Issue Brief

Addressing Tobacco Use in Adult Mental Health Service Programs

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People with Severe Mental Illness (SMI) consume nearly half of all tobacco sold in the US (Lasser, Boyd, Woolhander, Himmelstein, McCormick, & Bor, 2000). Compared to the general population, individuals diagnosed with SMI are at greater risk of co-morbid health problems and premature death (Centers for Disease Control and Prevention, 2002; National Association of State Mental Health Program Directors, 2006). Often individuals with SMI are unaware of supportive services such as Quitlines, Nicotine Anonymous (NIC-A) meetings, and/or Nicotine Replacement Therapy (NRT). To compound matters, many states have cut tobacco cessation funding, and few mental health programs provide integrated approaches to tobacco cessation. Programs lack trained staff or peers to assist people with SMI who wish to quit or to learn about the harmful consequences of tobacco use (e.g. cigarettes, cigars, or chewing tobacco). However, evidence suggests that people with SMI can be successful in quitting. We describe our efforts to engage this population in tobacco cessation activities below.

Integrating Tobacco Cessation in a Psychosocial Rehabilitation Clubhouse

Clubhouses are therapeutic communities composed of people diagnosed with SMI (members) and staff who work within the clubhouse (Beard, Propst, & Malamud, 1982).

Clubhouses provide a variety of services including community-based employment, education, housing, outreach, health promotion activities, and social supports. Work and choice are key elements of the model and members are encouraged to participate in all aspects

Clubhouse staff & member using CO monitor

of clubhouse operations. In a recent survey, few clubhouses indicated that they address tobacco use despite tobacco use rates as high as 75% among clubhouse members and 80% of clubhouses indicating a great need for tobacco cessation services (McKay & Pelletier, 2007).

The Program for Clubhouse Research (PCR) at SPARC is conducting a project funded by the American Legacy Foundation that joins experts in organizational change and tobacco dependence treatment for people with SMI at UMass with experts in the Clubhouse Model at Genesis Club to help people with SMI quit using tobacco. Project goals include creating organizational change with regard to tobacco use in the clubhouse; reducing or eliminating tobacco use among members and staff; customizing evidence-based tobacco cessation interventions for clubhouses; training peer leaders, developing resources including a health promotion toolkit and training materials for clubhouses; and disseminating and replicating findings. Clubhouse members and staff are involved in all phases of the project.

Major activities include integrating three evidence-based tobacco cessation interventions with existing health promotion activities in clubhouses:

1) Addressing Tobacco Through Organizational Change (ATTOC), (Ziedonis, Zammarelli, Seward, Oliver, Guydish, et. al, 2007). ATTOC is a technical

assistance process that utilizes specific steps and organizational change to help agencies address tobacco use and achieve their tobacco cessation goals. For clubhouses, goal areas focus on: 1) Organization, 2) Service Providers (staff), and 3) Service Recipients (members and member supports).

2) Consumers Helping Others Improve Their Condition by Ending Smoking (CHOICES) is an innovative consumer-driven intervention that develops peer leaders to encourage individuals with SMI to make healthy lifestyle changes (Williams, Cain, Fredricks, & O'Shaughnessy, 2006). CHOICES includes peer training, community education, and information dissemination.

3) Learning about Healthy Living (LAHL). (Williams, Ziedonis, Speelman, Vreeland, Zechner, et al, June 2005). We are adapting LAHL for clubhouse settings as part of our project. LAHL focuses on addressing tobacco use, tobacco cessation, and incorporating aspects of healthy living such as improving diet, increasing activity, and managing stress. LAHL is designed for all motivational levels. LAHL Group I is an educational intervention for all smokers with SMI. Group I participants learn about risks associated with tobacco use, benefits of and ways to quit using tobacco, and general healthy behaviors. For example, in "How Much Does Smoking Cost?" Smokers learn the average daily, monthly, and annual amounts that they spend on cigarettes, and how much money they could save if they quit using tobacco. LAHL Group II "Quitting Smoking" is for motivated smokers who want to quit smoking. Group II emphasizes action-based techniques for quitting that improve success and reduce risk of relapse. Topics include preparing to quit, seeking support while you quit, refusing cigarettes, dealing with triggers and setbacks, and celebrating a tobacco-free lifestyle.
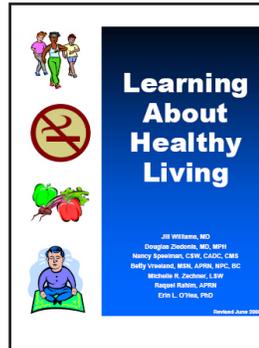
The UMass team provides clubhouse staff and members with training in use of Breath Carbon Monoxide Monitors (CO Monitors) to track tobacco use among members and staff. CO Monitors yield accurate readings of carbon monoxide levels and self-reported smoking status (Middleton, & Morice, 2000) allowing people to see changes in their CO levels as they quit using tobacco much like someone dieting would use a scale to track their progress.

Genesis Club works with local service providers so that members can access FDA approved medications for tobacco cessation. Genesis has information and literature available about tobacco cessation including a smoking cessation component on their website. Genesis currently offers weekly LAHL Group I and II meetings, has incorporated tobacco cessation into member goal planning, and established an outdoor tobacco free area for members and staff. Our project team is developing a health promotion toolkit that we plan to disseminate to other clubhouses as part of the Legacy grant. The toolkit will have information and resources related to health promotion activities including tobacco cessation, exercise, nutrition, and stress management. Since we have implemented these interventions, Genesis reports a culture change towards tobacco use and their grounds will be tobacco free for the Great American Smokeout on November 19th.

Recommendations for Service Providers:

• Implement and evaluate cost-effective interventions that attempt to decrease morbidity and mortality associated with tobacco use among people with SMI.
• Consider organizational change (ATTOC) as an approach to address tobacco use. For example, examine and modify program policies related to tobacco use.
• Train staff and consumers to provide support to people who wish to quit or learn about the harmful consequences of tobacco use.
• Provide tobacco cessation supports for service providers as well as consumers.
• Address all types of tobacco use. It is a common misconception that people who smoke pipes or cigars without inhaling will avoid physical harm. Many people are unaware that concentrations of toxins are higher in cigar smoke than in cigarette smoke. While chewing tobacco and snuff may appear safe, the single greatest risk factor for oral cancer is tobacco use.
• Emphasize the positive benefits obtained by quitting smoking. For example, stress how much money you can save by not using tobacco products.
• Emphasize that motivational levels are states and not traits and people can change. People diagnosed with SMI can quit using tobacco.
• Provide access to FDA approved medications for tobacco cessation. They are effective in helping people stop using tobacco when used as part of a comprehensive smoking cessation program.
• Emphasize the importance of quit attempts. The more attempts a person makes, the more likely they are to succeed.
• Provide education about resources available to people attempting to quit smoking. These include the American Legacy Foundation website, the National Tobacco Cessation Collaborative, Nicotine Anonymous (NIC-A) meetings, the Massachusetts Tobacco Control Program, QuitWorks, the Massachusetts Smokers' Helpline, and the Centers for Disease Control and Prevention.

Opinions expressed in this brief are those of the authors and not necessarily those of UMass Medical School or SPARC.

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