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)
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
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
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

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

By Age

- Ages 18-24: 42%
- Ages 25-44: 41%
- Ages 45-64: 34%
- Ages 65+: 13%

By Education

- Less than high school: 47%
- High school graduate: 40%
- Some college: 38%
- College graduate: 19%

Source: National Survey on Drug Use and Health, 2009-2011, Adults ages 18 or older
Behavioral Health and Tobacco

Percent of Adults with Mental Illness Who Smoke

- By sex:
  - 40% men
  - 34% women

- By poverty level:
  - 33% at or above poverty
  - 48% below poverty

Source: National Survey on Drug Use and Health, 2009-2011, Adults ages 18 or older
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

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.

#CDCTips
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.** |
Health Care Providers: How You Can Help Patients Quit

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.

I’m Ready to QUIT!

DENTAL PROFESSIONALS

HEALTH CARE PROFESSIONALS

MENTAL HEALTH PROFESSIONALS

PHARMACISTS

VISION PROFESSIONALS
CDC's Tips From Former Smokers: Best Buy For Public Health

Problem: $170

Response: TV

Results: $170 Billion a year in health care costs

Tips Campaign Impact Results

Snapshot of the infographic titled CDC's Tips From Former Smokers: Best Buy For Public Health $170 Billion a year in health care costs launched in 2012 for healthier conditions was responsible for approximately 100,000 lives saved.

I'm Ready to QUIT!

www.cdc.gov/tips
People With Mental Health Conditions

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.

For More Information

Detailed Statistics

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

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.
Today’s Speaker

Rebecca

• Participant in the 2016 *Tips* campaign
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
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

Current Disorder (<12 mo)

- Anxiety Disorder
- Affective Disorder
- Substance Use Disorder
- No Mental Disorder
- Any Mental Illness

NCS-R 2001-2003; Diagnoses using CIDI
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 | ✓ |

Williams et al., AJPH, 2013
Smoking is the #1 Cause of Death in People with Mental Illness or Addiction
Tobacco = #1 Cause of Preventable Death in US

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

http://www.cdc.gov/pcd/issues/2006/apr/05_0180.htm
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

N= 20721 Swedish men; combination of all 5 could prevent 80% of MIs

Hennekens CH. Circulation. 1998;97:1095-1102

Akesson et al., J Am C Cardiology, 2014
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

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>
<thead>
<tr>
<th>Outcome</th>
<th>No of studies included</th>
<th>No of studies excluded</th>
<th>Standardised mean difference (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Effect estimate</td>
</tr>
<tr>
<td>Anxiety</td>
<td>4</td>
<td>0</td>
<td>-0.37 (-0.70 to -0.03)</td>
</tr>
<tr>
<td>Depression</td>
<td>9</td>
<td>1</td>
<td>-0.29 (-0.42 to -0.15)</td>
</tr>
<tr>
<td>Mixed anxiety and depression</td>
<td>4</td>
<td>1</td>
<td>-0.36 (-0.58 to -0.14)</td>
</tr>
<tr>
<td>Psychological quality of life</td>
<td>4</td>
<td>4</td>
<td>0.17 (-0.02 to 0.35)</td>
</tr>
<tr>
<td>Positive affect</td>
<td>1</td>
<td>2</td>
<td>0.68 (0.24 to 1.12)</td>
</tr>
<tr>
<td>Stress</td>
<td>2</td>
<td>1</td>
<td>-0.23 (-0.39 to -0.07)</td>
</tr>
</tbody>
</table>

Taylor et al, BMJ, 2014
Tobacco Use Disorder is a Behavioral Health Condition in the DSM-5
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

DSM-5
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

Former Smokers (%)

<table>
<thead>
<tr>
<th></th>
<th>SMI</th>
<th>non-SMI</th>
<th>MI</th>
<th>non-MI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Former</td>
<td>25</td>
<td>50</td>
<td>35</td>
<td>40</td>
</tr>
</tbody>
</table>

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) \times (success of attempts)

R West, 2013
Smokers with depression smoke more cpd and are more dependent.
Smokers with SMI Have High Levels of Tobacco Dependence

80% Moderately to Severely Dependent

<table>
<thead>
<tr>
<th>Measure</th>
<th>SPD* (SMI)</th>
<th>Non-SPD*</th>
</tr>
</thead>
<tbody>
<tr>
<td>NDSS</td>
<td>49.7%</td>
<td>33.3%</td>
</tr>
<tr>
<td>FTND</td>
<td>57.6%</td>
<td>42.1%</td>
</tr>
<tr>
<td>TTFC ≤ 5mins</td>
<td>29.2%</td>
<td>19.3%</td>
</tr>
</tbody>
</table>

*SPD by K6; NSDUH 2002

Williams et al., 2011; Hagman et al., 2008
Smokers in Addiction Treatment are Moderately to Severely Addicted to Nicotine

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

Williams et al., 2005
Only 1 in 4 Mental Health Treatment Facilities Offers Quit Smoking Services


N-MHSS Report, Nov 2014
Less than Half of US Substance Abuse Facilities Treat this Substance

  – 88% response rate

41% offer smoking cessation counseling or pharmacotherapy

38% offer individual/group counseling
17% provide quit-smoking medication

Friedmann et al., JSAT 2008
Reduced Access to Specialty Tobacco Treatment

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

51 million use cigarettes

12% received intensive outpatient (IOP)

11% Access

1% Use Quitlines
# Meta-analysis (2008)
**Effectiveness of meds or counseling alone vs combination**

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Number</th>
<th>Est Odds Ratio (95%CI)</th>
<th>Estimated Quit Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication alone</td>
<td>8</td>
<td>1.0</td>
<td>22</td>
</tr>
<tr>
<td><strong>Meds plus Counseling</strong></td>
<td>39</td>
<td><strong>1.4 (1.2-1.6)</strong></td>
<td>28</td>
</tr>
<tr>
<td>Counseling alone</td>
<td>11</td>
<td>1.0</td>
<td>15</td>
</tr>
<tr>
<td><strong>Meds plus Counseling</strong></td>
<td>13</td>
<td><strong>1.5 (1.3-2.1)</strong></td>
<td>22</td>
</tr>
</tbody>
</table>

2008 PHS Guideline Update
Medicaid Tobacco Cessation: Big Gaps Remain In Efforts To Get Smokers To Quit

In 2013 Medicaid spent $103 million on cessation medications—less than 0.25% of the estimated cost to Medicaid of smoking related diseases.

Armour 2009; Ku et al., 2016
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
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


Williams JM, Willett JG, Miller G. Tobacco Control Programs and Offices of Mental Health Need to Partner to Reduce Smoking Rates in the United States. JAMA Psychiatry 2013 Dec;70(12):1261-2.

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

Questions and Answers

• Submit questions via the chat box
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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• http://smokingcessationleadership.ucsf.edu

Call us toll-free
• 1-877-509-3786
2016 Tips Campaign

www.cdc.gov/tips
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