

Concurrent Treatment of Smoking Cessation and SUD in Primary Care

November 9, 2022 from 2:00–3:00pm EST



Hosted in partnership by the National Center for Health in Public Housing
& National Nurse-led Care Consortium

Housekeeping

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Feel free to ask questions! Please add your questions for the speaker and comments for the group into the Chat box.

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Recording: This session will be recorded and available to view with all supporting materials.

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CC

Live Transcript



Chat



Raise hand



Recording

Continuing Education Credits

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Today's Agenda

01 Faculty Introductions

02 Subject Matter Expert Presentation

03 Q&A

04 Wrap-up & Evaluation

Learning Objectives

Objective 1:

Define knowledge gaps in current policy and recognize data trends

Objective 2:

Identify clinical interaction strategies to support concurrent treatment

Objective 3:

Establish applicable skills for motivational interviewing and the use of other tools for implementation



National Center for Health in Public Housing



Training and
Technical
Assistance



Research and
Evaluation



Outreach
and
Collaboration





National Nurse-Led Care Consortium

The **National Nurse-Led Care Consortium (NNCC)** is a membership organization that supports nurse-led care and nurses at the front lines of care.

NNCC provides expertise to support comprehensive, community-based primary care.

- Policy research and advocacy
- Technical assistance and education support
- Direct, nurse-led healthcare services

Subject Matter Experts



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Connection

Concurrent Treatment of Smoking Cessation and SUD in Primary Care



Acronyms and Definitions

01 TUD – Tobacco Use Disorder

02 SUD – Substance Use Disorder

03 NRT- Nicotine Replacement
Therapy (e.g. patches, gum, etc)

04 MI – Motivational Interviewing

Learning Objective 1

Define knowledge gaps in current policy and recognize data trends related to residents of public housing and smoking/vaping.

Public Housing Demographics



1.5 Million
Residents



2 Persons
Per Household



38% Disabled



52% White



91% Low
Income



43% African-
American



26% Latinx



19% Elderly



36% Children

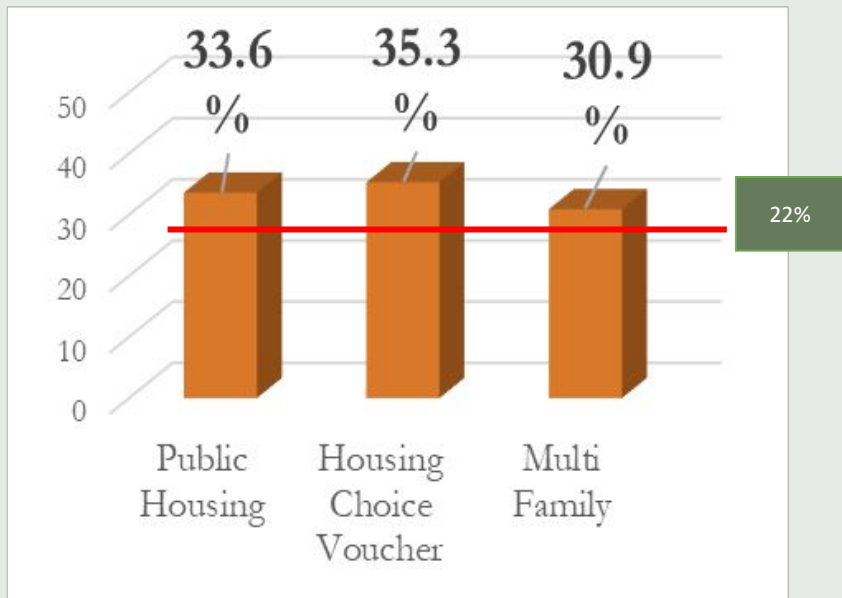


32% Female Headed
Households with
Children

Source: 2022 HUD Resident Characteristics Report

A Health Picture of HUD Assisted Adults, 2006-2012

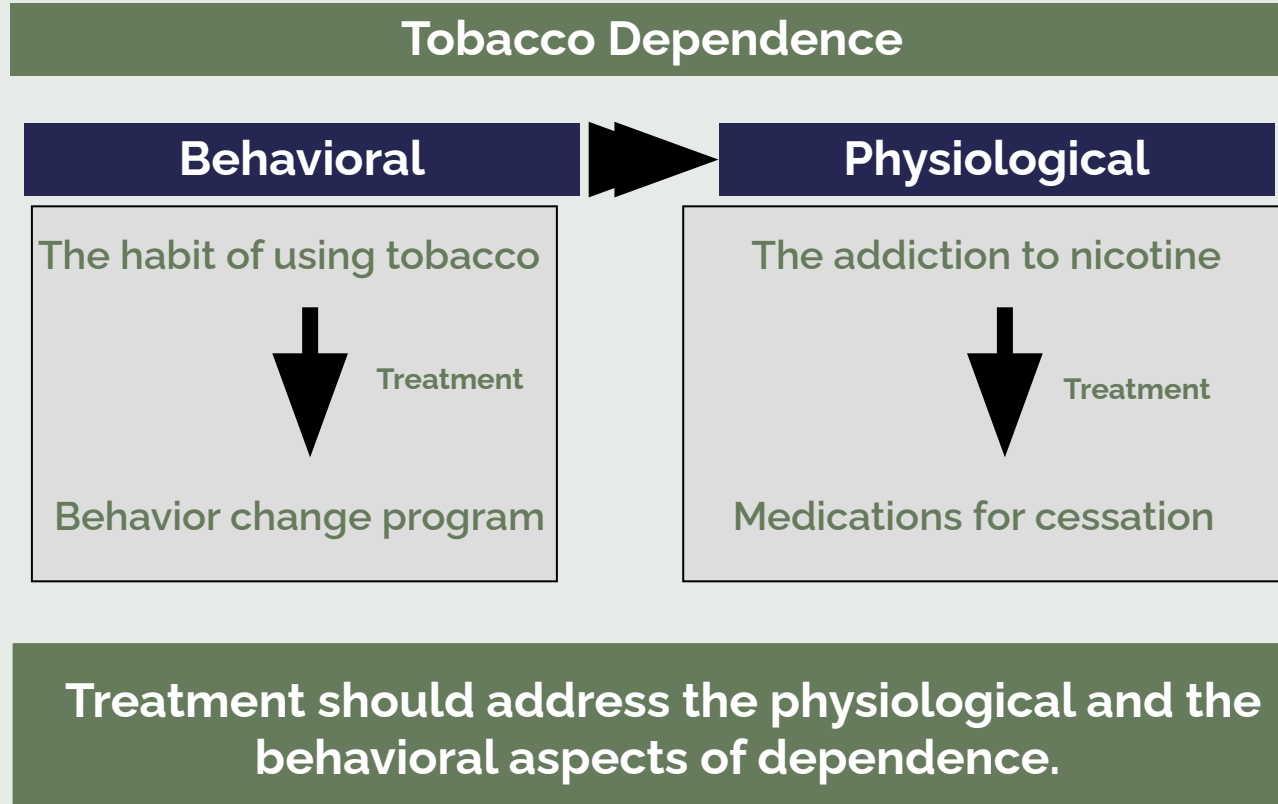
Adult Smokers with Housing Assistance



Adults in HUD-assisted housing have higher rates of chronic health conditions and are greater utilizers of health care than the general population.

	HUD-Assisted	Low-income Renters	All Adults
Fair/Poor Health	35.8%	24%	13.8%
Overweight / Obese	71%	60%	64%
Disability	61%	42.8%	35.4%
Diabetes	17.6%	8.8%	9.5%
COPD	13.6%	8.4%	6.3%
Asthma	16.3%	13.5%	8.7%

TOBACCO DEPENDENCE: A 2-PART PROBLEM



Treating Co-Occurring Physical and Behavioral Health Conditions

Chronic diseases interact and can exacerbate each other.

E.g. Tobacco use and diabetes

E.g. Obesity and asthma

Others?

Physical health and behavioral health interact

E.g. Asthma and anxiety

E.g. Anxiety and Alcohol abuse

Others?

Healthy behaviors also interact and can amplify each other.

E.g. Exercise and better sleep habits.

E.g. Exercise and water intake.

-Re-calibration of parasympathetic and sympathetic nervous system.

-Stress management

Tobacco Use Disorder Recovery and Treatment

- Treatment of TUD is cost-effective for the healthcare system.

- ➔ TDT prevents hospitalizations and emergency room visits and reduces the severity of chronic diseases.

- TUD and SUD work together well.

- ➔ Most tobacco users, including those with a co-occurring substance use disorder report a desire to quit smoking.

- ➔ Why don't we treat TUD more aggressively?

*Please drop a comment in the chat.

Tobacco Use Disorder Recovery and Treatment

- **Safe: Treating chronic diseases together, at the same time is effective, including TUD + SUD.**
 - ➡ For everyone? – maybe not, but most.
- **FDA-approved TUD medications and NRT do not interfere with SUD treatments/medications.**
- **Affordable Care Act: TUD medications and NRT products are covered at little to no cost by most public and private insurance plans.**
- **NRT Rx, OTC, 1-800 QUIT NOW, community-based, etc**

Learning Objective 2

Identify clinical interaction strategies to support concurrent treatment of smoking/vaping cessation and SUD in primary care settings.

What Can You Do: The Five A's

01 ASK

All patients about tobacco/nicotine use

02 ADVISE

Those who use to quit in a clear, personalized manner

03 ASSESS

Readiness to quit

04 ASSIST

In whatever way you can:

- Not ready: Help them get ready
- Ready: Create a plan
- Maintenance: Help them stay quit
- Relapse: Get them back on track

05 ARRANGE

Whenever possible, be sure to:

- Follow-up regarding smoking status.
- Remind the patient of available resources.
- Provide encouragement.

ASK: All patients about tobacco use

- “Do you smoke or use any product that contains nicotine?”
- “Why are you asking me this?”
 - “It’s important for us to have this information so we can check for potential interactions between tobacco smoke and your other medicines.”
 - “We ask all of our patients, because tobacco smoke can affect how some medicines work.”
 - “We care about your health, and we have resources to help our patients quit smoking.”

If you don't say anything...

You have inadvertently given your patient tacit approval to smoke.

OR

If you don't have time or lack expertise then...

ASK

ADVISE

REFER

-
- Quit Line: 1 800 Quit-Now
 - Local Programs
 - Cessation medication resources

This can be done in less than 3 minutes

Advising: tips and tactics

ADVISE: in a clear, personalized manner

- “It’s important for your health that you quit smoking, and I can help.”
- “Quitting smoking is the most important thing you can do to...[control your asthma, reduce your chance for another heart attack, better manage your diabetes, etc.]”
- “Quitting smoking is the single most important thing you can do to protect your health now and in the future.”
 - “I can help you select medications that can increase your chances for quitting successfully.”
 - “I can provide additional resources to help you quit.”

Other Protocol and Clinical Strategies

- 01 Onboarding and staff training
- 02 Building and maintaining TUD-OUD clinical integration
- 03 Screening and intake
- 04 Brief intervention
- 05 Medications and nicotine replacement
- 06 Referrals
- 07 Media and environment

Learning Objective 3

Establish applicable skills for motivational interviewing and the use of other tools for the implementation of smoking/cessation strategies

Motivational Interviewing

“....a skillful clinical style for eliciting from patients their own good motivation for making behavior change..”

In Other Words....

Guide

the patient to telling you that they
want to change
rather than you telling them they **have** to change.



AVOID

- Telling Patients What to Do:
 - Forcing the change
 - Intimidating them
 - Nagging
 - Using Guilt



Rather, ask open-ended questions:

**Questions that do not invite
short or one word answers**



Open-ended questions (cont.)...

- Most open-ended questions begin with:
 - “WHAT...”
 - “HOW...”
- What's wrong with “WHY...”?

Final Reminders

- You cannot make anyone change
- The more you push the more they'll resist
- Rather, help the patient want to change:
 - Increase displeasure with current behavior
 - Decrease fear of the new
- In the end, the patient:
 - Should present the reasons for change
 - Choose when and how to change

References

- **Motivational Interviewing: Preparing People for Change** William R. Miller and Stephen Rollnick, The Guilford Press 2002
- **Motivational Interviewing in HealthCare** William R. Miller/Stephen Rollnick Guilford Press 2008
- **Motivational Interviewing Training: Top 14 Courses** (positivepsychology.com)

Resources

- **Supporting Implementation of Smoking Cessation Programs in Public Housing Primary Care Settings Learning Collaborative**
- **Motivational Interviewing in Patients with Diabetes**
- **NCHPH Resource Library**

Q+A

Wrap-up & Evaluation

Please help us measure our impact with this session by filling out the **evaluation survey** that will pop up on your screen as you exit Zoom – this should take <2 minutes.

To receive CEUs, you must take the survey.

Thank you for coming!

Upcoming trainings

NNCC

- November 18 at 1:00 pm ET – **Prepare for Winter: Booster Guidance for Nurses**
[Register Here](#)
 - December 14 at 2:00 pm ET – **Community Inclusion and Cultural Humility in Diabetes Prevention**
[Register Here](#)
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NCHPH

- November 16 at 1:00 pm ET - **Improving Cultural Competency for Behavioral Health Professionals Learning Collaborative Module 4**
[Register Here](#)