

Welcome

Please stand by. We will begin shortly.

Always a Priority: Helping Smokers with Mental
Health Conditions Quit

Tuesday, May 31, 2016 | 1pm EDT (90 minutes)



SMOKING CESSATION
LEADERSHIP CENTER

Disclosure

Dr. Corinne Graffunder, Rebecca, and Catherine Saucedo have disclosed no financial interest/arrangement or affiliation with any commercial companies who have provided products or services relating to their presentation or commercial support for this continuing medical education activity.

Dr. Jill Williams has disclosed a financial relationship with Pfizer, Inc.: Grant/Research Support, Consultancy.

Moderator



Catherine Saucedo

- Deputy Director,
Smoking Cessation Leadership
Center, University of California,
San Francisco
- **catherine.saucedo@ucsf.edu**

Thank you to our funders



Robert Wood Johnson Foundation



truth initiative
INSPIRING TOBACCO-FREE LIVES



National Behavioral Health Network
For Tobacco & Cancer Control

Housekeeping

- All participants will be in **listen only mode**.
- Please **make sure your speakers are on** and adjust the volume accordingly.
- If you do not have speakers, please request the dial-in via the chat box.
- **This webinar is being recorded** and will be available on SCLC's website, along with the slides.
- **Use the chat box to send questions** at any time for the presenters.

Today's Speaker



Corinne Graffunder, DrPH, MPH

- Director, of the Office on Smoking and Health, at the Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion

Today's Speaker



Rebecca

- Participant in the 2016 *Tips* campaign

Today's Speaker



Jill M. Williams, MD,

- Director of the Division of Addiction Psychiatry, Department of Psychiatry, at Rutgers Robert Wood Johnson Medical School

Tips From Former Smokers And Mental Health



A TIP FROM A FORMER SMOKER

Quitting isn't about what you give up. It's about what you get back.

Rebecca, age 57, Florida

Rebecca struggled with depression. She thought smoking would help, but it just made her more depressed. When she quit smoking it changed her life, mentally and physically. Now she runs 5Ks and hopes to live to be one hundred.

You can quit smoking.

For Free Help, call
1-800-QUIT-NOW.

 U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
CDC.gov/tips

#CDCTips

CORINNE GRAFFUNDER, DIRECTOR
OFFICE ON SMOKING AND HEALTH
CENTERS FOR DISEASE CONTROL AND PREVENTION



Behavioral Health and Tobacco

February 2013

 **Vital**^{CDC}signs™



1 in 3

More than 1 in 3 adults (36%) with a mental illness smoke cigarettes, compared with about 1 in 5 adults (21%) with no mental illness.



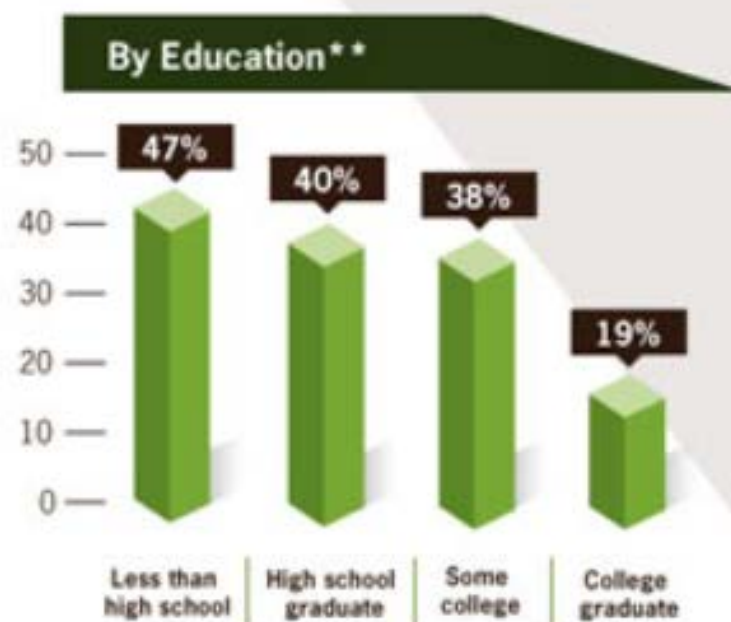
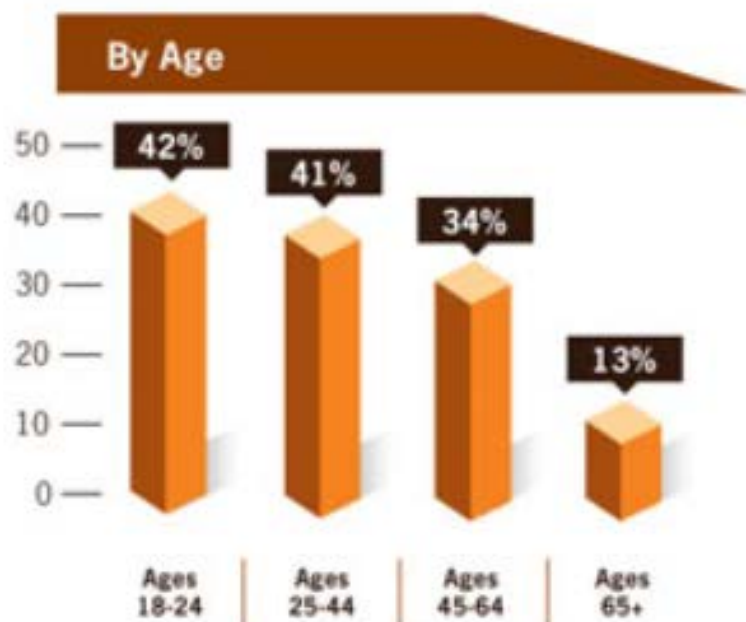
3 in 10

About 3 of every 10 cigarettes (31%) smoked by adults are smoked by adults with mental illness.



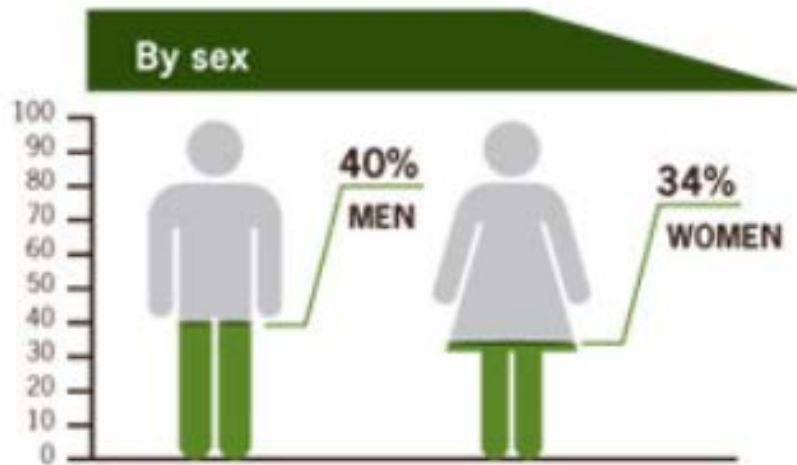
Behavioral Health and Tobacco

Smoking Statistics for US Adults with Mental Illness



Behavioral Health and Tobacco

Percent of Adults with Mental Illness Who Smoke



Targeted efforts are needed to increase quit attempts and cessation rates within this vulnerable population

- **Reach and engage smokers in cessation efforts**
- **Connect smokers with quit smoking support**
- **Provider outreach and treatment integration**

Rebecca, Age 57



Rebecca struggled with depression. She thought smoking would help, but it just made her more depressed. When she quit smoking it changed her life, mentally and physically. Now she runs 5Ks and hopes to live to be one hundred.

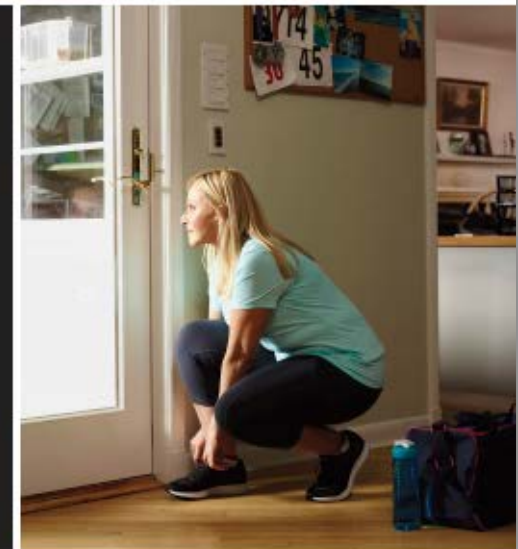
You can quit smoking.

For Free Help, call
1-800-QUIT-NOW.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention
CDC.gov/tips

#CDCTps



What we learned



Challenge the perception that smoking helps with anxiety/depression

Inform smokers about the mental health benefits associated with quitting



Provide cessation resources and a supportive environment

Provider Outreach



Increase awareness of high smoking rate in those with mental health conditions

Provide factual info about smoking cessation and mental health

Give providers tobacco cessation tools to use with patients

Encourage providers to include tobacco cessation treatment as part of overall mental health treatment

100% Tobacco Free facilities have been shown to support and reinforce quitting.

Mental Health Care Provider Outreach Materials

Print ad

Editorial content

Digital banner ad

Web content

Downloadable poster; quit guide;
toolkit



Tips From Former Smokers

- Tips From Former Smokers
- About the Campaign +
- I'm Ready to Quit! +
- Real Stories +
- Diseases/Conditions Featured in the Campaign +
- For Specific Groups +
- Partners -
- Faith-Based Organizations +
- Health Care Providers -**
 - Dental Professionals
 - Health Care Professionals
 - Mental Health Professionals
 - Pharmacists
 - Vision Professionals
 - FAQs for Health Care Providers
 - Quitline FAQs for Health Care Providers
 - Talk With Your Health

CDC > Tips From Former Smokers > Partners

Health Care Providers: How You Can Help Patients Quit



Language: English ▾

In its first year, the *Tips From Former Smokers* campaign motivated 1.6 million smokers to try to quit. As the campaign continues, many of your patients will hear the messages from former smokers about the toll that smoking-related disease can take. These messages may cause some of your smoking patients to think about quitting. They may seek your professional advice on how to get started. For those patients who are ready to quit, you can be the motivation they need to become former smokers themselves.



DENTAL PROFESSIONALS

HEALTH CARE PROFESSIONALS

MENTAL HEALTH PROFESSIONALS

PHARMACISTS

VISION PROFESSIONALS



Website & Resources

Tips From Former Smokers



Language: English 

CDC'S TIPS FROM FORMER SMOKERS: BEST BUY FOR PUBLIC HEALTH

Problem: **Response:** **Results:**

\$170  

Tips Campaign Impact Results
Snapshot of the infographic titled CDC's *Tips From Former Smokers: Best Buy For Public Health*


\$170 BILLION **170,000** **170,000**

CDC'S TIPS FROM FORMER SMOKERS: BEST BUY FOR PUBLIC HEALTH

\$170 BILLION **170,000** **170,000**




 **I'm Ready to QUIT!**



REAL STORIES

Hear the real stories of people living with smoking-related diseases and disabilities.



DISEASES AND CONDITIONS

Learn how smoking affects illnesses and conditions



FOR SPECIFIC GROUPS



A TIP FROM A FORMER SMOKER

ALL VIDEOS

Tips From Former Smokers

About the Campaign +

I'm Ready to Quit! +

Real Stories +

Diseases/Conditions
Featured in the Campaign +

For Specific Groups -

All Groups (General Public)

Adults With Disabilities

African Americans

American Indians / Alaska
Natives

Asian Americans

Hispanics / Latinos

HIV

Lesbian, Gay, Bisexual, and
Transgender (LGBT)

Military Service Members
and Veterans

**People With Mental Health
Conditions**

Pregnant or Planning

Partners +

Campaign Resources +

[CDC](#) > [Tips From Former Smokers](#) > [For Specific Groups](#)

People With Mental Health Conditions



Language:

Know the Facts

Smoking is much more common among adults with mental health conditions than in the general population.

- More than 1 in 3 adults with a mental health condition smokes cigarettes (36%).
- At least 3 out of every 10 cigarettes smoked by adults in the United States are smoked by persons with mental health conditions.
- Smoking-related diseases such as cardiovascular disease, lung disease, and cancer are among the most common causes of death among adults with mental health conditions.

^ [Top of Page](#)

For More Information

[Detailed Statistics](#)

Learn about smoking in specific populations and the current rates of cigarette smoking in the United States.

^ [Top of Page](#)

Real Stories: People Featured in *Tips*



[Meet Rebecca](#). Rebecca, age 57, an avid runner, lives in Florida. She is a single mom and grandparent who was diagnosed with depression at age 33. Rebecca quit smoking at age 52.

Learn more about all *Tips* participants in our [Real Stories](#) section.

^ [Top of Page](#)

On This Page

- [Know the Facts](#)
- [For More Information](#)
- [Real Stories: People Featured in *Tips*](#)
- [Quitting Help](#)



[Rebecca](#), age 57, struggled with depression and had a few wake-up calls as a smoker. She felt depressed and smoked cigarettes to help her cope with her feelings. The more Rebecca smoked, the harder it seemed to quit. Rebecca finally quit smoking after getting care for her depression and realizing that she had to

Today's Speaker



Rebecca

- Participant in the 2016 *Tips* campaign

RUTGERS

Robert Wood Johnson
Medical School

Make
every day
World No
Tobacco Day.

www.who.int/tobacco



31 MAY

ALWAYS A PRIORITY: HELPING SMOKERS WITH MENTAL HEALTH CONDITIONS QUIT

May 2016

Jill M Williams, MD

Professor Psychiatry

Director, Division Addiction Psychiatry

Robert Wood Johnson Medical School

Rutgers, The State University of New Jersey

**MENTAL HEALTH
AWARENESS MONTH**



Disclosures

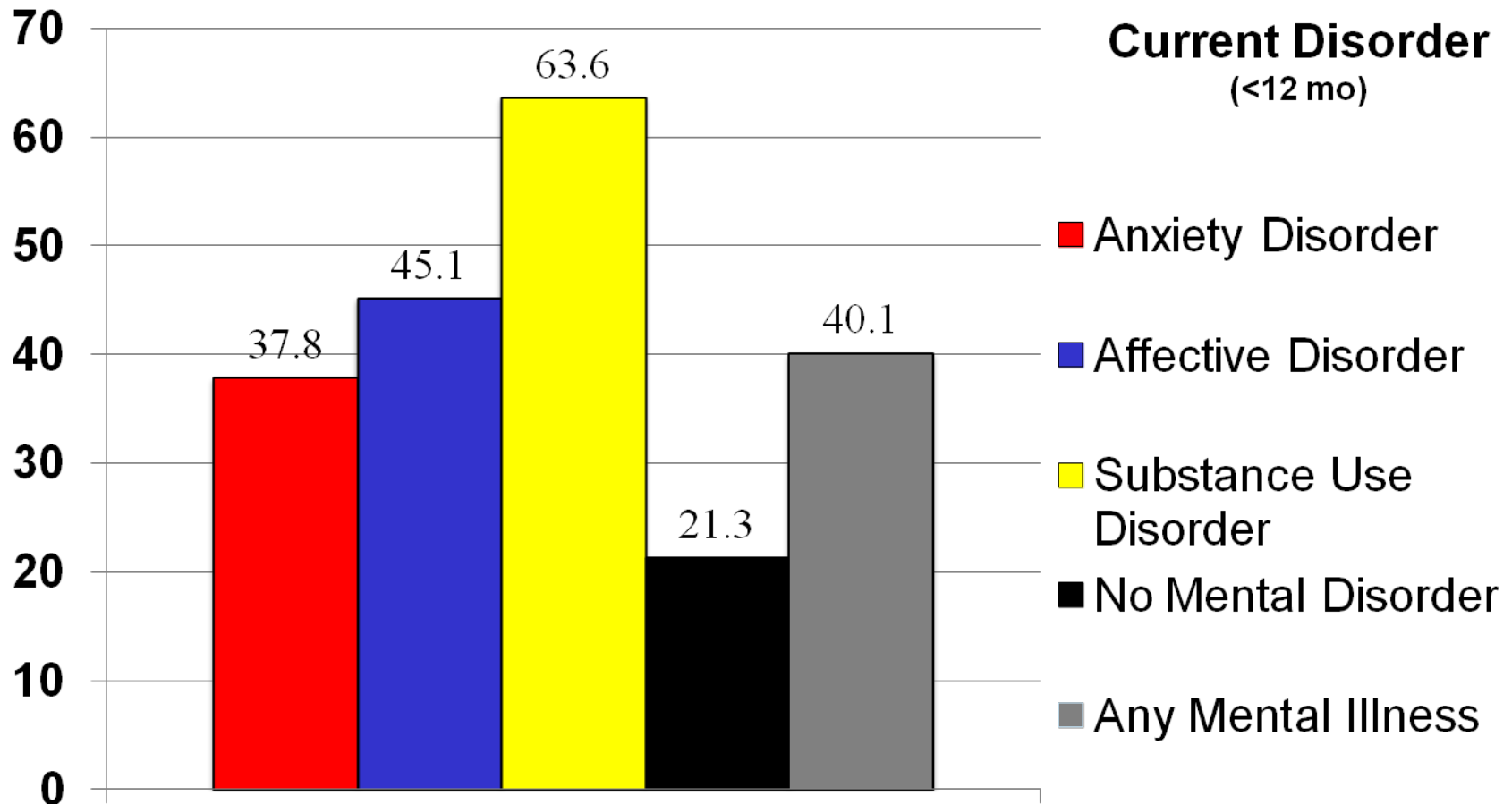
- Grant Support from Pfizer
- Consultant Pfizer
- Grant support from NCI, NIDA, NIMH, NJDMHAS, ABPN
- Consultant and Speaker for American Lung Association, Florida Council for Community Mental Health

Objectives

- Review of epidemiology and consequences of tobacco use in individuals with mental illness or addiction
- Discussion of myths that may create barriers
- Increasing cessation efforts by addressing level of dependence and access to care

Smokers with Behavioral Health Comorbidity (Mental Illness and Addiction) are Becoming a Sizeable Percentage of Smokers Left in the US

US Smoking Prevalence



*NCS-R 2001-2003; Diagnoses using CIDI
Lawrence et al, BMC Public Health 2009, 9:285*



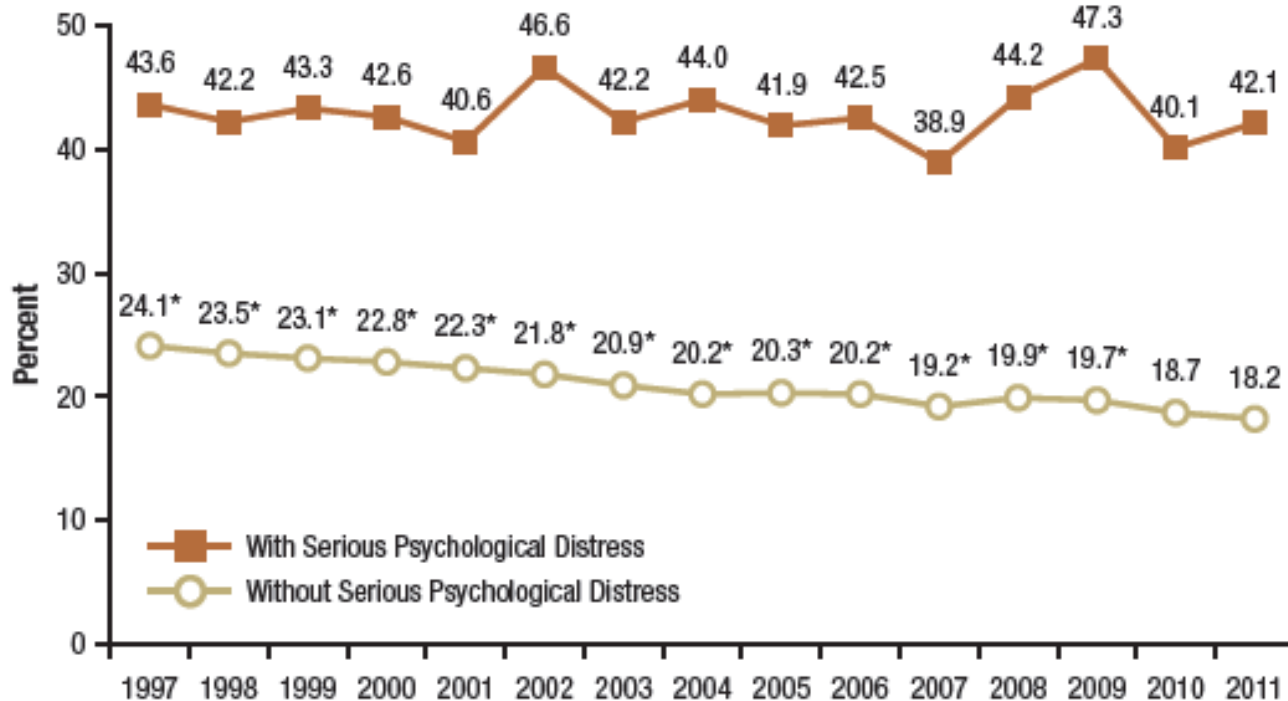
51 Million Smokers in US Today

At least **one third have a mental illness**

~ **16 Million Smokers with Mental Illness**

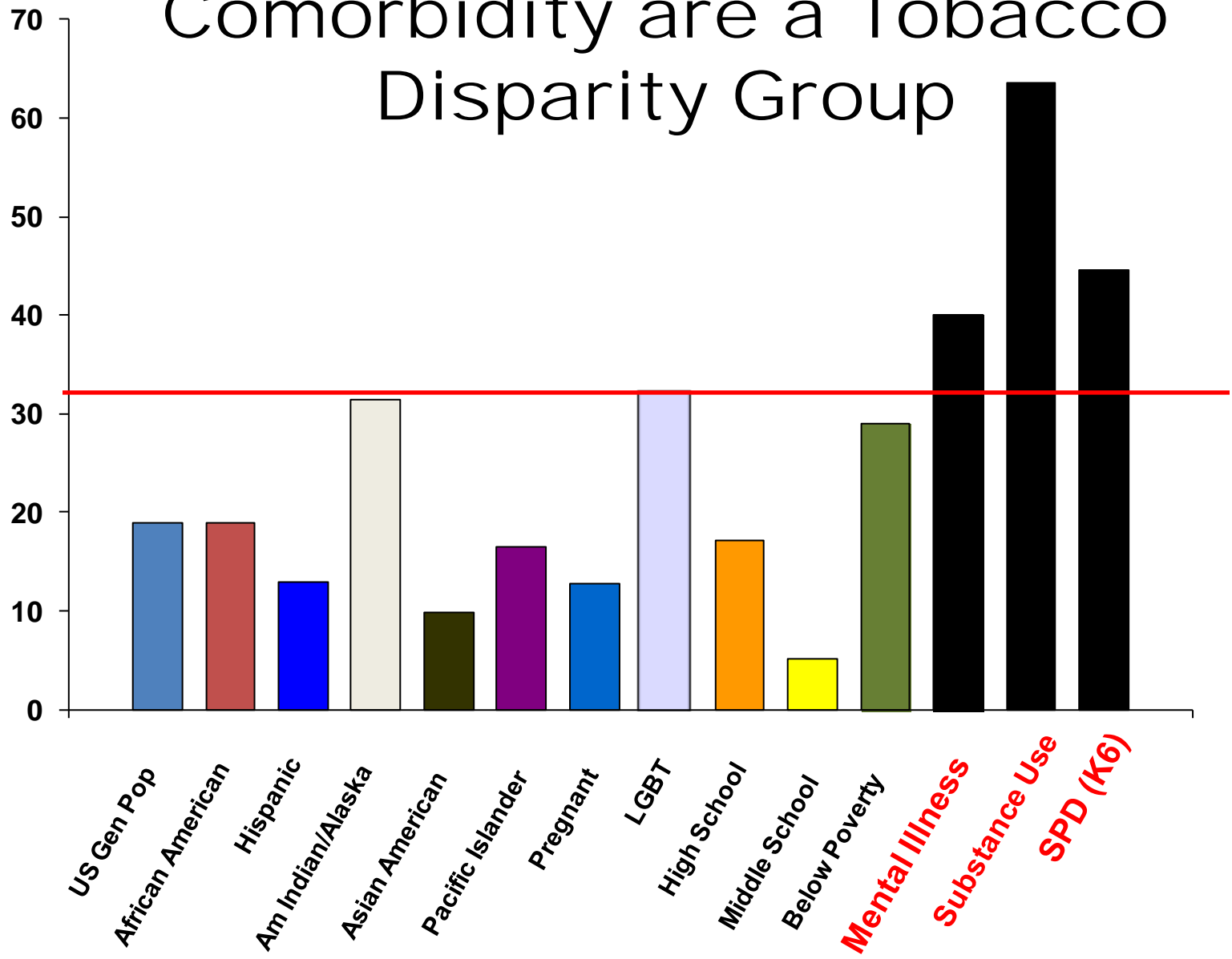
Prevalence of Smoking Not Decreasing in those with Serious Mental Illness

Current Smoking among Adults Aged 18 or Older, by Past Month Serious Psychological Distress Status: NHIS, 1997 to 2011



* Difference between estimate and estimate for 2011 is statistically significant at the .05 level.

Smokers with Behavioral Health Comorbidity are a Tobacco Disparity Group



Williams et al., AJPH, 2013

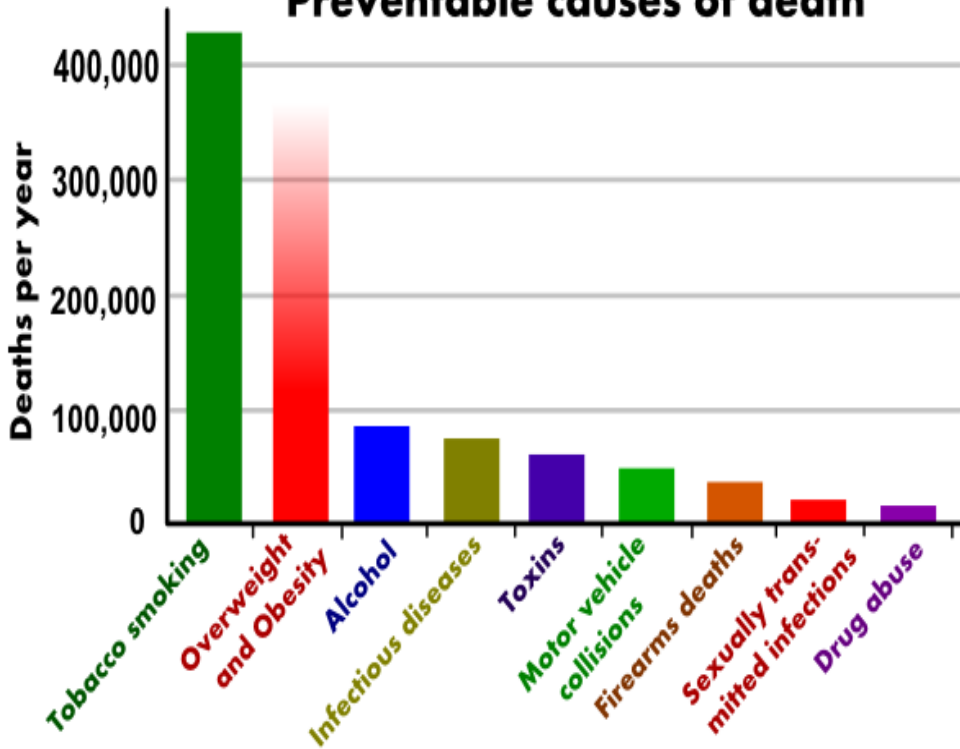
Smokers with Behavioral Health Comorbidity are a Tobacco Use Disparity Group

Differences in tobacco use/ nicotine dependence	✓
Differences in tobacco initiation/ progression	✓
Differences in cessation rates	✓
Disproportionate health burden	✓
Disproportionate tobacco purchasing/economic burden	✓
Targeted marketing by the tobacco industry	✓
Reduced access to treatment/ resources	✓

Smoking is the #1
Cause of Death in
People with
Mental Illness or
Addiction

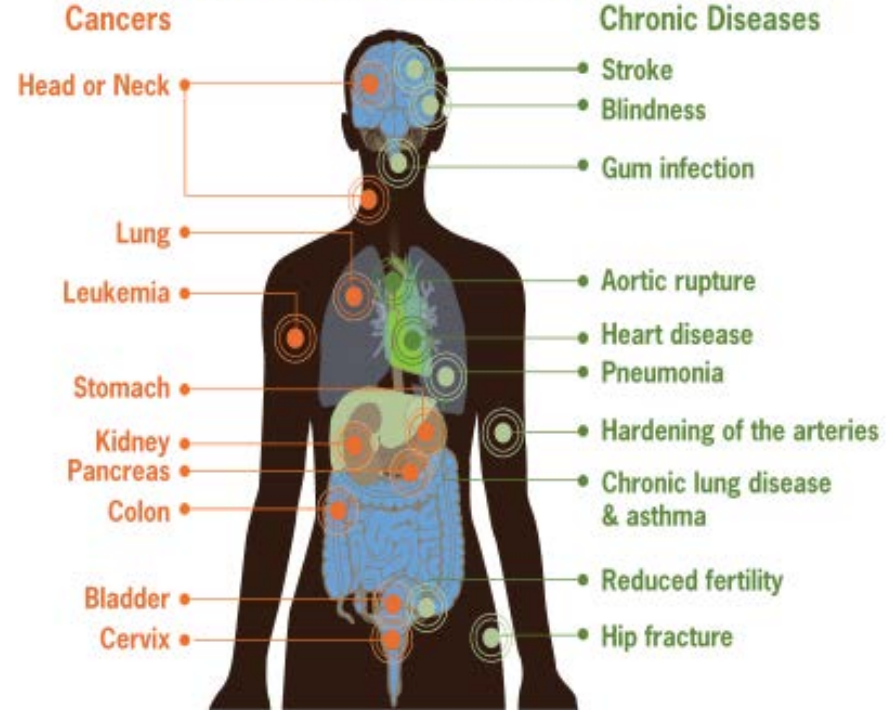
Tobacco= #1 Cause of Preventable Death in US

Preventable causes of death



Risks from Smoking

Smoking can damage every part of the body



30% OF ALL CANCER DEATHS

**50% of deaths in
schizophrenia, depression
and bipolar disorder
attributed to tobacco**

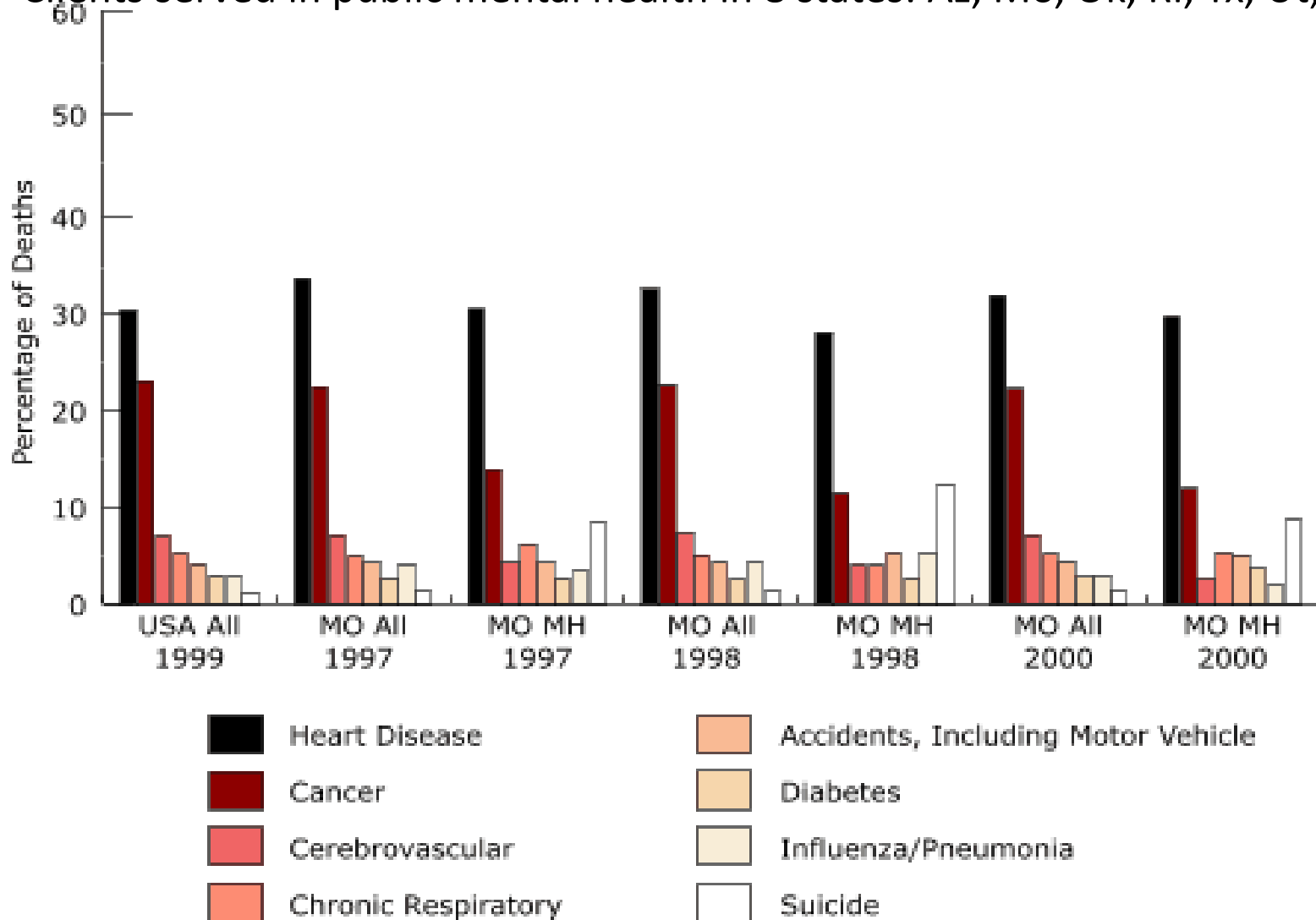
Callaghan et al., 2013

People with SMI die, on average, 25 years earlier than the general population.

*National Association of State Mental Health Program Directors
Medical Directors Council, July 2006; Miller et al., 2006*

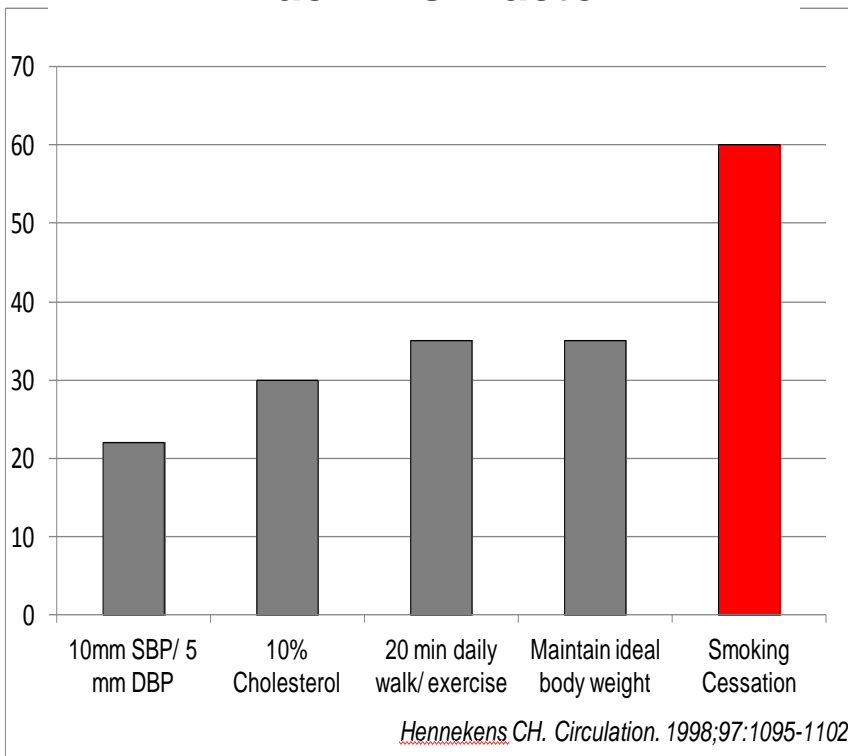
Causes of Death

Clients served in public mental health in 8 states: Az, Mo, Ok, RI, Tx, Ut, Vt, Va

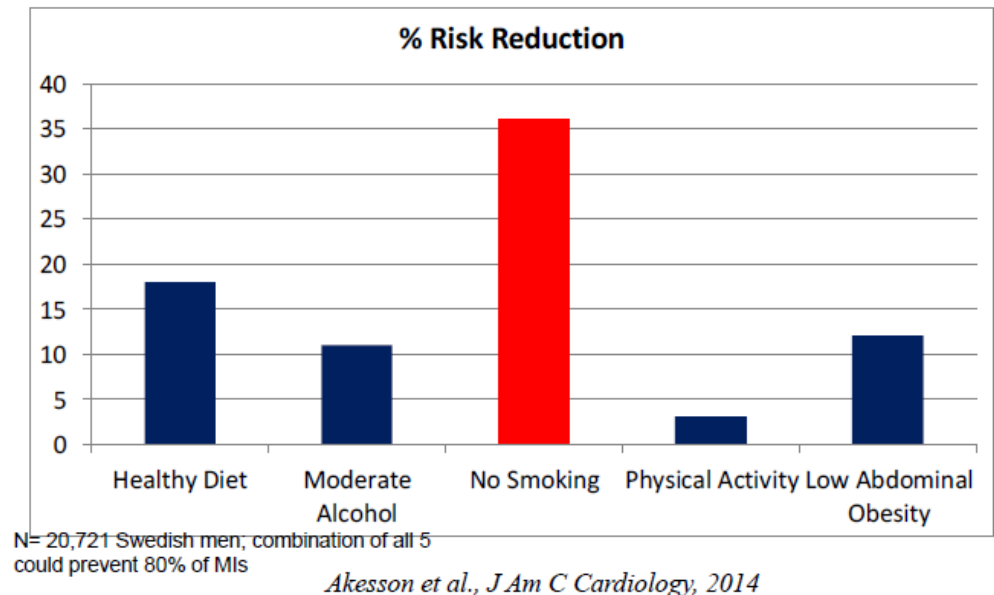


Not Smoking is the Single Most Important Risk Factor in Preventing Cardiovascular Disease

Reduction in CVD (%) from Each Risk factor



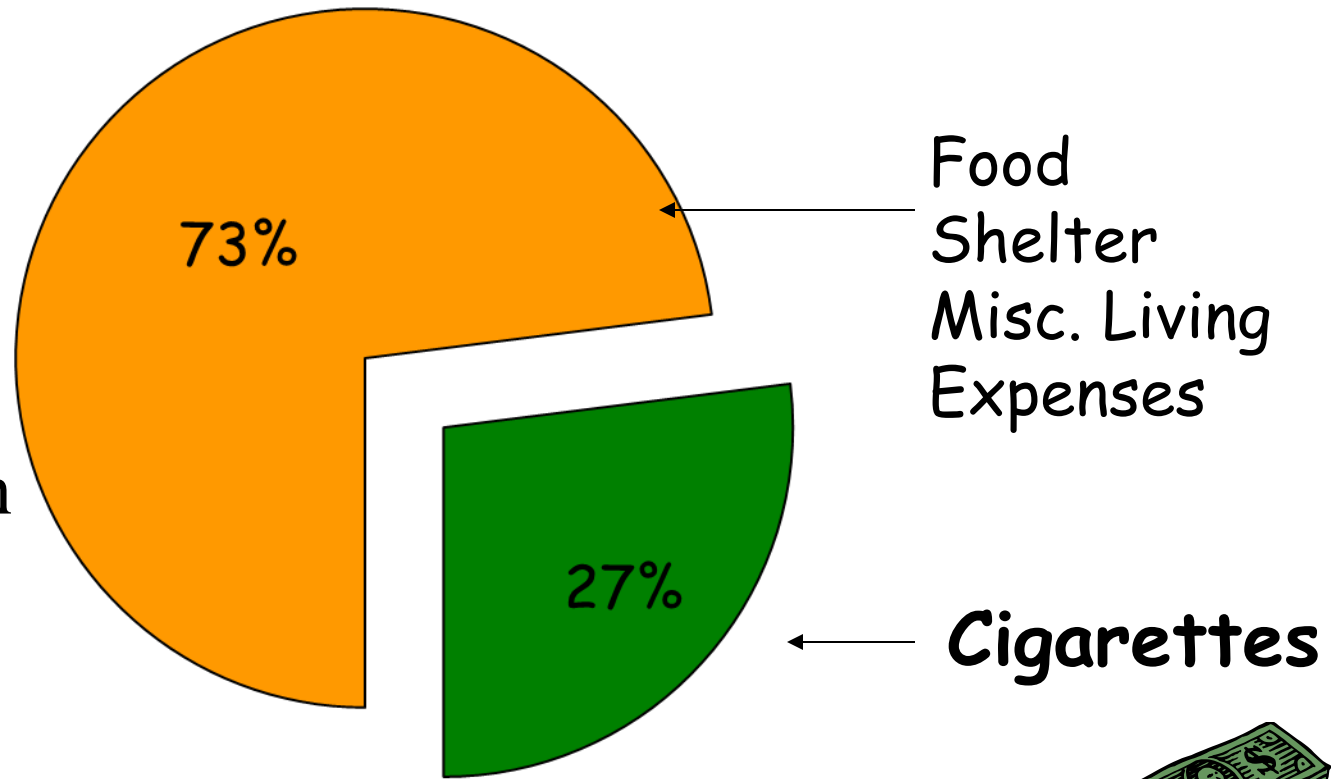
CV Risk Reduction from Healthy Lifestyle Practices



Smoking Keeps
Consumers from
Achieving Recovery:
Being Financially
Stable
Getting Jobs
Securing Housing



Smokers Suffer Financial Consequences and Lower Quality of Life



N=68
smokers with
schizophrenia
on
disability
income



Steinberg ML, et al. *Tobacco Control*, 2004.

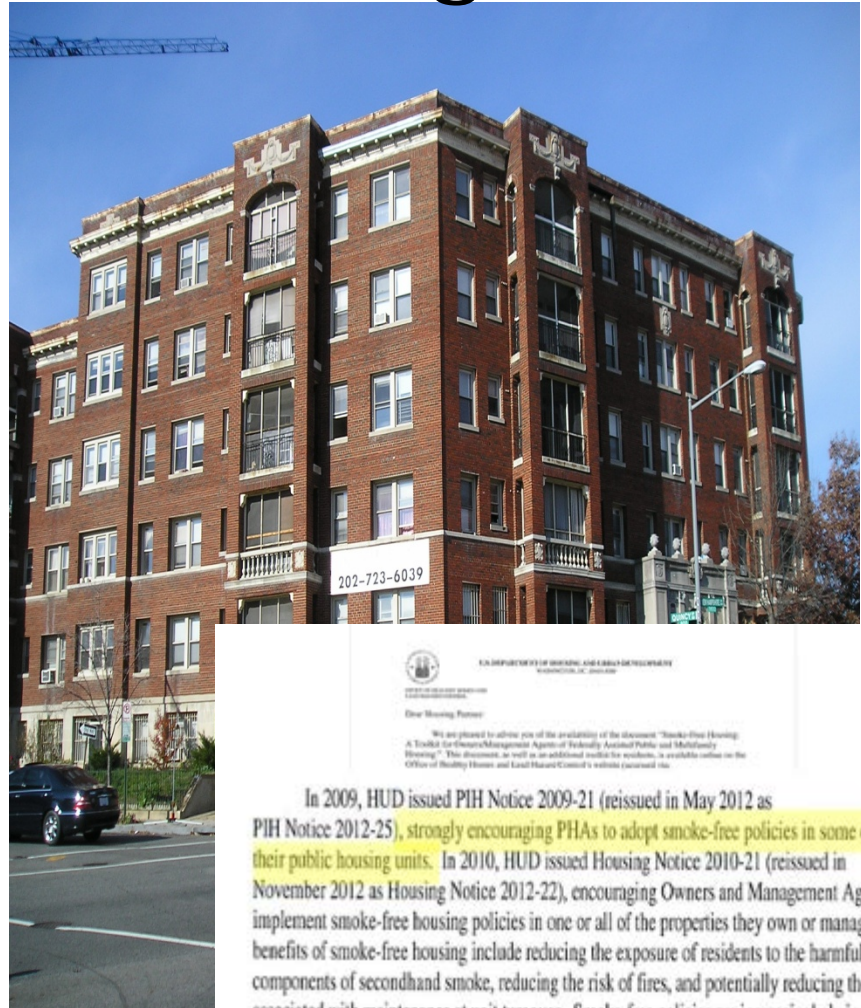


Smoke Free Housing

As much as 60% of airflow in multi-unit housing can come from other units

SHS infiltrates through air ducts, cracks, stairwells, hallways, elevators, plumbing, electrical lines

SHS is Class 1A carcinogen, in the same class as **asbestos**



Tobacco Use May Worsen
Behavioral Health
Outcomes
and
Cessation Doesn't Worsen
BH Outcomes

Improved Mental Health with Quitting Smoking

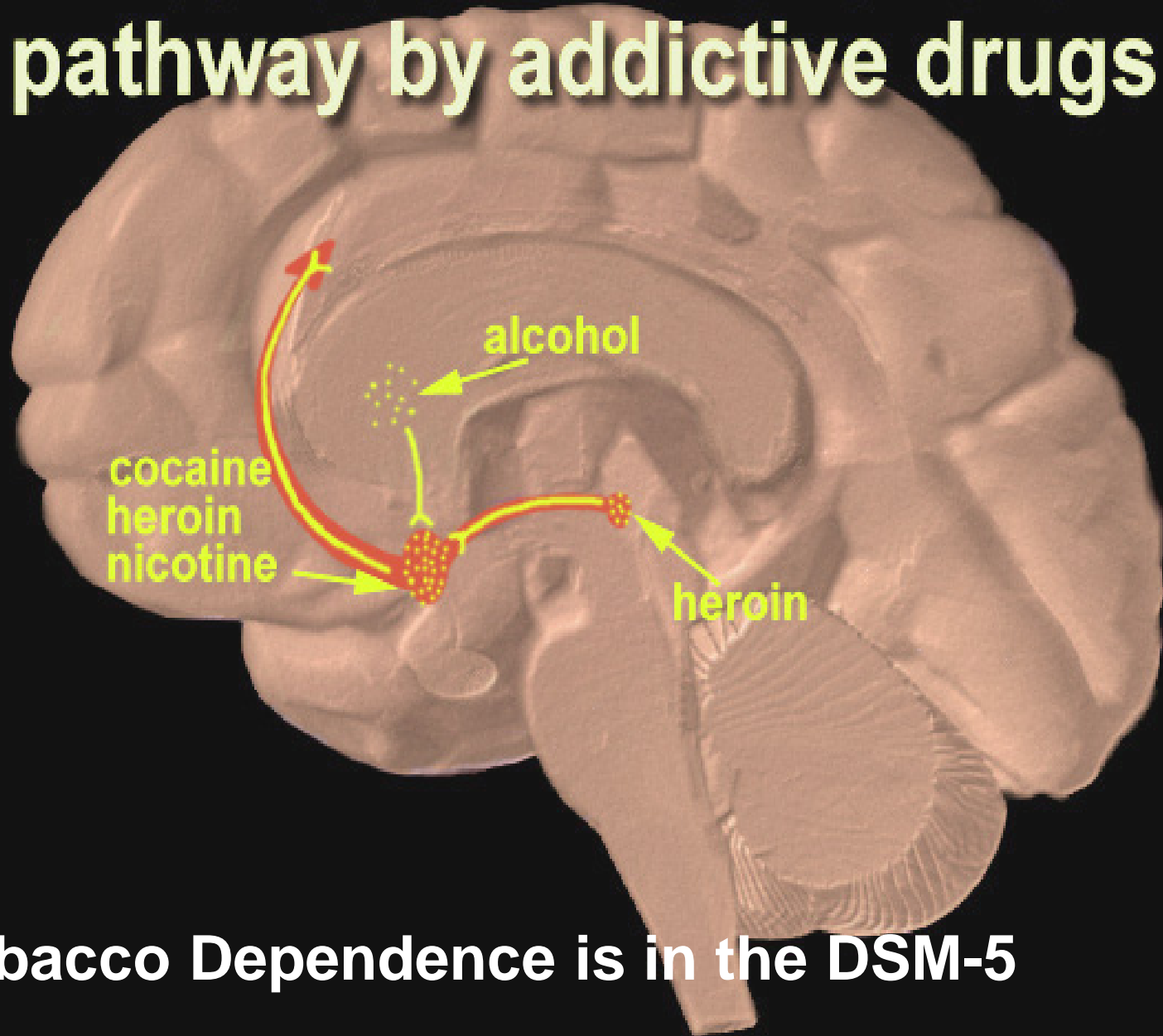
- Meta-analysis 26 studies (14 gen pop, 4 psychiatric, 3 physical conditions, 2 psychiatric or physical, 2 pregnant, 1

Table 1| Effect of smoking cessation on mental health. Sensitivity analysis after removal of studies of low quality (medium-Newcastle-Ottawa scale)

Outcome	No of studies included	No of studies excluded	Standardised mean difference (95% CI)	
			Effect estimate	Original effect estimate
Anxiety	4	0	-0.37 (-0.70 to -0.03)	-0.37 (-0.70 to -0.03)
Depression	9	1	-0.29 (-0.42 to -0.15)	-0.25 (-0.37 to -0.12)
Mixed anxiety and depression	4	1	-0.36 (-0.58 to -0.14)	-0.31 (-0.47 to -0.14)
Psychological quality of life	4	4	0.17 (-0.02 to 0.35)	0.22 (0.09 to 0.36)
Positive affect	1	2	0.68 (0.24 to 1.12)	0.40 (0.09 to 0.71)
Stress	2	1	-0.23 (-0.39 to -0.07)	-0.27 (-0.40 to -0.13)

Tobacco Use Disorder is a Behavioral Health Condition in the DSM-5

Activation of the reward pathway by addictive drugs



Tobacco Dependence is in the DSM-5



Tobacco Use Disorder

Most tobacco users are addicted (2 or more)

- withdrawal
- tolerance
- desire or efforts to cut down/ control use
- great time spent in obtaining/using
- reduced occupational, recreational activities
- use despite problems
- larger amounts consumed than intended
- Craving; strong urges to use

Tobacco Withdrawal

4 or more

Depressed mood

Insomnia

Irritability, frustration or anger

Anxiety

Difficulty concentrating

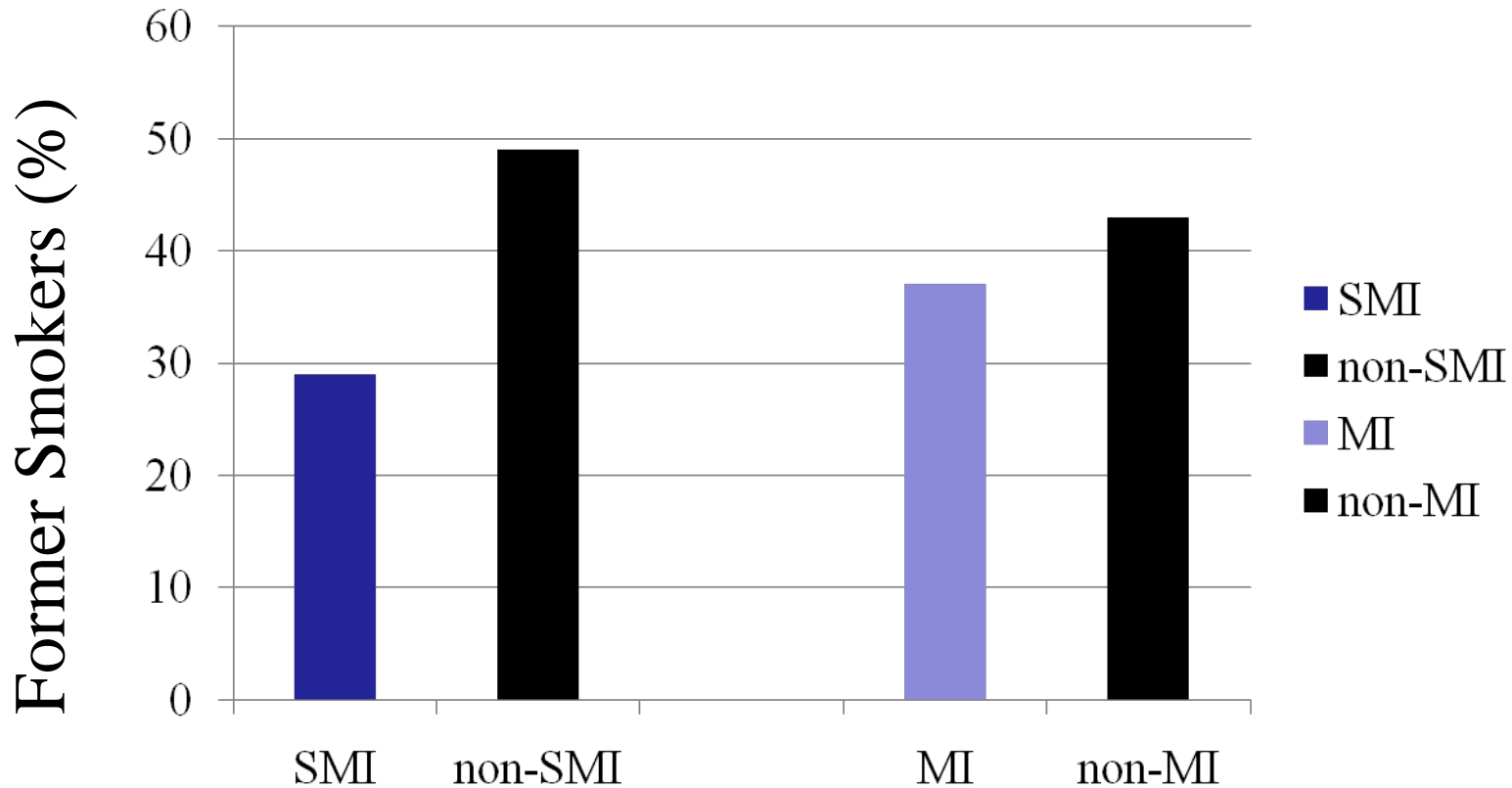
Restlessness

Increased appetite or weight gain

Tobacco Use is Still Part
of Behavioral Health
Culture and We're not
Doing Enough

and Treatment Works

Smokers with MI or SMI Reduced Quitting over Lifetime



mental illness = anxiety, MDE, PTSD, psychoses, bipolar, drug dependence

SMI= measured by K6

Hagman 2007; McClave 2010; Lasser 2000; Pratt & Brody 2010

Why are Patients Not Quitting?

- Neurobiological
- Psychological
- Social & Environmental
- Spiritual & Advocacy
- Treatment System & Institutional
- Greater dependence
- Poor coping; low confidence
- Live with smokers
- No hope; No peers succeeding
- No access to help; Not encouraged to quit

Why are Patients Not Quitting?

- **Neurobiological**
- Psychological
- Social & Environmental
- Spiritual & Advocacy
- **Treatment System & Institutional**
- **Greater dependence**
- Poor coping; low confidence
- Live with smokers
- No hope; No peers succeeding
- **Limited access to help**

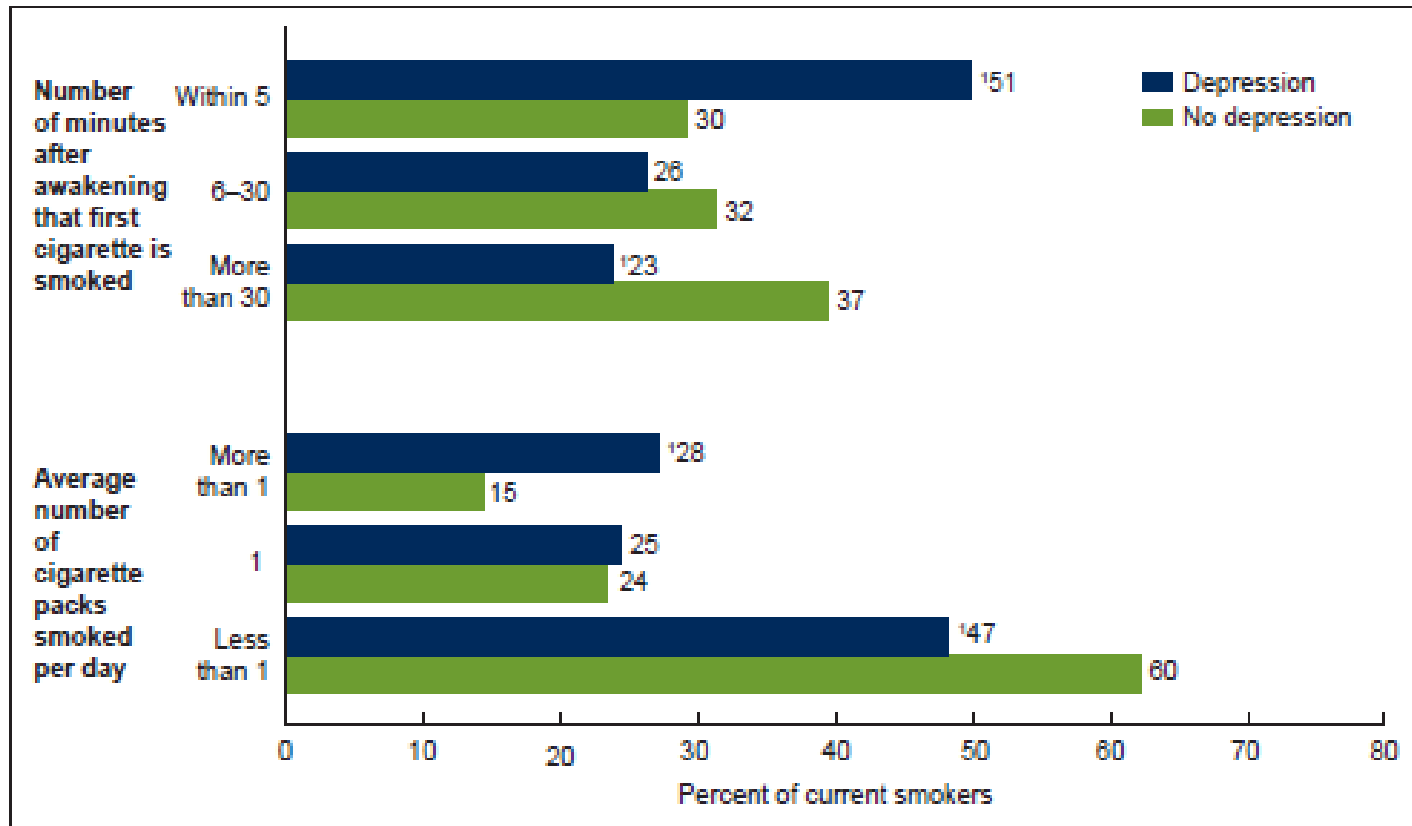
$$Ex = N \times S$$

Exsmokers = (# trying to quit) x (success of attempts)

R West, 2013

Smokers with depression smoke more cpd and are more dependent

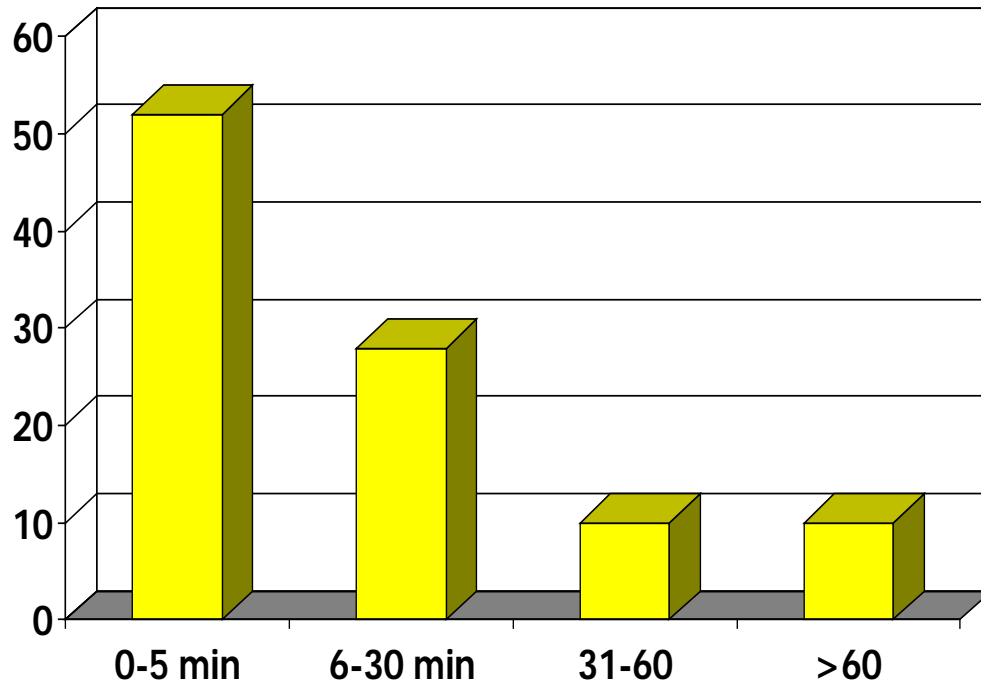
Figure 3. Percentage of current smokers aged 20 and over, by time of first cigarette and amount smoked per day, by depression status: United States, 2005–2008



*Significantly different from no depression.

Smokers with SMI Have High Levels of Tobacco Dependence

80% Moderately to Severely Dependent

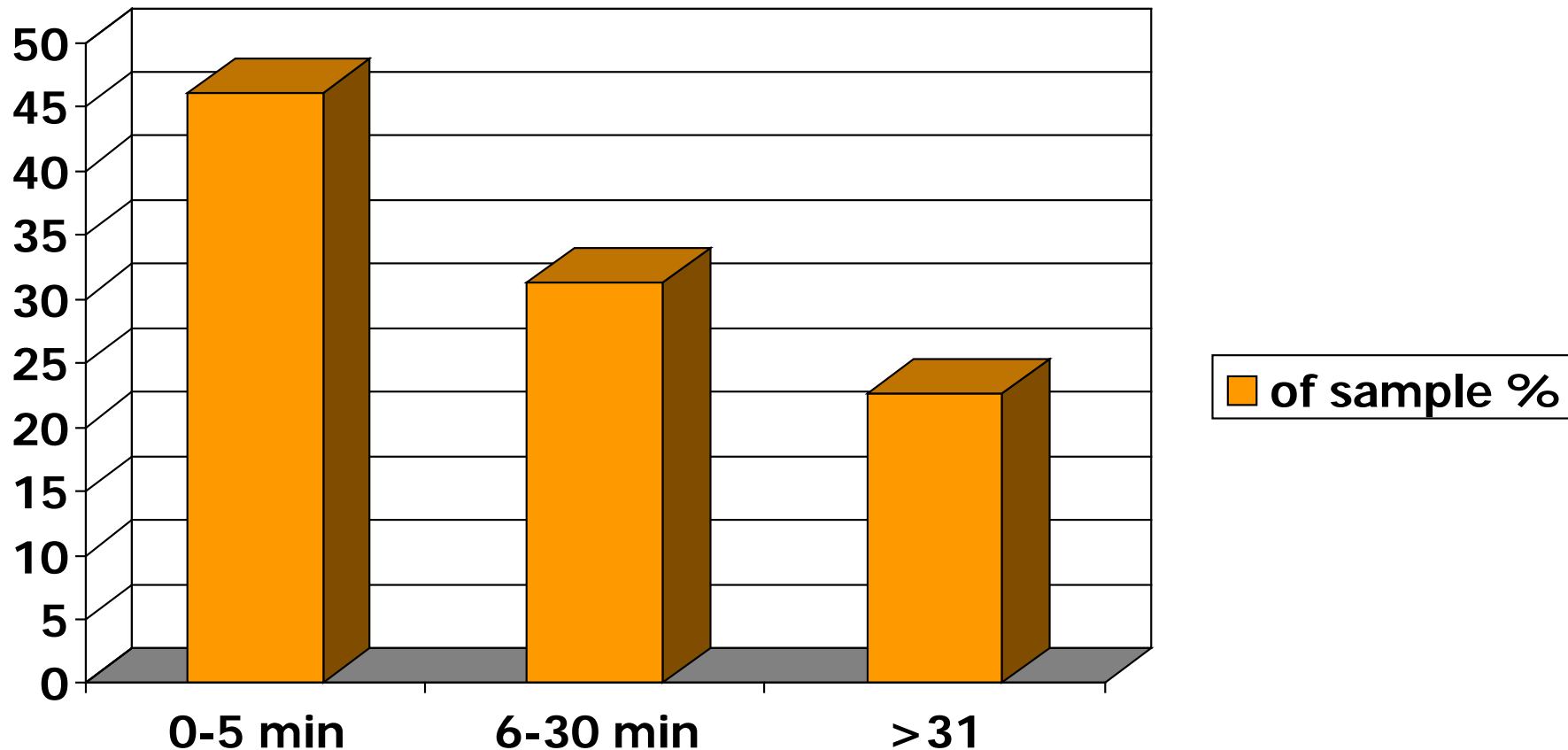


TTFC in N=100 outpatients with SMI

Measure	SPD* (SMI)	Non-SPD*
NDSS	49.7%	33.3%
FTND	57.6%	42.1%
TTFC \leq 5mins	29.2%	19.3%

*SPD by K6; *NSDUH 2002*

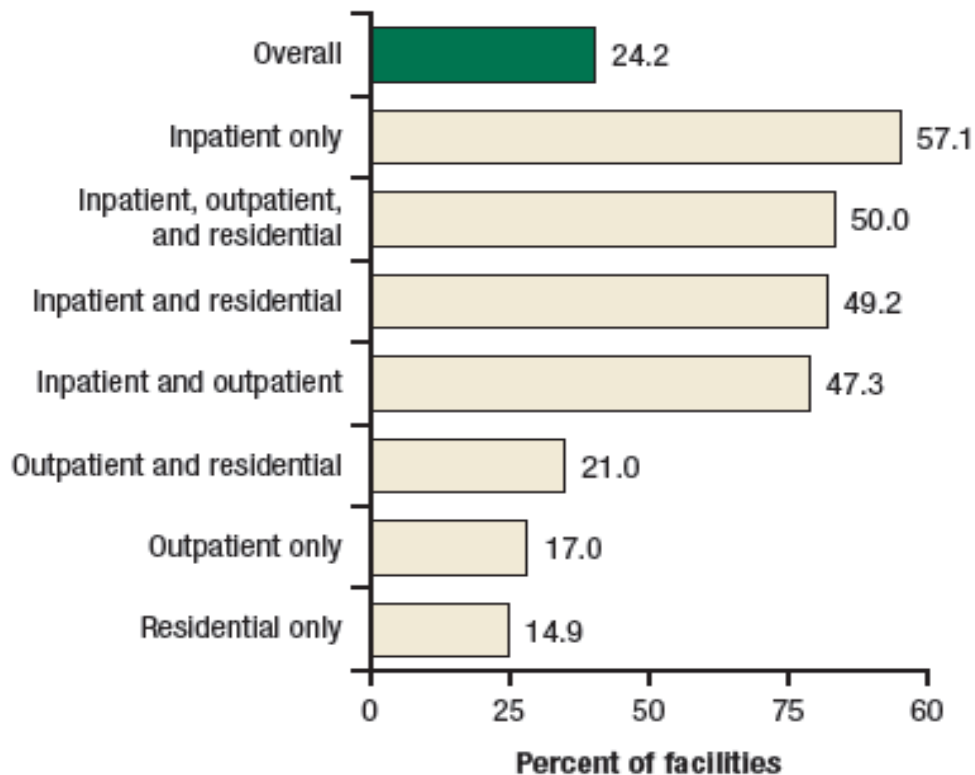
Smokers in Addiction Treatment are Moderately to Severely Addicted to Nicotine



N=1882 smokers in NJ addictions treatment, 2001-2002;

Only 1 in 4 Mental Health Treatment Facilities Offers Quit Smoking Services

Mental health treatment facilities offering services to quit smoking, by treatment setting: 2010



Survey of 9048 MH facilities in US (2010)

NOTE. —Inpatient settings include 24-hour psychiatric care in a hospital setting. Outpatient settings also include day treatment or partial hospitalization. Residential settings include 24-hour, overnight, psychiatric care in a residential nonhospital setting.

N-MHSS Report, Nov 2014

Less than Half of US Substance Abuse Facilities Treat this Substance

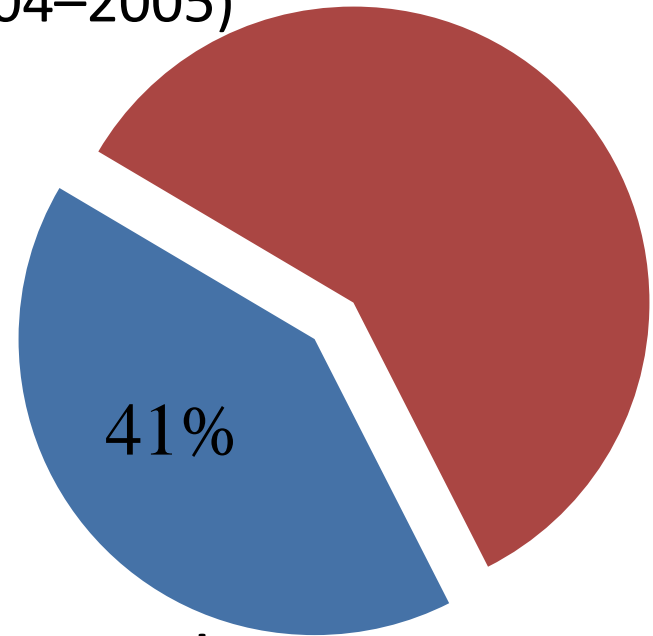
National survey of 550 OSAT units (2004–2005)

– 88% response rate

41% offer smoking cessation counseling or pharmacotherapy

38% offer individual/group counseling

17% provide quit-smoking medication

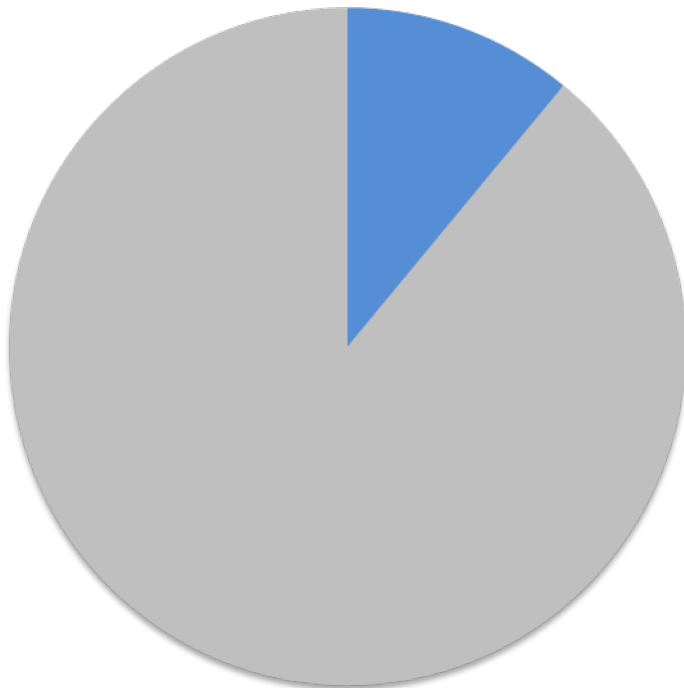


Reduced Access to Specialty Tobacco Treatment

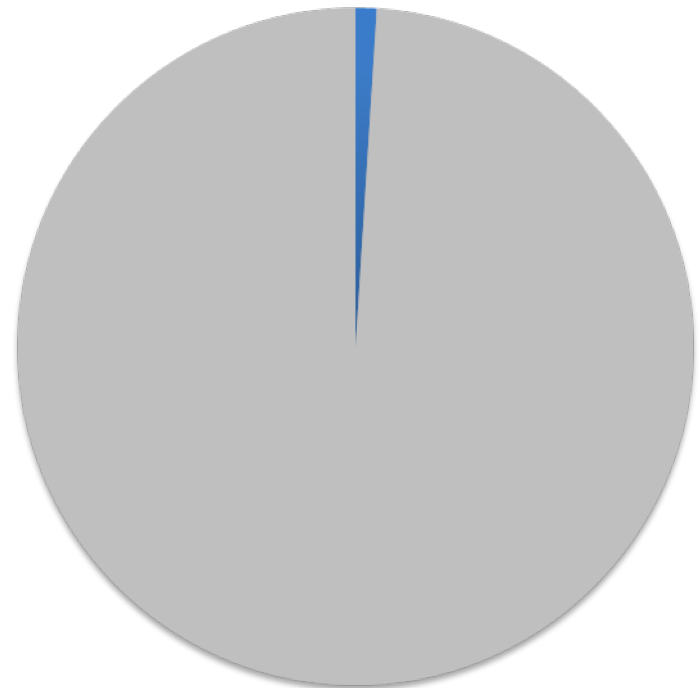
22.7 million individuals need treatment for an drug or alcohol use problem

51 million use cigarettes

11% Access



1% Use Quitlines



12% received intensive outpatient (IOP)

Meta-analysis (2008)

Effectiveness of meds or counseling alone vs combination

Treatment	Number	Est Odds Ratio (95%CI)	Estimated Quit Rate
Medication alone	8	1.0	22
Meds plus Counseling	39	1.4 (1.2- 1.6)	28

Treatment	Number	Est Odds Ratio (95%CI)	Estimated Quit Rate
Counseling alone	11	1.0	15
Meds plus Counseling	13	1.5 (1.3-2.1)	22

Medicaid Tobacco Cessation: Big Gaps Remain In Efforts To Get Smokers To Quit

37%

OF ADULTS ON MEDICAID SMOKE



\$22 BILLION

11% of Medicaid Expenditures

Medicaid expenditures attributable to smoking total nearly \$22 billion annually representing 11% of all expenditures

In 2013 Medicaid spent \$103 million on cessation

medications—**less than 0.25 %**

of the estimated cost to Medicaid of smoking related diseases.

Conclusions

- Numerous consequences from tobacco for individuals with mental illness
- Smokers with behavioral health comorbidity are a tobacco disparity group/ priority population
- Larger role for behavioral health professionals in tobacco treatment

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Register today

Treating Tobacco Dependence in Behavioral Health Settings



Treating Tobacco Dependence in Behavioral Health Settings is a two-day training developed for psychiatrists, nurses, counselors and other mental health professionals, which prepares the practitioner to effectively deliver tobacco services to smokers with mental illness.

**Two-Day CE/CME Activity
November 17 & 18, 2016**

Location: Rutgers Robert Wood Johnson Medical School
Liberty Plaza, Third Floor
335 George Street, New Brunswick, NJ 08901



Activity Director:
Jill M. Williams, MD
Professor of Psychiatry
Chief, Division of Addiction
Psychiatry



Marc L. Steinberg, PhD
Associate Professor of
Psychiatry



Nina Cooperman, PsyD
Assistant Professor of
Psychiatry



Patricia Dooley, MA,
LPC, CTTS
Mental Health
Clinician, Tobacco
Treatment Specialist



Jose Cruz, LCSW,
MBA, CTTS
Mental Health Clinician,
Addiction Consultants,
ASPARC Program

<http://ccoe.rbhs.rutgers.edu/catalog/courses/pdf/17MR05.pdf>

References

Hagman BT, Delnevo CD, Hrywna M, Williams JM. Tobacco Use Among Those With Serious Psychological Distress: Findings from the National Survey of Drug Use and Health, 2002. *Addict Behav.* 2008 Apr;33(4):582-92.

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Williams JM, Stroup S, Brunette MF, Raney L. Tobacco Use and Mental Illness: a Wake-up Call for Psychiatrists. *Psychiatric Services* 2014; doi: 10.1176/appi.ps.201400235

Williams JM, Steinberg ML, Griffiths KG and Cooperman N. The Need for Smokers with Behavioral Health Comorbidity to Be Designated as a Tobacco Use Disparity Group. *American Journal of Public Health* 2013 Sep;103(9):1549-55.

Questions and Answers



- Submit questions via the **chat box**

Contact SCLC for technical assistance

CME/CEUs of up to 1.5 credits are available to all attendees of this live session. Instructions will be emailed after the webinar.



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2016 *Tips* Campaign



www.cdc.gov/tips

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Social Workers: This course meets the qualifications for 1.5 hours of continuing education credit for MFTs and/or LCSWs as required by the California Board of Behavioral Sciences. If you are a social worker in another state, you should check with your state board for approval of this credit.