



Center for Tobacco Studies

# **Tobacco Treatment in Behavioral Health and Substance Use Treatment Settings**

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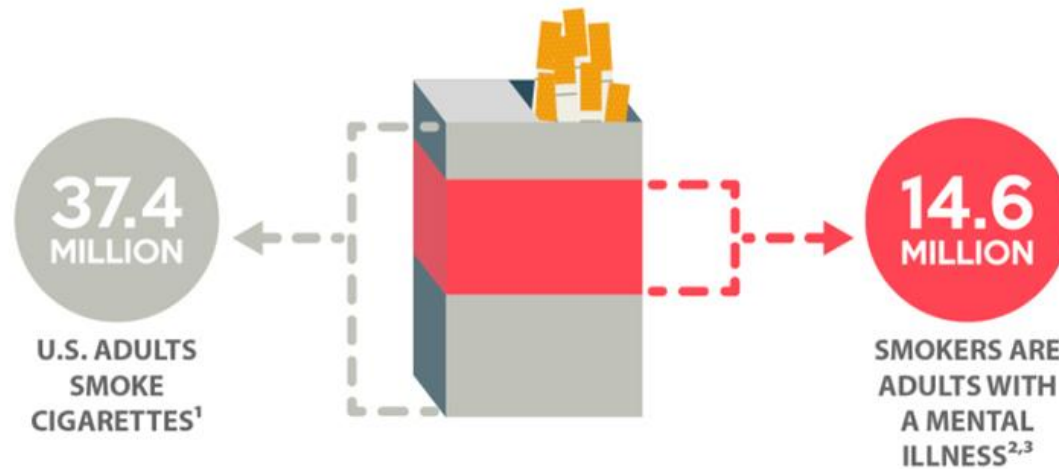
**Nicolette Garthe, CHES**

**Rutgers Center for Tobacco Studies**

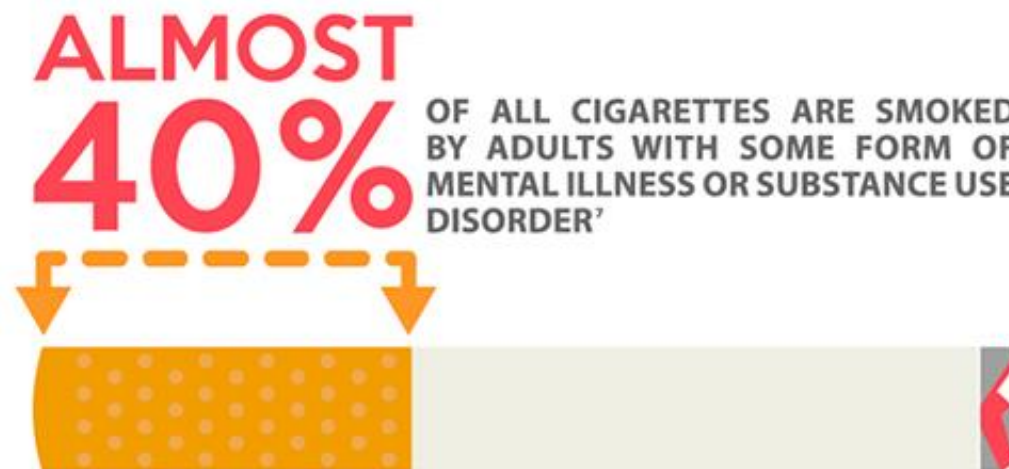
# Many Current Smokers Have a Mental Illness

## SMOKING AND MENTAL ILLNESS: A DOUBLE DILEMMA

MANY CURRENT SMOKERS HAVE A MENTAL ILLNESS



# 20% of Adults in the U.S. Smoke 40% of the Cigarettes



THAT IS MORE THAN  
**112.5**  
BILLION  
CIGARETTES

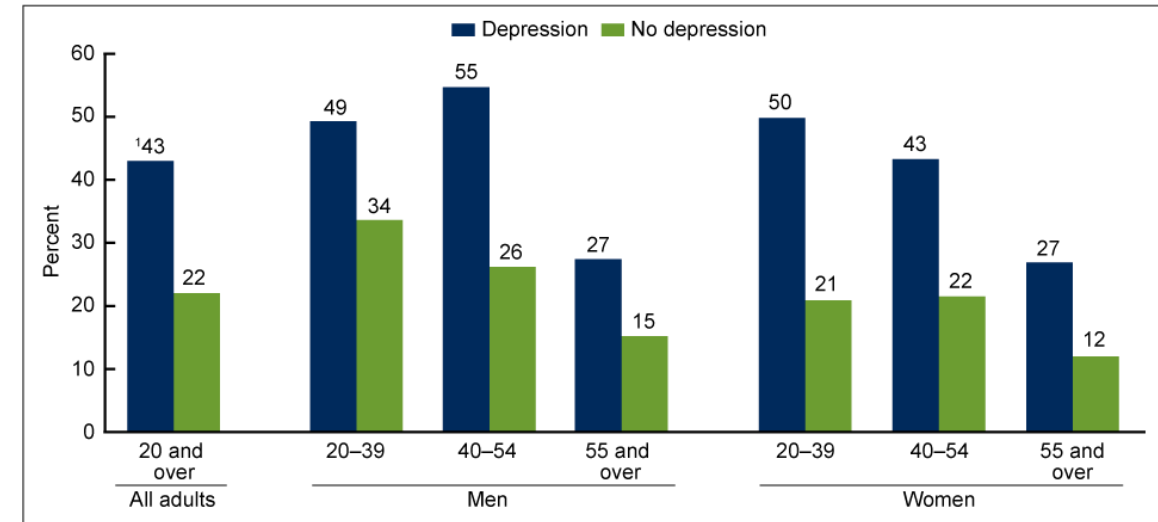
# Smoking and Mental Illness

- Smokers with mental illness have higher smoking rates, higher levels of dependence, and lower quit rates
- Many smokers with mental illness want to quit and can succeed with proper support and evidenced based treatment

# Depression

- 48% of women and 40% of men with severe depression smoke, compared to 17% and 25% of non-depressed women and men respectively
- Baby steps, patience, extra behavioral activation, referral to care

Figure 1. Percentage of adults aged 20 and over who were current smokers, by age, sex, and depression status: United States, 2005–2008



\*All comparisons between depression and no depression are significant ( $p < 0.05$ ).

NOTE: Access data table for Figure 1 at [ftp://ftp.cdc.gov/pub/Health\\_Statistics/NCHS/Publications/Data\\_Briefs/db034/fig01.xls](ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Publications/Data_Briefs/db034/fig01.xls) or [ftp://ftp.cdc.gov/pub/Health\\_Statistics/NCHS/Publications/Data\\_Briefs/db034/fig01.csv](ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Publications/Data_Briefs/db034/fig01.csv).

SOURCE: CDC/NCHS, National Health and Nutrition Examination Surveys, 2005–2008.

# Serious Mental Illness (SMI)

- Smoking prevalence among people diagnosed with Schizophrenia is estimated to be between 64-79%
  - Majority of these smokers want to quit but are less likely to receive help to do so
- In the US people with Schizophrenia die on average of 28 years earlier than the general population
  - Largest disparity in life span in the US
- People with SMI who smoke, experience a disproportionate financial burden spending as much as 1/3 of their monthly income on cigarettes

<https://www.nami.org/About-Mental-Illness/Common-with-Mental-Illness/Smoking>

(Cather, C., Pachas, G., Cieslak, K., Evins, E 2018)

<https://www.psychiatryadvisor.com/home/schizophrenia-advisor/supporting-cessation-reducing-smoking-rates-in-patients-with-schizophrenia/>

# Treatment Considerations for People with SMI

- Important for people with SMI to be in treatment for their mental illness
- Confer with Psychiatrists before providing prescription medications to this group-although most tolerate pharmacotherapy well (including bupropion and varenicline)
- Treatment may require modifications to traditional behavioral interventions to provide increased level of support for smokers with SMI. Modifications may include reminders of appointments, providing/encouraging written lists of alternative behaviors and coping skills, possibility of additional brief check-ins, longer-term support for relapse prevention
- Awareness of the potential for reduced social supports-consider groups designed to meet the challenges faced by those with SMI

# Substance Use Disorders (SUD)

- Yearly smoking prevalence among people with Substance Use Disorders is estimated to be between 65% and 87%
- Tobacco causes more deaths among people in treatment for SUD than alcohol or other drugs
  - 51% of deaths of people with SUD are from tobacco related causes
- 70%-80% of people in treatment for SUD are interested in quitting smoking and research shows smoking cessation incorporated into SUD treatment appears to enhance not compromise sobriety

# Treatment Implications for Smokers with SUD

- The evidence supports the integration of smoking cessation services as a primary component in substance abuse treatment and in the education of Drug and Alcohol Counselors
- Smokers diagnosed with SUD smoke more heavily, so are more dependent and have more difficulty quitting
- Substance induced cravings for nicotine and decreased inhibitory functions increase risk of relapse
- Providers may need to provide additional education around use of medication/NRT given the abstinence focus of treatment facilities

## Short-term vs. Long-term impact of smoking cessation interventions for individuals in Substance Abuse Treatment

- Meta-analysis examined 19 randomized controlled trials evaluating the outcomes association with smoking cessation interventions among individuals receiving SUD (Substance-Use Disorder) treatment.
  - Positive intervention effects for smoking abstinence were statistically significant during post treatment. However, not at 6 months.
  - Smoking cessation interventions provided during addiction treatment led to a **25% increased likelihood of long-term abstinence from alcohol and illicit drugs.**

# SMOKING abstinence rates for those who received a tobacco treatment intervention (end of tobacco treatment)

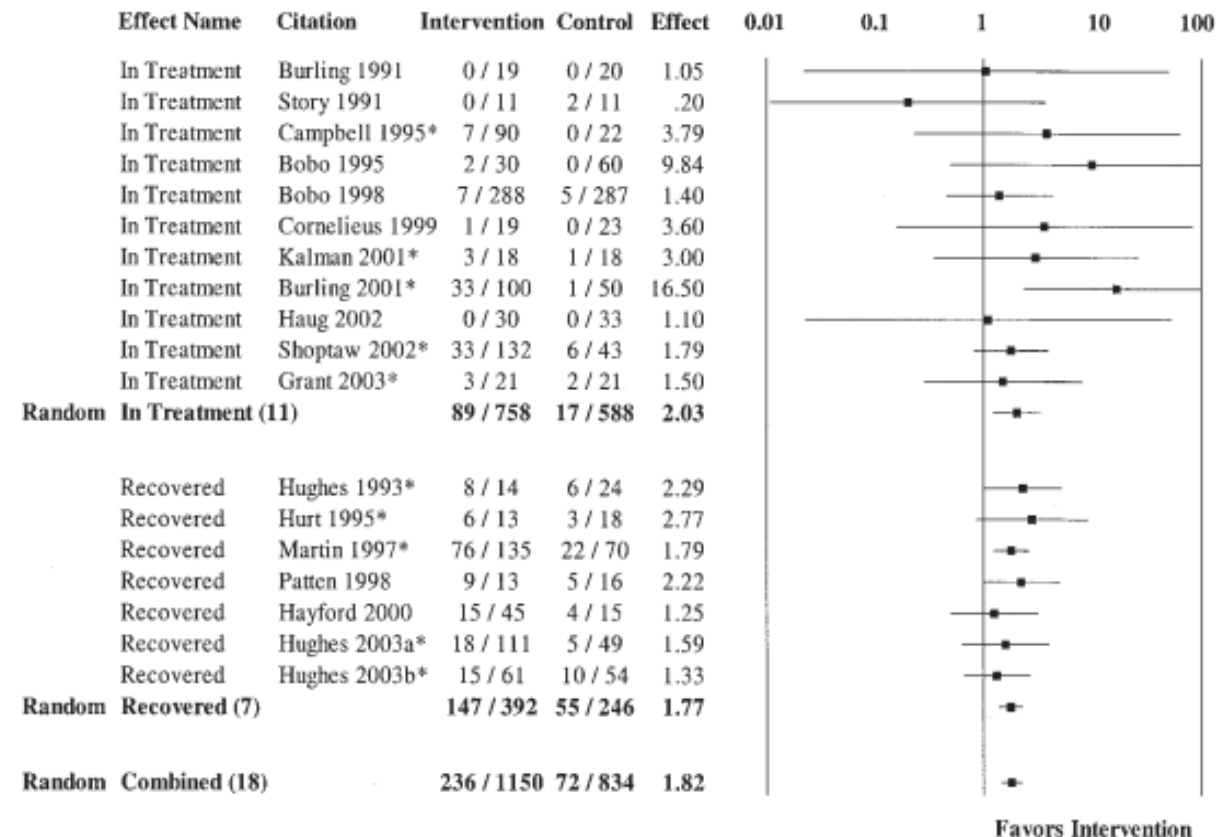


Figure 1. Posttreatment smoking abstinence rates for intervention and control conditions and abstinence relative risk estimates. Abstinence rates are equal to the number of smoking abstinent participants divided by the total number of participants assigned to the treatment group. Asterisks indicate nicotine replacement therapy provided to intervention and/or control participants. The 95% confidence interval to the right of 1.00 indicates a significant treatment effect. The following references were abbreviated because of space constraints: Hughes 2003a = Hughes, J. R., & Callas, P. W. (2003); Hughes 2003b = Hughes, J. R., Novy, P., Hatsukami, D. K., Jensen, J., & Callas, P. W. (2003).

# Review on the impact of quitting smoking and smoking cessation treatment on substance abuse outcomes

- Review of 24 studies (2006-2016) examining the influence smoking cessation or tobacco dependence intervention had on substance abuse treatment outcomes.
  - **Eleven** (46%) studies reported a **positive** impact on substance abuse treatment
  - **Eight** reported **mixed positive / no impact** on treatment outcomes.
  - **Four** reported **no impact** on treatment outcomes.
  - **Only one** study reported **mixed negative / no impact** by ethnic group, without showing any increased substance abuse.
- Thus, most evidence shows that smoking cessation does not appear to have a negative effect, and often has a positive effect on substance use treatment outcomes.

# What is a Certified Tobacco Treatment Specialist?

Certified Tobacco Treatment Specialists (CTTS) are professionals specially trained to provide treatment for individuals seeking to stop using tobacco

## Certified Tobacco Treatment Specialists:

1. Understand the science behind tobacco addiction, nicotine withdrawal symptoms, and effective treatments for tobacco use
2. Provide clear and accurate information about the consequences of tobacco use
3. Develop individualized treatment plans using comprehensive, evidence-based assessments and treatment strategies including effective medications and cognitive-behavioral strategies for quitting and staying quit
4. Provide effective treatment for all forms of tobacco and nicotine use
5. Work with a variety of specific populations including those with specific health issues
6. Use specific, well-accepted methods for tracking individual progress and outcomes
7. Serve as educational resources for organizations, healthcare providers, and the general public regarding tobacco use treatment issues

# What Does Certification Typically Involve?

- Completion of training from an Accredited program (CTTTP)
- Demonstration of knowledge (e.g., pass examination)
- Minimum educational background (e.g., Bachelor's degree)
- Minimum clinical/patient care experience (e.g., # hours of patient care)
- Completion of an application/fee payment to an organization able to grant certification credentials

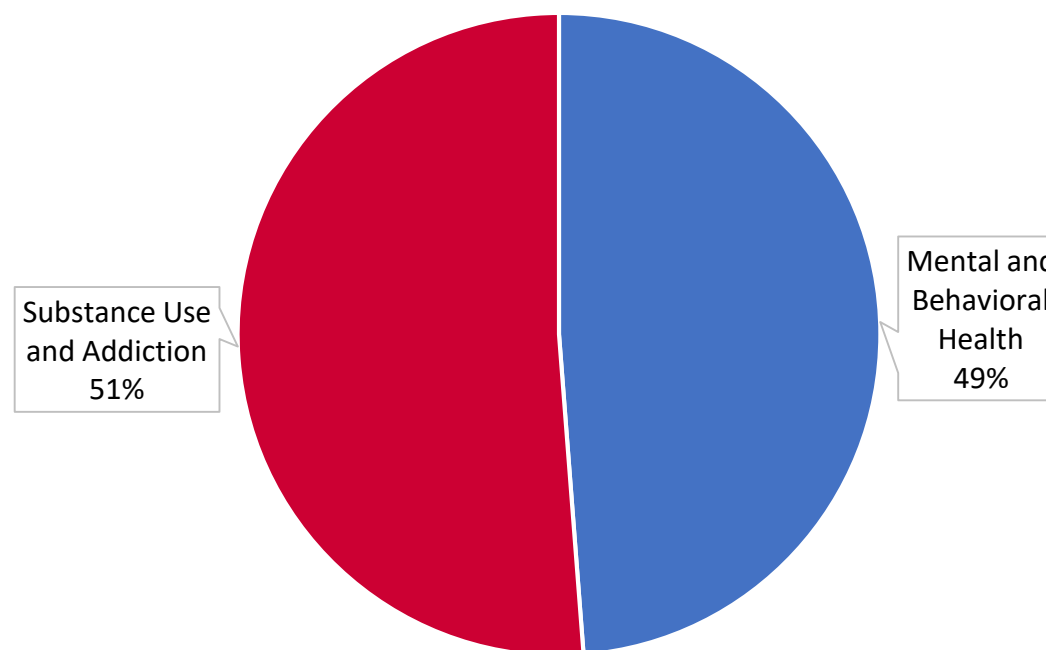
# Rutgers Certified Tobacco Treatment Specialist Training Program

- The Rutgers CTTS Training is 100% virtual and is held 3-4 times each year. Participants complete online, entirely self-paced learning modules which are available for 2 weeks. Then, attendees participate in two consecutive interactive, virtual Zoom session days led by nationally recognized faculty experts
- Content based on evidence set forth in the US Public Health Service Guidelines
- Meets the standards for competencies for tobacco treatment specialists developed by the Association for the Treatment of Tobacco Use and Dependence (ATTUD)
- Nationally accredited by the Council for Tobacco Treatment Training Programs (<https://cttp.org/>)
- Visit <http://www.tobaccoprogram.org/> to register for an upcoming training and to learn more



# Who Attended this Year's CTTS Trainings

Participant Reported Role/Agency Type



**41** participants from DMHAS agencies

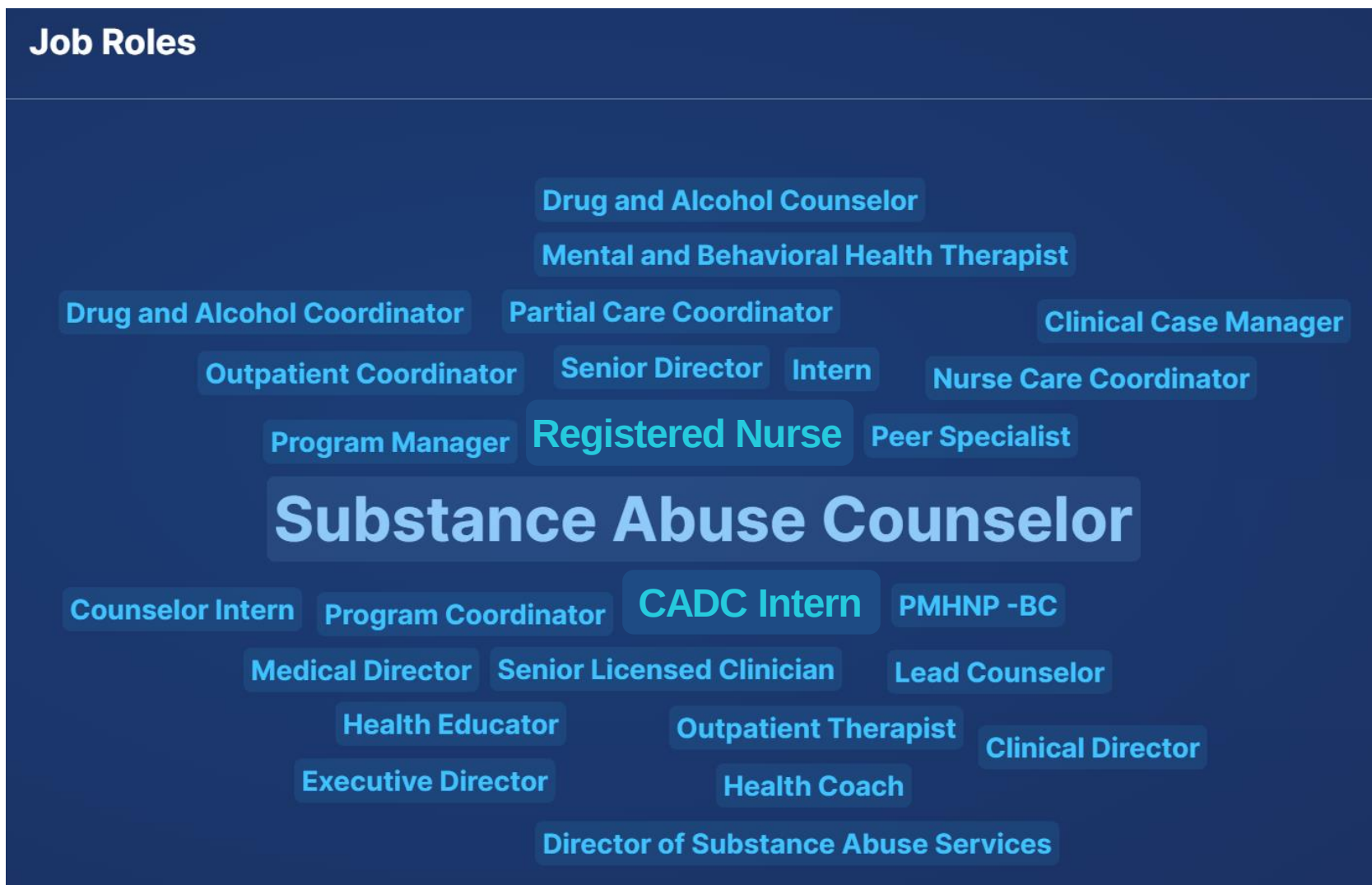
October 2022 & January 2023

# Who Attended this Year's CTTS Trainings

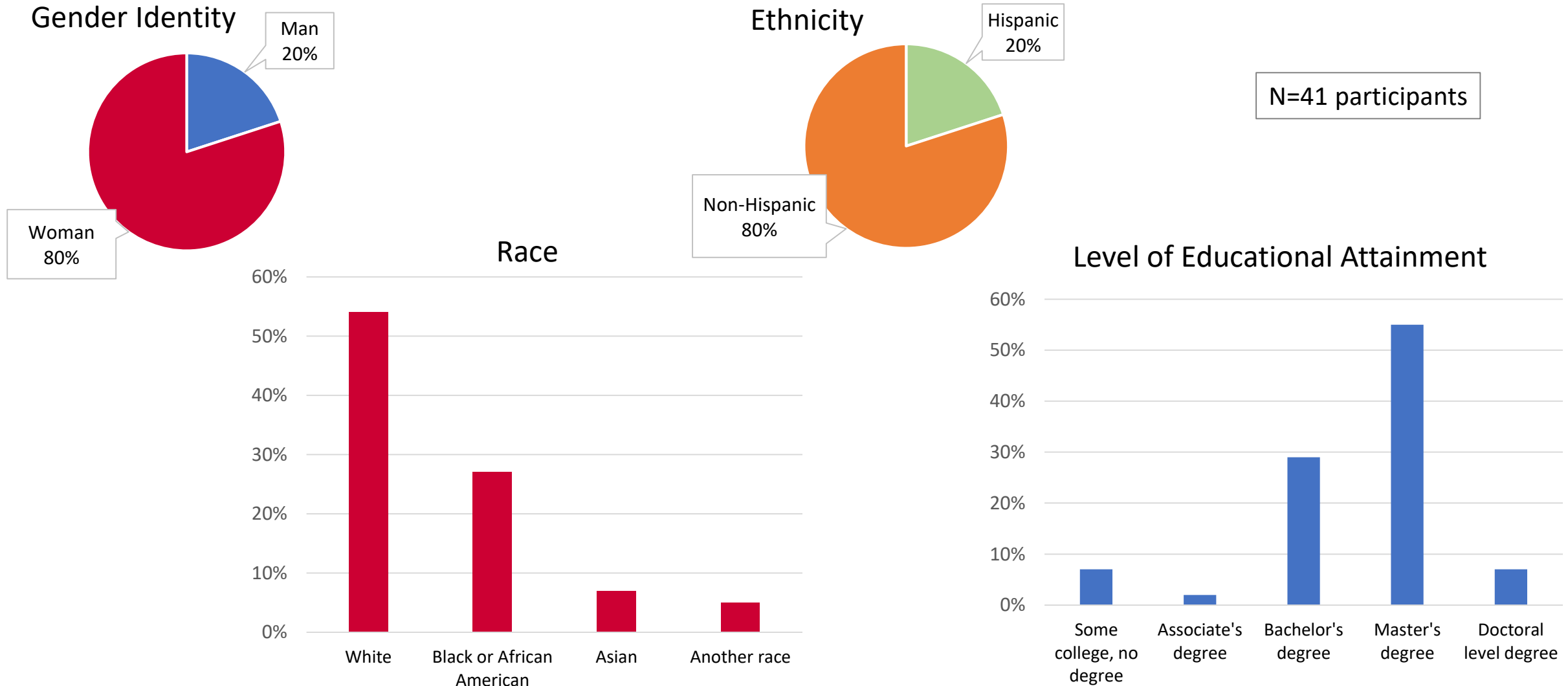
## Agencies:

- Agape
- Ancora State Hospital
- Ann Klein Forensic center
- ASun Star
- Atlanticare CCBHC in Hammonton
- Behavioral Health Outpatient Program At Center for Family Services
- Bridgeway Rehabilitation Services
- Burlington County
- Care Plus Bergen, Inc. DBA Bergen New Bridge Medical Center
- CarePoint Health- Christ Hospital
- CarePoint Health, Hoboken University Medical Center – The Giant Steps Program
- Center for Family Services
- CPC Behavioral Healthcare Aberdeen
- CPC Behavioral Healthcare-Freehold
- CPC Red Bank Counseling Center
- CURA, Inc.
- Garden State Episcopal Community Development Corporation
- Good News Home
- Greystone Park Psychiatric Hospital
- Helping Hand Behavioral Health
- Integrity, Inc.
- Jefferson Health t/a Kennedy University Hospital Inc.
- Jersey City Medical Center Adult Outpatient Behavioral Health Services
- Jewish Family Service
- JSAS HealthCare, Inc
- Monmouth Healthcare Services, LLC dba Harbor MAT
- Morris County Correctional Facility
- New Bridge
- Preferred Behavioral Health
- RMC Outpatient Addiction Services
- Rutgers University RWJMS Division of Addiction Psychiatry, CHOICES
- Salem County Department of Mental Health
- Sunrise Clinical Services
- Trenton Psychiatric Hospital
- Turning Point
- Unity Place Partial Care & DAS Program, LLC in Cherry Hill
- Women of Hope Resource Center, Inc

# Who Attended this Year's CTTS Trainings



# Who Attended this Year's CTTTS Trainings



# Follow up Evaluation Survey Content

- Surveying previous participants of CTTS training from DMHAS agencies to assess the impact of the training
  - Satisfaction
  - What they learned
  - How they implement knowledge
- Examples:
  - How is tobacco use documented
  - Tobacco use policies in organization
  - How tobacco is treated
  - How patients/clients are referred to treatment
  - Confidence in treating tobacco use
  - Barriers for tobacco treatment

Indicate the extent to which you **agree or disagree** that the following are **barriers for you** *working in the field of substance use and behavioral health* to provide interested patients/clients with tobacco cessation services. **(Check one box per line.)**

***Patient-level***

|                                                                                                                                                                    | Strongly Agree        | Somewhat Agree        | Somewhat Disagree     | Strongly Disagree     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Patients/clients <u>do not want to start tobacco cessation treatment while they receive treatment</u> for a co-occurring mental illness or substance use addiction | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Patients/clients do not have access to an <u>environment that supports tobacco cessation</u>                                                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Patients/clients are in a <u>short-term residential facility</u> and are <u>discharged prior to receiving full treatment</u>                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Indicate the extent to which you **agree or disagree** that the following are **barriers for you** *working in the field of substance use and behavioral health* to provide interested patients/clients with tobacco cessation services. **(Check one box per line.)**

***Provider-level***

|                                                                                                                                                                       | Strongly Agree        | Somewhat Agree        | Somewhat Disagree     | Strongly Disagree     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Lack of <u>training or experience in providing tobacco cessation treatment while treating a co-occurring mental illness or substance use addiction</u>                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Concern that <u>medications for treating tobacco use will interfere with medications used while treating a co-occurring mental illness or substance use addiction</u> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other – Specify:<br><div></div>                                                                                                                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

# **Testimonials of previous participants**

# RUTGERS

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## Thank you!

Any Questions?

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