

Smoking Hazards and Solutions in Long-Term Care

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Smoking presents significant health hazards in the nursing home for residents, staff, and visitors. Second-hand smoke, wasted staff time for smoke breaks, anger over missed breaks, craving behavior problems, and safety issues are just some of the destructive ramifications of this dangerous addiction.

This handout accompanies the video, [*Smoking Hazards and Solutions in Long-Term Care*](#), and provides additional information on the negative consequences of smoking; necessary steps to help both staff and residents reduce smoking; and, positive steps to minimize the disruption caused by smoking.

Smoking Hazards in Long-Term Care

- *Second-hand smoke*
- *Wasted staff time for smoke breaks*
- *Anger over missed breaks*
- *Craving behavior problems*

Tobacco Dependence

Tobacco dependence is a chronic disease with periods of abstinence and relapse. Health care providers, including nurses, have been both slow to intervene in reducing resident dependence on cigarettes and to address their personal addiction to tobacco.

As long-term care is a residential health care facility, it is even more urgent in this environment to address tobacco dependence. This presents unique challenges for several reasons. Many residents have lifetime addictions to tobacco making it particularly difficult to consider stopping. Further, in some instances long-term care facilities have become the institutional provider of mental health care since deinstitutionalization and data shows that 75% of the mentally ill de-institutionalized population smokes. They smoke differently: inhale frequently, rapidly, and deeply, and smoke to the butt where nicotine levels are highest.

Residents' Justification for Smoking

- *“Smoking helps me calm down.”*
- *“Smoking helps me think better.”*
- *“I smoke because I’m bored.”*
- *“Smoking is one of the few things I do that I enjoy.”*
- *“Sticking to a cessation plan is too hard.”*
- *“I’ve tried before and couldn’t.”*

Removing Barriers: Helping Residents and Staff be Successful

Goal: Promoting a tobacco free culture in treatment settings is an essential part of wellness.

1. **Provide information** about smoking and its impact as part of wellness programming.
2. **Be consistent and encouraging to support resident's efforts to quit.** It is hard to quit smoking; tobacco dependence is a chronic relapsing disease that usually requires multiple (5-7 in the general population and probably more in the subpopulation of those with mental disorders) serious quit attempts (at least 24 hours in duration).
3. **Identify champions**, residents and staff who have successfully stopped smoking, these models make a difference.
4. **Develop an action or quit plan.** Implement the plan and follow-through.
5. **Provide on-going support**, counseling, education and pharmacotherapy.
6. **Design specific interventions for people with mental disorders** whose addiction requires treatments of greater intensity and length.
7. **People who stop smoking may require lower medication doses** because smoking may increase the metabolism of some medications (especially caffeine, theophylline, fluvoxamine, olanzapine, and clozapine).

Barriers to Tobacco Reduction

- *Limited education*
- *Smoking peers*
- *Underground market for cigarettes*
- *Smoking intensity*

Staff Factors Preventing Smoking Reduction

Some clinicians in long-term care:

- have not demonstrated an active role in addressing smoking as a harmful health behavior.
- engage in the harmful practice of using cigarettes as behavioral reinforcement.
- have the false belief that smoking reduction/cessation is not a realistic goal.
- believe smoking is a patients' "only pleasure" and "least of their worries."
- believe smoke breaks are "normalizing" interaction.
- fear resident anger or outrage.

Suggested Harm Reduction Strategies

Remember that health risks are associated with smoking even 1 cigarette but some may wish to decrease the number of cigarettes smoked daily rather than stop smoking abruptly. Nonetheless it is essential for them to understand that there is no safe level of smoking. Reduction strategies may be helpful in the short-term in increasing self-efficacy, but are not long-term strategies, because there is strong evidence that exposure remains constant.

- **Decrease nicotine dependency:** reduce the number of cigarettes smoked per day and increase client self-efficacy.
- **Hierarchical reduction:** eliminate the easiest to give up.
- **Increased inter-cigarette interval:** self or facility-initiated increase in time between cigarettes.
- **Environmental change:** Smoke-free environments with environmental cues.

“Given that tobacco dependence is the #1 cause of morbidity and mortality in the United States, it is essential to help residents stop smoking.” (Fiore, et al., 2008)

Suggestions for a Smoking Dependence Treatment Program

Tobacco dependence treatment should address the addiction to nicotine and the patterns of using tobacco. Work collaboratively with residents to help them reduce or stop smoking in a manner that honors their personhood and respects their recovery goals. Staff is in a role of encouraging clients that they can make a successful change in smoking behavior and health.

What to avoid:

Solutions, analysis, arguments, coercion to change, decision control, labels, lectures, and correction.

Preparation:

1. Establish trust and build rapport.
2. Document health history and tobacco history including reason resident smokes.
3. Develop a Quit Plan.
4. Assess and provide information on readiness to quit: 30 days, 6 months, not thinking of quitting at all.
5. Validate your understanding of ambivalence about quitting with patience, tolerance, and respect, and without pressure.
6. Use a decisional balance exercise to explore ambivalence: pros and cons of both smoking and quitting.
7. Provide support and encouragement.
8. Be prepared for difficult situations or relapse.

Treatment approach

- *Be flexible and fluent*
- *Accurate empathy through reflective listening not by sharing mutual experiences*
- *Non-possessive warmth*
- *Genuineness*
- *Promote sense of self-efficacy*
- *Increase resident's perception of capacity to cope and change*
- *Open-ended questions*

Components of Developing the Quit Plan:

1. Get ready
2. Support & encouragement
3. Learn new skills & behavior
4. Stress reduction
5. If appropriate get prescription for medication and follow instructions for use
6. Be prepared for difficult situations or relapse
7. Encourage successes and commitment to abstinence

Pharmacotherapy

Listed below are the seven 1st-Line, FDA-approved, pharmacotherapy options available to help clients stop smoking. Five are categorized as Nicotine Replacement Therapy (NRT) medications and two are categorized as Non-Nicotine Replacement Therapy medications. These medications are discussed in detail in the 2008 update of the *Clinical Practice Guideline* of the United States Public Health Service.

Nicotine Replacement Therapy:

nicotine gum, nicotine lozenge, nicotine patch, nicotine inhaler, nicotine nasal spray

Non-Nicotine Replacement Therapy:

- bupropion SR (blocks dopamine reuptake and to a lesser extent norepinephrine)
- varenicline (partial agonist selective for the nicotine acetylcholine receptor)

Nicotine Replacement Therapy has been found to be successful with some long-term care residents. It is meant to increase comfort and decrease withdrawal symptoms: craving, decreased concentration, anxiety, & irritability. Find out more about NRT and determine if it is an option for your residents who smoke by talking with your DON and medical director.

Resources

- The *Clinical Practice Guideline for Treating Tobacco Use and Dependence* (2008) is the gold standard for tobacco dependence treatment.
- Smoking Dependence Information Center - <http://www.apna.org>
- Rx for Change: Clinician-Assisted Tobacco Cessation - <http://rxforchange.ucsf.edu/>
- Smoking Cessation Leadership Center - <http://smokingcessationleadership.ucsf.edu/>
- Office of the Surgeon General - <http://www.surgeongeneral.gov/tobacco/index.html>

Sources

Intensive Tobacco Dependence Intervention with Persons Challenged by Mental Illness: Manual for Nurses; Daryl L. Sharp, PhD, APRN, BC, FNAP, Nancy K. Bellush, RN, BSN, James S. Evinger, Mdiv, Susan W. Blaakman, MS, PMHNP-BC, Geoffrey C. Williams, MD, PhD; University of Rochester School of Nursing Tobacco Dependence Intervention Program; Rochester, NY: 2009.

Information provided in the video and in this handout have been prepared by Georgia L. Stevens, PhD, APRN, PMHCNS-BC. Please consult your medical director, director of nursing and the social worker in your long-term care facility as you design and implement an individualized tobacco reduction program to meet the needs of residents.