

Treating Tobacco Use and Dependence in the New Hampshire's Mental and Behavioral Health Population

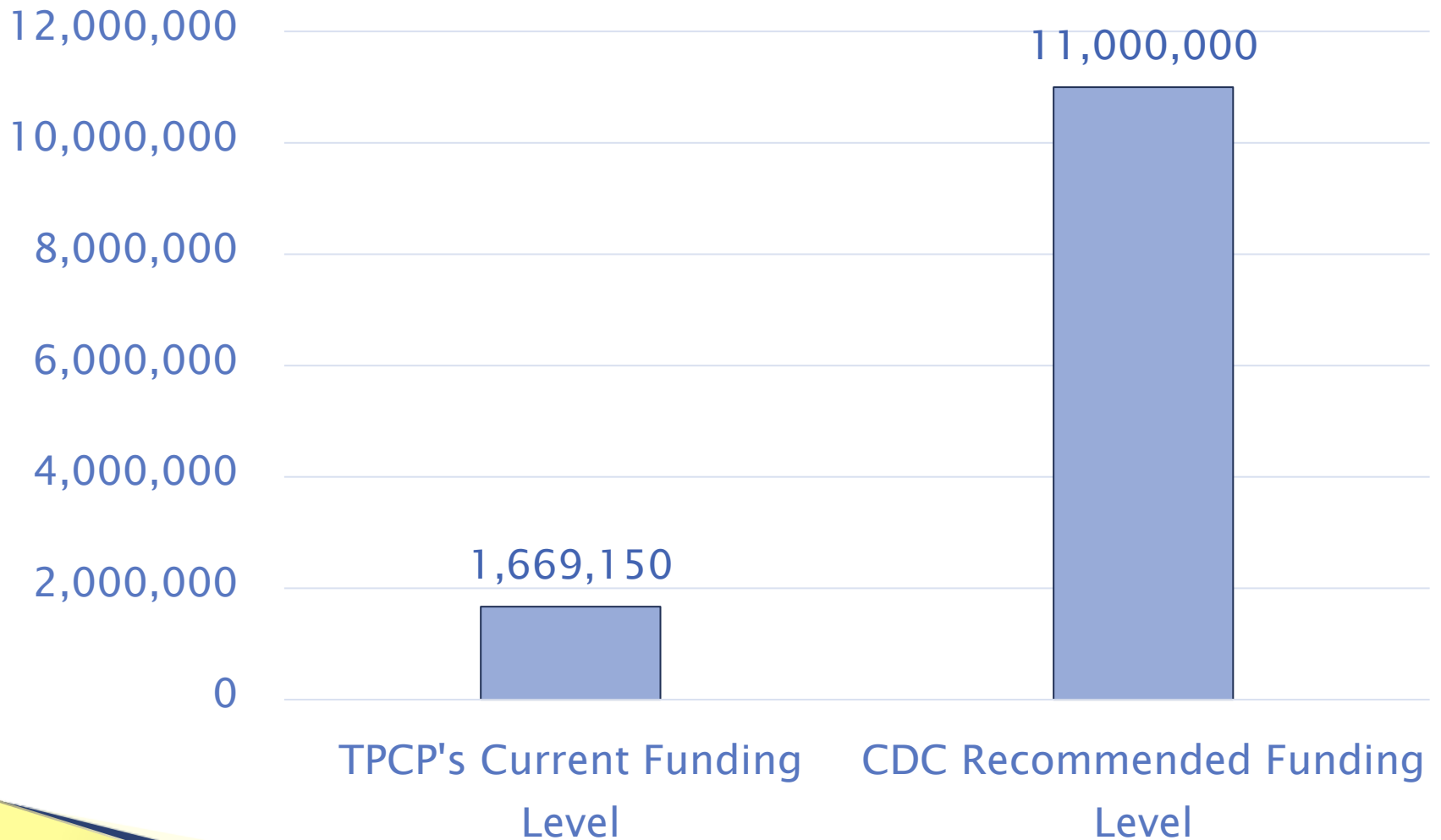
December 4, 2023



Today's Take-Aways

1. New Hampshire Tobacco Prevention and Cessation Program supports tobacco cessation for those with mental and/or behavioral health conditions.
2. The value of building relationships with state and community programs/agencies.
3. Patience and persistence-there will be an opportunity.
4. Learn from others and share lessons learned.

TPCP Funding



NH Demographics

- Total population = 1,395,231
 - 92.6% White
 - 25% with behavioral health condition.
- Rate of smoking among NH adults = 11.2%
- Rate of smoking among (national data) MH/BH population = 24.7%*



*Loretan CG, Wang TW, Watson CV, Jamal A. Disparities in Current Cigarette Smoking Among US Adults With Mental Health Conditions. *Prev Chronic Dis* 2022;19:220184.

DOI: <http://dx.doi.org/10.5888/pcd19.220184>

2016

Building Capacity for Transformation

- ▶ Medicaid 1115 Waiver and Demonstration Project:
- ▶ 5-year pilot and implementation.
- ▶ Improving access to and quality of physical and behavioral health services.
- ▶ Collaboration to drive system reform.
- ▶ Integrated care for individuals with mental and behavioral health conditions.



- 2017 Inter-agency workgroup focused on expanding the cessation benefit from exclusively pregnant women to entire Medicaid population.
 - Division of Public Health Services
 - Medicaid
- 2018 Medicaid Managed Care Organizations reprocurement process.
 - Tobacco treatment scope included language for MCOs to utilize the quitline to provide cessation services.
 - To TPCP, this meant a cost-sharing relationship
 - Not to MCOs

PROBLEM:

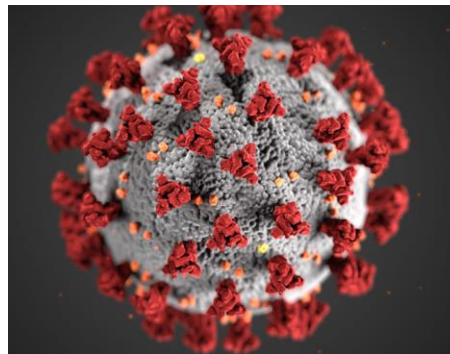
In the absence of legislation and State Plan language, MCOs refused to provide cessation counseling to all covered lives.

2018-2019

Center for Health Care Strategies

- ▶ 6/18 Initiative paired Medicaid and Public Health to address tobacco use.
- ▶ Forge a relationship between the NH Office of Medicaid Services and the Division of Public Health Services for better understanding each other policies, protocols and processes.

▶ THEN CAME...





Five Myths and Facts About Smoking in People with Mental Ill...



2018-2023 ProHealth-NH

SAMHSA Center for Integrated Health Solutions

**Infrastructure, Development, Prevention and
Mental Health Promotion**

11.15.18

**Dr. Mary F. Brunette
Medical Director**

NH Bureau of Mental Health Services

Patient-Centered Care Teams

- Team-based care: effective collaboration between PCPs and behavioral health providers. Colocation is not Collaboration. Team members learn to work differently.
- Nurses, social workers, psychologists, psychiatrists, licensed counselors, case managers, pharmacists, and medical assistants can all play an important role.

Population-Based Care

- Behavioral health patients tracked in a registry: no one “falls through the cracks.”

Measurement-Based Treatment to Target

- Measurable treatment goals clearly defined and tracked for each patient.
- Treatments are actively changed until the clinical goals are achieved.

Evidence-Based Care

- Treatments are evidence-based.

2019 TPCP + CHMCs

- ▶ TPCP funded each of the 10 community mental health centers to upgrade the DHHS reporting portal interface with the EMRs to client track tobacco use.
- ▶ TPCP collaborated with BDAS quality and IT to create tobacco fields, which went live in 2020.
- ▶ On-Site NRT



Using Data to Improve Workflow

CHMC Name	Baseline July 2021 – June 2022	Year 1 July 2022–June 2023
1	81%	79%
2	83%	70%
3	57%	65%
4	46%	48%
5	45%	61%
6 (PH)	93%	96%
7 (PH)	89%	87%
8	0%	66%
9	39%	55%
10	18%	97%

Thursday, March 16, 2023

“Today awarded 15 states each with \$1 million, one-year Certified Community Behavioral Health Clinic (CCBHC) planning grants. This announcement marks the first time these planning grants have been available since the program began in 2015.”

National Council for Mental Wellbeing



<https://www.TheNationalCouncil.org>

National Behavioral Health Network Cancer Control
Community of Practice:

- ▶ 6 months
- ▶ 15 States/territories/tribes
- ▶ Tobacco control policy change to reduce tobacco use and dependence and improve overall health

e-Learning modules

<https://quitworksnh.org/education-training/tobacco-treatment-professional-development>



Engaging Your Patient to Quit Tobacco: Fundamentals of QuitNow-NH



Five Myths and Facts About Smoking in People with Mental Illness and Addiction

Ask, Assist, Refer Engaging Your Patients to Quit Tobacco



Engaging Your Patient to Quit Tobacco: Motivational Interviewing



Pharmacotherapy and Tobacco Treatment with Your Patients



Talk with your Young Patients about Vaping – Hear What Experts have to Say



Evidence-based Tobacco Treatment Training

Post Script: Navigating Medicaid

Just when the pieces seem to fit...

“Devil is in the details.”

- ▶ Quitline services may not be appropriate for all-
- ▶ Offer continued support to build trust.
- ▶ Problem solve as a team.



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NH Tobacco Prevention and Cessation Program

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603-271-8949

Cigarette Smoking and Strategies to Promote Quitting Among People With Substance Use & Mental Health Disorders

Elias Klemperer, PhD
Vermont Center on Behavior & Health,
Department of Psychiatry,
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Disclosure

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► **I have no conflicts of interest to disclose.**

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Strategies to increase engagement among people who are not ready to quit



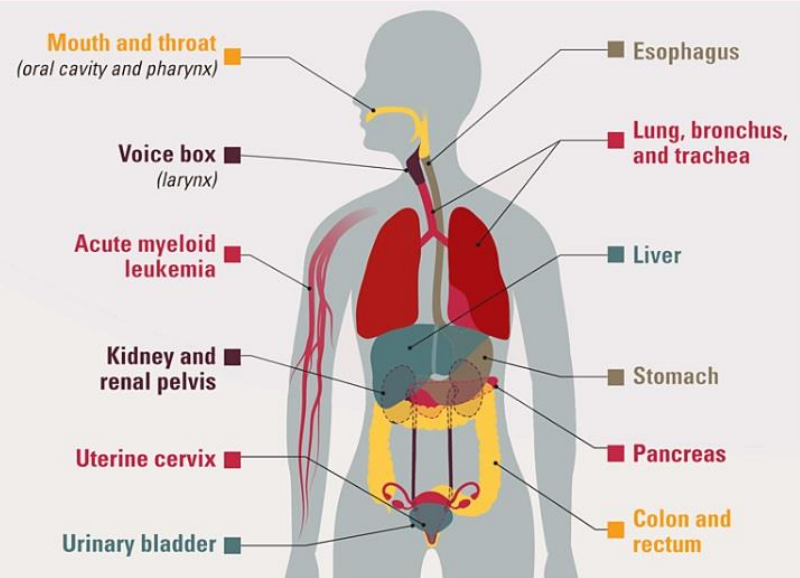
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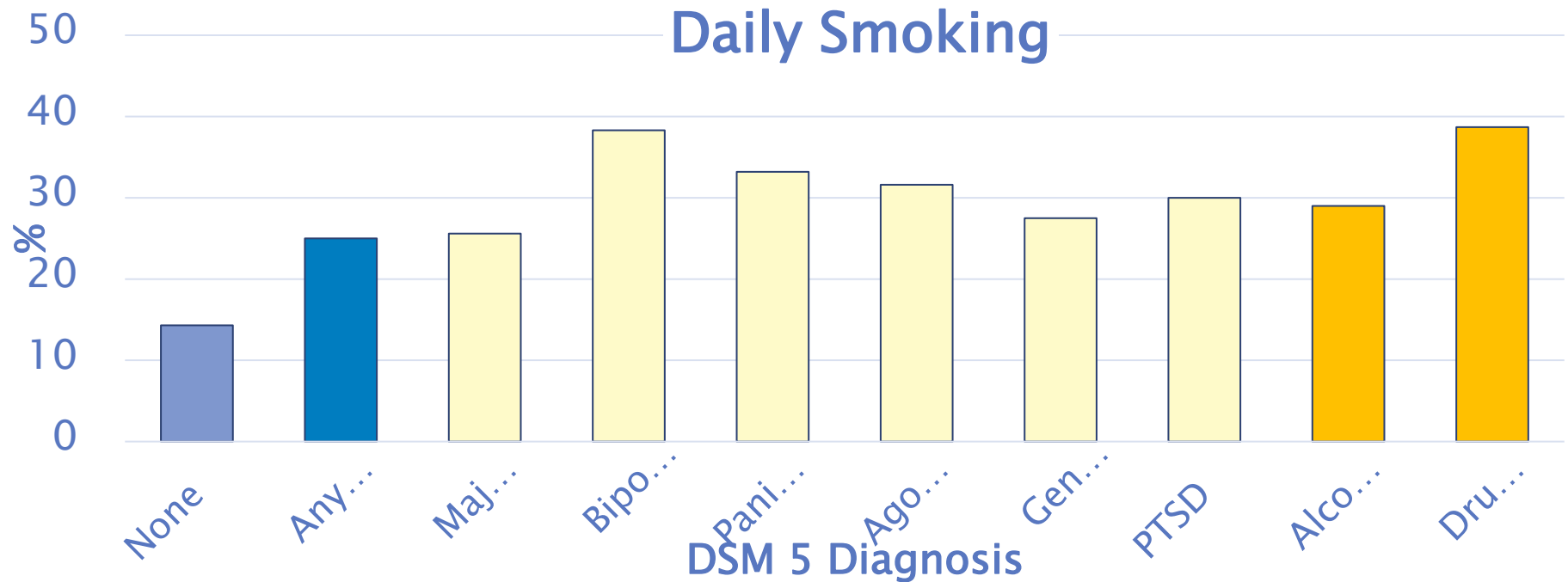
CDC, 2023; WHO, 2023

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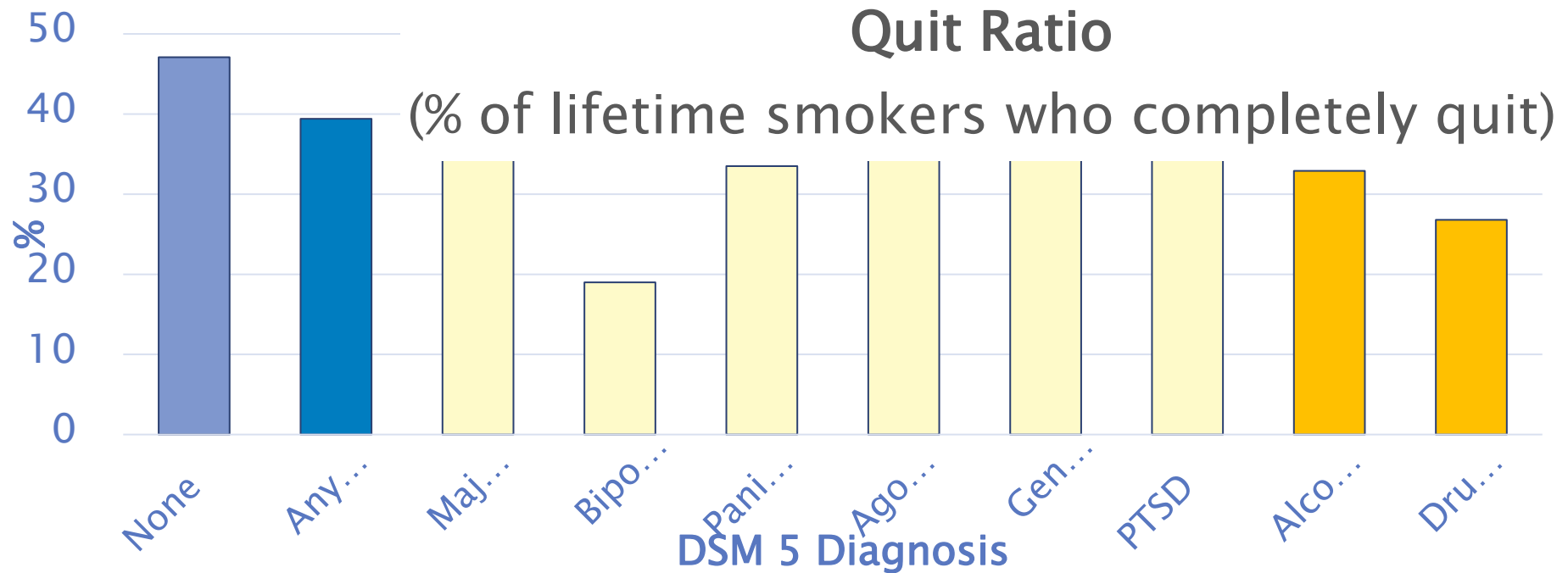
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Smith et al., 2020

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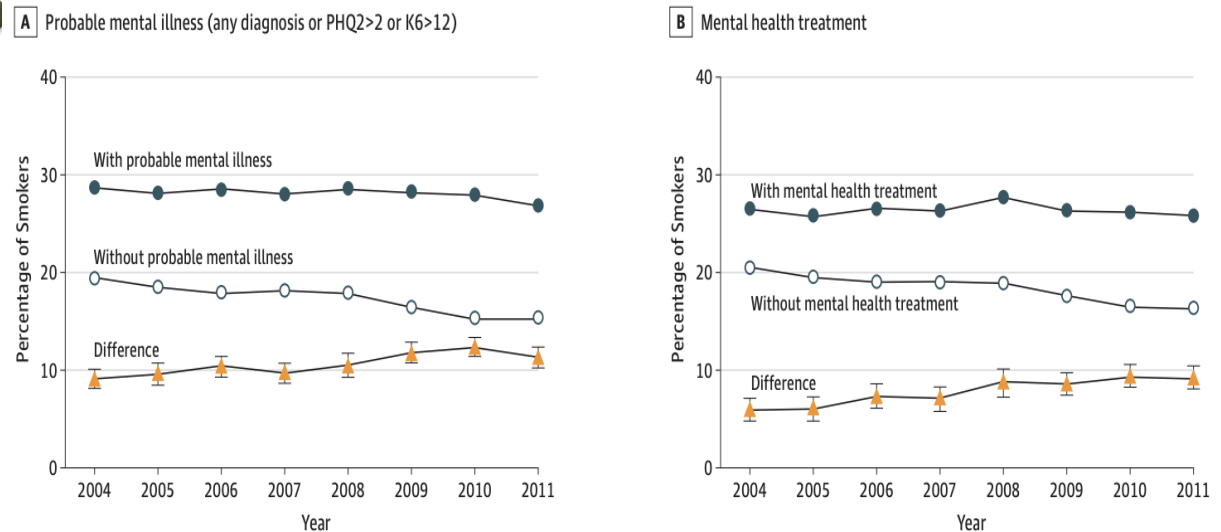


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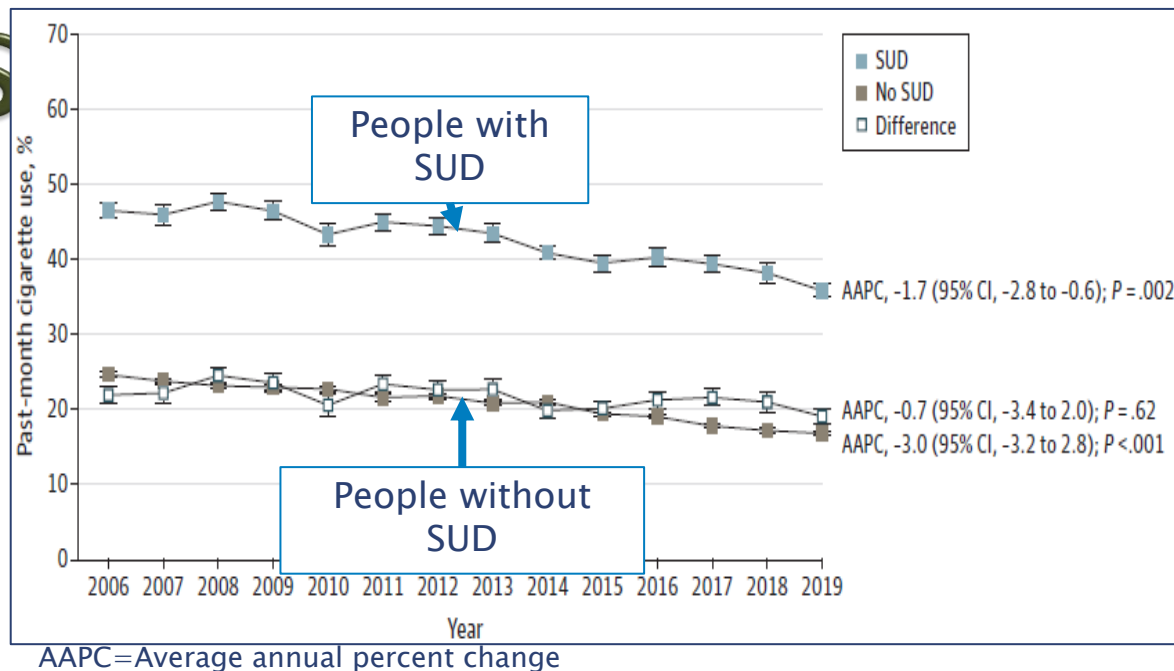
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Cook et al., 2014

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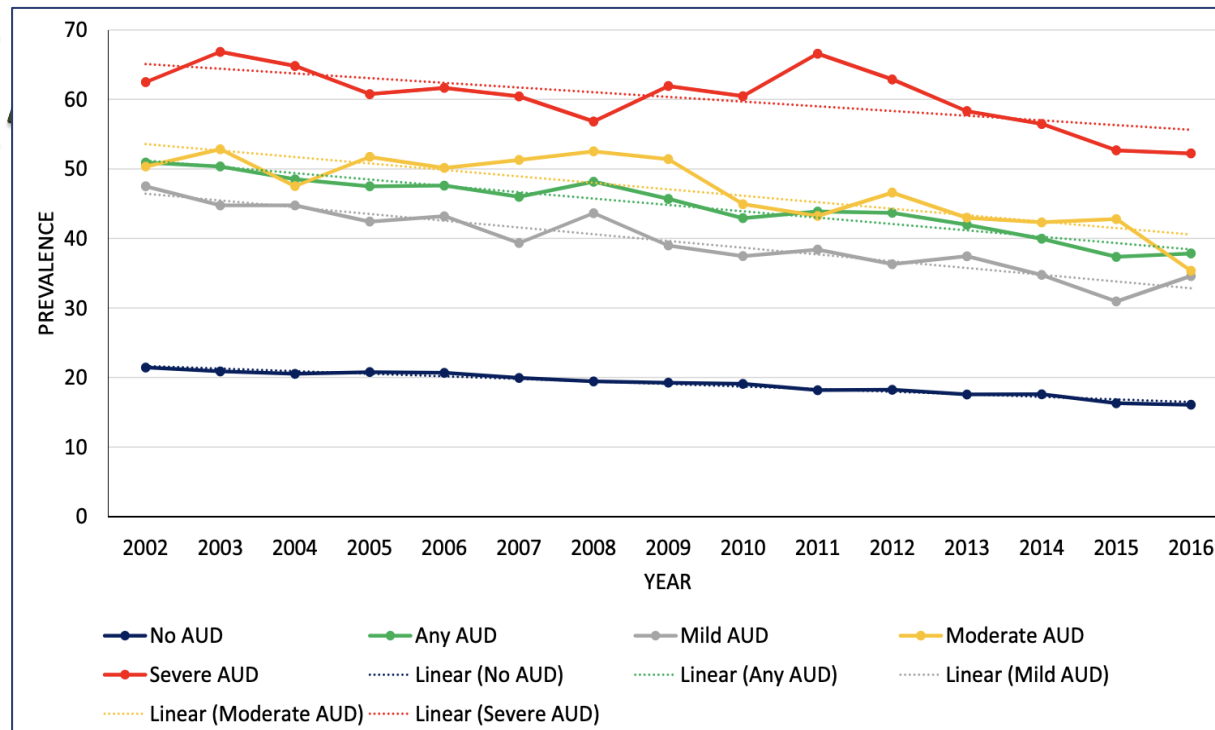
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Weinberger et al., 2019

Smoking Cessation Treatment & SUD



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Smoking Cessation Treatment & Mental Health



Cochrane
Library

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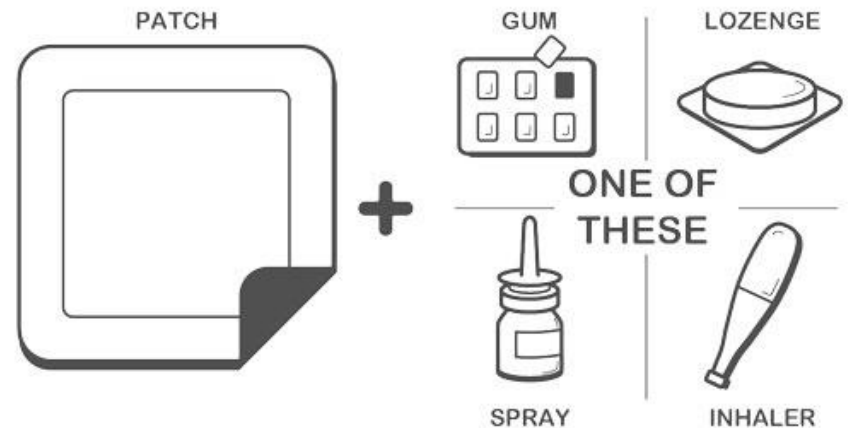
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Most Effective Pharmacotherapies



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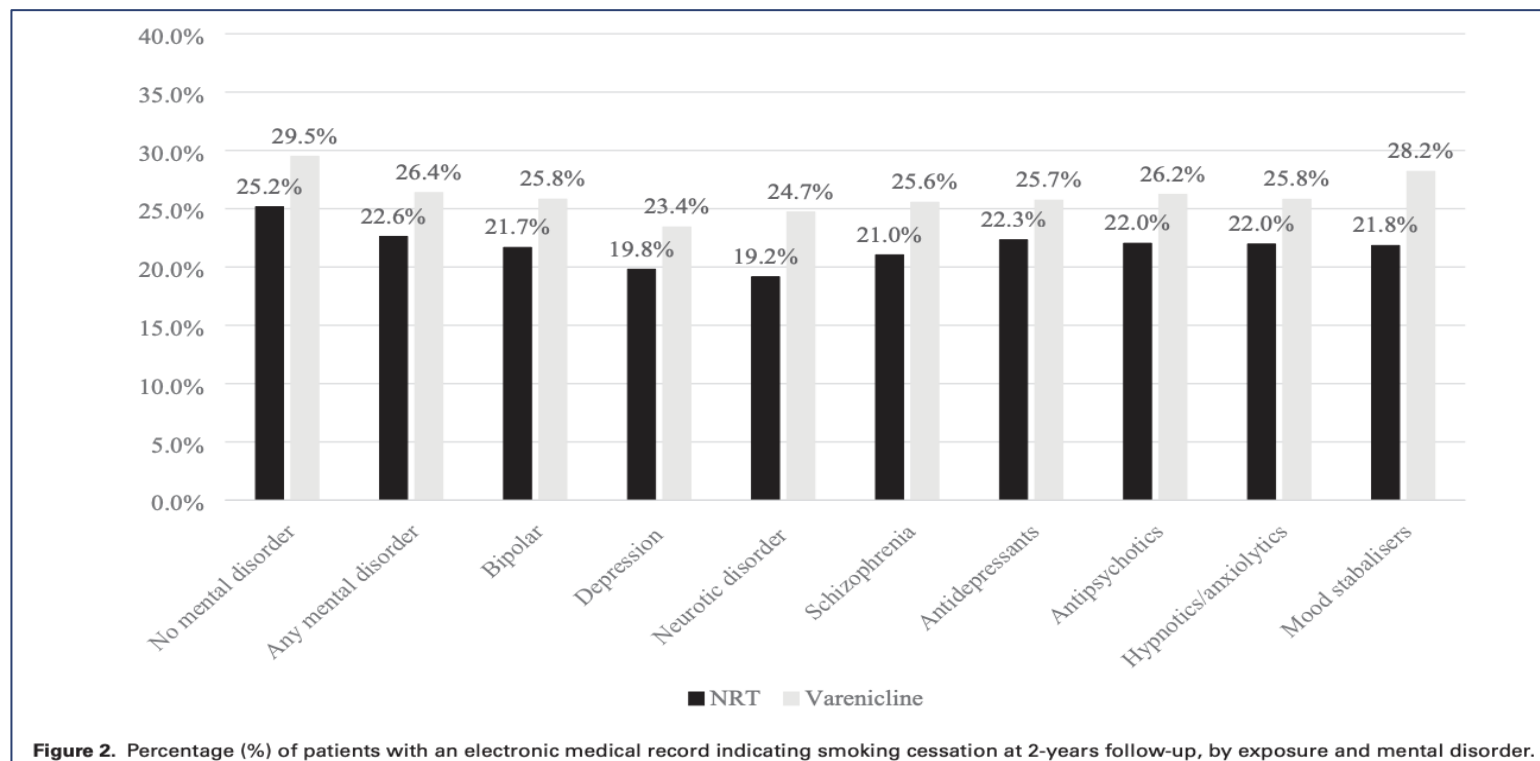


Varenicline

Hartmann-Boyce et al., 2018

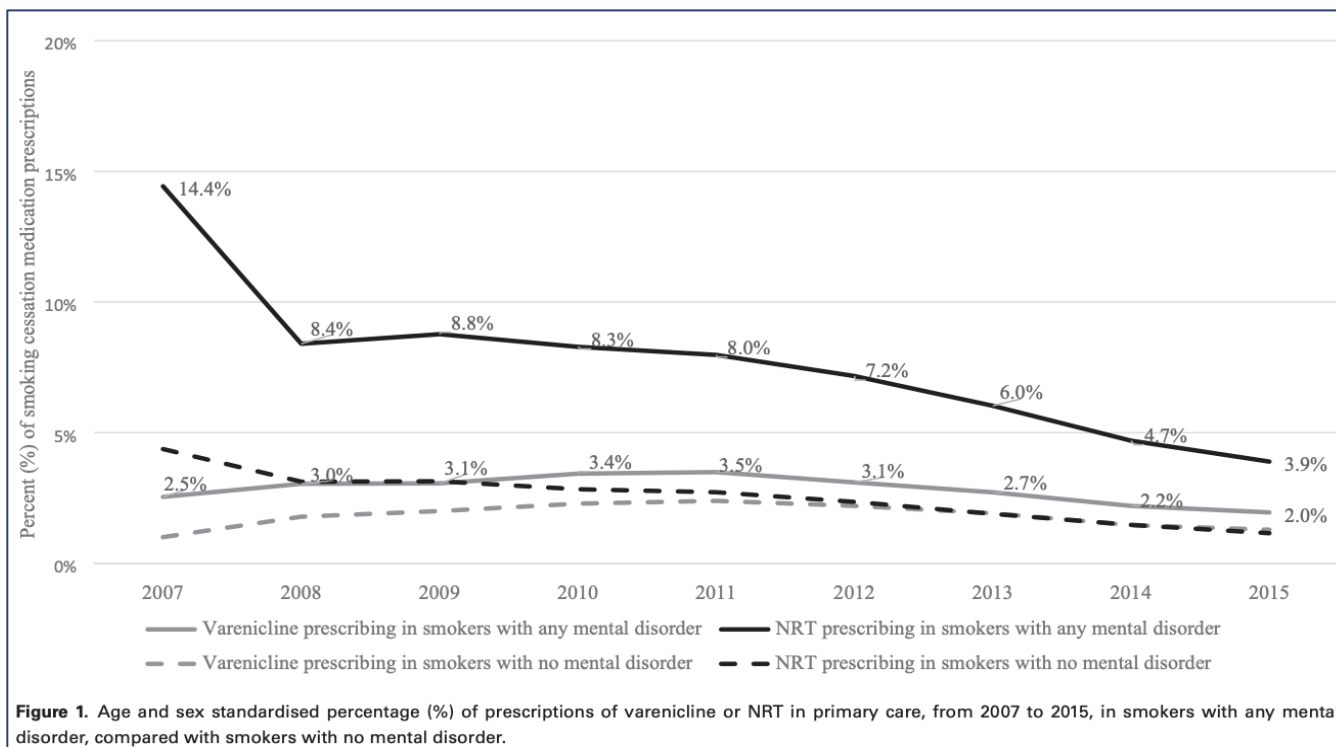
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Taylor et al., 2020

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Taylor et al., 2020

Treatment Engagement & Readiness to Quit Smoking

- ▶ Low engagement is a barrier to efficacious treatments
- ▶ People with SUD and MH disorders are as motivated to quit smoking as those without
- ▶ **Most people who smoke want to quit someday (>90%)**
- ▶ **Most also report they are not ready to quit now (>70%)**



Wewers et al., 2003; Siru et al., 2009; Vlad et al., 2020

Treatment Engagement & Readiness to Quit Smoking

- Readiness to quit is fluid

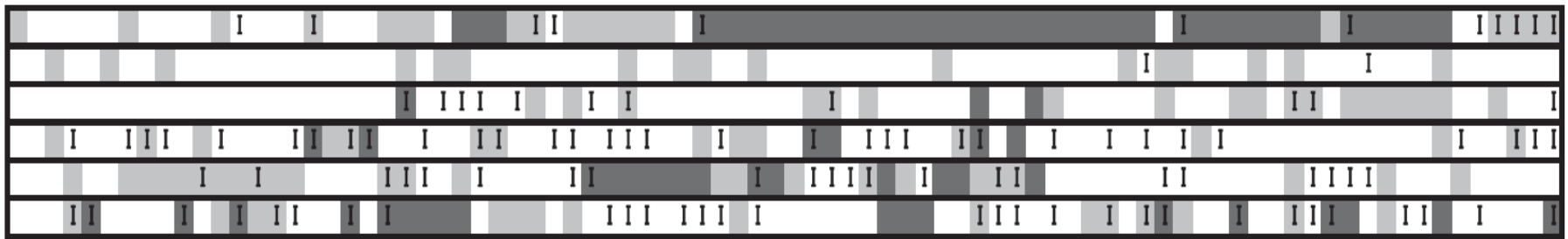


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Hughes et al., 2014; 2013; Peters & Hughes, 2019

Motivation Phase Interventions

- ▶ Tailored to meet the needs of a person who is not currently ready to quit
- ▶ Often focused on initiating a quit attempt
- ▶ Often low barrier or brief to maximize reach



Baker et al., 2011; Hall et al., 2018; Stein et al., 2006

Common: Smoking Reduction

▶ Timed Reduction:

- Collaboratively create a smoking schedule by dividing # of cigarettes by # of waking hours
- Gradually increase time between cigarettes

▶ Hierarchical Reduction:

- Collaboratively create a hierarchy of easiest to most difficult cigarettes to give up in a typical day
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Cincirpini et al., 1995

Reduction Counseling Considerations

- ▶ Efficacy findings are mixed
- ▶ There is no standard reduction protocol
- ▶ Magnitude of reduction?
- ▶ Duration of reduction?
- ▶ **Goal must be abstinence**
 - Reduction in cigarettes often \neq harm reduction
 - Reduction is not a substitute for quitting

Hughes & Carpenter 2006; Klemperer et al., 2015; Chang et al., 2021

Recommended: 5Rs

Motivational Intervention

► Relevance

- Open ended questions
- Affirmations
- Reflective listening
- Summary reflections

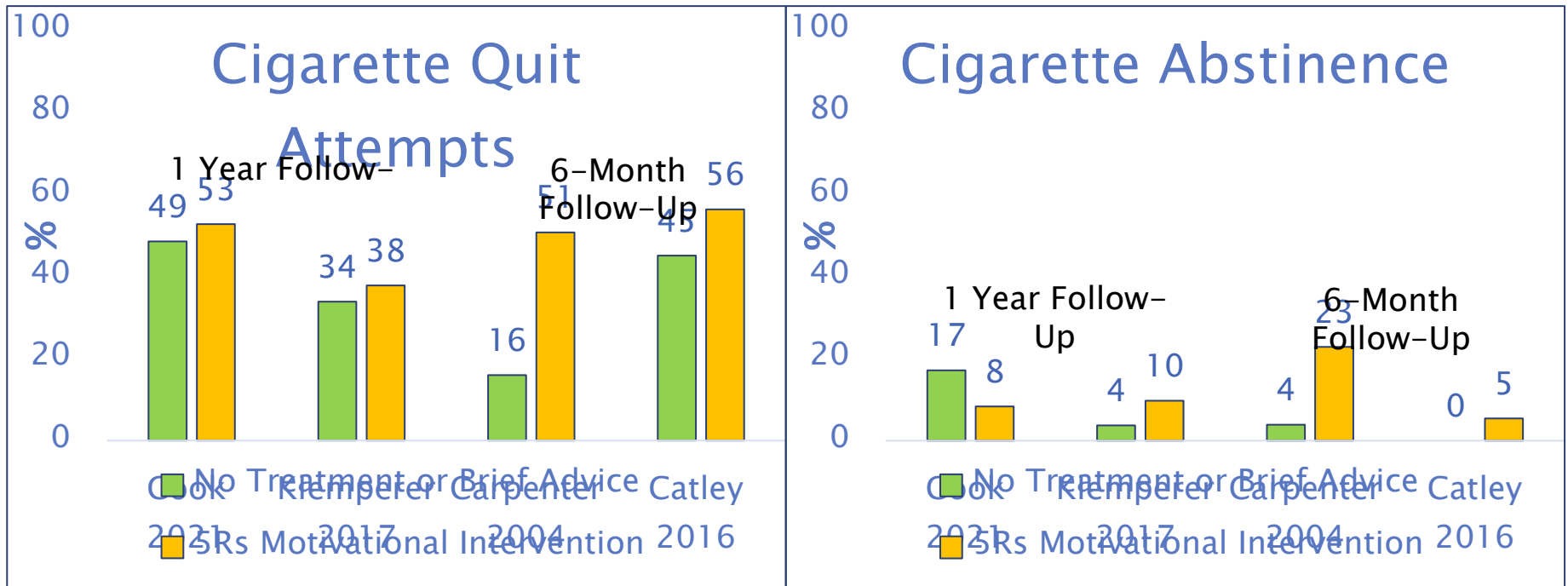
► Risks from smoking

- Short-term and long-term
- Support “change talk”

- Rewards from quitting
 - Common examples: health, money, children
- Roadblocks to quitting
 - Express accurate empathy
 - Engage in problem solving
 - Provide advice to quit
- Repetition

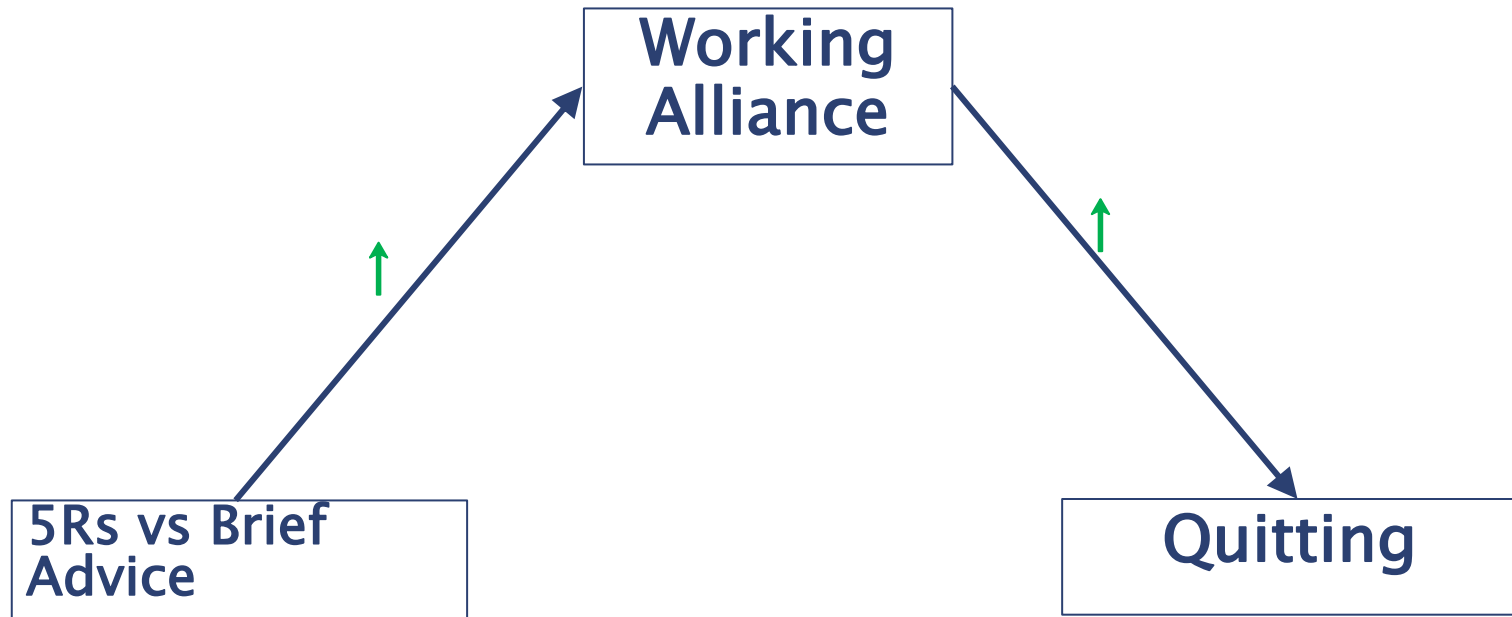
Fiore et al., 2008

5Rs Effectiveness



Klemperer et al., 2022

5Rs 'Active Ingredients'



Klemperer et al., 2017

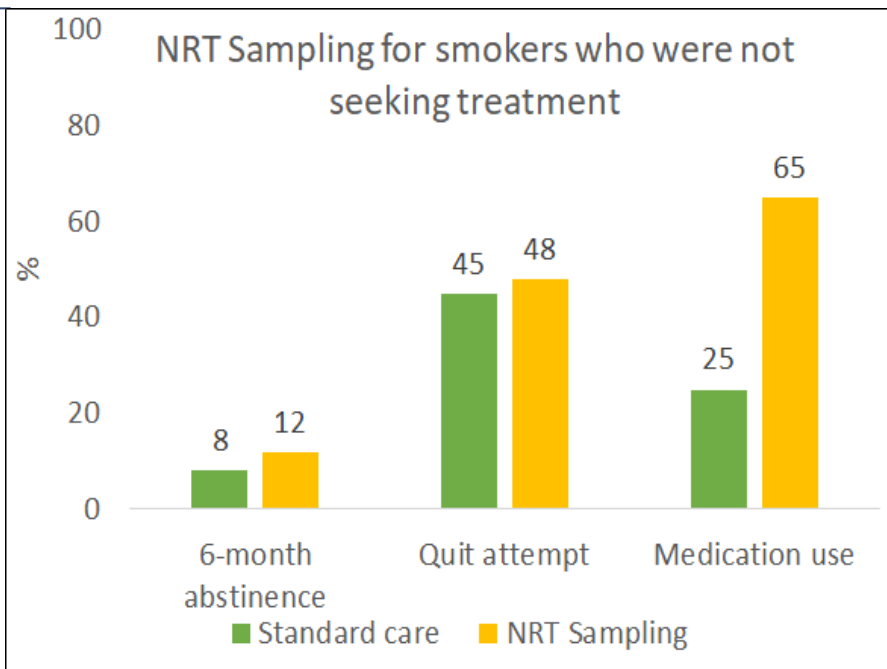
Effective: Medication Sampling

- ▶ Providing a brief supply of smoking cessation medication, **regardless of motivation or intention to quit.**
- ▶ Uses 'opt out' approach



RCT: Nicotine Replacement Therapy Sampling

- ▶ 1,245 primary care patients who smoke
- ▶ Randomized to receive standard care or 2 weeks of NRT patch and lozenge vs no NRT

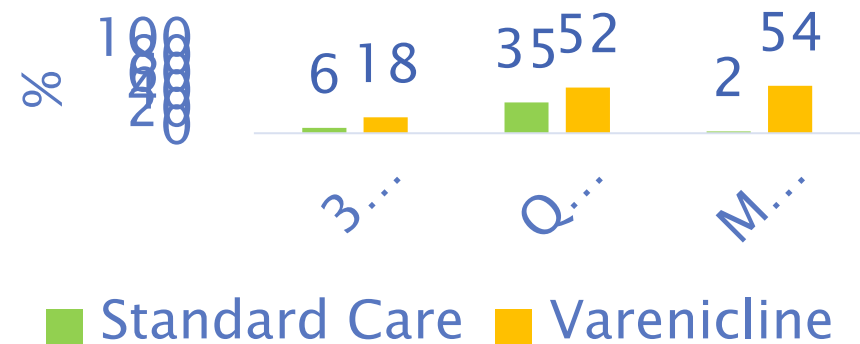


Carpenter et al., 2020

RCT: Varenicline Sampling

- ▶ Pilot: 99 primary care patients who smoke
- ▶ Randomized to receive standard care or up to 4 weeks of varenicline

Varenicline for People Who Smoke and Were Not Seeking Treatment



Carpenter et al., 2021

Summary

- ▶ Cigarette smoking :
 - Left untreated, 50% die from smoking-related illness
 - Disproportionately more common among people with MH and SUD
 - People with MH and SUD are disproportionately less likely to quit
- ▶ Varenicline and NRT are effective pharmacotherapies
- ▶ Strategies to increase readiness to quit & engagement include:
 - Smoking reduction (common)
 - 5Rs motivational intervention (recommended)
 - Medication sampling (effective)

Thank You

Questions?

Elias.Klemperer@med.uvm.edu



Extra Slides

Cigarette Smoking Among People with Opioid Use Disorder (OUD)

▶ The high co-occurrence of OUD and smoking is persistent over time

Parker et al., 2021

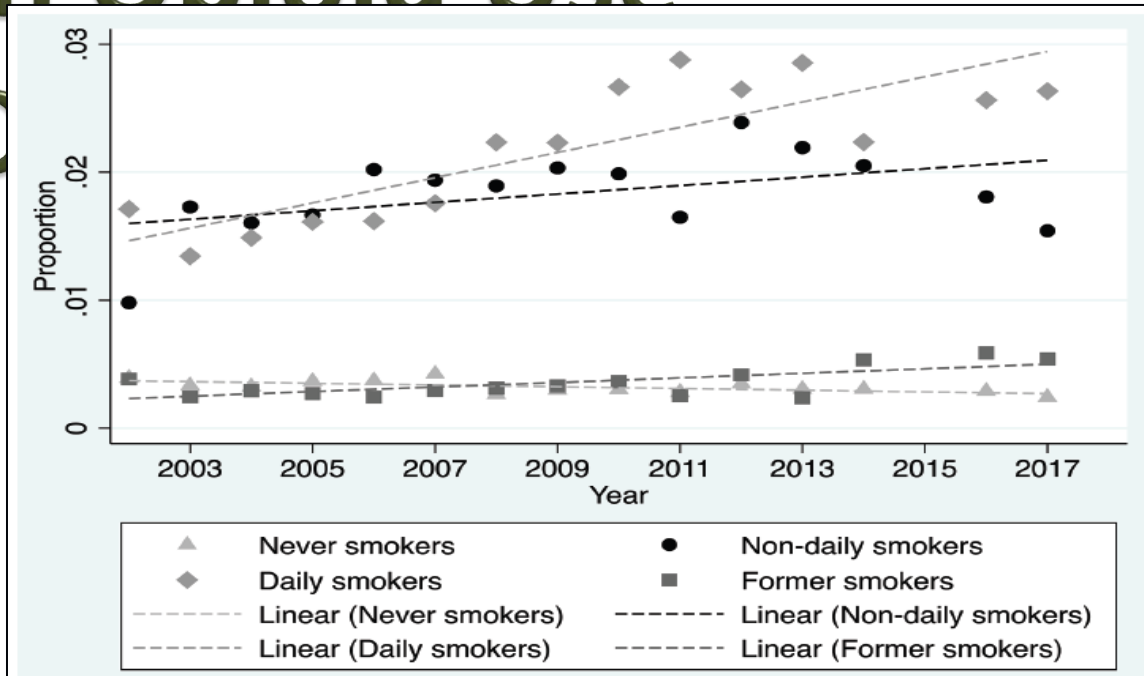
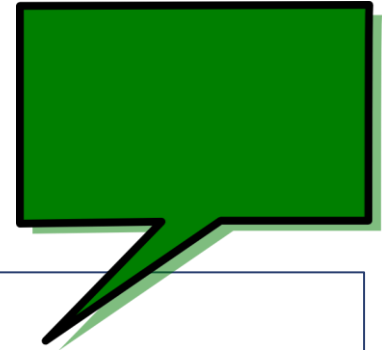


Figure 1. Prevalence of opioid use disorder by cigarette smoking status from 2002 to 2017. Data from the National Surveys on Drug Use and Health.

Patient Perspectives



Perceived risk for smoking-related harm

- ▶ *“Smoking doesn’t ruin your life . **It’s not an immediate worry.** I use fentanyl, heroin, and I can die. You don’t light a cigarette and drop dead.”*
- ▶ *“**I know that cigarettes aren’t good,** but in my mind I think nothing will happen.”*

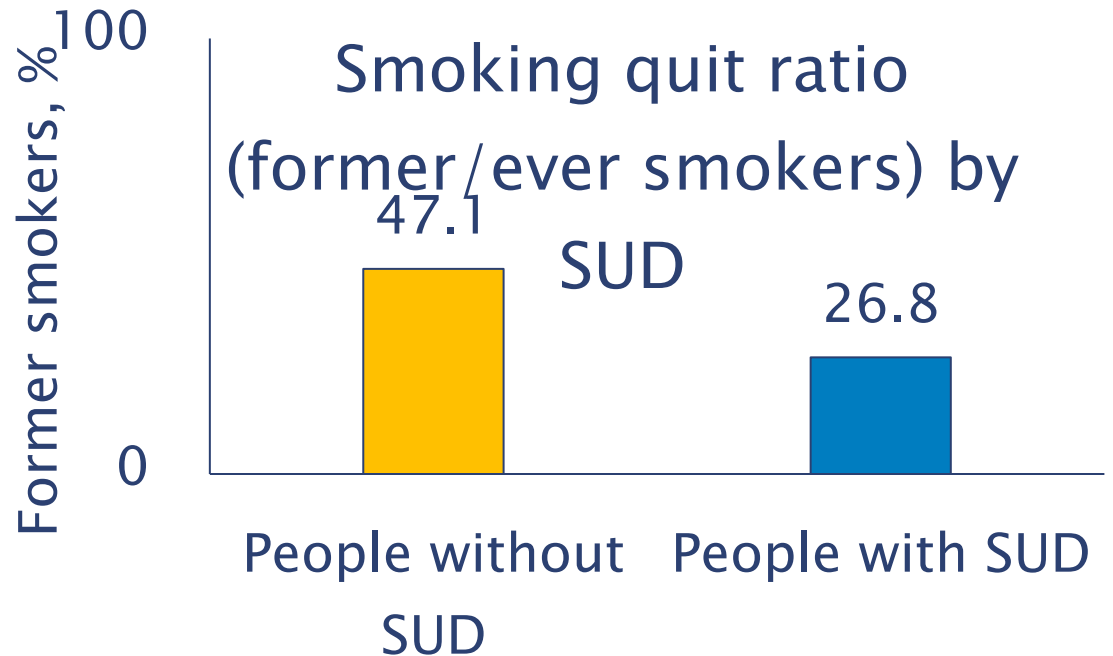
Barriers to smoking cessation

- ▶ *“When I’m nodding off, I smoke cigarettes, and **I’m not thinking about quitting.**”*
- ▶ *“When I do heroin, I crave cigarettes. I don’t have an answer. **My body just craves it.**”*
- ▶ *“**Cigarettes are my safety** when I try to quit [heroin]. Relaxes me.”*

Kathuria et al., 2019

Smoking Cessation & Substance Use Disorder (SUD)

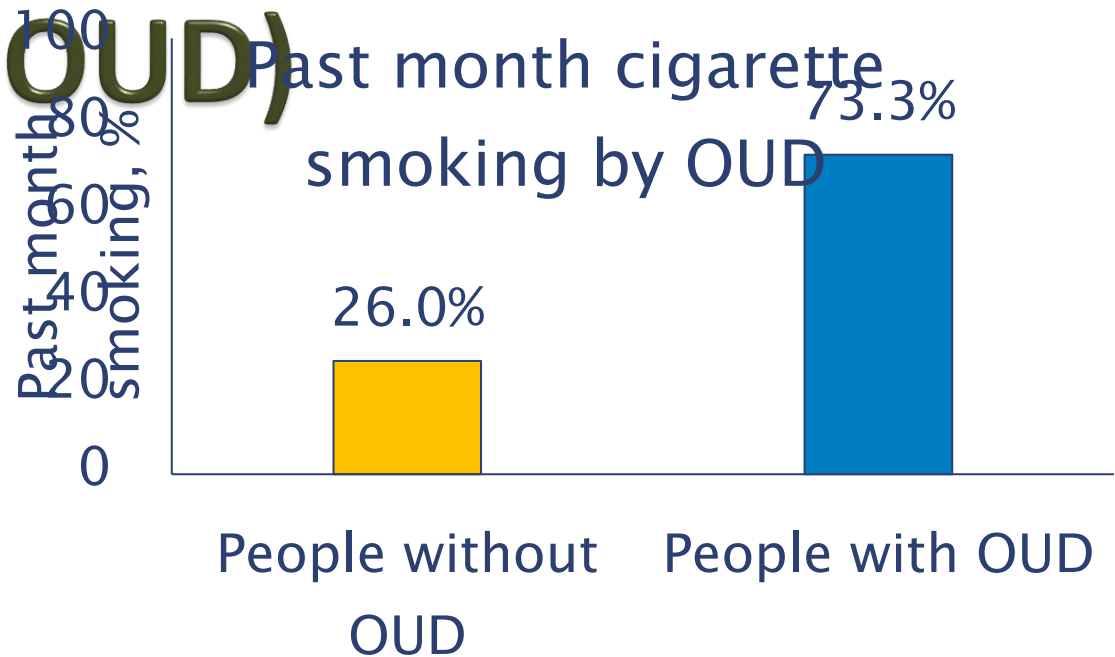
- ▶ People with vs without SUD are ~1.8 times less likely to quit smoking.



Smith et al., 2020

Cigarette Smoking Among People with Opioid Use Disorder (OUD)

▶ People with OUD are nearly 3 times more likely to smoke



Parker et al., 2018; 2020

Smoking Cessation Treatment for People with SUD

- ▶ Smoking cessation treatment does not disrupt treatment for SUD
- ▶ Brief counseling alone is often insufficient
- ▶ Financial incentives to quit smoking is effective
 - Implementation is often a barrier
- ▶ Pharmacotherapy is effective
 - NRT vs placebo increases smoking cessation by 1.5 to 3.6-fold at a 6-month follow-up

Vlad et al., 2020; Bolivar et al., 2021

Cigarette Smoking and Strategies to Promote Quitting Among People With Substance Use & Mental Health Disorders

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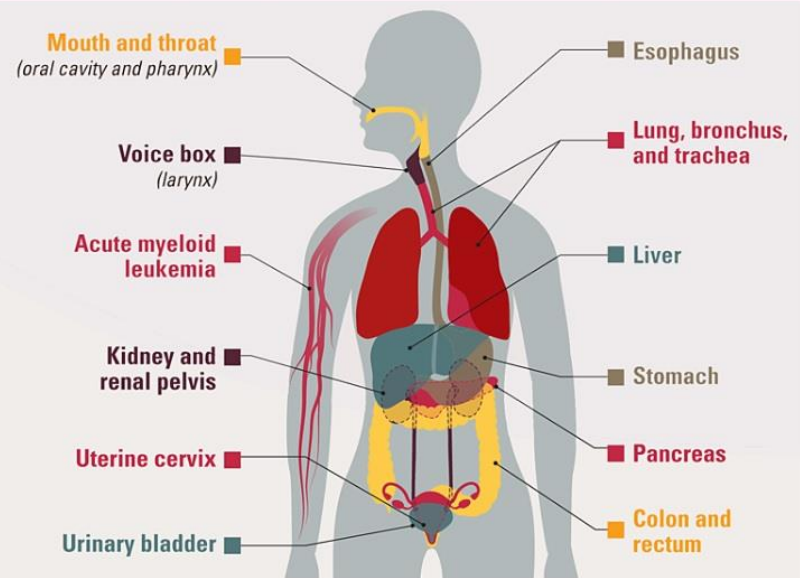
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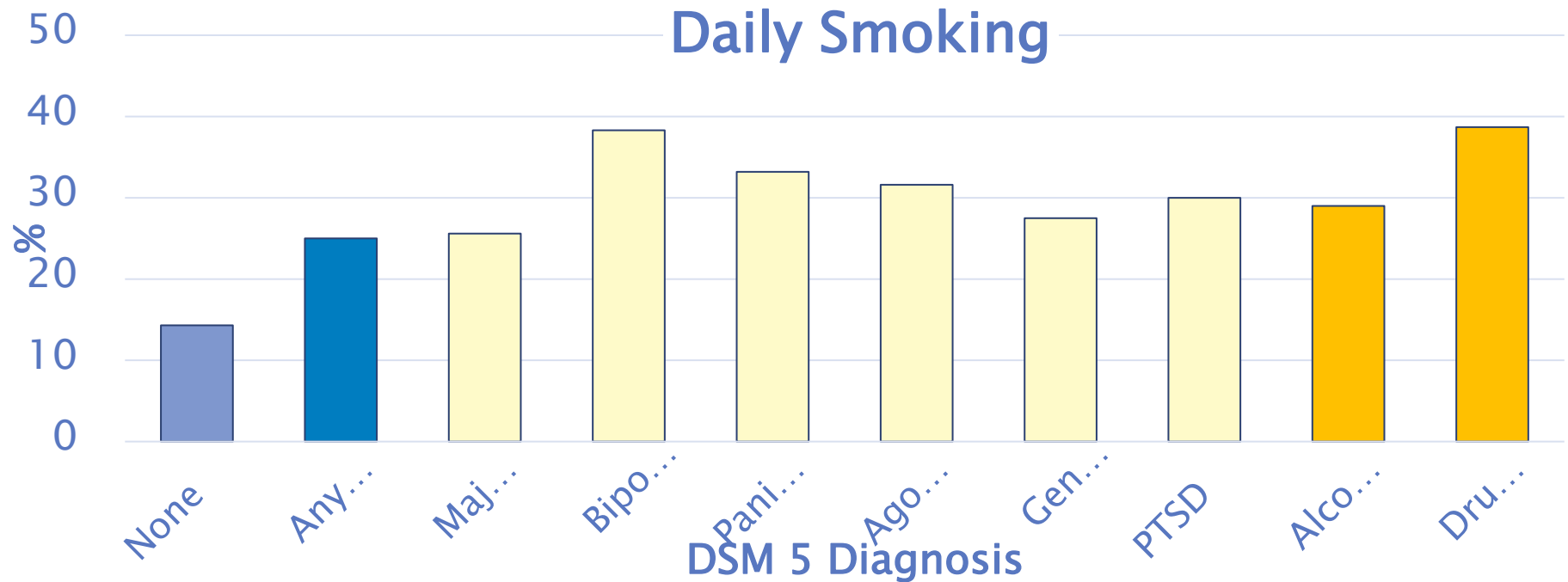
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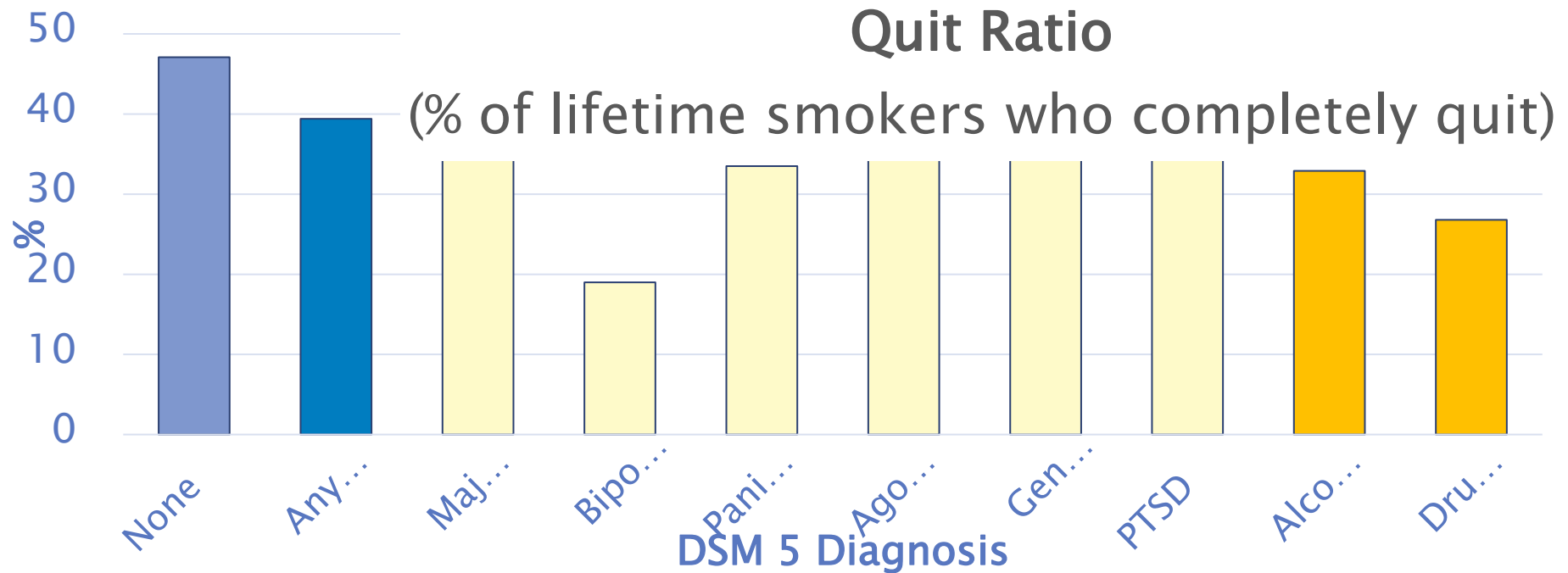
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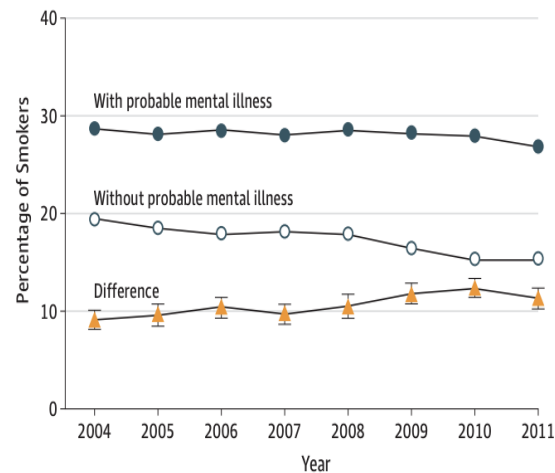
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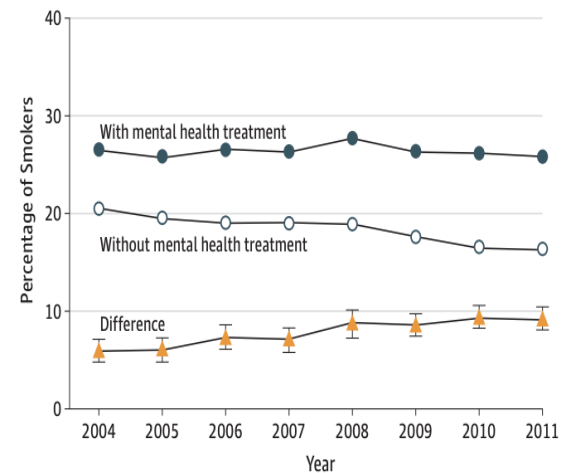
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A Probable mental illness (any diagnosis or PHQ2>2 or K6>12)



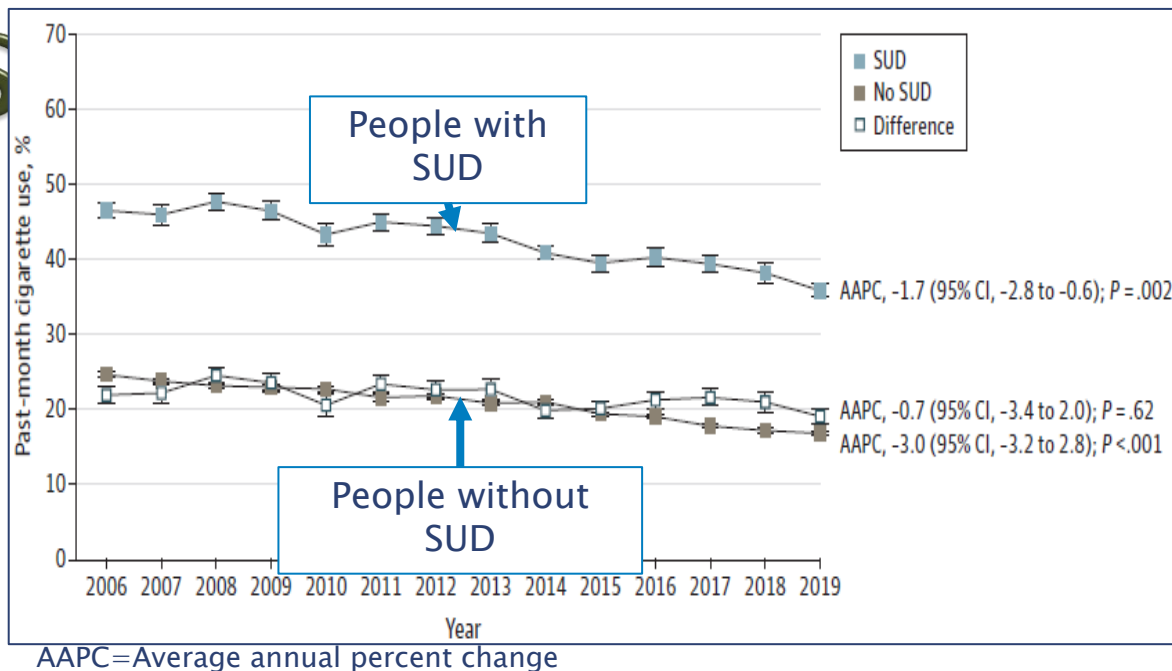
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Cook et al., 2014

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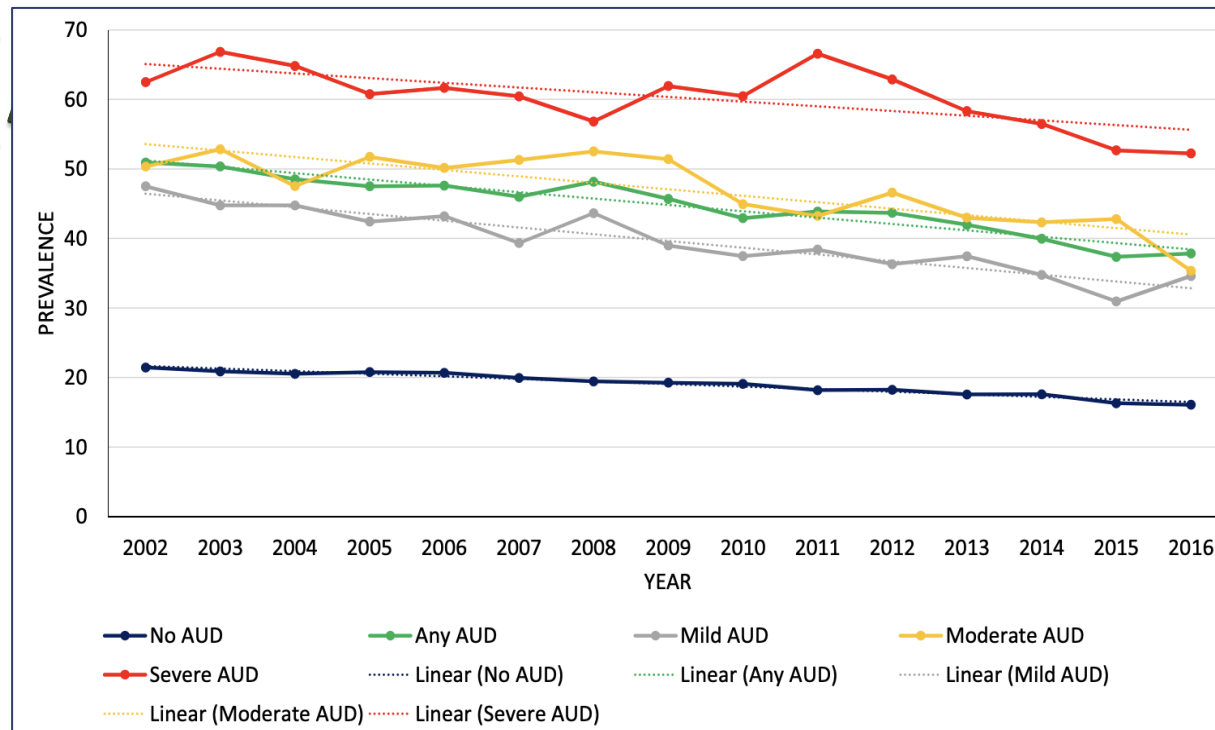
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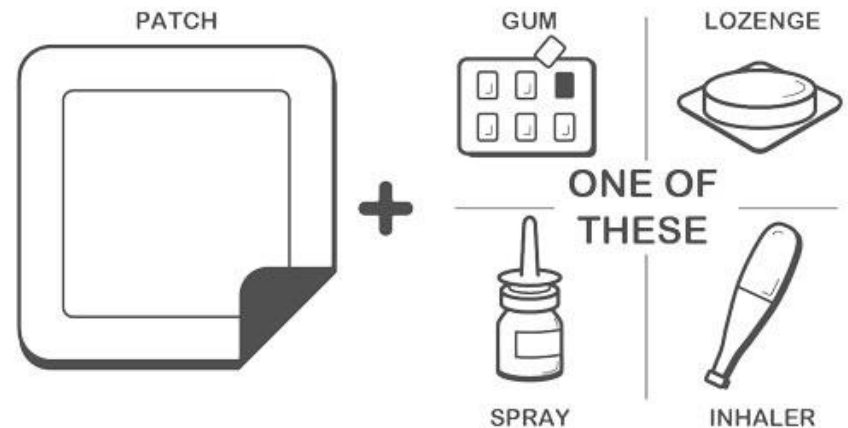
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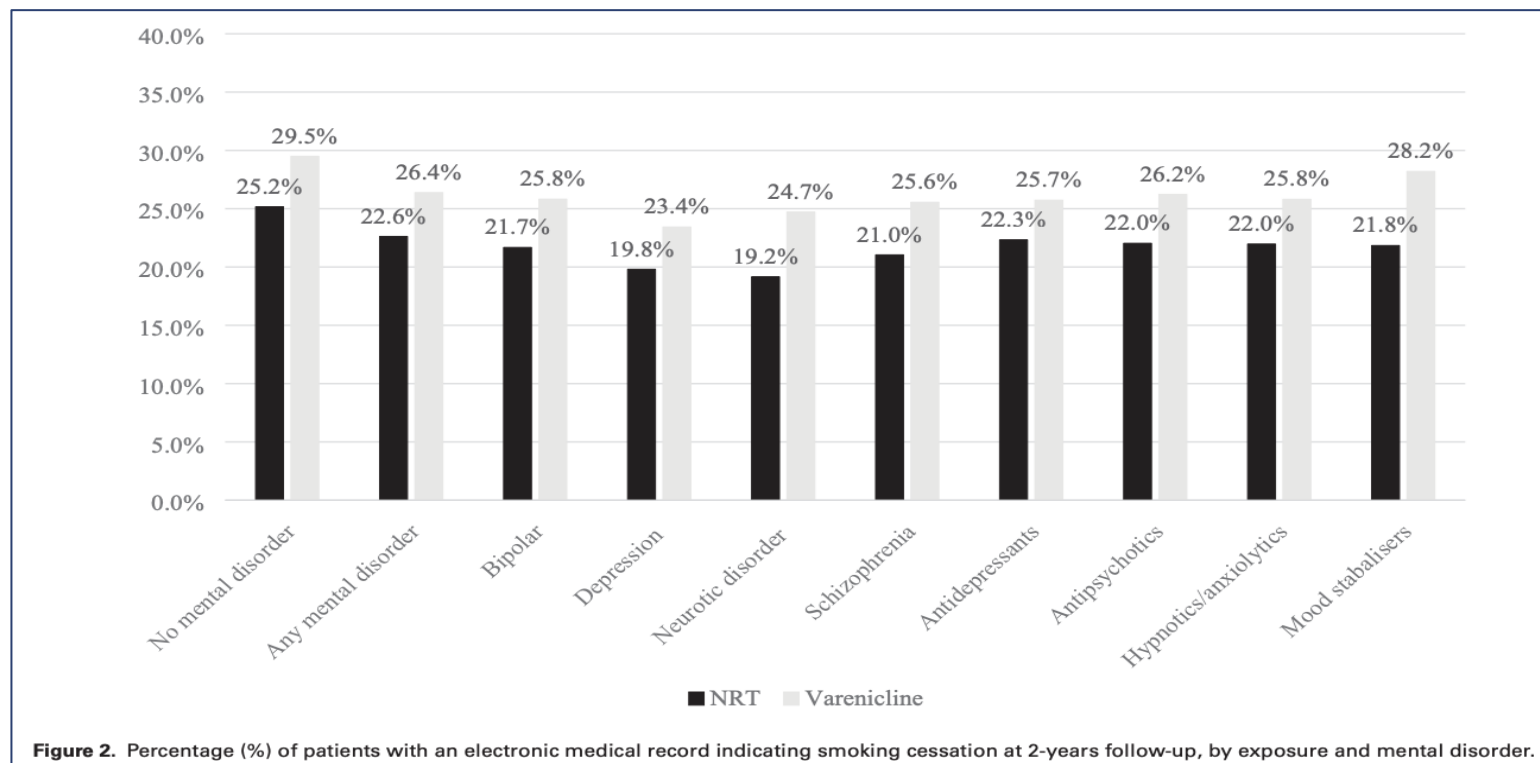


Varenicline

Hartmann-Boyce et al., 2018

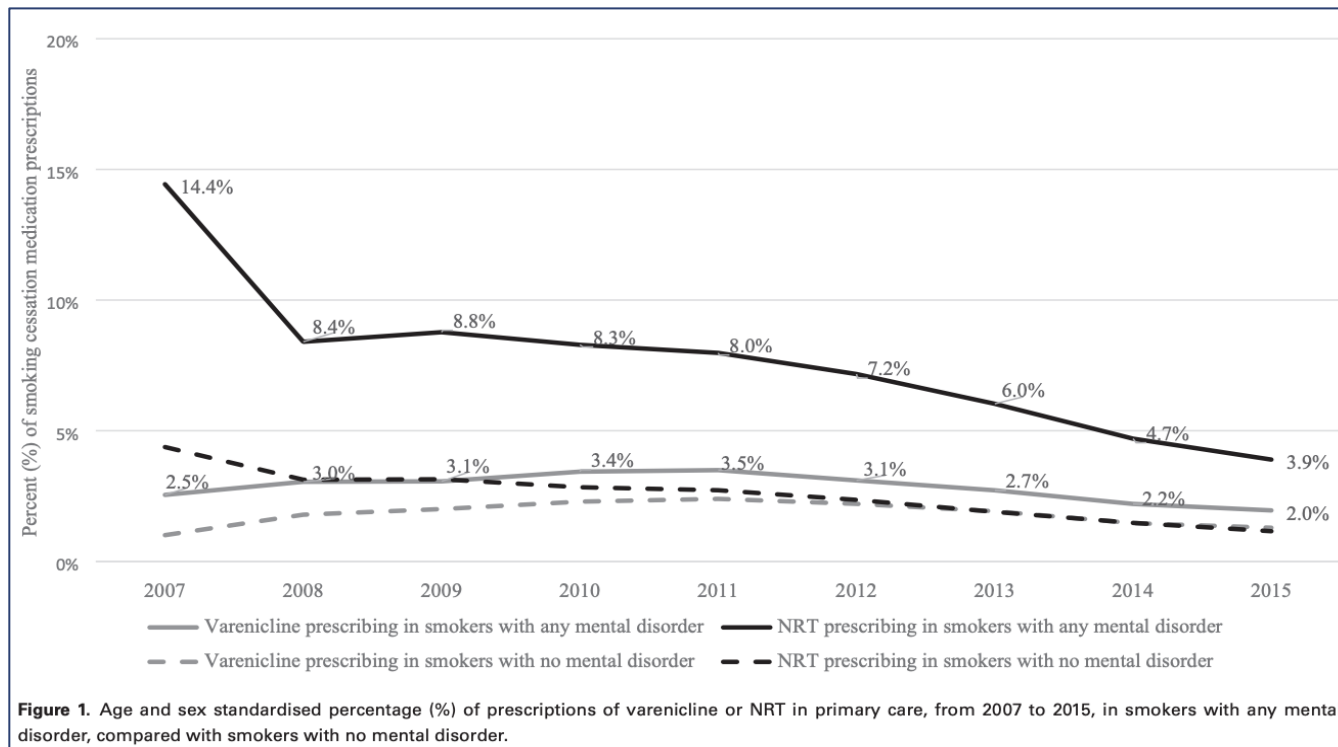
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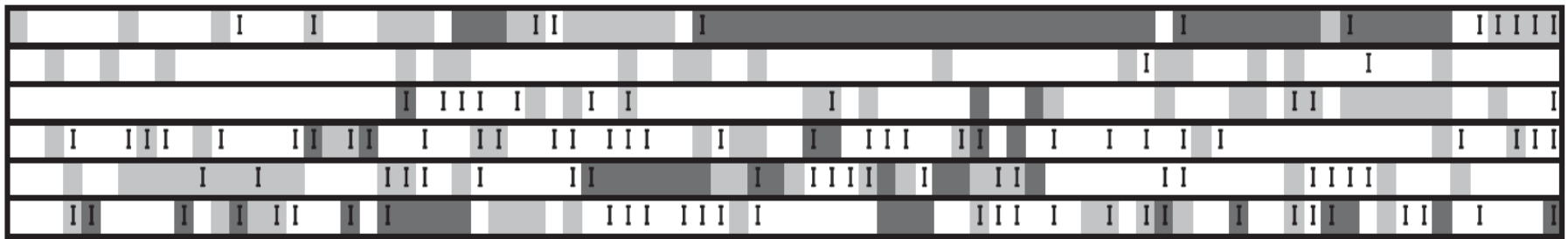


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 - Reduction in cigarettes often \neq harm reduction
 - Reduction is not a substitute for quitting

Hughes & Carpenter 2006; Klemperer et al., 2015; Chang et al., 2021

Recommended: 5Rs

Motivational Intervention

► Relevance

- Open ended questions
- Affirmations
- Reflective listening
- Summary reflections

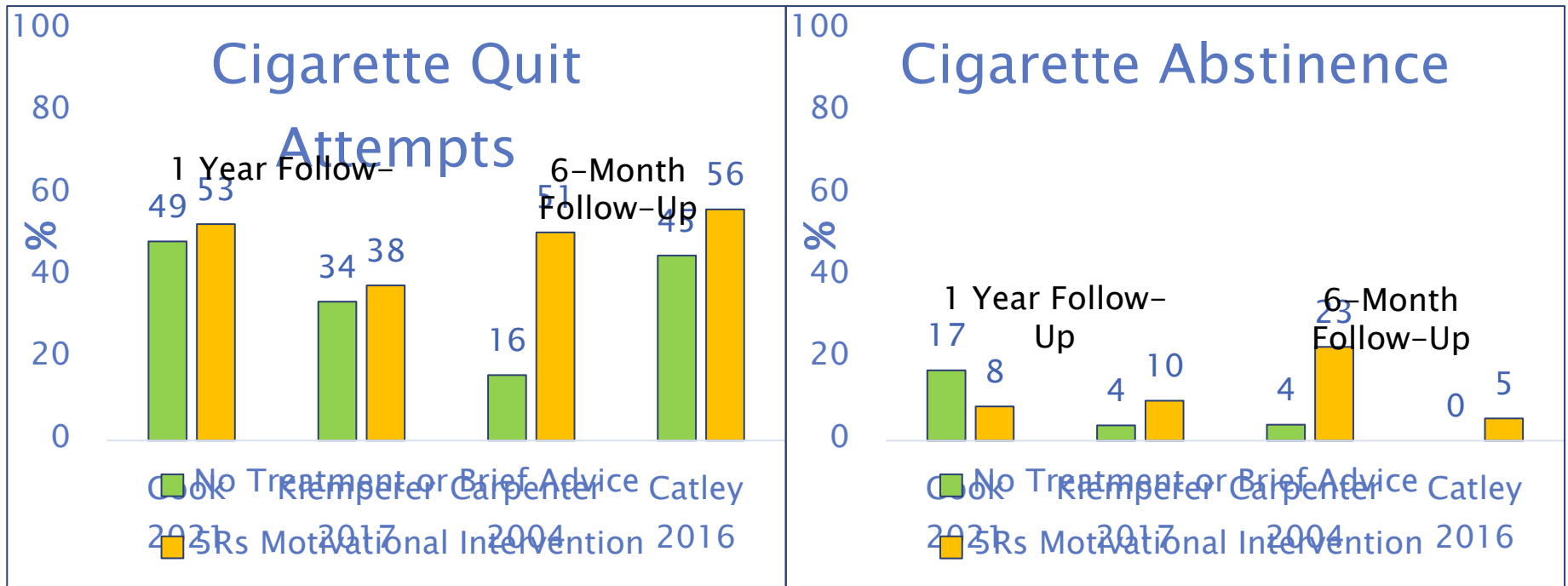
► Risks from smoking

- Short-term and long-term
- Support “change talk”

- Rewards from quitting
 - Common examples: health, money, children
- Roadblocks to quitting
 - Express accurate empathy
 - Engage in problem solving
 - Provide advice to quit
- Repetition

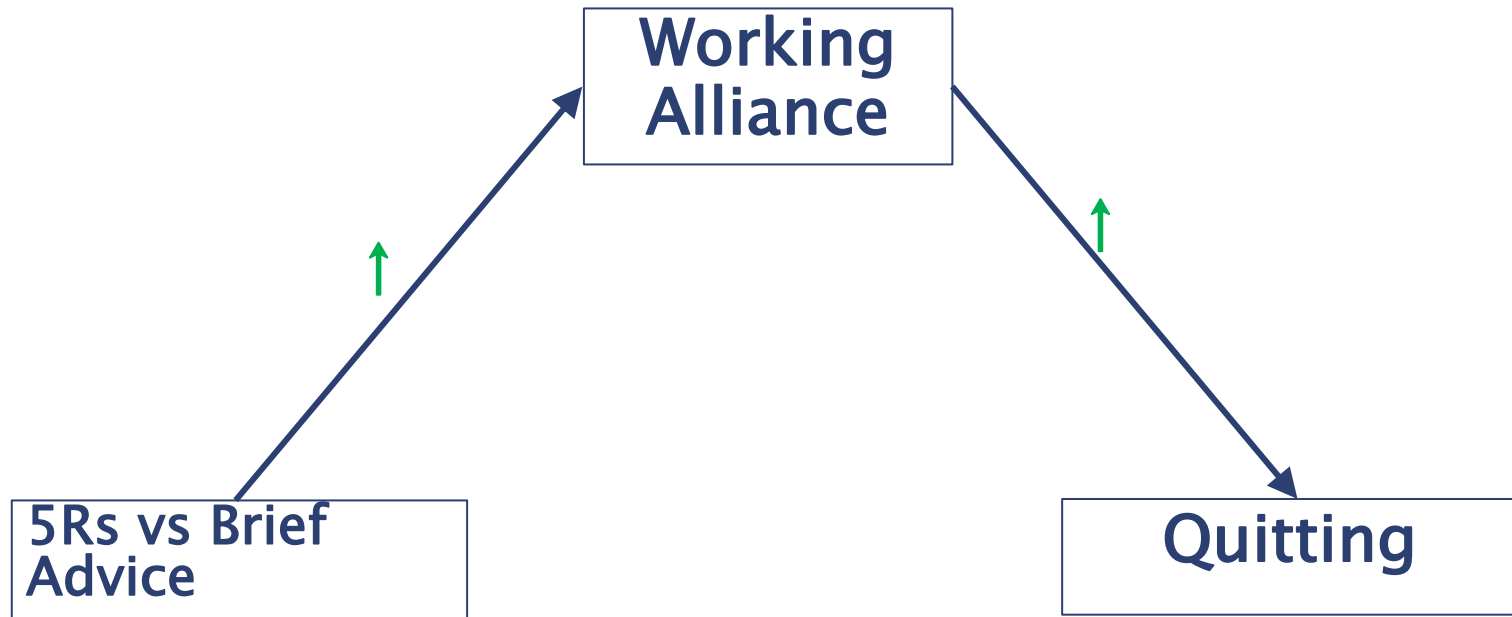
Fiore et al., 2008

5Rs Effectiveness



Klemperer et al., 2022

5Rs 'Active Ingredients'



Klemperer et al., 2017

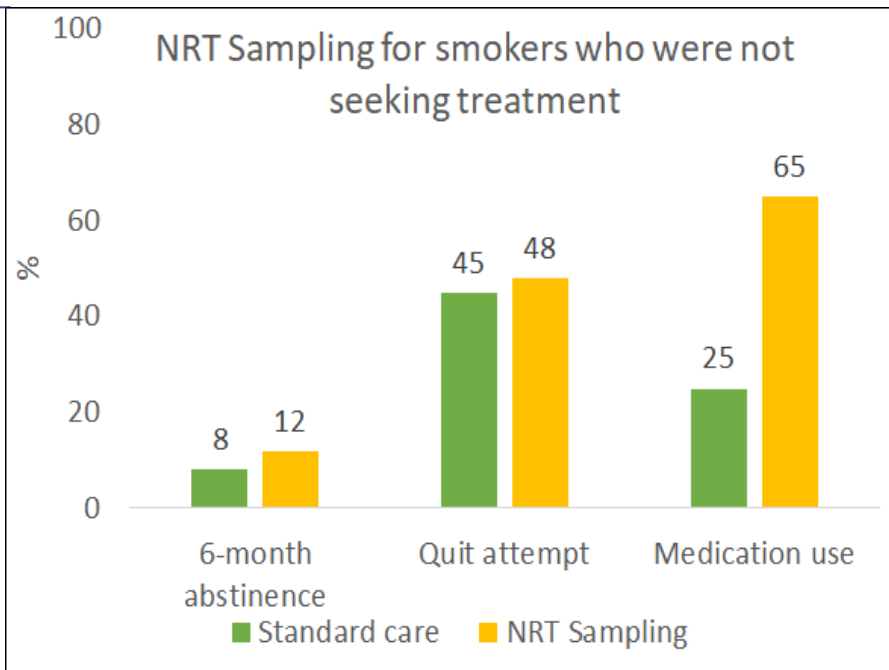
Effective: Medication Sampling

- ▶ Providing a brief supply of smoking cessation medication, **regardless of motivation or intention to quit.**
- ▶ Uses 'opt out' approach



RCT: Nicotine Replacement Therapy Sampling

- ▶ 1,245 primary care patients who smoke
- ▶ Randomized to receive standard care or 2 weeks of NRT patch and lozenge vs no NRT

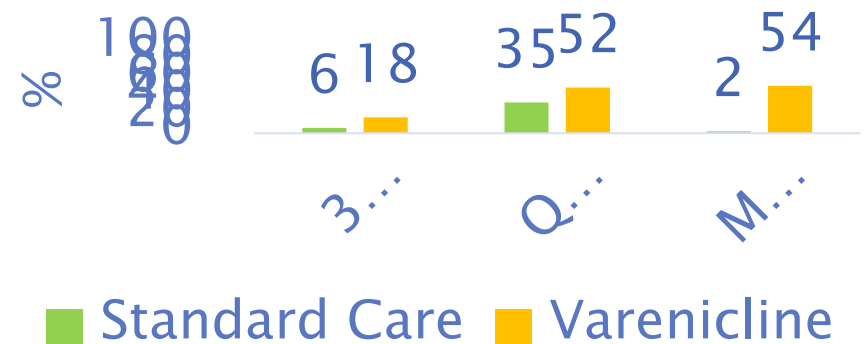


Carpenter et al., 2020

RCT: Varenicline Sampling

- ▶ Pilot: 99 primary care patients who smoke
- ▶ Randomized to receive standard care or up to 4 weeks of varenicline

Varenicline for People Who Smoke and Were Not Seeking Treatment



Carpenter et al., 2021

Summary

- ▶ Cigarette smoking :
 - Left untreated, 50% die from smoking-related illness
 - Disproportionately more common among people with MH and SUD
 - People with MH and SUD are disproportionately less likely to quit
- ▶ Varenicline and NRT are effective pharmacotherapies
- ▶ Strategies to increase readiness to quit & engagement include:
 - Smoking reduction (common)
 - 5Rs motivational intervention (recommended)
 - Medication sampling (effective)

Thank You

Questions?

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NH DIVISION OF
Public Health Services
Department of Health and Human Services

Extra Slides

Cigarette Smoking Among People with Opioid Use Disorder (OUD)

▶ The high co-occurrence of OUD and smoking is persistent over time

Parker et al., 2021

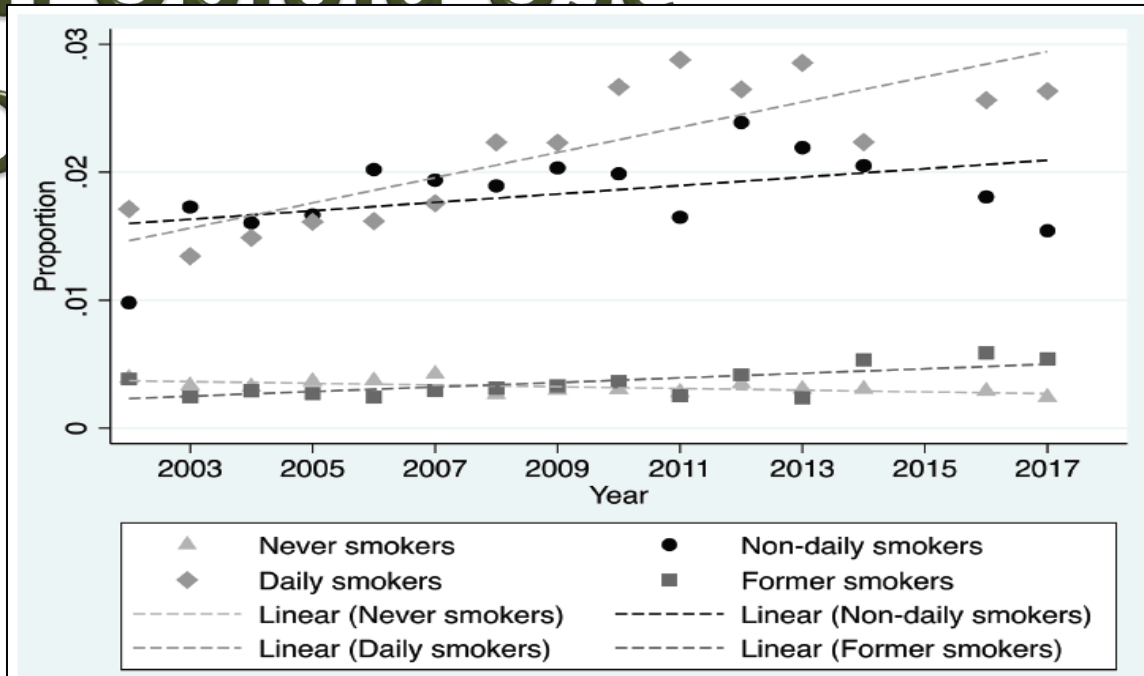
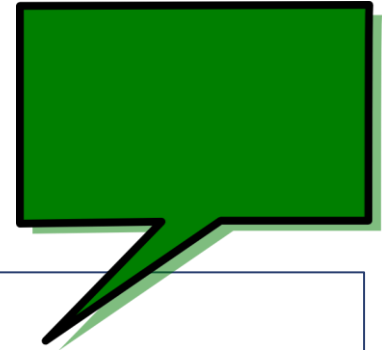


Figure 1. Prevalence of opioid use disorder by cigarette smoking status from 2002 to 2017. Data from the National Surveys on Drug Use and Health.

Patient Perspectives



Perceived risk for smoking-related harm

- ▶ *“Smoking doesn’t ruin your life . **It’s not an immediate worry.** I use fentanyl, heroin, and I can die. You don’t light a cigarette and drop dead.”*
- ▶ *“**I know that cigarettes aren’t good,** but in my mind I think nothing will happen.”*

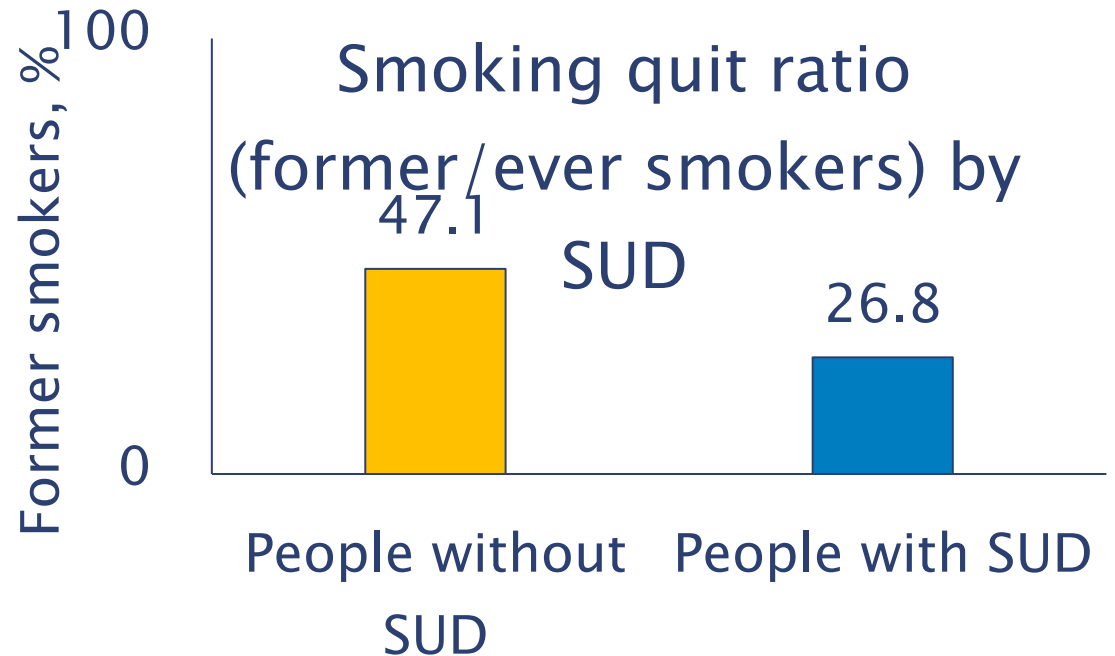
Barriers to smoking cessation

- ▶ *“When I’m nodding off, I smoke cigarettes, and **I’m not thinking about quitting.**”*
- ▶ *“When I do heroin, I crave cigarettes. I don’t have an answer. **My body just craves it.**”*
- ▶ *“**Cigarettes are my safety** when I try to quit [heroin]. Relaxes me.”*

Kathuria et al., 2019

Smoking Cessation & Substance Use Disorder (SUD)

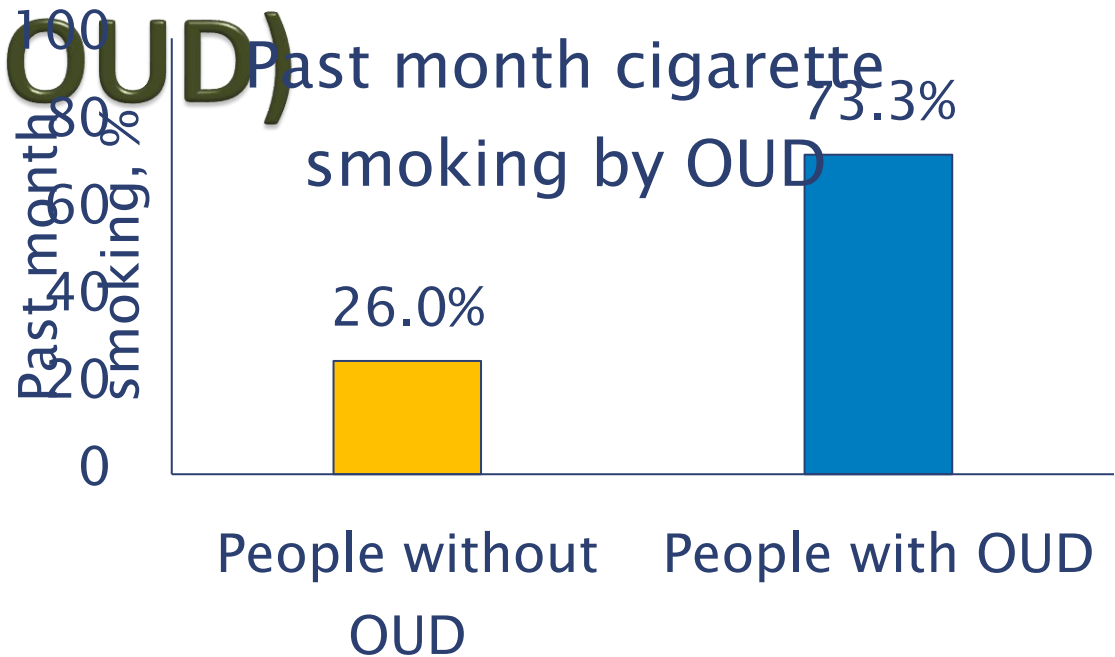
- ▶ People with vs without SUD are ~1.8 times less likely to quit smoking.



Smith et al., 2020

Cigarette Smoking Among People with Opioid Use Disorder (OUD)

▶ People with OUD are nearly 3 times more likely to smoke



Parker et al., 2018; 2020

Smoking Cessation Treatment for People with SUD

- ▶ Smoking cessation treatment does not disrupt treatment for SUD
- ▶ Brief counseling alone is often insufficient
- ▶ Financial incentives to quit smoking is effective
 - Implementation is often a barrier
- ▶ Pharmacotherapy is effective
 - NRT vs placebo increases smoking cessation by 1.5 to 3.6-fold at a 6-month follow-up

Vlad et al., 2020; Bolivar et al., 2021