

1 Tobacco Cessation

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3 TRENDS in ADULT CIGARETTE CONSUMPTION—U.S., 1900–2006

4 TRENDS in ADULT SMOKING, by SEX—U.S., 1955–2006

5 STATE-SPECIFIC PREVALENCE of SMOKING among ADULTS, 2006

6 PREVALENCE of ADULT SMOKING,
by RACE/ETHNICITY—U.S., 2006

7 PREVALENCE of ADULT SMOKING,
by EDUCATION—U.S., 2006

8 SMOKING AMONG PEOPLE WITH MENTAL ILLNESSES

- 44% of all cigarettes produced in the U.S. are smoked by people with mental illness
- Compared to the general population, smoking is more common among people with mental health diagnoses
 - Bipolar disorder: 70%
 - Major depression or PTSD: 60%
 - Schizophrenia: 90%
- Nearly 50% (200,000) of the 435,000 tobacco-related deaths in the U.S. each year are among people with mental illness

9 WHY IS SMOKING COMMON AMONG PEOPLE WITH MENTAL ILLNESSES?

- **Culture:** Smoking has been used in psychiatric facilities as a reward; 30-35% of staff themselves smoke, making quitting more challenging
- **Lack of provider attention:** People with mental illnesses are often not advised to quit smoking by their providers
 - One study showed that psychiatrists offered smoking cessation counseling to only 12% of patients who smoked
 - There appears to be little expectation for quitting
 - Clinicians often focus on health problems other than smoking

10 IMPACT of SMOKING on
PEOPLE WITH MENTAL ILLNESSES

- On average, persons with mental illnesses die 25 years earlier than the general population
- Many of the years lost are due to smoking-related diseases and other preventable causes of illness and death

11 ALCOHOL DEPENDENCE AND SMOKING PREVALENCE

12 WHY?

- Genetic predisposition?
- Both behaviors:
 - Stress management
 - Risky

- Cross-tolerance between alcohol & nicotine
 - May lead to increased consumption
 - May counteract aversive effects
 - Sedation
 - Intoxication

13 INTERACTIONS BETWEEN BEHAVIORS

- Urges to smoke and drink correlated
- Cross cues
- Alcoholics report smoking as strategy to cope with urges to drink
- Smoking as a strategy to cope with alcohol effects

14 MORBIDITY & MORTALITY

- Rosengren - RR mortality over 12 years
 - Smoker - nonalcoholic 11.0
 - Nonsmoker - alcoholic 17.0
 - Smoker - alcoholic 26.4
- Hurt - 845 alcohol inpatients 1972-1983
 - 214 deaths
 - 51% smoking related
 - 34% alcohol related

15 TREATMENT ISSUES

- Are alcoholics interested in quitting smoking?
- Are alcoholics more nicotine dependent?
- Are alcoholics less likely to quit than other smokers?
- Alcoholics benefit more or less from drug treatment for nicotine dependence?
- Does SC threaten sobriety?

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17 WHAT'S IN TOBACCO SMOKE?

18 HEALTH CONSEQUENCES of SMOKING

- 1
 - Cancers in many parts of the body
 - Acute leukemia
 - Bladder
 - Kidney
 - Cervix
 - Oral cavity, esophagus, throat
 - Stomach
 - Lung
 - Pancreas
 - Pulmonary diseases
 - Acute (like pneumonia)
 - Chronic (like COPD)
- 2
 - Cardiovascular diseases
 - Disease related to the heart, arteries, and blood vessels
 - Circulation problems in hands and feet
 - Reproductive effects
 - Lower fertility in women
 - Low birth weight
 - Preterm birth
 - Infant mortality
 - Other effects:
 - Cataracts (eyes)
 - Osteoporosis (bones)
 - Periodontitis (teeth and gums)

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- Poor surgical outcomes

- 19 QUITTING SMOKING
HAS MANY HEALTH BENEFITS
- 20 QUITTING SMOKING
LOWERS RISK of DEATH
- 21
- 22 WHY HELP MENTAL HEALTH & SUBSTANCE CONSUMERS QUIT?
Improve health and overall quality of life
Increase healthy years of life
Improve the effect of medications for mental health problems
Decrease social isolation
Help to save money by not buying cigarettes
Quitting smoking is a right and is important for recovery
- 23 TOBACCO PRODUCTS THAT ARE SMOKED
- Cigarettes
 - Cigars
 - Clove cigarettes
 - Bidis
 - Waterpipes (e.g., hookah)
 - Pipes
- 24 TOBACCO PRODUCTS
THAT ARE NOT SMOKED
- Smokeless or “spit” tobacco include chewing tobacco and snuff (snus)
 - In 2007, about 8.1 million used smokeless tobacco in the U.S.
 - 6.3% of men
 - 0.4% of women
 - Most commonly used by:
 - Young adults (18-25 years old)
 - American Indians & Alaskan Natives
 - Residents of the southern U.S. and rural areas
- 25 TOBACCO DEPENDENCE
HAS TWO PARTS
- 26
- 27 NICOTINE PHARMACODYNAMICS: WITHDRAWAL EFFECTS
- 28 IS a PATIENT READY to QUIT?
- 29 TOBACCO DEPENDENCE
HAS TWO PARTS
- 30 METHODS for QUITTING
- Nonpharmacologic
 - Counseling and other non-drug approaches
 - Pharmacologic
 - FDA-approved medications

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WHY USE a MEDICATION FOR QUITTING?

- Medications help by making people more comfortable while quitting
 - Reduces withdrawal symptoms
- Allows consumers to focus on changing their behavior
- The medications do not have the harmful ingredients found in cigarettes
 - Nicotine replacement therapy (NRT) products provide a clean form of nicotine
 - Other medications that do not include nicotine are available with a doctor's prescription

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MEDICATIONS FOR SMOKING CESSATION

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PLASMA NICOTINE CONCENTRATIONS for NICOTINE-CONTAINING PRODUCTS

34

NICOTINE GUM

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NICOTINE LOZENGE

- Absorbed through the lining of the mouth
- Available OTC in two strengths
 - 2mg and 4mg
- Available sugar-free flavors include:
 - Mint
 - Cappuccino
 - Cherry

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NICOTINE PATCH

- Nicotine is absorbed through the skin
- Sold without a prescription as Nicoderm CQ or as a generic
- Wear on upper part of the body, in a place with little hair such as the upper back or outside of the arm
- Do not cut in half
- Apply a new patch every 24 hours

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NICOTINE NASAL SPRAY

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NICOTINE INHALER

- Nicotine inhalation system:
 - Mouthpiece
 - Cartridge
- Absorbed through the lining of the mouth
- Allows for similar hand-to-mouth ritual of smoking
- Sold with a prescription as Nicotrol Inhaler

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BUPROPION SR TABLETS

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BUPROPION: CONTRAINDICATIONS

- Patients with a seizure disorder
- Patients taking
 - Wellbutrin, Wellbutrin SR, Wellbutrin XL
 - MAO inhibitors in preceding 14 days
- Patients with a current or prior diagnosis of anorexia or bulimia nervosa
- Patients undergoing abrupt discontinuation of alcohol or sedatives (including benzodiazepines)

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BUPROPION:

WARNINGS and PRECAUTIONS

Bupropion should be used with caution in the following populations:

- Patients with a history of seizure
- Patients with a history of cranial trauma
- Patients taking medications that lower the seizure threshold (antipsychotics, antidepressants, theophylline, systemic steroids)
- Patients with severe hepatic cirrhosis
- Patients with depressive or psychiatric disorders

42 VARENICLINE

- Does not contain nicotine
- Tablet that is swallowed whole
- Sold with a prescription only as Chantix
- People who take Chantix should be in regular contact with their doctor

43 VARENICLINE:

MECHANISM of ACTION

- Binds with high affinity and selectivity at $\alpha_4\beta_2$ neuronal nicotinic acetylcholine receptors
 - Stimulates low-level agonist activity
 - Competitively inhibits binding of nicotine
- Clinical effects
 - ↓ symptoms of nicotine withdrawal
 - Blocks dopaminergic stimulation responsible for reinforcement & reward associated with smoking

44 VARENICLINE: WARNING

45 VARENICLINE: DOSING

46 DAILY COSTS of TREATMENT versus SMOKING CIGARETTES

47 LONG-TERM (≥ 6 month) QUIT RATES for AVAILABLE CESSATION MEDICATIONS

48

COUNSELING and SUPPORT

49 TOBACCO DEPENDENCE HAS TWO PARTS

50 THE CHALLENGES of QUITTING

- People smoke in many different situations:
 - Quitting requires coping – changing how you think and what you do – in these situations
 - Quitting requires motivation – thinking about a more positive life outlook and other meaningful reasons to quit
 - Talking with someone who knows about quitting can help people learn to **cope** and get **motivated** to quit without having a cigarette or using tobacco

51 BARRIERS to TOBACCO INTERVENTIONS:

Patient/Consumer Factors

- Expectation of failure

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- Self-stigma
- Lack of recovery
- Fear of weight gain
- Fear of withdrawal symptoms
- Boredom
- Knowledge
- Coping with tension and anxiety
- Daily routines
- Smoking as a social activity

52 RELAPSE

- **Relapse** (starting smoking again when you're trying to quit) can be another barrier.
 - For many people, quitting takes more than one try, sometimes 5 or more times
 - Many need to practice quitting first, and people who are successful have usually experienced relapse
 - Discussion: What can be learned from past quit attempts?

53 ADVICE CAN IMPROVE CHANCES OF QUITTING

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55 REFER to a TOLL-FREE TELEPHONE QUITLINE

- Referring to a tobacco quitline is simple
 - People who call the quitline receive one-on-one advice from trained counselors
 - Follow-up counseling is provided by the quitline
 - **Quitlines are free, and they work!**

56 MORE OPTIONS FOR REFERRAL/INFORMATION

- Contact local resources
 - American Lung Association has local chapters www.lungusa.org
 - Nicotine Anonymous www.nicotine-anonymous.org
- Talk with a provider about local wellness meetings on tobacco cessation at a nearby hospital (i.e. Kaiser)
- Telephone support provided by the makers of the medications for quitting
 - See the box of your medication for phone numbers
- Go to www.becomeanex.org or www.smokefree.gov

57 APPROACH #2:

The 5 A'S

58 TALK to PROGRAM STAFF ABOUT the IMPORTANCE of SMOKING CESSATION

- Get buy-in from providers and administrators
- Staff cessation
- Promote tobacco-free facility and campus
 - Policies are important for supporting an environment for quitting
 - See NASMHPD's "Tobacco-Free Living in Psychiatric Settings: A Best Practices Toolkit Promoting Wellness and Recovery"

59 WHAT IF A CLIENT ASKS YOU ABOUT YOUR TOBACCO USE?

- **If you have never smoked**, you may not be able to understand how hard it is to quit
- **If you currently smoke or have quit**, you probably have greater insight into what it is like to be addicted to tobacco
- It is important to remember that **each person's experience is different** but you may be able to provide some useful insights from your experiences that may help you in providing support

60 SUMMARY

- Tobacco use is prevalent in mental health and alcohol/drug dependent patients
- There is interest in quitting
- Use combined treatment

- Behavioral
- Pharmacological

61  Thanks!

- Thanks to Rx for Change (University of California, San Francisco, Schools of Pharmacy & Medicine) for many slides!