

THE TRICKY BUSINESS OF TOBACCO USE AND THE HARM REDUCTION MODEL

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Developing an
effective
smoking
cessation
strategy in a
housing-first
case
management
agency



SMOKING AND MENTAL ILLNESS

HARM REDUCTION

- Harm reduction contrasts with abstinence-only models of treatment in that it seeks to reduce harm associated with illegal activities
- Harm reduction was “founded on a set of pragmatic principles and compassionate strategies designed to minimize the harmful consequences of personal drug use and associated high-risk behaviors” (Marlatt et al., 1988)
- Examples include methadone clinics and encouraging safe sex practices among sex workers

HARM REDUCTION ADOPTION

- 1960's: Started framing smoking and alcohol abuse as public health problems
- 1970's: Heroin and methadone clinics
 - Suboxone and beyond
- Pioneers: Australia, Netherlands, UK, Canada
- 1980's: HIV, Hepatitis B and C, and needle exchanges
- 1990's: A movement emerges
 - 1990 - First International Harm Reduction conference in Liverpool
 - Other contexts (i.e. Housing First)
 - Naloxone

HARM REDUCTION AND SMOKING

- 50th anniversary of Surgeon General report
- Judith Prochaska
 - My experience
 - A woman on a crusade

5 MYTHS ABOUT SMOKING AND MENTAL ILLNESS

1. Tobacco is necessary self-medication for the mentally ill
2. People with mental illness are not interested in quitting
3. People with mental illness or addictions can't quit
4. Quitting smoking interferes with mental health recovery or undermines D&A recovery
5. Smoking is the lowest priority concern with people with acute psychiatric symptoms

SMOKING AND MENTAL HEALTH: A CHECKERED PAST

- Psychiatry at the time of the 1964 Surgeon General report
- 1990 JACCO report on smoking in hospitals
- The role of the tobacco industry
- Psychiatric training
- Nicotine, tars and psychiatric medication
- 45% of cigarettes sold in the US are to people with mental illness and addictive disorders

WHAT HAVE WE TRIED

WITHIN THE CONTEXT OF OUR AGENCY

- “Do something”
- Agency developing and growing; time to address health issues
- Desire to have an attitude that matches our mission and values
- Get some level of staff buy-in and team representation
- “Smoking group” vs “Smoking cessation group”

PLANNING MEETINGS

■ Dr. Frank Leone

- MD, Director of Comprehensive Smoking Treatment Program at University of Pennsylvania
- Practitioner of the Year 2013 by Philadelphia County Medical Society
- Role in outreach project for MH
- “Pro-smoking”
- Organize around Quit Comfortably curriculum
- On-going support, coaching leadership

<http://www.youtube.com/watch?v=UxvZJJpg5oM>

QUIT COMFORTABLY CURRICULUM

- Week 1: Nicotine addiction
- Week 2: Routines
- Week 3: Nicotine replacement therapy
- Week 4: Early abstinence
- Week 5: Maintaining abstinence
- Week 6: Long term management

MOVING AHEAD

- Try to get participant base of interest and support
- Questionnaire/Health fair
- Advertise first meeting
- See where that takes us
- Grassroots vs. top down

CURRENT TRENDS IN TREATMENT

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- Changing role of Nicotine Replacement Therapy
- Chantix and Wellbutrin
- Broader base for research
 - Less exclusion criteria
 - More program-based research
 - Evidence for combined treatment
- “Quitting smoking is a process, not an event”

5 A'S

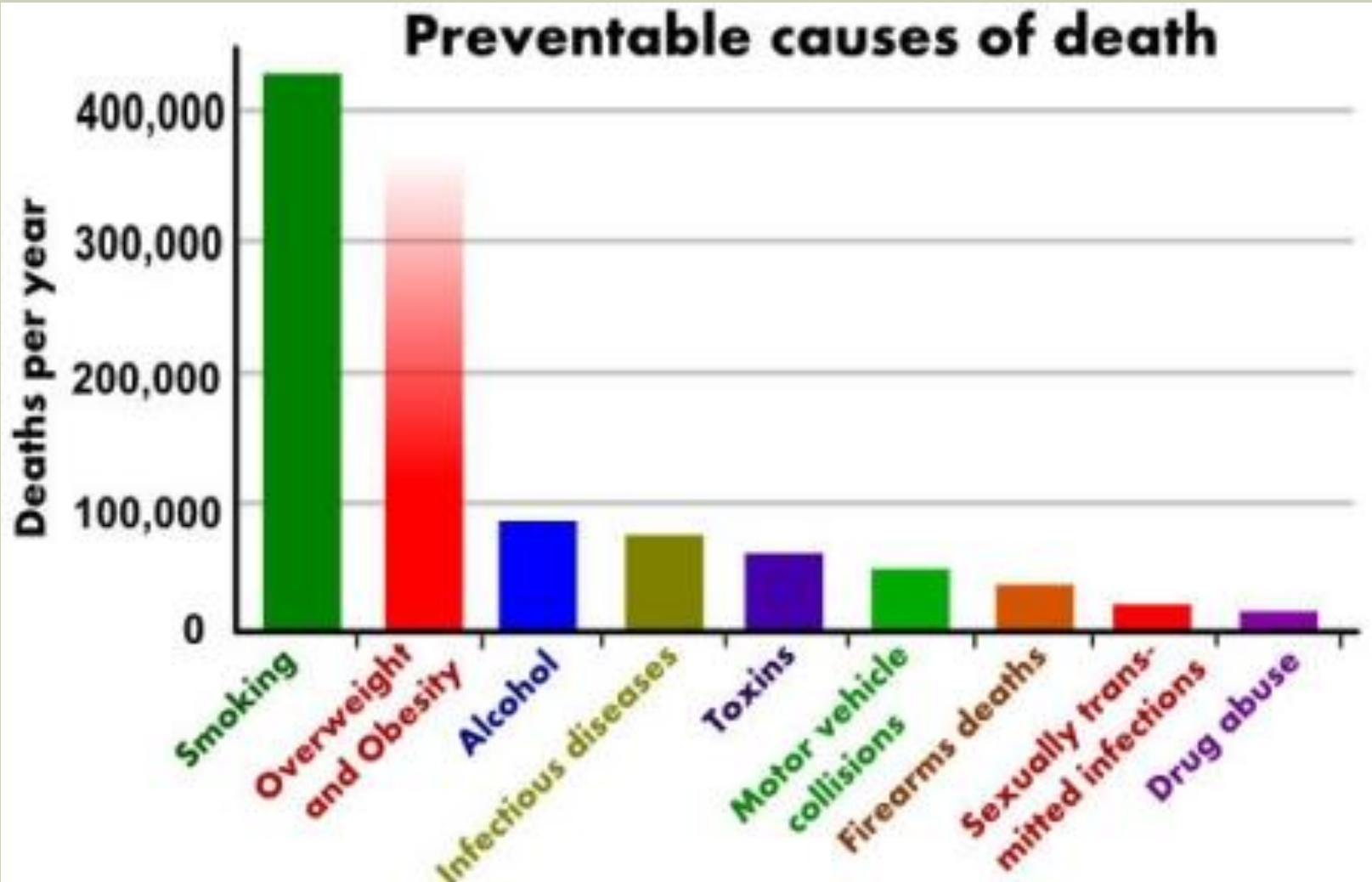
- Ask – ask everyone if they smoke
- Advise – to quit in clear, strong, and personal manner
- Assess – readiness for change
- Assist – develop quit plan
- Arrange – follow-up or referral

5 R'S

- Relevance – impact on their health and life
- Risks – acute, long-term, environmental
- Rewards – potential benefits
- Roadblocks – impediments to quitting
- Repetition – keep the conversation going

**NOW FOR THE
SOBERING STUFF**

PREVENTABLE CAUSES OF DEATH



STATISTICS

- 443,000 deaths per year from smoking (49,000 from second-hand smoke)
- Lung cancer is the leading cause of cancer death for men and women in the US
- 90% of lung cancer deaths in men and 80% in women are due to smoking
- 90% of COPD deaths are caused by smoking
- Smokers are 6 times more likely to suffer a heart attack
- 19% of adults are smokers
- 16% of high school students smoke cigarettes
- 70-75% of people with mental illness and addictive disorders smoke

QUESTIONS AND DISCUSSION

LINKS AND FURTHER INFORMATION

- Pathways to Housing, PA
 - <http://www.pathwaystohousing.org/pa>
- Penn-Stop Smoking Treatment Program
 - <http://www.Penn-stop.com>
- Centers for Disease Control and Prevention – Tobacco Information
 - <http://www.cdc.gov/tobacco>

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