Indiana Behavioral Health Facilities
Tobacco Treatment Integration Case Study Template
This template is intended to capture insights from organizations on how they have implemented tobacco treatment initiatives and supportive policies.

Background – *What was the impetus for your organization to improve your tobacco treatment practices and/or policies, and how did you gather support? (e.g. overview of problem or current process related to tobacco treatment and/or policies).*

In November 2019, Progress House, a long-standing men's residential recovery house, and Aspire Indiana Health (an independent nonprofit healthcare provider) joined forces to care for a population of people who have substance use disorder (SUD). Preferred drugs of choice include, but not limited to, opiates, alcohol and methamphetamine. This partnership was important for many reasons. Funding was becoming difficult for Progress House as a standalone recovery center and Aspire was interested in expanding their substance abuse service line. Not only can abuse be treated inpatient or outpatient but sustaining the abuse many times requires 24/7 recovery support. Behavioral health assessment, groups, recovery coaching and therapy are offered daily as part of the recovery model.

In December 2019, Aspire Indiana Health began delivering primary health care services to the residents at Progress House. Since that time, we have identified many underlying health issues that were either not known or were known and the patient had purposefully not addressed as their priority was drug use. When focusing on the whole person in recovery, Aspire encourages these residents to work hard on recovery, and take care of the rest of you. The work of recovery is difficult, "*the hardest thing I have ever done*" the men will say. And Aspire insists that this work should not be overshadowed by a debilitating illness or disease.

Ask - *What improvements did your organization make to improve how you identify tobacco users?*

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), (*SAMHSA publishes a Tobacco Cessation Toolkit*) "Smoking cessation in substance use disorder treatment can increase a person's chances for long-term recovery and reduces risks of smoking related illnesses…The rate of tobacco related deaths is substantially higher for people with SUD as compared with the general population." Additionally, SAMHSA reports over 50% of treatment centers in the U.S. do not offer tobacco cessation services. Due to this data, Aspire initiated tobacco assessment on all admissions with documentation included in the EHR. Prior to this business merger, tobacco use and encouragement to stop smoking did not occur at Progress House. This documentation includes the type of tobacco/nicotine used, years of use and amount per day. Questions specifically asked upon admission are included below and documented in the health assessment screen of the EHR:

- Tobacco smoking status: “Current some day smoker”
- Smoking - how much: “2 PPW”
- Tobacco-years of use: “14”
- Smokeless tobacco status: “Former smokeless tobacco user”
- E-cigarette/vape status: “Current user of electronic cigarettes”
- Most recent tobacco use screening: “12-31-2020”

Advise - *How has your organization improved advising clients to quit tobacco?*

A Behavioral Health Consultant (BHC) has also been put in place to discuss smoking cessation with all tobacco (vape or otherwise) users. Whether the BHC is in person or on VIP (video in person), the importance of smoking cessation on the men's health and recovery is stressed.

Assess – *How has your organization improved assessing if clients are ready to quit tobacco?*

A Behavioral Health Consultant (BHC) or other clinical provider uses motivational interviewing techniques to assess the individual’s readiness and willingness to quit. All responses are documented in EHR. Common assessment questions include:

1. **Assess current smoking/tobacco use behavior, severity of nicotine addiction, and past quit attempts:**
    a. How many cigarettes do you smoke per day/week?
    b. How soon after waking up do you have your first cigarette?
    c. How long have you been smoking/using tobacco?
    d. Have you ever tried to quit before? If so, what worked/did not work?
    e. Have you ever tried any kind of nicotine-replacement therapy or medication for smoking cessation?

2. **Scaling Questions:**
    a. **Motivation**: On a scale of 1-10, 1 meaning not at all ready/motivated and 10 meaning completely read/motivated, how ready/motivated are you to quit smoking/tobacco use right now?
    b. **Confidence**: On a scale of 1-10, 1 meaning not at all confident and 10 meaning completely confident, how confident are you that you will be able to quit smoking/tobacco use?
    c. **Importance**: On a scale of 1-10, 1 meaning not at all important and 10 meaning completely important, how important is it to you that you quit smoking/tobacco use?

3. **Questions about scaling responses to elicit change talk/motivation:**
    a. Ex: You said you are a 6 in feeling ready to quit, why are you a 6 instead of a 3?
    b. Ex: What would it take to get you from a 5 to a 7 in feeling confident that can quit smoking/tobacco use?

4. **Assess reasons for change:**
    a. Is there anything about your smoking/tobacco use that you do not like? (e.g. expensive, cost, health risks, family wants them to quit, etc.)
    b. Are there any benefits you can think of to quitting smoking/tobacco use?

5. **Assess for strengths and alternative coping strategies:**
    a. Ex: How do you handle stress?
    b. Ex: What coping strategies can you use besides smoking/tobacco use?
    c. Ex: Who serves as your primary support? How do they feel about you quitting smoking/tobacco use?

Assist – *What does your organization currently do or what changes has your organization made to assist tobacco users with quitting?*

Barriers to assisting tobacco users to quit were reviewed at Progress House, as with the rest of the agency. Readiness to change, motivated to quit and "now is the time" are all momentous ideas and should be acted upon. Having to wait for an appointment to see a provider to order nicotine replacement was identified as a significant barrier. Now when a therapist or group leader is having conversations about tobacco use and how sustaining actually aids in refraining from substance abuse- the patient no longer needs to wait for an appointment for nicotine patch or gum. The therapist can reach out directly to the provider about the patient's wish to stop smoking. Without an appointment, this can now be started and followed up on with the patient in the next week or next appointment. Another barrier is one of attitude of employees working in the recovery center, many of whom are in recovery themselves. It is questionable how well this resonates with staff (who in turn should be helping to motivate current residents to stop smoking) if they themselves also use tobacco. "One addiction at a time" is a frequent comment heard and suspected to be supported by those workers in recovery as well.

Arrange – *What does your organization currently do or what changes has your organization made to arrange for treatment or follow-up for clients who want to quit tobacco or for clients who are not ready to quit?*

During our weekly integrated staffing meetings, smoking cessation is included in the discussion. If the resident has mentioned to primary care his desire to move forward with tobacco cessation, the therapist includes this in their conversations with the client. The BHC also plans follow up visits with the resident. It is a multidirectional smoking cessation emphasis which has now come to be part of the standard workflow at Progress House.

Results

This is a conversation that occurred with a 41 year-old male with a tobacco history of >20 years:

Reports no current tobacco use. Decided if he was going to stop using, was going to stop everything. Does not go outside with guys. Things have changed in his life. Trying not to be "the social bug". When he leaves here- he will not have a lot of people around him, this will be a different lifestyle. "I truly believe that if you are trying to stop drugs, you need to stop all drugs. This includes tobacco. When I see guys smoking, I don't think they are serious about their recovery. Sometimes, I think they are just going through the motions." Eating is another "habit" he is trying to get away from…

Lessons Learned

Embracing smoking cessation must be a whole agency initiative and be supported top down and bottom up. We will continue to work on our successes with programming and hope that more residents will understand the importance of tobacco cessation to their recovery and overall health. No one should work so hard for recovery only to receive a devastating diagnosis related to tobacco use.

For more information, please contact Syd Ehmhe, MSN, MBA, FNP, Vice President of Primary Care Services, Aspire Indiana Health Centers, at syd.ehmke@aspireindiana.org.

To become more involved with tobacco treatment efforts around Indiana, please visit www.in.gov/isdh/tpc/2781.htm to learn more about Indiana's statewide multi-sectoral coalition efforts.