"I can’t quit right now!"
A harm reduction approach to tobacco use in residential treatment
Valerie Mendralla, RN, MPH, CADC

Disclosures
Off-label use of NicoDerm CQ patch
Experience only with CoVita carbon monoxide monitor

Learning Objectives
- Ascertain data to determine why tobacco cessation is a priority.
- Identify interventions to initiate a harm-reduction approach.
- Recognize appropriate assessment and evaluation tools to track progress.
Cigarette Use and Mental Illness

1 in 3
More than 1 in 3 adults (30%) with a mental illness smoke cigarettes, compared with about 1 in 5 adults (20%) with no mental illness.

3 in 10
About 3 of every 10 cigarettes (30%) smoked by adults are smoked by adults with mental illness.

1 in 5
Nearly 1 in 5 adults (or 45 million adults) have some form of mental illness.

Percent of Adults with Mental Illness Who Smoke

Source: National Survey on Drug Use and Health, 2009-2011, Adults ages 18 or older
Cigarette Use

Why should this be priority?

- Persons with serious mental illness (SMI) are now dying a full 25 years earlier than the general population.
- Nicotine affects dopamine
  - People with schizophrenia may experience less negative symptoms (lack of motivation, drive, energy).
  - Smokers with schizophrenia spend as much as a quarter of their income on cigarettes.

Smoking and Mental Illness

- Nicotine has mood-altering effects that put people with mental illness at higher risk for cigarette use and nicotine addiction.
- People with mental illness are more likely to have stressful living conditions, be low income, and lack access to health insurance, health care, and help quitting. All of these factors make it more challenging to quit.
- Evidence shows that there has been direct tobacco marketing to people with mental illness and other vulnerable groups of people.
Smoking Prevalence

Smoking Prevalence among Adults by Lifetime Mental Illnesses Compared to General Population

- Schizophrenia: 59.1%
- Bipolar Disorder: 46.4%
- Serious Psychological Distress: 38.1%
- Attention Deficit Disorder: 37.2%
- Dementia: 35.4%
- Phobias or Fears: 34.3%
- General Population: 20.6%


Link to Improved Mental Health

- NRT with reduction of cigarettes is sometimes helpful for heavy smokers.
- Positive correlation with longer cessation time and abstinence from substances.
- Medications have more efficacy.
  - See handout

The Facility
**Women’s Residential Services**

- 16-bed inpatient residential facility
- Average 100 clients annually
  - Average of 70 completing clients annually
- Length of stay: 60-90 days
- Demographics: 70% Caucasian, 25% African-American, 2.5% Hispanic/Latina, 2.5% Other
- ~70% of clients dually-diagnosed

**Harm Reduction Approach**

**Interventions Used at WRS**

- Carbon Monoxide readings
- Pack checks
- Nurse education (counselors follow up)
- Tobacco Dependency weekly group
- Nicotine Replacement Therapy at no charge (patch, gum, lozenge or combo)
- Access to Tobacco Free Lake County and Illinois Tobacco QuitLine
- Incentives for cessation
CO Readings

- Measured in ppm and COHb.
- Measured at admission, discharge, prior to quit date and after quit date.
- Accurate and low cost over time.
- Data kept on collection sheet

Opportunities for Nursing Interventions

- NRT Education and monitoring
- Discuss smoking status and cessation efforts in progress note/utilization review
- Incorporate smoking into group curriculums
- Educate the client and physician about nicotine’s effect on medication efficacy
- Continue to brainstorm with client ideas on how to obtain cessation
- Collaborate with primary care

NRT

- Decide which patch to start and explain side effects
- Assess response and ask about consumption
- Documented in MAR
Tobacco Dependency Group & QuitLine

- Weekly one-hour group
  - Adapted from various evidence-based curriculums
  - 12 week program with 3 quit dates
  - Pack checks
- QuitLine
  - Can fax from your facility and receive data
  - Provide info at time of discharge so client can continue cessation efforts

Cessation Incentives

- Stickers/chocolate/candy for daily incentive
- Weekly incentive – can be non-monetary such as an additional pass, coupon to miss breakfast, etc.
- $20 gift card for complete cessation at time of discharge and recognition on the “Wall of Fame”

Congratulations Deborah on Kicking the Habit in 2013!
Congratulations Rashawna on Kicking the Habit in 2014!

Assessment & Evaluation

Tracking client's progress

- **Official**
  - Form to document # cigarettes smoked daily at admission and discharge
  - CO readings
  - MAR/Physician Orders
  - Smoking Cessation "Wall of Fame"

- **Unofficial**
  - Pack checks
  - Staff room whiteboard
  - Daily chart with stickers for each day not smoked
  - Client/staff recall
Data from July 2013 – July 2014

- 6 clients stopped smoking prior to discharge
- 90.7% of successfully-completing clients have decreased their amount of cigarette use.
- 53.1% of successfully-completing clients have decreased their amount of CO.
- Have received 2,688 patches, 8400 pieces of gum and 720 lozenges through the Tobacco Free Lake County grant.

Barriers

- Location of ‘Smoke Pit’
- Hard to compete with social aspect
- Women are more susceptible to social cues and smells
  - Menstrual cycle plays a role
- Enforcement is difficult and undefined
- Enabling from family and support system
- Limitations on how to provide a better “quit” environment

Questions?
Contact Information

- Valerie Mendralla, RN, MPH, CADC
  - vmendralla@lakecountyil.gov
  - 847-377-7842
- Lake County Health Dept. – Women's Residential Services
  - 24647 N Milwaukee Ave Vernon Hills, IL
  - http://health.lakecountyil.gov/Behavioral/Pages/womens-residential-services.aspx