

**SAMHSA-HRSA
Center for Integrated
Health Solutions**

**Epidemiology and Consequences of Tobacco
and Behavioral Health Comorbidity**

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NATIONAL COUNCIL ON ADDICTION AND SUBSTANCE USE DISORDERS
SAMHSA
www.integration.samhsa.gov


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THEME 1: Create Buy-In

- Disseminate Background Information to Understand Scope of Problem
- Understand consequences of tobacco use
- Begin to consider personal or systemic barriers to implementation

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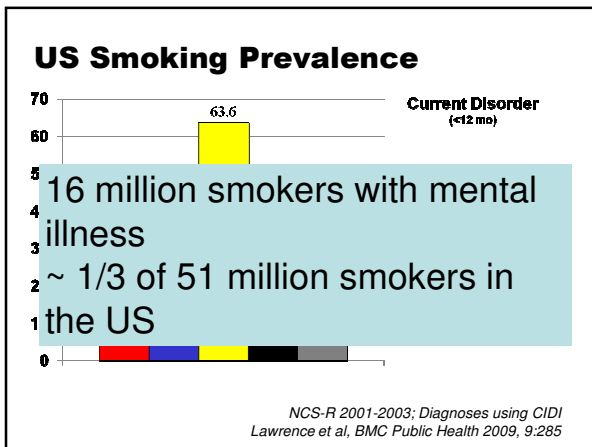
What is Buy-In?
And why do we need it?

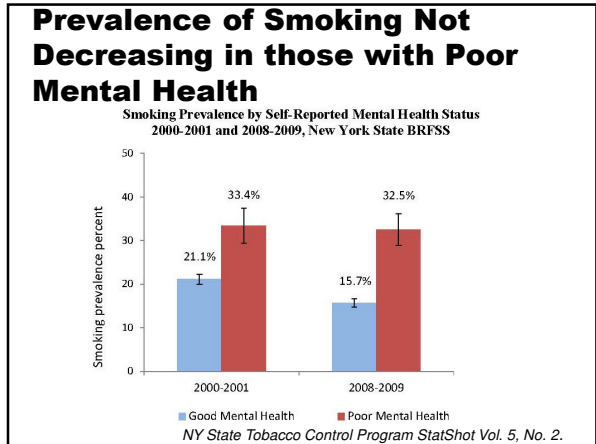


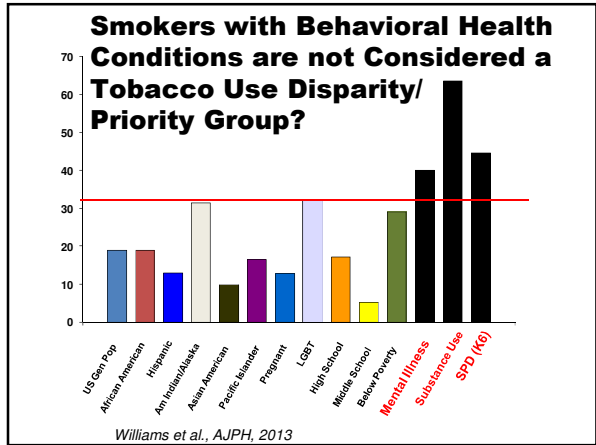


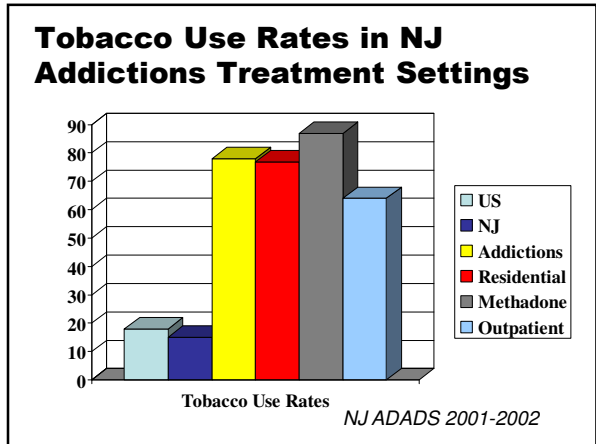
What is the smoking rate in the US (or your state)?

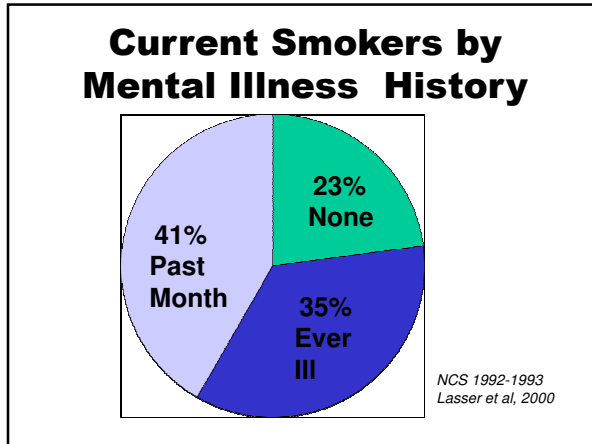
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Three Fourths of Smokers have a Past or Present Problem with

or Addiction

Mental Illness

Lasser et al., 2000; Data from National Comorbidity

Smoking is much more common in adults with mental illness than other adults.

Vital signs™ February 2013
MMWR Feb 5, 2013

Adult Smoking

Focusing on People with Mental Illness

1 in 3
More than 1 in 3 adults (29%) with a mental illness smoke cigarettes, compared with about 1 in 5 adults (20%) with no mental illness.

3 in 10
About 3 of every 10 cigarettes (30%) smoked by adults are smoked by adults with mental illness.

1 in 5
Nearly 1 in 5 adults (or 20.7 million adults) have some form of mental illness.

By poverty level

- 23% At or above poverty
- 48% Below poverty

Recent research has shown that, like other smokers, adults with mental illness who smoke want to quit, can quit, and benefit from proven stop-smoking treatments. Some mental health providers and facilities have made progress in this area, while others are now beginning to address tobacco use. The 2006 Surgeon General Report (available at www.surgeongeneral.gov) found that smoke-free policies reduce exposure to secondhand smoke and help smokers quit. Mental health facilities can benefit by making their campuses 100% smoke-free and by making

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

It's the Smoke that Kills

Cigarette smoke > 7000 compounds

Acetone, Cyanide, Carbon Monoxide, Formaldehyde

>65 Carcinogens

Benzene, Nitrosamines



Sources of Tobacco Toxins



Nicotine; nitrosamines



More than 600; Ammonia, cellulose acetate; flavors



Thousands; carbon monoxide; formaldehyde; benzene; arsenic, lead; PAH

Tobacco-Caused Illness

~90% of all lung cancers

~100% COPD

2X death from stroke/ CAD

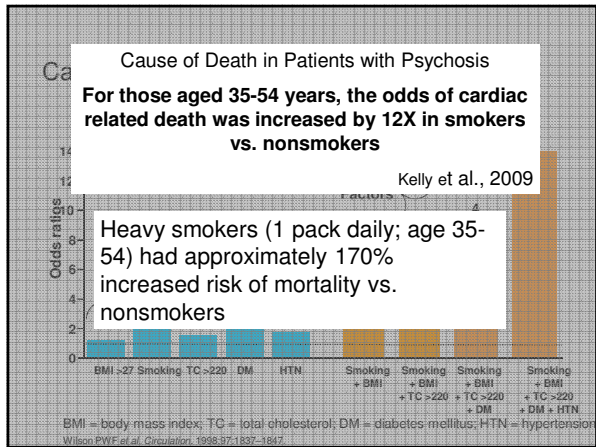
Half of all smokers die from a tobacco-caused disease

CDC Surgeon General, 2004

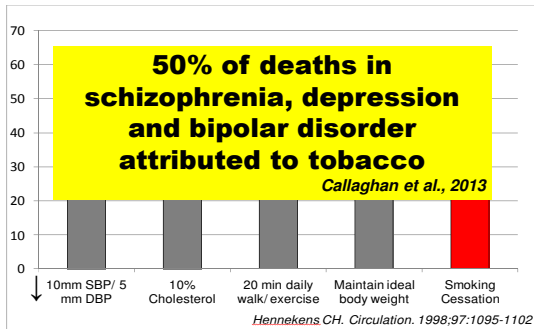


Recent data from several states have found that people with SMI die, on average, 25 years earlier than the general population

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



Reduction in CVD (%) from Each Risk Factor

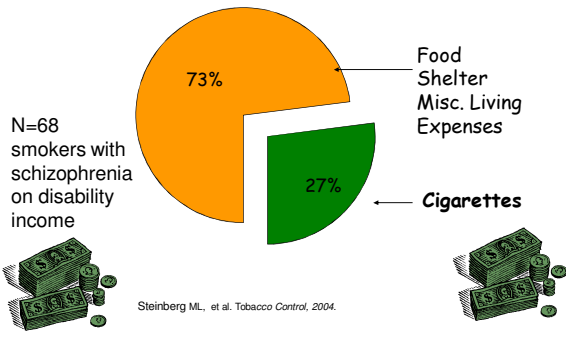


Tobacco Consequences in SUD

- More alcoholics die from smoking related diseases than from alcohol related diseases
- Synergistic effects of alcohol and tobacco
↑ risk pancreatitis and oral cancers
- Smoking ↓ recovery from cognitive deficits during alcohol abstinence

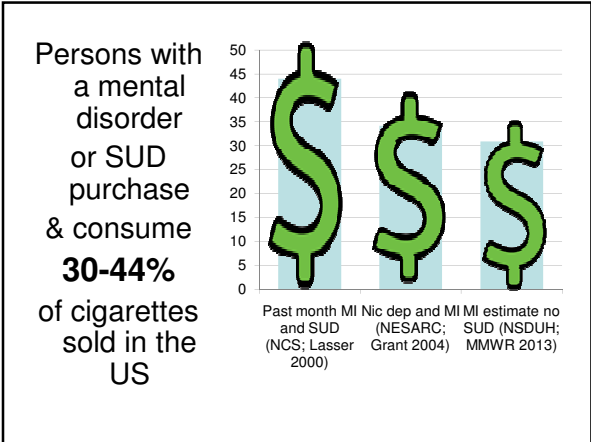
Hurt et al, 1996; USDHHS 1982 Durazzo et al, 2007

Smokers Suffer Financial Consequences and Lower Quality of Life



60% of Mental Health Consumers Report that Their Families Buy Them Tobacco

www.Straight.com



Stigma: Smoking is a Barrier to Community Integration

Consumers want Jobs and Housing

Employers and landlords highly stigmatize smokers

Why?

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**

http://www.cdc.gov/healthyhomes/healthy_homes_manual_web.pdf

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
 OFFICE OF PUBLIC HOUSING AND ASSISTANT SECRETARY
 OFFICE OF PUBLIC AND ASSISTANT SECRETARY

Dear Housing Partner:

We are pleased to advise you of the availability of the document "Smoke-Free Housing: A Toolkit for Owners/Management Agents of Federally Assisted Public and Multifamily Housing." This document, as well as an additional toolkit for residents, is available online on the Office of Healthy Homes and Lead Hazard Control's website (accessed via: www.lead.gov).

In 2009, HUD issued PIH Notice 2009-21 (reissued in May 2012 as PIH Notice 2012-25), strongly encouraging PHAs to adopt smoke-free policies in some or all of their public housing units. In 2010, HUD issued Housing Notice 2010-21 (reissued in November 2012 as Housing Notice 2012-22), encouraging Owners and Management Agents to implement smoke-free housing policies in one or all of the properties they own or manage. The benefits of smoke-free housing include reducing the exposure of residents to the harmful components of secondhand smoke, reducing the risk of fires, and potentially reducing the costs associated with maintenance at unit turnover. Smoke-free policies are increasingly being adopted across the country by PHAs and Owners of both assisted multifamily housing and market-rate rental housing.

Sasha B. Hernandez
 Assistant Secretary
 Office of Public and Indian Housing
www.hud.gov opi.hud.gov

Tobacco in the Environment

- 60% of mental health consumers report living with smokers AND smoking indoors
- Part of mental health culture
- Staff tobacco use



Williams et al., 2010 ; McNeill 2001

Smoke-Free Hospitals

- Hospitals with a psychiatric or substance abuse unit have lower compliance with 1992 JCAHO tobacco standards
- Tobacco-free psych hospitals do not show increase in violence of incidents
- Policy supports treatment
- Psychiatric inpatients **not** given NRT were > 2X likely to be discharged from the hospital AMA
- No Exemptions for behavioral health

Longo et al., 1998; Joseph et al., 1995 ; Prochaska 2004

Suicide and Smoking

- Daily smoking → predicts suicidal thoughts or attempt (adjusted for prior depression, SUD, prior attempts; OR 1.82)
- Heavy smoking
 - ↑ Suicide completions
 - ↑ Attempts in adolescents (especially girls)

Breslau et al., 2005; Ostacher et al., 2006; Altamura et al., 2006; Iancu et al., 2006; Cho et al., 2007; Oquendo et al., 2007; Riala et al., 2006; Moriya et al., 2006

?? Benefits of Smoking

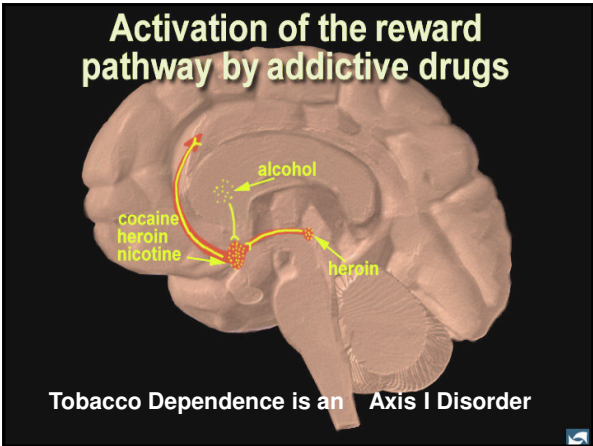
Cognition

Nicotine/ Nicotinic Receptors

- ✓ Alzheimer's disease
 - ✓ Attention deficit disorder
 - ✓ Autism
 - ✓ Schizophrenia
- Tobacco ≠ pharmacological treatment
▪Not a rationale for smoking

Depression

MAO Inhibitor Like Substance



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

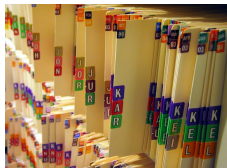
Tobacco Withdrawal

4 or more

- Depressed mood
- Insomnia
- Irritability, frustration or anger
- Anxiety
- Difficulty concentrating
- Restlessness
- Increased appetite or weight gain

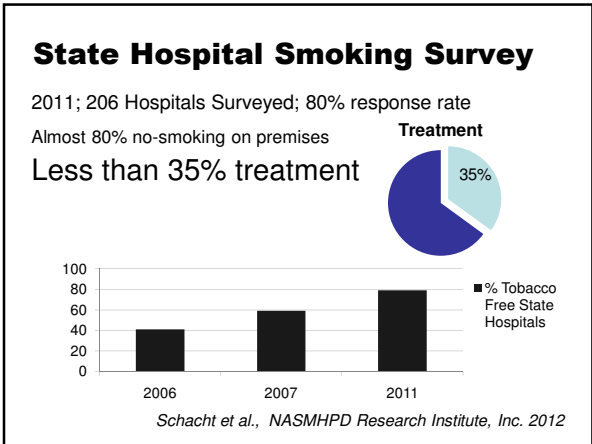
Reduced Access to Tobacco Treatment in Behavioral Health Settings

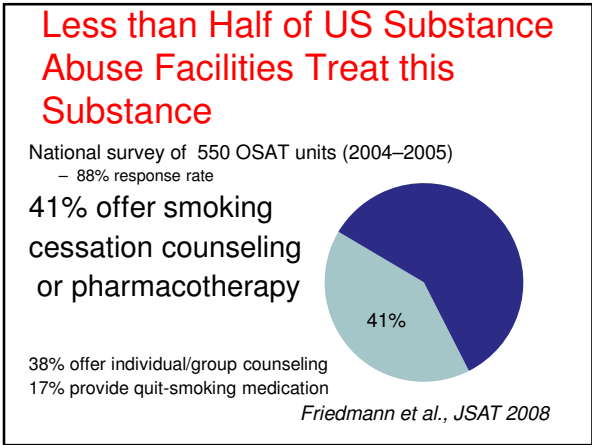
- Nicotine dependence documented in 2% of mental health records
- Only 1.5% of patients seeing an outpt psychiatrist received treatment for smoking



Less than half (44%) of clinicians in community mental health sites ask their patients about smoking

Peterson 2003; Montoya 2005; Himelhoch 2014

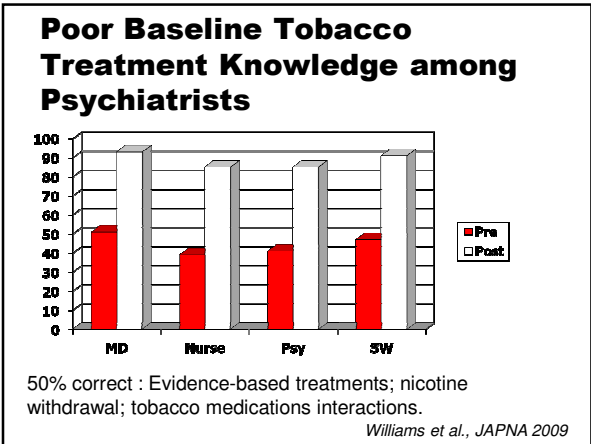




Behavioral Health Staff Tobacco Attitudes and Practices

Helping patients stop smoking is part of the role of mental health professional	90%
Usually ask about smoking status	80%
Usually recommend NRT	34%
Usually prescribe pharmacotherapy to smokers	29%
Referred smokers to a quitline	26%
Felt well prepared from prior education to treat tobacco	12%

Williams et al., JAPNA 2009



<h3>Primary Care</h3> <ul style="list-style-type: none"> Brief Intervention Shorter visits 15 vs 30 min visits Access 	<h3>Behavioral Health</h3> <ul style="list-style-type: none"> Intensive ↑ Addictions Experience ↑ Addictions Training More Visits Experts Psychosocial Tx Assessment Mood <i>Counselors shouldn't refer patients to others for counseling?</i>
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Which Approach to Take

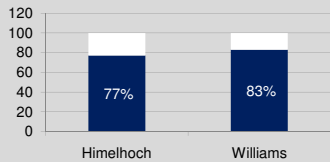
<ul style="list-style-type: none"> Implement current evidence based practices? ✓ Public health model ✓ Primary care ✓ Brief strategies ✓ Limited insurance coverage ✓ Telephone counseling 	<ul style="list-style-type: none"> Develop tailored approaches? ✓ Clinical/ co-occurring treatment model ✓ Behavioral health ✓ Face to face ✓ Longer treatment ✓ Expanded Medicaid and Medicare coverage for treatment
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Behavioral Health Should Take a Lead in Tobacco Treatment

- High prevalence of tobacco use/ patient need
- Nicotine Dependence in DSM-IV
- Trained in addictions
- Tobacco interactions with psych meds
- Longer and more treatment sessions
- Experts in psychosocial treatment
- Relationship to mental symptoms

Williams & Ziedonis. Behavioral Healthcare 2006

Clinicians Belief that patients were not interested in quitting was a major barrier to giving smoking cessation treatment



42% of patient charts in same study (49/117) Answered "yes" to question **Do you have an interest in quitting on their psychiatric assessment**

Williams et al., in press; Himelhoch et al., 2014

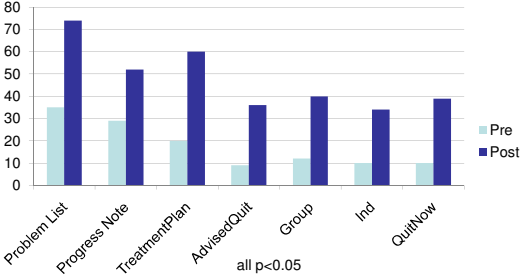
Removing Barriers to Providing Treatment

- Training health professionals can ↑ delivery of tobacco treatments
- More favorable attitudes are associated with higher rates of tobacco treatments
- Nurses who use tobacco
 - provide ↓cessation services
 - rate their ability to help patients as lower

Slater et al., 2006; Braun et al., 2004; Reeve et al., 1996; Lancaster et al, 2008

Specialized Tobacco Training Increases Treatment

Chart Review of 200 charts (20 clinicians trained at 2 day CME)



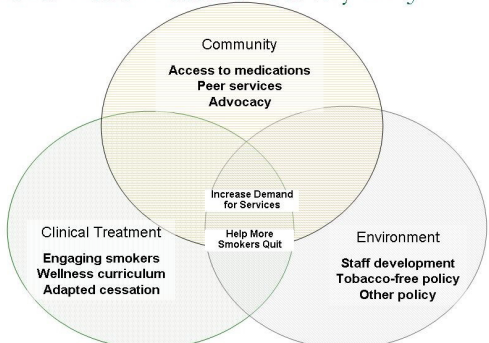
all p<0.05

Williams et al., in press

Addressing Tobacco Requires Attention to Multiple Domains

- Neurobiological
- Psychological
- Social & Environmental
- Spiritual & Advocacy
- Treatment System & Institutional
- Greater dependence
- Poor coping; low confidence
- Live with smokers
- Seeing peers succeed; having hope
- Provider bias; No access to help

Mental Health Tobacco Recovery in NJ



Williams et al, Administration & Policy in Mental Health and Mental Health Services Research, 2010




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Conclusions

- It's the smoke that kills
- Numerous consequences from tobacco for individuals with mental illness
- Mental health professionals MORE involved in tobacco treatment
- Treat it like a co-occurring disorder
- Program/ Systems changes needed to support individuals/ treatments

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Center for Integrated Health Solutions




Continue the conversation

Follow up Q&A Session:
Getting Started - Buy In and Barriers

Friday, April 11, 2014
3:00 - 4:00 PM EDT

To register:
<https://www2.gotomeeting.com/register/878764482>

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH
www.integration.samhsa.gov



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Join us for our next webinar:



Introduction to Motivational Interviewing
Marc L. Steinberg, Ph.D., Associate Director, Division of Addiction Psychiatry, Rutgers Robert Wood Johnson Medical School

Wednesday, April 16, 2014 • 12:30pm – 2:00pm EDT
To register:
<https://www2.gotomeeting.com/register/544114210>

In this 90-minute webinar, Dr. Steinberg will discuss the following topics:

- Myths of Motivational Interviewing
- Definition of Motivational Interviewing
- Spirit of Motivational Interviewing
- Motivational Interviewing micro-skills
- The importance of “Change Talk”

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