
Smoking Cessation
Leadership Center



University of California
San Francisco

Stress and Cigarette Smoking among Black and Latinx Adults with Psychiatric Disorders

Danielle M. Shpigel, PhD

Andrea H. Weinberger, PhD

December 9, 2021

Moderator

Catherine Saucedo

Deputy Director

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University of California, San Francisco

A National Center of Excellence for Tobacco-
Free Recovery

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1-800-784-8669
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I COVID QUIT!

- Launched March 31



- SCLC's own campaign funded by Robert Wood Johnson Foundation
- Real people sharing their UNSCRIPTED experiences of improved mental health after quitting smoking—and they did it during the COVID-19 pandemic!
- FREE videos, digital images and toolkit for your use at ICOIDQUIT.org
- We continue to seek and share more stories, particularly from those who represent underserved communities! Please email anita.browning@ucsf.edu if you would like to share a story

Today's Presenter

Andrea H. Weinberger, PhD

Licensed Clinical Psychologist (New York)

Associate Professor, Ferkauf Graduate School
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Research Assistant Professor, Department of
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Einstein College of Medicine



Today's Presenter

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Behavior Therapy Institute, Rehabilitation
Neuropsychologist & Founder, NeuroCognitive
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Adjunct Faculty, Department of Applied
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York University



Stress and Cigarette Smoking among Black and Latinx Adults with Psychiatric Disorders

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Conflicts of Interest and Funding

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Outline

Cigarette smoking prevalence and consequences

- For people with psychiatric disorders
- For people from racial/ethnic minoritized groups

Stress and smoking

- For people with psychiatric disorders
- For people from racial/ethnic minoritized groups

Shpigel et al study

- Psychosocial and Psychiatric-Related Stress and Cigarette Smoking among Black and Latinx Adults with Psychiatric Disorders

Research Implications

Clinical Implications

Questions

Cigarette Smoking Prevalence and Consequences

Prevalence of cigarette use among US adults in 2019: 14%

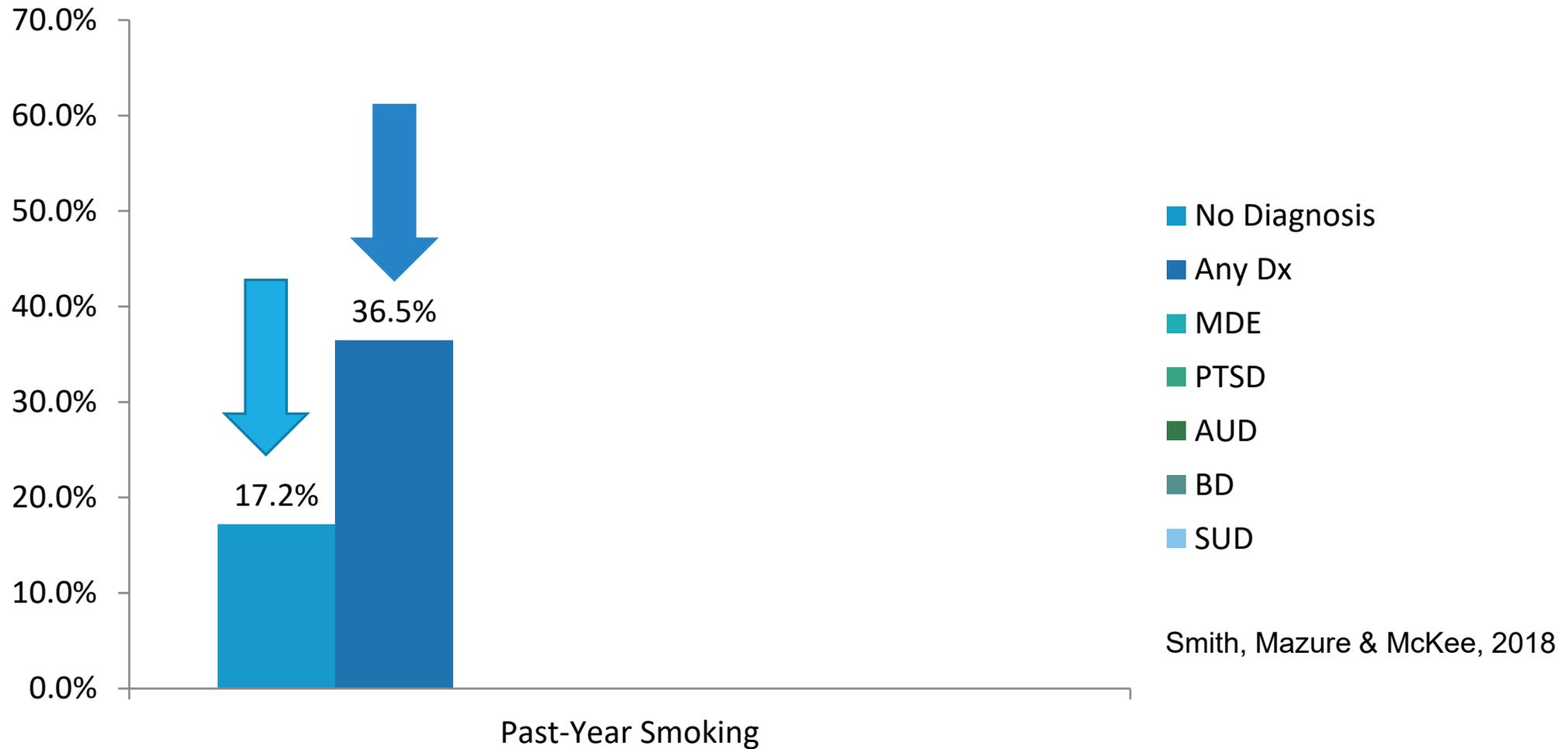
Cigarette Smoking Prevalence and Consequences

Prevalence of cigarette use among US adults in 2019: 14%

Groups that experience disparities related to cigarette use include:

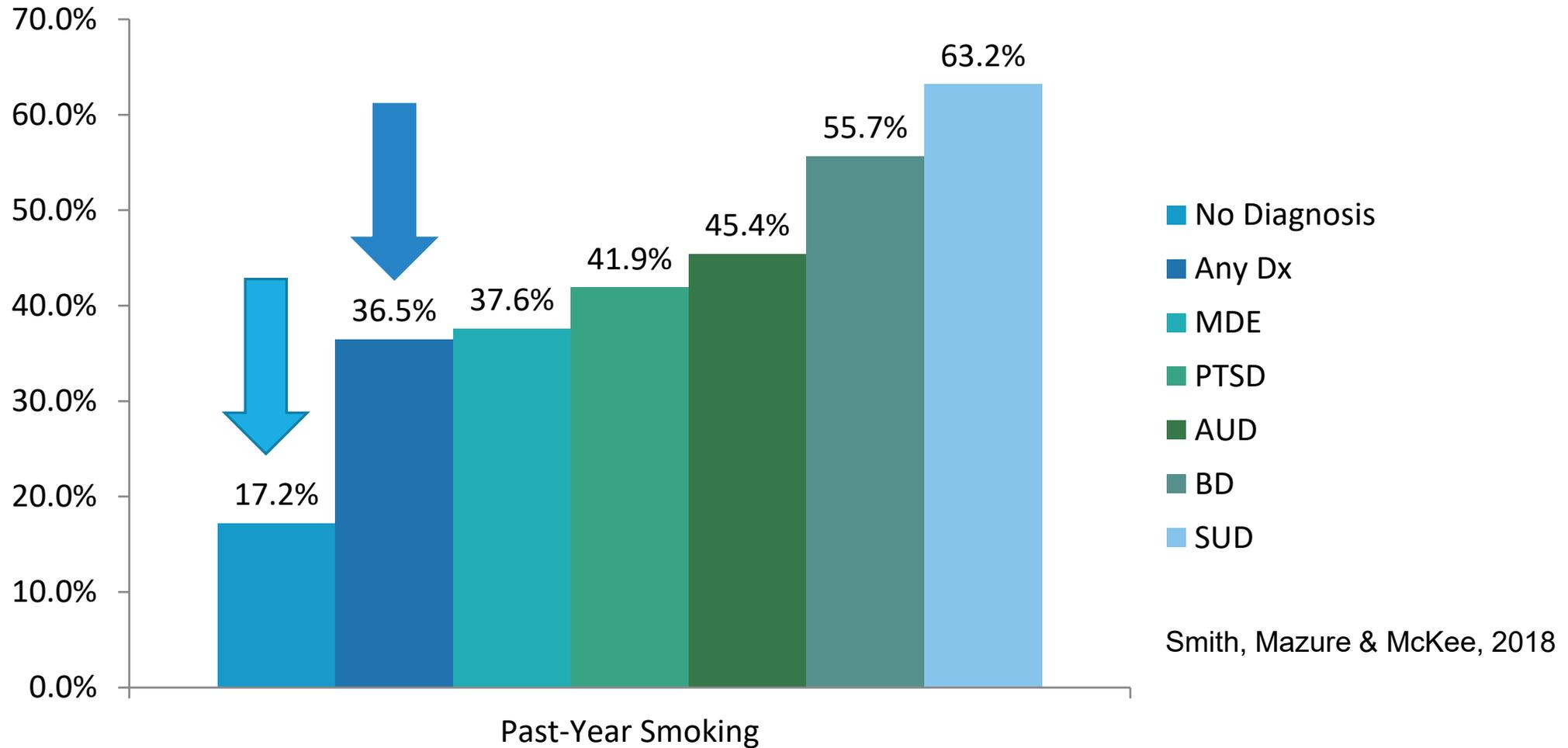
- Individuals with psychiatric disorders
- Individuals from racial/ethnic minoritized groups

Cigarette smoking and psychiatric disorders



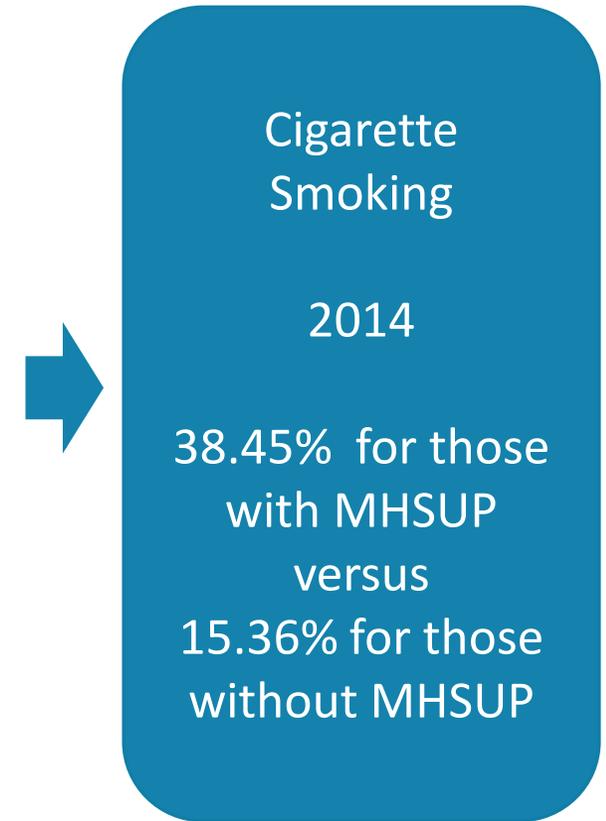
Overall smoking prevalence, adults with any past-year mental illness / serious psychological distress = 36% (CDC, 2013, 2019)

Cigarette smoking and psychiatric disorders



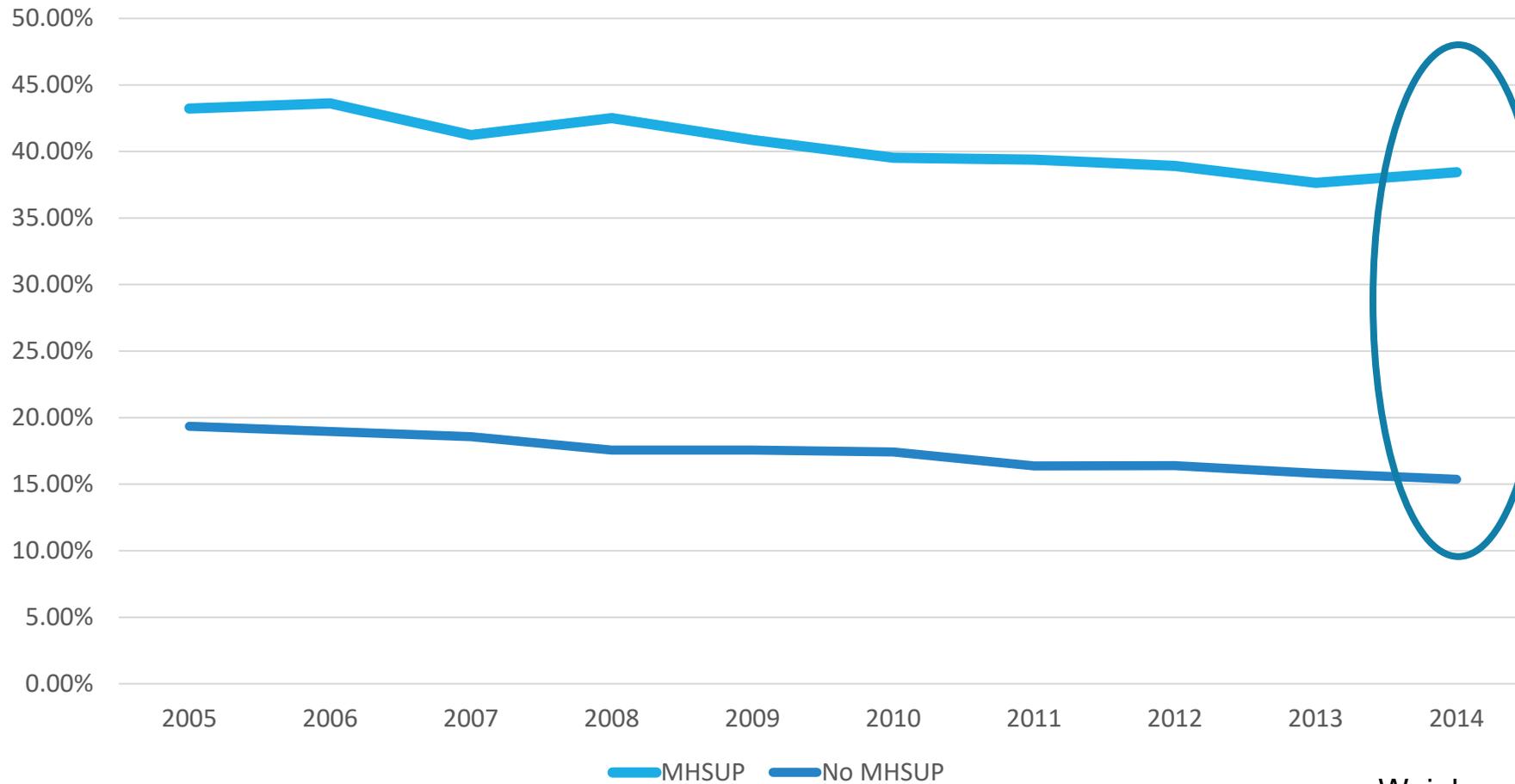
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Cigarette smoking and mental health and substance use problems (MHSUP)



Weinberger, Streck, Pacek, & Goodwin, 2018, Journal of Clinical Psychology

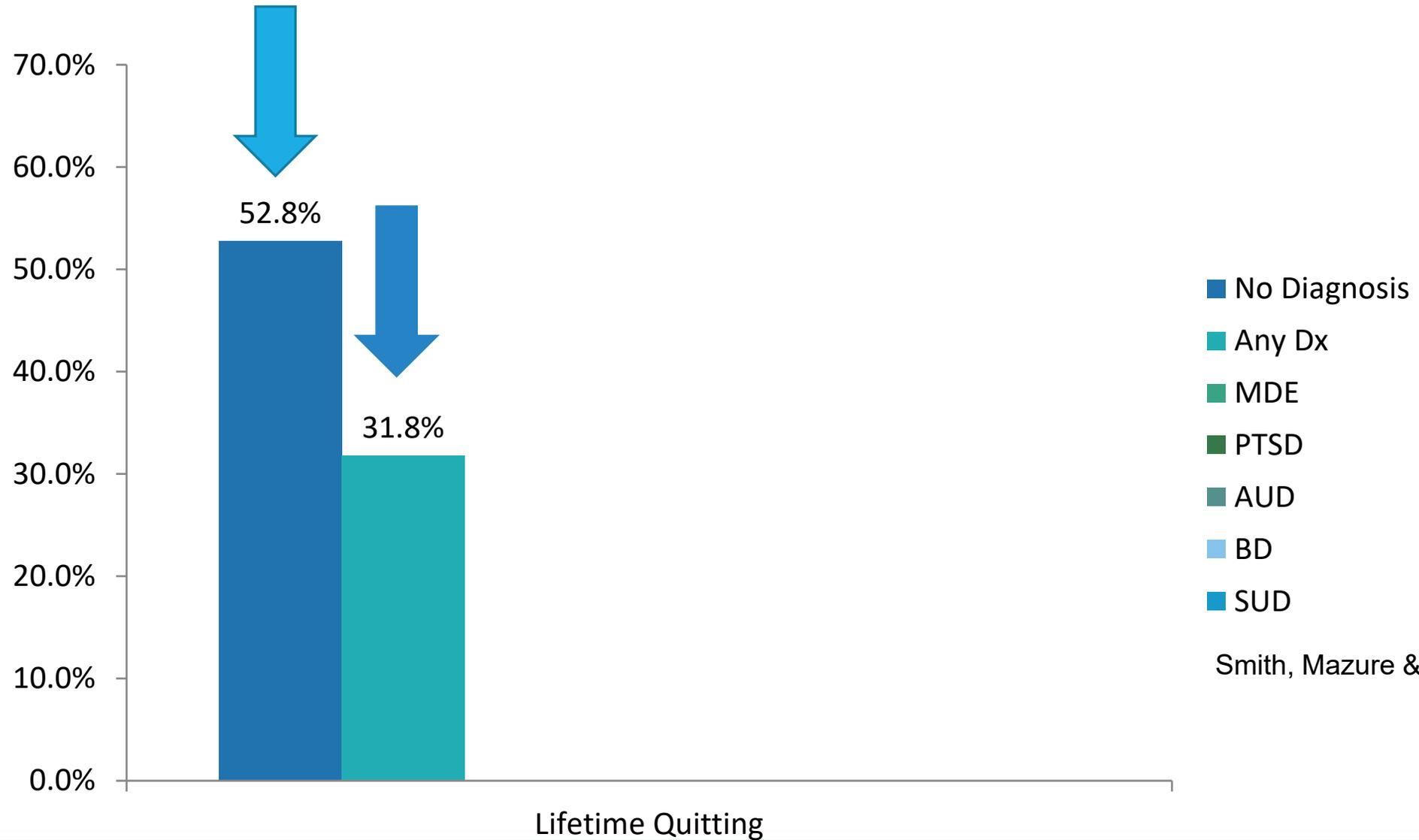
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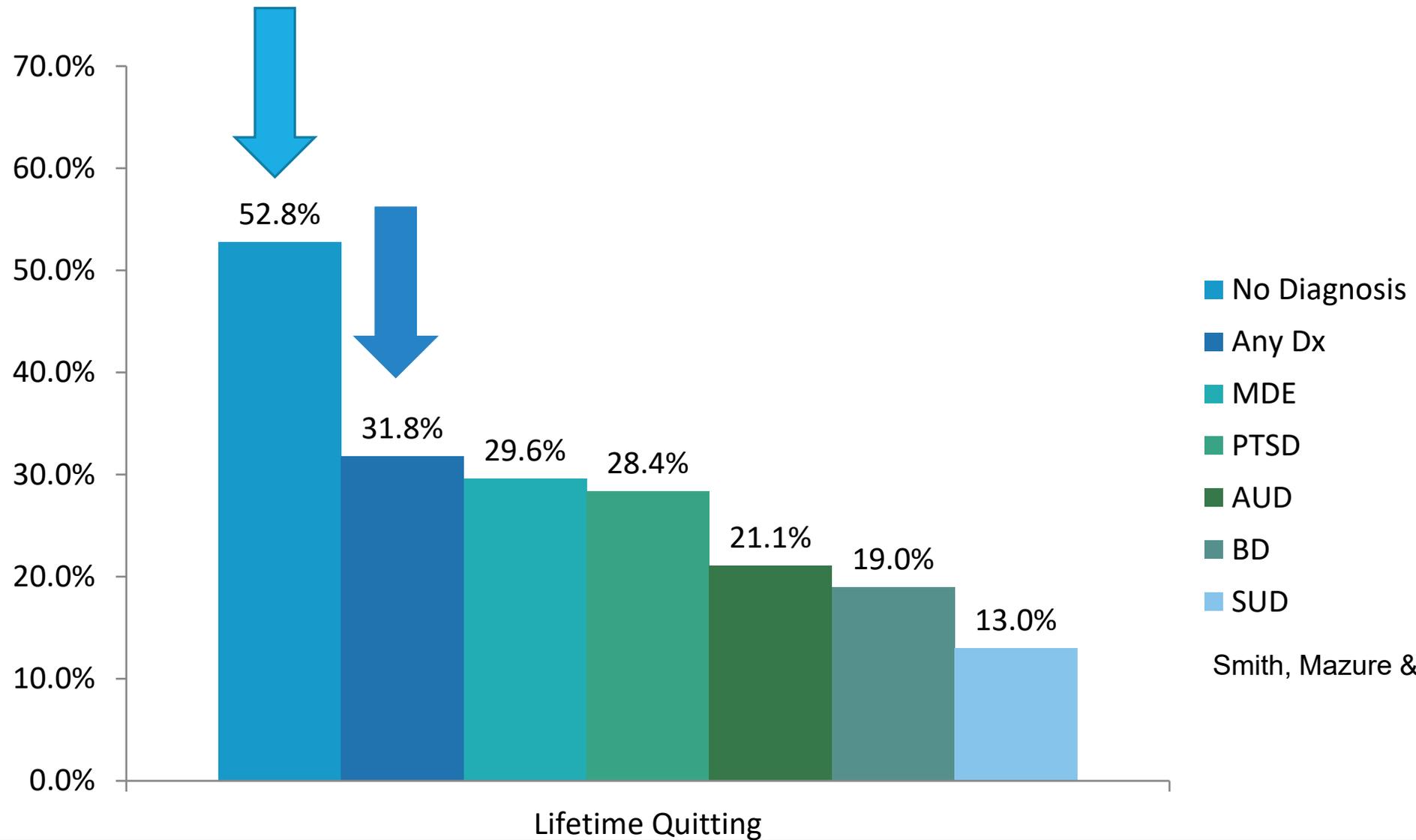
Cigarette Smoking
2014
38.45% for those with MHSUP
versus
15.36% for those without MHSUP

Weinberger, Streck, Pacek, & Goodwin, 2018,
Journal of Clinical Psychology

Cigarette smoking cessation and psychiatric disorders



Cigarette smoking cessation and psychiatric disorders



Smith, Mazure & McKee, 2018

Cigarette smoking and race/ethnicity

Current Daily Cigarette Smoking by Race/Ethnicity

Cigarette Smoking
2019 (CDC, 2020)

Overall Adults: 14%

American Indian/Alaska Native,
non-Hispanic (NH): 20.9%

Other, NH: 19.7%

White, NH: 15.5%

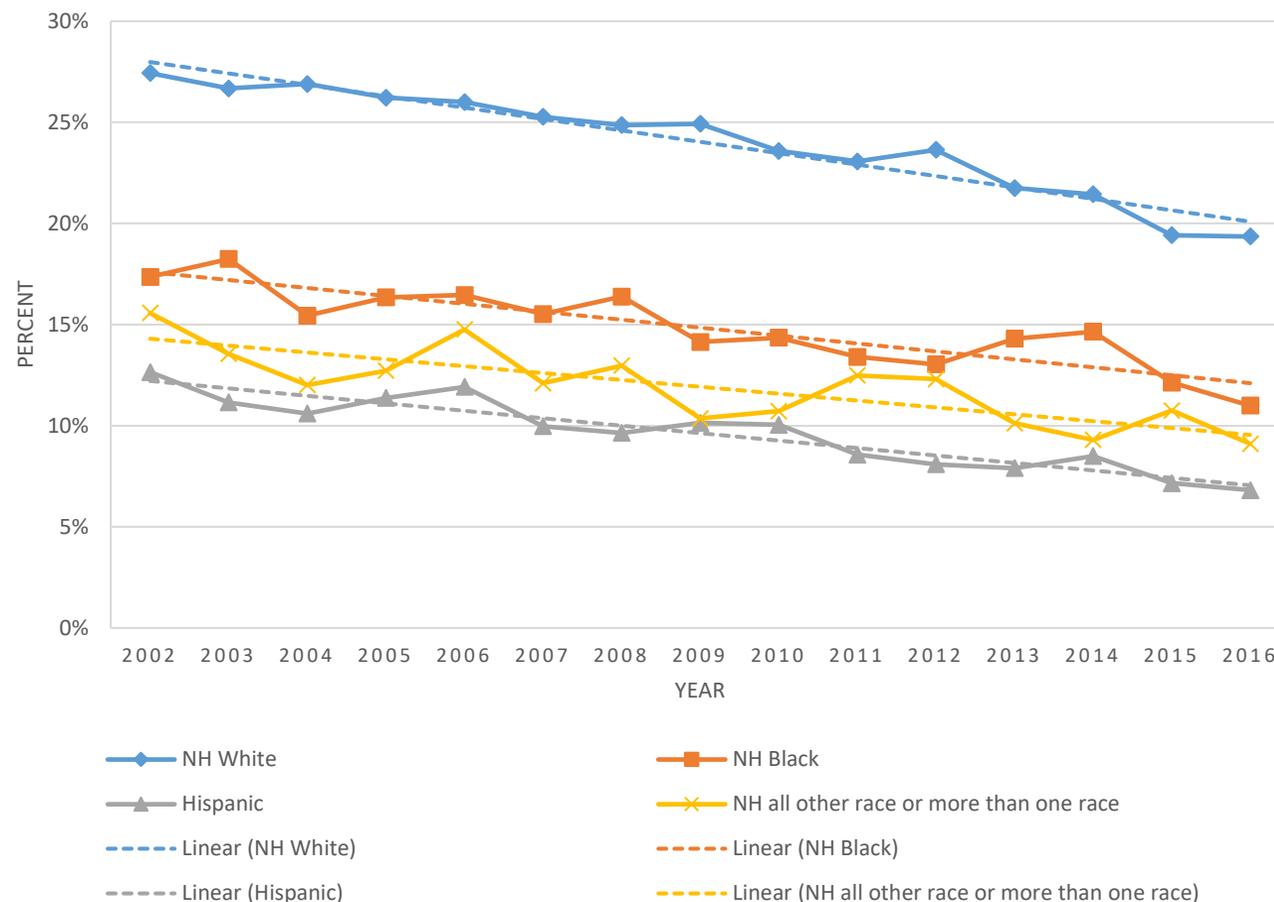
Black, NH: 14.9%

Hispanic: 8.8%

Asian, NH: 7.2%

Cigarette smoking and race/ethnicity

Current Daily Cigarette Smoking by Race/Ethnicity



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2019 (CDC, 2020)

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Cigarette smoking and race/ethnicity: Menthol cigarettes

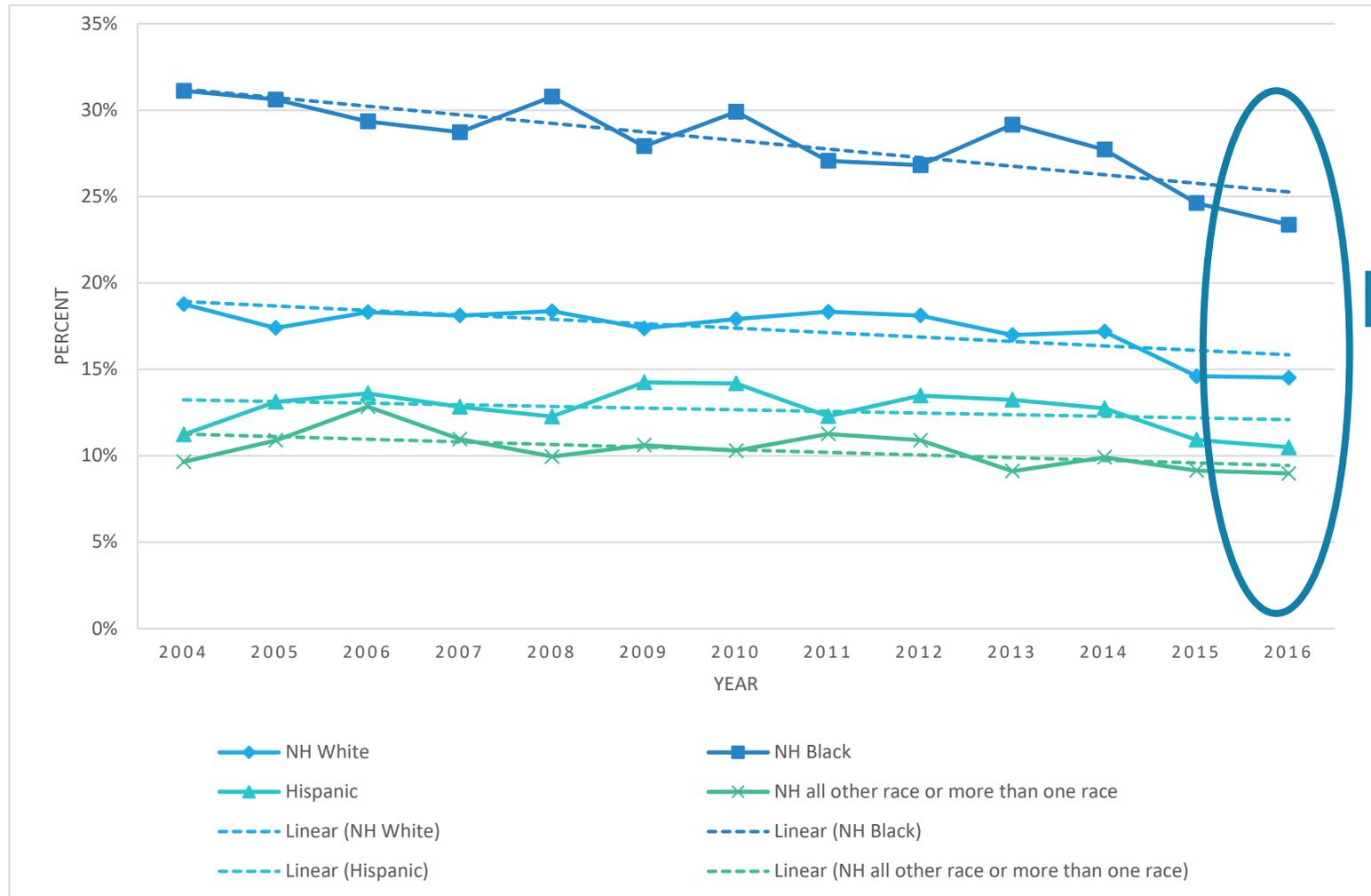


Menthol
Cigarette Smoking
2016

Black, NH: 23.8%
White, NH: 14.5%
Hispanic: 10.5%
Other, NH: 8.97%

Menthol cigarettes are
associated with lower
likelihood of quitting
(e.g., Delnevo et al., 2011;
Villanti et al., 2017)

Cigarette smoking and race/ethnicity: Menthol cigarettes



Menthol
Cigarette Smoking
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Menthol cigarettes are associated with lower likelihood of quitting (e.g., Delnevo et al., 2011; Villanti et al., 2017)

Weinberger et al. (2019). Preventive Medicine. NH=non-Hispanic

Cigarette smoking cessation by race/ethnicity

Cigarette Smoking Quitting 2015 (CDC, 2017)

Past Year Attempt

Overall: 55.4%

Asian, NH: 69.4%

Black, NH: 63.4%

Hispanic: 56.2%

White, NH: 53.3%

Successful Quitting

Overall: 7.4%

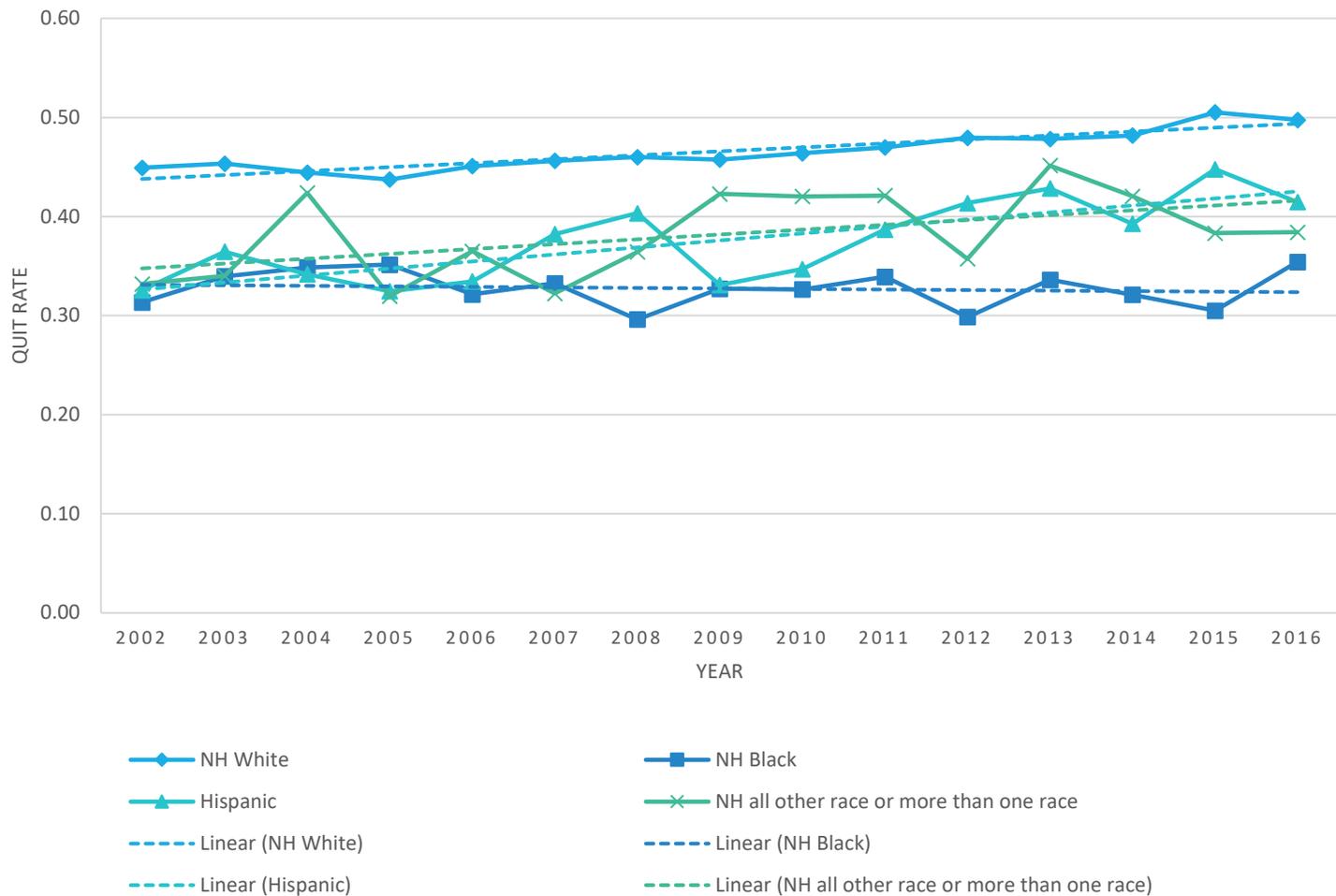
Asian, NH: 17.3%

Hispanic: 8.5%

White, NH: 7.1%

Black, NH: 4.9%

Cigarette smoking cessation by race/ethnicity



Cigarette Smoking Quitting 2015 (CDC, 2017)

Past Year Attempt

Overall: 55.4%

Asian, NH: 69.4%

Black, NH: 63.4%

Hispanic: 56.2%

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Successful Quitting

Overall: 7.4%

Asian, NH: 17.3%

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White, NH: 7.1%

Black, NH: 4.9%

Smoking is the #1 preventable cause of morbidity and mortality in developed countries

In the United States:

- **480,000-520,000** people die from tobacco-related medical illnesses every year

Smoking costs the United States **\$289-\$332.5 billion annually**

- Health Care = \$132.5-175.9 billion
- Lost Productivity = \$151 billion
- Lost Productivity due to SHS = \$5.6 billion

Worldwide:

- Approximately **1 billion** people use tobacco worldwide
- More than **5 million** people die from tobacco-related medical illnesses per year

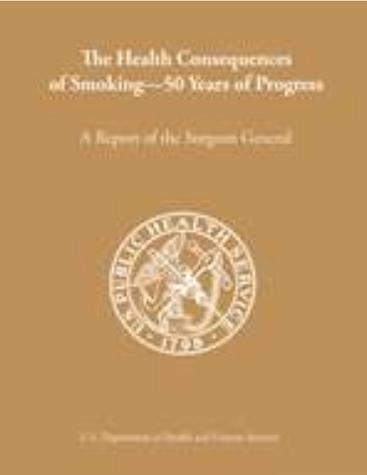
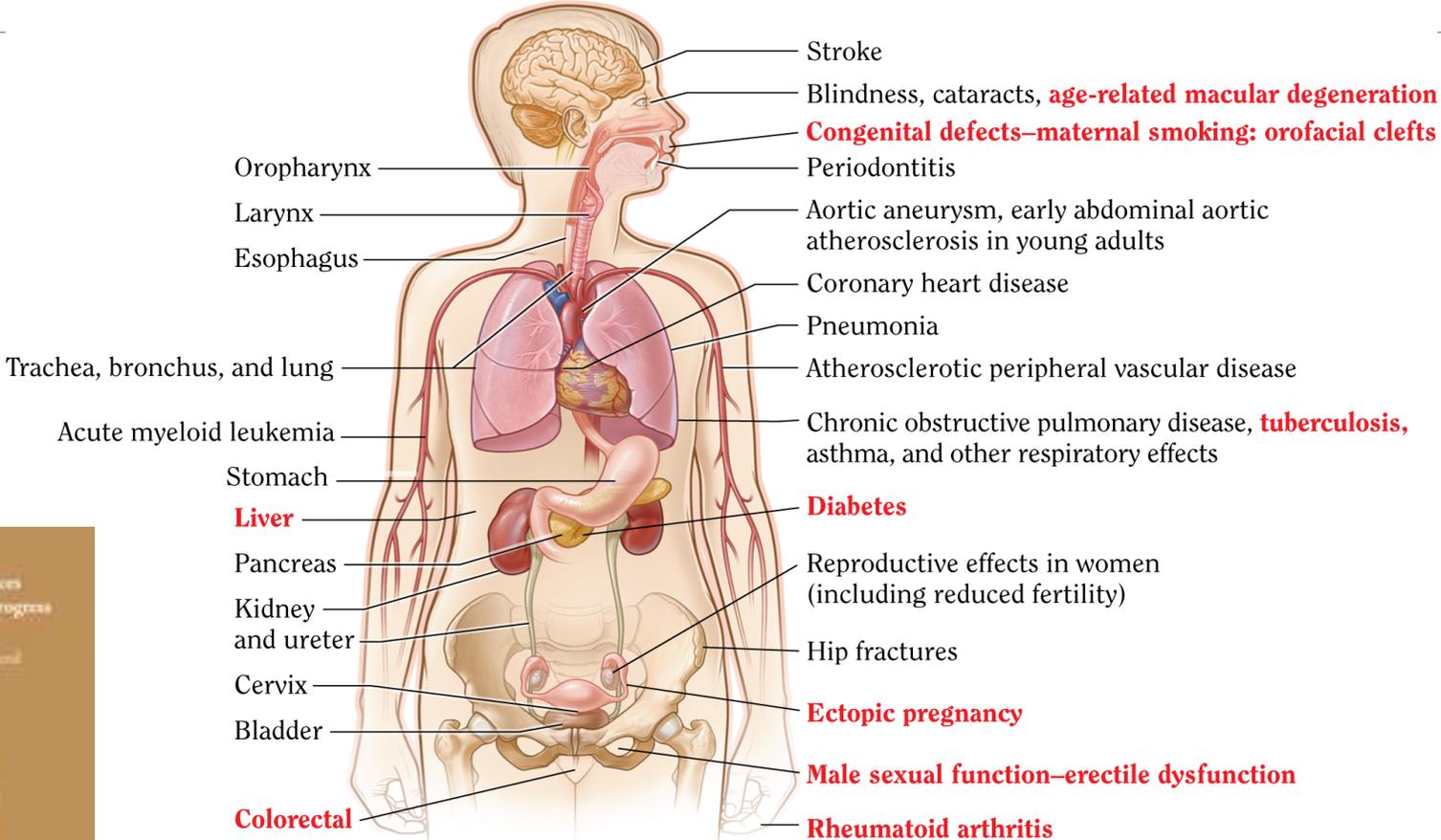


USDHHS, 2014; WHO, 2012

Health Consequences Causally Linked to Smoking - Surgeon General Report (USDHHS, 2014)

Cancers

Chronic Diseases

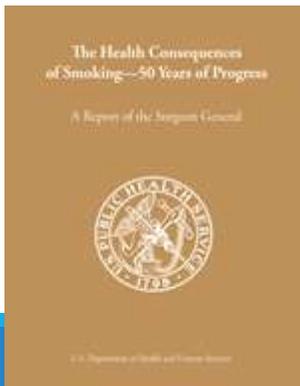
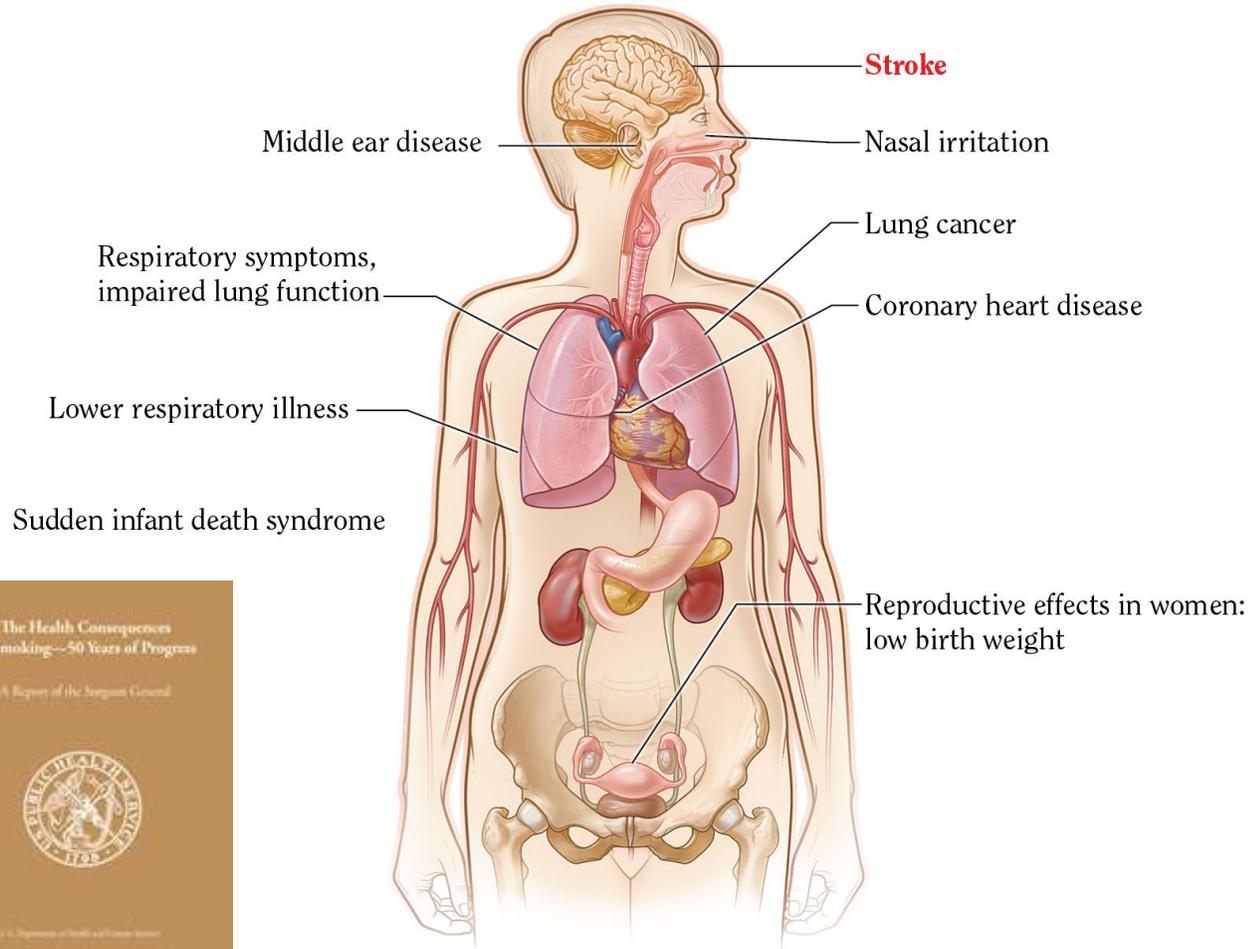


Immune function
Overall diminished health

Health Consequences Causally Linked to SHS - Surgeon General Report (USDHHS, 2014)

Children

Adults



Young Man in White

You may call him an "intern," but in name and in fact he's every such a doctor.

He has his textbook, stethoscope... An doctor's degree, that, is yours for the privilege of working with the most important of his profession, he will spend a year—more likely two—as an active member of a hospital staff.

His hours are long and arduous... his duties tiring, but when he finally hangs over his crowded though in private practice he will be a doctor with experience!

According to a recent *Nationwide survey*:

MORE DOCTORS SMOKE CAMELS THAN ANY OTHER CIGARETTE

YOUR "I-ZONE" WILL TELL YOU...

T for Taste...
It's your growing ground for any cigarette. See if Camels don't suit your "I-Zone" as a "T."

• The nation of Camels take an understandable pride in the results of a nationwide survey among 113,197 doctors by three leading independent research organizations. When queried about the cigarette they themselves smoked, the brand named most by the doctors was...Camel.

And these doctors represented every branch of medicine—general physicians, surgeons, diagnosticians, and specialists. Like you, doctors smoke for pleasure. The rich, full flavor and cool mildness of Camel's superb blend of excellent tobaccos are just as appealing to them as to you.

CAMELS Costlier Tobaccos

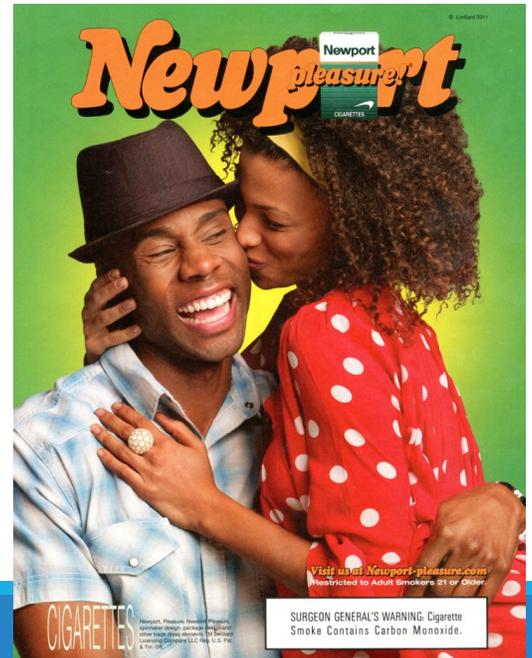
Health Consequences of Smoking

Individuals with psychiatric disorders

- Higher prevalence of smoking
- Heavier smoking, greater nicotine dependence
- Greater mortality from tobacco-related diseases

Individuals who are members of racial/ethnic minoritized groups

- Black adults bear a greater health burden related to smoking than other groups
- e.g., Black men have higher rates of lung cancer than White men



Summary

Individuals with psychiatric disorders and who are from racial/ethnic minoritized groups demonstrate disparities related to cigarette use and consequences

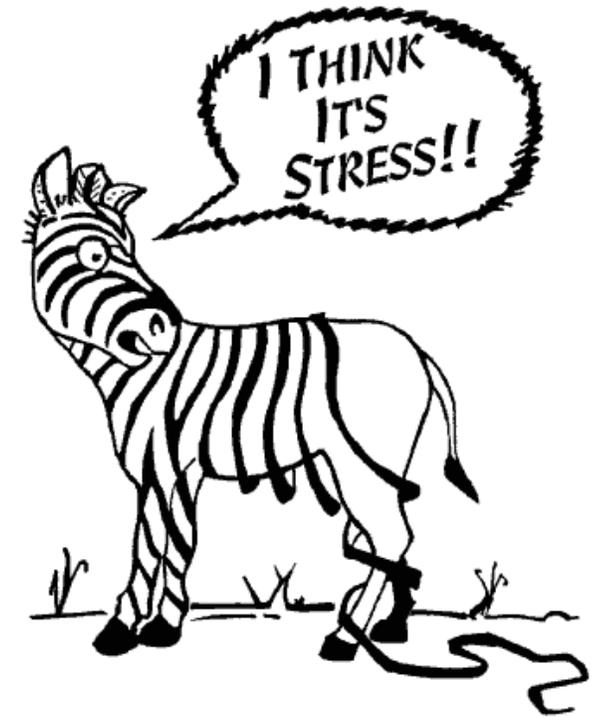
Little is known about individuals both with psychiatric disorders and who identify as being from racial/ethnic minoritized groups

Important to identify variables related to smoking for those with psychiatric disorders and who are from racial/ethnic minoritized groups

Stress

Psychosocial stress: Social or environmental factors that impede an individual's ability to function adaptively
(Cohen, Kessler, & Gordon, 1995)

- Work stress
- Relationship stress
- Neighborhood stress
- Financial stress
- Stressful life events
- Childhood adversity
- Discrimination



Stress and Smoking

Stress is associated with:

- Greater odds of smoking
- Lower odds of quitting
- Lower odds of long-term abstinence

- Greater urges to smoke
- Greater smoking intensity
- Difficulty refraining from smoking



Stress and Smoking

Little research on stress and smoking among:

- Individual with psychiatric disorders
 - Psychosocial stress
 - Psychiatric-related stress
- Individuals from racial/ethnic minoritized groups:
 - Discrimination
- Individuals with psychiatric disorders from racial/ethnic minoritized groups





Why this study? *The origin story*

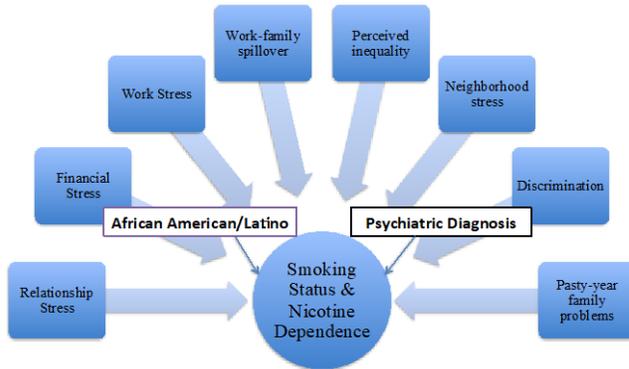
SHPIGEL, D.M., GITTLEMAN, J., ESTEY, D., BIRCHWALE, J.T., ROSENSWEIG, S.R., SULLIVAN, D., LALANI, S., DE LA FUENTE, A., MERCEDES, E., & WEINBERGER, A.H. (2021). PSYCHOSOCIAL AND PSYCHIATRIC-RELATED STRESS AND CIGARETTE SMOKING AMONG BLACK AND LATINX ADULTS WITH PSYCHIATRIC DISORDERS. *JOURNAL OF ETHNICITY IN SUBSTANCE ABUSE*. DOI: 10.1080/15332640.2021.1938328

About Lincoln Medical Center



- Part of NYC Health + Hospitals
- Largest public hospital system in the region
- Located in the South Bronx, caters to an underserved population, many of whom are uninsured
- Primarily Latinx (65.1 %) and Black (28.8 %), < 1 % are Asian, 1.5 % are White, 7 % are mixed racial backgrounds
- Ethnic groups represented: African-American, West Indian (of French, Dutch or English cultural backgrounds), Hispanic (Puerto Rico, Central and South America and parts of the Caribbean), Asia (e.g., India, Pakistan, China, Korea), Africa, Middle East and Europe
- Majority are immigrants & many non-native English speakers

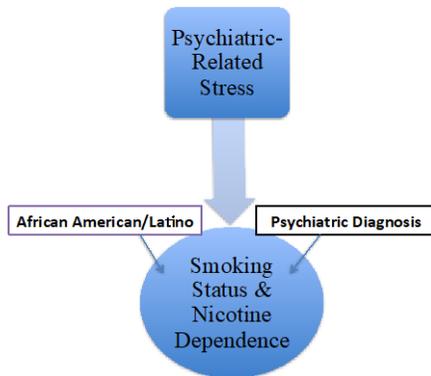
Figure 3: Independent variables, outcome variables, race/ethnicity & psychiatric diagnosis:



Study Aims

Examine the relationship between psychosocial stressors and (i) smoking status and (ii) nicotine dependence in a sample of Black and Latinx adults with mental illness

Figure 4: Independent variable (psychiatric-related stress), outcome variables, race/ethnicity & psychiatric diagnosis:



In addition, an investigator-designed measure assessed psychiatric related stress in order to examine the relationship between such stress and (i) smoking status and (ii) nicotine dependence

Slopen et al., 2013 Study

- Examined the long-term relationship (over 9-10 years) between several psychosocial stressors and “smoking persistence, cessation, and relapse” in US adults
- Sub-sample from the Midlife in the United States Study (MIDUS) – national, longitudinal study that researched the influence of social, behavioral, and psychological factors on physical and mental health

Notable Findings

- Participants who endorsed high stress related to relationships, finances, work, perceived inequality, past-year family problems, and high summary scores were more likely to be persistent smokers
- High relationship stress, perceived inequality, and past-year family problems (at both time points) were associated with almost double the odds of failure to quit

Psychosocial Stressors

Relationship stress, financial stress, work stress, work-family spillover, perceived inequality, neighborhood stress, discrimination, recent problems in immediate family (Slopen et al., 2013)

Psychiatric Related Stress Scale

Subscale 1

Response Options: strongly disagree (1) – strongly agree (5)

My mental health condition(s) negatively affects my relationship with friends

My mental health condition(s) negatively affects my relationship with family

My mental health condition(s) interferes with my job

My mental health condition(s) negatively affects my relationship with my boyfriend, girlfriend, spouse, or significant other

My mental health condition(s) makes it difficult for me to fulfill my personal obligations such as financial responsibilities, cleaning my home, running errands, and taking my child to school

Psychiatric Related Stress Scale

Subscale 2

Response Options: strongly disagree (1) – strongly agree (5)

It is stressful for me to travel to an appointment at the Adult Outpatient Psychiatric Clinic (where you meet with your psychiatrist and/or therapist)

Attending appointments for psychotherapy (i.e., talk therapy with a psychologist or social worker) is stressful

Attending appointments to get my psychiatric medication is stressful

**Response Options: (1) A lot less stressful than medical services –
(5) A lot more stressful than medical services**

Is it more or less stressful for you to obtain mental health services for a psychiatric diagnosis, such as major depressive disorder, as opposed to medical services for a medical condition, such as asthma?

Participant Sample

100 participants recruited from Adult Outpatient Psychiatric Clinic

Measures/questionnaires were available in English & Spanish

Demographics

- Majority female (69.45 %) and Latinx (52.63%)
- 26.32% Black, non-Latinx
- 21.05% multiracial

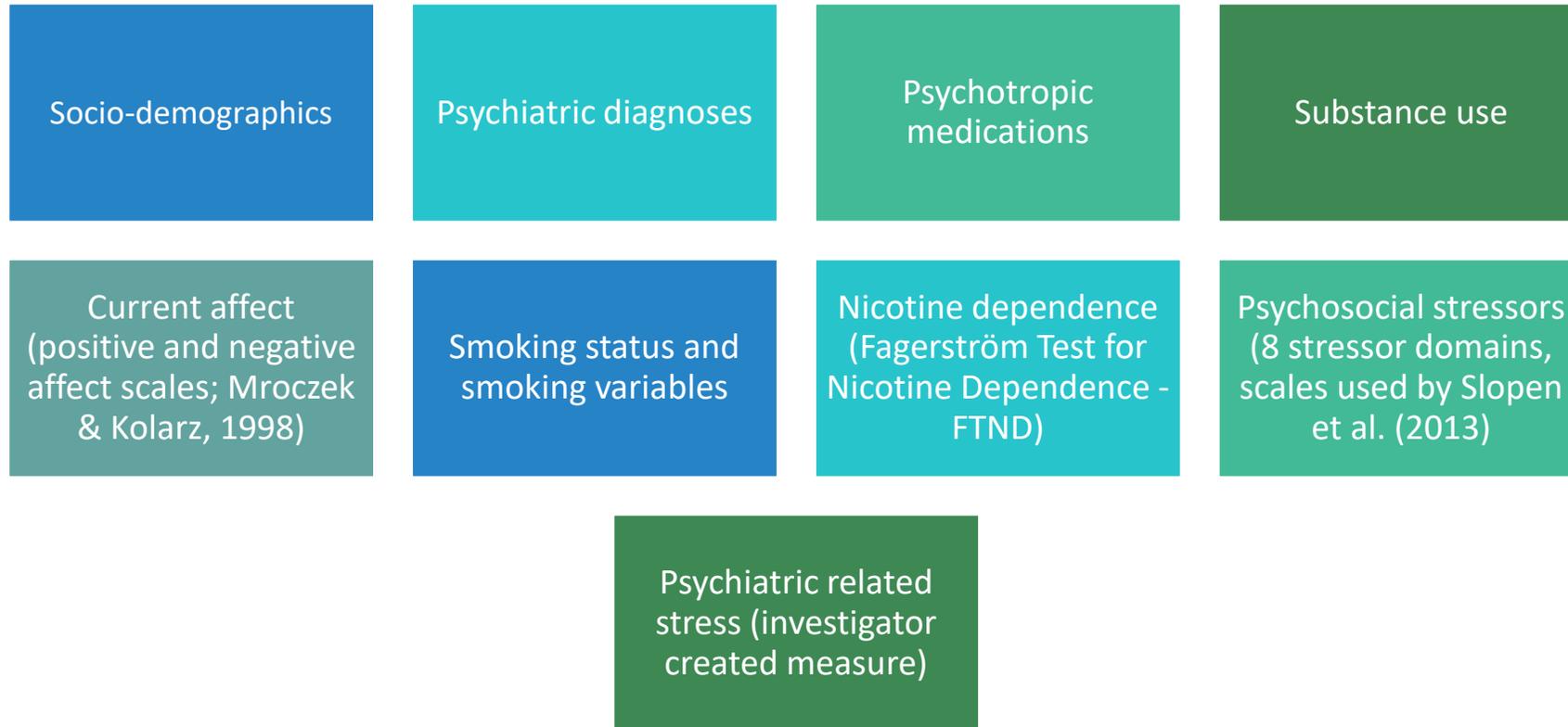
Cigarette Smoking

- Majority were former or current smokers (62.1 %)
- 37.89% never smokers
- Average nicotine dependence was low to moderate (FTND)

Psychiatric Diagnoses (DSM-5)

- Schizophrenia Spectrum and Other Psychotic Disorders
- Depressive Disorders
- Bipolar and Related Disorders

Measures



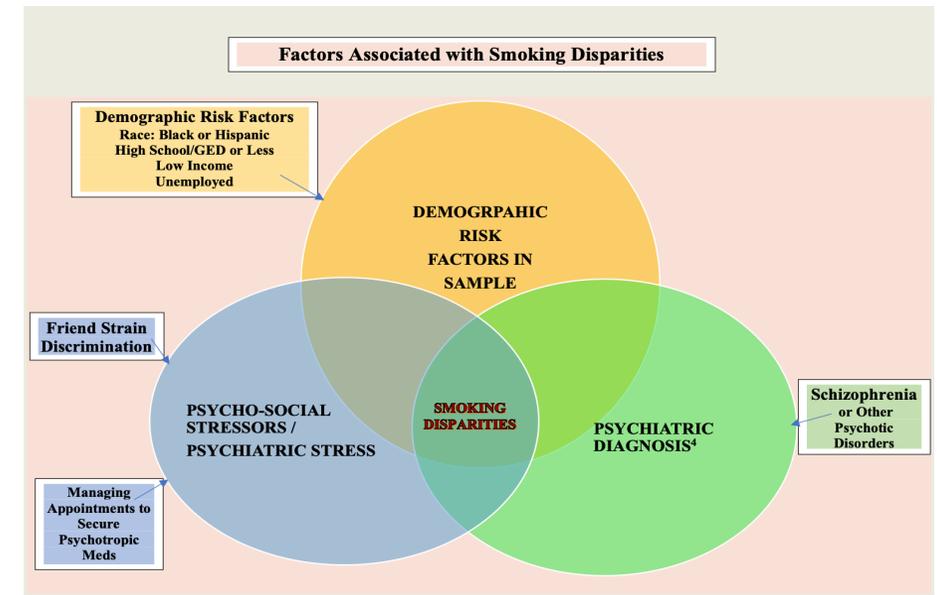
Results

Distinguishing demographics, smoking prevalence & perceived stress

- Majority of participants were single, unemployed, and lived at or below the poverty line
- Smoking prevalence of 37% (nearly 2.5 times that in adults generally)
- Sample evidenced moderate to elevated psychiatric related stress

Notable findings

- Significant relationships between specific sub-domains of stress and current cigarette smoking status
- Significant relationship between 2 individual PRSS scale items and current cigarette smoking status
- PRSS Scale – good overall internal consistency reliability





Study Limitations & Implications for Future Research

- Convenience sample
- Sample characteristics precluded certain comparisons
- Sample demographic characteristics
- Sample size
- Many LMC patients speak Spanish
- Majority of data obtained by self-report

Clinical Implications

Advance knowledge about factors that contribute to smoking disparities

More information about risk factors for smoking and nicotine dependence in a sample with a high smoking prevalence (37%)

Identifying particular stressors as risk factors for current smoking & nicotine dependence can prove useful to clinicians at large, urban medical centers serving patient populations experiencing smoking health disparities

Clinicians can screen for these factors at intake and incorporate stress management into treatment plans along with other smoking cessation treatment



Questions and Comments

Q&A

- Submit questions via the **'Ask a Question' box**



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 - ✓ Webinar recording
 - ✓ PDF of the presentation slides
 - ✓ Instructions on how to claim FREE CME/CEUs
 - ✓ Information on certificates of attendance
 - ✓ Other resources as needed
- All of this information will be posted to our website at <http://SmokingCessationLeadership.ucsf.edu>





SCLC's next live webinar is on

Pharmacists and Smoking Cessation

with Dr. Karen Hudmon, Rebecca Brookes, and Rhonda Williams

- **Wednesday, January 19, 2021, 1-2:00 pm EST**
- Registration will open soon

Contact us for free technical assistance



- **Visit** us online at smokingcessationleadership.ucsf.edu
- **Call** us toll-free at **877-509-3786**
- **Provide Feedback** - Copy and paste the post webinar survey link: https://ucsf.co1.qualtrics.com/jfe/form/SV_7VbclgjksCXk4fk into your browser to complete the evaluation!

UCSF Smoking Cessation
Leadership Center

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