

# **Tobacco Use by those with Significant and Persistent Mental Illness: A Call to Action, Community Organizing and Research**

## **Striking Out Tobacco in Arkansas**

September 13, 2012

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- Call to action: the need and the great divide
- Community Organizing: Wisconsin Nicotine Treatment Integration Project (WiNTiP)
- Research: Increasing Motivation to Quit



## **Call to action:**

### **The need and the great divide**

**Those with significant mental illness who smoke need treatment of greater intensity than the typical smoker while currently they are getting far less, resulting in a considerable treatment gap.**

# **Community Organizing: Wisconsin Nicotine Treatment Integration Project (WiNTiP)**

How to work toward ensuring that smokers who have significant mental illness have at least the same level of treatment as the general population

# Research:

## Increasing Motivation to Quit

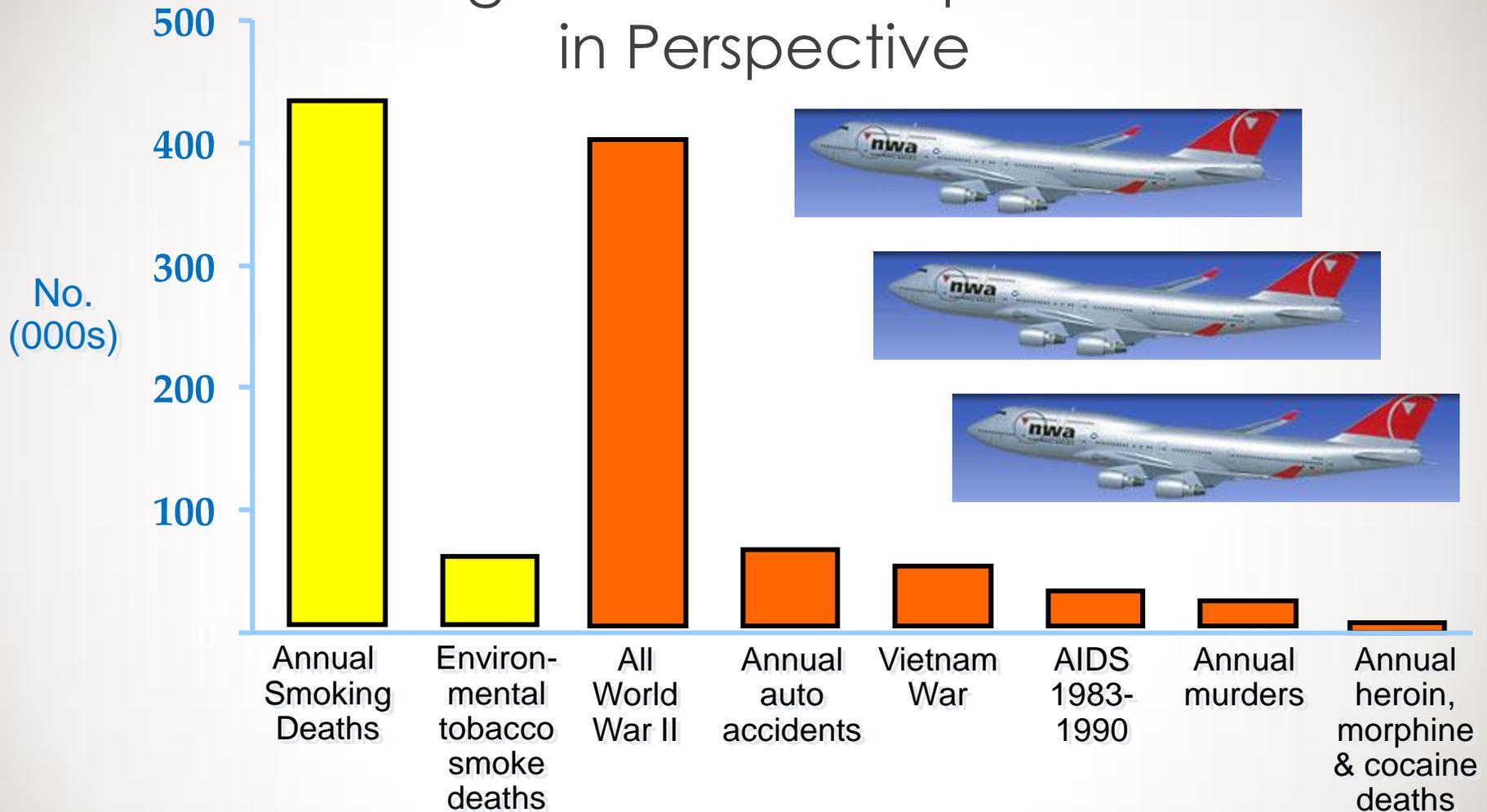
How to work toward providing the additional treatment needed by this population

# I. The Need: Statistics You Know

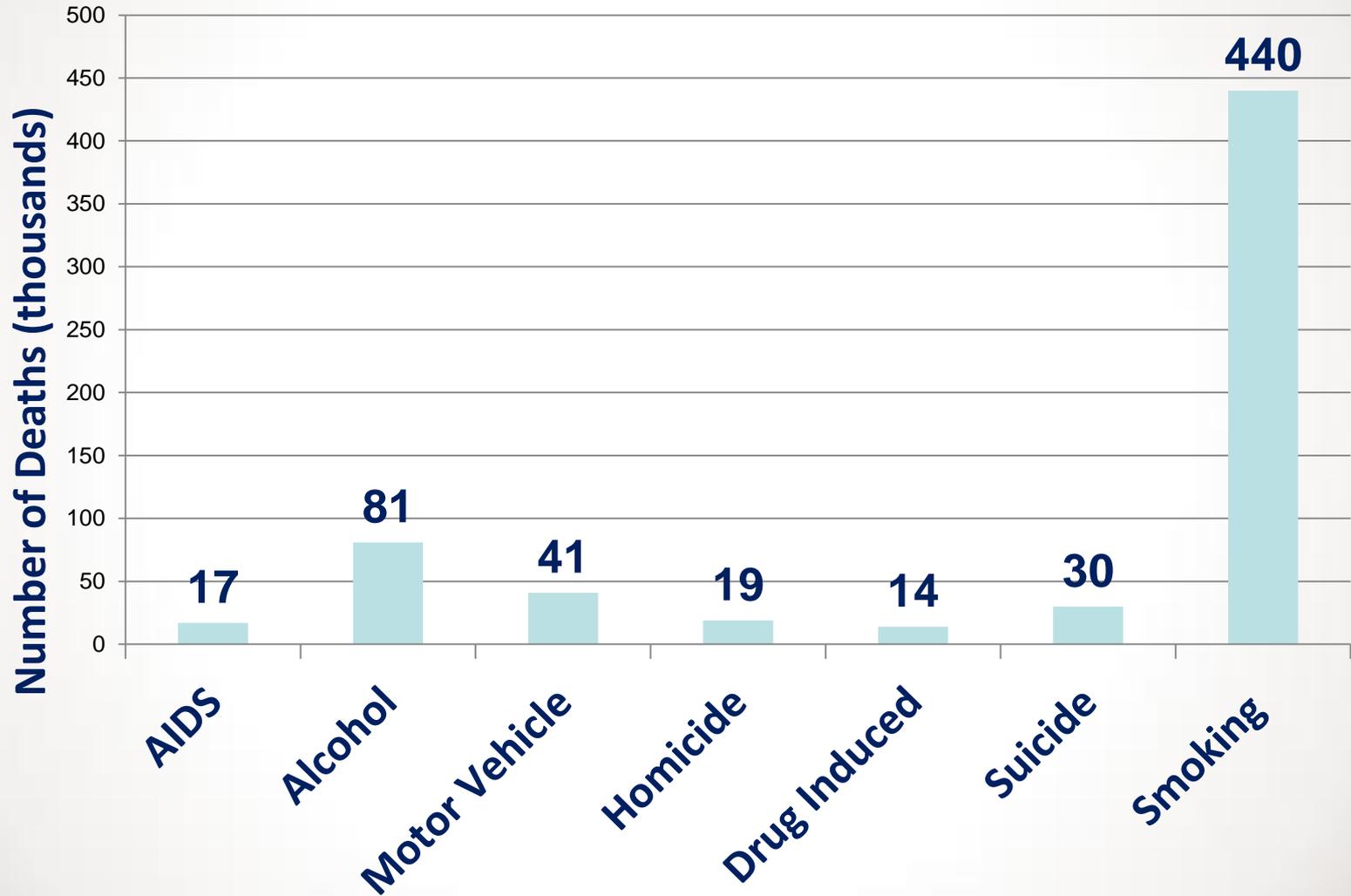


- Very elevated prevalence – up to 80%;
- Those with mental illness consume about 44% of all cigarettes
- 20 -24 average years of life lost

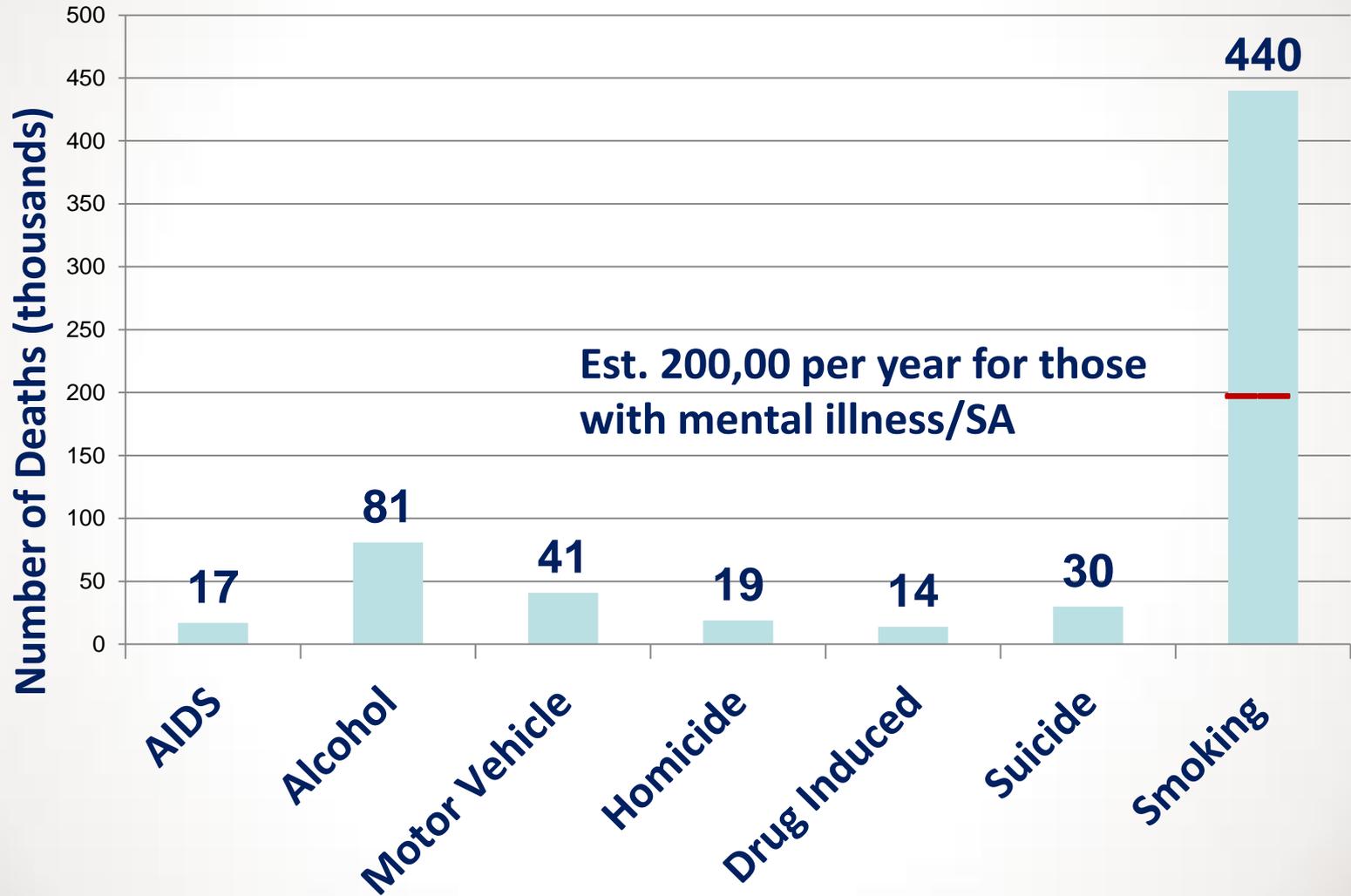
# The Cigarette Death Epidemic in Perspective



# Annual US Deaths



# Annual US Deaths

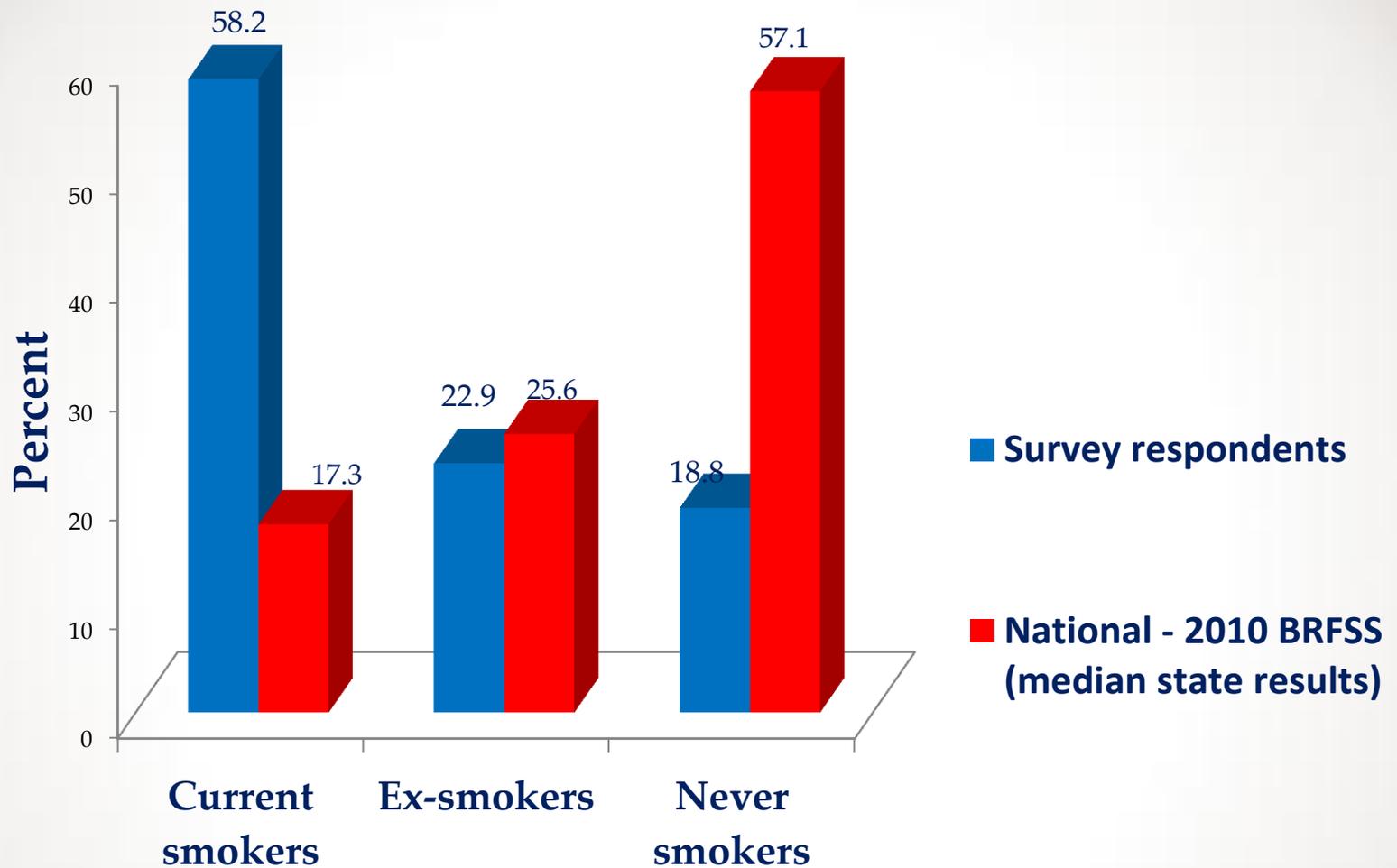


# I. The Need: Patient Challenges



# The Need: Patient Challenges

- **Near universal introduction to smoking (and at an early age)**

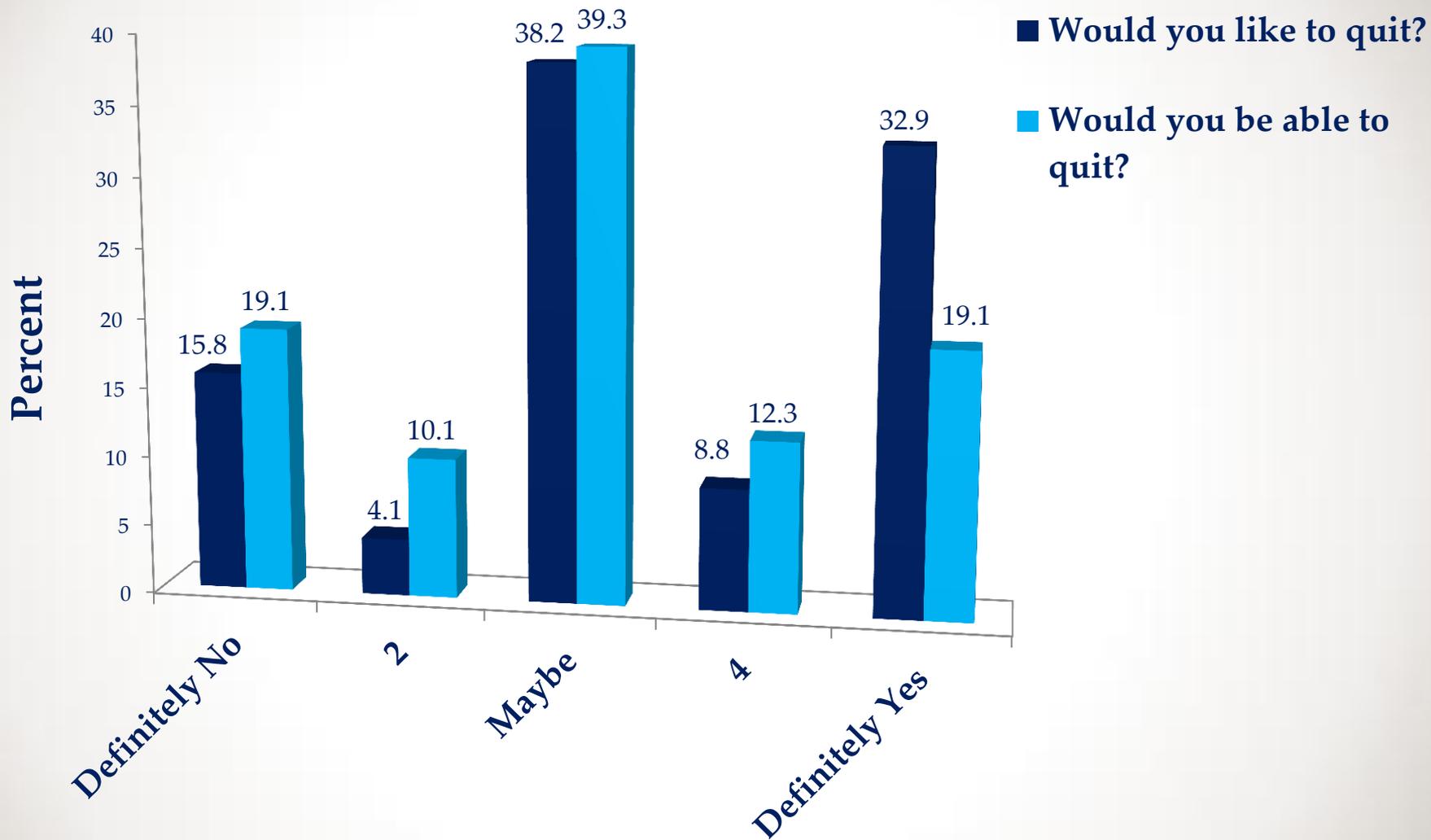


# The Need: Patient Challenges

- Near universal introduction to smoking (and at an early age)
- **Smoking Topography**
  - Shorter time between puffs
  - More puffs/cigarette
  - Greater nicotine boost
  - Greater dependence/addiction at lower daily amount
  - Greater risk for relapse

# The Need: Patient Challenges

- Near universal introduction to smoking (and at an early age)
- Smoking Topography
- **Confidence Gap - Lack of confidence about quitting**



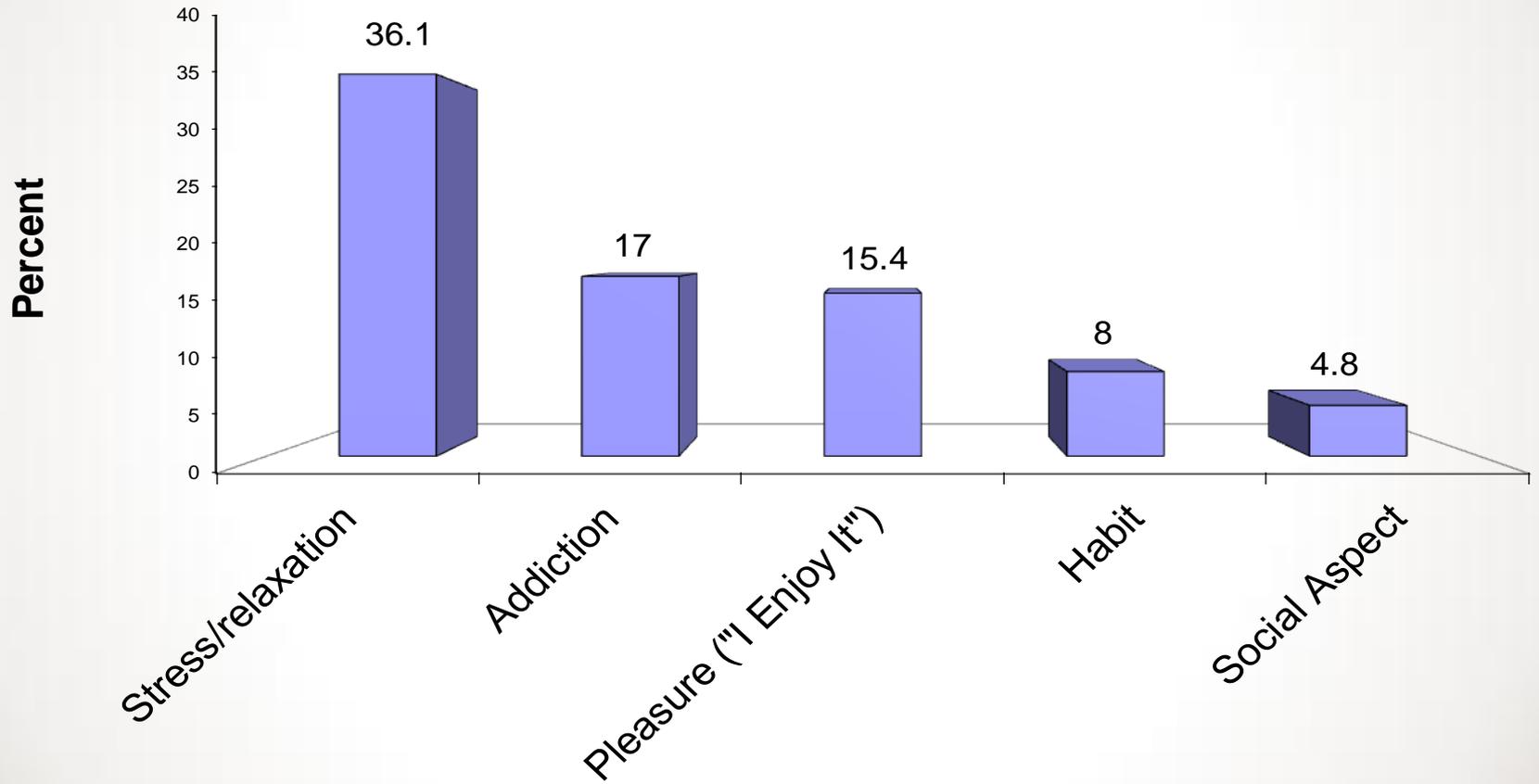
# The Need: Patient Challenges

- Near universal introduction to smoking (and at an early age)
- Smoking Topography
- Confidence Gap - Lack of confidence about quitting
- **Unique physiological challenges**
  - Smoking x medication interaction

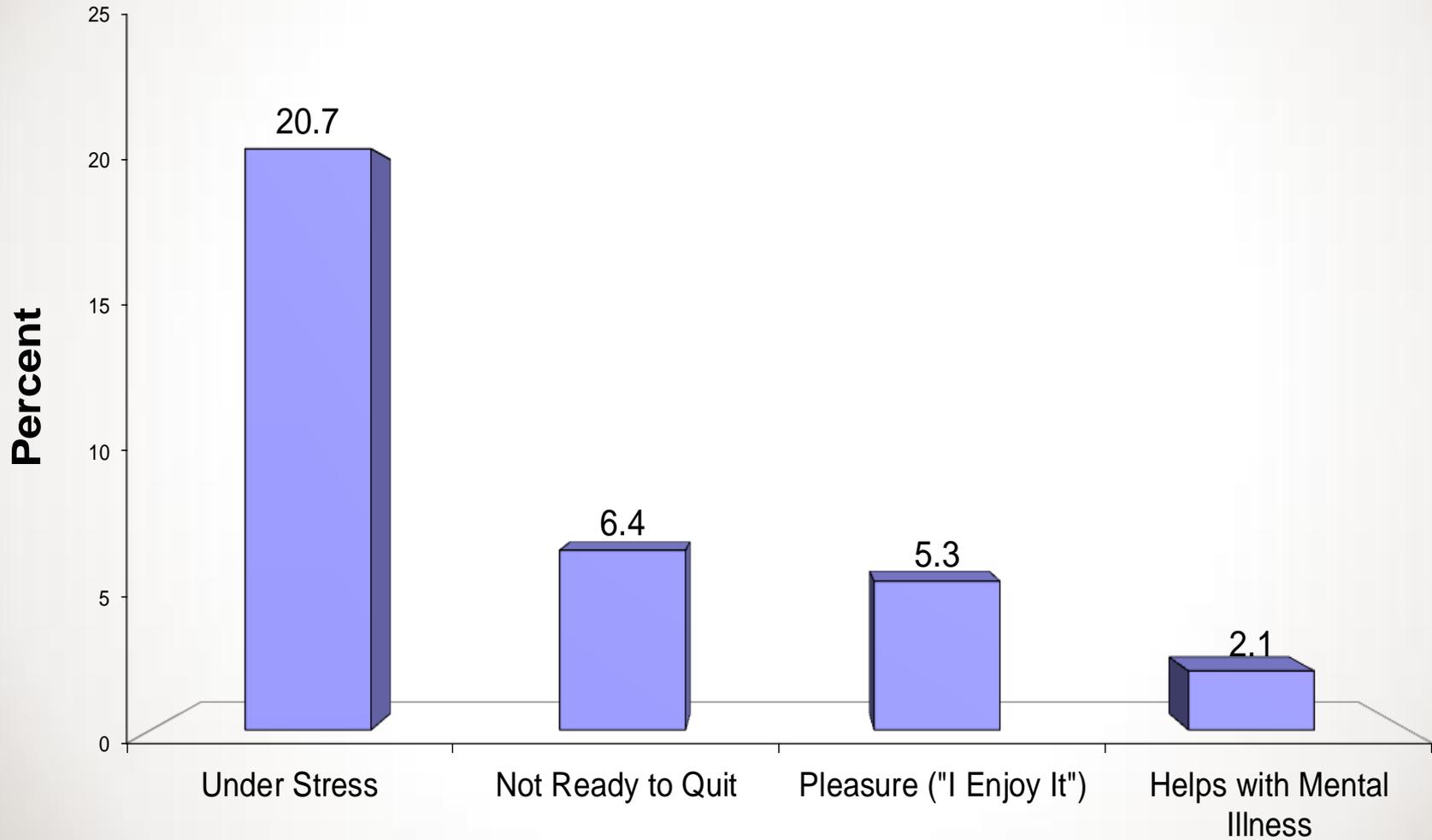
# The Need: Patient Challenges

- Near universal introduction to smoking (and at an early age)
- Smoking Topography
- Confidence Gap - Lack of confidence about quitting
- Unique physiological challenges
- **High Stress**

# Why do you smoke?



## If This is not a Good Time to Quit, Why?



# The Need: Patient Challenges

- Near universal introduction to smoking (and at an early age)
- Smoking Topography
- Confidence Gap - Lack of confidence about quitting
- Unique physiological challenges
- High Stress
- **Lack of support**

# The Need: Patient Challenges

- Near universal introduction to smoking (and at an early age)
- Smoking Topography
- Confidence Gap - Lack of confidence about quitting
- Unique physiological challenges
- High Stress
- Lack of support
- **Poorer treatment outcome**
  - Greater dependence
  - More likely to make unaided quit attempts without benefit of evidence-based treatment
  - Evidence-based treatment is not as effective

# The Need: Patient Challenges

- Near universal introduction to smoking (and at an early age)
- Smoking Topography
- Confidence Gap - Lack of confidence about quitting
- Unique physiological challenges
- High Stress
- Lack of support
- Poorer treatment outcome
- **Provider**

# I. The Need: Provider Barriers



# I. The Need: Provider Barriers

- **It's not in my scope of practice (it's not my job).**

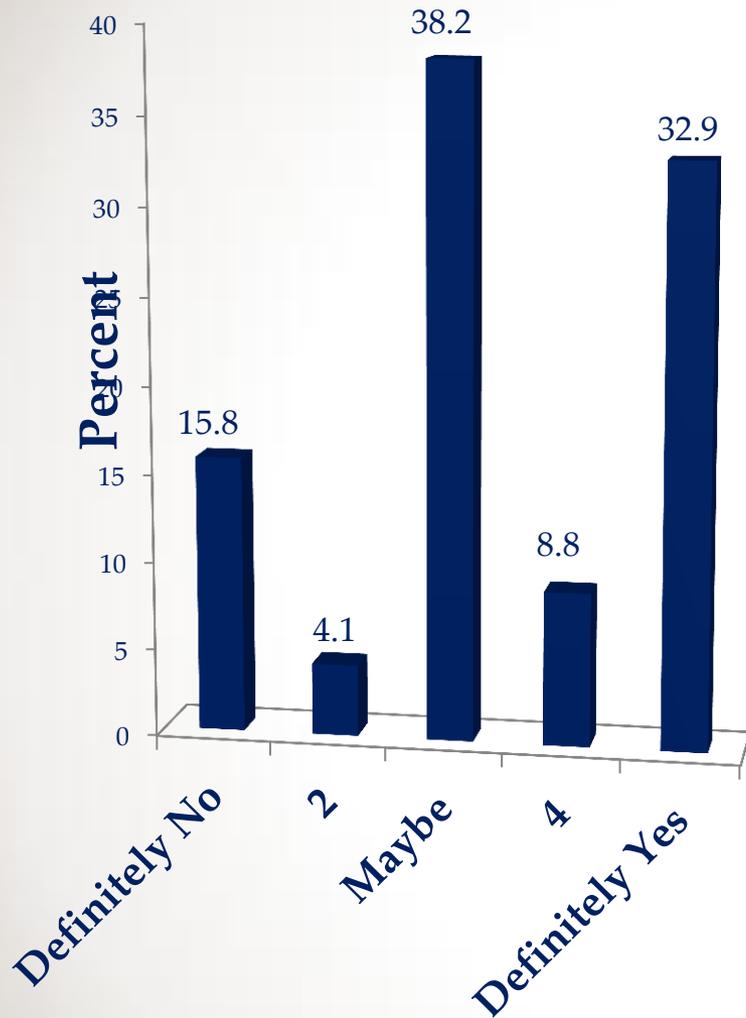
**(I don't know how important this is for the health of my patient.)**



# I. The Need: Provider Barriers

- It's not in my scope of practice (It's not my job).
- **My patients don't want to quit.**

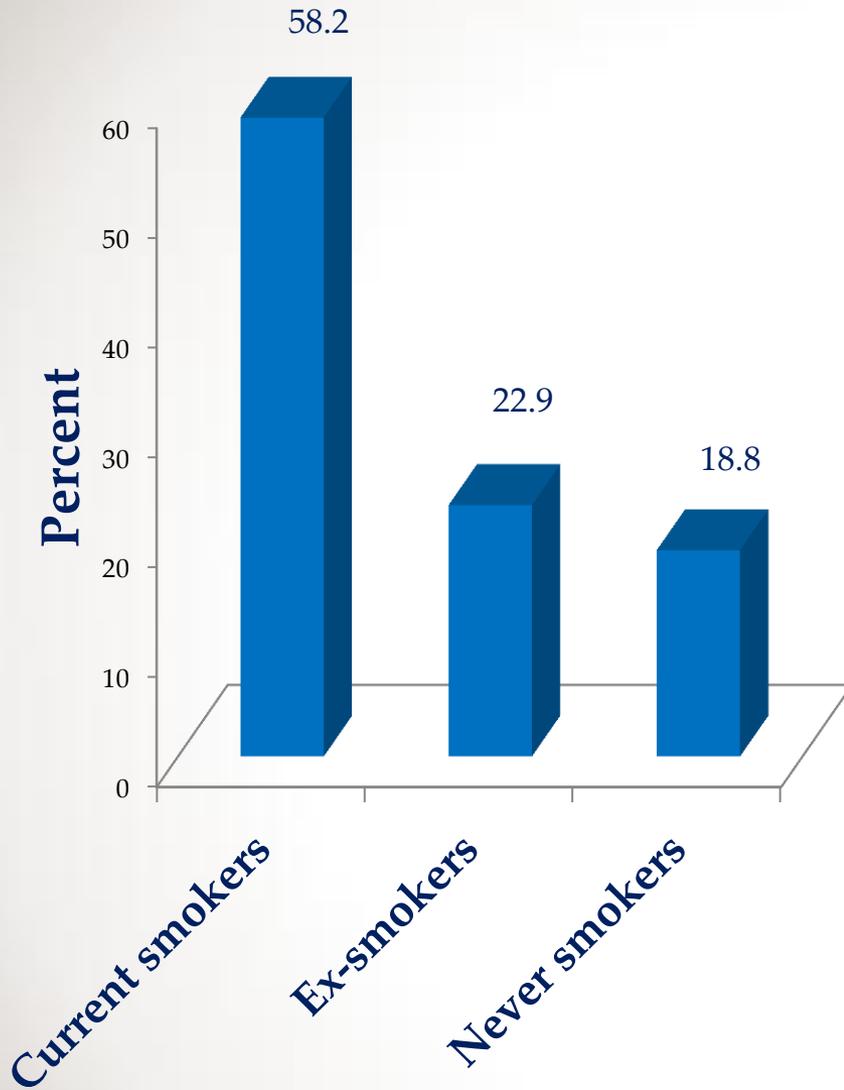
# Would you like to quit?



- **83.1% of smokers have tried to quit**
- **46.7% said this was a good time to quit**

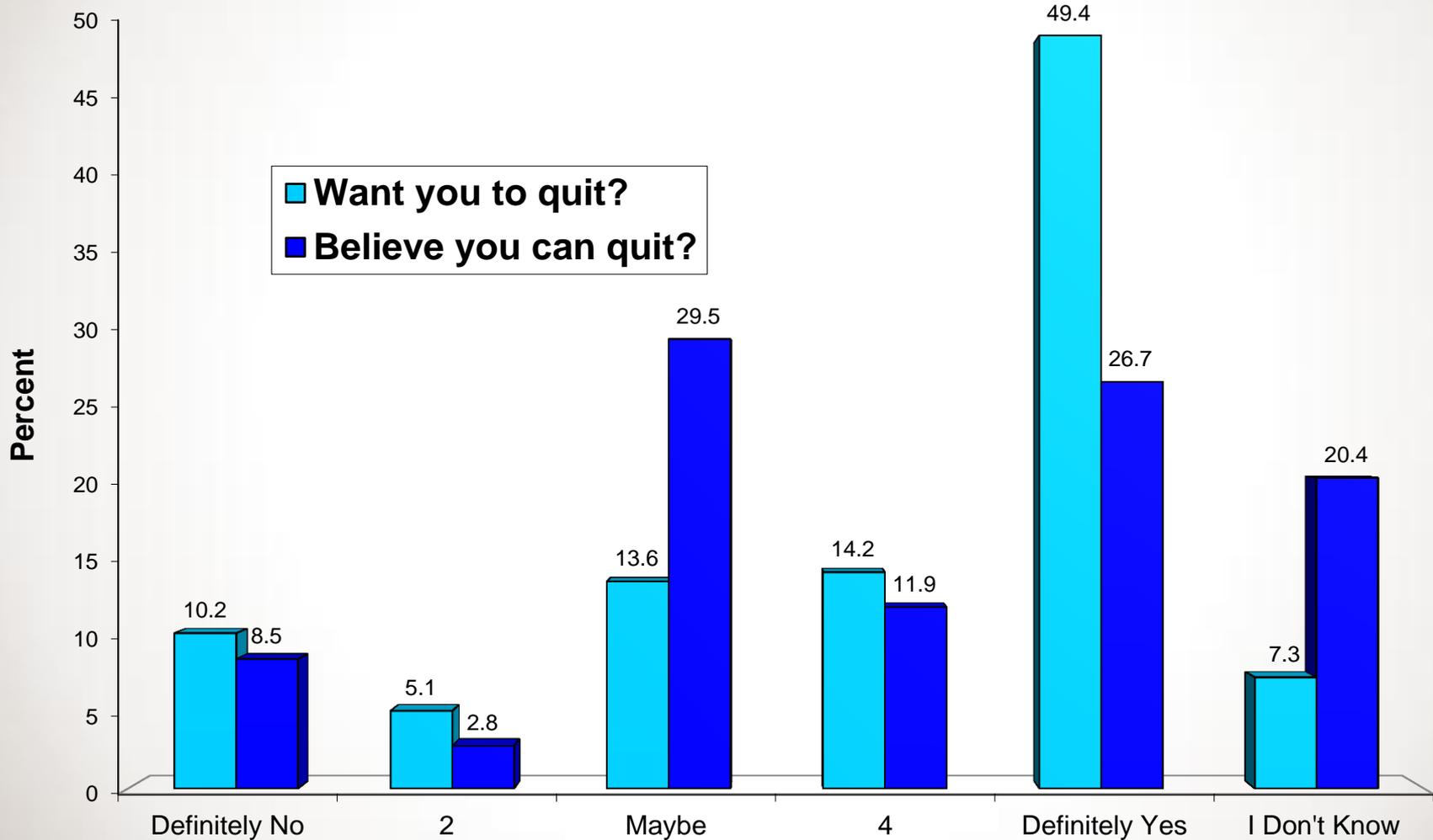
# I. The Need: Provider Barriers

- It's not in my scope of practice (It's not my job).
- My patients don't want to quit.
- **My patients can't quit.**



63.5% have known consumers like themselves who have quit

# About the Health Provider You See Most Often



# I. The Need: Provider Barriers

- It's not in my scope of practice (It's not my job).
- My patients don't want to quit.
- My patients can't quit.
- **Quitting will harm my patient.**
  - Undue the progress we've made
  - De-stabilize the patient
  - Lead to relapse
  - Now is not the time; we'll do it later when ... patient is more stable, there is less stress, etc.
  - Tobacco addiction is not as important as what I'm treating . (I don't know how important this is.)

# I. The Need: Provider Barriers

- It's not in my scope of practice (It's not my job).
- My patients don't want to quit.
- My patients can't quit.
- Quitting will harm my patient.
- **I don't know how to help the patient to quit or how to motivate the patient to make a quit attempt.**

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- It's not in my scope of practice (It's not my job).
- My patients don't want to quit.
- My patients can't quit.
- Quitting will harm my patient.
- I don't know how to help the patient to quit or how to motivate the patient to make a quit attempt.
- **I don't have time.**
  - (I don't know how important this is)

# I. The Need: Provider Barriers

- It's not in my scope of practice (It's not my job).
- My patients don't want to quit.
- My patients can't quit.
- Quitting will harm my patient.
- I don't know how to help the patient to quit or how to motivate the patient to make a quit attempt.
- I don't have time.
- **I don't know how to bill for tobacco dependence treatment**

# I. The Need: Provider Barriers

- **The bad news:** These barriers are real and, taken collectively, they are formidable.
- **The good news:** They can all be addressed, most quite easily with sound, simple information

**In their own voice.....**

Real AODA/  
mental health  
consumers

# I. Need: Conclusion

Those with significant mental illness who smoke need treatment of greater intensity than the typical smoker while currently they are getting far less, resulting in a considerable treatment gap.



**II. How to work toward ensuring that those with mental illness who use tobacco get at least as good treatment as the general public.**

# **II. Community Organizing**

## **Wisconsin Nicotine Treatment Integration Project (WiNTiP)**

**Low Budget Project for Behavioral Health Integration:  
You Can Too**

# II. Community Organizing - WiNTiP

Mission:

**Saving Wisconsin Lives by  
integrating evidence-based  
nicotine dependence treatment  
into the state mental health and  
other drug abuse (AODA) health  
care delivery systems**



# II. Community Organizing - WiNTiP

Integration Formula:

**Buy-in + Training + Resources = Implementation**

$$R = \frac{(\tilde{n}_1 - \tilde{n}_2)(\tilde{n}_1 - \tilde{n}_2)^*}{(\tilde{n}_1 + \tilde{n}_2)(\tilde{n}_1 + \tilde{n}_2)^*} = \frac{(n_1 - n_2)^2 + (k_1 - k_2)^2}{(n_1 + n_2)^2 + (k_1 + k_2)^2}$$

$$\tilde{n} = n + ik$$

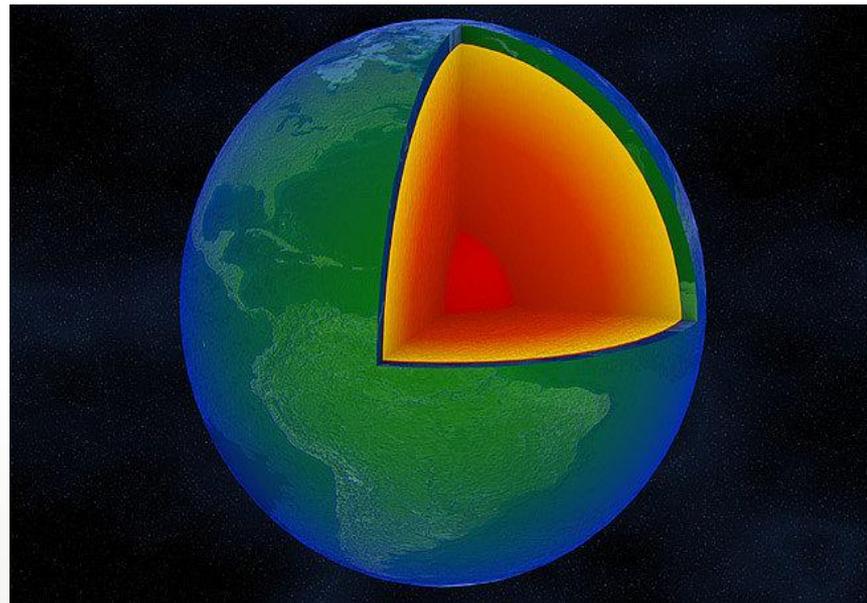
In the case of vacuum as the incident medium, this reduces to

$$R = \frac{(1 - n_2)^2 + k_2^2}{(1 + n_2)^2 + k_2^2}$$

# II. Community Organizing - WiNTiP

Core rationale:

**Sincere belief in the right of this population to receive at least the same level of health care assessment and treatment regarding the use of nicotine that is *the norm* for the general population**



## II. Community Organizing - WiNTiP

Budget:

Year 1 (2008) – \$75,000

Year 2 (2009) - \$75,000

Year 3 (2010) - \$100,000

Year 4 (2011) - \$65,000

Year 5 (2012) - \$47,680

\$362,680



## II. Community Organizing - WiNTiP

Staff:

- Consulting manager (AODA)
- Medical director (Psychiatrist)
- State TPCP
- State MH/SA
- CTRI Scientist
- CTRI Outreach Director
- CTRI Communications Director
- CTRI Administrative support



**Combined FTE:** approximately .5

# II. Community Organizing - WiNTiP

**Phase I:** Get organized and gather Information

**Phase II:** Build Awareness and inform

**Phase III:** Train

**Phase IV:** Support integration steps

# Year 1: Getting Started

- Organized a Steering Committee
- Conducted survey of other states
- Hosted “Bringing Everyone Along” by Tobacco Cessation Leadership Network
- Held focus groups with consumers
- Established a web site
- Conducted “best practice interviews” with four states
- Developed liaisons with state professional groups



# Year 1: Getting Started

- Established Web sites:

**[HelpUsQuit.org](http://HelpUsQuit.org)**

**[WisconsinWintip.com](http://WisconsinWintip.com)**

**[Ctrt.Wisc.Edu](http://Ctrt.Wisc.Edu)**

# Year 2: Collect Information about Integration Barriers

- Survey of Wisconsin Providers
- Survey of Consumers



# Provider Survey

- Only 27% of providers feel they have the skills needed to treat nicotine dependence effectively
- 45% did not know that their clients had an elevated smoking prevalence
- 49% did not know that their clients experience a disproportionate health burden from tobacco addiction
- If given training, 86% are willing to provide tobacco addiction treatment to their clients
- Surprisingly, 72% would support adding tobacco addiction knowledge and treatment to credentialing requirements

# Year 3: Awareness Building and Training (General Outreach)

- Five Webinars covering topics such as:

- The need for integration
- How to talk with patients about quitting
- Providing treatment in smoke-free environments



- Expanding professional scope of practice to include tobacco dependence treatment
- How to make policy, administrative and system changes

# **Year 3: Awareness Building and Training (General Outreach)**

- **Five newsletters covering topics such as:**
  - **Health burden of smoking**
  - **Desire and ability for consumers to quit**
  - **Treating tobacco dependence enhances recovery**
  - **Provider organizational endorsement for treating tobacco dependence**
  - **Medicaid reimbursement for treatment**



44% of deaths from smoking are among people with substance-use or psychiatric diagnoses

**Who is Dying From Tobacco?** Tobacco is the leading killer of Americans every year—more than the combined death toll of combat, suicide, homicide, motor-vehicle accidents, alcohol, drug use and AIDS. **More than 400,000 Americans die every year, and 44 percent are patients with a psychiatric diagnosis.** That's 193,600 patients a year. Half of those with depression smoke, 80 percent of alcoholics light up and nearly 90 percent of people with schizophrenia or bipolar disorder are addicted. In Wisconsin, more than 8,000 smokers die annually, including 3,520 with substance dependence and mental-health disorders. That is 290 deaths a month in our state; or 10 a day. Research shows your patients are more likely to die from smoking than from suicide or other drugs.

That's why you're receiving this newsletter today from the Wisconsin Nicotine Treatment Integration Project ([WINTIP](#)). WINTIP is a coalition of treatment experts from the fields of:

- Mental-health treatment.
- Substance-abuse treatment.
- Quit-tobacco treatment.

We're working together to integrate tobacco treatment into the care for patients with mental-health or substance-abuse issues. That's why you'll be receiving a few more newsletters from WINTIP—sharing best practices on how you can help your patients live longer, healthier lives. On page 2 of this newsletter, you'll find evidence-based information on what works best and what doesn't. In future editions of this newsletter, you'll find more links to webinars, research articles, tips and more.

**Osbourne Bites Off All His Addictions at Once.** Metal rocker Ozzy Osbourne said recently on the radio that he quit smoking, drinking and drugs all at once six years ago. A building body of research confirms that quitting all addictions at once shows better results than trying to quit them one at a time, a basic premise of the Wisconsin Nicotine Treatment Integration Project ([WINTIP](#)). "I decided to stop poisoning myself," Osbourne said. Interviewer Ryan Seacrest asked, "What do you miss most?" Ozzy said he occasionally hears a voice requesting a drink, but he said he knows one slip would send him back to drinking, smoking and drugs in one fell swoop, so he turns to his family to feel high. WINTIP advisors agree, "if OZZIE can do it... so can your patients." Watch future editions of this newsletter for information on specific subpopulations of patients with specific diagnoses.



### Calendar

- June 24 WINTIP Webinar, Mental Health and Addiction Treatment in Smoke-Free Environments, Noon to 1 p.m.  
<http://wisc.na4.acrobat.com/wintip/>
- July 6 Wisconsin Goes Smokefree.  
All workplaces smoke-free.

### Upcoming Issues

- August **AD/AMental Health Patients Want to Quit, and Many Have Succeeded**
- October **Quitting Smoking Doesn't Interfere with Other Treatment; It Enhances**
- December **You Can Bill for Reimbursement of Tobacco Treatment You Provide**

# Year 3: Awareness Building and Training (General Outreach)

- Eleven presentations at provider conferences/meetings to build the case for integration and to provide rudimentary training



# Year 4: Training (Focused Outreach)

Conducted three day-long “How to Treat Tobacco Dependence” training sessions for 80 mental health professionals



Dave

AODA Professionals:

# Get Paid \$99 to Learn about Tobacco-Dependence Treatment

WINTIP - Wisconsin Nicotine & Tobacco Integration Project



Learn the latest on how to help your patients quit smoking. We'll pay YOU \$99 to attend this in-person training. *Breakfast and lunch provided!* Join your colleagues to network and learn how to treat nicotine dependence, refer to care, and motivate reluctant patients. For more information, visit [www.ctrl.wisc.edu/\\$99](http://www.ctrl.wisc.edu/$99)



April 26, 2011 8:30 am to 3:30 pm  
Kalahari Resort, Wisconsin Dells

To register, contact Sandy Keller, [slk@medicine.wisc.edu](mailto:slk@medicine.wisc.edu)

Sponsored by the Wisconsin Division of Mental Health and Substance Abuse  
and the Wisconsin Tobacco Prevention and Control Program

# Year 4: Training (Focused Outreach)

Conducted two day-long “How to Treat Tobacco Dependence” training sessions for 74 substance abuse professionals



# Year 4: Training (Focused Outreach)

Conducted one day-long “System Changes at the Clinic Level” training for 20 substance abuse clinic managers



# Year 4: Training (Focused Outreach)

- Targeted ad campaign
  - **Banner on three substance abuse professional organizations web sites**
  - **Sponsorship of Wisconsin Psychiatric, Wisconsin Psychological and Wisconsin Chapter of National Association of Social Workers newsletters**
  - **Ads in *Wisconsin Medical Journal* and *Nursing Matters***

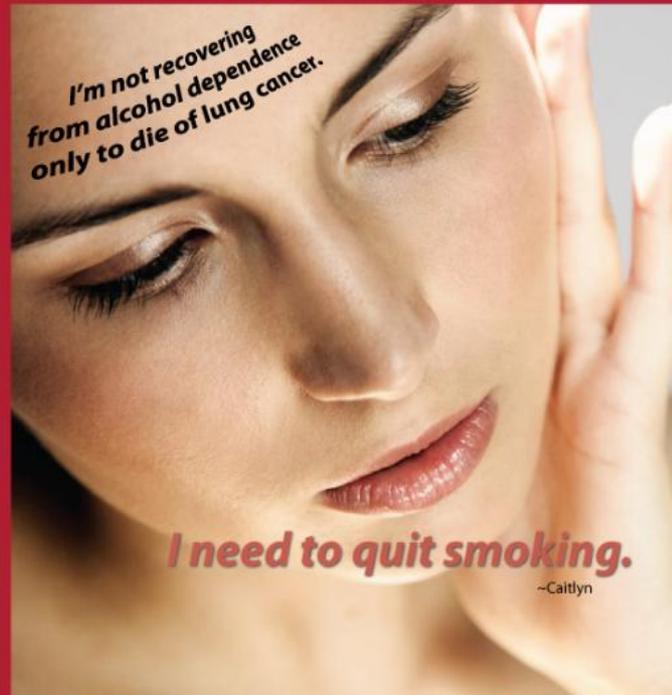
# Tobacco Recovery



Makes Other Recovery  
Better.

Wisconsin Nicotine Treatment Integration Project (WINTIP)

[WisconsinWintip.com](http://WisconsinWintip.com)



*I'm not recovering  
from alcohol dependence  
only to die of lung cancer.*

**I need to quit smoking.**

—Caitlyn

AODA/mental health patients smoke half the cigarettes in America.  
Most want to quit. Many have quit.  
You can help.

[www.HelpUsQuit.org](http://www.HelpUsQuit.org)

FREE CME, Toolkit, Videos, Research, Case Studies



School of Medicine  
and Public Health  
UNIVERSITY OF WISCONSIN-MADISON



**"I'm not recovering from a bipolar disorder  
only to die of lung cancer. I had to quit smoking."**

—Blake

[www.HelpUsQuit.org](http://www.HelpUsQuit.org)

Free videos, training, tools

# Year 4: Training (Focused Outreach)

Presented WiNTiP at the federal Intra-agency Committee on Smoking and Health, chaired by the Surgeon General



# Year 5 and Beyond: Direct Support for Integration Efforts

Awarded seven, \$1,000 “Integration Innovator Awards” through a competitive application process

- **Established a “Fax-to-Quit” site**
- **Conducted quit groups**
- **Purchased initial supply of nicotine replacement medication**
- **Helped staff quit**
- **Developed Quit Kits**

# **Year 5 and Beyond: Direct Support for Integration Efforts**

- **Winnebago Mental Health Institute**
- **Outreach Community Health Centers, Inc.**
- **LE Phillips-Libertas Treatment Center**
- **Vernon County Community Support Program**
- **Chippewa Valley Correctional Treatment Facility**
- **AIDS Resource Center of Wisconsin**
- **Meta House**

# II. Community Organizing - WiNTiP

## Outcomes:

- From training follow-up surveys – more evidence based treatments are being provided
- As second and third Wisconsin treatment program is going “Tobacco Free” (no use of any tobacco products on grounds by staff, clients and visitors and treatment of tobacco dependence using evidenced-based methods is full integrated into treatment plans) and a fourth facility is considering it

# II. Community Organizing - WiNTiP

Lessons learned:

- **Clients want to quit and they want help quitting; they only need to be asked.**
- **The importance of champions**
- **Given #2, small amounts of sustaining funds are more important than greater amounts that are time limited**

# II. Community Organizing - WiNTiP

## WiNTiP Summary:

**You, too, can work toward ensuring that those with mental illness/other substance abuse disorders get at least the same evidence-based treatment as the general public!**

**III. How to work toward ensuring that those with mental illness who use tobacco get the intense and tailored treatment that they need and deserve.**

# **III: Research:**

## **Increasing Motivation to Quit**

# Treating Tobacco Dependence as a Chronic Disease: The Phase Based Model of Smoking Cessation



Baker, T.B., et. al. "New Methods for Tobacco Dependence Treatment Research" *Annals of Behavioral Medicine* (2011) 41:192-207

# Prepped to Quiet: Preparing CSP clients to Quit Smoking

Community-Based Participatory Research (CBPR)



13 Community Support Programs (CSP) in  
8 Wisconsin counties

Funded by a grant from the National Cancer Institute (1R21CA149522-01A1)

# Purpose

## 1. Research purpose:

Will interventions that motivate and prepare smokers to make a quit attempt in the general population also work for those with significant and persistent mental illness?



## 2. Infrastructure purpose:

Increase the knowledge and skills of people who may be in a position to help.

# What are these preparatory interventions?

- Practice Quit Attempts
- Pre-Quit Use of Medication
- Motivational Counseling
- Cutting down
  - Systematic reduction
  - Delay first of the day cigarette
  - No smoking in certain locations
  - No smoking during certain times

# Why might these work?

- Build confidence (self-efficacy, will power)
- Better to learn and practice new skills without pressure of a quit attempt
- Better time to learn and practice new skills than when in full blown withdrawal and its associated emotional upheaval
- Weaken the bonds between cues and smoking

# Research Purpose: Study Flow



# Research Purpose: Study Conditions

## I. Experimental Condition- Four Individual Sessions:

- Motivational Counseling
- Behavioral Smoking Reduction
- Practice Quit Attempts
- Pre-Quit use of NRT (Nicotine Replacement Therapy) patch

## II. Attention Control Group- Four Individual Sessions of the same duration:

- More in depth information about the group content

## III. Motivated to Quit Control Group:

- Measurements only

# Research Purpose: Measurements

- Surveys
  - Initial meeting
  - At the last individual session
  - 3 Month Follow-up
- Primary Outcome – Use of the Wisconsin Tobacco Quit Line
  - Joint call and four more optional sessions to support quit attempt
  - Four more preparation sessions with the expectation that a joint call will occur
  - Call at a later date
- Secondary Outcomes
  - Increased motivation to quit; stage of change
  - Quit attempts
  - Days without smoking
  - Quit method
- Biological verification of self-report abstinence

# Infrastructure Purpose

Certified Peer Specialists as research assistants



# Lessons learned from a CBPR Perspective

1. Community involvement improves the study
  - Should a participant decide to quit during the study, the focus will shift from quit preparation to actual quitting which also includes referral to CSP staff for needed support
  - NRT patches will be dispensed using the existing CSP dispensing methods
  - Any participant who is making a quit attempt will also be referred back to the CSP for support
  - Participants will need travel support
  - Primary outcome measure was changed from “Fax-to-Quit” to additional sessions with expectation for a joint call to the quit line

# Lessons learned from a CBPR Perspective

2. CBPR is difficult because collaborating organizations have different perspectives and environments that may clash.  
“Communication”, “flexibility” and “compromise” are essential qualities.
  - Enrollment of CSP clients with guardians
  - Withholding intervention from control group

# In Summary:

1. Smokers who also have a significant mental illness need more (and maybe different?) treatment than the general population and far more than they are currently getting.
2. Practical community organizing can increase access to evidence-based treatment.
3. Community-Based Participatory Research, while more difficult than laboratory research, holds promise as a means to develop the additional treatment this population deserves.

# For More Information:

[HelpUsQuit.org](https://www.helpusquit.org)

[WisconsinWintip.com](https://www.wisconsinwintip.com)

[CtrI.Wisc.Edu](https://www.ctri.wisc.edu)

[bc1@ctri.wsic.edu](mailto:bc1@ctri.wsic.edu)

**Questions?**