AB 541: TREATING TOBACCO DEPENDENCE IN BEHAVIORAL HEALTH SETTINGS

TOBACCO TREATMENT TRAINING PROGRAM

JANUARY 5, 2024

TACKLING TOBACCO TOGETHER

TOBACCO TREATMENT TRAINING PROGRAM
EAST BAY COMMUNITY RECOVERY PROJECT

alameda county behavioral health
MENTAL HEALTH & SUBSTANCE USE SERVICES

LifeLong Medical Care
Health Services For All Ages
a california health center

OUR PROGRAM

The Tobacco Treatment Training Program **helps behavioral health providers in Alameda County improve their tobacco use interventions**

Contracted with Alameda County Behavioral Health Care Services (ACBH) to support **ACBH-funded substance use disorder and mental health treatment providers**

Provide **free training and technical assistance** to healthcare staff and leadership

Program Manager – Tara Leiker, PhD
Program Coordinator – Sophia Artis

- Upon joining, all participants will be automatically muted. Participants are encouraged to turn their cameras on.
- Please change your Zoom name to your first and last name and your organization/agency (e.g., "Jane Doe, LifeLong Medical Care").
- This webinar is being recorded. The link to the recording will be shared after the training, along with a PDF of the slides.
- Please use the Zoom Chat to ask questions. We will address questions during the Q&A period at the end of the training.

HOUSEKEEPING

CONTINUING EDUCATION REMINDERS

This brown bag is eligible for one (1.0) **hour of continuing education credit for LMFT's, LCSW's, LPCC's, LEP's, and SUD Counseling Staff** as required by the California Board of Behavioral Sciences and by the California Consortium of Addiction Programs and Professionals (CCAPP).

To receive CE credit, attendees **must be present for the entirety of the training and complete the post-test**, which will be provided after the Q&A section.

Attendees who do not qualify for CE credit are eligible to receive a **course completion certificate**, **also conditional** on completion of the post-test.

AGENDA

1. Understanding AB 541
2. Tobacco Use in Behavioral Health Populations
3. Implementing AB 541
4. Questions & Resources

CALIFORNIA ASSEMBLY BILL 541

Signed into California law on August 31, 2021 (Health & Safety Code Section 11756.5)

Went into effect on **January 1, 2022;** enforcement began on **July 1, 2022**

(California Tobacco Control Program, 2022)

AB 541 requires "licensed and/or certified substance use disorder (SUD) recovery or treatment facilities to **assess each patient/client for tobacco use at intake**, and to **address tobacco use as part of treatment.**"

Intake assessment should screen for **Tobacco Use Disorder (TUD)** as defined in the most recent version of the **Diagnostic and Statistical Manual of Mental Disorders (DSM).**

(California Tobacco Control Program, 2022)

A problematic pattern of tobacco use leading to clinically significant impairment or distress, as manifested by *at least two* of the following, occurring within a 12-month period:

1. Loss of control (inability to stop using)
2. Persistent desire/unsuccessful efforts to stop using
3. Craving (a strong desire to use the substance)
4. Failure to fulfill major role obligations due to use
5. A great deal of time is spent obtaining, using, and recovering from the use of substances
6. Continued use of substances despite having social or interpersonal problems caused or made worse by the use
7. Important activities are reduced or given up because of the use
8. Substance use in situations where it is physically hazardous
9. Continued use of substances despite having physical or psychological caused or made worse by the use
10. Tolerance (nicotine dose must increase to achieve same effect)
11. Withdrawal (e.g., irritation, insomnia, depression, anxiety)

(American Psychiatric Association, 2017)

Facilities are required to assess each patient/client for tobacco use at the time of initial intake. **If the patient/client has a tobacco use disorder (TUD)**, then the program must:

1) Provide information to the patient or client on how **continued use of tobacco products could affect their long-term success in recovery from SUD**
2) **Recommend treatment for tobacco use disorder** in the treatment plan
3) **Offer either treatment**, subject to the limitation of the license or certification issued by the department, **or a referral for treatment for tobacco use disorder**

(California Tobacco Control Program, 2022)

COMPLIANCE

California Department of Health Care Services (DHCS) conducts reviews of licensed and certified programs **every two years (or as necessary)**

Reviews look for compliance with statute, regulations, and certification standards

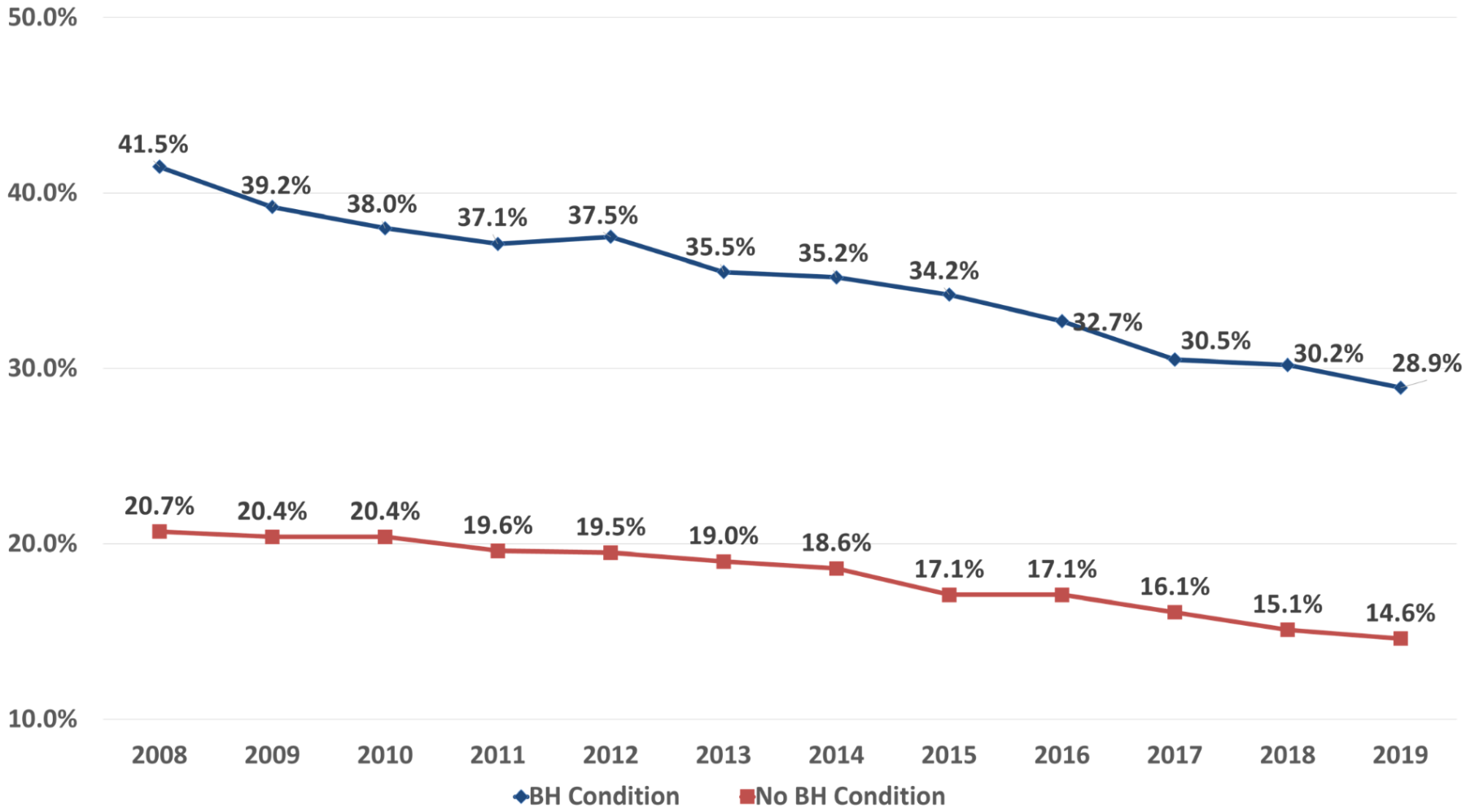
(California Tobacco Control Program, 2022)

TOBACCO USE AND BEHAVIORAL HEALTH

Adults with mental health or substance use disorders comprise only *25%* of the U.S. population but consume *40%* of cigarettes smoked by American adults.

(Substance Abuse and Mental Health Services Administration, 2013)

CURRENT SMOKING AMONG ADULTS (AGE>18) WITH PAST YEAR BEHAVIORAL HEALTH CONDITION



(National Survey on Drug Use and Health (NSDUH), 2008-2019)

Smoking Prevalence in Substance Use Disorder Treatment in California

(Guydish et al., 2020)

EFFECTIVE TOBACCO TREATMENT IS *DESPERATELY* NEEDED IN SUD/MH POPULATIONS

FACTS

People with severe mental health needs die *10-25 years sooner* than the general population (de Mooij et al., 2019).

Half of all people in substance use recovery die of tobacco-related diseases (Druss et al., 2011).

Studies show that *less than half* of people in MH or SUD treatment are offered tobacco treatment services/support (de Mooij et al., 2019).

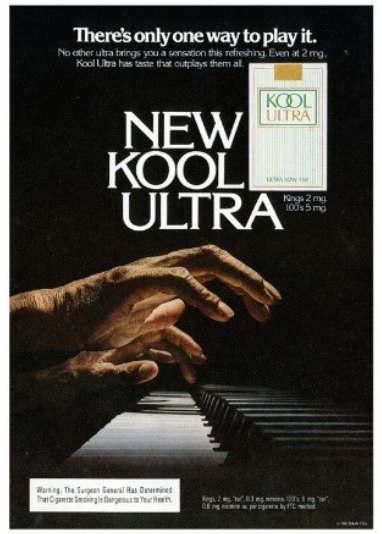
Ideas in the chat:

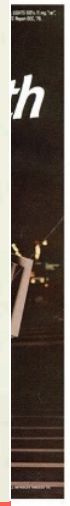
Why do *you* think tobacco treatment gets left behind?

Common Roadblocks

- Tobacco treatment may not be part of existing addiction treatment culture
- Leadership may fear a lack of readiness and/or resistance from patients
- Leadership may lack the resources (funding, staff, training hours) needed to implement effective tobacco cessation services
- Tobacco use may be normalized within the agency and may serve as a hub for client socialization; staff themselves may smoke and be resistant to change
- There may be environmental barriers (e.g., proximity to a smoke shop or a childcare center) that make instituting a smoke-free campus difficult

(Pagano et al., 2016)





TOBACCO INDUSTRY TARGETING

Misconception

People with behavioral health disorders don't want to quit smoking.

Tobacco use helps people manage stress and mental health issues.

Quitting tobacco jeopardizes sobriety from other substances and treatment outcomes.

Reality

People with behavioral health disorders are as motivated to quit as other tobacco users.

Tobacco use impairs recovery from mental health issues.

Quitting tobacco use enhances recovery from other behavioral health disorders.

(Prochaska, 2011)

Tobacco cessation is linked to a *25 percent increase* in long-term abstinence from alcohol and other drugs.

(Prochaska et al., 2004)

IMPLEMENTING AB541

- DHCS Client Health Questionnaire And Initial Screening Questions
  - Considered AB 541-compliant
  - Does not include screening questions for TUD

- The Tobacco Treatment Training Program's Tobacco Use Assessment Form
  - Specifically targets tobacco use and dependence
  - Available in Word format; customizable to your agency's needs
  - Reflects Alameda County Behavioral Health Tobacco Policy

SCREENING TOOLS

TOBACCO EXPOSURE AND USE ASSESSMENT		
Has anyone in your home, or any other environment you spend a lot of time in (like your workplace), smoked cigarettes or vaped in the past two years? ❑ Yes ❑ No	**Did you grow up with people who smoked and/or used e-cigarettes?** ❑ No ❑ Yes	**Do you currently use tobacco products? Have you ever used tobacco products?** ❑ No, never used ❑ Not currently, but did previously ❑ Yes, currently uses ***If "No, never used," stop the survey.*** *If the client answered "Yes" to either of the previous questions, continue to the "Treatment Plan" section. Educate the client about the risks of second- and thirdhand smoke and refer the client to screening if appropriate.* ***If "No, but previously used," stop the survey.*** *Follow the steps above if the client answered "Yes" on the prior two questions. Continue to the "Treatment Plan" section. Educate the client about the long-term health effects of tobacco use, even after quitting, and refer the client to screening if appropriate.*

At what age did you start using tobacco products?

- ❑ Under 12 years old
- ❑ 12-17 years old
- ❑ 18-24 years old
- ❑ 25-34 years old
- ❑ 35-44 years old
- ❑ 45-54 years old
- ❑ 55-64 years old
- ❑ 65-74 years old
- ❑ 75 years or older
- ❑ Prefer not to answer

Which tobacco product(s) did you use at this age? *Select all that apply.*

- ❑ Cigarettes
- ❑ E-cigarettes or vapes
- ❑ Cigars or cigarillos
- ❑ Smokeless tobacco (Chew, dip, snuff, or snus)
- ❑ Hookah
- ❑ Pipe
- ❑ Kreteks

Which tobacco product(s) do you use now? *Select all that apply.*

- ❑ Cigarettes
- ❑ E-cigarettes or vapes
- ❑ Cigars or cigarillos
- ❑ Smokeless tobacco (Chew, dip, snuff, or snus)
- ❑ Hookah
- ❑ Pipe
- ❑ Kreteks

How much tobacco do you use on an average day? *Note the amount of each tobacco product the client uses (e.g., number of cigarettes, vape pods, or cans of chew).*

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How soon after waking up do you smoke or use tobacco? *Anything less than 30 minutes after waking indicates high dependence on nicotine.* ❑ ≤ 5 minutes *(very high dependence)* ❑ 6-30 minutes *(high dependence)* ❑ 31-60 minutes *(moderate dependence)* ❑ After 60 minutes *(low dependence)*	**Have you tried to quit in the past?** ❑ Yes ❑ No *(If yes)* **How many times have you tried to quit?** ❑ 1-2 ❑ 3-4 ❑ 5+	*(If client has tried to quit)* **Which tools have you used when attempting to quit?** *Select all that apply.* ❑ No tools – cold turkey ❑ Wellbutrin SR (bupropion) ❑ Chantix (Varenicline) ❑ Nicotine replacement therapy (e.g., patch, gum, lozenge, inhaler) ❑ Counseling

If applicable: **Tell me about your longest quit attempt.** *Note length and tools used, if any. This information identifies the tools that may be particularly helpful (or unhelpful) for future quit attempts.*

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_____*IIf*

applicable: **Tell me about your most recent quit attempt.** *Note length and tools used, if any.*

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BEHAVIORAL COUNSELING

- Can be done in 1:1 or group settings
- Helps the patient:
  - Understand how tobacco use harms their health and sobriety from other substances
  - Identify triggers for tobacco use (e.g., stress, celebration) and practice alternate coping strategies
  - Identify what really motivates them to quit (e.g., specific activities that tobacco use has taken from them, more time with family, housing opportunities)

APP & TEXT SUPPORT

KICK/T California

KICKITCA.ORG

ENGLISH
1-800-300-8086
SPANISH
1-800-600-8191

QUIT SMOKING ■ QUIT VAPING ■ QUIT SMOKELESS TOBACCO

KickItCa.org
Free, customized one-on-one coaching, grounded in science and proven to help you quit.

Speak with a Quit Coach
Monday-Friday 7 am to 9 pm
Saturday 9 am to 5 pm

1-800-300-8086 (English)
1-800-600-8191 (Spanish)

Chat with a Quit Coach
kickitca.org/chat

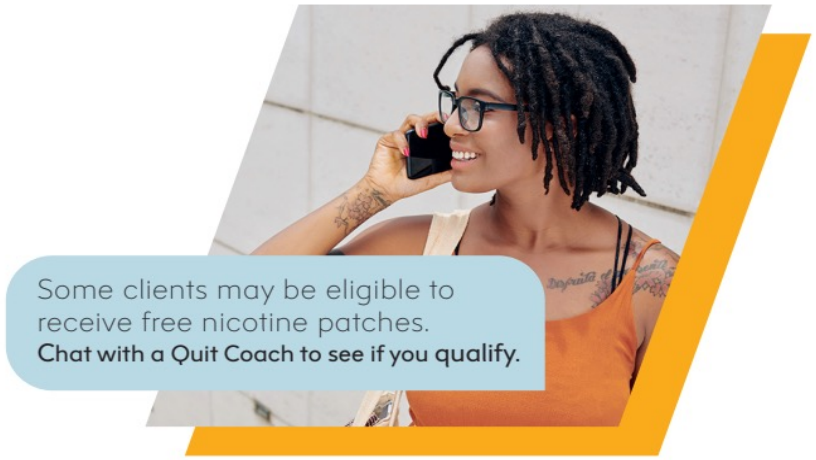
Amazon Alexa
Say *"Alexa, open Stop Smoking Coach"* or *"open Stop Vaping Coach"*

Automated Text Program
We'll text you helpful tips at critical points during your quit journey, and answer any questions you have within one business day.

Text **"Quit Smoking"**or **"Quit Vaping"**to 66819
Texto **"Dejar de Fumar"**o **"No Vapear"**al 66819

Mobile Apps
Download from the App Store & Play Store

no butts
no vape



PHARMACOTHERAPY

Behavioral health clients with TUD:

- Most will need medication to quit
- May need higher doses, longer duration of treatment, and combination of medications

(Morris et al., 2009; U.S. Department of Health and Human Services, 2008)

Seven First-Line Medications

Nicotinic (Nicotine Replacement Therapy)

- Patch (OC)
- Gum (OC)
- Lozenge (OC)
- Spray (Rx'ed)
- ~~Inhaler~~ (Rx'ed, discontinued)

Non-Nicotinic

- Varenicline (Rx'ed, formerly Chantix)
- Bupropion SR (Rx'ed)

Gold Standard for Treatment

Combination NRT = Patch + short-acting (e.g., lozenge or gum)

OR

Varenicline

Counseling

MODE OF TREATMENT INFLUENCES LONG-TERM QUIT RATES

Treatment Type	Percent Increase in Long-Term Abstinence (Compared to No Treatment)
Behavioral Therapy Alone	18-96%
NRT Alone	53-68%
Bupropion SR Alone	49-76%
Varenicline Alone	102-155%
NRT+Behavioral Therapy	70-100%

Without treatment, only about 5 *percent* of smokers will successfully quit over the course of a year.

(Patnode et al., 2015)

Treat tobacco dependence *while* treating a client's other behavioral health issues – not after.

ESTABLISHING A NICOTINE-FREE AGENCY

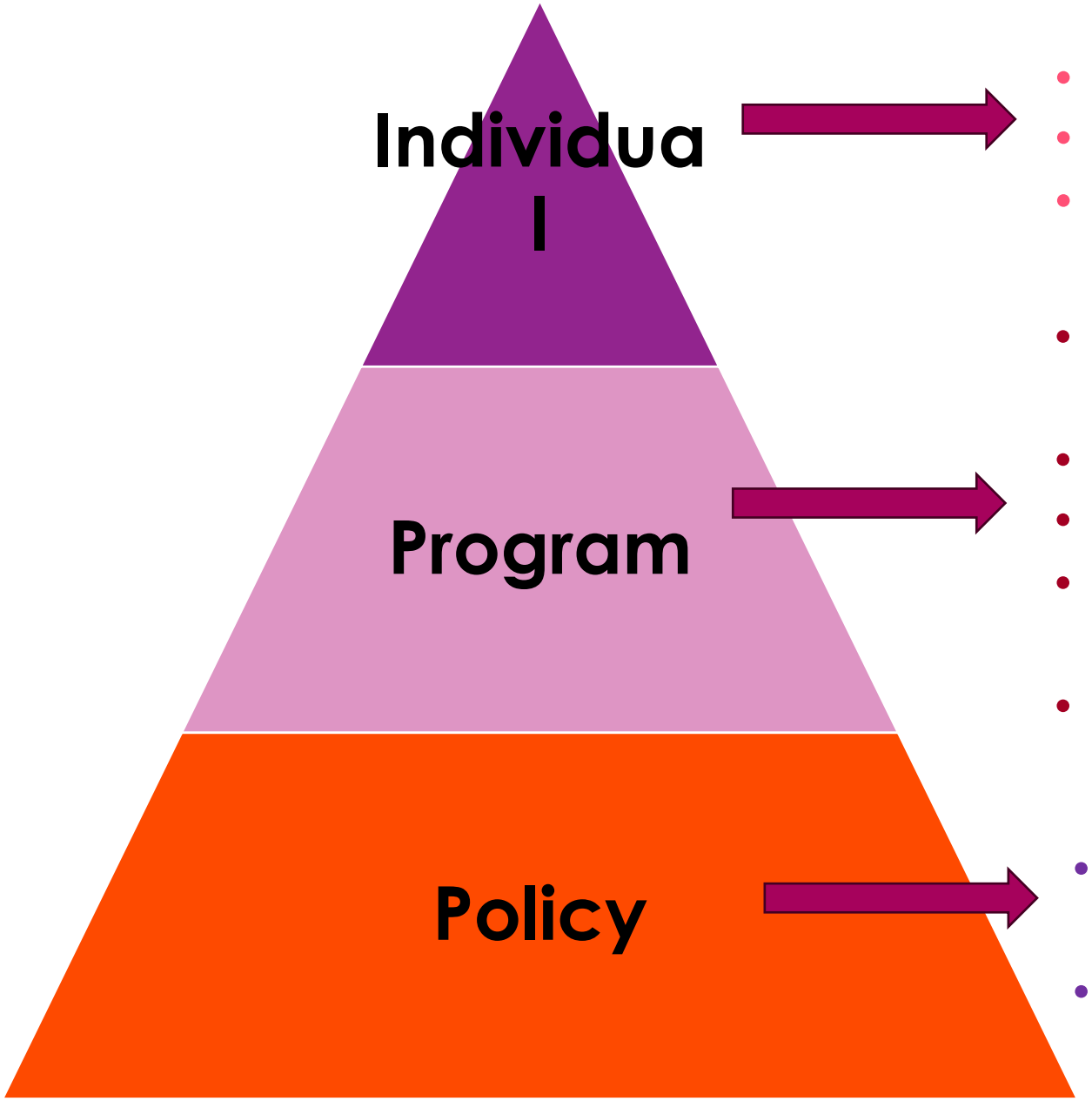
Establish a consistent, written policy regarding the use of tobacco products on campus

- Post the policy in a public area, along with "No Smoking" and "No vaping" signs
- Solicit input from leadership and staff
- Ensure the "why" behind the policy is clearly stated and understood
- Define follow-up actions for policy violations

Educate staff about the negative effects of tobacco use on recovery from behavioral health disorders, and the importance of creating an environment that shows solidarity towards clients quitting tobacco

Avoid zero tolerance policies:

- Do NOT eject clients from the program if they use tobacco products
- Focus on education, not penalization



- Provide 1:1 counseling
- Refer patients to Kick It California
- Provide or refer to pharmacotherapy

- Train staff on best practices for tobacco use counseling and treatment
- Screen all patients at intake
- Develop on-site tobacco cessation workflows
- Integrate tobacco treatment with alcohol and drug treatment plans
- Form peer-led tobacco cessation groups

- Establish agency-wide smoke and tobacco-free policy
- (Leadership) Allocate resources towards staff training and monitor program's success rates

QUESTIONS?

RESOURCES

- Tobacco-Free Toolkit for Behavioral Health Agencies - University of California, San Francisco
- Kick It California
- Tobacco-Free Policy Toolkit - University of Colorado Anschutz Medical Campus School of Medicine
- Tobacco Cessation Tools & Resources – American Academy of Family Physicians
- Clinical Practice Guideline: Treating Tobacco Use and Dependence (2008 Update) - U.S. Dept. Health and Human Services
- Smoking Cessation for Persons with Mental Illness: A Toolkit for Mental Health Providers - National Council for Mental Wellbeing
- Learn About Healthy Living Curriculum

UPCOMING VIRTUAL TRAININGS

January 17, 2024

Tackling Tobacco Together, a Deep Dive into Tobacco Treatment

Sign up here!

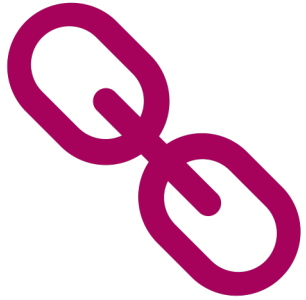
February 14, 2024

Brown Bag: Tobacco 101 & Tobacco Use Disparities

Sign up here!

Our Training Calendar

EVALUATION



Link in the chat

Please complete prior to leaving the meeting

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