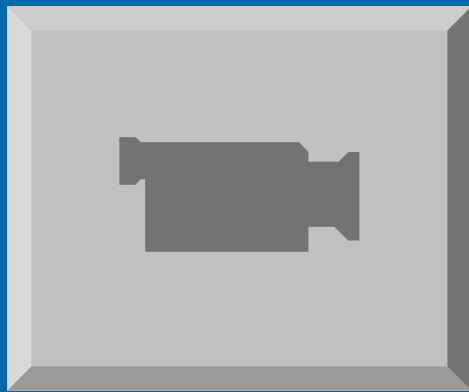
- ***Don't Underestimate your Audience!***
- ***Long term smokers with mental illness can make life changes on par with others without mental illness!***

Toney



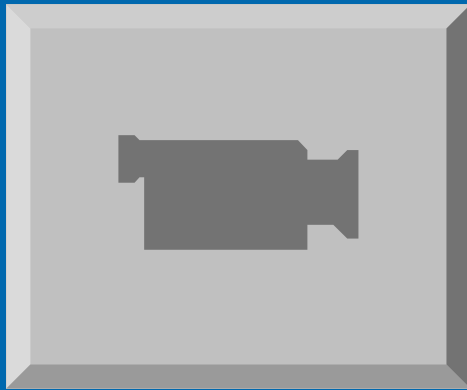
- *Don't assume all person's served will not embrace tobacco free lifestyles.*

Scott



- Clients who don't smoke deserve consideration.
- Less disturbance than expected seems to be a theme in the literature and these experiences.

Barbara



- *Staff who smoke need to be part of the change program.*
- *Smoking employee champions really make a difference.*

Questions?
Suggestions?

