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DIVISION OF MENTAL HEALTH SERVICES
ADMINISTRATIVE BULLETIN TRANSMITTAL MEMORANDUM

March 18, 2009

SUBJECT: Administrative Bulletin 3:32
Assessment and Treatment of Tobacco Addiction in State
Psychiatric Hospitals

The attached Administrative Bulletin is being forwarded for your review, action if necessary, and distribution to staff as appropriate. Please be advised that each recipient of this order is responsible for being familiar with the content and ensuring that all affected personnel adhere to it.


Jonathan S. Poag
Acting Assistant Commissioner

JSP:pjt

DIVISION OF MENTAL HEALTH SERVICES
Administrative Bulletin 3:32

Effective Date: March 18, 2009

SUBJECT: Assessment and Treatment of Tobacco Addiction in State Psychiatric Hospitals

I. PURPOSE

The high prevalence of tobacco use among mental health consumers means that they suffer from the adverse effects of tobacco at a disproportionately greater rate than does the general public. Inpatient admission can result in withdrawal from nicotine, and patients need to receive appropriate treatment for this in the form of pharmacotherapy (example: nicotine replacement therapy or other FDA-approved non-nicotine medication) and then be offered group and individual smoking cessation treatment. This Bulletin will ensure that patients in state psychiatric hospitals are educated about cigarettes' harmful effects, and are assessed for their tobacco use and treated for tobacco addiction.

II. SCOPE

This Bulletin shall apply to all New Jersey state psychiatric hospitals.

III. DEFINITIONS

Nicotine replacement therapy, or NRT is a medical intervention that eliminates or reduces the craving or symptoms of nicotine withdrawal by delivering nicotine without the toxins that accompany tobacco use.

Tobacco addiction treatment refers to medical and psychosocial interventions that decrease or eliminate tobacco usage, including the prescribing of NRT and other medications.

Tobacco products and paraphernalia means cigarettes, cigars, pipes, lighters, matches, rolling papers, cigarette filters, loose tobacco, chewing tobacco, plug tobacco, snuff, and pipe filters.

Tobacco treatment pharmacotherapy includes nicotine and non-nicotine medication that eliminates or reduces the craving and/or symptoms of nicotine withdrawal.

IV. RESPONSIBILITY

A. Clinical and direct care staff shall ensure that all patients receive assessment for tobacco addiction and that they are offered and have access to smoking

cessation programs, and these efforts shall be integrated into all aspects of the hospitals' services. Staff will provide therapeutic support and shall recognize that patients may become irritable or uncomfortable when withdrawing from nicotine.

- B. All psychiatric and primary care physicians, as well as prescribing Advance Practice Nurses (APNs), shall complete DMHS-approved training so that they develop competencies for the prescribing of tobacco treatment pharmacotherapy. Managing Physicians will be responsible for monitoring the provision of smoking cessation programs and medications in their facilities.
- C. The hospital shall provide staff training and programming resources to motivate patients and assist them with quitting smoking/use of tobacco products and with maintaining a wellness lifestyle. When indicated, carbon monoxide meters shall be used to teach patients about the adverse effects of smoking. The Division shall provide hospitals with resources and guidelines on tobacco addiction treatment, including the manualized program Learning About Healthy Living.

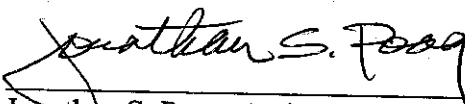
V. PROCEDURES

A. Assessment of Tobacco Addiction

- 1. Upon admission, physicians and nurses shall evaluate patients' tobacco addiction and potential for nicotine withdrawal using the Fagerstrom test (Attachment A), which shall also determine an appropriate dosage of NRT or other smoking cessation medication.
- 2. Patients who smoke shall be given a diagnosis of Nicotine Dependence when they meet the DSM-IV criteria, and this shall be recorded on Axis I when documenting diagnoses in assessments.
- 3. During their initial treatment plan meeting, patients shall be assessed for their smoking status and motivation to quit using a DMHS recommended evaluation tool (Attachment B). Patients shall be asked about their interest in smoking cessation therapy, and their treatment plans shall be revised accordingly during all subsequent treatment planning meetings. Their treatment plans shall contain specific objectives and interventions that address smoking, and these shall be individualized in accordance with patients' readiness to receive smoking cessation therapy in accordance with Stages of Change.
- 4. Hospitals shall conduct periodic chart reviews to determine whether patient assessments for smoking/tobacco addiction are being completed appropriately.

B. Treatment of Tobacco Withdrawal and Addiction

1. Every patient shall be advised of the availability of tobacco addiction treatment on their unit and in centralized programs. This shall include individual counseling, group health education and therapy, which shall utilize the Learning About Healthy Living manual and other proven approaches.
2. Patients' treating psychiatrists shall be primarily responsible for providing NRT and other medications and for coordinating their patients' tobacco addiction treatment. They shall advise patients to quit and offer treatment at least every treatment plan meeting.
3. Tobacco addiction will be addressed in patients' treatment plans, which shall describe patients' goals in relation to smoking/tobacco use, and the specific interventions utilized to motivate or assist patients with quitting.
4. The hospitals shall use pre-printed physician order forms that provide standing and PRN orders for NRT (see Attachment C, model orders). PRN orders shall allow RNs to provide patients with NRT, including nicotine patches, lozenges and gum. Patients can have the nicotine patch made available as floor stock if they have a physician's order specifically for this.
5. Patients leaving on brief visit or trial placement shall be provided with NRT, and they shall be educated about the effects of smoking and prohibitions on bringing tobacco products back into the facility.
6. Tobacco use will be addressed in discharge plans. Patient shall be given a prescription to allow them to complete tobacco addiction pharmacotherapy after discharge, and they shall also be provided with information about community supports and resources to assist them with quitting tobacco (e.g., Quitlines, Quit Centers, CHOICES).
7. Physicians shall consider the effects of changes in patients' smoking or smoking cessation status, as smoking induces isoenzymes that decrease the serum concentrations of many psychotropic medications (e.g. clozapine, olanzapine, haloperidol, fluphenazine, imipramine, chlomidpramine, fluvoxamine).


Jonathan S. Poag, Acting Assistant Commissioner
Division of Mental Health Services

RE:dj

ASSESSMENT FOR NICOTINE DEPENDENCE

Does the patient currently smoke or use any other tobacco products? Yes No
 If the patient smokes cigarettes, complete the following:

FAGERSTROM TEST

QUESTIONS	ANSWERS	POINTS
How many cigarettes per day do you smoke?	<ul style="list-style-type: none"> • 31 or more • 21-30 • 11-20 • 10 or less 	<p>3 2 1 0</p>
How soon after you wake up do you smoke your first cigarette?	<ul style="list-style-type: none"> • Within 5 minutes • 6-30 minutes • 31-60 minutes • After 60 minutes 	<p>3 2 1 0</p>
Do you smoke more frequently during the first hours after waking than during the rest of the day?	<p>Yes No</p>	<p>1 0</p>
Which cigarette would you hate to give up?	<ul style="list-style-type: none"> • The first one in the morning • All others 	<p>1 0</p>
Do you find it difficult to refrain from smoking in places where it is forbidden, e.g. in church, at the library, in cinemas, etc.?	<p>Yes No</p>	<p>1 0</p>
Do you smoke if you are so ill that you are in bed most of the day?	<p>Yes No</p>	<p>1 0</p>

FAGERSTROM TEST SCORING CUT-OFFS:

8 - 10	Very High
6 - 7	High
5	Medium
3 - 4	Low
0 - 2	Very Low

Score of 5 or higher refer to Physician

Evaluation Tool for Treatment Planning

1. On how many of the past 30 days did you smoke cigarettes?	NUMBER (0-30) □□																								
2. On the average, about how many cigarettes do you now (prior to admission) smoke each day? (ONE PACK EQUALS 20 CIGARETTES)	NUMBER (0-100) □□□□																								
3. During the PAST 12 MONTHS, did any mental health professional (psychiatrist, nurse, physician's assistant, or other health professional) ADVISE you to stop smoking?	YES (1)		NO (2)																						
4. People close to me are upset at my smoking.	STRONGLY AGREE (1)	AGREE (2)	DISAGREE (3)	STRONGLY DISAGREE (4)	NOT SURE/ DON'T KNOW (5)																				
5. How important is it to you to stop tobacco use now? Please check one box.																									
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Not at All			Average Importance				Extremely Important																		
6. How confident are you that you will succeed in stopping your tobacco use now? Please check one box.																									
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7. How ready are you to stop your tobacco use now? Please check one box.																									
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8. Please choose the one statement that best describes your current situation:																									
I currently smoke/use tobacco and I do not want to quit in the next 6 months.																									
I am seriously considering quitting in the next 6 months, but not in the next 30 days																									
I am interested in drastically reducing the number of cigarettes I currently smoke (reduce by half or more), but am not interested in quitting totally.																									
I am interested in quitting smoking/tobacco use in the next month, and I would be interested in any assistance I could get.																									

MODEL ORDERS
TOBACCO CESSATION/RELIEF FROM NICOTINE WITHDRAWAL

Reference: Tobacco Use and Dependence Clinical Practice Guidelines 2008 Update
<http://www.surgeongeneral.gov/tobacco/>

		Patient Label
Date & Time	#	
	1.	<p>Transdermal Nicotine Patch, first dose now, apply to skin daily; Replace patch daily at 6am</p> <ul style="list-style-type: none"> <input type="checkbox"/> 21 mg (Patient smokes \geq 10 cigarettes/day or chew tobacco) <input type="checkbox"/> 14 mg (Patient smokes <10 cigarettes/ day) <input type="checkbox"/> If patch causes sleep disturbance, remove at night <input type="checkbox"/> Patient declined patch
	2.	<p>Nicotine Lozenge (2, 4mg), first dose now and every 2 hours as needed PRN- nicotine withdrawal symptoms (irritability/frustration, craving for a cigarette, depressed mood, restlessness, insomnia, anxiety, hunger and poor concentration)</p> <ul style="list-style-type: none"> <input type="checkbox"/> 4 mg (Patient smokes a cigarette \leq 30 minutes of waking prior to admission) <input type="checkbox"/> 2 mg (Patient smokes a cigarette > 30 minutes of waking prior to admission) <input type="checkbox"/> Instruct patient not to chew the lozenge but to allow it to slowly dissolve (about 20 minutes). <input type="checkbox"/> Instruct patient not to use the lozenge with soda, coffee or other beverages. <input type="checkbox"/> Patient declined lozenge
Physician Signature: _____		Pager: _____