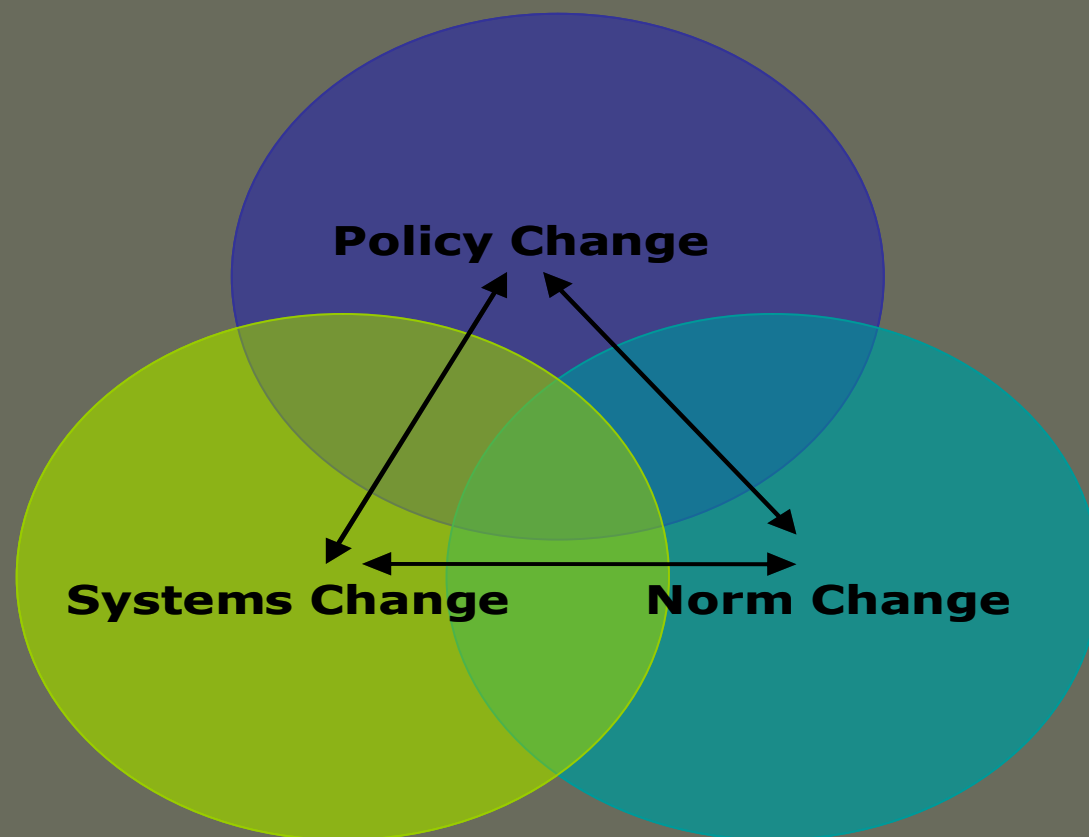


# Using Cessation Interventions and Support to Create Systems Change

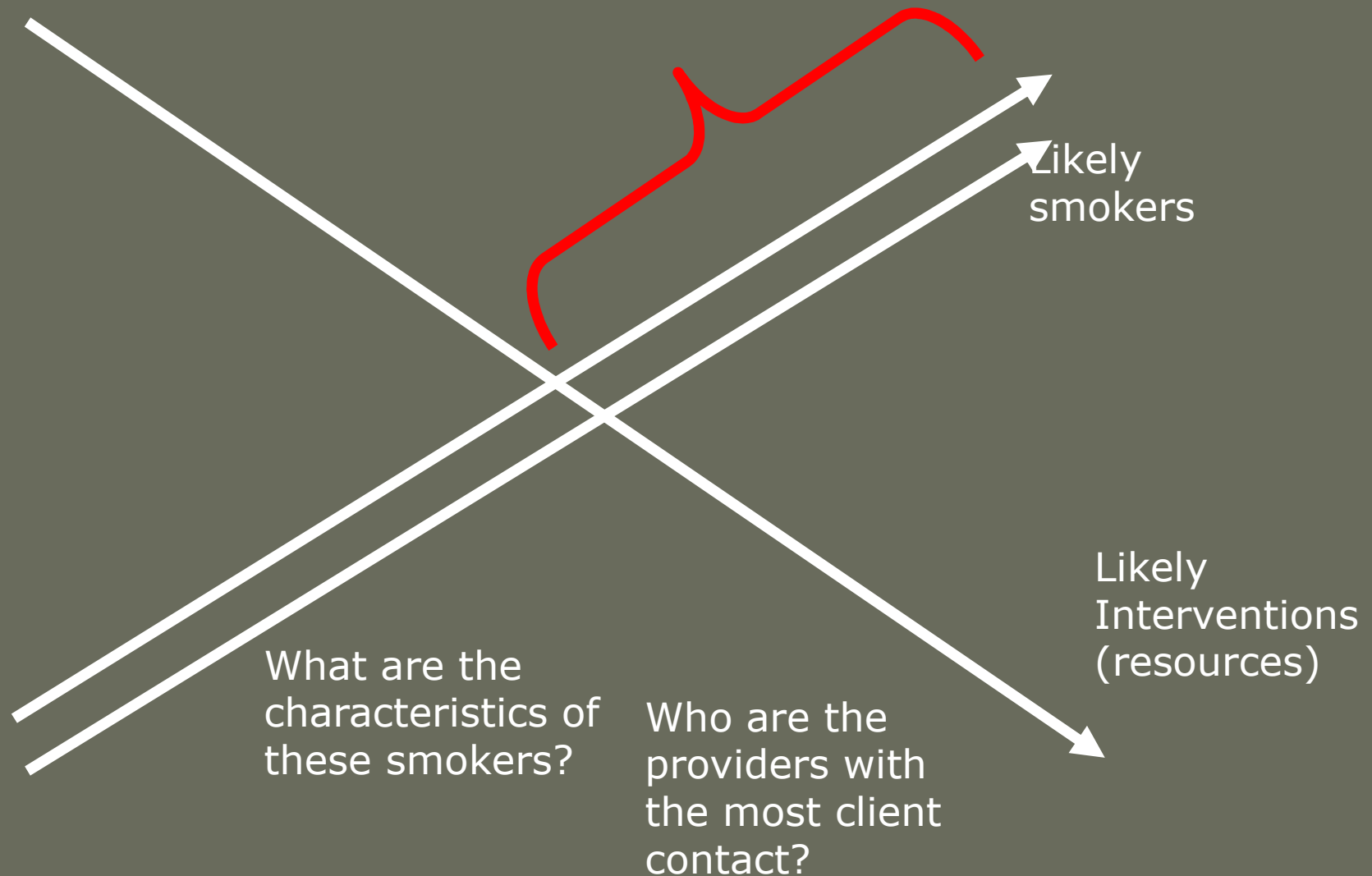
Best Practices With Providers  
Serving High Prevalence  
Populations

# Change and Tobacco



**Change in one domain supports  
change in the others**

# How does cessation really work?



# Who is smoking?

44.3% of the cigarettes smoked in the United States are smoked by the mentally ill.

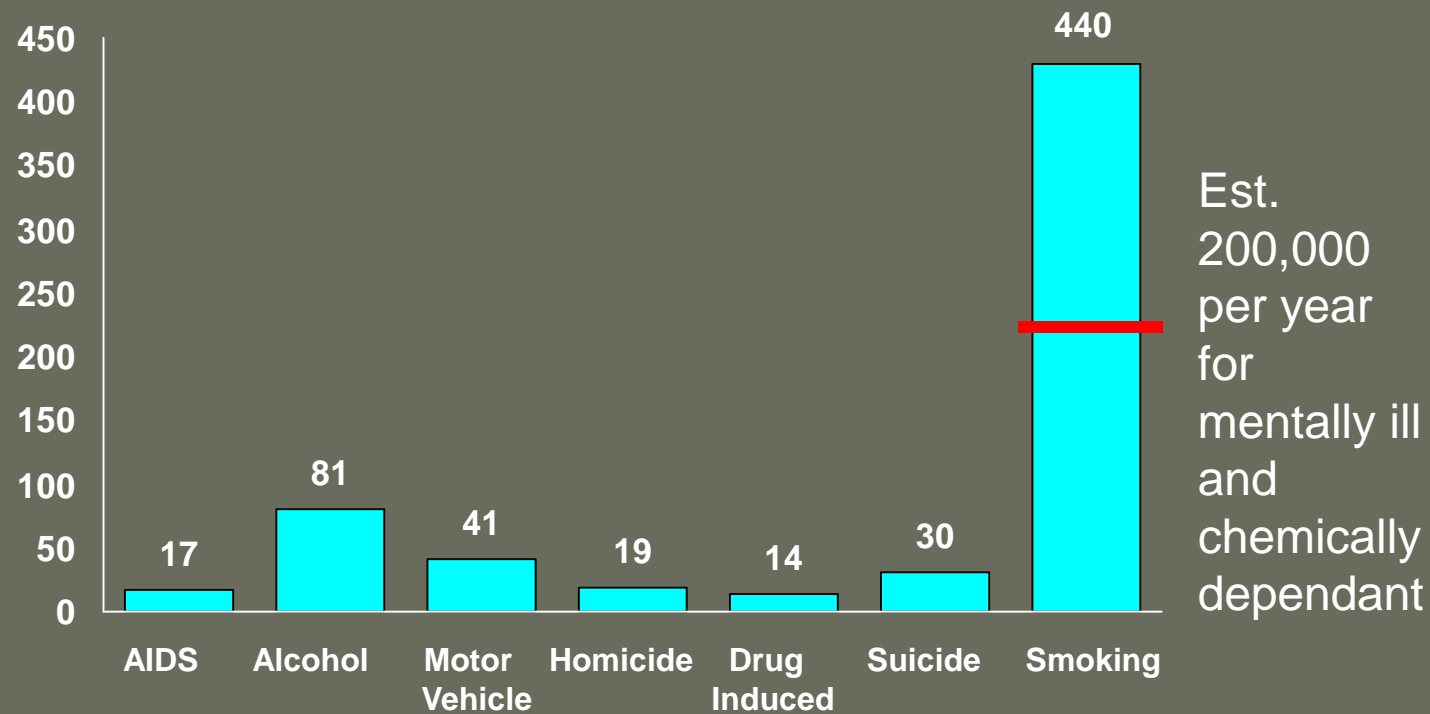
Persons with mental illness are more than twice as likely to smoke as the general population

Roughly 60-95% of patients in addiction treatment are tobacco dependent and of those individuals, roughly half smoke more than 25 cigarettes per day

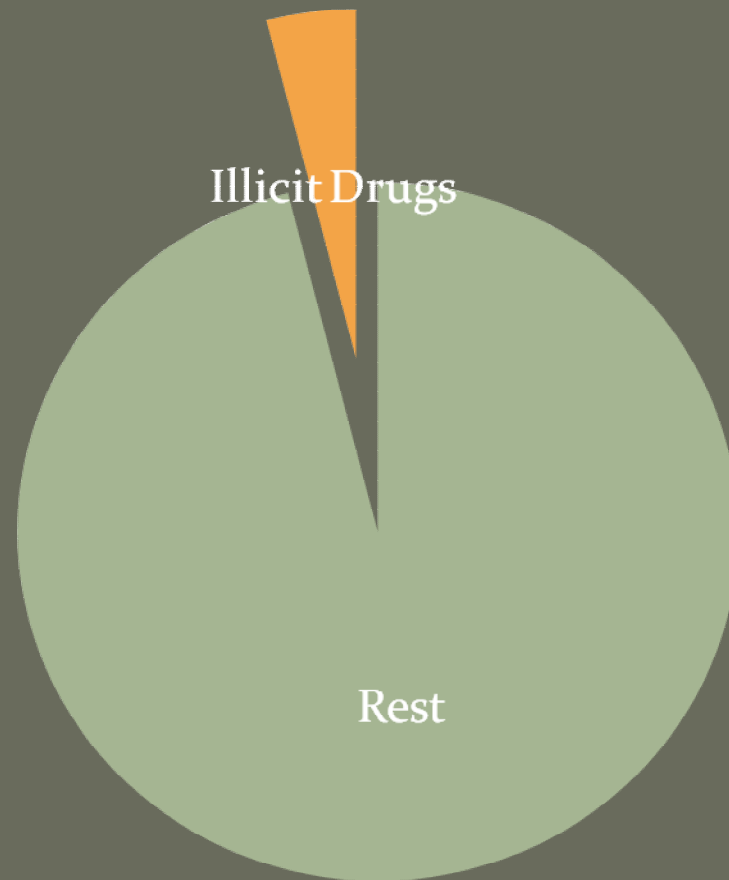
# Who is smoking?

<b>Income:</b>		<b>Yes</b>	<b>No</b>
<b>Less than \$15,000</b>	<b>Median % # States</b>	<b>31.5 50</b>	<b>68.6 50</b>
<b>\$15,000- 24,999</b>	<b>Median % # States</b>	<b>27.8 51</b>	<b>72.2 51</b>
<b>\$25,000- 34,999</b>	<b>Median % # States</b>	<b>24.4 51</b>	<b>75.6 51</b>
<b>\$35,000- 49,999</b>	<b>Median % # States</b>	<b>21.8 51</b>	<b>78.2 51</b>
<b>\$50,000+</b>	<b>Median % # States</b>	<b>15.0 51</b>	<b>85.0 51</b>

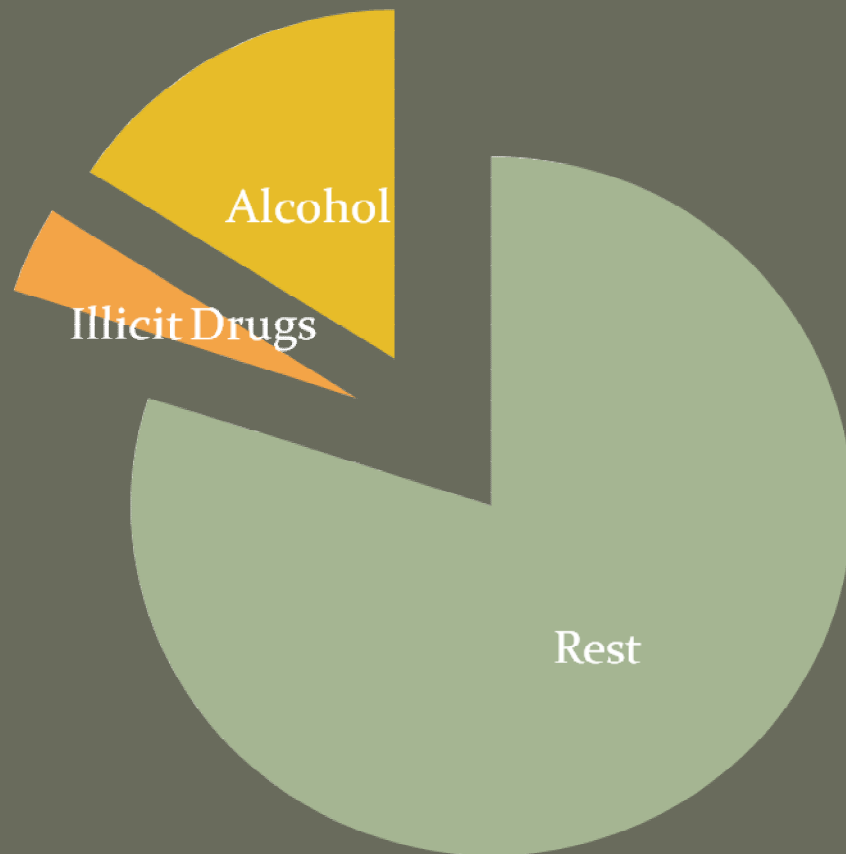
# Who is dying from smoking?



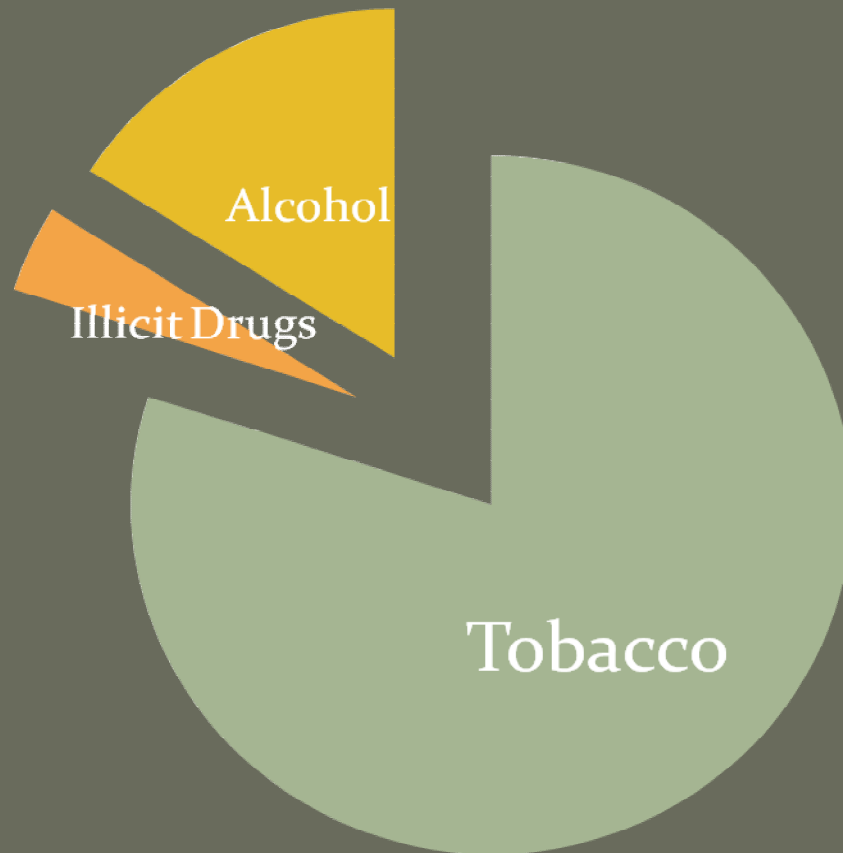
# Substance Related Death



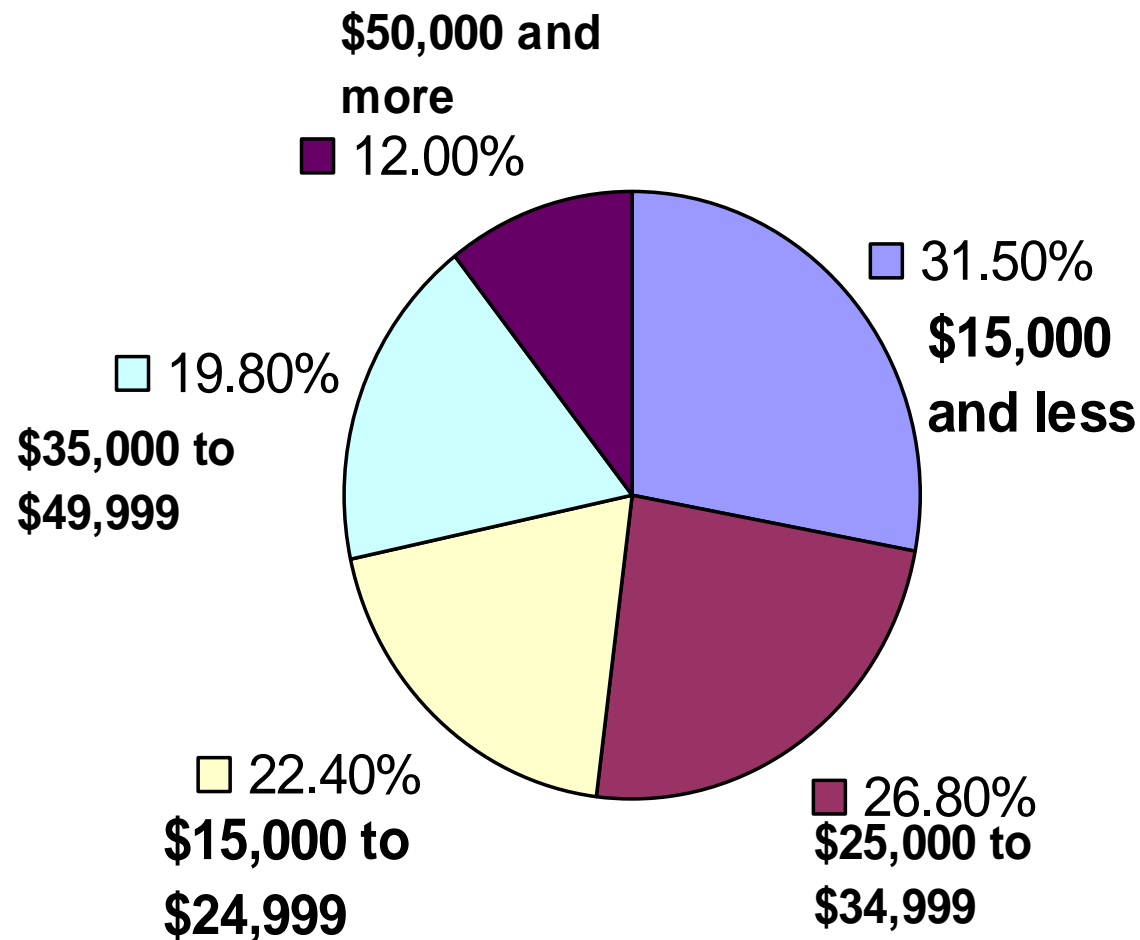
# Substance Related Death



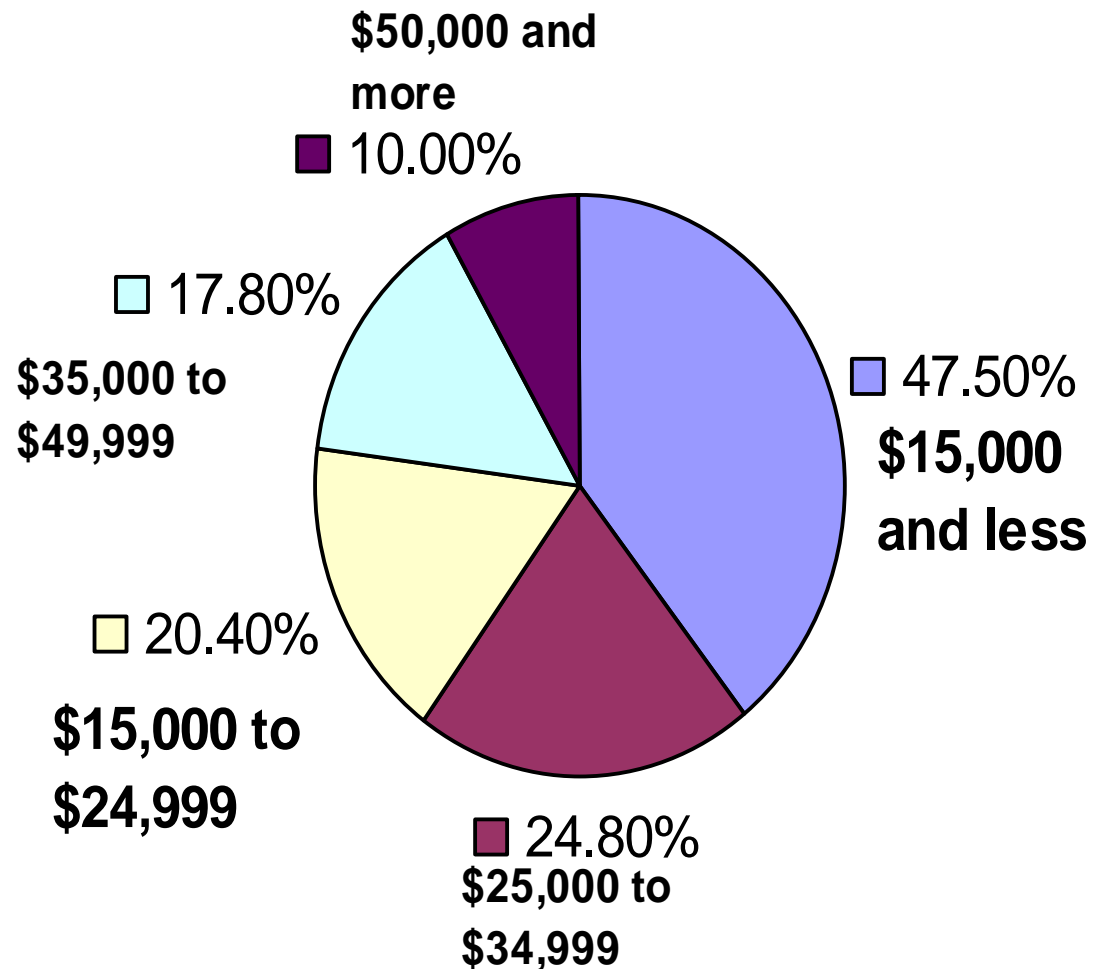
# Substance Related Death



# Who owns the addiction? (Recent BRFSS for the US)



# Who owns the addiction? (with a 2% reduction in all but the poorest populations)



# Who smokes and who dies?

A trend is developing in which the greatest share of the consequences of addiction to nicotine through smoking is concentrating among the mentally ill, chemically dependent, poor and homeless.

# What should we do?

Three possible approaches:

- motivate decision makers
- convince public to take action
- work with those who have the highest client contact to support cessation

# Smoking Ban Passes

- Smoking ban covers all places of employment
- Includes many workplaces beyond bars and restaurants
- Many homeless shelters and other facilities allow smoking
- Rationale varies but include operational concerns as well as fear of alienating fragile clients

# Homeless Smokers

"It may be that our hands are tied" by the law, says Sandeep Kaushik, a spokesperson for King County Executive Ron Sims. "It's something that just came to our attention. But it does seem to be a special situation because it's a shelter for the homeless."

# Controversy Ensues

Given the paucity of support for enforcement and the view that homeless smokers were **special cases exempted from the protection of the smoking ban** our choice seemed clear:

**Work with those who have the highest client contact to support cessation—providers.**

# What do we know about the providers?

- We know many providers themselves are smokers
- Many don't see this as important
- Many see smoking as an engagement tool
- They don't intervene and aren't encouraged or supported to intervene
- They are often **highly motivated, skilled and genuinely care about client success and wellness**

# Pilot Program Requirements

The program design must include these basic elements:

- Train all levels of staff and leadership on best practice cessation intervention
- Implementation must be site focused
- Provide free and easily accessible NRT in patch form
- Make tracking easy and parallel with existing tracking systems

# Pilot Program Requirements

Any program must do the following key things:

- Change provider perspective so that cessation is seen as supportive of client not as a take away from client;
- Have a social justice focus;
- Provide training on brief, simple and non confrontational intervention;
- Be easy to implement and track; and
- Come with tangible resources and support

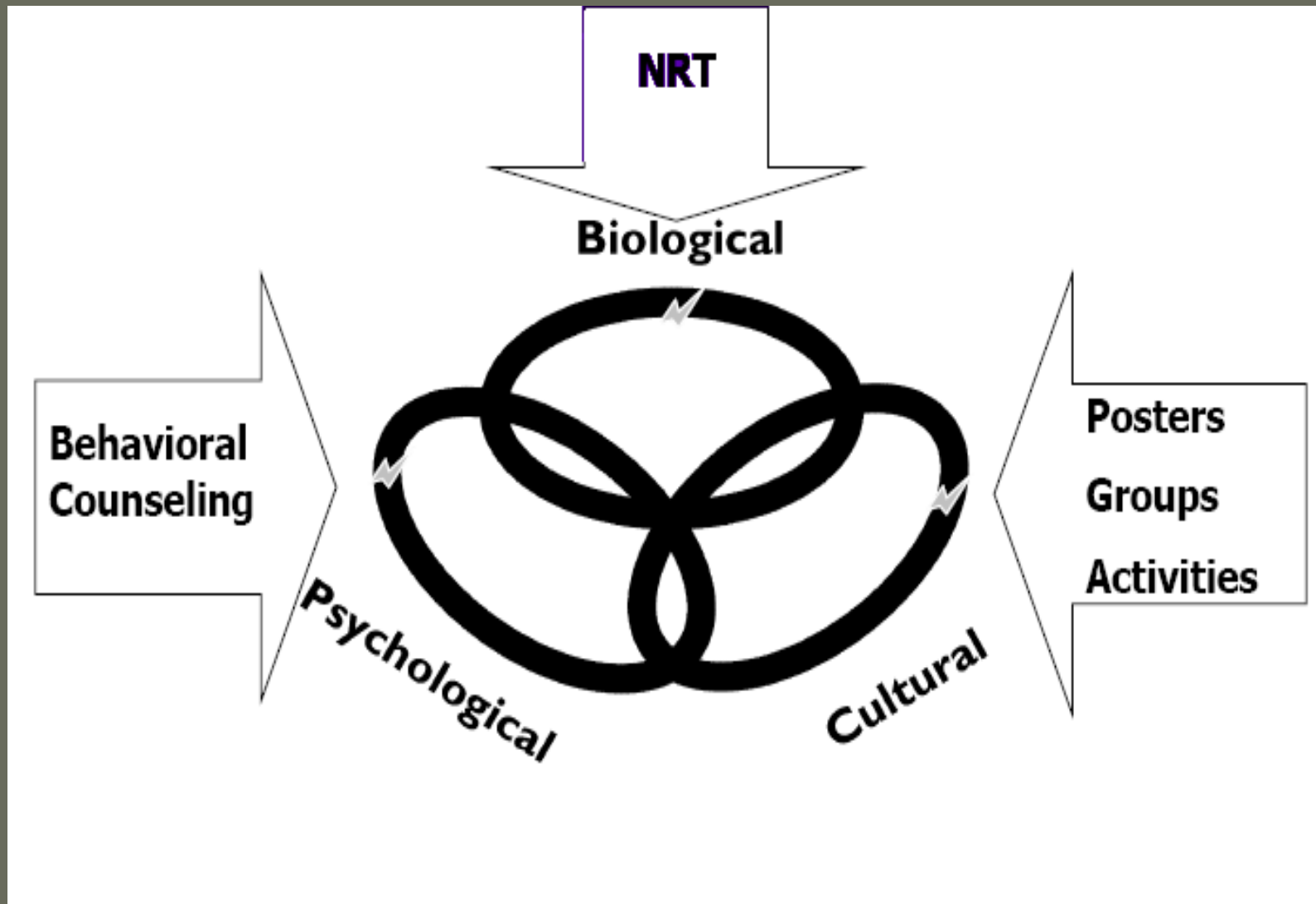
# Social Justice Focus



# Social Justice

- Highlight disparity data
- Focus on the share of disease and mortality
- Discuss industry marketing
- Cigarette as delivery system (e.g. Ammonia added to cigarettes to freebase nicotine)
- Build outrage and motivate action

# Understanding the Addiction



# How do we measure success?

- Change in provider attitude
- Change in provider confidence, interest and willingness to support cessation
- Institutional support for cessation
- Quantity and quality of interventions
- We are not ready yet to measure effects on prevalence rates

# Pre and Post Test Data

**When I address health issues with clients, tobacco assessment and treatment are among my top 3 priorities:**

	<b>Pre</b>	<b>Post</b>
<b>Strongly Disagree</b>	<b>10 (18%)</b>	<b>2 ( 4%)</b>
<b>Disagree</b>	<b>25 (45%)</b>	<b>14 (27%)</b>
<b>Agree</b>	<b>17 (31%)</b>	<b>27 (52%)</b>
<b>Strongly Agree</b>	<b>3 ( 6%)</b>	<b>9 (17%)</b>

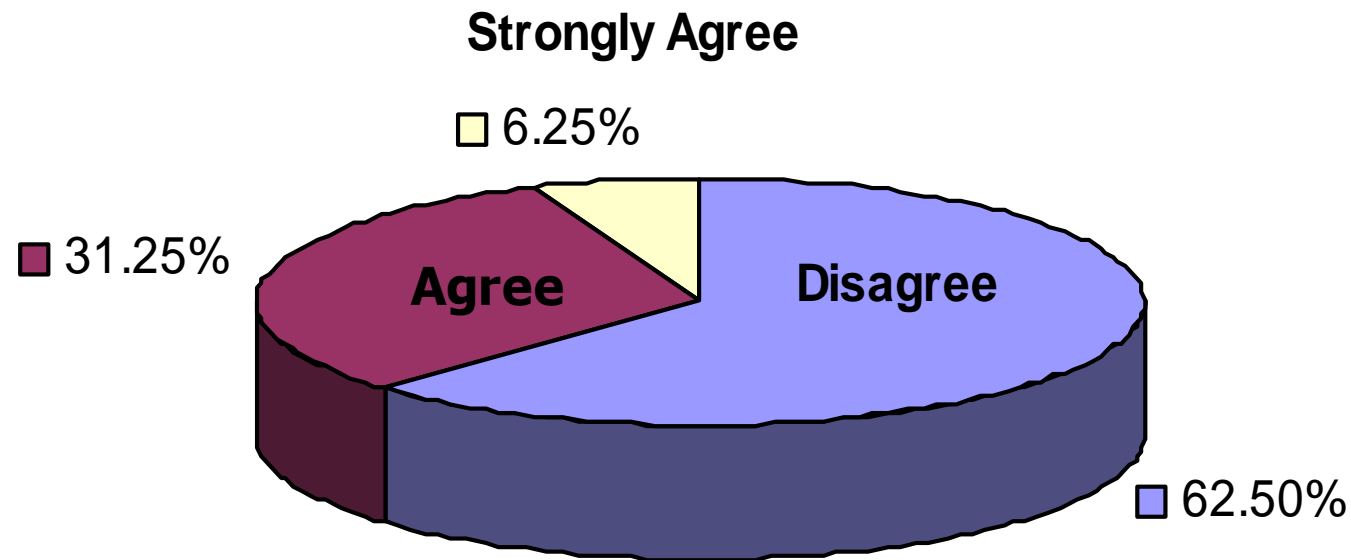


**Increase in agreement from 37% to 69%**

**-2006 from providers serving homeless, mentally ill and chemically dependant people**

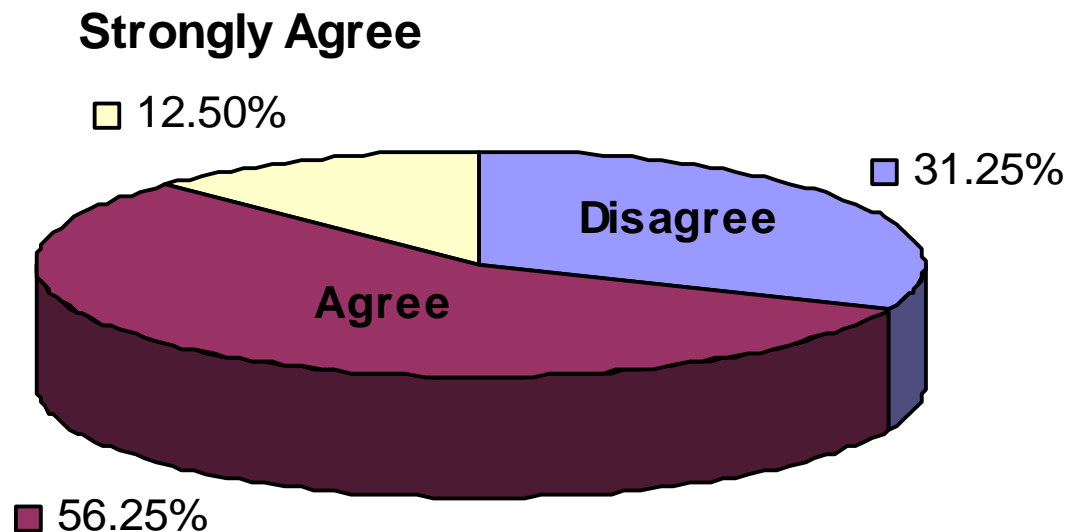
# 2008:Pre Test Results

**"tobacco assessment and treatment are among your top three priorities."**



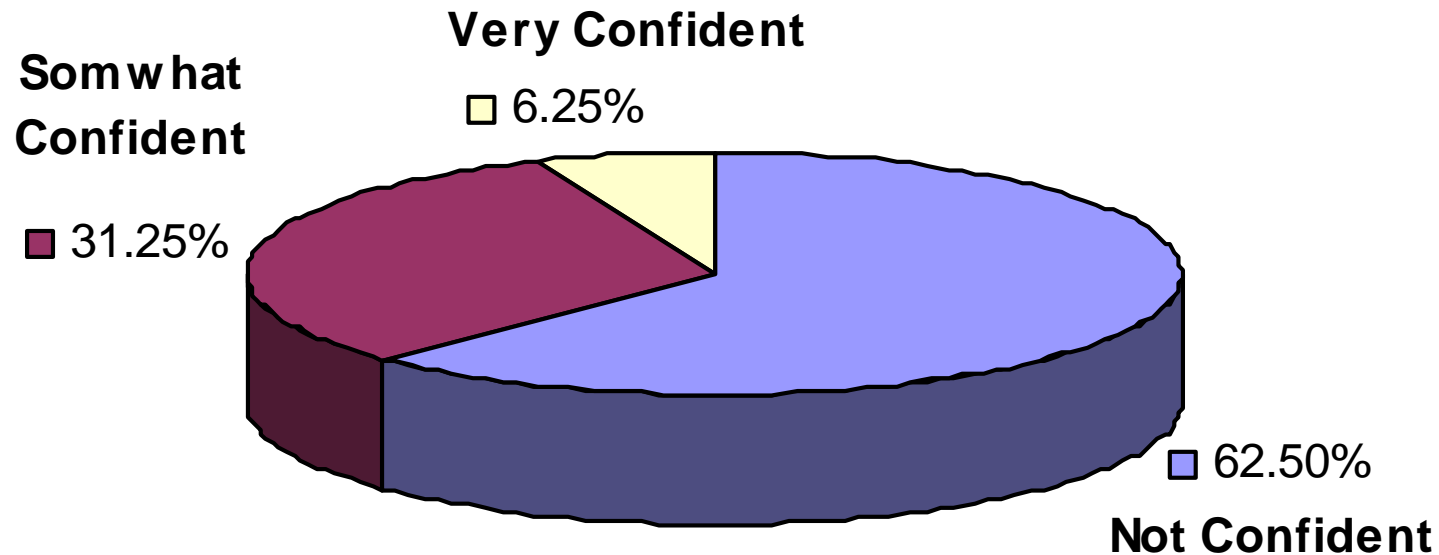
# 2008:Post Test Results

**"tobacco assessment and treatment are among your top three priorities."**



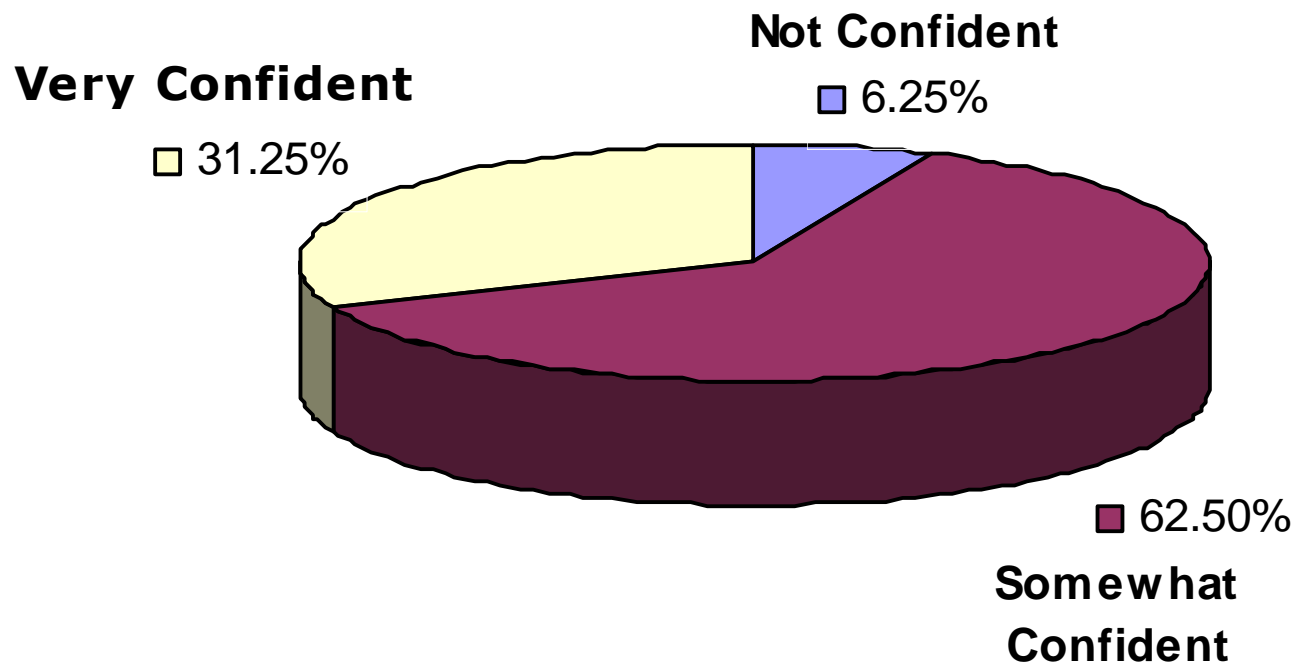
# 2008:Pre Test Results

**"How confident do you currently feel in your ability to assist your residents in quitting tobacco?"**

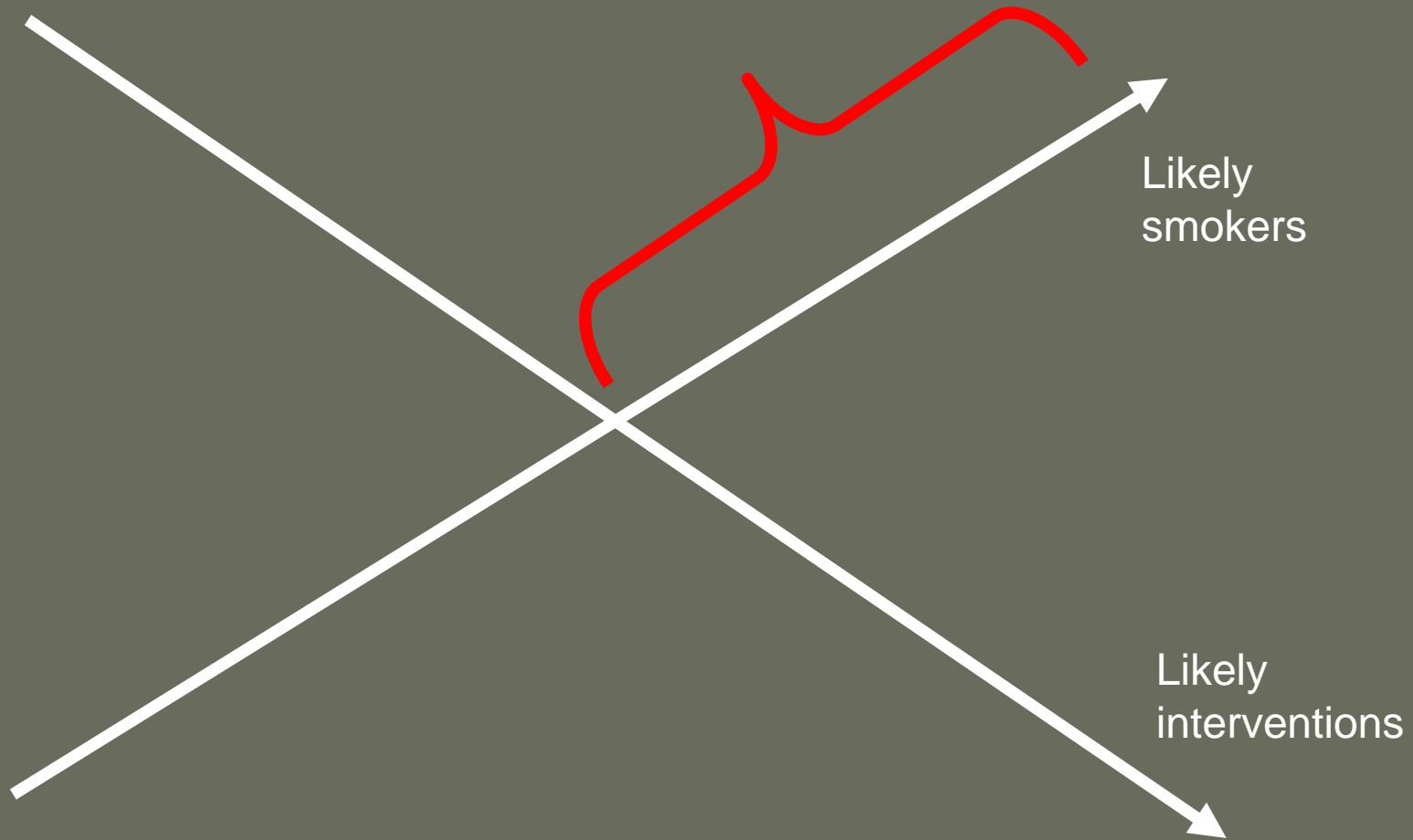


# 2008:Post Test Results

**"How confident do you currently feel in your ability to assist your residents in quitting tobacco?"**



How do we change this picture?



# Structure, Implement and Track at the Site Level

Failure of systems change happens because it isn't site based.

Providers must be able to track and intervene at the same time.

Forms provide the structure and they also track interventions

Use EMR or existing client tracking software or systems.

# Provide Tangible Resources

## The importance of NRT

- Dispel myths about NRT
- Encourage its use
- Remind providers NRT isn't the same as quitting
- Make it free and available at the point of provider-client contact

# Post Test Data

What would make intervening easier?

A stable supply of nicotine replacement medication available to patients **45**

Onsite support that promotes this practice and helps with troubleshooting **34**

Support from DESC leadership **27**

Follow up on brief tobacco intervention from trainers **26**

More time with clients **19**

# Role of NRT: Enabling the Enablers

“This analysis suggests that one of the core leveraging points for facilitating such a change is the provision of free NRT. It represents real and symbolic access for a population generally lacking resources, gives staff another tool for their work, and offers a vehicle for education of and open discussion with clients about tobacco use.”

DeAnn Crompt  
Masters Thesis  
University of Washington 2007

# What have we learned?

- Go where the problem is
- Focus on systems change
- Make this easy and evaluate from the beginning
- Integrate cessation best practice with existing continuum of care
- Don't forget this is a social justice issue

# The Problem of Resources

- In the US Quit Lines get free advertising and promotion from the state
- The tobacco industry is pursuing the smoker, the cessation industry is pursuing the quitter
- But we need to be focusing on those who work with those who smoke
- States are not putting dollars into supporting cessation in these populations

# Population Based Approach

Always remember that a “population based approach” does not mean it is going to be easy.

As we begin to bring cessation to hard to reach populations we must become *more intimate* in the way we work with the agencies that serve them.

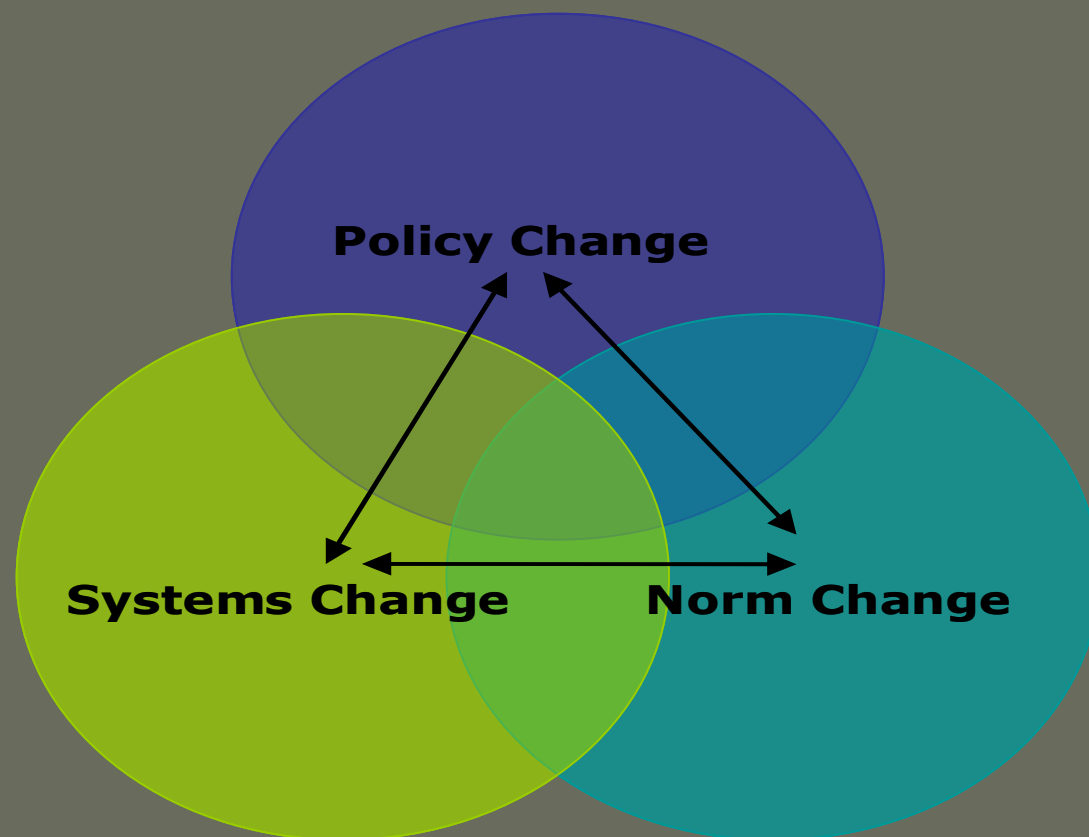
# Other Issues

- There is still a fair amount of controversy about “harm reduction” in tobacco
- NRT is demonstrably better than the use of the cigarette or chew
- The for profit tobacco cigarette industry is our enemy, not the smoker and not nicotine
- Which industry is more “doomed,” the cigarette industry or quit lines?

# Start Reallocating Resources

- Keep supporting quit lines to the extent that they are effective
- Start supporting innovative adaptations of best practice for those who smoke
- Do what we can to make it harder to smoke and easier to quit
- Fund free NRT “on site” when possible as part of systems change

# Change and Tobacco



**Change in one domain supports  
change in the others**

# Recommendations

- Integrated
- Incorporate brief interventions
- Provide NRT and monitor dosages
- Support smoke free policy

Paraphrased from

*Tobacco Reduction in the Context of  
Mental Illness and Addictions*

*A Review of the Evidence*

Centers for Addiction Research of British Columbia

# About Roger Valdez

## Services and Expertise

Public Health and Tobacco Prevention  
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Real Estate, Art and Cultural Development  
Organizational Development and Planning

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