

# The Tobacco Dependence Clinic at One Year

*By Donna Richardson*

The Tobacco Dependence Clinic celebrated its first anniversary of patient care in January 2002. To date over 300 patients have been assessed and treated. We began with a small clinical staff, multi-disciplinary and committed. Our core group was composed of John Slade, MD, Jonathan Foulds, PhD, Michael Steinberg, MD, Michael Burke, EdD, MHS, LPC, Jill Williams, MD, and Donna Richardson, LCSW, CADC. We recently added C. Brooke Lange, LPC, CADC. In addition, Douglas Ziedonis, MD, provides supervision to Fellows in Addiction Psychiatry who are available to see our patients.

## *Who do we treat?*

Women come to quit in higher numbers than men. The average age of our patients is 44 years. Most are referred by their doctors, have smoked for 20 years or more, and are smoking about one pack of cigarettes a day when they come for help. The most common motivation for quitting is concerns about their health, and many patients report they have a smoking-caused health problems. Most are taking at least one medication for physical or mental health symptoms, and more than half have received some treatment for depression, anxiety, or alcohol or other drug problems. Most patients have tried to quit many times before, and have tried the patch or the gum.

But then, of course, there are the notable exceptions. We have seen a cluster of teenage patients. They tend to smoke less than their adult counterparts. They come in with a student assistance counselor or a parent.

We see patients who are addicted to chew, to cigars, and to bidis. We see disabled and elderly patients on fixed incomes, who go into debt or go without food to pay for their cigarettes.

## *How Do We Treat?*

Our callers are usually very keen to get help with their tobacco addiction but have little idea of what happens at a tobacco dependence treatment clinic. Our work begins with engagement in the first conversation. Smokers find that specific information provided at first contact is helpful. They want to know what we may do differently than the things they have already tried. They are sometimes openly skeptical that we can help them since they have failed before and have little hope of success. We schedule an assessment that is, in essence, a one-hour conversation about their relationship with their cigarettes. During the assessment, we engage further. They tell us about their health problems and about their embarrassment regarding

their smoking. We share with them what we have learned from the research about quitting. We give them information about medicines (nicotine patch, nicotine gum, nicotine inhaler, nicotine nasal spray, and Zyban) and our Stop Smoking Groups. We measure blood pressures and carbon monoxide levels.

As the assessment hour draws to a close, we formulate a treatment plan and schedule an appointment with one of our physicians. Since our physician providers are specialists in Internal Medicine and Addiction Psychiatry we provide patients with a medical consultation that meets their special needs.

The typical (though not universal) treatment plan includes medication, attendance at Stop Smoking Group, and individual follow-up. Our Stop Smoking Group meets six evenings for 1 ½ hours, and is a closed, highly structured group with the following themes:

Session 1: Preparation for Quitting

Session 2: Quit Day: First Full Day Tobacco-Free

Session 3: 8 Days Tobacco-Free

Session 4: You Have Done the Hardest Part

Session 5: It Should Be Getting Easier

Session 6: Celebration Group

The groups are cognitive behavioral in approach with time for member interaction. Before each group, patients check in with a clinician for some individual time and a quick read of carbon monoxide. Nicotine patch and gum are available at half-price.

A less structured, daytime group meets on Thursday mornings. This group is open and is designed for patients unlikely to respond well to fixed, group-imposed Quit Dates. We emphasize achievable weekly goals related to smoking. We pay special attention to relapse prevention issues. We measure carbon monoxide levels. Peer support is particularly important with this group.

Individualized treatment plans have included couples treatment, family treatment, and treatment at school.

Our follow-up services include continuation of medicines as needed, individual sessions for support or in response to relapse, and outcome contacts by phone and in person with rewards for participation. A Patient Advisory Group is just beginning, and has been active in lobbying efforts and in a feedback loop to improve Clinic services.