# Spring PracticePerspectives

# The National Association of Social Workers

750 First Street NE Suite 800 Washington, DC 20002-4241 SocialWorkers.org



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# Implementing Smoking Cessation Into Your Social Work Practice

In the United States, smoking continues to be the leading cause of preventable death (www.cdc.gov/tobacco/data\_ statistics/fact sheets/fast facts/). Although smoking rates have declined overall, individuals with mental health and substance use disorders disproportionately use tobacco products, affecting long-term health and lifespan. Social workers are in a unique position to advance smoking cessation efforts in their work with individuals, families and communities. Studies show that most smokers desire to quit and the biggest intervention is to ask about their intention, and then provide resources such as a quitline phone number, like 800.QUIT.NOW.

### **Historical Context**

Although a variety of biological and environmental factors may contribute to higher rates of smoking in individuals with mental illness, vulnerable populations have been specific targets of tobacco companies. "RJ Reynolds noted that less educated, lower income, minority populations were more impressionable/susceptible to marketing and advertising... Free cigarettes were distributed to homeless shelters, mental hospitals and homeless services organizations.... The tobacco industry has also targeted psychiatric hospitals for sales promotions and giveaways...." (www.integration.samhsa.gov/ Smoking\_Cessation\_for\_Persons\_with\_MI.pdf). The legacy of these targeted activities continues to affect nicotine addiction rates today.

## Impact on Health and Recovery

Individuals with behavioral health conditions have lower life expectancy and smoking contributes to higher rates of cancer, heart disease, lung disease and other illnesses. A common misconception among providers is that people with mental illness don't desire to quit, or they would experience more stress doing so. In contrast, research shows that those who successfully quit smoking have lower rates of anxiety, re-hospitalization and suicide (www.integration.samhsa.gov/ Smoking\_Cessation\_for\_Persons\_with\_MI.pdf). Smoking interferes with mental health recovery, and can have unintended effects on the metabolization of psychiatric medications.

# A Missed Opportunity

Helping clients to quit tobacco should be an integral part of mental health treatment. In a SAMHSA study, only one quarter of mental health treatment facilities offered services to help patients quit smoking (www.samhsa.gov/data/sites/default/files/Spot148\_NMHSS\_Smoking\_Cessation/NMHSS-Spot148-Quit Smoking-2014.htm). A patient featured in the CDC's *Tips From Former Smokers* campaign, noted that not one of the therapists who

Social workers are in a unique position to advance smoking cessation efforts in their work with individuals, families and communities. provided treatment for depression and anxiety addressed tobacco use and the link to overall health. (www.cdc.gov/

tobacco/campaign/tips/stories/rebecca.html). This is a missed opportunity that has a life-long impact on health and families. With an emphasis on wellness and holistic health, social workers can leverage the motivation of clients to address the risks associated with smoking and connect them to resources.

#### Social Work Interventions

Motivational interviewing and brief interventions, including brief cognitive-behavioral therapy, have been shown to be effective to promote smoking cessation. A more comprehensive approach may include a combination of peer support, behavioral health services and medication.

The simple model of the 5 As is one approach that is being taught to a range of health care professionals and providers (www.ahrq.gov/ professionals/clinicians-providers/guidelinesrecommendations/tobacco/5steps.html):

- Ask: Identify and document tobacco use status for every patient at every visit.
- Advise: In a clear, strong, and personalized manner, urge every tobacco user to quit.
- Assess: Is the tobacco user willing to make a quit attempt at this time? Determine readiness to change and explore costs and benefits.
- Assist: Help the patient willing to make a quit attempt within the next 30 days.
- **Arrange:** Schedule follow-up contact, in person or by telephone, preferably within the first week after the quit date.

#### **Incentive Payments**

A smoking cessation quality measure has been developed for use by clinical social workers and Medicare providers. This measure meets reporting requirements for Medicare's Merit Based Incentive Payment System known as MIPS. When properly used along with other measures, Medicare providers may receive a bonus incentive payment. The following link provides information about MIPS: www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/Quality-Payment-Program-MIPS-NPRM-Slides.pdf

#### Resources

Offering resources and posting quitline numbers can be a critical step. Many resources are now available 24 hours a day, via phone, apps or text message, and can support someone in their quit attempt immediately. Social workers may find the following smoking cessation resources helpful.

#### Quit Tobacco • www.ucanquit2.org

For US military, sponsored by the US Department of Defense

#### SmokeFreeMIL • Text MIL to 47848

24/7 program that provides text message support

US Department of Health & Human Services https://betobaccofree.hhs.gov/quit-now/index.html

Smoking Quitline • 877.44U.QUIT Live Chat & Mobile Apps

Centers for Disease Control and Prevention (CDC) Tips From Former Smokers www.cdc.gov/tobacco/campaign/tips

800.QUIT.NOW • www.cdc.gov/tobacco

#### **Practice Resources**

NASW Webinar: Integrating Smoking Cessation into Clinical Practice www.socialworkers.org/sections/teleconferences/ tcourses/Default.aspx?courseID=5226c324-d027-4509-a498-913fe542ebe8&header=OFF

For Specialty Practice Section Members Only

Smoking Cessation Leadership Center http://smokingcessationleadership.ucsf.edu/

Substance Abuse and Mental Health Services Administration (SAMHSA) www.samhsa.gov/atod/tobacco

Rutgers Tobacco Dependence Program–Certified Tobacco Treatment Specialist Training www.tobaccoprogram.org/

Learning About Healthy Living Manual http://rwjms.rutgers.edu/departments\_institutes/ psychiatry/divisions/addiction/community/ choices.html

Rx for Change • http://rxforchange.ucsf.edu/

Wisconsin Nicotine Treatment Integration Project http://go.wisc.edu/4n5r36

#### **Policy Resources**

Campaign for Tobacco-Free Kids www.tobaccofreekids.org

Action on Smoking and Health • http://ash.org/

## Other Resources

The Truth Initiative • www.thetruth.com

The Real Cost-FDA's Center for Tobacco Products https://therealcost.betobaccofree.hhs.gov

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