Treating Tobacco Use Among Substance Use and Mental Health Populations

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Physical Illness

We need to get you to the hospital ASAP!

I feel like I'm dying

Mental Illness

Just try and remember: A lot of people have it a lot worse

I feel like I'm dying
Importance of Tobacco Treatment

- People with MH and SU disorders smoke 40% of all cigarettes produced in the US
- 1 in 3 adults with MH disorders smoke cigarettes compared to 1 in 5 adults of the GP
- 75% percent of individuals with serious MH and/or SU disorders smoke cigarettes
  - As well as 30-35% of treatment staff

SAMHSA and NSDUH, 2015; CDC/NCHS, National Health Interview Survey, 2014; Parks, Singer, & Foti, 2006
Continued: Importance

• 44.6% of substance abuse treatment centers offer cessation services

• Persons with MH and/or SU disorders die, on average, 8 years earlier

• One study found – 52% of cocaine users, 50% of alcohol use disorder, and 42% of heroin users wanted to quit smoking

Am I Worth It?

• 40 years of reducing smoking rates!

• **EXCEPT** for smokers with mental health or SU disorders

• Thoughts on why that is?
Big Tobacco

• How do you perceive Big Tobacco?
• How do you think they are trying to be perceived?
IT'S A PSYCHOLOGICAL FACT: PLEASURE HELPS YOUR DISPOSITION

How's your disposition today?

EVER YIP LIKE A TERRIER when the store sends you the wrong package? That's only natural when little annoyances like this occur. But — it's a psychological fact that pleasure helps your disposition! That's why everyday pleasures — like smoking, for instance — mean so much. So if you're a smoker, it's important to smoke the most pleasure-giving cigarette — Camel.

For more pure pleasure... have a Camel

"I've tried 'em all — but it's Camels for me!"

Rock Hudson

YOU CAN SEE RUGGED ROCK HUDSON STARRING IN U-I'S "NEVER SAY GOODBYE"

No other cigarette is so rich-tasting yet so mild!

ROCK HUDSON AGrees with Camel smokers everywhere: there is more pure pleasure in Camels! More flavor, genuine mildness! Good reasons why today more people smoke Camels than any other cigarette.

Remember this: pleasure helps your disposition. And for more pure pleasure — have a Camel!
“Urban Marketing Plan”
1990’s

• Tobacco Companies spent over $570,000 on cigarette donations

• Distributing about 100 packs a piece to homeless shelters, a soup kitchen, and a mental health association

• Sometimes donating at Christmas time, calling it “Operation Santa Claus”

Apollonio & Malone, 2005
Tobacco Companies as the “Good Guys”

- Cultivated relationships with service organizations to gain positive media coverage
- They would make charitable contributions to develop sales and relationships

Nursing staff wrote to Phillip Morris:

“… I am specifically asking if you might consider giving us cigarettes, factory rejects or irregulars would be fine for our clients. When clients come to our door they are usually depleted of all funds and resources. We do not believe this is the most appropriate time to give up smoking, it simply add [sic] to their stress.”

Tobacco and Specific Mental Health Disorders

• **Anxiety**
  - Smoking compared to non-smoking is associated with more panic-relevant symptoms
  - More likely to affect daily functioning than non-smokers with panic disorders

• **Depression**
  - 30% of current individuals with depression are daily smokers

Zvolensky et al., 2002; Zvolensky, Schmidt, and McCreary, 2003; Grant et al., 2004, Waxmonsky et al., 2005
Tobacco and Specific Mental Health Disorders

Schizophrenia

• 60-90% of individuals in this population smoke

• Tend to be: Heavy smokers, start earlier, and extract more nicotine than the GP

• 2x as likely to have Cardiovascular Disease and have a 20% shorter life expectancy

• More puffs per cigarette and has high CO reading

• May also interact with psychotropic medications

Hahn, 2012; Kelly, 2000; Winterer, 2010; Hitsman et al., 2005; Tidey, Rohsenow, Kaplan, & Swift, 2005; Williams, Gandhi, Karavidas, & Foulds, 2006
A 1986 Advertisement for Philip Morris' Merit Cigarettes Suggests Evidence of Direct Marketing of Tobacco Products to Individuals with Schizophrenia. The ad shows a double image of a pack of Merit cigarettes and reads, “Schizophrenic … For New Merit, having two sides is just normal behavior.”
Co-occurring Substance Use Disorders

- Rates are 3x higher and quit rates 4x lower than the general population
- 60-95% of individuals with alcohol and drug use disorders are also dependent on nicotine

Richter, Gibson, Ahluwalia, & Schmelzle, 2001; Friend, K. B., & Pagano, M. E., 2005
THE WAR ON DRUGS

DESTROY THE CROPS, EXECUTE THE PUSHERS AND REHABILITATE THE USERS.

SUBSIDIZE THE CROPS, EXONERATE THE PUSHERS AND BLAME THE USERS.
Smoking and Co-Morbidities

- Current smoking
- Lifetime smoking
- Quit smoking

Lasser et al: 2000
Just as Ready to Quit Smoking as the General Population

- **General Population:**
  - Intend to quit in next 6 mo: 48%
  - Intend to quit in next 30 days: 22%

- **General Psych Outpatients**
  - Intend to quit in next 6 mo: 41%
  - Intend to quit in next 30 days: 24%
  (Action et al., 2001 Addict Bx)

- **Depressed Outpatients**
  - Intend to quit in next 6 mo: 55%
  - Intend to quit in next 30 days: 24%
  (Prochaska et al., 2004, Drug Alc Dep)

- **Psych. Inpatients**
  - Intend to quit in next 6 mo: 43%
  - Intend to quit in next 30 days: 28%
  (Prochaska et al., 2006, Am J Addict)

- **Methadone Clients**
  - Intend to quit in next 6 mo: 40%
  - Intend to quit in next 30 days: 20%
  (Nahvi et al., 2006, Addict Bx)
Does Abstinence from Tobacco Threaten Sobriety?

10% of recovering alcoholics state it does

- 10%
- 90%

90% state it DOES NOT threaten sobriety

16% report increased craving

- 16%
- 84%

84% report NO increase in craving

18% relapse to alcohol/drug use during tobacco abstinence

- 18%
- 82%

82% DO NOT relapse to alcohol/drug use during tobacco abstinence

Adapted from John Hughes, 2004
Stopping Smoking Improves Mental Health

<table>
<thead>
<tr>
<th>Outcome</th>
<th>No. of studies</th>
<th>Standardized Mean Difference (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety</td>
<td>4</td>
<td>-0.37 (-0.70 to -0.03)</td>
</tr>
<tr>
<td>Depression</td>
<td>9</td>
<td>-0.29 (-0.43 to -0.15)</td>
</tr>
<tr>
<td>Mixed anxiety and depression</td>
<td>4</td>
<td>-0.36 (-0.58 to -0.15)</td>
</tr>
<tr>
<td>Psychological quality of life</td>
<td>4</td>
<td>0.17 (-0.02 to 0.35)</td>
</tr>
<tr>
<td>Positive affect</td>
<td>1</td>
<td>0.68 (0.24 to 1.12)</td>
</tr>
<tr>
<td>Stress</td>
<td>2</td>
<td>-0.23 (-0.39 to -0.07)</td>
</tr>
</tbody>
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- Smoking cessation is associated with improvement in mental health in comparison with continuing to smoke
- Effects are ≥ to those of antidepressant treatment

Taylor et. al. BMJ 2014
Mortality in Alcoholics

- Retrospective Study: 845 patients (Mayo Clinic)
  - Inpatient Addictions Program 1972-1992
- Followed through 1992 (20 years from start to finish)
  - Medical Record
  - Death Certificates

Hurt et. al., 1996
## Underlying Cause of Death

<table>
<thead>
<tr>
<th>Cause</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco related</td>
<td>43.1%</td>
</tr>
<tr>
<td>Alcohol related</td>
<td>27.9%</td>
</tr>
<tr>
<td>Tobacco &amp; Alcohol related</td>
<td>3.6%</td>
</tr>
<tr>
<td>Non-tobacco, non-alcohol</td>
<td>14.9%</td>
</tr>
<tr>
<td>Other drug related</td>
<td>0.5%</td>
</tr>
</tbody>
</table>
Brain Storm
Some Barriers
to Treating
Tobacco Use
in MH Facilities
Barriers

- Provider Resistance (e.g. staff example 30-35%)
- Patient Resistance
- Concern about exacerbation of symptoms, relapse, and increased acting out
- Concern about interaction with psych meds
Accepted Part of Culture

• Reward for positive behavior
  • Sometimes only choice consumers can make
  • Mistaken autonomy

• Fill voids of boredom and loneliness
  • Shared social activity

• Staff who smoke normalize smoking
  • Staff may help patients access cigarettes
Stigma and Assumptions about People with Mental Health Disorders

Quitting smoking may exacerbate their anxiety and depression symptoms.

It will be too hard for them to quit.

Quitting smoking is the least of their concerns.
Myths

- It is almost impossible for people with mental illness to quit
- It is too much to ask of those being treated for other drug dependencies
- It is what people with psychiatric disease do
- Mental health providers fear tobacco dependence treatment will interfere with other treatment
- Stopping smoking will worsen mental health problems or lead to relapse
What Can You Do as TTS

• **PROVIDE EDUCATION**
  to other providers solely working with this population
  • Psychiatrists, counselor, social worker, daily living Skills workers, etc.

• **LISTEN**
  Everyone, especially this population wants to be heard

• Understand the patient/client is the expert in their life and how tobacco use fits into that

• **ADVOCATE**
  May have to bridge the gaps
  • They may also benefit from higher doses of tobacco cessation medication

• **FOLLOW UP**
  They deserve extended support too if not more than the general population (more effective)

• Most importantly, know when to refer if it is out of your scope of practice (develop communication between other treatment teams)
Stronger and Longer Interventions
Truth Initiative
For More Info: Visit

• Chantix Study- Eagles Study download -
  http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)30272-0/abstract

• Tobacco-Free Living in Psychiatric Settings: A Best-Practices Toolkit Promoting Wellness and Recovery
  https://www.nasmhpd.org/content/tobacco-free-living-psychiatric-settings-best-practices-toolkit-promoting-wellness-and
Questions & Discussion