URSON Tobacco Dependence Intervention Program

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Philosophy/Research Foundation

- Clinical Practice Guideline for Treating Tobacco Use & Dependence
  (Fiore et al., 2000; 2008)

- Self-determination model for health behavior change (Williams et al., 2006)
  - Smokers’ Health Study (Geoffrey Williams, PI):
    - RCT with >1000 adults without SPMI
  - Gadow’s moral framework for nursing
    (Sharp Minicucci et al., 2004)

- Greater Rochester Area Tobacco Cessation Center:
  80% systems focus; 20% treatment (Scott McIntosh, Project Director)
  - Strong Ties as flag ship for behavioral health model
  - Collaboration with clinical site champions
Purpose

To deliver and evaluate an intensive multifaceted tobacco dependence intervention program designed to meet the special needs of those with SPI.

Intensive intervention defined in literature

- PHS Guideline (Treating Tobacco Use and Dependence, Fiore et al., 2000). Most study samples did not include SMI participants.
  - Total clinician-client contact time > 30 minutes with at least 4 sessions (at least 10 minutes each).
  - Format: Individual or group; proactive telephone.
  - Multiple clinician types (nurses; physicians; pharmacists; tobacco dependence specialists).
  - Use of appropriate pharmacotherapy, problem solving/skills building, intra- and extratreatment social support.
Intensive intervention defined in URSON Tobacco Dependence Program

- Intensity increased in comparison to standard intensive interventions via:
  - Greater clinician time
  - More treatment sessions
  - More treatment formats
  - Multiple types
  - Longer-term pharmacotherapy intervention
    - NRT/Bupropion SR/Varenicline
    - Harm reduction strategies
  - Extended and repeated problem-solving/skills building
  - Enhanced intratreatment social support
  - Enhanced extratreatment social support

Key intervention components

- Nurse practitioner in psychiatry coordinating program/direct care provider experienced RN
- Distinct from but connected to extant treatment program
- Manualizing intervention (available 3/31/09)
- Ongoing exposure to multiple treatment components
  - Individual
  - Group
  - Milieu
  - Peer advocate
  - Family/significant other psychoeducation
Resource for Treatment Staff

- Individual or group intervention for staff who smoke
- Confidential
- Delivered at work site or off site at URSON (staff preference)

Only 2-3 requests to date

Assessment Measures

- Follow-up assessments
  - 3, 6, 12 months
  - CO monitored
  - # of cigarettes smoked daily
  - Quit attempts/duration
  - Type of pharmacotherapy
  - Point prevalence
  - Continuous abstinence
- Nurse encounter forms
- Qualitative interviews
Baseline Data (N= 99)

- **Gender**
  - 45% women
  - 55% men

- **Age**
  - Mean = 42 (SD = 11), range 21-69

- **Relationship status**
  - 23.2 % partnered

- **Race**
  - 62% majority
  - 38% minority

- **Education**
  - 35% < high school
  - 37% high school education
  - 27% > high school education

- **Income**
  - 68% < $10,000
  - 27% $10-$20,000
  - 4% $20-$40,000

Smoking History

- **# of cigarettes smoked daily**
  - Mean = 21 (SD = 16.1)

- **# of years smoked**
  - Mean = 24.3 (SD = 11.26; range 1-50)

- **72% permitted to smoke in residence**

- **71% want to quit within next 30 days**
Nicotine dependence/psychiatric symptom severity

- **Tobacco dependence (FTND)**
  - Mean = 5.7 (SD = 1.9), scale range 1-10
  - On average, clients are moderately to highly dependent

- **Psychiatric Symptom Severity (PSS)**
  - 1 = average functioning; 5 = extreme impairment
    - **Social withdrawal**
      - Mean = 1.9 (SD = .6), range 1-4
    - **Depressive symptoms**
      - Mean = 2.3 (SD = .7), range 1-5
    - **Anxiety symptoms**
      - Mean = 2.2 (SD = .7), range 1-5
    - **Psychotic symptoms/thought disorder**
      - Mean = 1.7 (SD = .9), range 1-5

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Cessation medications at 3 months

<table>
<thead>
<tr>
<th>Medication</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patch</td>
<td>36.4%</td>
</tr>
<tr>
<td>Gum</td>
<td>26.3%</td>
</tr>
<tr>
<td>NS</td>
<td>7.1%</td>
</tr>
<tr>
<td>Inhaler</td>
<td>17.2%</td>
</tr>
<tr>
<td>Lozenge</td>
<td>11.1%</td>
</tr>
<tr>
<td>Zyban</td>
<td>3.0%</td>
</tr>
<tr>
<td>Chantix</td>
<td>18.2%</td>
</tr>
</tbody>
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N = 87
Program Outcomes (to date)
Baseline Mean # of CPD = 21.6

- **3 month outcomes**
  (N = 87):
  - # CPD = 12.2
  - # of serious quit attempts = 1.9
  - 7 day PP (not CO verified) = 20.7 %
  - 7 day PP (CO verified) = 12.1 %

- **6 month outcomes**
  (N = 76):
  - # CPD = 11.6
  - # of serious quit attempts = 1.6
  - 7 day PP (not CO verified) = 23.7 %
  - 7 day PP (CO verified) = 19.7 %

Nurse Activities

- 81% of contacts ≤ 15 minutes
- 68% of contacts spent directly with clients
  - 22% with treatment team
  - 10% with family/group home staff
- Most frequent form of contact: unscheduled, walk-in visits

- Most frequently tracked RN activities
  - **Autonomy support**
    - Listening; rapport building
  - **Competence building**
    - Educating; problem solving/skills building, medications, withdrawal/toxicity symptoms; providing resources
Collaboration with Tobacco Control Partners

- Unity Health System, Department of Psychiatry and Behavioral Health, Rochester NY
  - **Tony Klein**, Project Director: 18 Monroe County Group Homes
    - Annual day-long conference: February 29, 2009 in NYC
    - Shared consults as needed
    - Sharing data if possible
    - Collaboration and coordination of effort in the service of the SMI/chemically dependent client populations

- Promising Interventions projects throughout NYS

Current Status

- Clinical program: > 260 clients to date

- Program evaluation (ongoing): N = 99

- Ask-advise-refer (brief interventions) more likely with onsite intensive program in place

- Project funding ends: March 31, 2009
Taking a long view: Sustaining progress

- Train the trainer education model for other mental health treatment facilities
- Incorporating health promotion/management of medical co-morbidities into NP curricula
- Understanding OMH agenda re: recovery and wellness
- Defining this initiative within the larger agenda
- The importance of choice (for clients and staff): tobacco, diet, exercise, adherence
- APNA/SCLC

Project Challenges

- Space negotiations
- Elimination of 2nd clinical site
  - No outpatient prescribing privileges
- Staffing/personnel issues
  - NPP LOA/covering
  - Sabotage
- Funding for pharmacotherapy
  - Unreliable supply
  - Options beyond patch and gum
- Coordinating care between treatment sites and residences
- Concern about sustainability
  - Collaboration with OMH/Western Care Coordination Program
Reflections on a changing culture

“A year ago when I started this program, I used to smoke with my friends in the parking lot. There was a lot of peer pressure to smoke and to smoke together...we would socialize but we also would bum cigarettes [from each other] when we were low or share when we had more. Now when friends ask me to smoke with them and I tell them I don’t want to smoke, they don’t pressure me, they respect my decision. Rather than sharing our cigarettes, we [often] share Nicorette gum when one of us is running out. Now there’s an alternative [social] network and it supports stopping smoking.”

Client #54

The Time to Act is NOW!

Psychiatric nurses should actively engage clients in health promotion initiatives through which tobacco dependence intervention is paramount

Failure to Act Equals Harm!
References

