

WELCOME!



Do Quitlines Have a Role in Serving the Tobacco Cessation Needs of Persons with Mental Illnesses and Substance Abuse Disorders?

Thursday, November 18, 2010 – 1 pm ET/10 am PT

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WEBINAR TIPS

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INTRODUCTIONS AND HOUSEKEEPING



▪ **Margaret Meriwether, PhD**

- *Moderator*
- Behavioral Health and Wellness Manager
- Smoking Cessation Leadership Center

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San Francisco

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HOUSEKEEPING

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AGENDA

- Introduction
- Welcome from SCLC
- Welcome from NAQC
- **Presentation: Chad Morris and Gary Tedeschi**
- Questions & Answers
- Technical Assistance and Closing Remarks

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WELCOME FROM SCLC

- **Steven A. Schroeder, MD**
 - Director
 - Smoking Cessation Leadership Center
 - Distinguished Professor of Health and Health Care, Department of Medicine, University of California, San Francisco



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WELCOME FROM NAQC



■ **Jessie Saul, PhD**

- Director of Research
- North American Quitline Consortium (NAQC)

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TODAY'S SPEAKER

■ **Chad Morris, PhD**

- Associate Professor
- Director, Behavioral Health & Wellness Program

University of Colorado Denver,
Anschutz Medical Campus

Department of Psychiatry

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TODAY'S SPEAKER



▪ **Gary J. Tedeschi, PhD**

- Clinical Director
- California Smokers' Helpline
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Chad Morris, Ph.D. & Gary Tedeschi Ph.D.
November 18, 2010

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Co-Sponsored by:



<http://smokingcessationleadership.ucsf.edu>



University of Colorado

Behavioral Health &
Wellness Program

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Quitline Behavioral Health Advisory Forum Members

- **Anne Betzner, Ph.D.**
Vice President
Professional Data Analysts, Inc.
- **Janis Dauer, MS, CAC/CCS**
Executive Director
Alliance for the Prevention and Treatment of Nicotine Addiction
- **Cindy Haugland**
Business Development
National Jewish Health
- **Amy V. Lukowski, Psy.D.**
Clinical Director, Health Initiatives Programs
National Jewish Health
- **John Mahalik, Ph.D., M.P.A.**
Director of Research & Evaluation
Behavioral Health & Wellness Program
University of Colorado
- **Stephen S. Michael, MS**
Director, ASHLine
University of Arizona
Mel & Enid Zuckerman College of Public Health
- **Chad Morris, Ph.D.**
Director, Behavioral Health & Wellness Program
University of Colorado Denver.
- **Connie C. Revell**
Performance Improvement Council Team
OMB
- **Catherine Saucedo**
Deputy Director
Smoking Cessation Leadership Center
- **Jessie Saul, Ph.D.**
Director of Research
North American Quitline Consortium
- **Gary Tedeschi, Ph.D.**
Clinical Director
California Smokers' Helpline
Moores Cancer Center
University of California San Diego
- **David Tinkelman, MD**
Medical Director, QuitLine
Vice President Health Initiatives
National Jewish Health
- **Steve Tutty, Ph.D.**
Associate Director, CBT Services
Free & Clear, Inc.
- **Ken Wassum**
Senior Product Manager
Free & Clear, Inc.

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Why Discuss Behavioral Health & Smoking?

Because smoking is concentrated among persons with mental illnesses and/or substance abuse disorders, effective treatment strategies are key to achieving desired reductions in smoking prevalence (Schroeder, 2009).

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I didn't survive depression
and suicide attempts
so I could die from lung cancer.
I had to stop smoking.
—ARIANA

CIGARETTES ARE MY GREATEST ENEMY
TOBACCO CAUSES MORE DEATHS THAN AIDS, DRUGS, BREAST CANCER AND GAY BASHING COMBINED

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Why Include Quitlines in This Discussion?

- There is growing evidence that a significant number of quitline callers have addictions and mental health disorders.
- We know that quitlines are already serving this population.
- But “How can quitlines most effectively serve these individuals?”

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Quitline Interventions

- Have demonstrated effectiveness
- Telephonic services widely available to all tobacco users in the U.S. and Canada
- Generally offer some combination of counseling and cessation medications.
- In 2008, 70% of U.S. quitlines provided cessation medications

(Anderson & Zhu, 2007; NAQC, Unpublished Data; Stead, Perera, & Lancaster, 2007; Zhu et al., 2002)

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Purpose & Aims

All clients, including quitline callers with diagnosed or undiagnosed behavioral health disorders, deserve access to proven treatments that significantly enhance the odds of cessation

(Mottillo et al., 2008).

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Quitline Behavioral Health Advisory Forum

- Formed in Summer 2009, following the NAQC & NCTOH conferences
- Convened to address this salient issue for quitlines
- Comprised of key people from quitlines and behavioral health provider community

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Forum Activities

- Fostering a learning community
- Cataloguing practices and resources
- Reviewing screening & reporting options
- Raising community awareness of quitline services
- Creating community partnerships
- Identifying referral resources
- Recommending needed research
- Suggesting core competencies
- Building training modules

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The Background Report

- Provides a brief introduction to the evidence base and expert opinion regarding:
 - **The association between tobacco use and behavioral disorders**
 - **Morbidity and mortality**
 - **Neurobiological, psychological, social, and systemic barriers to tobacco cessation**
 - **The desire and ability of these individuals to quit**
 - **Quitlines' effectiveness serving this population**

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The Background Report (cont.)

- Pragmatic suggestions regarding:
 - **Screening**
 - **Treatment**
 - **Staff training & supervision**
 - **Research & evaluation**
 - **Community referral**
 - **Policy**

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What We Know

- The prevalence of current mental illness among quitline callers ranges from 19%-50%

(Canadian Smokers' Helpline, 2009 unpublished data; Hrywna et al., 2007; Kreinbring & Dale, 2007; McAfee, Tutty, Wassum, & Roberts, 2009; Tedeschi, Zhu, & Herbert, 2009).

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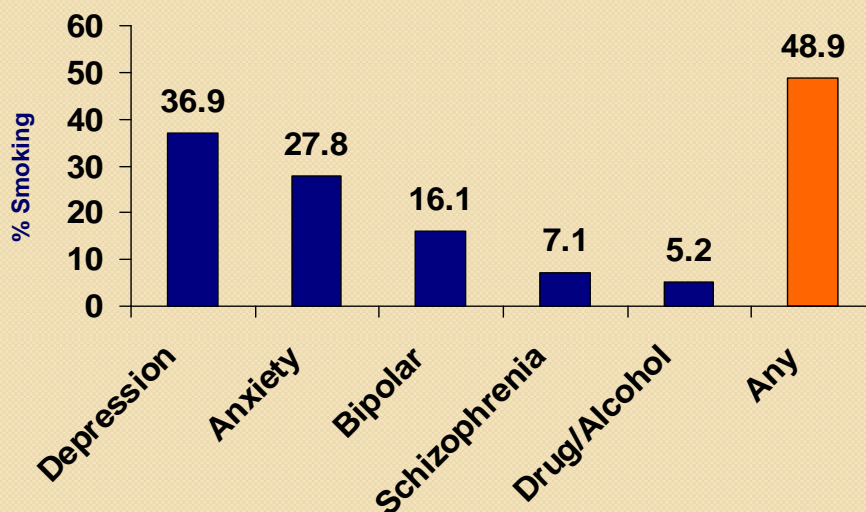
What We Know (cont.)

- Approximately half (48.9%) of callers report having at least one mental health issue, broken down as follows:

(Zhu et al, 2009 unpublished data)

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Self-Reported Mental Health Issues Among Callers



(Zhu, et al, 2009. Unpublished data)

What We Know (cont.)

- Several studies have found that persons with behavioral health issues may use quitline services more frequently and have outcomes very similar to the general population.

(Colorado Department of Public Health and Environment, 2009 unpublished data; Hrywna et al., 2007; Kreinbring & Dale, 2007; Tedeschi et al., 2009; Zhu et al, 2009 unpublished data)

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Results from One Study

	NO Mental Health Issue	Mental Health Issue
Received Counseling	74.0%	84.0%
Use of Nicotine Replacement Therapy	33.3%	41.7%
Quit Attempts (within 2 months)	53.1%*	56.4%*
Quitting Success (30 day PP at 2 mos.)	20.8%*	19.0%*

(Zhu, et al, 2009. Unpublished data)

*Descriptive data, not based on results of a randomized controlled trial

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Considerations from this Data

- Smokers with mental illnesses call in high numbers
 - Across all demographics
- They appear to be more motivated
 - More likely to get counseling & use NRT
- The motivation and use of treatment seem to compensate for vulnerability associated with mental health condition.
- As a result, they are equally likely to try to quit & succeed

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What We Know (cont.)

- In another recent study:
 - Those who endorsed an emotional or mental health challenges question were less likely to be quit at six months (14.7 vs. 25.3%), but...
 - Answers to the PHQ-2 were not predictive of quit status.
 - Those who answered “yes” to the emotional/mental health question and who also had moderate or greater depressive symptoms reported very low 30-day abstinence rates.

(McAffee et al., 2009)

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Recommendations

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Screening

Should quitlines ask about mental illness and substance use disorders at the point of intake?

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Screening (cont.)

- It is recommended that if quitlines screen for chronic care conditions for all callers, that behavioral health questions be included. Examples of potential questions are:
 - **Do you have any mental health issues or emotional challenges, such as an anxiety disorder, depression disorder, bipolar disorder, alcohol/drug abuse, or schizophrenia?**
 - **Do you believe that these mental health issues or emotional challenges will interfere with your ability to quit?**

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Treatment

- All motivated callers, even those lacking psychiatric stability, should still receive counseling and pharmacotherapy to the degree possible
- Interventions will generally be the same as for the general population- a combination of counseling and pharmacotherapy
- Cognitive & behavioral challenges will need to be anticipated

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Treatment (cont.)

- Specifically, staff are encouraged to tailor treatment to the individual:
 - Psychiatric stability & functional status
 - Quitting history
 - Biochemical factors
 - Content, length, & number of calls

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Training and Supervision

- Tobacco treatment specialists should receive regular training on behavioral health issues.
 - Focus on how addictions and mental health issues are associated with tobacco use and impact tobacco cessation efforts.
- Quitline staff should *not* be expected to diagnose, but rather to build quit strategies which match the functional abilities and motivational readiness of callers.

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Training and Supervision (cont.)

- Tobacco treatment specialists generally need practice in talking about these disorders in a matter-of-fact way—as treatable conditions

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Evaluation and Research

- **Specific areas of potential study include:**
 - **Recommended quitline service outcomes and indicators for this population (e.g., functional status)**
 - **Treatment coordination with community providers**
 - **How can more clinical champions be recruited to promote the cause of smoking cessation?**
 - **What is the proper balance between motivating smokers to quit while avoiding further marginalization of those who are unable to stop?**
 - **What could be done to create robust advocacy groups around this issue?**

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Evaluation and Research

- **Other areas of potential study include:**
 - **Most effective means of screening for behavioral health disorders in a quitline setting**
 - **Best means of preparing quitline staff to work with callers with substance abuse and mental health issues**
 - **Enhanced protocols for the behavioral health population and/or for specific diagnostic groups tested against standard care**
 - **Most effective nicotine replacement therapy and/or medication strategies for this population**
 - **How callers might be motivated to use a greater number of counseling sessions and pharmacotherapy**

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Community Referral

- Quitlines are most effective when working in coordination with other providers
- Formal partnerships and referral mechanisms
 - **May decrease client ambivalence**
 - **Give clinicians more confidence in clients' follow through**
 - **Lead to an increase in quitline utilization**

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Policy

- Quitlines are encouraged to develop initiatives that target populations disproportionately affected by tobacco use
- Leaders should implement innovative strategies for:
 - **standardized screening of behavioral health issues**
 - **treatment interventions**
 - **staff training**
 - **coordination with community behavioral health agencies**

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Future Directions

- NAQC Minimal Data Set workgroup for consideration as a standard optional question(s) for the Minimal Data Set.
- In the near future, this advisory group will work collectively to develop a standardized training curriculum for quitline tobacco treatment specialists.

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Future Directions (cont.)

- Assist quitlines to create research and evaluation partnerships
- Develop bi-directional referral relationships with mental health and substance use providers/treatment programs
- Partner with NAQC to develop a toolkit or guidebook for establishing effective care coordination with community behavioral health providers

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For Copies of the Report

- http://www.bhwellness.org/wp-content/uploads/2010/09/BHAFQuitlines_BH9_27_10.pdf

OR

- http://smokingcessationleadership.ucsf.edu/Downloads/BHAFQuitlines_BH9_27_10.pdf

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QUESTIONS & ANSWERS

Type your questions into the chat box **or** using the “raise hand” icon to be called on.



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TECHNICAL ASSISTANCE

- Tobacco free for Recovery Communiqué
- Listserv:
100PIONEERS@LISTSRV.UCSF.EDU
- Toll-free TA line:
1-877-509-3786
- SCLC Website:
<http://smokingcessationleadership.ucsf.edu>

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CLOSING REMARKS

- Please help us by completing the post-webinar survey.
- **Thank you for your continued efforts to combat tobacco!**
- Join the NAQC's conference call on Nov. 23rd to discuss quitline-related research.

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