

Piloting Comprehensive Cessation for the Homeless Community

Our mission:

What

- Make King County the hardest place to smoke and the easiest place to quit in America

How

- Comprehensive policies and interventions that support the elimination of exposure to second hand smoke, reducing access to tobacco and supporting cessation.

Background

- Smoking ban passes in November of 2005
- January program receives complaint about smoking room at local homeless shelter
- Inspectors visit and notice violation
- Local weekly paper has headline that states Public Health is "Cracking Down on Homeless Smokers"
- Hand-wringing begins

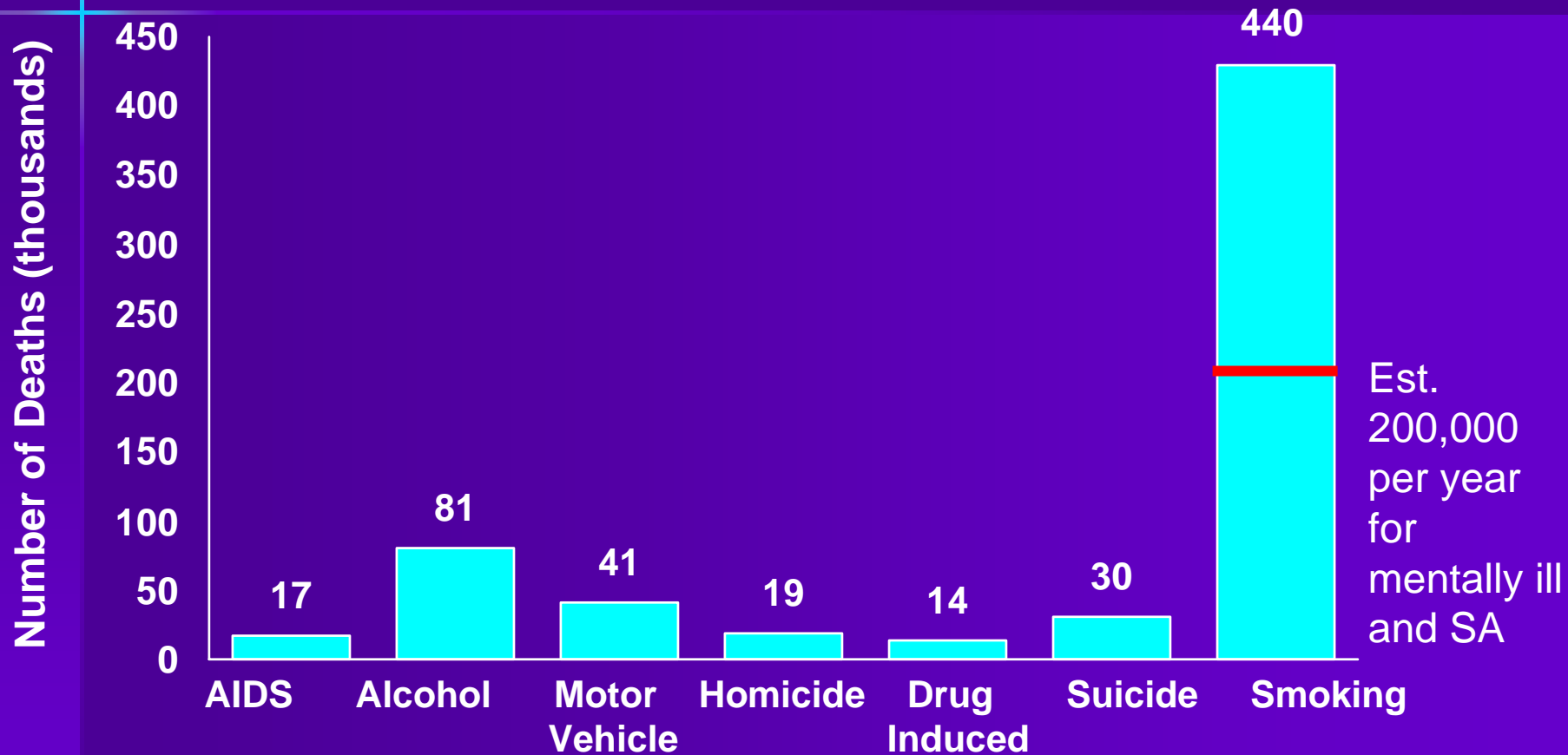
What to do?

- Resistance to law “how are you gonna enforce it?” “This is ridiculous!” “Its all they have!” “What’s next?”
- Concern from administration was to avoid controversy
- Some agencies willing to accept fines as “cost of doing business.”

Our approach

- Smoking is a deadly part of nicotine addiction—not a luxury or a right
- Homeless and mentally ill people smoke at a disproportionate rate
- Smoking (and second hand smoke exposure) in this community is a serious health disparities issue
- The tobacco industry has targeted this population

Comparative Causes of Annual Deaths in the United States



Source: CDC

Our approach

- In King County 13% of those who make \$50,000 and above smoke and its falling
- Those who earn less than \$15,000 smoke at a rate of 26%
- Our smoking problem is concentrating in these communities
- The industry targets the homeless

color:

PROJECT ROOM

Solo-culture Urban art.

Sub-Culture Urban Marketing

- Project SCUM-Sourdough RJR
- Targeted gay and homeless in San Francisco
- Red Kamel – Camels to gays
- Doral – homeless “street people”
- Offensive, racist and classist
- Industry knows their market
- “I’m sure they meant it in a good way!”

Our approach

Communicate widely the disparities aspect of smoking in this community:

"It isn't fair that homeless people die at twice the rate of the general population of smoking related illness."

Our approach

Provide resources and evaluate utilization and response among clients and providers

- Training
- Nicotine Replacement Therapy (NRT)
- Ongoing support and assistance
- Evaluation and reimplementation

Pilot at Downtown Emergency Service Center

- DESC serves mentally ill, chemically addicted homeless adults
- Provides a continuum of services focused on establishing overall client stability
- Goal is transition into recovery and stable housing
- The biggest challenge is getting clients engaged with services—any services

Pilot at Downtown Emergency Service Center

- Train entire staff (65 staff) on Brief Tobacco Intervention Skills (BTIS)
- Focus on the 5 A's
 - Ask
 - Advise
 - Assess
 - Assist
 - Arrange

Pilot at Downtown Emergency Service Center

- Create an easy and simple way for case managers to distribute NRT
- System must allow for ease of distribution at the point of client contact
- System must also be able to gauge utilization (how many patches are going on and to which providers and clients?)

Who did we train?

61 attended

- Mental Health Case Managers 30
- Chemical Dependency Counselor/Interns 9
- Clinical Supervisors 5
- Housing Project Service Coordinators 4
- Housing Project Supervisor/Management 4
- Administrative 2
- Nurses 2
- Psychiatrist 1

* not everyone completed questionnaires

Balance Focus on Quitting and NRT

- The patch is a safe, over the counter tool to support cessation in the context of behavior change
- Smoking while wearing the patch is not dangerous
- Your clients will not become 'addicted' to the patch
- Nicotine can slow the metabolism of meds—quitting might result in slight overmedication
- Intervening with your client doesn't mean you have to provide the patch
- Bottom line: its always better for your clients to quit smoking than to continue—with or without NRT

Knowledge About NRT and Nicotine Improved

■ How the patch works

Pre

Post

15% → 63% correct in "easing withdrawal symptoms"

■ Nicotine the most harmful thing in cigarettes

Pre

Post

71% → 92% correct

■ Nicotine causes cancer

Pre

Post

62% → 66% correct

■ Becoming addicted to the patch like cigs

Pre

Post

65% → 100% correct

■ Becoming sick while wearing patch + smoking

Pre

Post

75% → 100% correct

Concerns about NRT

How concerned are you about the adverse effects that NRT could have on your clients?

	Pre	Post
Not concerned	3 (14%)	11 (42%)
Somewhat concerned	13 (62%)	14 (54%)
Very concerned	5 (24%)	1 (4%)

The Presentation—the 'why and how'

What components of the training were most useful?

1. *Why smoking cessation is an important concern for the population served by DESC.*
2. *The role of the tobacco industry in influencing smoking among homeless and low income groups.*
3. *How NRT works.*
4. *The relationship between smoking, mental health, and substance abuse.*
5. *How to implement brief interventions involving tobacco use into my current practices.*

Support

What is the most important thing the Tobacco Prevention Program can do to support your implementation of BTIS with your DESC clients?

- *Supply patches*
- *Ideas on client alternatives to smoking – coping and social support*
- *Ongoing information, support, advice*

Talking to Clients About Smoking

- 50%-74% of DESC providers sometimes **ask**, **advise** and **assess** their clients tobacco use
- 65% never **refer** clients to tobacco treatment services
- 70% never **follow up** on those referrals if they do make them

Pre and Post Attitudes

In your opinion, how important is it to provide tobacco treatment to your smoking client population?

	Pre	Post
Not important	1 (2%)	1 (2%)
Somewhat important	20 (35%)	16 (28%)
Very important	36 (63%)	39 (70%)

How confident do you currently feel in your ability to assist a client in quitting tobacco?

	Pre	Post
Not confident	11 (19%)	3 (5%)
Somewhat confident	36 (63%)	33 (59%)
Very confident	10 (18%)	20 (36%)

When I address health issues with clients, tobacco assessment and treatment are among my top 3 priorities:

	Pre	Post
Strongly Disagree	10 (18%)	2 (4%)
Disagree	25 (45%)	14 (27%)
Agree	17 (31%)	27 (52%)
Strongly Agree	3 (6%)	9 (17%)

→ Increase in agreement from 36% to 69%

Biggest Barriers to Intervention

- Clients' lack of interest or motivation to quit smoking (**39**)
- Workload and time constraints (**23**)
- Less emphasized: staff smoking (**14**) and talking to clients "could damage my relationship" with them (**11**)

What Would Make Intervening Easier

- A stable supply of nicotine replacement medication available to patients **45**
- Onsite support that promotes this practice and helps with troubleshooting **34**
- Support from DESC leadership **27**
- Follow up on brief tobacco intervention from trainers **26**
- More time with clients **19**

Things to keep in mind about homeless service providers

- Deep doubts that clients want to quit
- Concerns about client relationships
- Worries about what quitting smoking might do to fragile clients
- Concerns about the effects of NRT on patients with mental illness—especially those who are taking meds
- Feel that even broaching the subject requires institutional support including NRT

The three-link chain of tobacco addiction

NRT

Biological

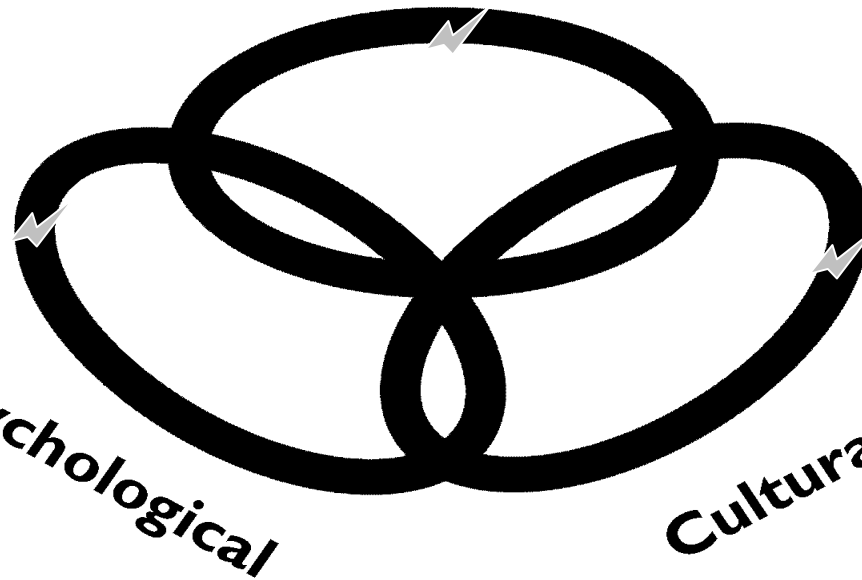
Behavioral
Counseling

Psychological

Cultural

Posters
Groups
Activities

+ Cessation Help @ DESC



Next Steps

- **CHASERS (EMR) reports**
 - Initial report soon (Sept)
 - Monthly thereafter
- **Careful evaluation of utilization**
- **Key informant interviews**
- **Focus groups**
 - Providers
 - Clients