

From the Front Lines

One Wisconsin Program's Experience Treating
Nicotine Addiction in an Integrated Alcohol, Drug
and Tobacco Program

Sheila Weix MSN, RN, CARN

David Macmaster, CSAC, TTS

One unit's experience...

- History and Context: Nicotine and Addiction Treatment
- Treatment Setting
- Change Process
- Action Plan
- Outcomes

History and Context

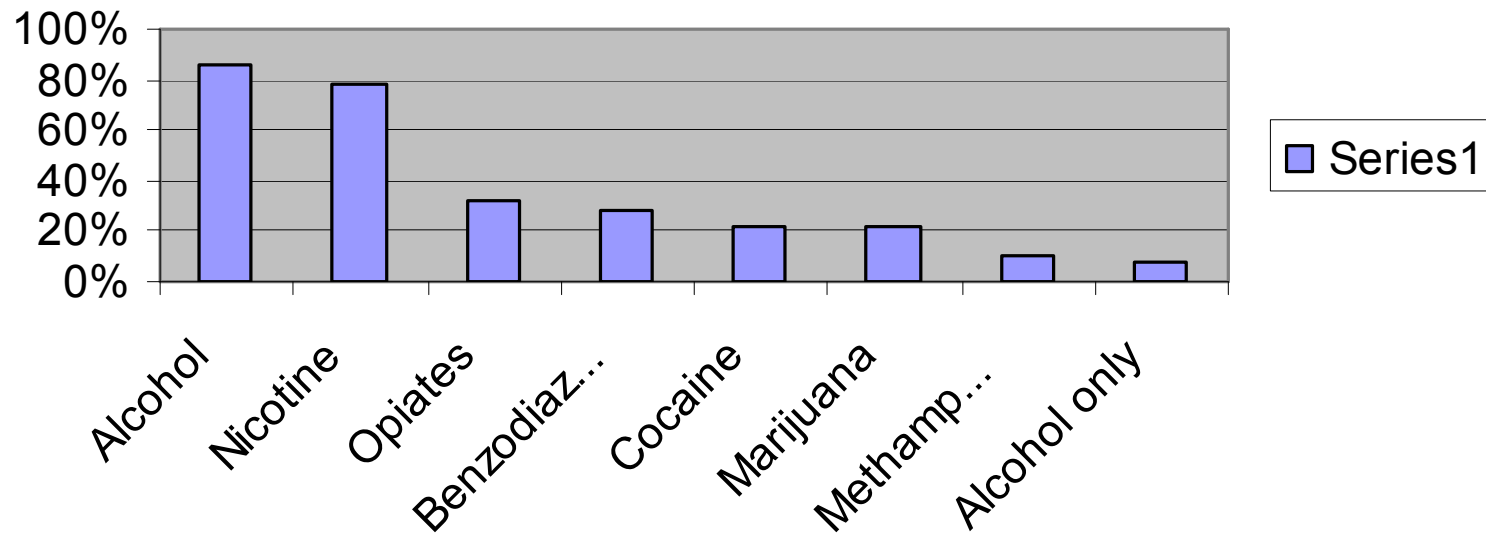
- Dave Macmaster
- Smoke-filled rooms and Recovery
- Lesser evil

Treatment Setting

- Hospital-based Inpatient, Medically Monitored and Outpatient
- Opened in 1984
- Central Wisconsin - Marshfield
- Approximately 5000 patient days/year
- Medical model: MDs, RNs, AODA Counselors

Substances Used

Substances Used by A&DR Population 9/05



Change Process

- Prochaska and DiClemente:
Transtheoretical Model of Behavior
Change - Focus on the Individual
- Pre-contemplation - Contemplation
- Preparation - Action - Maintenance
- Impact through Motivational
Interviewing

Organizational Change

Scholl, 2002

Individual
Behaviors

Ultimate
Target of
Change

Systems/
Processes in
Organization

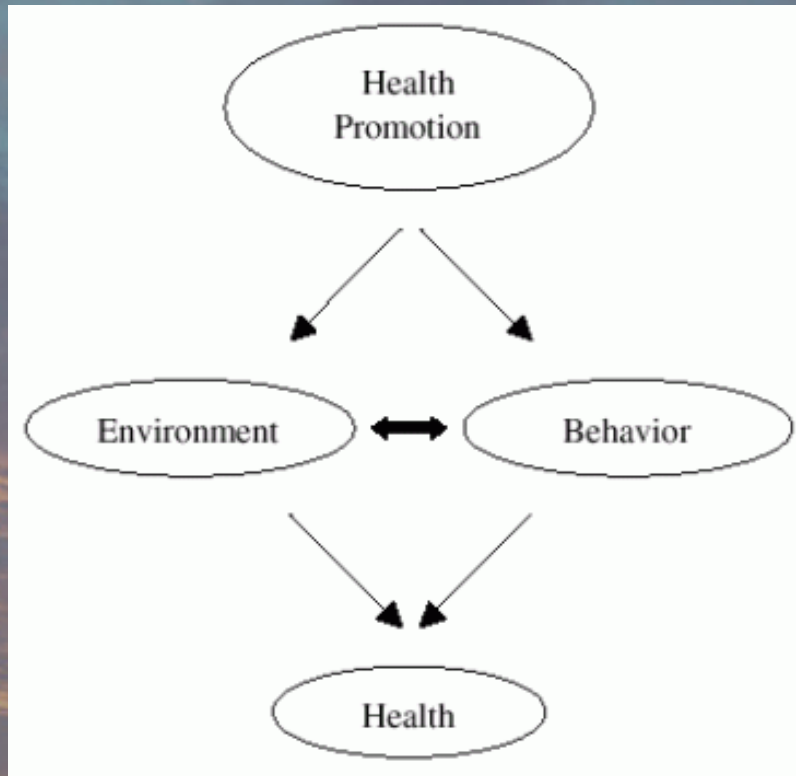
Focus of
Change

Performance
of
Organization

Reason/
Rationale for
Change

Socio-Ecological Approach

Alcalay & Bell, 2000



- Focus on relationship between environmental and behavioral determinants of health
- Requires comprehensive approach

Action Plan

- June 2002 - Question: Why aren't we tobacco-free?
- November 2002: Inpatient unit tobacco-free
- NOT that easy!

Response to the tobacco-free decision...



Over the falls of desire onto the rocks of regret

Process of Change

Timeline

- 1984-1986
- 1986-1989
- 1990-1997

Practice

- Smoking on unit and in group
- Smoking area on unit
- Smoke room on unit - locked at times

Process of change

- 1997 - 2002
 - New unit - No smoke room
 - Scheduled smoke breaks for those in treatment
 - No smoking for those in detox
 - 3 staff attend Mayo training

2002 Environment

- Change in societal approach to nicotine
- Recognition of nicotine addiction
- Clients starting to smoke in treatment
- Recovering clients and clinicians dying of nicotine-related diseases
- Experience with treating nicotine withdrawal
- William White

Organizational Change

Scholl, 2002

Individual
Behaviors

Systems/
Processes in
Organization

Performance
of
Organization

Ultimate
Target of
Change

Focus of
Change

Reason/
Rationale for
Change

Decision: Tobacco Free by 11/02

Change Stage

- Pre-contemplation Is there a problem?
- Contemplation: Does this problem require change?

Leadership Facilitation

- Leader feedback
- Peer discussion
- “Sales pitch for new ideas” Research, anecdotal information

Tobacco-free by 11/02

Change Stage

- Preparation: What should we do (specific action plan) to solve the problem?
- Action
- Maintenance

4/24/07

Leadership Facilitation

- “Spirited discussions”
- Training, planning, resource support, role modeling
- + client feedback, leader feedback

SMW - A&DR

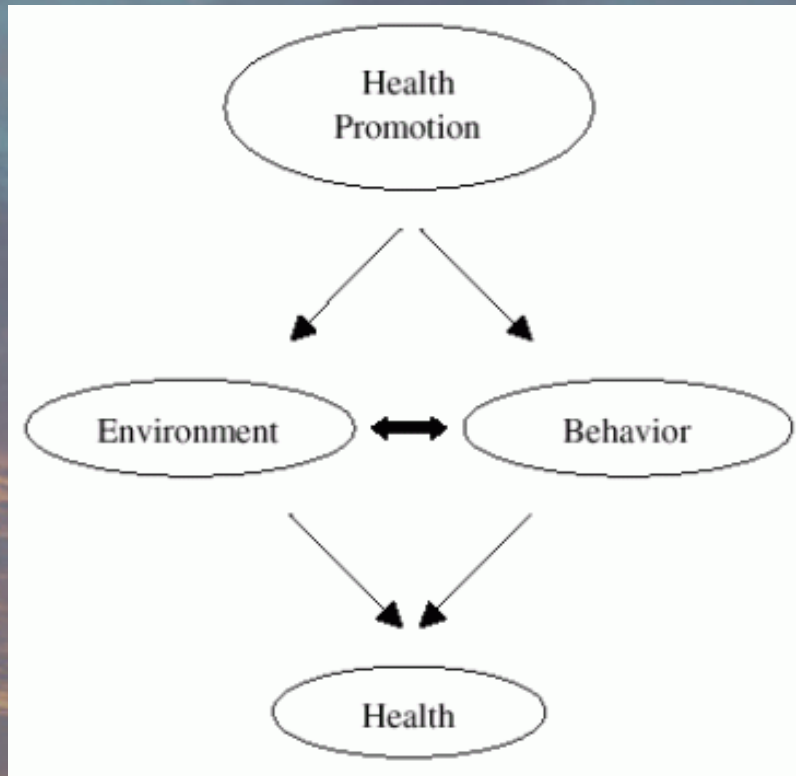
16

Application of Organizational Change

- Our desire to provide better care to our clients (performance of organization) lead us to develop a tobacco-free program (process change) through training and development of staff to directly address nicotine addiction (change in individual behaviors).

Socio-Ecological Approach

Alcalay & Bell, 2000



- Focus on relationship between environmental and behavioral determinants of health
- Requires comprehensive approach

Program Changes

- Preadmission
 - Assess nicotine use
 - Inform patient that we treat nicotine dependence as a part of our program
 - Explain/reassure
 - Set clear expectations

Program Changes

- Admission
 - Assessment of use
 - Patient teaching
 - Search of belongings
 - Initiate withdrawal management

Program Changes

- Detoxification
- Close assessment of symptoms
- Titration
- Continued teaching
- AODA Evaluation
- Diagnosis & Treatment planning

Program Changes

- Treatment
 - Schedule to support abstinence
 - Integration of nicotine-specific education
 - Feedback-direct & immediate
 - Teach “how” to quit
 - CO Monitoring

Program Changes

- Treatment
 - Consequences
 1. Assignment
 2. Loss of off unit
 3. Discharge
- Recovering Community
 - Non-smoking meetings and volunteers

Outcomes

Fears/Beliefs

- “We’ll lose patients, no one will come here.”
- “Patients will be really angry when they can’t smoke. Security will be up here all the time.”

Evidence

- Patient days steady with a waiting list.
- No security calls related to smoking.

Outcomes

Fears/Beliefs

- “They’ll all just smoke anyway.”

Evidence

- Directly related to staff approach and buy-in. Patients more likely to smoke with staff who do not support efforts. CO levels 0-2 in groups of 10-12. No starts.
- + Patient Feedback

Outcomes

Fears/Beliefs

- “The Recovering Community will never accept this. AA meetings will always involve smoking.”

Evidence

- Local AA already had some non-smoking meetings, but has since changed to an entirely smoke-free Alano building.

Observations

- Staff response stronger than patients
- Treatment program was dependent on nicotine, in direct conflict with our stated values.
- Preparation, clear expectations, and feedback are key interventions.
- Schedule built around smoke breaks, reward & punishment, staff extender, use of time

Observations

- Reverse stigma
- Tobacco-free addictions unit in hospital that is not yet smoke-free campus- "Those patients are different."

Program Evolution - 2007

- Increased use of evidence based practices
- New medications
- Increased recognition of individualized treatment needs
- Motivational interviewing
- Chantix
- Many patients with Mental Health diagnoses in addition to addiction

Smoking and Mental Health

- Persons with mental illness – 26.2% of the general population
- Nearly 2x as likely to smoke (41% versus 22.5%)
- 65%-90% of persons with schizophrenia smoke
- 44.3% of cigarettes sold in this country

Lasser, 2000

Why more smoking?

- May partly relieve some symptoms
- Marketing
- Stimulant, improves cognitive function
- R.J. Reynolds marketing targeting vulnerable individuals: anxiety relief, coping with stress

Holmes

Why more...

- Environmental
- Isolation, more smokers among contacts
- Smoking reduction has not been a focus of care
- Limited resources, lack of interventions
- Clinician beliefs
- Stigma

Consequences

- Health
Himmelhoch, 2004
- Increased death rates
Brown, 2000
- Increased rates of COPD
- Bronchitis 19.5% vs. 6.1%
- Emphysema 7.9% vs. 1.5%
- Increased smoking related deaths with schizophrenia

Consequences

- Financial
 - Individual: Cost of smoking and related issues
 - Public: Impact of smoking-related illness
- Social
 - Greater isolation
 - Additional stigma

What can be done?

- Good news!
 - Quit rate 30.5%-37.1% versus 42.5% for general population. Lasser, 2000
 - Clinician resources are available
 - Insurance coverage for NRT and other agents
 - Smokers expect health information on smoking

Specifics

- Diagnosis-specific interventions
- Providers need education and resource materials
- Cessation efforts need to be integrated into treatment
- UW – Center for Tobacco Research and Intervention (CTRI)
<http://www.ctri.wisc.edu>
- Multiple FREE resources
- Emphasize detrimental effect of smoking on mental health

Challenges/Barriers

- Staff beliefs and fears
- Systems and processes
- Stigma
- Staff smoking
- Fear of increased aggression
- No hope of success
- Schedules
- Incentive/consequence
- Entrenched in society, institutions and us

Application to Practice

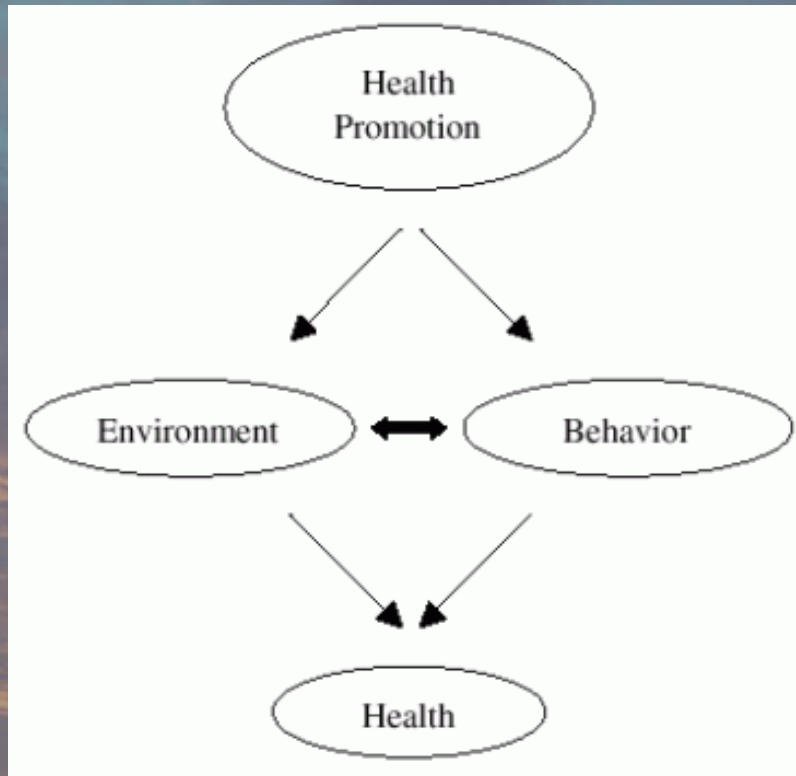
- Assess individual needs – both diagnoses and nicotine use
- Provide adequate replacement – may be VERY high
- Provide adequate medication to treat anxiety and other symptoms targeted by the nicotine use
- Believe that this individual can quit, too

Update 2007

- Where are we now?
- Ongoing impact of the 2002 decisions...

Socio-Ecological Approach

Alcalay & Bell, 2000



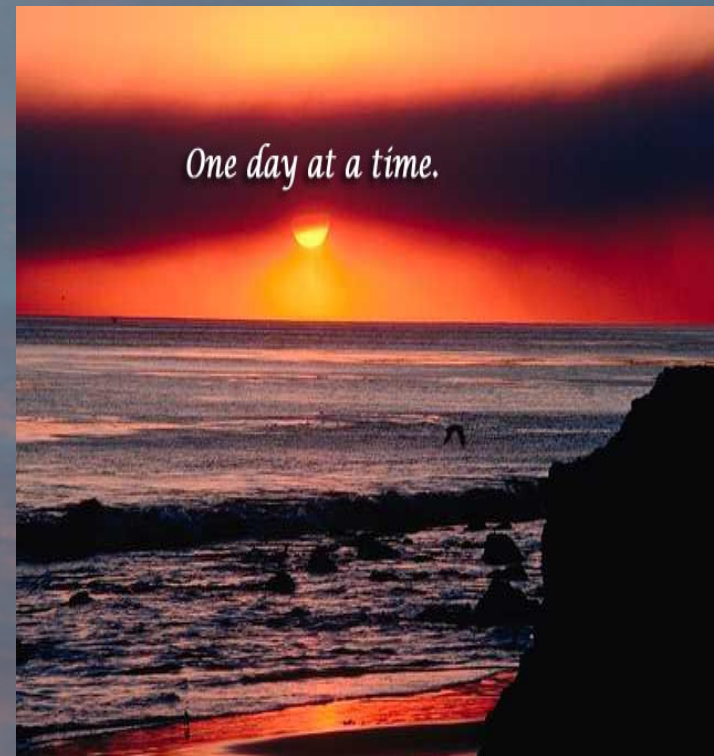
- Focus on relationship between environmental and behavioral determinants of health
- Requires comprehensive approach

2007

- Hospital campus going smoke-free 5/1/07
- Addictions unit has served as resource/model for interventions
- Addictions staff providing Quit Classes
- Community impact through changes in the Recovering Community
- State and national efforts of the Tobacco Control Community have supported our work and vice versa

Patience...

Change takes time,
but it does happen!



One day at a time.

Final Observation

- Challenging, frustrating at times, worth it?
- YES! An authentic part of our role in improving the health of all the populations we serve.

References

- Brown.S, Barraclough.B. Causes of the excess mortality of schizophrenia. Br J Psychiatry. 2000;177:212-217.Retrieved from <http://bjp.rcpsych.org> September 26, 2006.
- Himmelhoch,S. et al. Prevalence of chronic obstructive pulmonary disease among those with serious mental illness.Am J Psychiatry.2004;161:2317-2319. Retrieved from <http://ajp.psychiatryonline.org> September 26, 2006.

References

- Holmes,L. Mentally ill smoke...a lot. Retrieved from <http://mentalhealth.about.com> September 26, 2006.
- Lasser J. et al. Smoking and mental illness: A population-based prevalence study. JAMA. 200;284:2606-2610. Retrieved from <http://jama.ama-assn.org> September 26, 2006.

References

LifeRing (2002). *Nicotine: The elephant in the treatment room [Recovery discussion topics]*. Retrieved October 29, 2005, <http://www.unhooked.com/discussion/>

LifeRing (2002). *The where-does-nicotine-fit-into-my-recovery page*. Retrieved October 30, 2005, <http://www.unhooked.com/nosmoke/>

References

- Phelan, M. et al. Physical health of people with severe mental illness. *BMJ*. 2001;322(7284):443-444. Retrieved from PubMed September 26, 2006.

References

Scholl, R. M. (2002). *Organizational change*. Retrieved October 29, 2005, http://www.cba.uri.edu/Scholl/Notes/Organizational_Change.html

The Communication Initiative (2003, July 29). *Change theories: Social-ecological approach*. Retrieved October 29, 2005, http://www.comminit.com/changetheories/c_theories/changetheories-54.html

References

White, W. (1998). *Slaying the dragon: The history of addiction treatment and recovery in America*. Bloomington, IL: Chestnut Health Systems/Lighthouse Institute.

White, W. & Popovits, R. M. (2001). *Critical incidents: Ethical issues in the prevention and treatment of addiction* (2nd ed.). Bloomington, IL: Chestnut Health Systems/Lighthouse Institute.