Tobacco Addiction, Tobacco Cessation & Best Practices

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Tobacco Addiction

The #1 cause of preventable death in Canada

Smoking is the leading cause of chronic disease in Canada
Provincial Psychiatric Hospitals

- 1970’s - Staff & patients smoked
- Smoking occurred in offices, patient & staff lounges, nursing station, patient & staff dining rooms, the grounds
- Tobacco supplied by hospital
- Nurses & allied health professionals rolled smokes
- Used as reward or punishment
- No prevention or health promotion re tobacco products
Tobacco Use at SJHH in 2008

24.8%  
Charlton Campus

43%  
West 5th Campus

23.3%  
King Campus
Prevalence Rates at SJHH

- Forensic: 72.7%
- Moods: 40.0%
- Acute: 62.5%
- Schizophrenia: 62.5%
- King: 23.3%
- Charlton: 24.8%
Tobacco & Mental Health Patients

- Marginalized & challenged by stigma
- Many are not asked about their tobacco use
- People with a diagnosed mental illness are 2x as likely to smoke
- On average, die 14-25 years prematurely from the effects of tobacco use
Quit Rates for People with Mental Illness

• People with mental illness - 37.1%
• General population - 42.5%.
Smoke Free/Tobacco Initiative

• Prevention
  – For non-smokers/non-tobacco users
  – For ex-smokers or ex-tobacco users

• Support for tobacco users who want to quit or reduce

• Support for tobacco users who don’t want to give up

• March 2010 - Implemented a Smoke-Free/Tobacco Initiative (SFTI) that includes a smoke-free campus & support for patients & staff who wish to quit smoking or adjust to being in a smoke-free environment
Main Research Question

What are the perceptions & experiences of individuals with mental illness & their healthcare providers in the context of:

(1) The smoke-free/tobacco initiative &

(2) The implementation of, in a clinical environment, of the Registered Nurses Association Of Ontario (RNAO), Professionalism In Nursing & Client-Centred Care Best Practice Guidelines (BPG)?
the BPG on Professionalism in Nursing was chosen to provide a framework for the study

The 4 attributes chosen were:
– knowledge with a focus on the BPG Integrating Smoking Cessation into Daily Nursing Practice;
– advocacy with a focus on Client-Centred Care;
– collegiality & collaboration; &
– ethics values
Research Design

• Single case study

• **Multiple data sources** (patient & staff focus groups, individual interviews, questionnaire, field notes, documents)

• BPG, Professionalism in Nursing used as framework

• Perceptions & experiences of patients & healthcare providers measured

• Pre- & post-implementation

• Theoretical thematic analysis
## Sample & Setting

Inpatients & healthcare providers N=205  
Tobacco users & non-tobacco users

<table>
<thead>
<tr>
<th>Pre-Implementation</th>
<th>Post-Implementation</th>
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<tbody>
<tr>
<td>n=93</td>
<td>N=112</td>
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<td>Inpatients &amp; staff in mental health &amp; addiction program participated in focus groups or individual interviews; &amp; completed a questionnaire</td>
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St. Joseph’s Healthcare Hamilton
In-Patients

- 50% expressed intent or interest in quitting
- 21% indicated they would like to quit during their hospitalization
- Had twice the rate of quit attempts post-implementation
- Indicated that posted info, pamphlets & posters were useful
- Had 50% increase in Nicotine Replacement Therapy as reported by pharmacy
Themes Identified by In-Patients

• Safety & Accessibility of the Smoking Shelter

• Privileges & the Environment
  • Patients who smoked were more likely to get privileges
  • The beautiful grounds offered little opportunities & thus encouraged smoking

• Staff were perceived as supportive
  • patients perceived a negative image when staff addicted to tobacco or observed smoking
Staff

- 40% of smokers indicated they would like to quit within the next 6 months
- 32-76% of staff completed e-learning on the units
- 86% believed they had sufficient knowledge to work with patients re smoking cessation
- 82% reported that the educational opportunities offered were sufficient & helpful
- 90% reported being confident in their clinical skills to introduce issues of smoking cessation
- Only 27% used the 5As approach in practice
Themes Identified by Staff

• Role of staff in enforcement
  • Re: safety on units, enforcement of grounds & contraband cigarettes

• Safety & Accessibility of a smoking shelter
  • Re: time, distance & smooth pathways

• Conflict about issues related to choice, patient rights & health promotion
  • Health professionals committed to health promotion but believed in person’s right to choose

• Staff smoking
  • Perceived as promoting a negative image
Partnerships & Collaboration

• Tobacco Specialist available for counselling staff & patients

• Employee Assistance Program offers individual counselling

• Links to community resources (i.e. Cancer Society)

• Developed collaborative partnerships with…
  – Peer Council
  – Hamilton Public Health
  – Smokers’ Helpline
Day to Day Practice Initiatives

- Tobacco use admit assessment form
- Withdrawl form
- Pre-printed Dr’s orders for NRT
- Electronic Care Plan (for prevention, smoking cessation, support of smokers)
- Tobacco Addiction Recovery Group 2 hr sessions X 13 wks
- Information/education offered
- Patient Information Booklets (stocked monthly)
- Letter for families
Recommendations

• Consistent & visible leadership
• Continued professional development
• On-going education of patients & staff
• Monitoring & evaluation at the unit level
• BPG, Integrating Smoking Cessation into Daily Practice should integrate the best practices of the Ottawa Model
• Research to evaluate long term outcomes of SFTI
• Researchers met with VP to discuss recommendations
• Tobacco Cessation Specialist has been appointed full-time lead on the SFTI for 12 months
• Leadership acted to ban all tobacco on units
• Off unit lockers installed for tobacco materials
• A ban on contraband tobacco was introduced
• Professional development & education being offered
• Smoke free campus for new hospital West 5th campus
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