

- Tobacco use of individuals with mental health/substance use disorders continue to smoke at high rates - about 41%
- Individuals living with behavioral health conditions are dying up to 25 years earlier than the general population
 - Often due to tobacco related diseases – cancer, heart disease, lung disease
 - More likely to die from this disease than from their drug and/or alcohol use
- This population consume 45% of cigarettes smoked

Wisconsin Deaths from Tobacco

- 7,700 Wisconsin residents die **each year** from tobacco-caused diseases
 - 44% of these deaths are people with substance use or mental health disorders

Burden of Tobacco Report - 2010

The Demand is There....if You Ask

- The majority of people with behavioral health conditions want to quit smoking and want information about cessation services and resources
- People with mental illness and substance use disorders can successfully quit using tobacco

Client Tobacco Treatment Considerations...

Individuals with behavioral health conditions may associate with other people using tobacco through treatment programming and may normalize the use of tobacco - make individuals feel like they are "part of a group."

Individuals with behavioral health conditions may also live in environments where tobacco use is common and this may create additional challenges to living tobacco-free.

Individuals with behavioral health conditions may have greater challenges accessing healthcare and community resources to support a tobacco-free lifestyle.

Client Tobacco Treatment Considerations...

- Fear of failure
- Lack of knowledge
- Fear of withdrawal symptoms
- Fear of weight gain
- Concern about recovery
- Concern about stress management
- Doubt about dealing with boredom
- Part of daily routine
- Integral to social activity

Clinician and System Tobacco Treatment Considerations...

- Competing demands
- Tobacco as socialization activity, behavioral reward
- Staff acceptance and promotion of smoking
- Expectation of failure
- Fear of symptom exacerbation and relapse
- Lack of training
- Minimization
- Tobacco use

Why treat and integrate nicotine dependence?

- Morbidity and mortality rates of smokers in behavioral health treatment
- Concurrent treatment works
- Smokers want to quit
- Immediate health benefits of cessation
- Clinical approaches widely used in behavioral health treatment are applicable to tobacco treatment

Wisconsin Nicotine Treatment Integration Project

WIN - Concept for success

TIP - How to make it work

= WINTIP



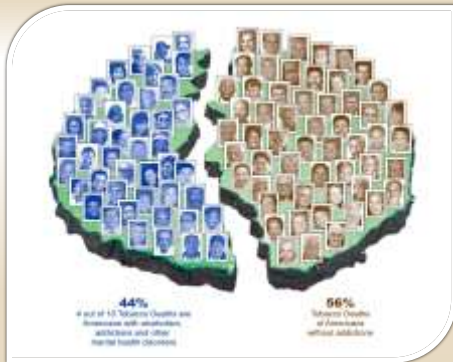
David Macmaster

Why Are We Doing This?



Again.....Cold, Hard Facts

- Those with mental health and substance use disorders that are also nicotine dependent are getting sick and dying at from twice to more than 4 times the rate in the general population
- From a third to half of smokers and other tobacco users will die from using tobacco products as these products are intended



Birth of WINTIP

2007 - 2014

Mac Discovers TPCP.....

- David Macmaster is retained as consultant to Sauk County Tobacco Free Coalition after more than 25 years in addiction services and discovers AODA disparity discrepancy from prevalence/mortality data
- Mac writes first Tobacco Integration Support Resolution; adopted by Sauk County Health Department

“Encourages policies that lead to the integration of evidence-based nicotine dependence treatment into Wisconsin AODA and Mental Health services”

From County To State Issue

- Team Heiligenstein/Macmaster begins at the Tobacco Prevention and Control Program as "cessation committee" and tobacco integration partners
- Mac mobilizes Wisconsin AODA advocacy associations to support tobacco integration with support resolutions
- Dr. Michael Fiore, Dr. Michael Miller and Mac meet to consider a partnership with tobacco, AODA and MH
- First coalition of Wisconsin tobacco, AODA, MH and the 2 state agencies responsible for them is formed

WINTIP CREATES NEW COALITION

- Mental Health Stakeholders
- Substance Use Disorder Stakeholders
- Tobacco Prevention & Control Stakeholders
- 2 Agencies responsible for them

WINTIP Tobacco Integration Formula

Buy-in + Training + Resources
Equals Implementation

*WINTIP SUPPORT RESOLUTION BECOMES
WISCONSIN STATE POLICY
THEN IS ADOPTED AS NATIONAL TOBACCO
POLICY

**Wisconsin Nicotine Treatment
Integration Project**

2013 WINTIP
Tobacco Integration Innovator Grants
and
Special Project

The goal of these projects have been to encourage and broaden the participation of clinicians, researchers, students, educators and consumers in the process of tobacco treatment integration.

Full Integration Grantees

Meta House, Milwaukee
Kenosha Community Health Center

Expand Tobacco Integration To All Program Facilities



Milwaukee County Tobacco Integration Pioneers

Training Clinicians To Treat Nicotine Dependence

At Kenosha Medical & Dental Facilities



Integration Step Grantees

National Alliance on Mental Health, Madison
Chippewa Valley Correctional Treatment Facility
Family & Children's Center, La Crosse
ARC Community Services, Madison
L.E. Phillips/Libertas, Chippewa Falls
La Crosse County Health Department/Behavioral Health

Training Peer Specialists to Help Others With Mental Health Disorders Become Tobacco Free



Helping Inmates With Other Substance Dependence Disorders Prepare for Tobacco Free Recovery

Chippewa Valley Correctional Treatment Facility



Expand Tobacco Integration Program to Other Corrections Services

Training Clinicians to Bring Tobacco Free Recovery to the Community Support Program



**Family & Children's Center
La Crosse**

Tobacco Free Incentives for Women in Treatment and Recovery



ARC Community Services, Inc.

**Wisconsin's Second 100% Tobacco Free Program
Expands Nicotine Dependence Treatment Services**



LE Phillips/Libertas, Chippewa Falls

**Treating Patients With Addiction
And Mental Health Disorders
Who Are Nicotine Dependent**



**La Crosse County Health Department
Behavioral Health Services**

**WiNTiP
Special Project
Grantee**

Dane County
Tobacco Integration Project

DCCDC/TIP

A joint venture encouraging all Dane County's AODA
providers to transform their tobacco tolerant to tobacco
free cultures

Sponsored by WINTIP and Dane County Chemical
Dependency Consortium

What Works?

Key Recommendations

- All clients/patients should be screened for tobacco use, advised to quit, and be offered an intervention
- Effective tobacco dependence treatments consist of:
 - ✓ Brief clinician coaching/counseling
 - ✓ One of the 7 FDA-approved medications
 - ✓ Systems-level changes that institutionalize cessation treatment

A New Way Of Thinking About Integrating Tobacco Dependence Treatment

- Typically, interventions target smokers or clinicians
- Strategies ensure tobacco use is systematically addressed and treated at every encounter, creating a new standard of care
- Systems-level approaches implemented throughout the treatment delivery system
- Power of “institutionalizing” treatment of tobacco dependence

The 5 A's for a Client/ Patient Willing to Quit

- **ASK** all clients/patients about their tobacco use
- **ADVISE** all smokers to quit
- **ASSESS** willingness to make a quit attempt
- **ASSIST** in quitting attempt (counseling & meds)
- **ARRANGE** for follow-up

Counseling

5 Key Points for the Smoker Willing to Make a Quit Attempt:

- Set a quit date: ideally within 2-3 weeks
- Review past quit experiences
 - > Seven (7) FDA-approved medications for cessation
 - > Discuss patient concerns
- Anticipate challenges to the upcoming quit attempt
- Other smokers in the household
- Alcohol



Counseling + Medications = Success

Seven FDA-Approved Medications for Tobacco Dependence

1. Bupropion SR
2. Nicotine gum
3. Nicotine inhaler
4. Nicotine nasal spray
5. Nicotine patch
6. Nicotine lozenge
7. Varenicline



Treatment Considerations

- Determine need for involvement from primary care/other health care provider
- Determine need for more intensive behavioral therapy
- Address psychotropic medication issues
- Tailor treatment plan based on:
 - Current stability of symptoms/recovery
 - Functional status
 - Previous quit history
- Help develop a quit plan
 - Most people do better if they get help to PREPARE and PLAN for their quit attempt
- Provide practical counseling
 - Most people do better if they understand the need to change behavior too
- Provide social support
 - People who get help and social support are more likely to be successful in quitting smoking

Counseling

Tobacco Intervention for the Smoker

Not Willing to Make a Quit Attempt:

Motivational Interviewing

- Explore and help resolve ambivalence about change
- Elicits "change talk"
- Guides clients to their own decision making
- Increase self-efficacy for change
- Empowers clients to choose change

"There is a treatment that may help you reduce your smoking."

Deliver a smoking reduction + nicotine replacement therapy (NRT) treatment for those willing to try it: for up to 6 months pre-quit (patch, gum, or inhaler)

Congratulate success and encourage person to remain abstinent

Use relevant, open-ended questions to discover whether the person wishes to discuss issues related to quitting:

- The benefits the person derived from cessation
- Any success they have had in quitting (duration of abstinence, reduction in withdrawal, etc.)
- The problems encountered--or anticipated threats--to maintaining abstinence (e.g., depression, weight gain, alcohol, other tobacco users in the household, significant stressors)
- A medication check-in, including effectiveness and adherence
- It's important to support multiple quit attempts as part of the process
- And it's important to encourage the person to keep trying



Wisconsin Tobacco Quit Line

- Phone-based program, web-based support
- Available 24 hours a day, 7 days a week
- Offers free, confidential coaching on how to quit tobacco
- Coaches tailor counseling to the individual
- Translators available in virtually any language

Spanish Line: 1-877-2NO-FUME
(266-3863)
TTY telephone line: 1-877-777-6534



Integrating the Wisconsin Tobacco Quit Line

Use the Wisconsin Tobacco Quit Line as a treatment extender for ongoing, intensive counseling....

“When you’re ready to quit, we’re ready to help”



What Services are Available?

- **Quit Coach** calls
- **Nicotine Replacement Therapy** starter kit
- **Online Web Coach** feature
- **Quit Kit:** self help materials
- **Information for Others**
- **Referrals to local quit-tobacco programs and services**



Other Quit Kit Support Materials

- “Enough Snuff”, a guide to quit smokeless tobacco
- “Butts Out”, for youth
- “Need Help Putting Out That Cigarette?”, for pregnant women
- “Guia para Dejar de Fumar”, for Spanish-speaking callers
- Fact Sheets
 - Diabetes, Heart Disease, Asthma, COPD, Pregnancy, Secondhand Smoke

Web Coach

- Provided in conjunction with phone coaching
- Participants can:
 - Build quit plans
 - Track progress
 - “Talk” with Quit Coaches and other tobacco users in discussion forums
 - Receive tailored coaching emails
- Unlimited access



Fax to Quit

- Easy way to connect patient to Quit Line
- Fax consent form to Quit Line
- Quit Coach proactively calls patient
- Clinician/treatment specialist is kept in the loop
- Increases/improves access to cessation resources



Fax to Quit Coordinator

Each site must assign a Fax to Quit Coordinator to serve as a contact for the Quit Line

Receives the Referral Outcome reports and Monthly Quit Line reports

- Contact ROS with any questions or issues with referrals
- Inform ROS of any changes in facility or contact person information
- Contact ROS when additional or new staff need to be trained

Referrals to Local Programs & Services

- Referral source for Quit Coaches, tobacco users and providers
- Over 11,500 referrals
- www.WIQuitLine.org



Community Guide to Quit-Tobacco Programs

http://www.ctri.wisc.edu/News.Center/News.Center_FactSheets.html

Free Quit Line Resources



www.WIQuitLine.org

- Videos
- Handouts
- Testimonials

Order QL materials at:
quitline@ctri.medicine.wisc.edu

Wisconsin Nicotine Treatment Integration Project (HelpUsQuit.org) Resources

- Tobacco treatment training and technical assistance
- Website
- Resources (videos, toolkits, posters, webinars, etc.)
- Research and literature



UW-CTRI Website

HelpUsQuit.org

Mental Health/
AODA Section
www.HelpUsQuit.org





www.wisconsinwintip.com





Wisconsin Nicotine Treatment Integration Project

Saving Wisconsin Lives by Integrating Evidence-based Nicotine Dependence Treatment into AODA and Mental Health Services

Contact Information

David "Mac" Macmaster, CSAC, TTS
(608) 393-1556
dmac1956@charter.net

Kristine Hayden
UW-CTRI
615 W. Clairemont Avenue
Eau Claire, WI 54701
kh4@ctri.wisc.edu
715-830-5582
