

Reaching the Medical Community

by Michael Steinberg

Coming up on my first full year here at the Tobacco Dependence Program, I look back at a time of new experiences and accomplishments. In my role as *staff physician and primary care liaison*, I have the opportunity to work in clinical tobacco dependence treatment, tobacco related trainings, and to serve as a link to the larger primary care community.

Besides direct patient care activities, I have worked hard to establish a network with key members of the primary care community throughout the state and beyond. During my first few months here, I contacted over 50 key healthcare personnel in New Jersey to try to bring them together around issues of tobacco. It is especially important to involve both leaders and the “front-line” practitioners in health care, as they have access to over 70% of all smokers, and meet with them on an average of 5 times each year. Activities to interface with these providers have included Grand Rounds at local hospitals, various conferences, and specialty trainings around tobacco dependence.

As my role has expanded, it became clear that we needed to serve as a resource not only for primary care physicians, but also for other medical specialists. With the paucity of research available on treatment of young people and pregnant women, I have been serving in consultation for obstetricians, gynecologists, nurse midwives, and pediatricians throughout the state, discussing complex issues of treatment in these populations. Through links with various provider groups, such as the Southern New Jersey Perinatal Cooperative, I am helping to educate neo- and perinatologists in the controversial area of pharmacological treatment during pregnancy. Finally, to produce the greatest impact to those who may be most receptive, I have spent a great deal of time working with residents at Robert Wood Johnson University Hospital in the treatment of tobacco dependence among hospitalized smokers. We have been conducting Grand Rounds, resident conferences, and patient rounds on the hospital wards, all centered about tobacco issues. By impacting young primary care physicians-in-training, we are able to make lasting impressions that will be carried through their careers.

In terms of research, in conjunction with the evaluation team at the UMDNJ-School of Public Health, I am directing a statewide survey of over 2400 primary care physicians and nurse midwives to ascertain their current knowledge, attitudes, and practices regarding tobacco related issues. These data will serve as a baseline for which to plan and evaluate statewide programs for this group. Also, I am working with the Rutgers Center for State Health Policy looking at data from the National Ambulatory Medical Care Survey regarding correlations of providing tobacco dependence treatment activities.

Through all these activities, we hope to change the culture in primary medical care and other health specialties regarding the treatment of tobacco dependency.



Treating Tobacco Dependence in the Mental Health Setting. What Has Been Done and A Vision for the Future.

By Philip T. McCabe

Treating Tobacco Dependence among individuals seeking mental health treatment is of increased interest to mental health consumers, clinicians, and administrators. Individuals with mental illness are three times more likely to be tobacco dependent, have twice the difficulty quitting smoking, and are at two to three times more likely to die from a tobacco-caused medical disease than those that do not have a mental illness. Of note, 44% of all the cigarettes consumed in the United States are smoked by individuals with a mental illness or substance use disorder. In response to this important problem and the perceived growing interest of mental health providers to address tobacco dependence, we have greatly expanded our consultations and trainings to mental health treatment providers. Within our program, Philip T. McCabe serves as our lead mental health consultant. In addition, Dr. Doug Ziedonis (Program Medical Director), Dr. Jill Williams (psychiatrist, NIDA researcher), and Bernice Order-Connors (Special Populations Coordinator) are active in working with Phil in providing consultations and other activities. Consistent with the vision of Dr. Slade, our shared goal is to help provide all mental health agencies in the state with training, resources and continued assistance to address tobacco dependence with the clients they serve.

Survey of Mental Health Agencies: The Tobacco Dependence Program worked with New Jersey Association of

Mental Health Agencies (NJAMHA) to survey their association members as to the type of services they are currently offering, including tobacco dependence treatment services. The survey was developed to assess what is currently offered in the mental health settings, including whether Mentally Ill Chemical Abuser (MICA) and psychiatric services are offered concurrently, the credentials of staff, and the percentage of staff and clients currently smoking. The survey also inquired about current tobacco policy, tobacco use, and the type of treatment options offered, at each facility. The survey supports national data in suggesting that tobacco consumption by psychiatric patients in New Jersey is two to three times higher than in the general population.

Consultation Services: Consultation services are offered free to New Jersey mental health treatment providers. At the initial contact, programs are asked for details about their services and an onsite visit is scheduled. Often programs will then request that we provide an initial training, “Why Address Tobacco in the Mental Health Setting,” to their staff. This training typically is a 2-hour interactive presentation that explains the basics of tobacco dependence treatment and an overview of the latest clinical and research findings that are pertinent to mental health consumers. Staff usually find the training very informative and stimulating of new ideas and strategies to better

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address tobacco dependence. Subsequent trainings can be scheduled to provide more details on improving assessment of tobacco use and dependence, psycho-social/behavioral treatments, medication treatment options, policy development and staff issues.

Trainings: The Tobacco Dependence Program has provided workshops at numerous conferences including the New Jersey Association of Mental Health Agencies (NJAMHA) annual conference, the Bridging the Gap Conference sponsored by the Dual Diagnosis Training Network in January 2002, and the Tobacco Dependence Program's Annual Conference. Additionally, a display booth and related literature was distributed at several events including the NAMI & Family Support Services Statewide Conference and the NJAMHA Clinical Case Management training. The Monmouth County MICA Task Force sponsored a full-day training on Tobacco Dependence for its members and other programs were sponsored by the Morris County MICA Task Force and the Mercer County PAC.

A long-term forensic center in New Jersey became tobacco free on January 2, 2002. To prepare for this, the facility committed to training its entire staff of over 400 employees. The training program included a 6-hour workshop for doctors and other medical staff, three 6-hour trainings for clinical staff and six, one and a half hour trainings for all support staff and medical security officers. In total over 425 employees in the facility were provided with training on tobacco dependence, treatment, policy development and staff issues.

Stigma towards the mentally ill has led some to say "but what else will they do if they don't smoke" or "what other reasons are there to help the mentally ill quit other than increased medical illness and premature death," but we believe that when staff have an increased awareness of the costs of tobacco dependence, attitudes begin to shift. We have found that for mental health programs to address tobacco dependence, it helps to provide opportunities for clinicians to acquire new knowledge on assessment and treatment as well as opportunities for staff to resolve some of their own ambivalence about addressing tobacco with this population.

Programs report that they see a paradigm shift within their treatment setting when staff express a renewed commitment to meet the needs of their clients and acknowledge that the mental health system had been too permissive historically with regards to tobacco use.

Some staff who smoke must resolve their own conflicts about their tobacco use. For some this may include seeking tobacco dependence treatment for themselves.

While the tobacco control community and mental health service providers must recognize this group as a particular target of the tobacco industry and speak out to provide prevention services to adolescents with mental health problems, we also need to provide appropriate tobacco dependence treatment to those with mental illness. We cannot selectively treat psychiatric client's mental health needs, while ignoring the health risks of continued tobacco use. Consumers of mental health services deserve better health, and we must all develop an increased awareness, sensitivity, and advocacy for this vulnerable population.

The Tobacco Dependence Program offers phone and in-person consultations and trainings free of charge to New Jersey providers of Mental Health services through MSA funding. Contact Philip T McCabe, Mental Health Consultant at 732-235-8229 or philip.mccabe@umdnj.edu for further information.