Smoking Cessation for Persons with Serious Mental Illness: *What We Know and What We Can Do*

Faith Dickerson
Melanie Bennett
Paula Lafferty
Richard Arrington
Smoking and Serious Mental Illness: Outline of talk

What we know

   Faith Dickerson

What we can do

   Melanie Bennett

Peer mentors to promote smoking cessation

   Paula Lafferty
   Richard Arrington
Smoking and Serious Mental Illness: Prevalence

• Compared with the general population, individuals with serious mental illness
  – Have a higher prevalence of smoking
  – Smoke more cigarettes per smoker
  – Have lower rate of quitting

• 44% of cigarettes in US purchased by persons with mental health disorder
Smoking Prevalence in Sheppard Pratt Study Groups by Year of Study Entry

Dickerson et al. *Psychiatric Services*, In Press
Smoking and Serious Mental Illness: Consequences

• Contribution to excess mortality
  – Cardiac and pulmonary disease

• High cost
  – In one study cigarettes consumed more than 1/3 of disability income

• Social disapproval and stigma
  – Society now less tolerant and accepting of smokers

• Trigger for other substance use and abuse
• Associated with worse mental health outcomes
The Quiet Tragedy of Premature Death Among Mental Health Consumers

Ronald W. Manderscheid, PhD, Director, Mental Health and Substance Use Programs, Constella Group, LLC

Persons with serious mental illnesses die 25 years younger than the general population, based on reports for consumers served by state mental health agencies. Male consumers are likely to die at about 53 years and female consumers, at 59 years. The 25-year disparity is due to two factors, chronic physical disabilities (which account for 15-20 years of the difference) and mental disabilities such as suicide (which account for 5-10 years).

These troubling numbers were uncovered by Craig Colton and me and reported in Preventing Chronic Disease in April 2006.
Survival Rates

RR(death)=4.08 Smokers vs. Non-Smokers

Sheppard Pratt Schizophrenia Mortality Study (N=533)
Smoking and Serious Mental Illness: Proposed Mechanisms

- Biological
- Psychological
- Social
Replicated association of the *NR4A3* gene with smoking behaviour in schizophrenia and in bipolar disorder


†Neuroscience Research Department, Centre for Addiction and Mental Health, ‡Department of Pharmacology, University of Toronto, §Translational Addiction Research Laboratory, Centre for Addiction and Mental Health and University of Toronto, respectively; satisfying the Nyholt significance threshold of 0.009, an adjustment for multiple testing). We then repeated the association analysis of the NR4A3 markers (rs1131339 and rs1405209) in a larger cohort of 319 patients with bipolar disorder, which included 167 smokers and 152 non-smokers. We have replicated the positive association with smoking of the NR4A3 SNP rs1131339 in this group (*P = 0.04*), providing an important confirmation of the involvement of the *NR4A3* gene in nicotine addiction in patients with mental health disease. A population significantly at risk for nicotine
Myths

• Smoking is necessary self medication for the mentally ill
  – *Nicotine enhances concentration and attention transiently, but does not improve symptoms of mental illness*

• People with mental illness are not interested in quitting
  – *Their motivation may be lower, but people with mental illness know the dangers of smoking and many want to quit*

Myths cont’d

• Mentally ill people cannot quit smoking
  – Clinical trials show otherwise

• Quitting smoking interferes with recovery from mental illness
  – Most studies show that persons with mental illness who are engaged in smoking cessation show an improvement in their psychiatric symptoms and road to recovery

• Smoking cessation treatment is not important in mental health care
  – Historically, smoking not addressed in mental health settings but now more calls to action
Successful Quitters Study

Sample: Persons with SMI who had been abstinent from smoking for >= 4 months

- Mean age: 50 (±9.5) years
- 60 % male
- 72 % Caucasian
- 64 % schizophrenia
- Mean duration of smoking: 25.3 (±11.4) years
- Mean duration of current abstinence: 7.4 (±8.6) years

## Reasons Endorsed for Quitting Smoking

<table>
<thead>
<tr>
<th>Reason</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health problem or concern</td>
<td>57 (73%)</td>
</tr>
<tr>
<td>Cost of cigarettes</td>
<td>55 (71%)</td>
</tr>
<tr>
<td>Suggestion or advice from others excluding doctor</td>
<td>50 (64%)</td>
</tr>
<tr>
<td>Suggestion or advice from doctor</td>
<td>42 (54%)</td>
</tr>
<tr>
<td>Example of friend who quit</td>
<td>25 (32%)</td>
</tr>
<tr>
<td>Experience of being in a hospital where smoking was prohibited</td>
<td>22 (28%)</td>
</tr>
<tr>
<td>Smoking restrictions where live or work</td>
<td>13 (17%)</td>
</tr>
</tbody>
</table>
Treatments to Promote Smoking Cessation in Serious Mental Illness

• Medications
  – Bupropion (Wellbutrin/Zyban)
  – Nicotine Replacement Therapy
  – Varenicline (Chantix)

• Psychosocial interventions for general population
  – Quitlines
  – American Lung Association program
  – Nicotine Anonymous

• Specialized interventions
  – Tailored behavioral programs
  – Peer supports
  – Intensive telephone counseling
Treatments to Promote Smoking Cessation in Serious Mental Illness  

cont’d

• Challenges
  – Low motivation to quit
  – Psychiatric symptoms
  – Myths

• Facilitating factors
  – Increasing concern about somatic health status
  – Environmental restrictions and cost

• Quit rates widely variable
  • Range from 15-50% at the end of the intervention
Steps In Quitting Smoking

Getting ready to do something to quit

Trying to do something to quit

Staying quit
STEP 1: Getting Ready

Getting ready to do something to quit is critical to success.

1. Find reasons for quitting that are meaningful to you
2. Find someone who understands how hard it is to quit
3. Make a decision to change
4. Build up confidence
5. Reward small steps
Reasons That Are Important To You
(not to everyone else)

• Why do you smoke? What’s good about smoking? In what ways does it make you feel good?

• Why quit? What are important reasons for you?

• Tools: Pros/Cons list

• At every age, quitting increases your life expectancy. You’ll live longer and better!

• 24 hours after quitting, chances of having a heart attack decrease.

• Within a month or two you can feel your lungs working better, you have more energy and no more cough.

• Quitting will greatly lower your chances of having a stroke and getting cancer.

• The people you live with will be healthier.

• You will have money and time to spend on other things!
Find Someone Who Understands

• We all need support!

• What kind of support is right for you?
  – Practical? Emotional?

• Tell people you are going to quit

• Ask for what you need from others
  – Friends, Family, Professionals
Make a Decision to Change

• Change is hard!

• Why is change hard?
  – Ambivalence
  – Stages of change
  – Barriers to change
  – Past failures
  – Worries about the future

• What to do?
  – Make a list of reasons for change
  – Make a list of helpful strategies
  – Shore up support
  – Make small attempts

It takes 5-6 “tries” before quitting for good so get started!
Barriers to Quitting Smoking in People with Mental Illness

• Most frequently reported barriers to quitting
  – Didn’t want to be told to quit smoking: 77.8%
  – Can’t afford treatment: 77.8%
  – Liked smoking; didn’t want to give it up: 77.7%
  – Afraid symptoms of mental illness would worsen: 66.6%
  – Afraid quitting would make me feel sick: 66.6%
  – Didn’t want to go to AA/NA/12-Step groups: 55.6%

• Most tempting situations

<table>
<thead>
<tr>
<th>Negative affect</th>
<th>Cravings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frustrated 76.5%</td>
<td>Desiring a cigarette 64.7%</td>
</tr>
<tr>
<td>Conflicts with family 64.7%</td>
<td>Craving a cigarette 76.5%</td>
</tr>
<tr>
<td>Very angry 88.2%</td>
<td>Get up in morning 82.4%</td>
</tr>
<tr>
<td>Depressed 76.5%</td>
<td>Anxious/stressed 70.6%</td>
</tr>
</tbody>
</table>
Stages of Change:
The Process of Quitting Smoking

- **Pre-contemplation** - Not ready to change
- **Contemplation** - Thinking about change
- **Preparation** - Getting ready to make change
- **Action** - Making the change
- **Maintenance** - Sustaining behavior change until integrated into lifestyle
- **Relapse and Recycling** - Slipping back to previous behavior and re-entering the cycle of change
- **Termination** – Leaving the cycle of change
Build Up Confidence

Confidence predicts success!

Research shows that people who make changes believe that they can make changes.

Need to think change is possible.

• What can I do?
  – Make a plan to:
    • Start easy
    • Set small goals
  – Understand that you will mess up sometimes
How To Set A Small Goal

Behavioral Treatment of Smoking Cessation in SPMI

MY GOAL

Staying Quit Goal Setting Activities (for those participants who are working on staying quit)

I want to stay quit from ____ / ____ / ____ to ____ / ____ / ____
I want to stay quit because:
1. ____________________________
2. ____________________________
One PROBLEM I could run into in the next few days is:
_________________________________________________________________
If this Problem occurs, I WILL:
1. ____________________________
2. ____________________________
Another PROBLEM I could run into in the next few days is:
_________________________________________________________________
If this Problem occurs, I WILL:
1. ____________________________
2. ____________________________
I will review my goal with:
My Signature ____________________________ Signature of Therapist

Tips for Your Quit Day
(Use in goal setting for participants planning for a quit attempt)

Triggers: Make sure to get rid of all your smoking materials and avoid any other ‘triggers’

Dealing with Cravings
(adapted from the American Lung Association Freedom from Smoking)

1. When you have a strong urge to smoke:
   Take a few deep breaths
   Remember your determination to quit.
2. Think of your most important reason for wanting to quit. Say it out loud in front of a mirror.
3. Do not start feeling sorry for yourself. By quitting smoking you are doing something good for yourself.
4. Do something to distract yourself. Even intense cravings last only 5 to 10 minutes.
5. Do something with your hands: knit, doodle, play with coins, write a letter.
6. Be good to yourself. Reward yourself with some of the money you’ve saved by not buying cigarettes (go out for a meal, go to the movies).
7. Go places where you don’t (or can’t) smoke.
8. Reduce use of alcohol and caffeine.
9. Hang out with people who don’t smoke.
10. Focus on getting through today without smoking.
STEP 2: Trying To Do Something To Quit

Try something new

• Learn and use quit smoking skills that focus on coping with cravings and urges.

• Learn the facts:
  – Cravings last 5-10 minutes
  – Nicotine replacement can help!
  – Resources can help!

• Have a plan for coping with negative feelings (depression, stress, anxiety) without smoking.

• Distract yourself

Change your home environment

• Where to put cigarettes when trying to quit (Give away? Throw away?)

• Where to put reminders to not smoke

• How to resist strong triggers
  – One’s home
  – After meals
  – Other smokers
  – Cigarettes, empty packs
  – Bus stop
  – Entering clinic building
  – Not smoking for a few hours
# Sample Quit Smoking Skills

## Coping with Withdrawal Symptoms After Quitting

(adapted from the American Lung Association Freedom from Smoking)

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Relief</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irritable, anxious</td>
<td>Walk, bath, relaxation</td>
</tr>
<tr>
<td>Depressed</td>
<td>Do something fun, talk</td>
</tr>
<tr>
<td>Restless</td>
<td>Walk, relaxation, fun</td>
</tr>
<tr>
<td>Trouble sleeping</td>
<td>No caffeine, relaxation</td>
</tr>
<tr>
<td>Poor concentration</td>
<td>Plan light load, avoid stress</td>
</tr>
<tr>
<td>Hungry, weight</td>
<td>Drink water and low-cal drinks, eat low-cal snacks (carrot sticks, pretzel sticks, sugar free candy/gum)</td>
</tr>
<tr>
<td>Stomach problems</td>
<td>Drink fluids, lots of fiber</td>
</tr>
</tbody>
</table>

Remember, you can talk to your doctor about medication options.

## Ways to Cope with the Habit of Smoking

- Hold a pencil
- Squeeze a tennis ball in your hand.
- Carry some carrot or celery sticks around with you and eat them if you have this feeling
- Chew something - a toothpick, a lollipop (remember Kojak), hard candy, sugar free gum.
- Drink a glass of water
- Change your routine
- Brush your teeth after a meal; Go for a walk; Spend time in nonsmoking locations (library) or with nonsmoking people
STEP 3: Staying Quit

Resources

- Smoking cessation groups
- Internet/on-line programs and info
  - ALA
  - CDC
  - NIDA
- Quit lines
  - MD QUIT

Rewards

- What is rewarding to you?
- New ways to use money that would have been spent on cigarettes
- Track positive health effects
- Share success with others
Nicotine Replacement and Other Medications

You have choices:

**OTC:** Nicorette®, nicotine gum, Commit Lozenge®, Habitrol®, Nicoderm CQ®, Nicotrol®, Nicotine Transdermal System

**Prescription:** Nicotrol Inhaler®, Nicotrol NS Nasal Spray®

Bupropion SR (Zyban®): works through dopamine agonism

Varenicline (Chantix): may relieve nicotine withdrawal and cigarette craving and block nicotine’s reinforcing effects

Preparation for NRT/Medications:

Have the facts: Correct use, side effects, what to do if I want to smoke?
Problem-solve: Side effects, What to do when medications/NRT run out, How to talk to prescriber about medications/NRT issues
Strategies for remembering to use the NRT/medication: reminders, barriers
What to do if you quit smoking?
Work closely with prescriber
Cyclical Model for Quitting

• Most smokers will recycle through multiple quit attempts and multiple interventions.

• However, successful cessation occurs for large numbers of smokers over time.

• Keys to successful recycling
  – Persistent efforts
  – Repeated contacts
  – Helping the smoker take the next step
  – Bolster self-efficacy and motivation
  – Match strategy to patient stage of change
STEP 1
Get Ready for your quit date.

1) Pick a quit date.
   Pick a day without a lot of stress

2) Write your quit date on the calendar.
   This makes quitting more real and helps you plan

3) Start healthy habits.
   Start a new physical activity 3X a week;
   Stock the house with healthy snacks;
   Tell other people to stop smoking in your house or car

> View Step 2

FREE

+Call 1-800-784-8669:
It's Free, Confidential, and Anonymous

The FOUR Steps to Quitting:
What they are and how we can help

The Counseling Process:
What to expect

Thousands of Marylanders just like yourself have quit using the program. See some of the successes or tell us your own story.

See the Success Stories
Meet other people that have quit.

Event Calendar
Get involved. Total Events (2)
Resources

- Centers for Disease Control and Prevention: [http://www.cdc.gov/](http://www.cdc.gov/)
- MOVE - a national weight management program designed by the VA National Center for Health Promotion and Disease Prevention (NCP), a part of the Office of Patient Care Services, to help veterans lose weight, keep it off and improve their health: [http://www.move.va.gov/](http://www.move.va.gov/)
- The Tobacco Dependence Program (TDP) at UMDNJ provides expertise on quitting smoking through education, treatment, research and advocacy: [http://www.tobaccoprogram.org/](http://www.tobaccoprogram.org/)
Peer Mentors to Improve Smoking Cessation in Persons with Serious Mental Illness

What is a Peer Mentor?
A person with serious mental illness who has successfully quit smoking

Other characteristics
Has similar experiences as the individuals they serve
Has demonstrated the ability to cope with their mental illness
Trained for the counseling role
Assigned specific roles and responsibilities
Why peer mentors for smoking cessation?

- Smoking remains a major problem among persons with mental illness
  - Smoking cessation programs have had only limited success
- People who have endured and overcome adversity can offer support, encouragement, hope, and mentorship to others facing similar situations
Peer mentors to improve smoking cessation for persons with SMI: 

**Program**

- Peers offer mentoring as an enhancement to a quit smoking group intervention
  - Education about the effects of smoking; skills training to deal with cravings; contingency management with smokerlyzer
  - One hour 2x/week for 12 weeks
- Peer mentors attend and assist in the group
- Peer mentors meet with individual participants
  - Between group sessions
  - For 3 months after conclusion of the group
Smokerlyzer
Peer mentors to improve smoking cessation for persons with SMI: 

**Status**

- Hired and trained 4 peer mentors, Sheppard Pratt employees
- Delivered the 3 month quit smoking group with the peer mentors at a local day program
- **Observed benefits of peer support**
  - Extends the reach of the quit smoking group between formal sessions
  - Offers personal relationships to participants
  - Offers first hand knowledge of coping strategies
  - Provides credible role models for mental illness recovery and quitting smoking
Peer mentors’ experiences
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