Frequently Asked Questions: Tobacco Treatment in Behavioral Health

Questions asked by Behavioral Health Providers

Q: ***How can I be more successful addressing tobacco use in my patients/individuals?***

A: Successful management of nicotine dependence is built upon a foundation of trust. Because the nature of nicotine addiction is often poorly understood by the public, smokers frequently encounter judgmental and accusatory attitudes among their friends and family, often feeling personally culpable for the medical consequences of their addiction. As a behavioral health specialist, your expertise in substance abuse and your unique relationship with patients puts you in a good position to counsel about nicotine dependence. Use empathic communication to validate the patient's struggle with addiction, expressing hope for the patient and a shared goal to becoming free from tobacco.

Q: ***Do individuals with substance abuse issues or mental illness want to quit smoking? Is this even a high priority problem in this setting?***

A: Smoking is a leading cause of death and disability in behavioral health populations. Rates of smoking can be as high as 90% for behavioral health populations compared to 23% in the general population.[1] Persons with mental illness can have a 25 year shorter life expectancy; a big reason for this is smoking.[2] Tobacco use and its effects limit employment, housing and economic opportunities for consumers.[3] Persons with mental illness and substance use disorders can successfully quit using tobacco at rates similar to the general population.[4] The majority of persons with mental illness and substance use disorders want to quit smoking and want information on cessation services and resources.[5,6] Smokers are more than twice as likely to quit for good when they quit with the help of medications and extra coaching and support.[7]

Q: ***Will smoking cessation threaten individuals' management of their mental illness or their recovery from substance abuse? Does smoking help calm individuals and make them more likely to stay in treatment?***

A: The Tobacco industry has spread the myth that smoking is necessary for self-medication. The Tobacco Industry has a long history of targeting vulnerable populations, including those with mental illness. Behavioral health populations who smoke can have more severe symptoms, poorer well-being and functioning, increased hospitalizations and are at greater risk of suicide.[8] Smoking cessation can enhance long-term recovery for persons with substance use disorders. For example, if someone quit smoking at the same time they are quitting drinking, they can have a 25% greater chance of staying clean and sober.[9]

Q: Is it worth creating a tobacco-free setting if patients will start smoking again once they are discharged?

A: Many will smoke again. We don't refuse treatment for other addictions, even when we believe the individual is not motivated to remain abstinent. We give everyone the opportunity to detoxify while in treatment with the hope that they will choose a substance-free life. Quitting is hard, especially in environments where tobacco use is acceptable. By incorporating tobacco cessation in our recovery philosophy, we can help clients learn refusal skills, identify triggers, and regain control if they relapse in order to open new doors to wellness and recovery.

Q:*Who covers cessation medications?*

A: The good news is that most insurers in our area cover many of the tobacco use treatment medications. Medical Assistance plans in Pennsylvania are required by law to cover cessation medications, and the co-pays are often as low as $1. Even the nicotine replacement products that are available over-the-counter are often covered with a prescription. Coverage varies among private insurers. Some require patients to enroll in a program to receive coverage (eg, "Healthy Lifestyles" for Independence Blue Cross), and some require prior authorization and other communication from providers to cover certain medications.

Q: ***What is Fax to Quit and how does it work?***

A: Fax to Quit is a direct fax referral program to the PA Free Quitline: 1-800-QUIT NOW. A faxed referral from a provider results in a call to the patient within 48 hours. Patients will receive phone counseling and, when available, free nicotine replacement therapy. Providers will receive notification that their patient has been contacted by the Quitline.

Q: ***Is there a danger of overdose if someone smokes while wearing the patch?***

A: Fear of overdose is common, and causes both clinicians and patients to underestimate how much NRT is most appropriate. This misconception frequently manifests as an escape behavior. Rather than simply attempting to convince a smoker to use the patch, a discussion of several important facts about NRT may serve to resolve ambivalence. For instance, compared to the immediate nicotine peaks produced by cigarettes, NRT generally provides a much slower release and absorption of nicotine into the blood, making it a non-addictive and safe alternative to smoking. Overdose is a concern among individuals who are unsure of their ability to remain abstinent from cigarettes. Fortunately, individuals using NRT who continue to smoke reproduce their baseline nicotine levels, but not higher. NRT should be considered safe, even in populations at risk for coronary artery disease.

Questions Frequently Asked by Patients

Q: ***Which medication works best?***

A: Everyone is different. The purpose of each product is different. The patch works best to prevent cravings and the gum and lozenge work well to relieve acute cravings. Using both together seems to be the best technique, and can help give you more direct control over your cravings.

Q: ***Can I use 2 forms of NRT?***

A: Yes and in fact research shows that 2 forms of NRT increase the quit rates. You can use a combination of patch with the inhaler, gum or lozenge.

Q: ***Can I smoke with the patch on?***

A: An occasional cigarette while wearing the patch is not enough nicotine to cause health problems. However, smoking on the patch is not recommended. Remember to use the gum or lozenge to curb your acute cravings.

Q: ***How long do I have to be on NRT?***

A: Everyone is different. Some people only need NRT for a few months, while most people use it for longer. Don't rush to get off of the NRT because it is not dangerous for your health, and going off of the NRT too soon could lead to relapse.

Q: ***How do you know when to step down?***

A: When you are smoke free for a while and feel comfortable on your current dose, you and your doctor will work together to step the dose down. When it's time to step down to a lower dose, patients sometimes feel a little vulnerable for awhile… it's a good idea to have the gum or lozenge handy to use for acute cravings.

Q: ***Do these products have any side effects?***

A: There are no serious side effects from NRT. The most common side effects of the patch are skin irritation and difficulty sticking on the skin. Some people experience vivid dreams. The most common side effects from the gum or lozenge have to do with not using it correctly. Make sure you do not chew the nicotine gum like chewing gum and do not suck on the lozenge like candy otherwise you could experience hiccups, heart burn, or an upset stomach. Both bupropion and varenicline can keep you awake with vivid dreams at night if you take them too close to bed time, so make sure you take your evening dose with dinner instead. Varenicline can cause a slight nauseated feeling for the first few days of therapy, so make sure you have something on your stomach when you take your pills. Most people worry about the potential psychiatric side-effects of varenicline, but the actual risk of depression due to the medication is extremely low.

Q: ***How much do these products cost and where can I buy them?***

A: The good news is that most insurers in our area cover many of the medications that we use to help people stop smoking. For example, Medical Assistance plans in Pennsylvania are required by law to cover cessation medications, and the co-pays are often as low as $1. Even the nicotine replacement products that are available over-the- counter are often covered if your doctor writes a prescription.

Q: ***Do generic brands work just as well?***

A: Absolutely! It is the exact same stuff.

Q: ***Do I have to quit today?***

A: No. You are not expected to quit today. Work with your doctor to follow the medications and make sure everything is working ok before putting down the cigarettes. It is not just important that you quit, it is important that you quit comfortably.

Q: ***Do I have to set a quit date?***

A: Setting a quit date is a good idea because the addicted brain never really wants you to quit smoking. Life is stressful, so it is easy to find reasons to put off quitting. You are more likely to stick with quitting if you have a quit day. Just take quitting one day at a time.

Q: ***Do I have to give up coffee/friends & everything I enjoy to quit?***

A: Changing your environment is an important step in the quitting process. But I don't want you to have to make drastic changes in your life. I want to help you find ways to be able to drink your coffee and hang out with your friends, without being forced to smoke a cigarette to do it.

Q: ***I'm smoking more now than before, is that normal?***

A: For some people, the idea of quitting causes their addicted brain to panic and send the signal to smoke more cigarettes. It may feel as though the person is trying to squeeze them all in or stock up before their quit date. The idea of quitting is unnerving, and people often cope with nerves by smoking in order to receive the calming effects of the strong nicotine. If you are smoking more now, do not worry- this behavior and feeling does not doom you to fail at quitting.

Q: ***Were you ever a smoker?***

A: I think I know why you are asking me that question. You are wondering if I will actually be able to understand what you are going through. You might be thinking to yourself that there is no possible way that I can relate to your experience if I haven't smoked. If I am a former smoker and quit cold turkey, perhaps you will question whether I have appropriate empathy for you and your struggle. If at any point, you think that I don't have appropriate understanding of your experience, I want you to let me know. It is really important that we understand each other's perspective and if I have it wrong, I want to learn from you.

Online Resources

- The Philadelphia COPD Initiative: A series of web-based methods to help improve COPD outcomes in primary care. The core function of the website is to consolidate the volumes of available guideline information and recommendations into several quick references, continuing education opportunities, each with immediate relevance to everyday practice needs. http://www.phillycopd.com

- Penn Stop – The Comprehensive Smoking Treatment Program of the University of Pennsylvania. Penn's Smoking Treatment Program has worked to shift the prevailing philosophy of cessation away from guilt, shame and fear and towards advocacy on behalf of the smoker. http://www.penn-stop.com

- Surgeon General Report: How Tobacco Smoke Causes Disease: The biology and behavioral Basis for Smoking-Attributable Disease (http://www.surgeongeneral.gov/library/tobaccosmoke/)

- Treating Tobacco Use and Dependence – 2008 Update: Clinician Resource Page (http://www.ahrq.gov/path/tobacco.htm#clinicians)

- Treating Tobacco Use and Dependence – 2008 Update: Patient Educational Resource Page (http://www.ahrq.gov/path/tobacco.htm#Userhelp)

- PA Quitline: 1-800-QUIT-NOW for phone-based counseling and a free 8-week series of gum, lozenges or patches.

- The **EX** Plan (http://www.becomeanex.org) is a free quit smoking program that helps patients stop smoking. Clinicians may be interested in their video resources (http://smokefreephilly.org/quit-now/learn-about-treatments/) as a quick way to get insights from national experts. Watch:
    - Choosing a Medication (http://www.becomeanex.org/choosing-a-medication.php)
    - Methods of Quitting (http://www.determinedtoquit.com/howtoquit/methodsofquitting)
    - Nicotine Gum (http://www.becomeanex.org/nicotine-gum.php)
    - Nicotine Inhaler (http://www.becomeanex.org/nicotine-inhaler.php)
    - Nicotine Lozenge (http://www.becomeanex.org/nicotine-lozenge.php)
    - Nicotine Nasal Spray (http://www.becomeanex.org/nicotine-nasal-spray.php)
    - Nicotine Patch (http://www.becomeanex.org/nicotine-patch.php)
    - Non-Nicotine Medication (http://www.becomeanex.org/non-nicotine-medication.php)

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