



University of California
San Francisco

Tobacco and Behavioral Health

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8/12/2021

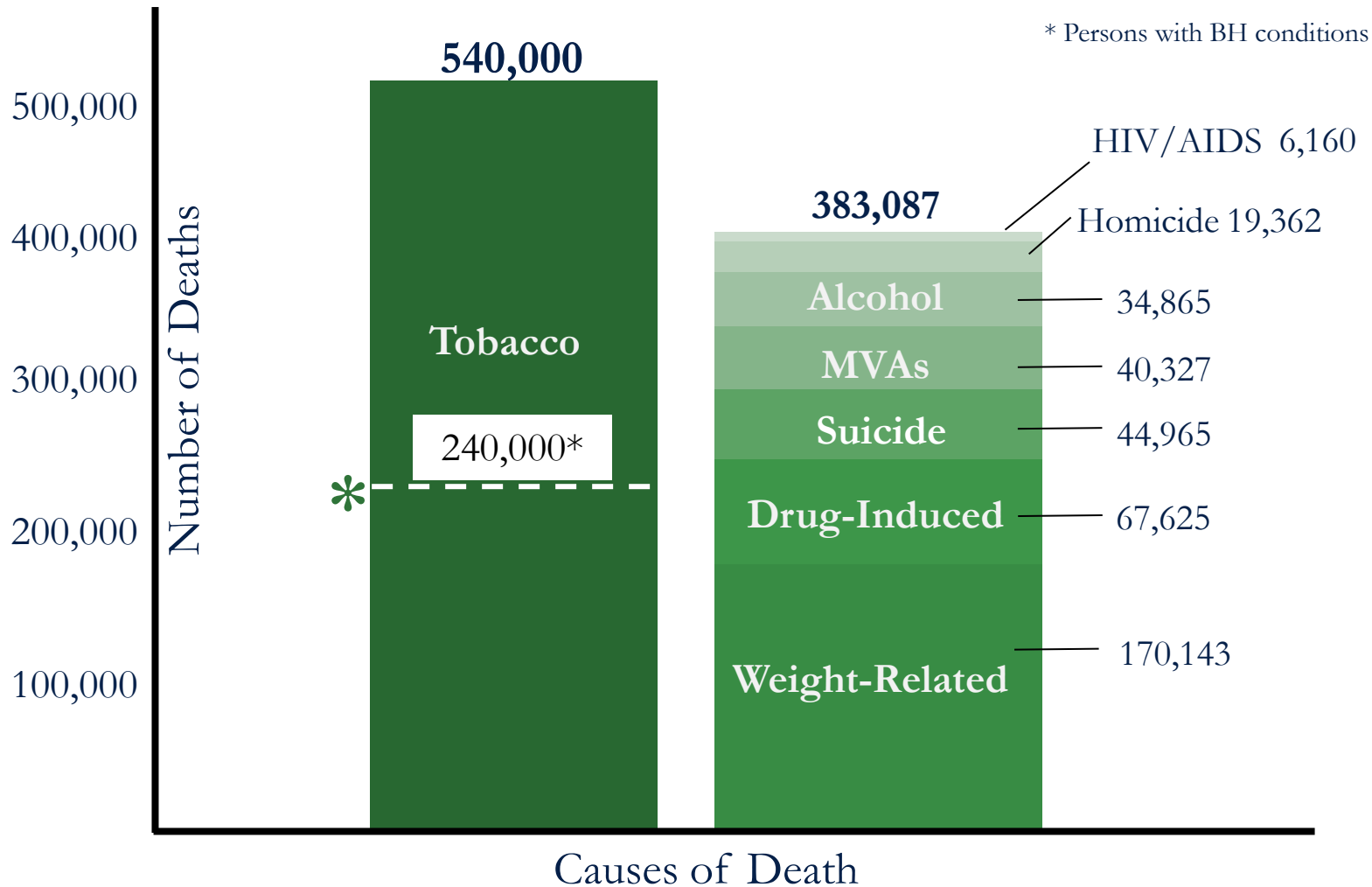
Tobacco's Deadly Toll

- 540,000 deaths in the U.S. each year¹
- >7 million deaths world wide each year
 - Current trends show >8 million deaths annually by 2030
- 41,000 deaths in the U.S. due to second-hand smoke exposure
- >16 million in U.S. with smoking related diseases (60% with COPD)
- 34.1 million smokers in U.S. (74.6% daily smokers, averaging 13.9 cigarettes/day, 2018)²

¹Carter BD, Abnet CC, Feskanich D, et al. Smoking and Mortality – Beyond Established Causes. *N Engl J Med* 2015;372(22):2170

²Creamer MR, Wang TW, Babb S, et al. Tobacco Product Use and Cessation Indicators Among Adults – United States, 2018. *MMWR Morb Mortal Wkly Rep* 2019, 68(45):1013-9.

Behavioral Causes of Death in US, 2016

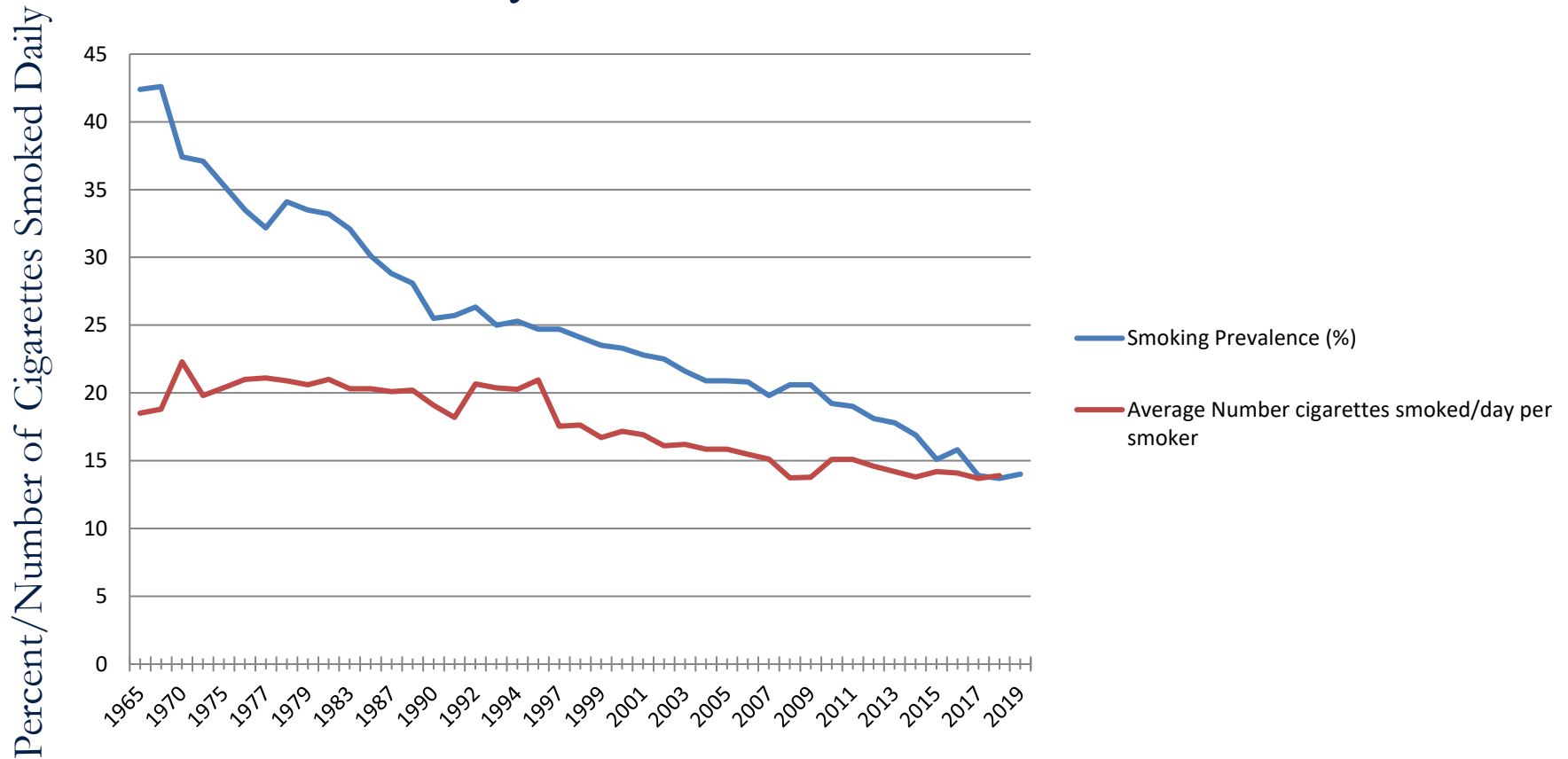


U.S. Department of Health and Human Services. *The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014. Printed with corrections, January 2014. Mokdadet al. JAMA 2004; 291:1238-1245. Mokdadet al. JAMA. 2005; 293:293

Tobias, D.K., Hu, F.B., (2018). The association between BMI and mortality: implications for obesity prevention. *The Lancet*. : 916-917. Xu, J., Murphy, S.L., Kochanek, K.D., Bastian, B., Arias, E. (2017). Final Data for 2016. *National Vital Statistics Reports*. 67(5). United States Department of Health and Human Services. Hyattsville, MD: National Center for Health Statistics. Source: https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_05.pdf

Special thanks to Behavioral Health & Wellness Program for providing this figure.

Smoking Prevalence and Average Number of Cigarettes Smoked per Day per Current/Daily Smoker 1965-2019



*CDC began measuring mean CPD of daily smokers instead of current smokers in 2010

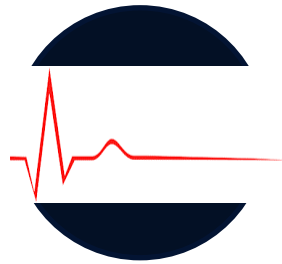
Adverse Health Effects of Tobacco Use



People with mental illness or substance use disorders die up to 10 years earlier than those w/o these disorders; many of these deaths are caused by smoking cigarettes.



The most common causes of death among people with mental illness are heart disease, cancer, and lung disease, which can all be caused by smoking.



Drug users who smoke cigarettes are four times more likely to die prematurely than those who do not smoke.



Nicotine has mood-altering effects that can temporarily mask the negative symptoms of mental illness, putting people w/ mental illness at higher risk for cigarette use & nicotine addiction.



Tobacco smoke can interact with and inhibit the effectiveness of certain medications taken by mental health and substance abuse patients.

Sources: CDC. Vital Signs: Current Cigarette Smoking Among Adults Aged ≥18 Years With Mental Illness—United States, 2009–2011. *MMWR* 2013;62(05):81-87; Druss BG, Zhao L, Von Esenwein S, Morrato EH, Marcus SC. Understanding Excess Mortality in Persons With Mental Illness: 17-Year Follow Up of a Nationally Representative US Survey. *Medical Care* 2011;49(6):599–604; CDC. Vital Signs Fact Sheet: Adult Smoking Focusing on People With Mental Illness, February 2013. NCCDPHP, Office on Smoking and Health, 2013; Smoking Cessation Leadership Center. Fact Sheet: The Tobacco Epidemic Among People With Behavioral Health Disorders. San Francisco: SCLC, University of California, 2015; Smoking Cessation Leadership Center. Fact Sheet: Drug Interactions With Tobacco Smoke. San Francisco: SCLC, University of California, 2015.

Smoking and Behavioral Health: The Heavy Burden

- 240,000 annual deaths from smoking occur among patients with chronic mental illness and/or substance abuse
- This population consumes 40% of all cigarettes sold in the United States
 - higher prevalence
 - smoke more
 - more likely to smoke down to the butt
- People with serious mental illnesses die earlier than others, and smoking is a large contributor to that early mortality
- Greater risk for nicotine withdrawal
- Social isolation from smoking compounds the social stigma

The Smoking Cessation Leadership Center Engages Behavioral Health

- Early knowledge of extent of problem, but warned it was intractable.
- Decision to start a movement in 2006. Key meetings with Legacy (now Truth), NAMI, and SAMHSA.
- Lansdowne Summit in 2007, led to collaboration with SAMHSA. SCLC now **National Center of Excellence for Tobacco and Behavioral Health**
- 2016 collaboration with American Cancer Society—Rosie Henson and Cliff Douglas—led to **National Partnership on Behavioral Health and Tobacco Use**

¹Guydish J, Passalacqua E, Tajima B, et al. Smoking Prevalence in Addiction Treatment: A Review. *Nicotine Tob Res.* 2011;13(6):401-11.

²Substance Abuse and Mental Health Services Administration, *National Survey of Substance Abuse Treatment Services (N-SSATS): 2013. Data on Substance Abuse Treatment Facilities.* BHSIS Series S-73, HHS Publication No. (SMA) 14-489. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

³Marynak K, VanFrank B, Tedlow S, et al. Tobacco Cessation Interventions and Smoke-Free Policies in Mental Health and Substance Abuse Treatment Facilities — United States, 2016. *MMWR Morb Mortal Wkly Rep* 2018;67:519–523

National Partnership Membership

American Academy of Family Physicians

American Cancer Society

American Lung Association

American Psychiatric Association

American Psychiatric Nurses Association

American Society of Addiction Medicine*

Association of State and Territorial Health
Officials*

Centers for Disease Control and Prevention
Glaxxo Smith Kline

National Alliance on Mental Illness

National Association of Community Health
Centers*

National Association of Social Workers

National Association of State Mental Health
Program Directors

National Council for Behavioral Health

North American Quitline Consortium

Optum

Public Health Law Center

Robert Wood Johnson Foundation

Smoking Cessation Leadership Center

Substance Abuse and Mental Health Services
Administration

Truth Initiative

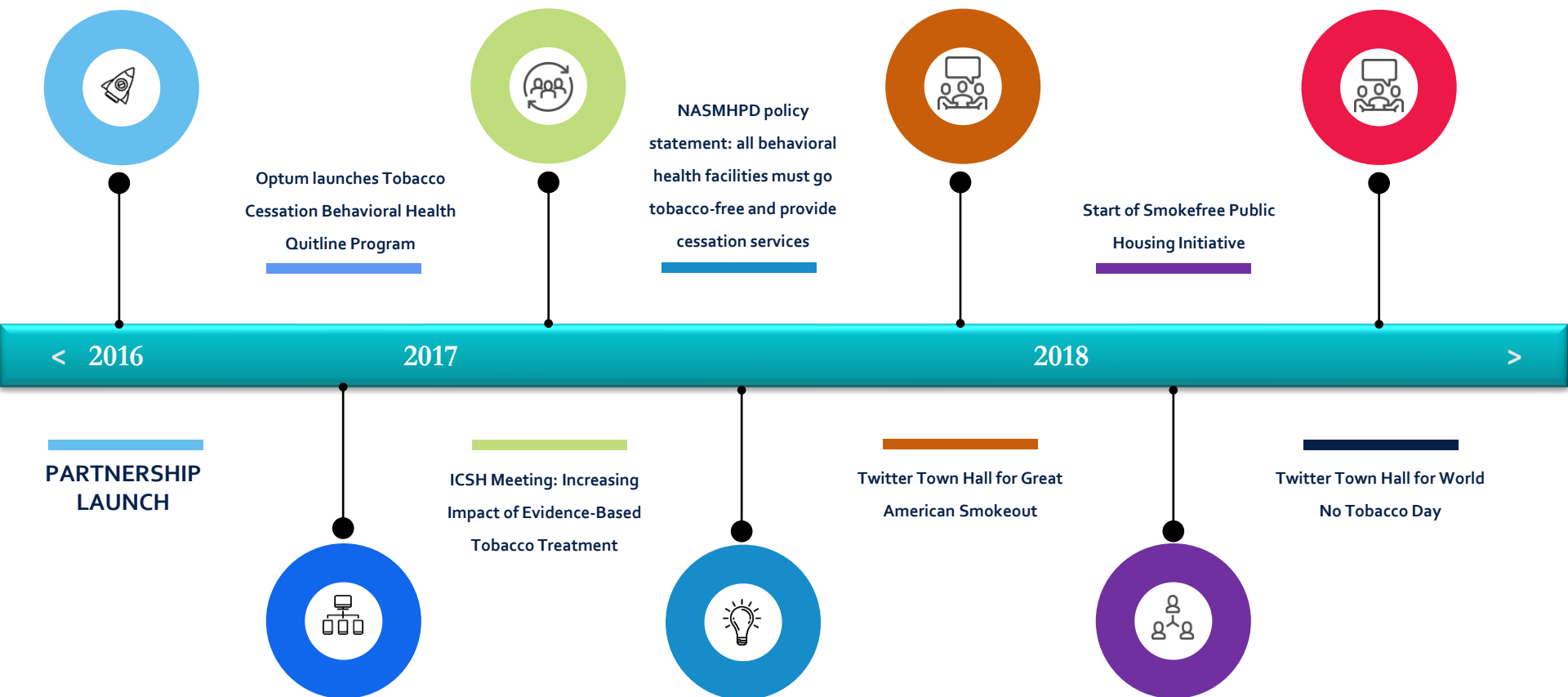
UnitedHealth Group

University of Wisconsin - Center for Tobacco
Research and Intervention

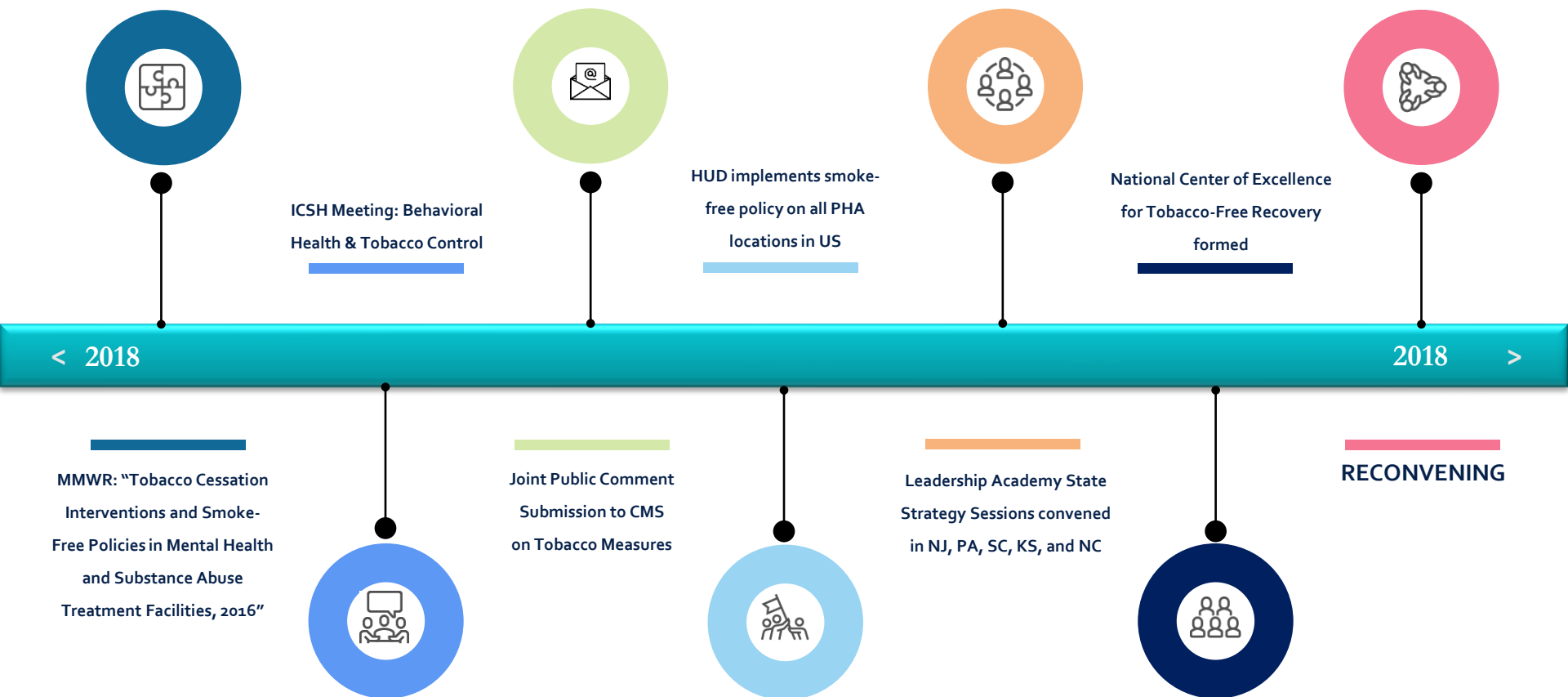
Veterans Administration

*New 2021 Members

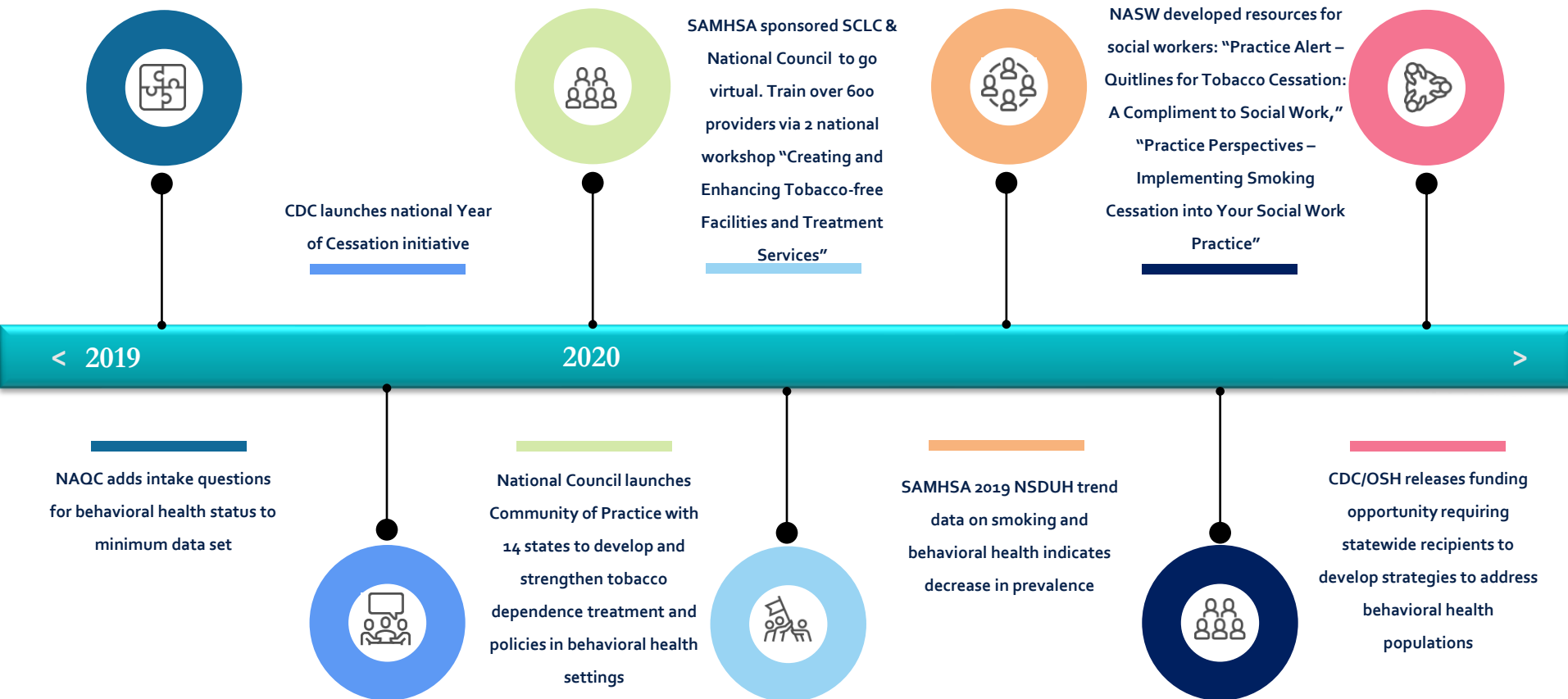
The National Partnership on Behavioral Health and Tobacco Use Collaborative Timeline



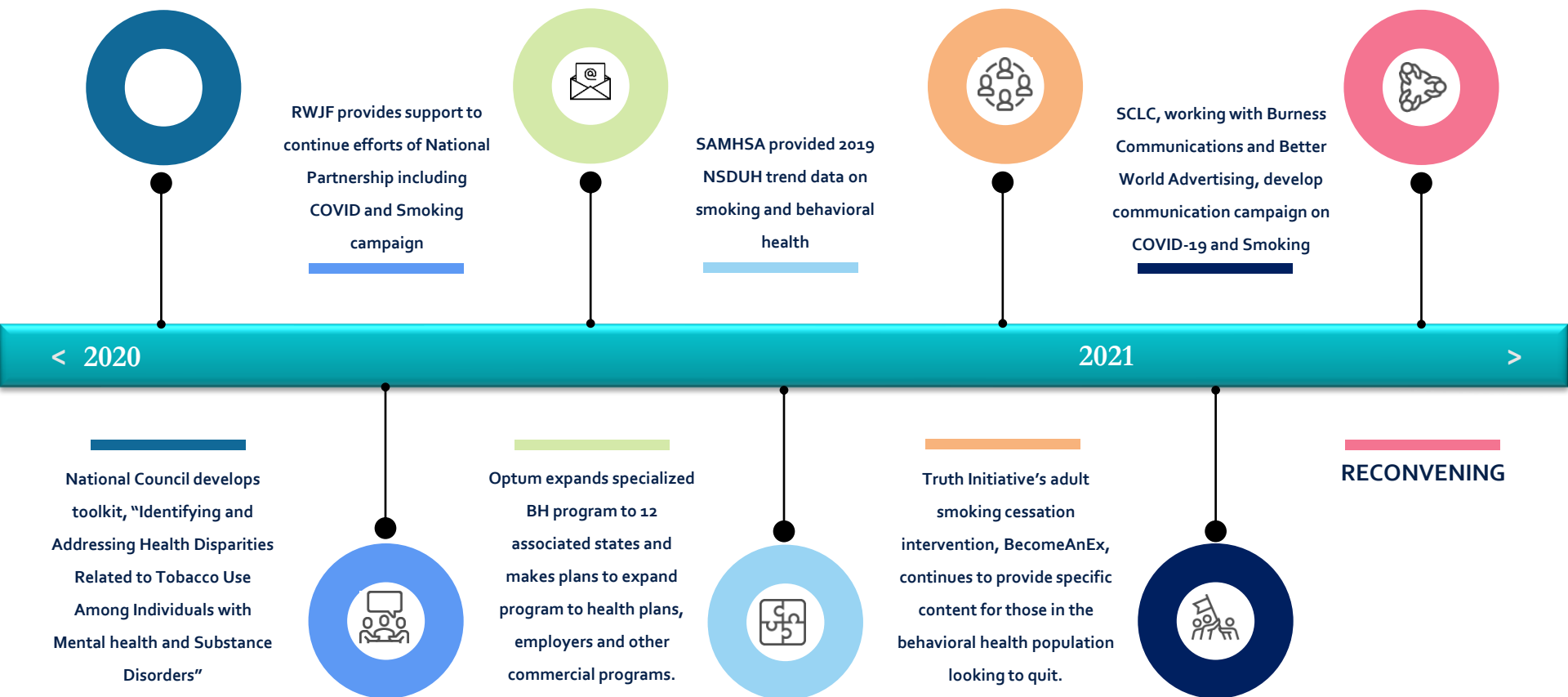
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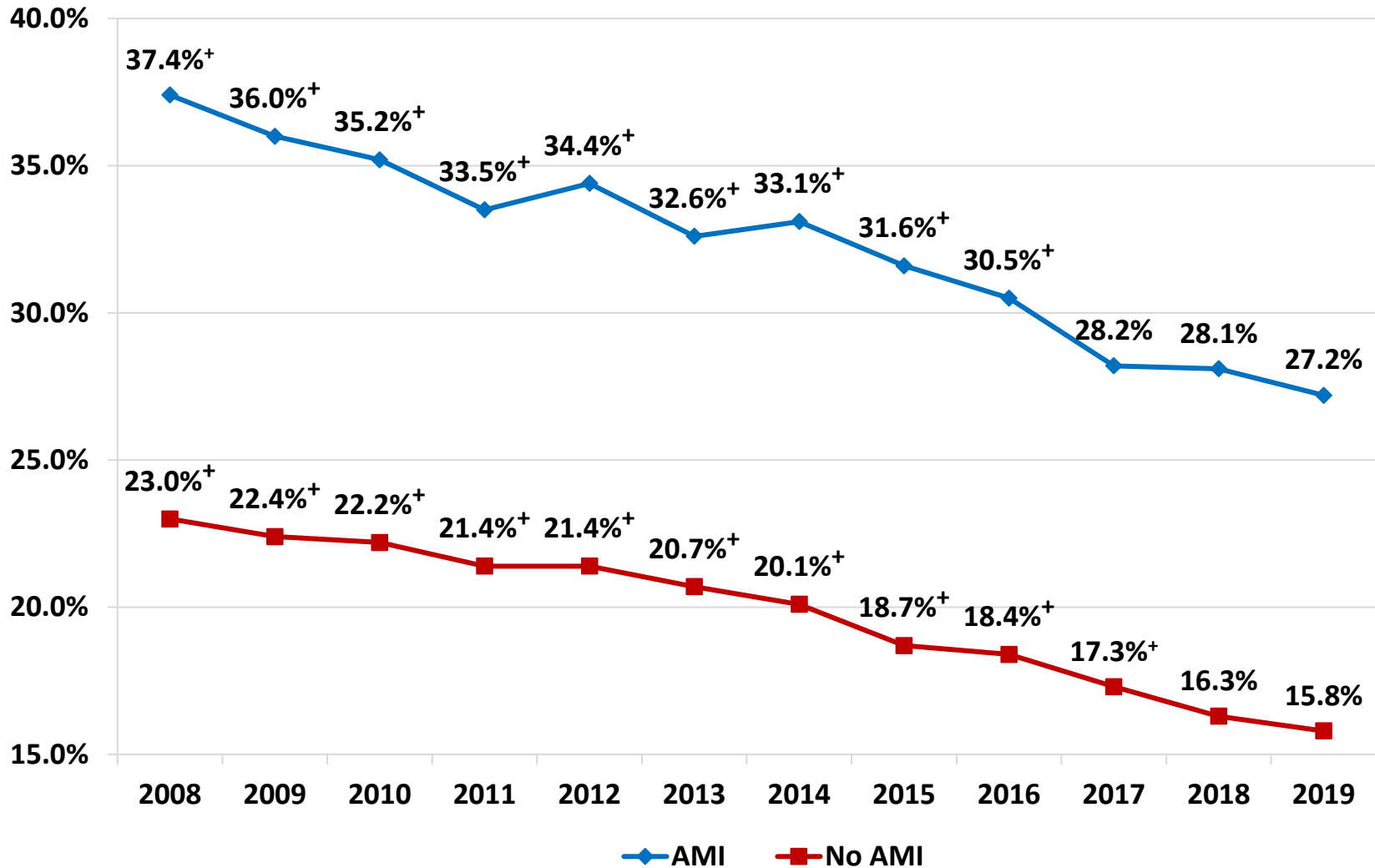
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Current Smoking among Adults (Age ≥ 18) with Past Year Any Mental Illness (AMI): NSDUH, 2008-2019

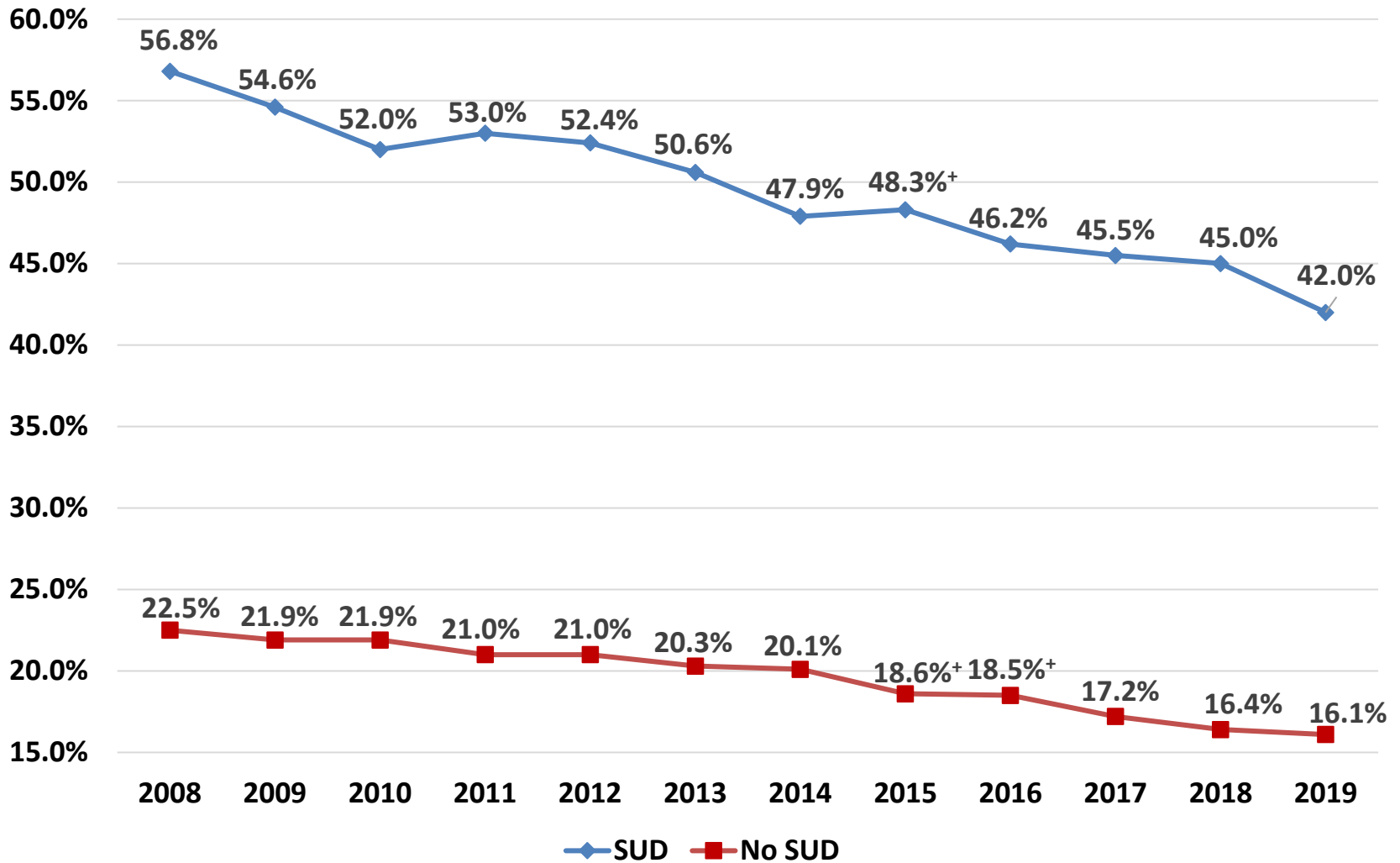


Current Smoking is defined as any cigarette use in the 30 days prior to the interview date.

Any Mental Illness is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder, based on the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*.

⁺ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Current Smoking among Adults (Age ≥ 18) with a Past Year Substance Use Disorder (SUD): United States, NSDUH, 2008-2019



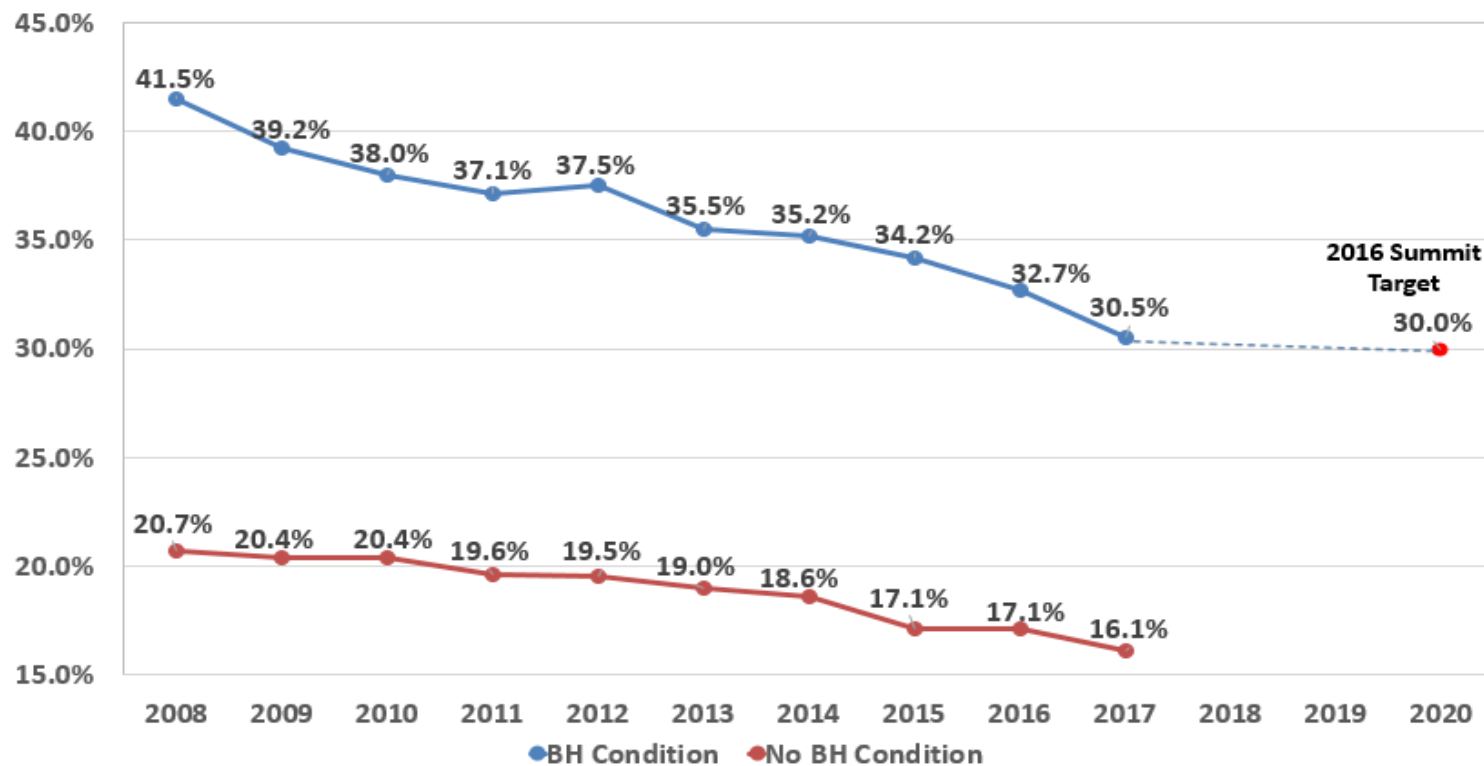
Current Smoking is defined as any cigarette use in the 30 days prior to the interview date.

Substance Use Disorder is defined as meeting criteria for illicit drug or alcohol dependence or abuse. Dependence or abuse is based on definitions found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*.⁺ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level. ^{**}SUD-related questions were adjusted in 2015

3/11/2021

Where We Were

Current Smoking Among Adults (age > 18) With Past Year Behavioral Health (BH) Condition: NSDUH, 2008-2017



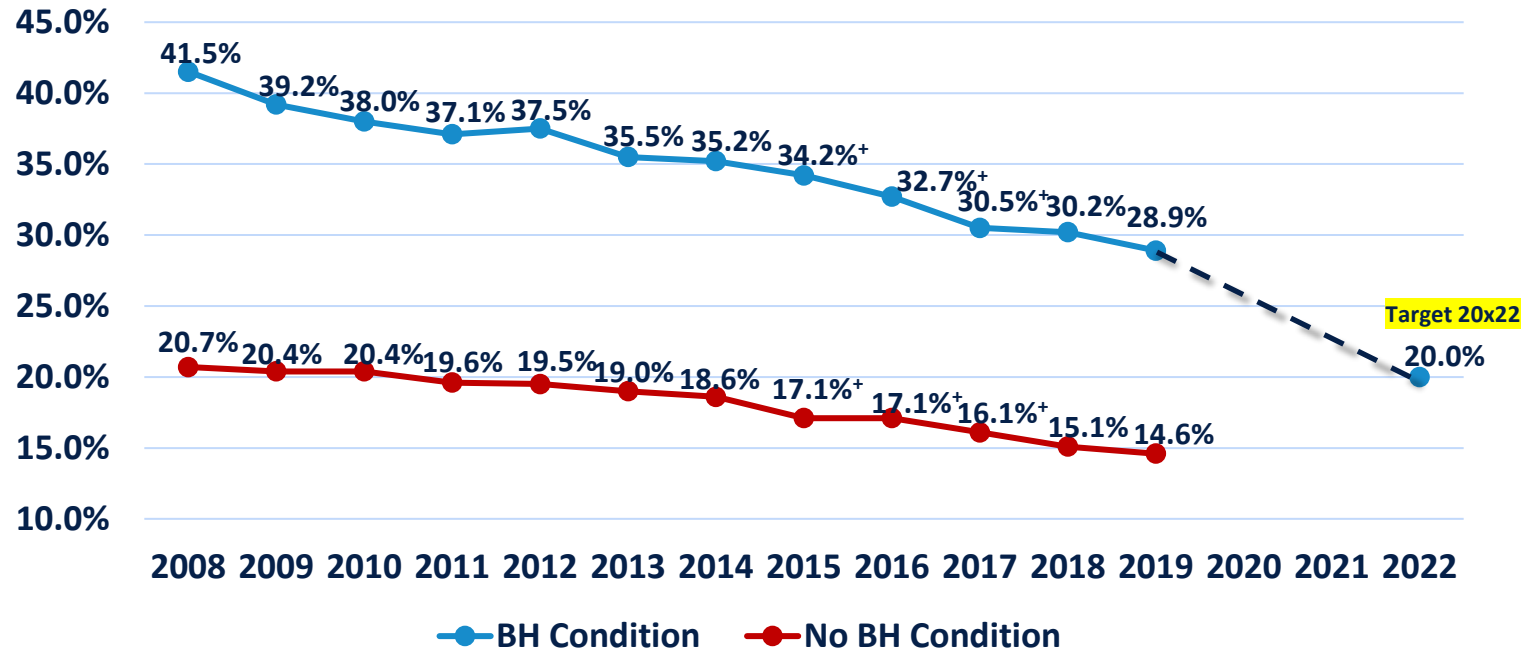
Behavioral Health Condition includes AMI and/or SUD

* Due to changes in survey questions regarding substance use disorders in 2015, including new questions on meth and prescription drug misuse, this data is not comparable to prior years

SAMHSA
Substance Abuse and Mental Health
Services Administration

Where We Are Now

Current Smoking Among Adults (age > 18) With Past Year Behavioral Health (BH) Condition: NSDUH, 2008-2019



Reducing prevalence to 20% would mean several million fewer smokers, averting 2-3 million smoking-related deaths!

Behavioral Health Condition includes AMI and/or SUD

• Due to changes in survey questions regarding substance use disorders in 2015, including new questions on meth and prescription drug misuse, this data is not comparable to prior years

⁺Difference between this estimate and the 2019 estimate is statistically significant at the .05 level ^{**}SUD-related questions were adjusted in 2015

Targeted Marketing

IT'S A PSYCHOLOGICAL FACT: PLEASURE HELPS YOUR DISPOSITION



How's your disposition today?

EVER FEEL MEAN AS A MULE? It's only human, when stubborn annoyances bother you. But remember this psychological fact: pleasure helps your disposition. Everyday pleasures, like smoking for instance, are important. So if you're a smoker, smoke for the most pleasure. That means: smoke Camels!

For more
pure pleasure
—have a
Camel



Today more people smoke Camels than any other cigarette because Camels give them more pure pleasure! So — choose your cigarette for pleasure. Pleasure helps your disposition. And you need only to try Camels to agree: no other cigarette is so rich-tasting, yet so mild as Camel!

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

Schizophrenic.



Other low tars are pretty one-dimensional.

Dull. But the New Merit is a whole other story: big new taste with lower tar. And that's exciting.

In fact, the New Merit has as much taste as cigarettes with up to 57% more tar. Big taste, lower tar, all in one. For New Merit, having two sides is just normal behavior.

2042569619

The New Merit. We've got flavor down to a science.

SURGEON GENERAL'S WARNING: Quitting Smoking Now Greatly Reduces Serious Risks to Your Health.

Source: <http://industrydocuments.library.ucsf.edu/tobacco/docs/txgl0019>

Newport pleasure!

Medium, Light and Ultra Light cigarettes do not present a reduced risk of harm. See www.lorenz.com for more information.

Respect Newport package design. Respect Merit. Don't Spill. Don't Smoke. Merit's Got It. Merit's Got It. Newport. Pleasure and Respect. © Lorillard Licensing Company LLC Reg. U.S. Pat. & Tm. Off.

Visit us at Newport-pleasure.com
Restricted to Adult Smokers 21 or Older.

SURGEON GENERAL'S WARNING: Smoking Causes Lung Cancer, Heart Disease, Emphysema, And May Complicate Pregnancy.

Myths About Smoking and Behavioral Health

- Tobacco is necessary self-medication (*industry has supported this myth*)
- They are not interested in quitting (*same % wish to quit as general population*)
- They can't quit (*quit rates same or slightly lower than general population*)
- Quitting worsens recovery from the mental illness (*not so; and quitting increases sobriety for alcoholics*)
- It is a low priority problem (*smoking is the biggest killer for those with mental illness or substance abuse issues*)

SAMHSA Recommendation



Recommendation

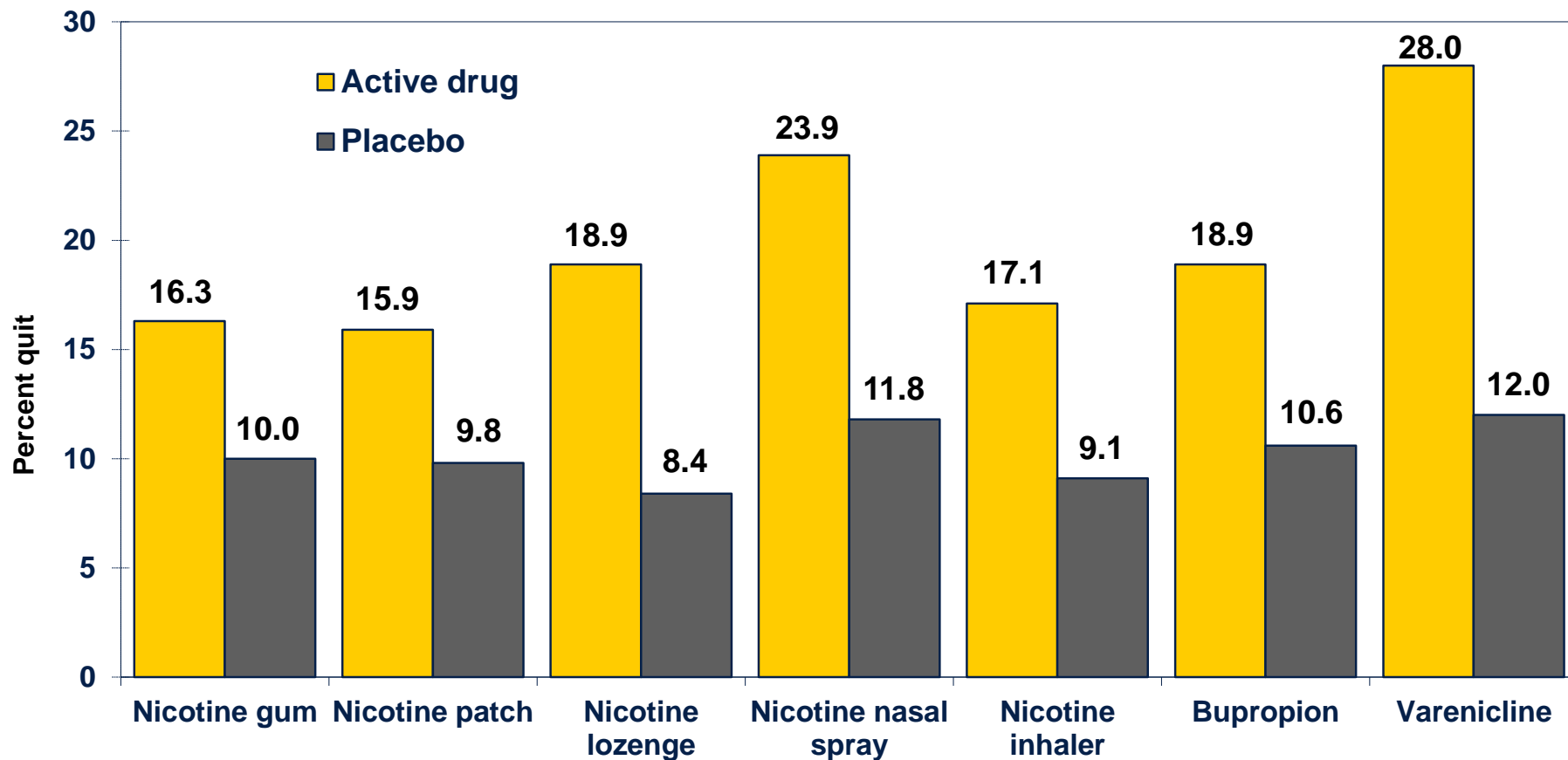
from the
Substance Abuse and Mental
Health Services Administration

- ✓ Adopt tobacco-free facility/grounds policies.
- ✓ Integrate tobacco treatment into behavioral healthcare.

Evidence Review* shows Stopping Smoking Improves BH

- Cochrane Collaborative meta-analysis of 26 papers
- Smoking cessation leads to: ↓ depression, anxiety, stress and ↑ mood and quality of life
- Effect sizes of smoking cessation > or = anti-depressive drugs for mood or anxiety disorders
- Among smokers with pre-existing alcohol use disorder, smoking cessation leads to ↓ likelihood of recurrence or continuation of their alcohol use disorder
- Smoking cessation interventions during addictions treatment has been associated with a **25%** ↑ likelihood of long-term abstinence from alcohol and illicit drugs

LONG-TERM (≥ 6 month) QUIT RATES for AVAILABLE CESSATION MEDICATIONS



2016 EAGLES Study Shows Varenicline Safety*

- Large RCT, with 1026 psychiatric pts receiving varenicline
- No increase in psychiatric symptoms, but much greater smoking cessation
- FDA removed black box warning, Dec 2016
- May reduce craving for alcohol in problem drinkers

* Anthenelli et al. Neuropsychiatric safety and efficacy of varenicline, bupropion, and nicotine patch in smokers with and without psychiatric disorders (EAGLES): a double-blind, randomised, placebo-controlled clinical trial. *Lancet* 2016; **387**: 2507-2520

Effectiveness of Treatment

- Persons with mental illnesses and substance abuse disorders benefit by the same interventions as the general population
- A combination of counseling and pharmacotherapy should be used whenever possible
- Duration of treatment might be longer
- View failed quit attempt as a practice, not failure

Best Practices

- ✓ Adopting and implementing a tobacco-free facility/grounds policy.
- ✓ Behavioral health providers routinely asking their clients if they use tobacco and providing evidence-based cessation treatment.
- ✓ The effectiveness of tobacco cessation treatment is significantly increased by integrating cessation services/initiatives into the mental health or addiction treatment program.
- ✓ Many may benefit from additional counseling and longer use of cessation medications.
- ✓ Peer-driven approaches such as peer specialists trained in smoking cessation.

Pressing Issues

- COVID-19 and infection risk, clinical outcomes.
- Crowding out of tobacco control by the pandemic.
- The role of e-cigarettes for smoking cessation.
- Confusion about EVALI..

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