

SAMHSA

In-Service Training

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July 7, 2008

The Smoking Cessation Leadership Center (SCLC)

- Began in 2003 as a Robert Wood Johnson National Program Office with a \$10-million, five-year grant
- Aimed at helping clinicians do a better job intervening with tobacco users

SCLC's Aim

- Help more people who want to quit smoking get help and support
- Broaden access to cessation tools and resources
- Improve coverage of cessation services

PROJECTS AT A GLANCE

The Smoking Cessation

Leadership Center (SCLC) is a national program of the Robert Wood Johnson Foundation. Significant support is also provided by the American Legacy Foundation. SCLC aims to increase smoking cessation rates and increase the number of health professionals and health care institutions who help smokers quit. Visit our website for more information.
<http://smokingcessationleadership.ucsf.edu>

GRANTS

American Academy of Family Physicians
American Academy of Physician Assistants
American Association for Respiratory Care
American College of Emergency Physicians
American College of Physicians
American Dental Hygienists' Association
American Legacy Foundation – grant received
American Society of Anesthesiologists
American Society of Health-System Pharmacists
Depression and Bipolar Support Alliance
Joint Commission on Accreditation of Healthcare Organizations
Kaiser Permanente Northern California Tobacco Dependence Program
Make It Your Business
Mental Health America
National Association of State Mental Health Program Directors, Medical Directors Council
National Association of State Mental Health Program Directors, National Research Institute
National Council of Community Behavioral Healthcare
Small Business Innovation Research – grant received
Tobacco Free Nurses, UCLA School of Nursing
University of Colorado at Denver and Health Sciences Ctr
Veterans' Health Administration – grant received
Washington Health Foundation, "Washington Quits!"

SELECTED PARTNERS

American College of Mental Health Administration
American Psychiatric Association
American Psychiatric Nurses Association
Association for Behavioral Health and Wellness
Bazelon Center for Mental Health Law
Behavioral Health Policy Collaborative
California Association of Physician Assistants
California Diabetes Educators
California Dental Hygienists' Association, "Gold Rush"
California Smokers' Helpline
Campaign for Mental Health Reform
CEASE
Center for Education Empowerment
Centers for Disease Control & Prevention, Office on Smoking & Health
Free & Clear
Los Angeles County Tobacco Control & Prevention Program – "It's Quitting Time, LA!"
Mental Health Association of Southeastern, PA
NASCAR
National Alliance on Mental Illness
National Association of Psychiatric Health Systems
National Association of Social Workers
National Cancer Institute
National Empowerment Center
National Mental Health Partnership for Wellness and Smoking Cessation
New York Empire Challenge – Sutter Health
North American Quitline Consortium
Ohio Department of Mental Health
Organized Labor Project, Harvard University
Pfizer, Inc.
Substance Abuse and Mental Health Services Administration
Tobacco Cessation Leadership Network
UMass Memorial Medical Center

LEADERSHIP SUMMITS

American Academy of Family Physicians
American Academy of Physician Assistants
American Association for Respiratory Care
American Psychiatric Nurses Association*
American Dental Hygienists' Association
American Society of Anesthesiologists
Chicago and Smoking Cessation Initiative
JCAHO Smoking Cessation Technical Expert Panel
NASMHPD Smoking Policy and Treatment
National Nursing Leadership Task Force on Tobacco Control

National Pharmacists' Summit on Tobacco Cessation
National Summit on Smoking Cessation and Wellness – Focusing on Mental Health Consumers and Staff
VA in the Vanguard: Building on Success in Smoking Cessation
Washington Quits!

SCLC PUBLICATIONS

Stranded in the Periphery – The Increasing Marginalization of Smokers. Schroeder SA. *N Engl J Med* 2008;358:21.*
We Can Do Better – Improving the Health of the American People. Schroeder SA. *N Engl J Med* 2007;357:1221-8.
"A Hidden Epidemic" Schroeder SA. *Washington Post*. Nov. 18, 2007
Varenicline: A Designer Drug to Help Smokers Quit. Schroeder SA. *Annals of Internal Medicine*. 2006.
Should Emergency Departments Help Smokers Quit? Schroeder SA. *Annals of Emergency Medicine*. October 2006 – Vol 48, No 4
Tobacco still is oral health enemy number one. Schroeder SA. *JADA*. February 2006 – Vol 137.
Tobacco sales in pharmacies: Time to quit. Hudmon KS, Fenlon CM, Corelli RL, Prokhorov AV, Schroeder SA. *Tobacco Control*. October 2005.
VA in the Vanguard: Building on Success in Smoking Cessation Proceedings. Isaacs S, Schroeder SA, Simon, JA. October 2005.
What to do with a patient who smokes. Schroeder SA. *JAMA*, July 27, 2005 – Vol 294, No. 4.
Smoking Cessation Counseling in US Hospitals: A Comparison of High and Low Performers. Williams SC, Morton DJ, Jay KN, Koss RG, Schroeder SA, Loeb JM. *JCOM*, July 2005 – Vol 12, No 7.
An Agenda to Combat Substance Abuse. Schroeder SA. *Health Affairs*. July/August 2005. Vol 24, No 4.
Simplicity matters: Using system-level changes to encourage clinician intervention in helping tobacco users quit. Revell C, Schroeder SA. *N&TR*. April 2005. Vol 7, Sup 1.
The Tobacco Buyout and the FDA. Schroeder SA. *New England Journal of Medicine*. 351:1377-80, 2004
Tobacco Control in the Wake of the 1998 Master Settlement Agreement. Schroeder SA. *New England Journal of Medicine*. 350:293-301, 2004

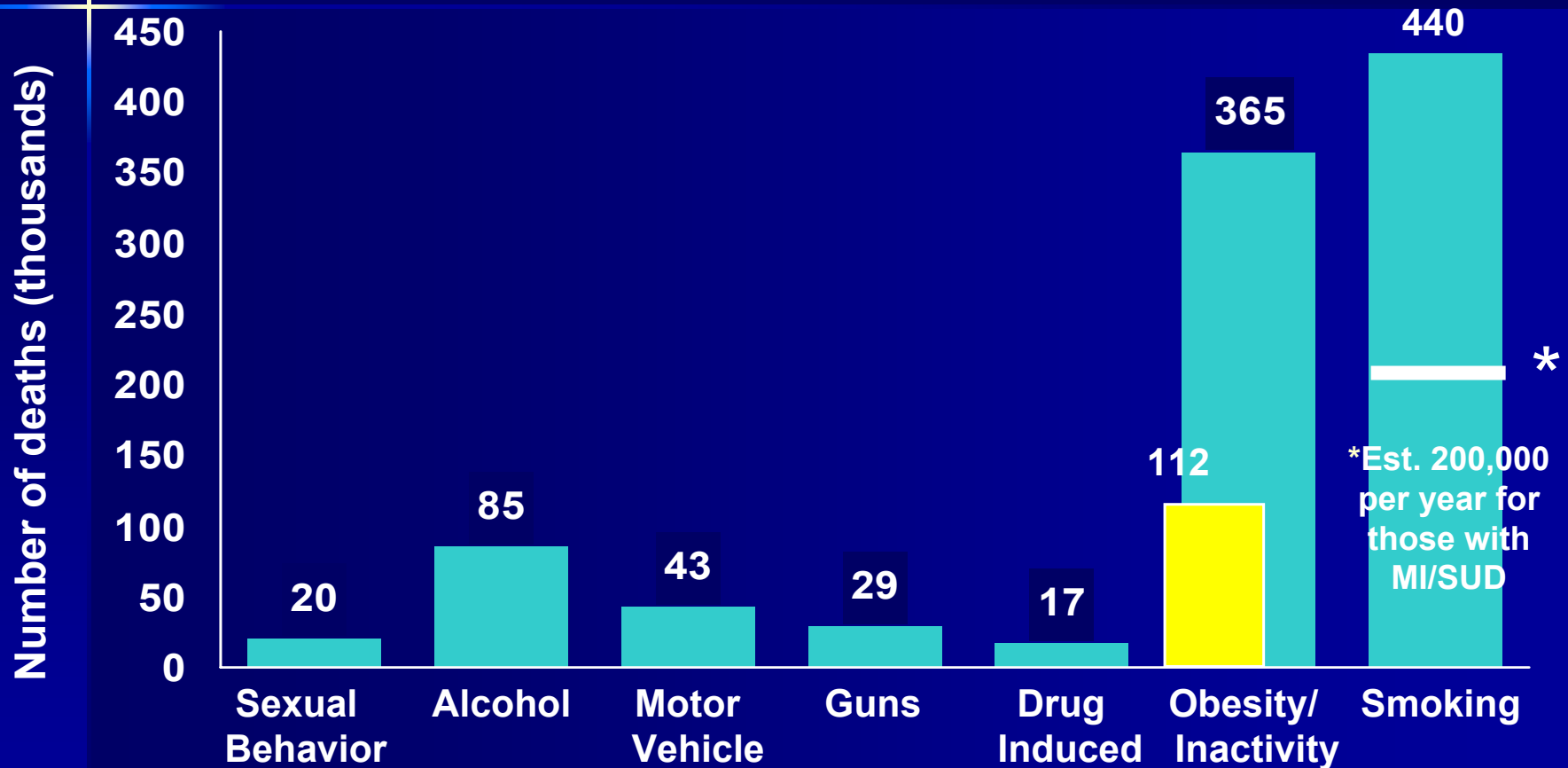
Topics for Today

- i. Our challenge – toll of tobacco**
- ii. Why focus on behavioral health?**
- iii. Tools**
- iv. Call to action**

Tobacco's Deadly Toll

- 440,000 deaths in the U.S. each year
- 4.8 million deaths world wide each year
- 10 million deaths estimated by year 2030
- 50,000 deaths in the U.S. due to second-hand smoke exposure
- 8.6 million disabled from tobacco in the U.S. alone

Behavioral Causes of Annual Deaths in the United States, 2001



Source: Mokdad et al, JAMA 2004;291:1238-1245
Mokdad et al; JAMA. 2005; 293:293
Flegal KM, Graubard BI, Williamson DF, Gail, MH. Excess deaths associated with underweight, overweight, and obesity. JAMA 2005;293:1861-1867

Annual U.S. Deaths Attributable to Smoking, 1997–2001

Percentage of all smoking-attributable deaths*

Cardiovascular diseases	137,979	32%
Lung cancer	123,836	28%
Respiratory diseases	101,454	23%
Second-hand smoke*	38,112	9%
Cancers other than lung	34,693	8%
Other	1,828	<1%

TOTAL: 437,902 deaths annually

* In 2005, it was estimated that nearly 50,000 persons died due to second-hand smoke exposure.

Health Consequences of Smoking

■ Cancers

- Acute myeloid leukemia
- Bladder and kidney
- Cervical
- Esophageal
- Gastric
- Laryngeal
- Lung
- Oral cavity and pharyngeal
- Pancreatic

■ Pulmonary diseases

- Acute (e.g., pneumonia)
- Chronic (e.g., COPD)

■ Cardiovascular diseases

- Abdominal aortic aneurysm
- Coronary heart disease
- Cerebrovascular disease
- Peripheral arterial disease
- Type 2 diabetes mellitus

■ Reproductive effects

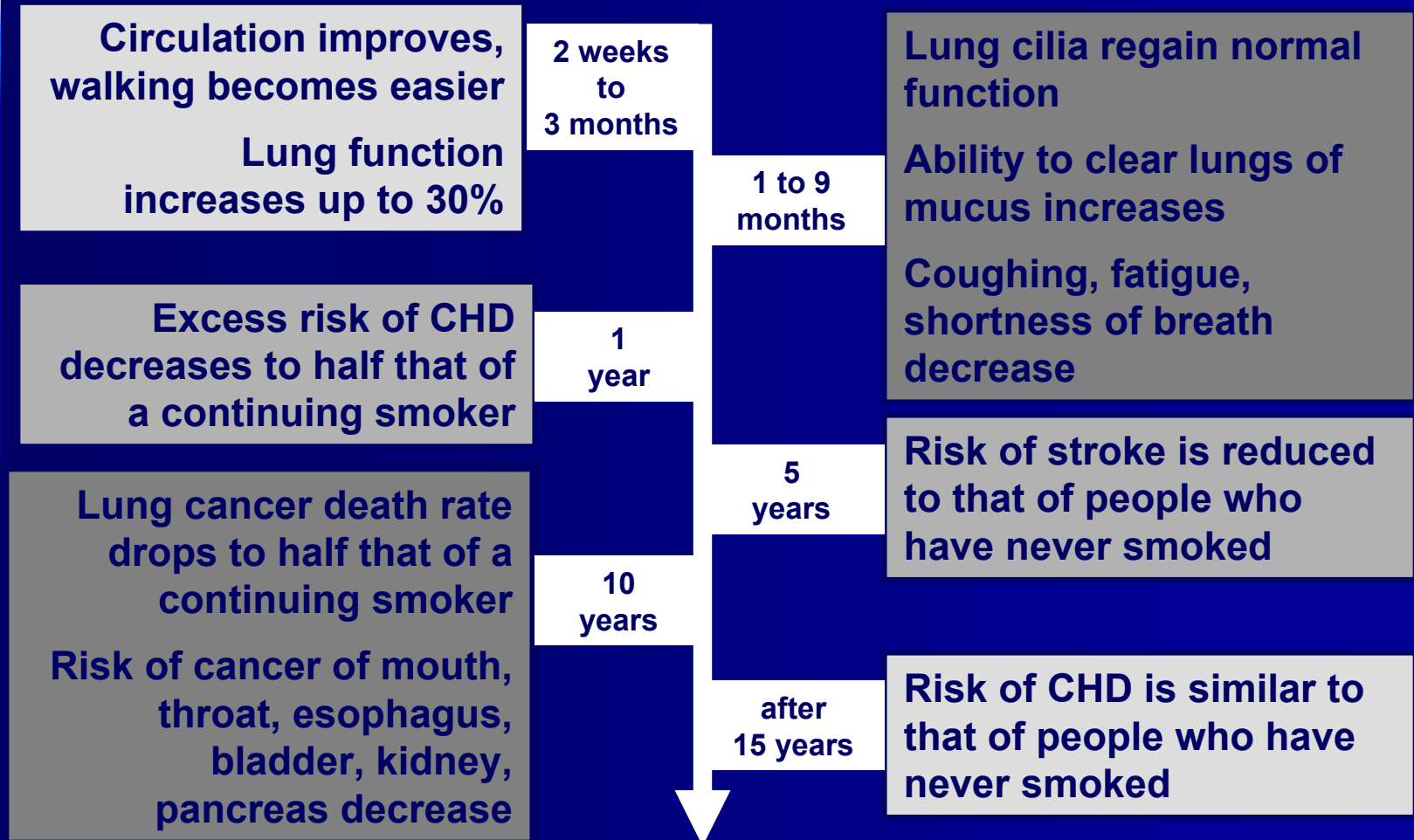
- Reduced fertility in women
- Poor pregnancy outcomes (e.g., low birth weight, preterm delivery)
- Infant mortality

■ OTHER EFFECTS: cataract, osteoporosis, periodontitis, poor surgical outcomes

Quitting: Health Benefits

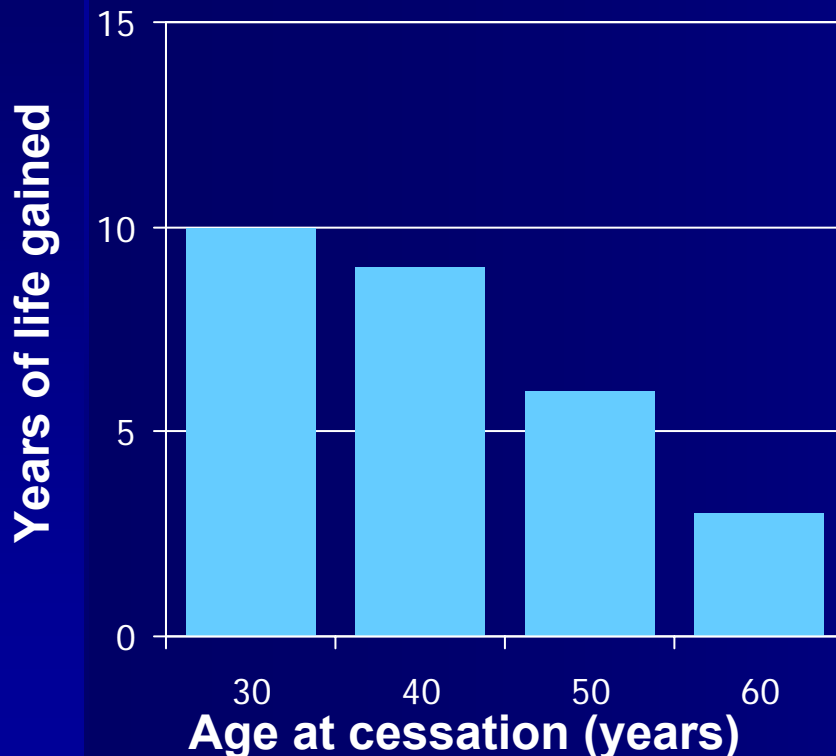


Time Since Quit Date



Smoking Cessation: Reduced Risk of Death

- Prospective study of 34,439 male British doctors
- Mortality was monitored for 50 years (1951–2001)



On average, cigarette smokers die approximately 10 years younger than do nonsmokers.

Among those who continue smoking, at least half will die due to a tobacco-related disease.

Causal Associations with Second-Hand Smoke

➤ Developmental

- Low birth weight
- Sudden Infant Death Syndrome
- Pre-term delivery

➤ Respiratory

- Asthma Induction and Exacerbation
- Eye and nasal irritation
- Bronchitis, pneumonia, otitis media in children

➤ Carcinogenic

- Lung cancer
- Nasal sinus cancer
- Breast cancer (younger, premenopausal women)

➤ Cardiovascular

- Heart disease mortality
- Acute and chronic coronary heart disease morbidity
- Altered vascular properties



Compounds in Tobacco Smoke

An estimated 4,800 compounds in tobacco smoke, including 11 proven human carcinogens

Gases

- Carbon monoxide
- Hydrogen cyanide
- Ammonia
- Benzene
- Formaldehyde



Particles

- Nicotine
- Nitrosamines
- Lead
- Cadmium
- Polonium-210

Nicotine does NOT cause the ill health effects of tobacco.

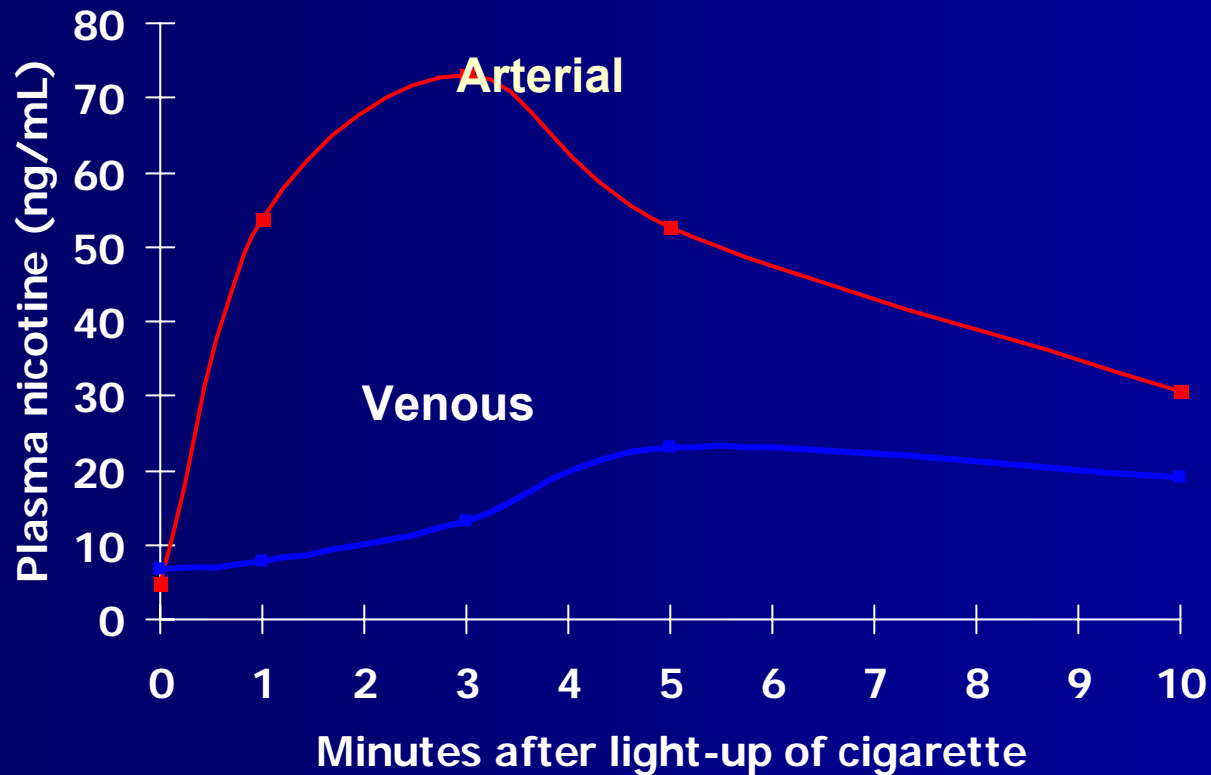
The Real Culprit

- It is the *smoke, tar and additives* that make people sicken and die. The *nicotine* is dangerous because it addicts people to tobacco.

Therefore, nicotine replacement is helpful, not harmful.

Nicotine Distribution

Nicotine reaches the brain within 11 seconds



Dopamine Reward Pathway

Prefrontal cortex

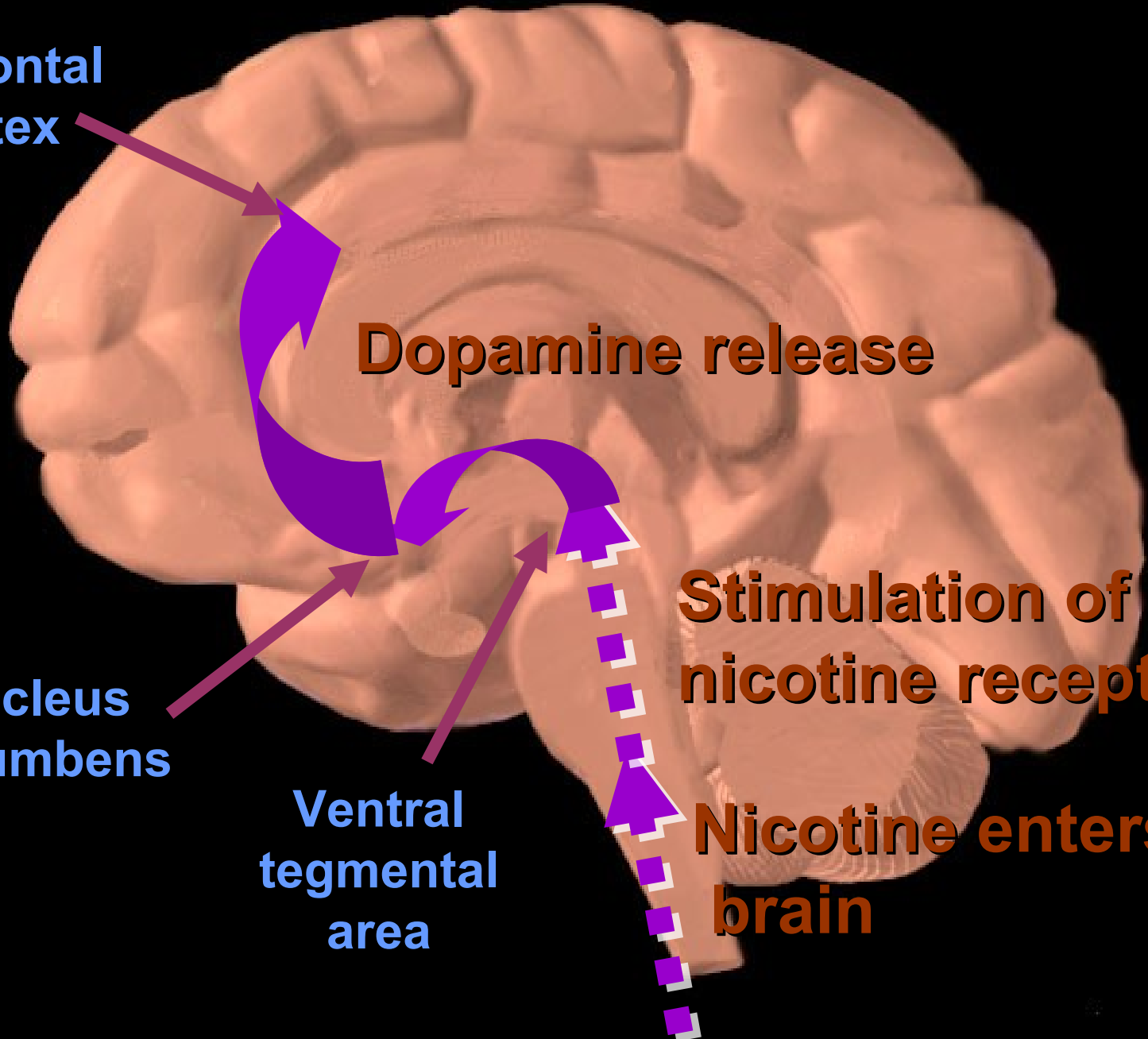
Dopamine release

Stimulation of nicotine receptors

Nucleus accumbens

Ventral tegmental area

Nicotine enters brain



Chronic Administration of Nicotine: Effects on the Brain

Human smokers have increased nicotine receptors in the prefrontal cortex.

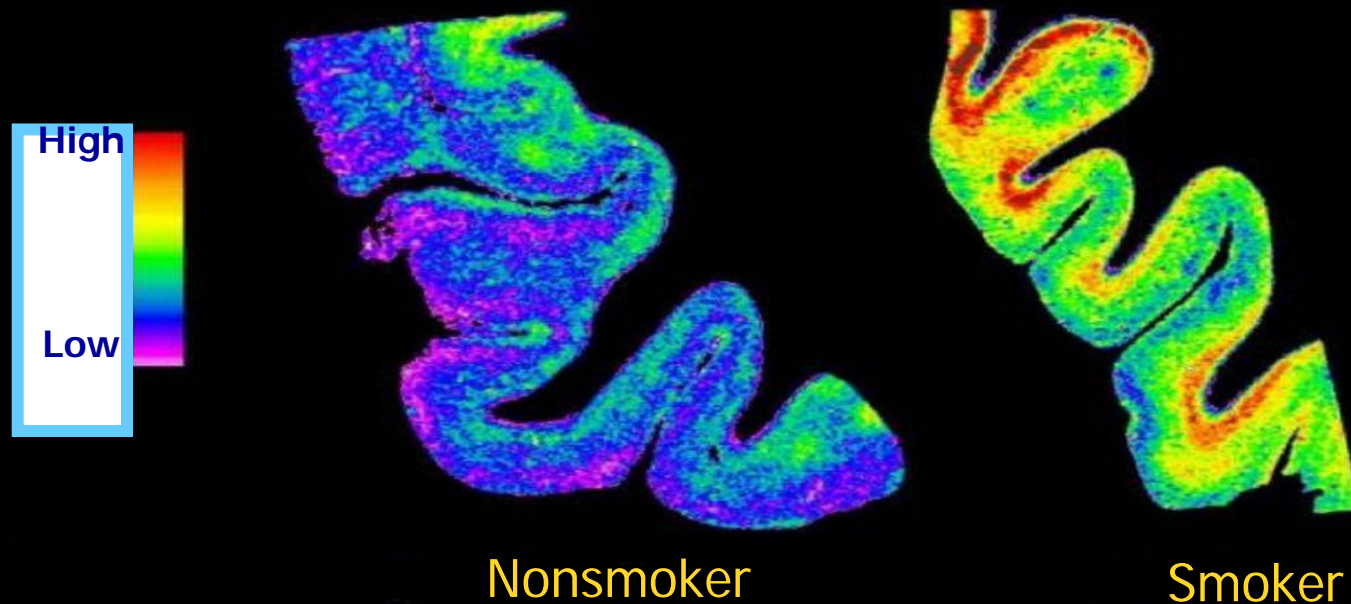
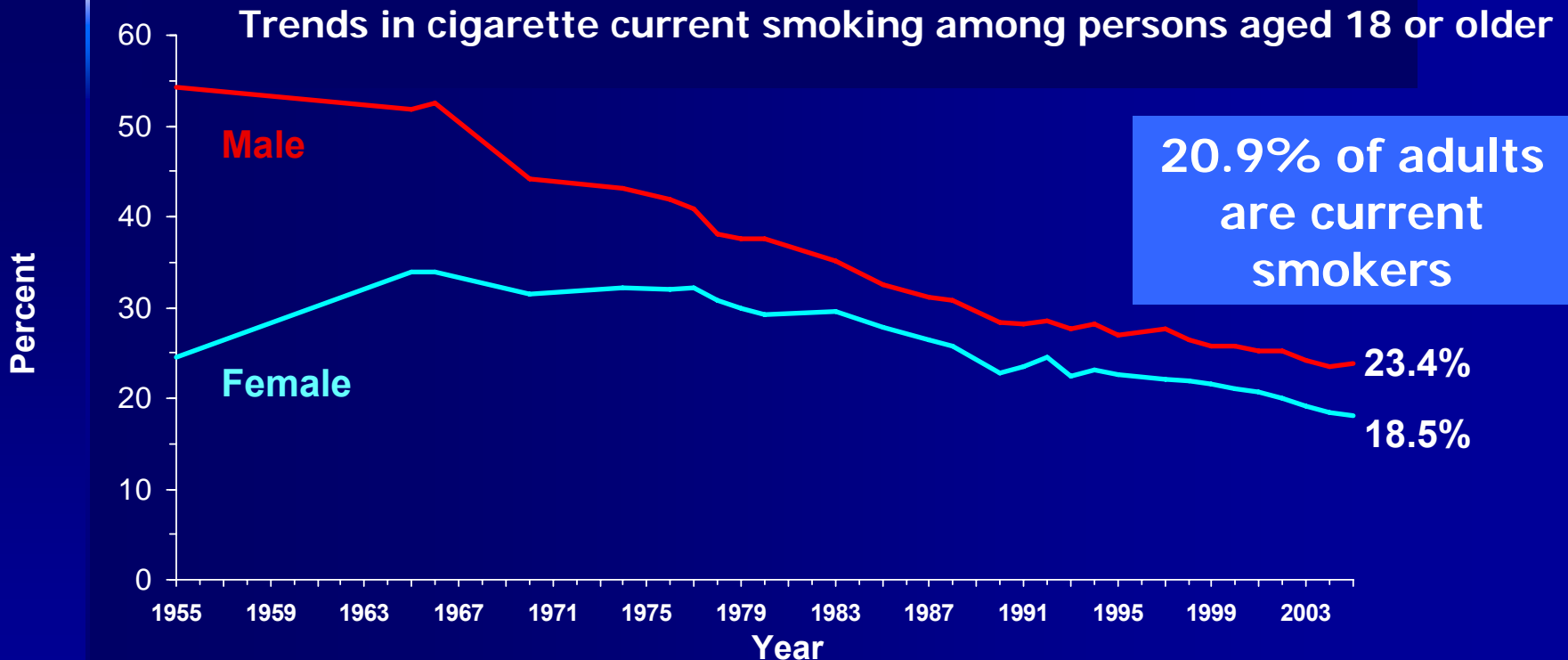


Image courtesy of George Washington University / Dr. David C. Perry

Trends in Adult Smoking, by Sex—U.S., 1955–2005



70% want to quit

Graph provided by the Centers for Disease Control and Prevention. 1955 Current Population Survey; 1965–2005 NHIS. Estimates since 1992 include some-day smoking.

Smoking and Mental Illness: The Heavy Burden

About 200,000 of the 435,000 annual deaths from smoking occur among patients with CMI and/or substance abuse

- **This population consumes 44% of all cigarettes sold in the United States**
 - higher prevalence
 - smoke more
 - more likely to smoke down to the butt

Tobacco Use Status Among Survey Respondents

(National Co-Morbidity Survey (n=4411); Report of Mental Illness in the Past Month)

Diagnosis in Past Month	% in U.S. Population	% Current Smokers
No Mental Illness	50.7	22.5
Social Phobia	4.0	31.5
Panic Disorder	1.4	42.6
Major Depression	4.9	44.7
Non-Affective Psychosis	0.2	45.3
Bipolar Disorder	0.9	60.6
PTSD	2.3	44.6
ASPD	14.6	45.1
Alcoholism	2.6	56.1
Drug Addiction	1.0	67.9

Lasser, K. et al. (2000). *JAMA*. 284:2606-2610.

Even More Serious

- People with serious mental illness were found, in a comprehensive study published by NASMHPD, to die 25 years earlier than the general population

Smoking a major factor

A Brand-New Study Shows Far Worse Results

- Oregon Dept. of Human Services just published a study (2008) showing that those receiving public substance abuse and/or MH treatment died much earlier
- 95% of deaths for SA+MH < 60 yr. old
- 84% SA only < 60
- 32% MH only < 60

The good news is... most smokers want to quit

- 90% regret ever having started to smoke
- 89% plan to quit; only 3% don't want to quit
- 89% believe health will improve if quit
- 84% have tried to quit in the past
- About 1/3 try to quit each year...

More News...

- A large (n=272) survey of patients entering substance abuse treatment at a Veterans Affairs medical center, ...found that all alcoholics, 72% of cocaine addicts, and 70.5% of heroin addicts interviewed expressed an interest in stopping smoking.
- 52% of the cocaine addicts, 50% of the alcoholics, and 42% of the heroin addicts were interested in quitting smoking at the time they started treatment for their other addictions.

Major Unresolved Questions

1. Best time to quit? Is depression stabilization needed?
2. What about co-morbidities? (Alcoholics who quit smoking are more likely to stay sober)
3. Long-term cessation rates for smokers with mental illness versus non-mentally ill population?
4. Risk of cessation exacerbating underlying CMI?
5. How better engage the mental health treatment community? The NIH?
6. How help mental health workers quit?
7. Efficacy of quit lines and internet?
8. Role of non-mental health clinicians (e.g., primary care)?

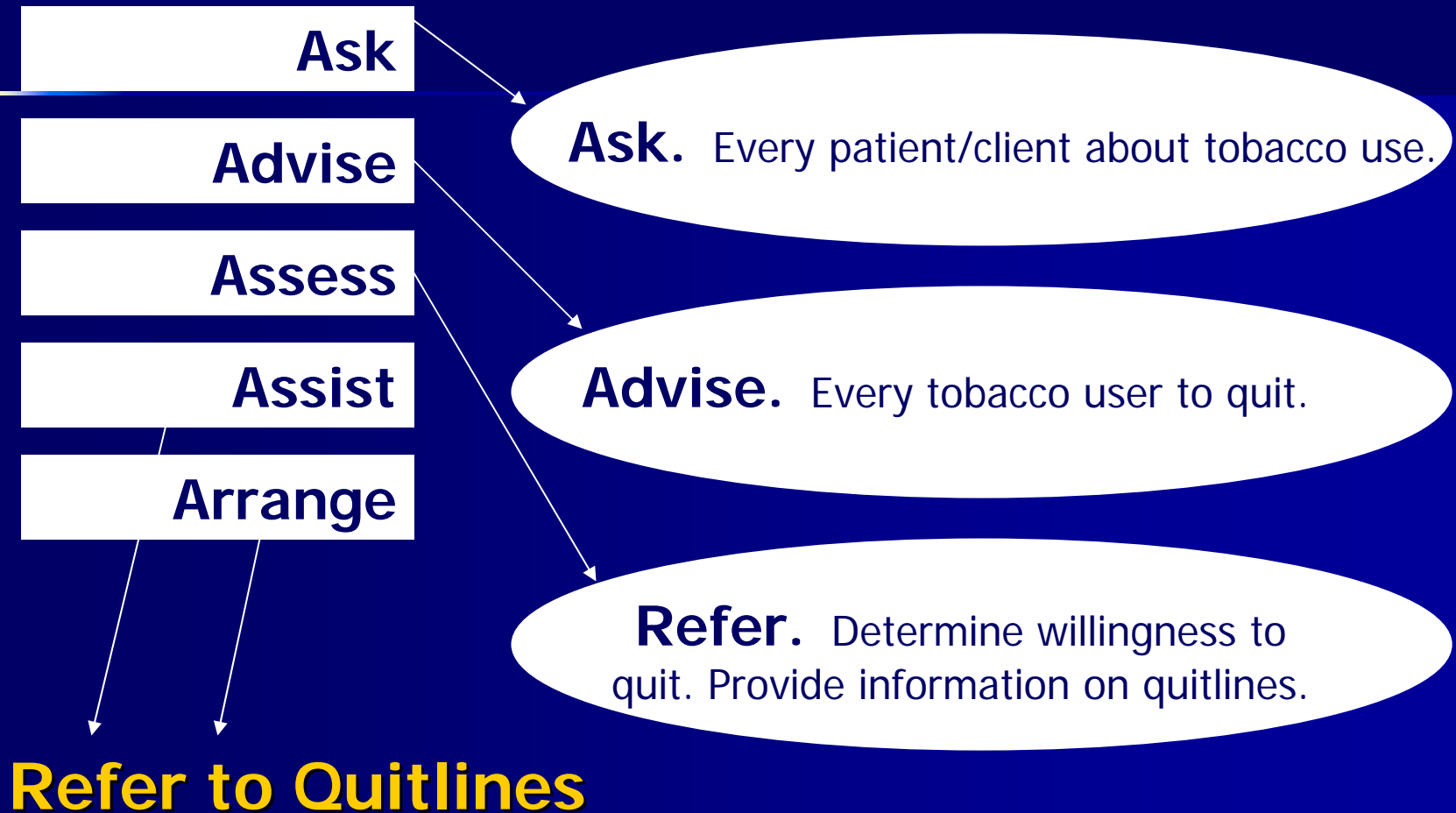
One Tool: Quitlines

- Reduce barriers
- Increase quit attempts
- Increase the probability of *staying* quit
- Play an important role in comprehensive tobacco control programs
- Amplify the efforts of health care providers

The National Card



Ask. Advise. Refer. = 5 A's



Publications and Presentations

washingtonpost.com > Columns

A Hidden Epidemic

The Washington Post

By Steven A. Schroeder
Sunday, November 18, 2007; Page B07

Virtually everyone knows about the connection between smoking and health. Smoking causes 440,000 deaths a year in the United States (50,000 of which are from exposure to secondhand smoke) and 5 million worldwide. It shortens smokers' lives by 10 to 15 years, and those last few years can be a miserable combination of severe breathlessness and pain.

But few are aware that smoking is concentrated among people with mental illness, often compounded by substance-abuse disorders such as alcoholism. Go to most [Alcoholics Anonymous](#) meetings, and the room will be so full of smoke that you can cut it with a knife. Ask the members, and they will tell you that it was much easier to stop drinking than to stop smoking. Indeed, nicotine, the addictive component of tobacco smoke, is as habituating as cocaine or heroin, and it has a similar effect on chemical receptors in the brain.

The facts about smoking and mental illness are stark. Almost half of all cigarettes sold in the United States (44 percent) are consumed by people with mental illness. This is because so many people who have mental illnesses smoke (50 to 80 percent, compared with less than 20 percent of the general population) and because they smoke so many cigarettes a day -- often three packs. Furthermore, smokers with mental illness are much more likely to smoke their cigarettes right down to the filters.

Enlarge This Photo



(By Carl Court - Bloomberg News)



GRAND ROUNDS
OF THE UNIVERSITY OF CALIFORNIA
SAN DIEGO MEDICAL CENTER

CLINICIAN'S CORNER

What to Do With a Patient Who Smokes

Steven A. Schroeder, MD

CASE PRESENTATION

Dr M is a 42-year-old general internist in a busy metropolitan ambulatory group practice. He believes in prevention and is aware of the health consequences of smoking cigarettes. Yet the price of patient care plus the normal administrative responsibilities leave the time she can spend with any one patient. Consequently, she spends very little time addressing smoking cessation. While understanding that she could do better, she has been disappointed that so few of her patients who smoke seem to be able to quit. How can she help smokers quit without becoming overwhelmed by this responsibility?

THE BURDEN OF SMOKING

Helping smokers quit may be the most important thing that Dr M could do as a physician. Tobacco use remains the single most preventable cause of death, causing about 440,000 deaths per year in the United States and almost 5 million worldwide. More than 8.6 million people in the United States are disabled from smoking-related illnesses, such as chronic obstructive pulmonary disease and lung cancer. Smoking causes more than twice as many deaths as human immunodeficiency virus and AIDS, alcohol abuse, motor vehicle collisions, drug abuse, and suicide combined. In cancer at least 100,000 more deaths annually than obesity. On average, smokers die 10 years earlier than nonsmokers. Among

smoking-related deaths, about 33% are from cardiovascular disease, 28% from lung cancer, 22% from respiratory causes, and at least 7% from causes other than lung cancer. A disproportionate number of deaths from smoking, probably more than 40%, occur among patients with mental illness and substance abuse disorders. "One percent of deaths attributable to smoking occur in nonsmokers, caused by exposure to secondhand smoke, more from cardiovascular causes." In addition, smoking is a risk factor for an expanding list of other illnesses: reduced fe-

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American Legacy Foundation Ups the Ante

- **Suggested SCLC work with behavioral health, starting with mental health**
- **Provided additional funding starting in 2006**

Summit in Lansdowne

- Held March 22-23, 2007 in Lansdowne, Va.
- Included cessation and quitline experts, and SCLC staff

Brought together 24 partners including leading MH organizations such as CMHS, NASMHPD, DBSA, NAMI, MHA, etc.

New Partnership was Born

The National Mental Health Partnership for Wellness and Smoking Cessation

- 28 partners
- SCLC providing technical assistance and a series of small grants to various MH participant organizations

The Partnership

- American Legacy Foundation
- American Psychiatric Nurses Association
- American Psychiatric Association
- Association for Behavioral Health and Wellness
- Bazelon Center for Mental Health Law
- Behavioral Health Policy Collaborative
- California Smokers' Helpline
- Campaign for Mental Health Reform
- Carter Center Mental Health Program
- Depression and Bipolar Support Alliance
- Mental Health America
- Mental Health Association of Southeastern PA
- National Alliance on Mental Illness
- National Association of County Behavioral Healthcare Directors
- National Association of Psychiatric Health Systems
- National Association of Social Workers
- National Association of State Mental Health Program Directors (NASMHPD)
- NASMHPD National Research Institute
- National Council of Community Behavioral Healthcare
- National Empowerment Center
- Ohio Department of Mental Health
- Robert Wood Johnson Foundation
- **Substance Abuse and Mental Health Services Administration/Center for Mental Health Services**
- Smoking Cessation Research and Policy Center at Oregon Health & Science University
- Smoking Cessation Leadership Center
- University of California San Francisco Department of Psychiatry
- University of Massachusetts Memorial Medical Center

Mission Statement

“We the undersigned resolve to bring forth and lead a national partnership campaign to make health and wellness a priority for people with mental illnesses and for the providers who serve them. As a first and immediate focus, we commit ourselves to addressing the serious consequences of smoking and to emphasizing smoking cessation in all mental health service delivery settings.”

Action Plan

- Promote consumer-driven education
- Promote provider-motivated education
- Promote staff wellness and smoking cessation
- Outreach to key players and stakeholders
- Build infrastructure
- Assess and strengthen effectiveness of quitlines with consumers and staff
- Develop data on smoking rates and behaviors

Progress to Date

- Data are being collected
- Concrete tools are being created
- Presentations to draw awareness
- Website is being created to house all resources
- Partnership Communiqué

The Partnership Communique

- Originally designed to keep partners connected
- Growing interest has expanded the list to all who are interested or have something to add
- Submit updates to csaucedo@medicine.ucsf.edu

<http://tobaccofree4recovery.ucsf.edu>

Smoking Cessation is Part of Recovery

NATIONAL MENTAL HEALTH PARTNERSHIP FOR SMOKING CESSATION & WELLNESS

February 2008

FREE E-Newsletter Sign up NOW!!

Send us your feedback

What SAMHSA is doing...

- SAMHSA policy: smoke-free conferences

The Center for Substance Abuse Prevention/SAMHSA play an extensive role in tobacco prevention for youths via the Synar program

What You Can Do

- Disseminate tools, best practices
- Raise awareness among grantees
- Address issues for staff as well as consumers
- Fold tobacco cessation into your existing work

What You Can Do (2)

- Use these resources
- Refer your colleagues
- Sign up for the MH Communiqué
- Refer staff and patients to 1 800 Quit Now or local services
- Encourage grantees to talk about and get educated about the impact of smoking on their clients and staff
- Look at RFAs to see if smoking cessation can be included (block grants, S-BIRT, others)

Final Thoughts

- Smoking in patients with mental illness is a hidden epidemic with a huge human toll.
- The mental health treatment culture is just beginning to address this issue.
- Many patients would like to quit, but it is not easy.
- There are still many uncertainties.
- New studies in the pipeline, so stay tuned
- Few clinical situations present such an opportunity to improve health!

Power of Intervention

- **$\frac{1}{3}$ to $\frac{1}{2}$ of the 44.5 million smokers will die from the habit. Of the 31 million who want to quit, 10 to 15.5 million will die from smoking**
- Increasing the 2.5% cessation rate to 10% would save 1.2 million additional lives
- If cessation rates rose to 15%, 1.9 million additional lives would be saved
- **No other health intervention could make such a difference!**