

Integrating Co-Treatment in Tobacco Cessation: Tobacco & Behavioral Health Masterclass



National Behavioral Health Network
For Tobacco & Cancer Control

Thursday, March 17, 2021
1:00pm – 3:30 pm ET

Closed captioning: <https://www.streamtext.net/player?event=Cotreatment>

Welcome!



Tamanna Patel, MPH
Director,
Practice Improvement



Samara Tahmid
Project Manager,
Practice Improvement

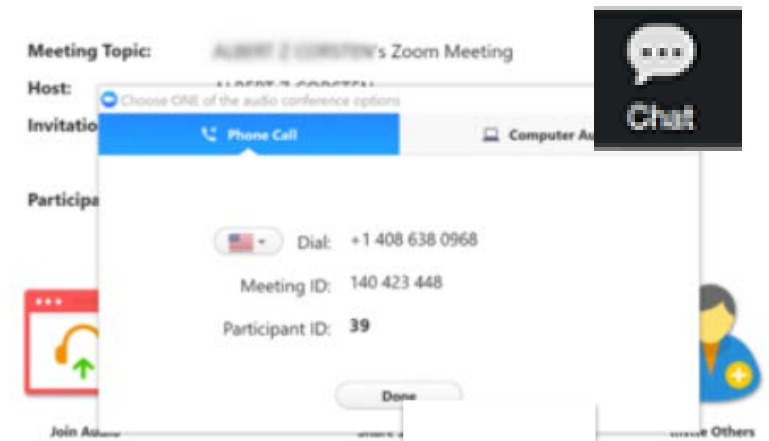


Lauren Wills
Project Coordinator,
Practice Improvement



Housekeeping

- This event is being recorded. All participants are placed in “listen-only” mode but can unmute as needed.
- For audio access, participants can either dial into the conference line or listen through your computer speakers.
- Submit questions by typing them into the chatbox or by using the “raising your hand” feature.
- Access to closed captioning:
<https://www.streamtext.net/player?event=Cotreatment>
- Slide handouts and recording will be posted here:
 - <https://www.bhthechange.org/resources/resource-type/archived-webinars/>





National Behavioral Health Network

For Tobacco & Cancer Control

- Jointly funded by CDC's *Office on Smoking & Health & Division of Cancer Prevention & Control*
- Provides resources and tools to help organizations reduce tobacco use and cancer among people with mental illness and addictions
- 1 of 8 CDC National Networks to eliminate cancer and tobacco disparities in priority populations

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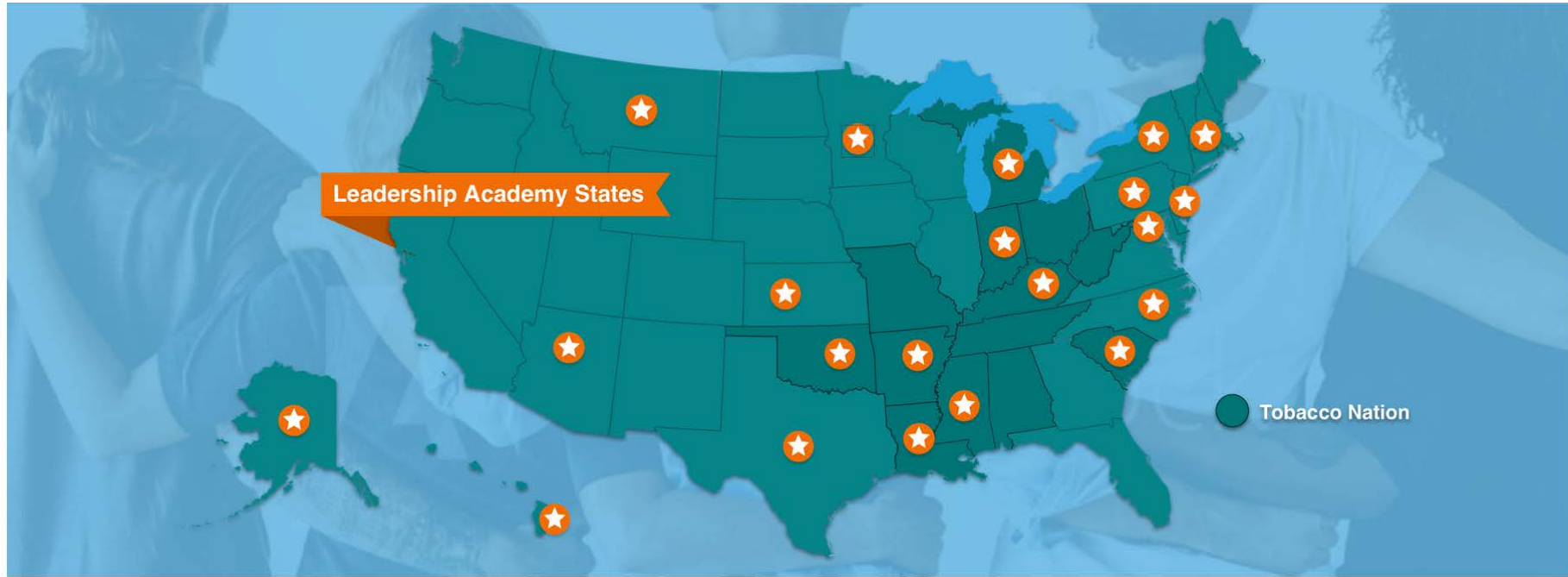


SAMHSA National Center of Excellence for Tobacco-Free Recovery

- The Center of Excellence builds on and expands SAMHSA's efforts to increase awareness, disseminate current research, educate behavioral health providers, and create results-oriented collaborations among stakeholder organizations in an effort to reduce tobacco use among individuals with behavioral health disorders
- Goals of the Center of Excellence are to:
 - **Promote** the adoption of tobacco-free facilities, grounds, and policies
 - **Integrate** evidence-based tobacco cessation treatment practices into behavioral health and primary care settings and programs
 - **Educate** behavioral health and primary care providers on effective evidence-based tobacco cessation interventions



State Leadership Academies



Action Planning Summits to reduce tobacco use and foster tobacco-free living in behavioral health

Visit **TobaccoFreeRecovery.org**
for more opportunities, trainings and resources

Disclosures

This UCSF CME activity was planned and developed to uphold academic standards to ensure balance, independence, objectivity, and scientific rigor; adhere to requirements to protect health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA); and include a mechanism to inform learners when unapproved or unlabeled uses of therapeutic products or agents are discussed or referenced.

The following speakers, moderators and planning committee members have disclosed they have no financial interest/arrangement or affiliation with any commercial companies who have provided products or services relating to their presentation(s) or commercial support for this continuing medical education activity:

Jennifer Matekuare, Chad Morris, PhD, Tamanna Patel, Jim Pavlik, MA, Catherine Saucedo, Steven A. Schroeder, MD, Samara Tahmid, Taslim van Hattum, and Lauren Wills

Learning Objectives

- Examine tools to understand the importance of co-treatment in tobacco cessation to support long-term recovery.
- Demonstrate practical guidance to outline pathways for incorporating co-treatment into existing clinical workflows.
- Analyze strategies to maximize effectiveness of co-treatment in mental health and addiction treatment facilities.

CME/CEU Statement

Two hours of FREE credit can be earned, for participants who join the **LIVE** session, on **Thursday, March 18, 2021**. You will receive instructions on how to claim credit via the post webinar email.

ACCME Accreditation

The University of California, San Francisco (UCSF) School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

UCSF designates this live activity for a maximum of 2.0 AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the webinar activity.

Advance Practice Registered Nurses and Registered Nurses: For the purpose of recertification, the American Nurses Credentialing Center accepts AMA PRA Category 1 Credit™ issued by organizations accredited by the ACCME.

Physician Assistants: The National Commission on Certification of Physician Assistants (NCCPA) states that the AMA PRA Category 1 Credit™ are acceptable for continuing medical education requirements for recertification.

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CME/CEU Statement (Cont.)

California Psychologists: The California Board of Psychology recognizes and accepts for continuing education credit courses that are provided by entities approved by the Accreditation Council for Continuing Medical Education (ACCME). AMA PRA Category 1 Credit™ is acceptable to meeting the CE requirements for the California Board of Psychology. Providers in other states should check with their state boards for acceptance of CME credit.

California Behavioral Science :Professionals: University of California, San Francisco School of Medicine (UCSF) is approved by the California Association of Marriage and Family Therapists to sponsor continuing education for behavioral health providers. UCSF maintains responsibility for this program/course and its content.

Course meets the qualifications for 2.0 hours of continuing education credit for LMFTs, LCSWs, LPCs, and/or LEPs as required by the California Board of Behavioral Sciences. Provider # 64239.

ACCREDITATION FOR CALIFORNIA ADDICTION COUNSELORS

The UCSF office of continuing medical education is accredited by the California Consortium of Addiction Programs and Professionals (CCAPP), to provide continuing education credit for California addiction counselors. UCSF designates this live, virtual activity, for a maximum of 2.0 CCAPP credits. Addiction counselors should claim only the credit commensurate with the extent of their participation in the activity. Provider number: 7-20-322-0722.

Today's Featured Speakers



Chad Morris, PhD
Director
Behavioral Health & Wellness Program



Jim Pavlik, MA
Senior Program and Policy Analyst
Behavioral Health & Wellness Program



Behavioral Health &
Wellness Program

Maximize Mental Health and Substance Abuse Outcomes with Nicotine Dependence Co-Treatment

Jim Pavlik, MA, CTTS
Program & Policy Analyst

Chad Morris, PhD
Director



CHAT BOX

What thoughts and concerns can you let go of for a few hours to be present with your peers?

This is Your Time!



POLL TIME!

What region are you from?



POLL TIME!

Which type of organization
best describes where you
work?



POLL TIME!

What is your primary role?





Section I

The Burden of Tobacco Use & Making the Case

Co-treatment is the only
adequate solution



**FACING ADDICTION
IN AMERICA**

*The Surgeon General's Report on
Alcohol, Drugs, and Health*

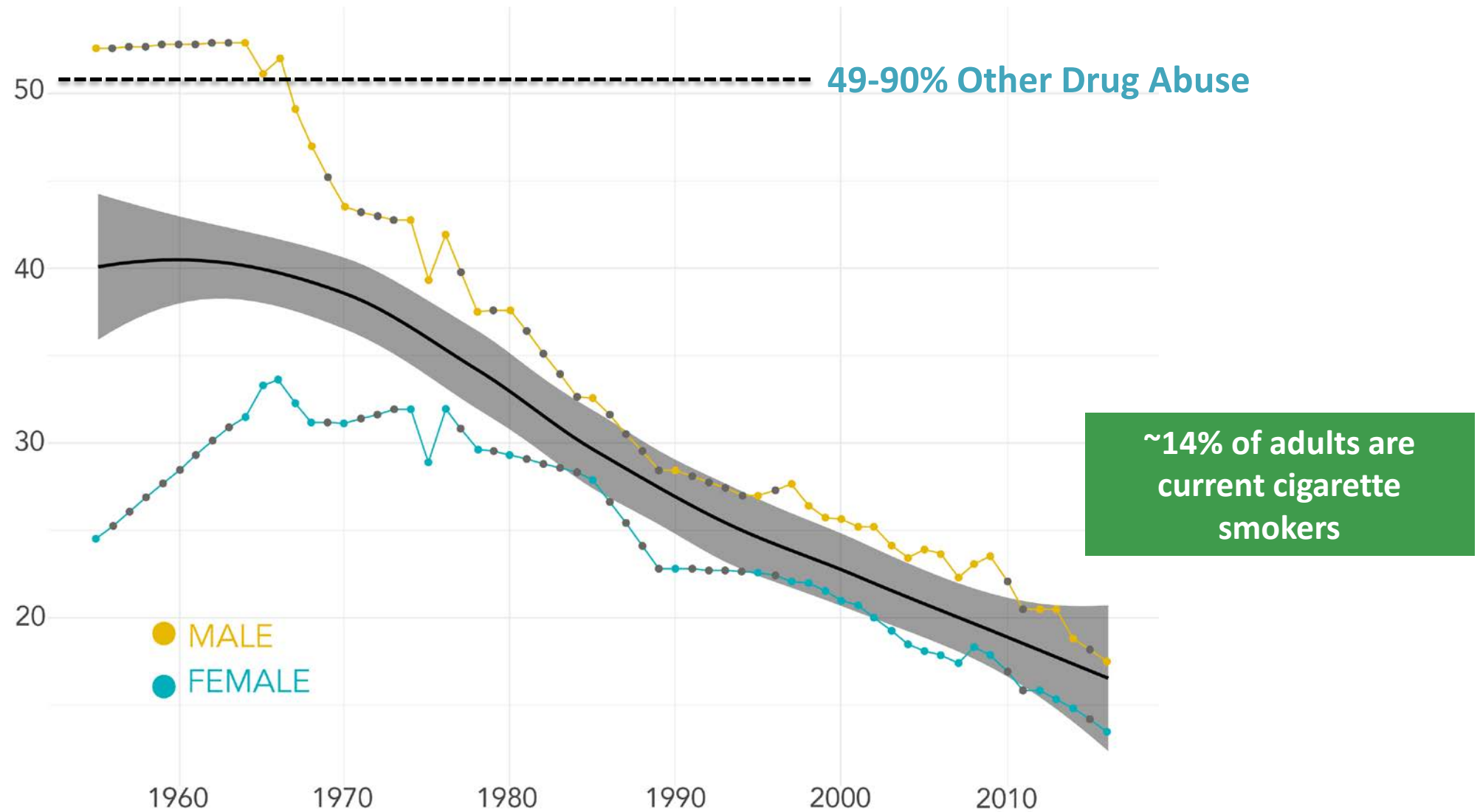
U.S. Department of Health & Human Services

Communities are not destinations for health delivery, they are sources of health.

Four Components of a Comprehensive Policy

- **The tobacco free policy itself**
 - Which products are covered?
 - What activities are restricted?
 - Who is covered?
 - What area is within the jurisdiction of the policy
 - When does it take place and for how long does it last?
- **Client-focused tobacco cessation interventions**
 - Services
 - Referrals
 - Follow-up and care management
- **Staff-focused**
 - Supportive policies (e.g., provision of NRT during shifts)
 - Information regarding benefits
 - Education about the policy and its rationale
 - Training regarding new tobacco-related skills, processes etc.
- **Neighborhood Supports**
 - Provide services
 - Build robust referral linkages to and from other services
 - Institutionalize those relationships in formal and informal ways

Trends in U.S. Adult Smoking

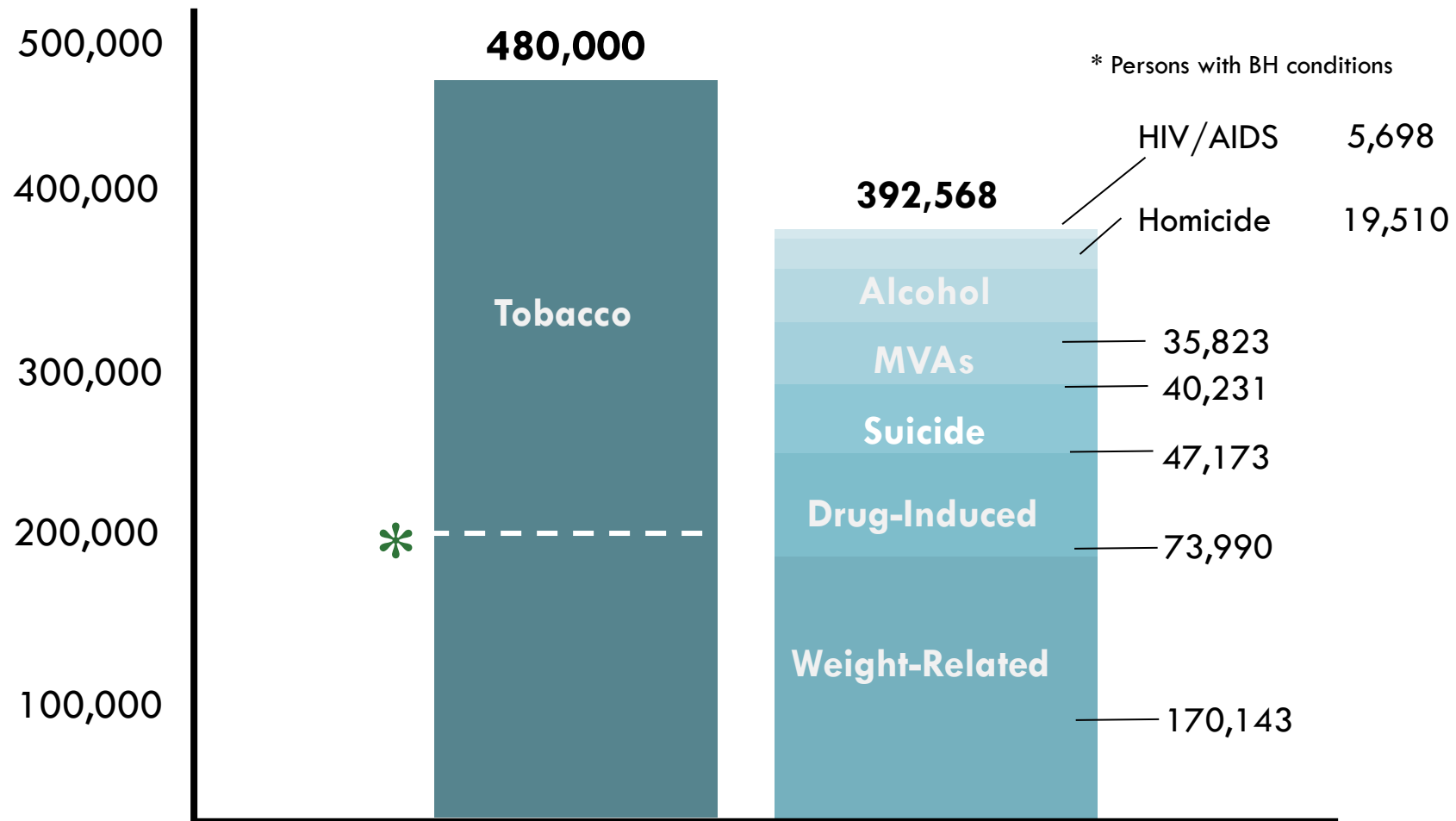


Smoking in Addiction Treatment Programs

A review of smoking prevalence in U.S. addiction treatment programs, from 1987 to 2009, found a median annual smoking prevalence of 76%.

(Guydish et al., 2011, 2017)

Behavioral Causes of Death in US, 2017



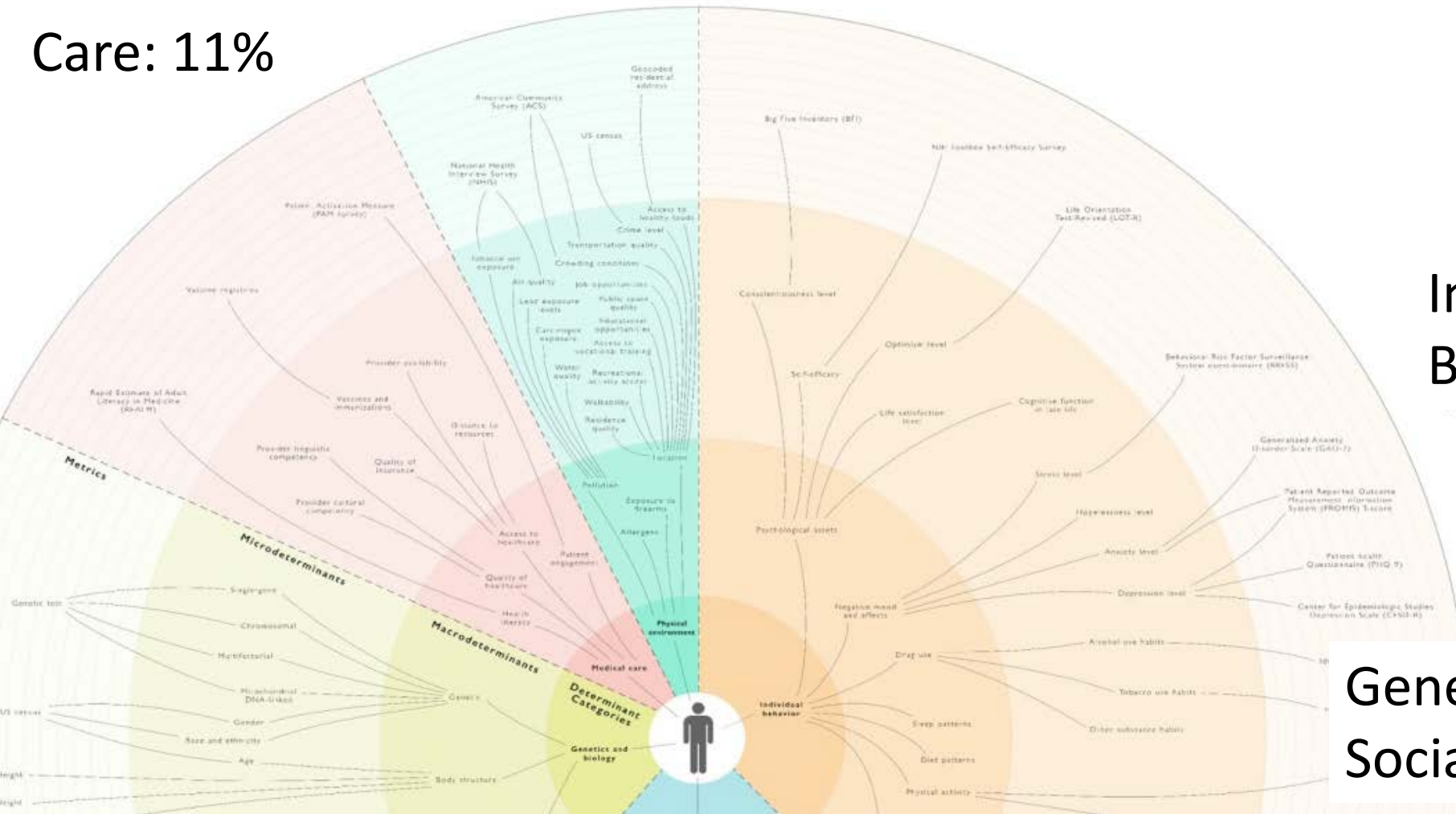
Determinants of Health

Physical Environment: 7%

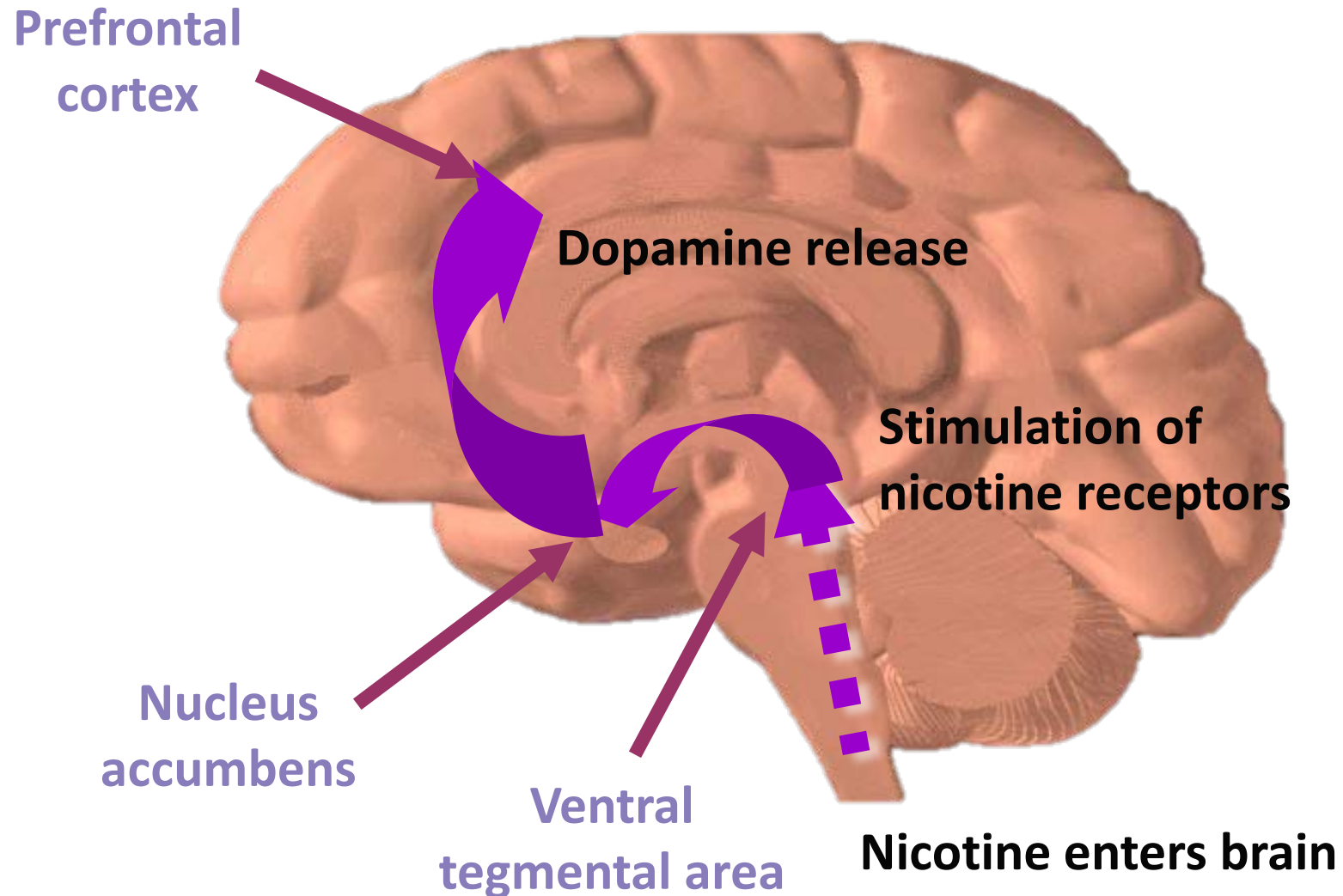
Medical Care: 11%

Individual Behaviors: 38%

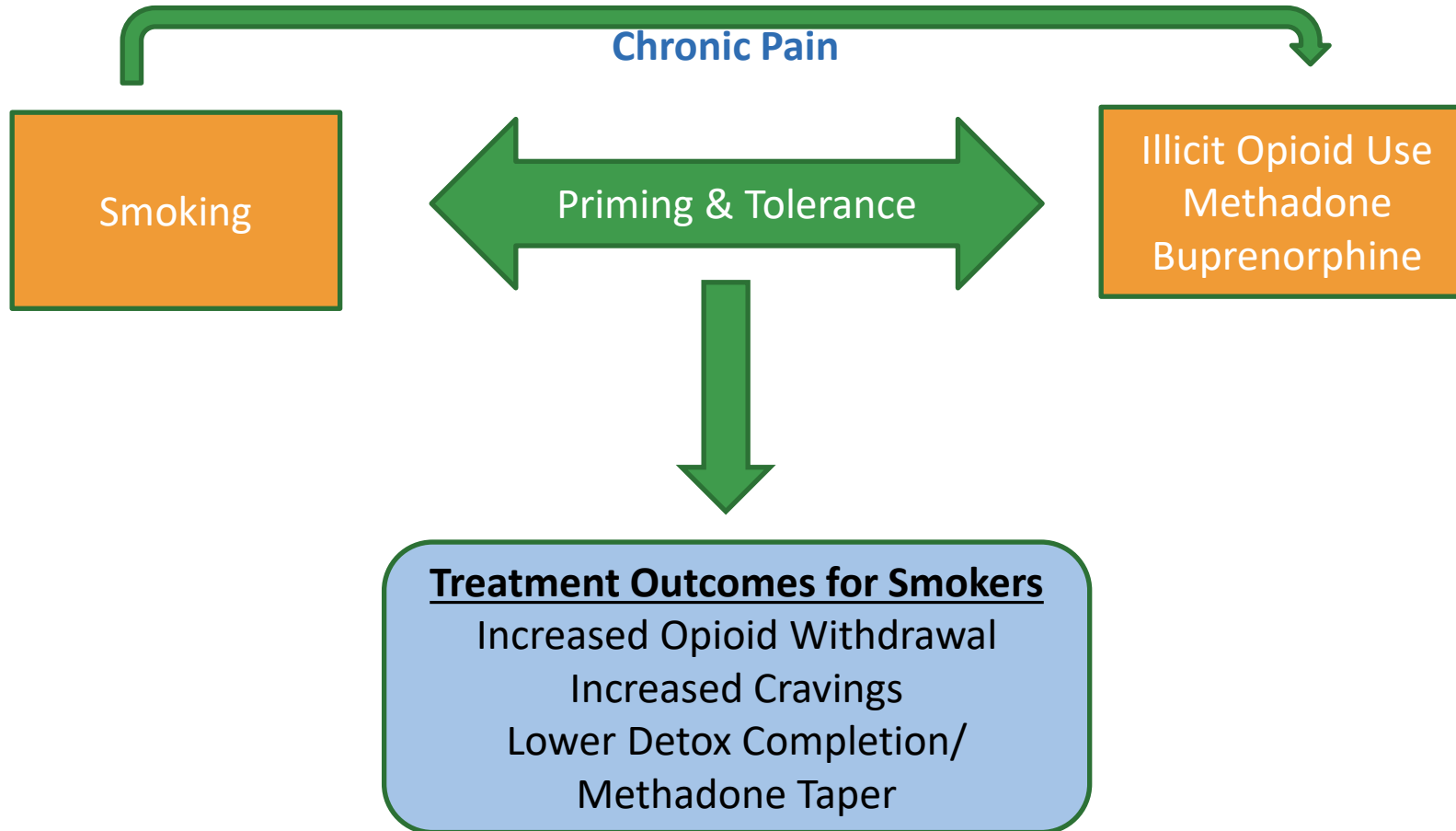
Genetics & Biology: 21%
Social Circumstances: 23%



Dopamine Reward Pathway



Opioids and Smoking



Social Determinants

- Stigma
- Low SES
- Discrimination
- Chronic Stress
- Psychological Distress
- Coping Skills
- Environmental Exposure
- Industry Targeting
- Biology
- Access to Treatment



Addiction

Implicit Bias and Stigma



- Societal isolation
- Keeping secrets from medical providers, interfering with quality healthcare
- Delayed care
- Un-aided attempts at abstinence



Corner, Hopkinson, & Roffe, 2006; Tod, Craven & Allmark, 2008; Gysels & Higginson, 2008

Early Adversity & Addiction

People who report more than 4 categories of adversity exposure are:

- Over 5x more likely to start smoking early
- Over 3x more likely to have ever smoked
- Over 2x as likely to be currently smoking
- Almost 3x as likely to be a heavy smoker



Childhood adversity affects risk for nicotine use and addiction as well as the course of the addiction

CHAT BOX

**If you were to approach state leadership
and ask them to find funding to add
nicotine services to existing organizations
like yours-**

What arguments might you use?

What facts and figures would help?



CHAT BOX

Same question, but now you want to find money in your organization's current budget-

What arguments and points might you make with your organization's leadership?



10 MINUTE BREAK

BREAK TIME





00:00

POLL TIME!

How important is it to find solutions to integrate tobacco cessation services and supports (e.g., screening, medication, counseling or referrals) into your current patient workflow?

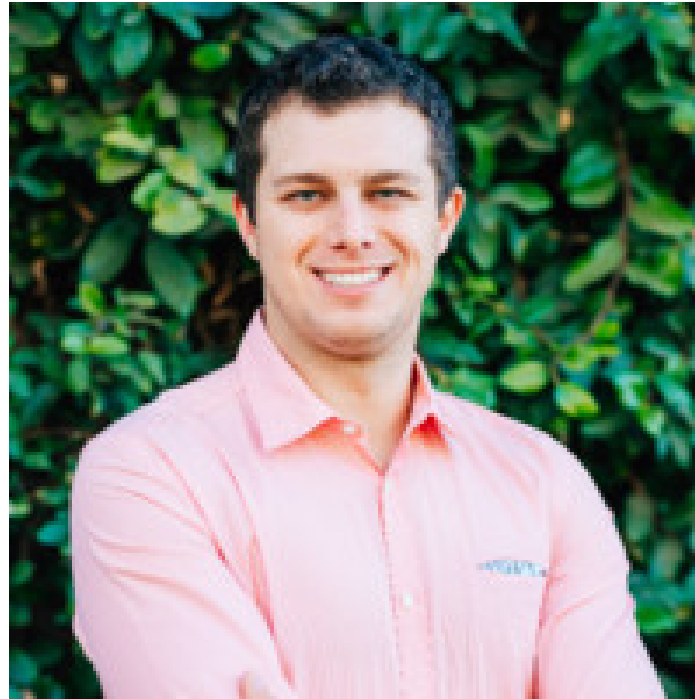




An Example of Innovation

Washington State
Department of Health
Nick Fradkin

Washington State Opioid Network



Nick Fradkin

Tobacco Treatment Consultant
Washington State Department of Health



WASHINGTON STATE TOBACCO-FREE
BEHAVIORAL HEALTH INITIATIVE
Commercial Tobacco Prevention Program

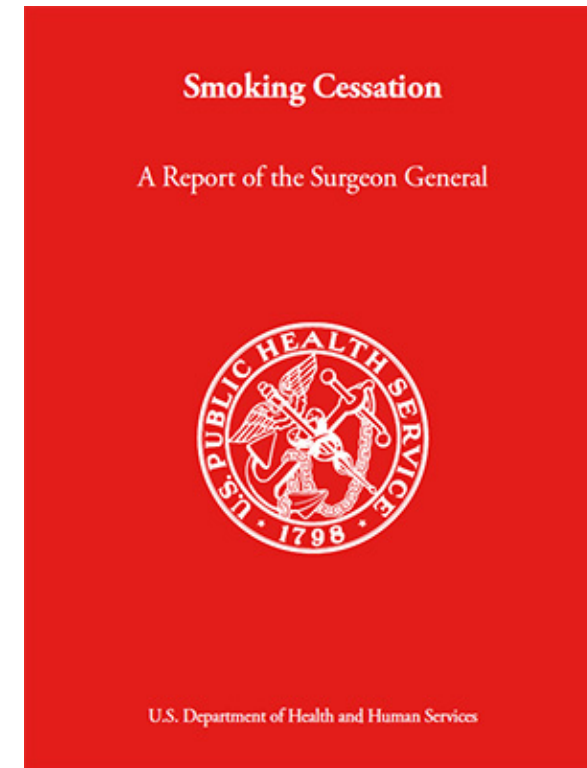
Overview

- Tobacco use & dependence treatment
- Implications for behavioral health
- Baseline data for health systems change
- State Opioid Response grant work
 - Washington State Quitline
 - Provider and staff trainings
 - Nicotine replacement therapy



Tobacco use & dependence treatment

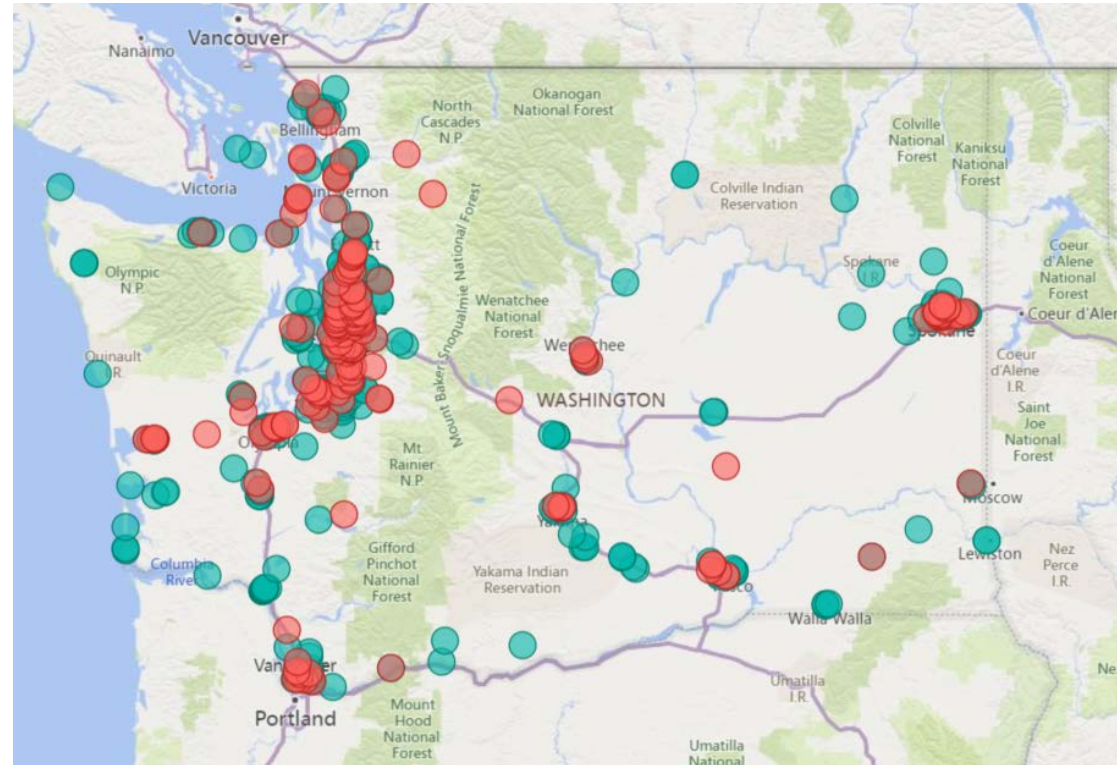
- Tobacco use = leading cause of preventable death
 - 750K WA adults use tobacco
 - Causes 12 cancers, CVD, COPD, and more
 - Targeted marketing, inequities → disparities
 - E-cigarettes: Distraction or solution?
 - 2020 SGR: Counseling + medication are key
- WA health sector involvement (approximate timelines)
 - Public health: WA State Quitline (2000-)
 - Medical/primary care: ACA preventive services requirement (2013-)
 - Behavioral health: DBHR/SOR (2019-)



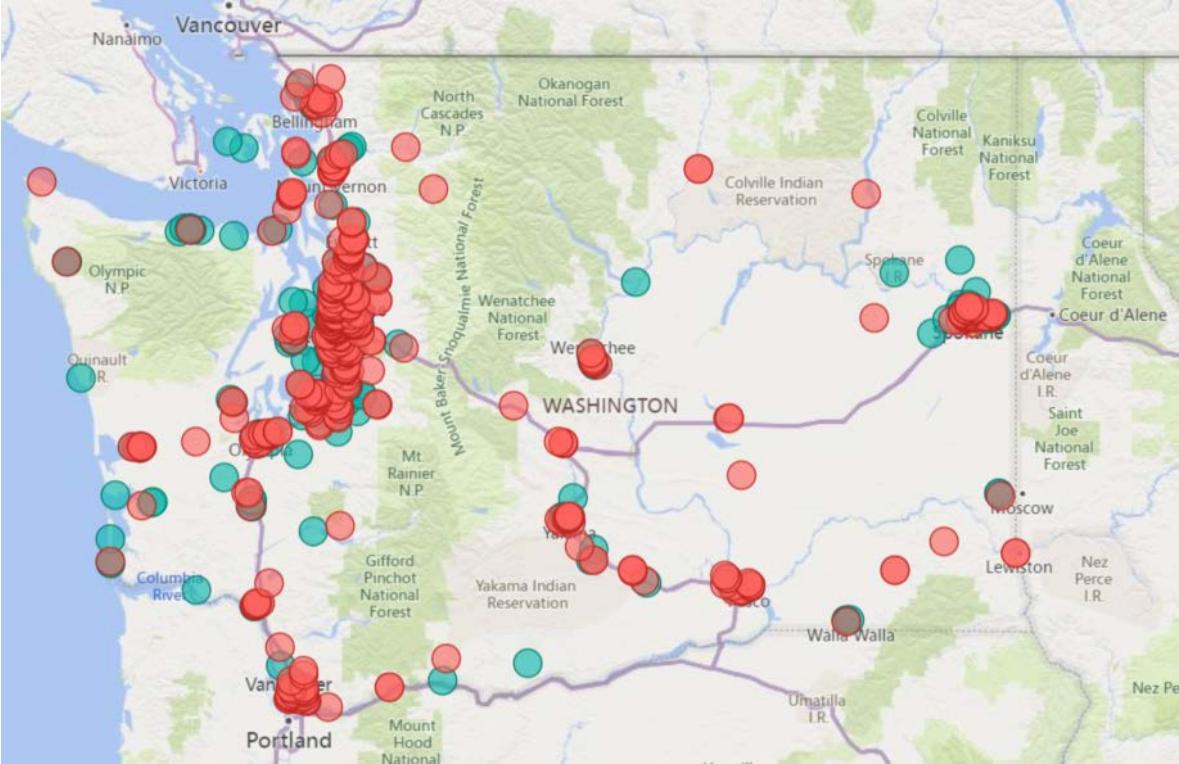
Implications for behavioral health

- Tobacco dependence is a chronic, relapsing condition
 - SAMHSA Strategic Plan – FY2019-FY2023
 - Priority 3: Advancing Prevention, Treatment, and Recovery Support Services for Substance Use
 - DSM-V: Tobacco use disorder, withdrawal (305.1, 292.0)
- Co-treatment of TUD with other SUDs is associated with a 25% increase in long-term abstinence from all-substance use
- Smoking prevalence estimates among those using illicit opioids range from 74-97%
- Studies find that 77-79% of persons with behavioral health disorders intend to quit, many in the next month

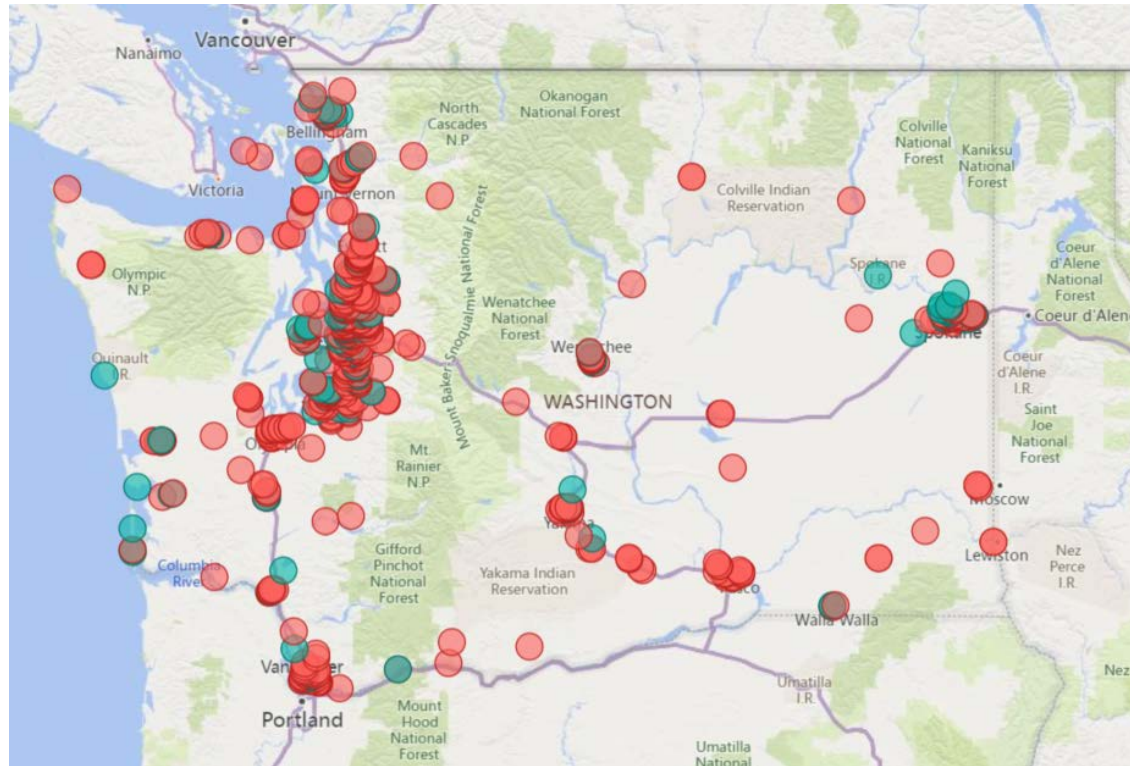
Baseline data: Screening (72% MH / 87% SA)



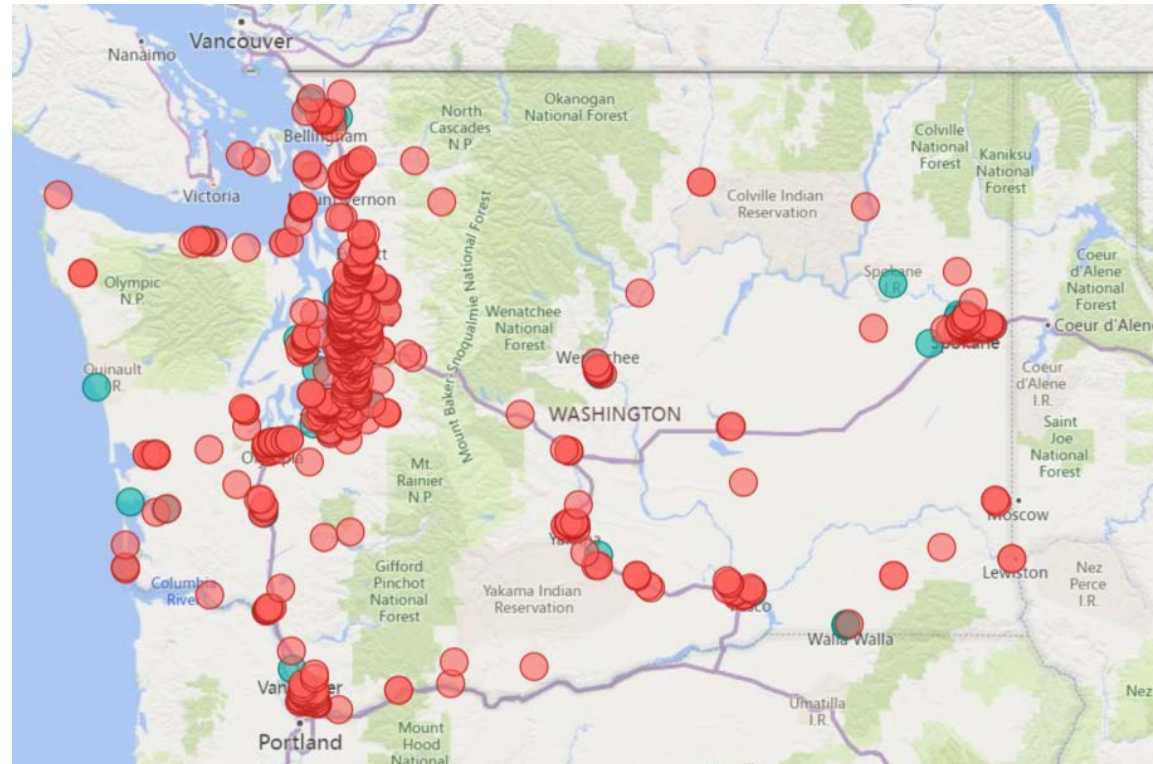
Baseline data: Cessation counseling (35% MH / 66% SA)



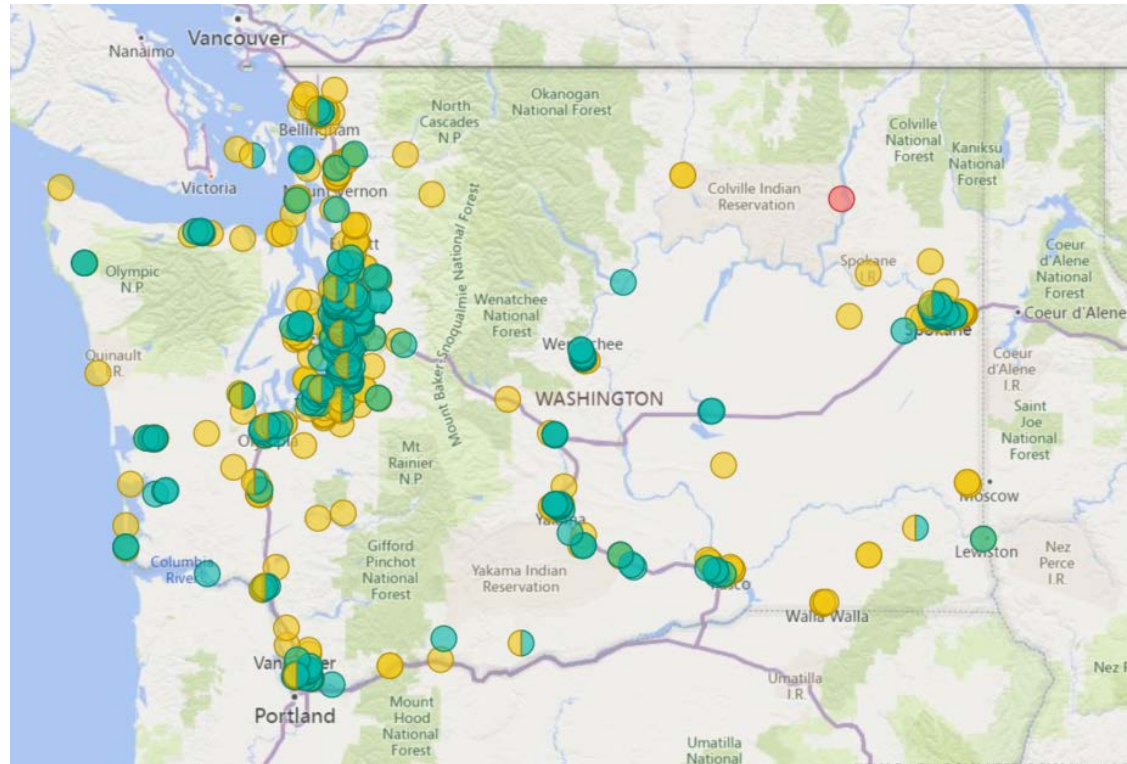
Baseline data: NRT (23% MH / 24% SA)



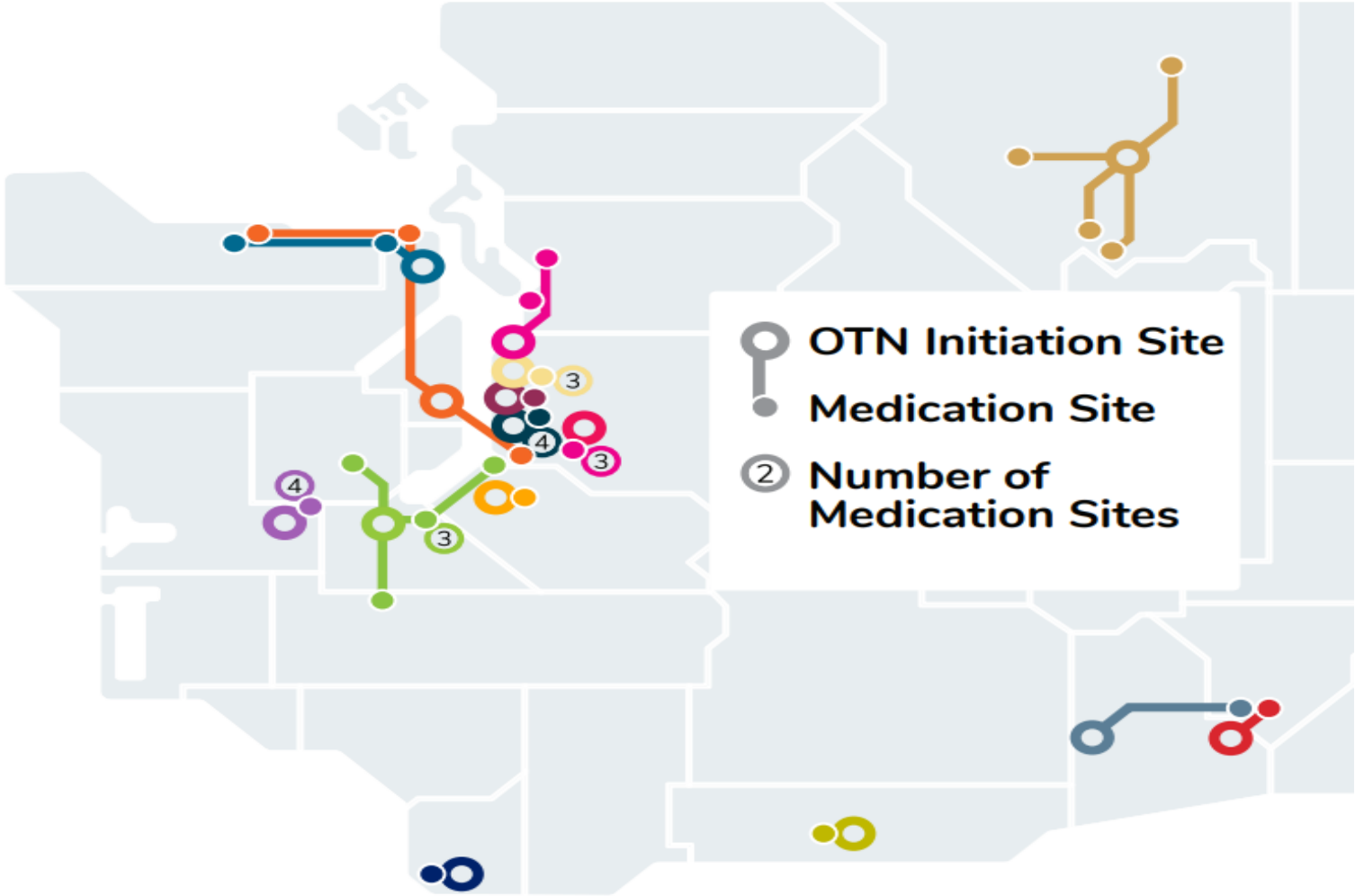
Baseline data: Non-nicotine Rx (16% MH / 17% SA)



Baseline data: Facility smoke-free policy (51% MH / 31% SA)



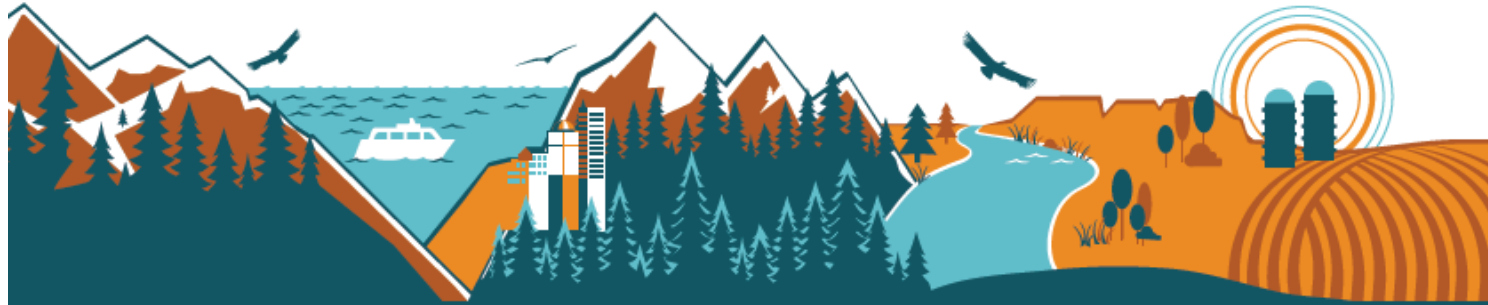
WA State Opioid Response (SOR) grant



WA SOR grant: Tobacco dependence treatment

SBIRT (pre-SOR)	→	2 A's & R (SOR I)	→	5 A's (SOR II)
Screening		Ask		Ask
Brief intervention		Advise		Advise
Referral to treatment		Refer		Assess
				Assist
				Arrange

CELEBRATING 20 YEARS



WASHINGTON STATE QUITLINE

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Both numbers are toll-free and offer translation in 240+ languages

SOR: Provider and staff trainings

- Tobacco Treatment Specialist (TTS)

- 4-day intensive training for providers
- Written and oral exams on day 4
- NAADAC credential
 - Completion of 200 service hours



- Tobacco-Free Fundamentals

- 1-day "crash course" for agency staff and leadership
- Covered health + cessation basics, tobacco-free policy

- Monthly webinars

- Washington Tobacco-Free Community of Practice (recordings on doh.wa.gov/tfbhi)

SOR: Bulk NRT order fulfillment

- No cost to OTN or clients
- NRT ordered on a bi-weekly basis
- Each case contains 12 cartons of the product. Options:
 - 21/14/7 mg patches
 - 4/2 mg gum
 - 4/2 mg mini lozenge



Questions? Comments? Ideas?



Nick Fradkin

*Tobacco Treatment
Consultant*

nick.fradkin@doh.wa.gov

doh.wa.gov/tfbhi



@WADeptHealth

POLL TIME!

Does your organization currently screen for tobacco/nicotine use for individuals seeking care for other drug use? And if so, what percent of clients do you guess get screened for tobacco/nicotine use?





Section II

Strategic Alignment

Tobacco Use Affects Treatment & Recovery from Addiction

Addressing tobacco dependence during treatment for other substances is associated with a **25%** increase in long-term abstinence rates from alcohol and other substances

(Prochaska et al., 2004)

A Whole Health Approach



Medication Assisted Treatment

- Combination of behavioral interventions and medications
- Highly effective treatment option for alcohol, opioid, or tobacco dependence
- Reduces illicit drug use and overdose deaths

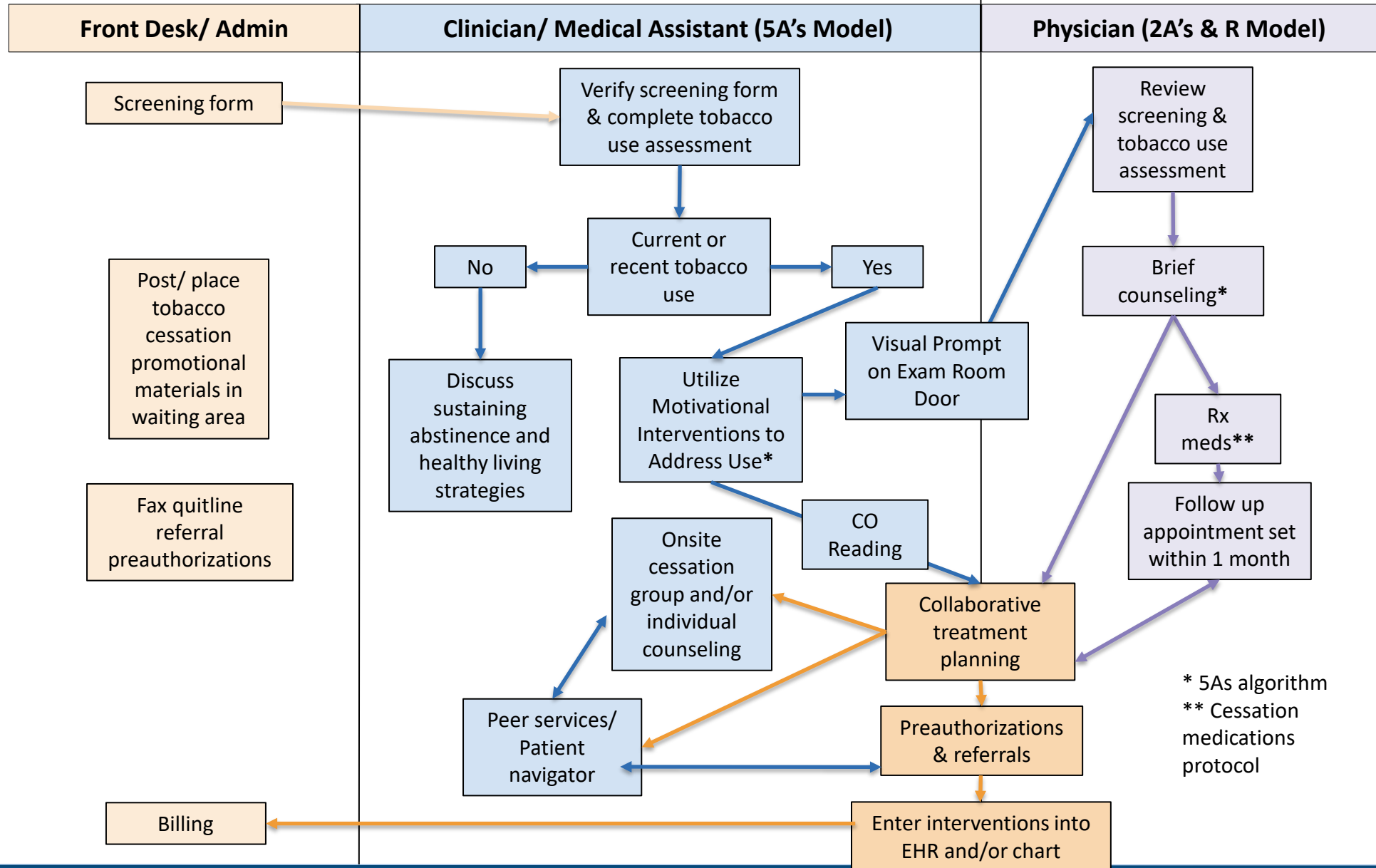


Tobacco Use Interventions

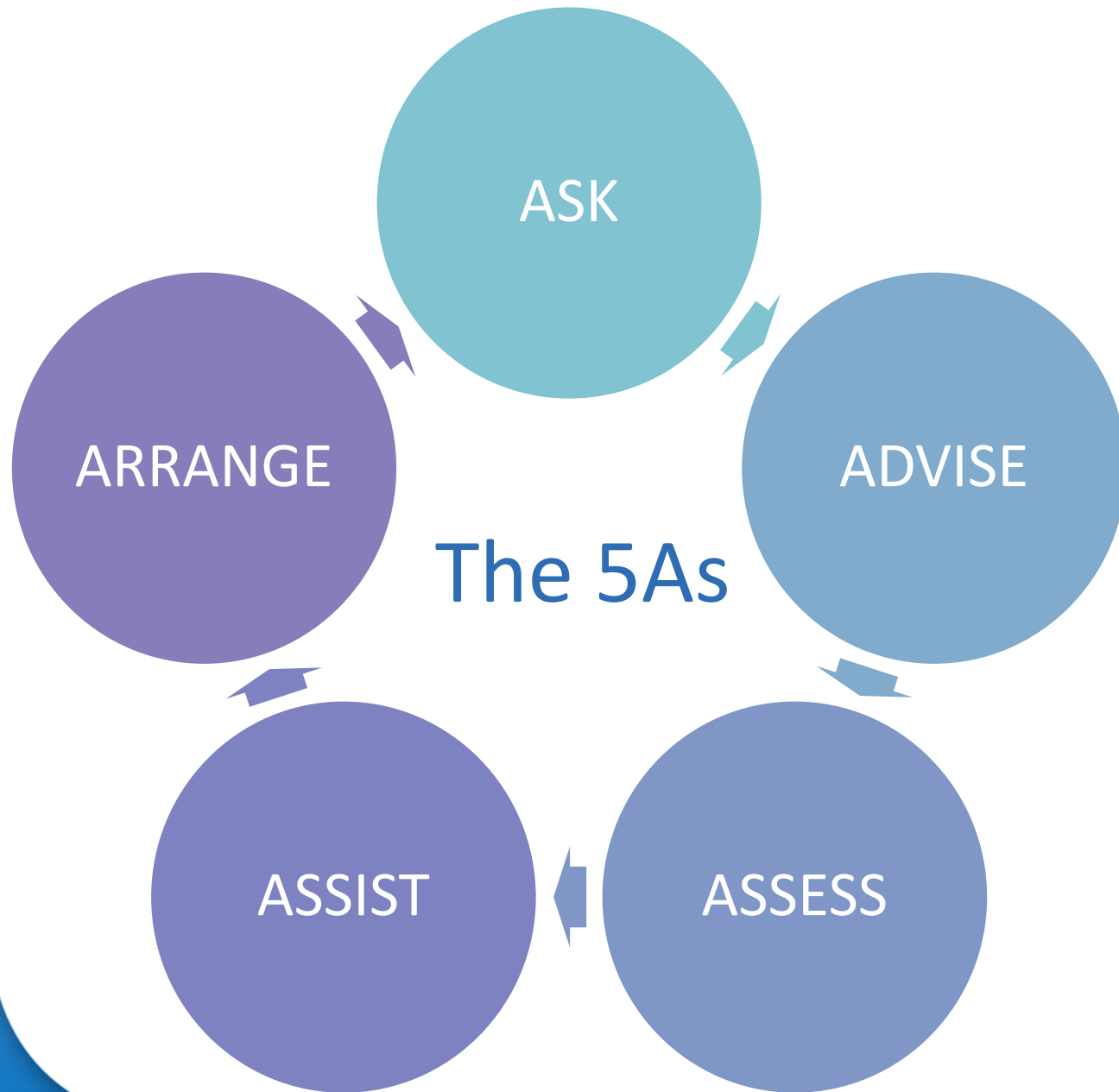
- Clinician advice
- Cognitive-Behavioral Therapy & Motivational Interviewing
- Individual counseling
 - > 4 sessions, > 10 minutes
- Psycho-educational groups
- Telephonic counseling
- Peer support
- Age-tailored self-help materials
- Cessation medications

- Screening
- Assessment
- Education

Tobacco Cessation Workflow



* 5As algorithm
 ** Cessation medications protocol



- Evidence-based best practice
- Applicable across chronic disease prevention efforts
 - Nutrition improvement
 - Physical activity
 - Diabetes management
 - High blood pressure mgmt
- Not a silver bullet

5As Functions

	Function	Purpose
Ask	Screening	Ensure services are delivered to all who are at risk and not to those who are not
Advise	Motivation	Advise, especially from a physician, has the power to motivate a quit attempt
Assess	Evaluation	Helps determine the intensity of the intervention
Assist	Exploration	Helps tailor cessation supports to meet the user's unique needs
Arrange	Follow-up	Knowledge of future meetings is itself a motivation to succeed. Also provides an opportunity to fine-tune the treatment plan



Person-Centered Workflow Connection & Support



CHAT BOX

What barriers do you have or expect regarding screening everyone for tobacco and nicotine use?



CHAT BOX

What barriers do you have or expect when integrating tobacco and nicotine use into treatment planning?



CHAT BOX

What barriers do you have or expect when addressing tobacco and nicotine use as part of discharge planning and referrals?



POLL TIME!

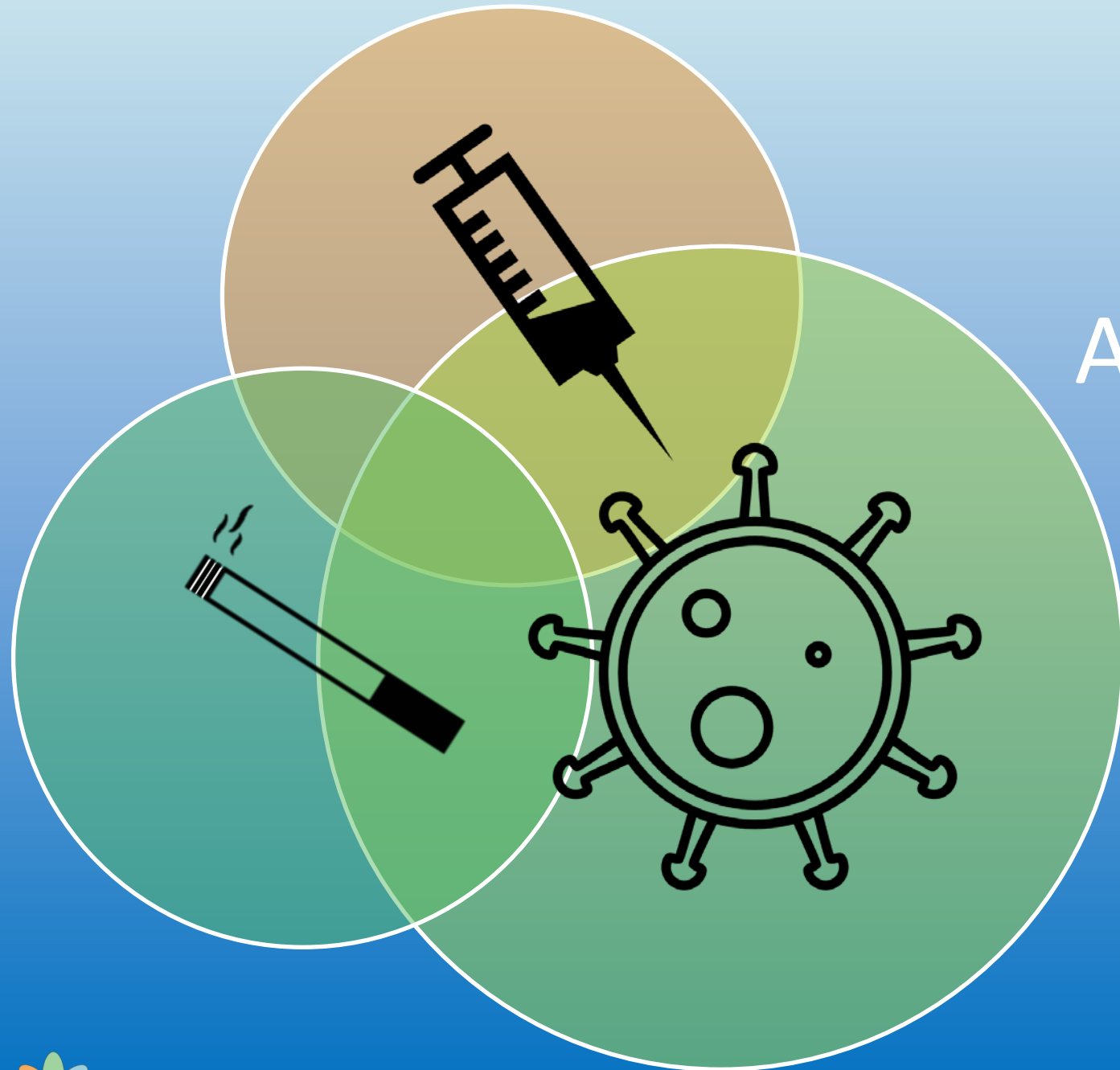
Of the areas discussed what next step do you think your agency can realistically take to integrate tobacco and nicotine use treatment into daily practice?





Section III

Deaths of Despair

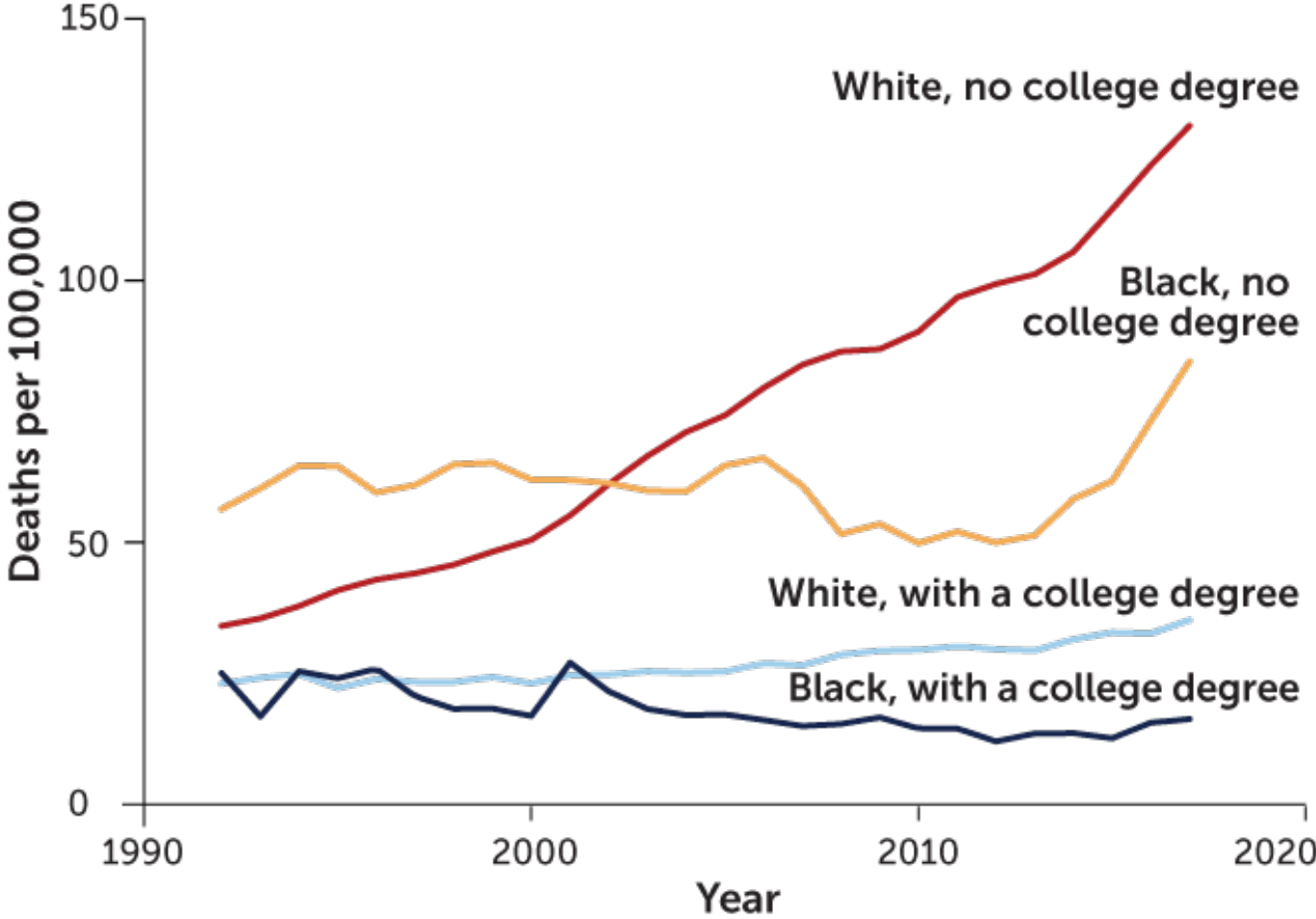


An epidemic...

In an epidemic...

In a pandemic

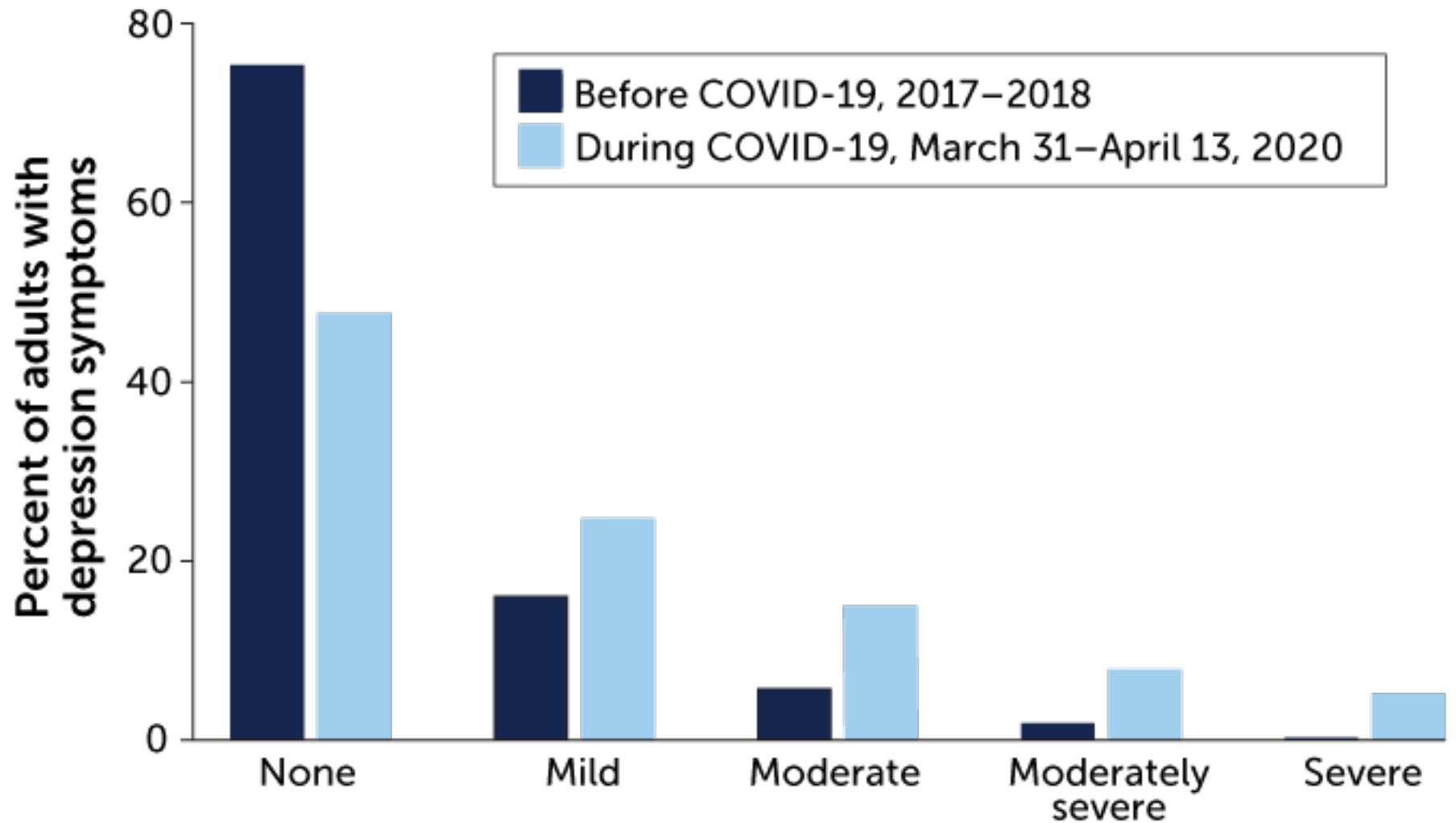
Deaths of Despair



BUSINESS BOOK OF THE YEAR 2020
SHORTLISTED
FT FINANCIAL TIMES
McKinsey & Company

DEATHS OF DESPAIR
AND THE FUTURE OF CAPITALISM
ANNE CASE & ANGUS DEATON

COVID and Deaths of Despair



Mixed Findings

- Smoking pattern changes during COVID vary depending on country
- Smoking pattern changes vary by product type
- Many report heightened interest in quitting
- Calls to quitlines down nearly 40%
- Product availability matters
- Prior dependence level plays a factor



Factors Driving Tobacco Use Patterns



- Increased COVID-related stress
 - Virus-related fears
 - Job uncertainty
- Boredom
- Isolation
- Irregular or altered daily routines
- Financial pressures

Factors Driving Substance Misuse/Abuse

- Boredom
- Lack of Structure
- Lack of Accountability
- Isolation



CHAT BOX

As of right now, what impact are you seeing on your clients/patients due to COVID?



CHAT BOX

Do you think your organization is going to see an increased demand for services once in-person care resumes?



POLL TIME!

How important is it to find solutions to integrate tobacco cessation services and supports into your current patient workflow?



POLL TIME!

How confident are you that your agency can find solutions to integrating tobacco cessation services and supports into your current patient workflow?





Behavioral Health & Wellness Program

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www.bhwellness.org



Behavioral Health and
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BHWP_UCD

Comments and Questions?



Thank you for joining us!

Please be sure to complete the brief post-webinar evaluation.



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