

# Wisconsin Public Psychiatry Network Teleconference (WPPNT)

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# WPPNT Reminders

## How to join the Zoom webinar

- **Online:** <https://dhs.wi.zoomgov.com/j/1606358142>
- **Phone:** 669-254-5252
- Enter the Webinar ID: 160 635 8142#.
  - Press # again to join. (There is no participant ID)

## Reminders for participants

- Join online or by phone by 11 a.m. Central and wait for the host to start the webinar. Your camera and audio/microphone are disabled.
- [Download or view the presentation materials](#). The evaluation survey opens at 11:59 a.m. the day of the presentation.
- Ask questions to the presenter(s) in the Zoom Q&A window. Each presenter will decide when to address questions. People who join by phone cannot ask questions.
- Use Zoom chat to communicate with the WPPNT coordinator or to share information related to the presentation.
  
- Participate live or view the recording to earn continuing education hours (CEHs). Complete the evaluation survey within two weeks of the live presentation and confirmation of your CEH will be returned by email.
- A link to the video recording of the presentation is posted within four business days of the presentation.
- Presentation materials, evaluations, and video recordings are on the WPPNT webpage: <https://www.dhs.wisconsin.gov/wppnt/2022.htm>.



**UW Center for  
Tobacco Research and Intervention**

UNIVERSITY OF WISCONSIN  
SCHOOL OF MEDICINE AND PUBLIC HEALTH

# **Behavioral Health Resources To Reduce Tobacco's Harm**

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# Disclosures

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No Conflicts of Interest to disclose

# Timeliness

As of 1 Oct 2022, revised language in Wis. Admin. Code ch DHS 75.24(7) requires:

“A service shall have written policies outlining the service's approach to assessment and treatment for concurrent tobacco use disorders, and the facility's policy regarding a smoke-free environment.”

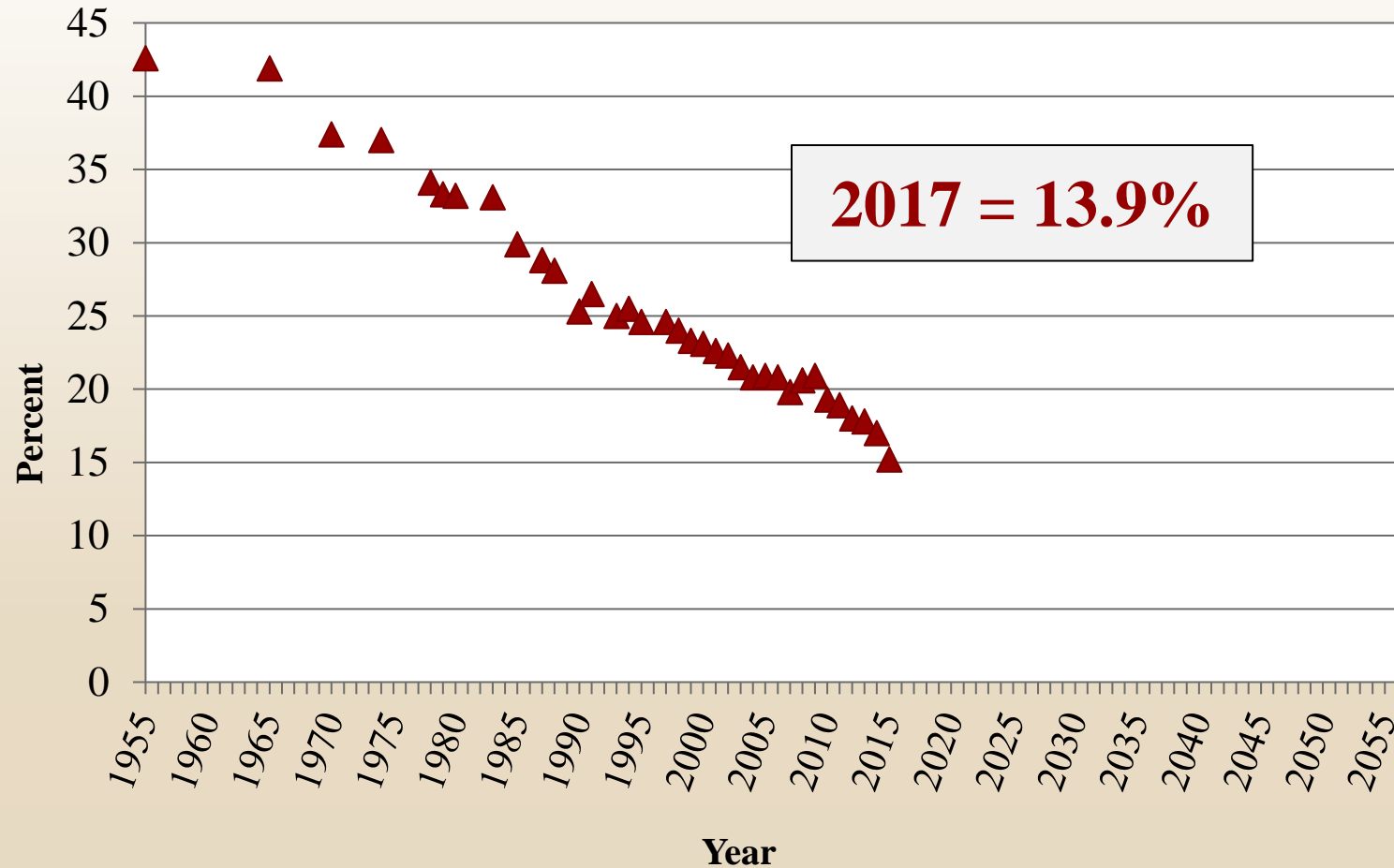
# Objectives

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1. How do we help people using tobacco to quit?
2. What can we offer people not interested in quitting right now?
3. What options do we have to reduce the harm of combustible tobacco?
4. What resources are there for me to draw upon?

# Why Do We Do This?

# U.S. Smoking Prevalence Among Adults 18 and Older, United States, 1955-2017



Source: NHIS/CDC

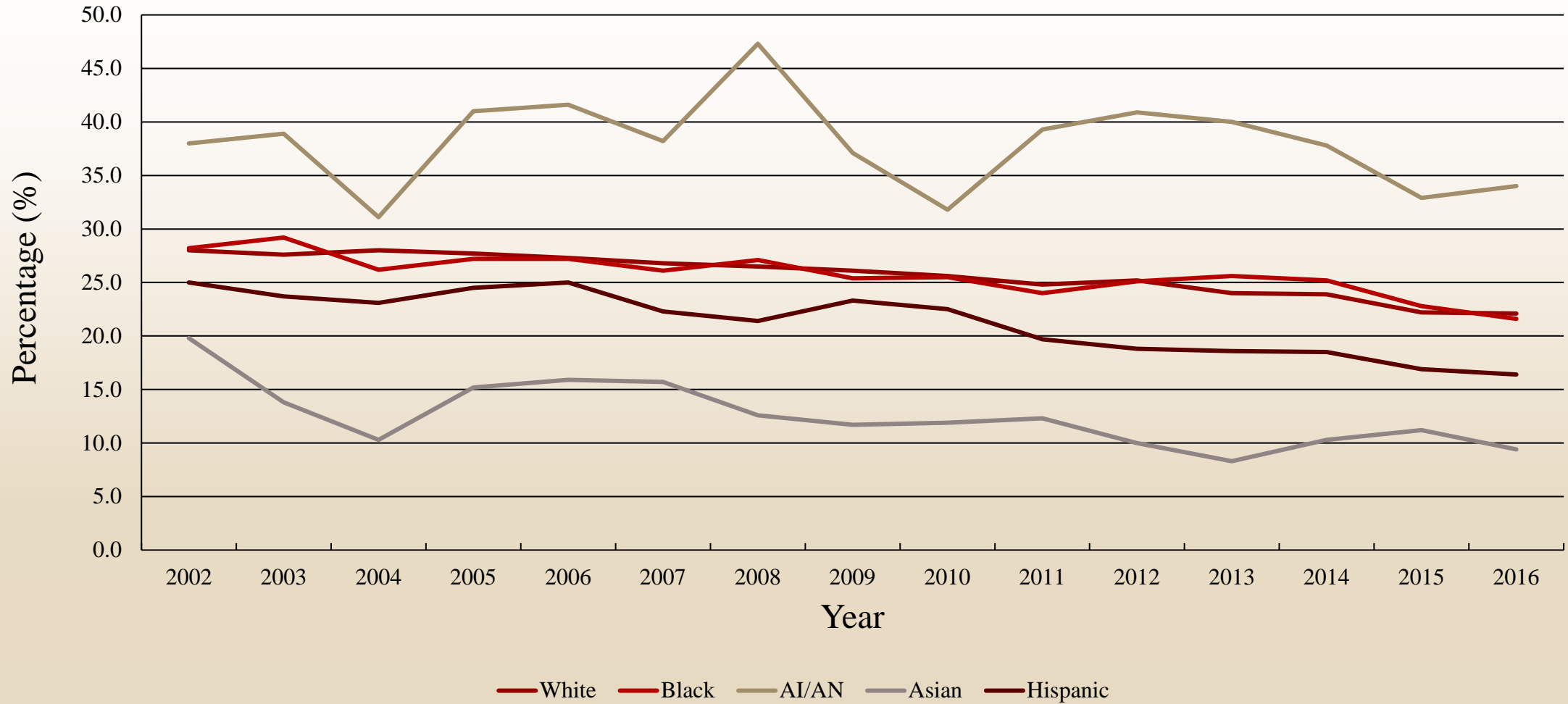


# Socioeconomically Disadvantaged

**There are an estimated 8.4 million smokers below the poverty level.**

*Source: CDC, as of 2011*

# Racial and Ethnic Disparities

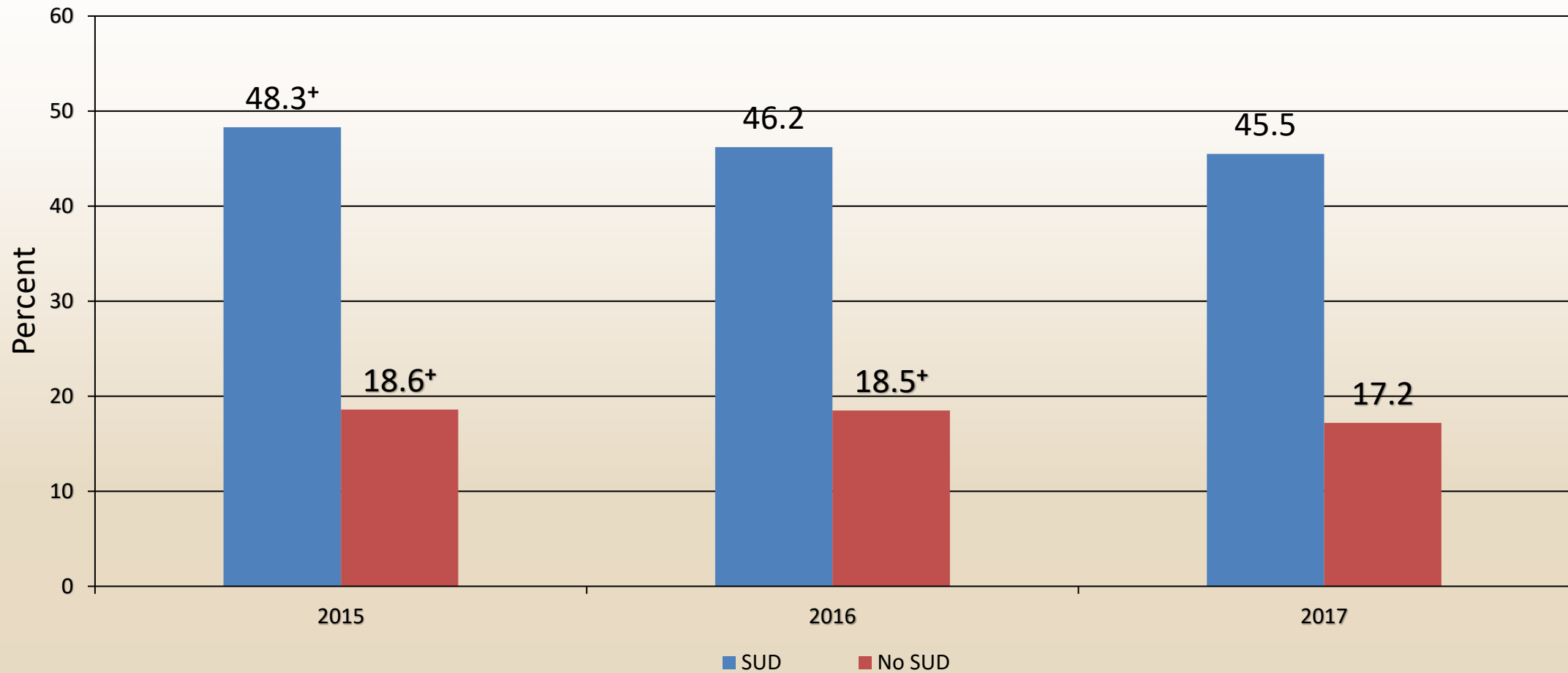


# Educational Disparities

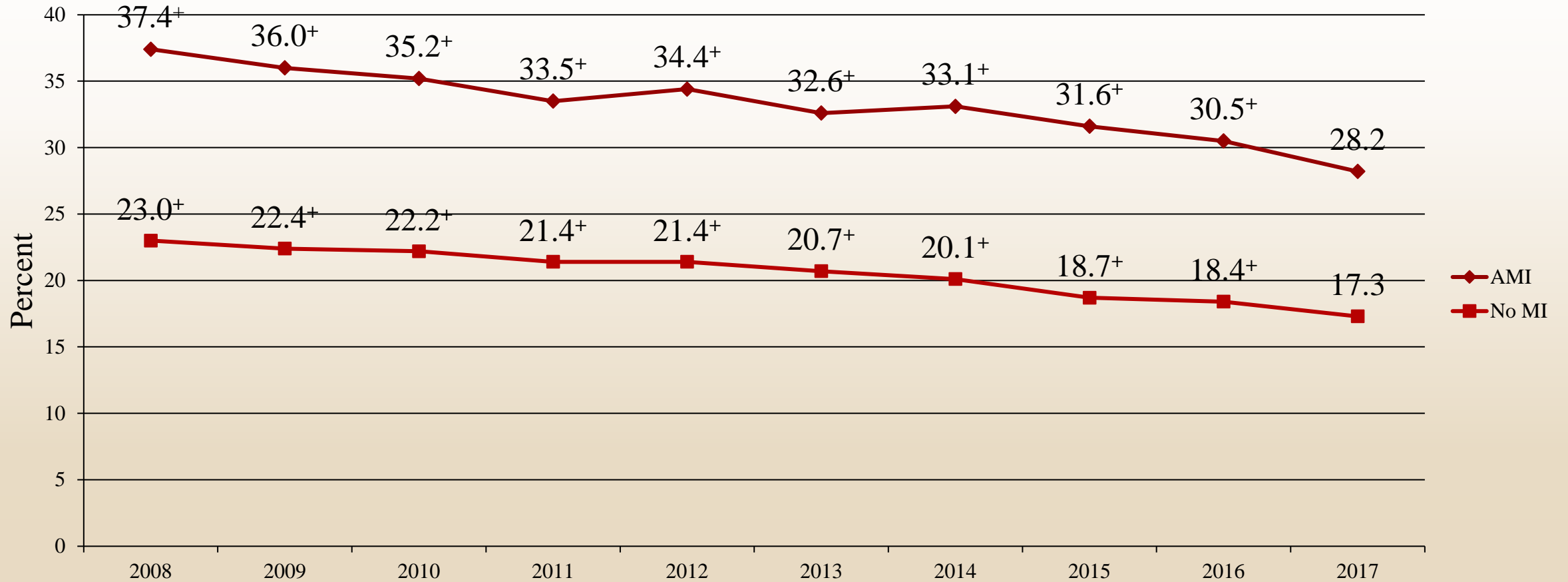
**There are an estimated 20.1 million smokers with a high school education or less.**

*Source: National Health Interview Survey, 2012*

# Health Status Disparities



# Health Status Disparities



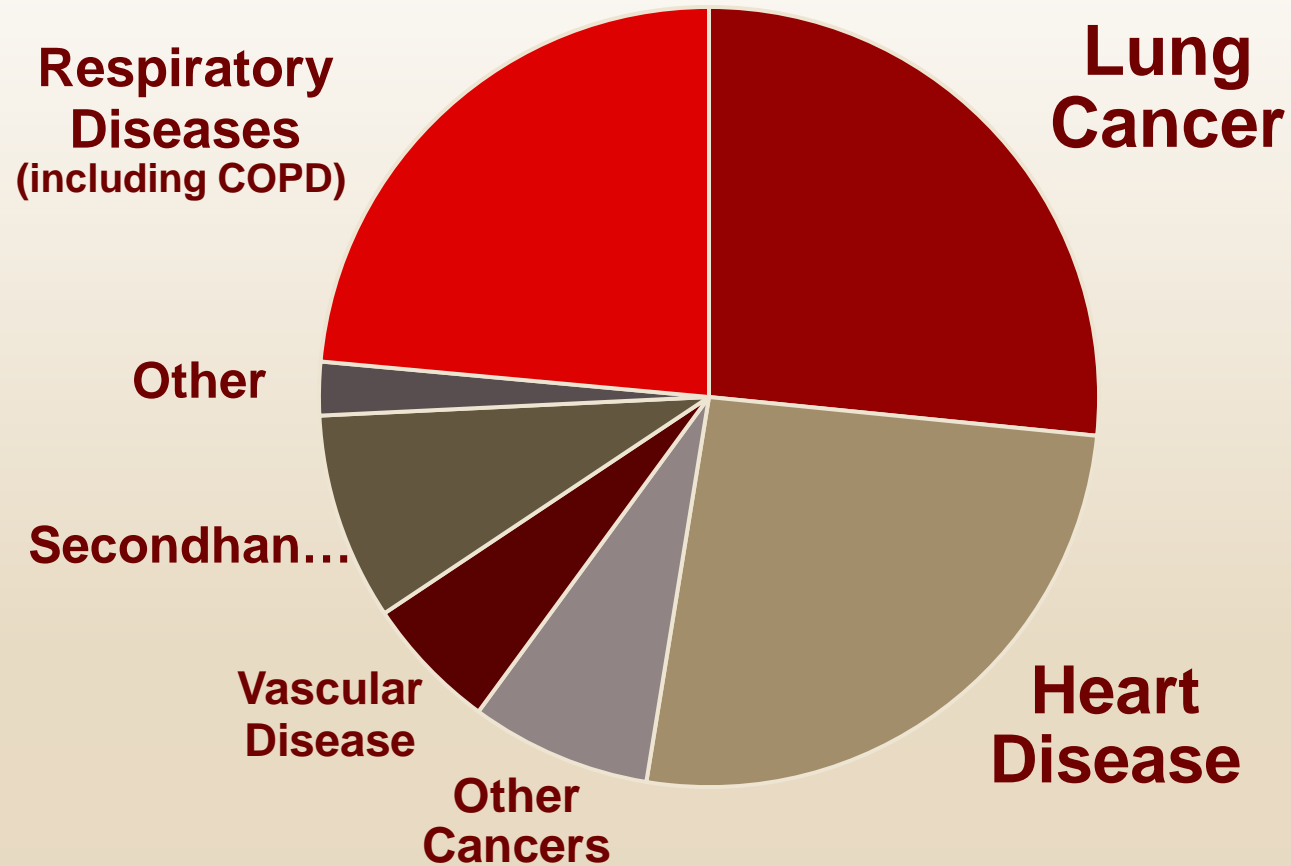
Sources: SAMHSA Tobacco and Behavioral Health NSDUH  
Data 2019

# Health Status Disparities

In the US, 40% of cigarettes are sold to people with behavioral illness/substance use disorder, despite them making up 25% of the population – about two packs per month greater use.

Lipari, R.N. and Van Horn, S.L. *Smoking and mental illness among adults in the United States*. The CBHSQ Report: March 30, 2017.

# Almost 500,000 annual deaths attributable to cigarette smoking – United States



Source: [http://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/health\\_effects/tobacco\\_related\\_mortality/index.htm](http://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/tobacco_related_mortality/index.htm) (as of 10/1/2015)

# How do we help people using tobacco to quit?



# What Does The Evidence Tell Us Works?

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- Brief counseling
- Medication
- Social Support

# Key Brief Counseling Points

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- What is the main benefit for the person?
- Setting a Quit Date
- Getting rid of tobacco products
- Mobilizing social support
- Critical coping plans

W I S C O N S I N T O B A C C O

QuitLine

800-QUIT-NOW

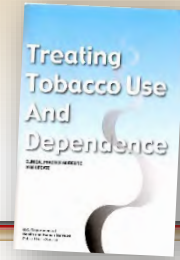


# Medication

Seven first-line medications shown to be effective:

- Bupropion SR
- Nicotine Gum
- Nicotine Inhaler
- Nicotine Lozenge
- Nicotine Nasal Spray
- Nicotine Patch
- Varenicline

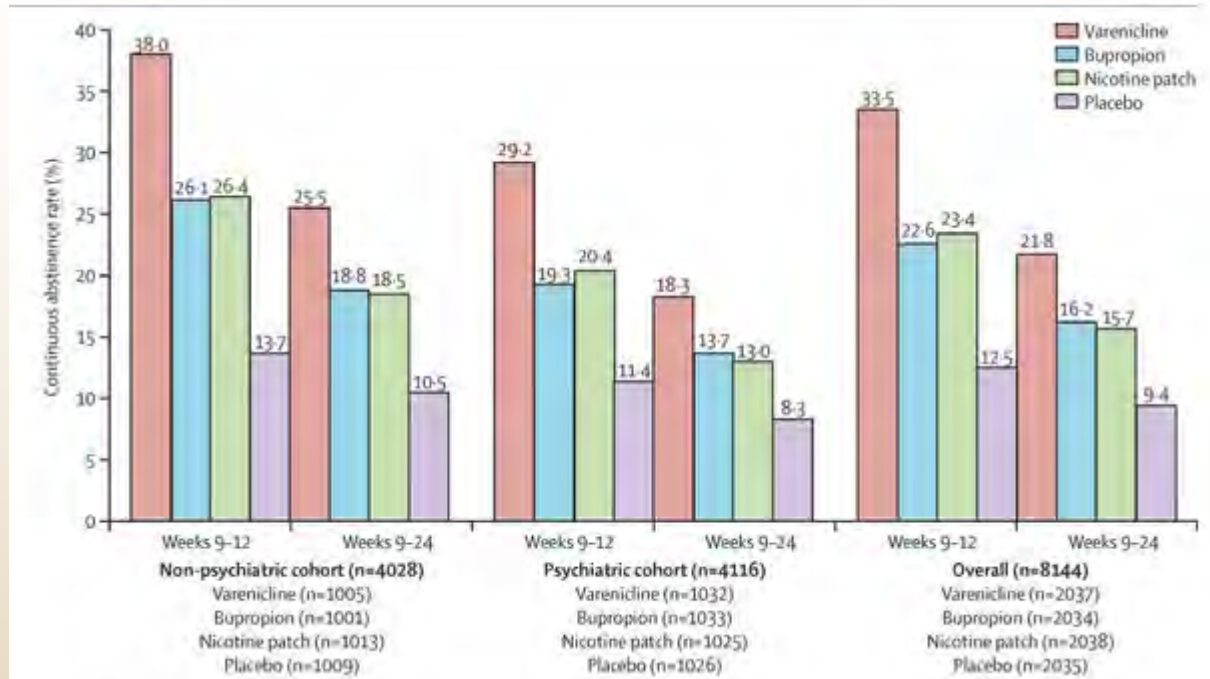
# Combinations: Medication and Counseling



Effectiveness of and estimated abstinence rates for the combination of counseling and medication versus medication alone (n = 18 studies)

Treatment	Number of arms	Estimated odds ratio (95% C.I.)	Estimated abstinence rate (95% C.I.)
Medication alone	8	1.0	21.7
Medication and counseling	39	1.4 (1.2, 1.6)	27.6 (25.0, 30.3)

# Varenicline in Behavioral Health Populations



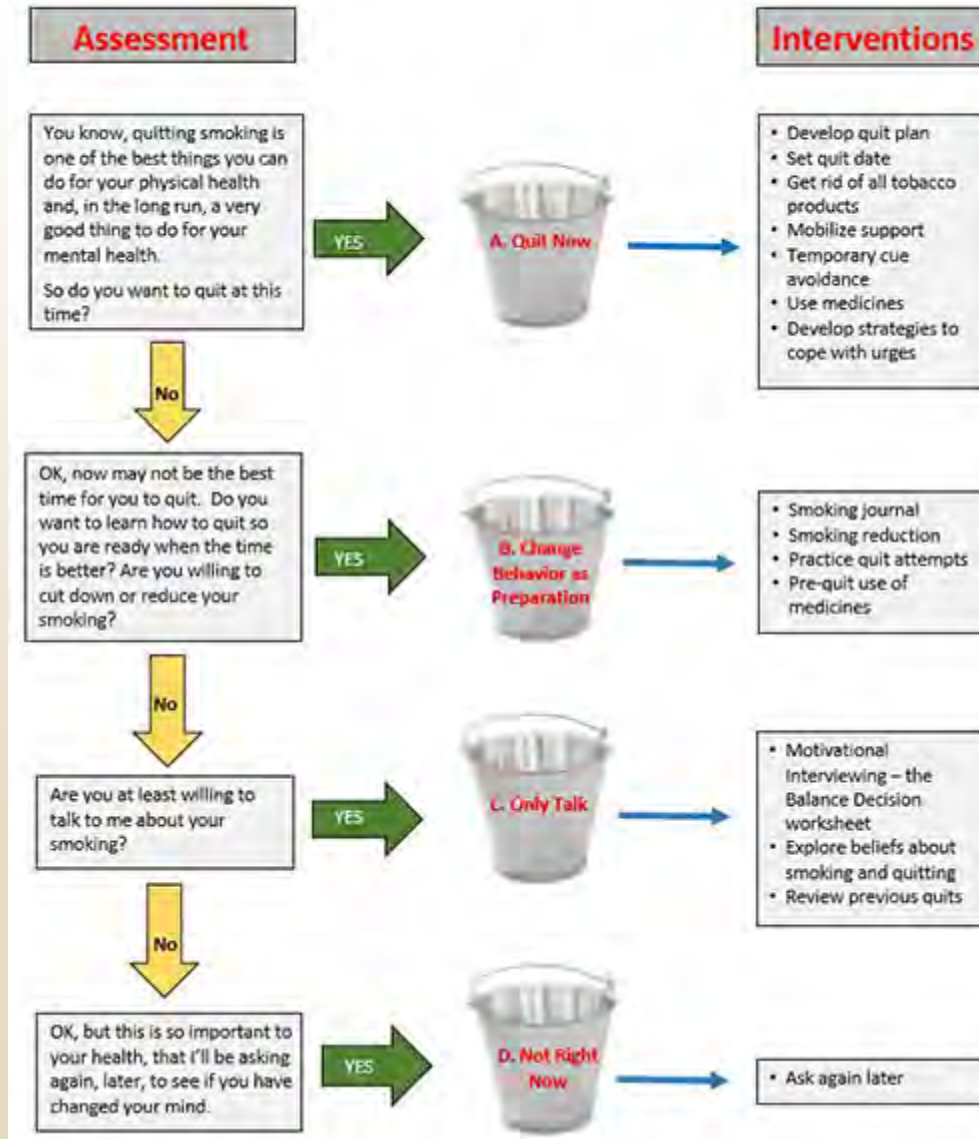
- International sample of 8,144 participants
- Psychiatric and non-psychiatric cohorts
- NO significant increase in neuropsychiatric AEs

Anthenelli RM, et al. *Lancet*. 2016 Jun 18;387(10037):2507-20.

**What can we offer people not ready to quit right now?**



## The Bucket Approach



# Getting The Most From Your Buckets

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- Self-monitoring
- Substitutions
- Reclaiming spaces
- Practice quit attempts

# What Evidence Do We Have?

Klemperer et al. (2017) analyzed mediators from an RCT of 560 unmotivated participants.

Their reduction intervention decreased CPD and increased self-efficacy ratings, which were associated with more quit attempts (19% and 54%, respectively).

Decreased CPD was associated with a 12% increase in 7-day point-prevalence abstinence. Self-efficacy was not significant.

# What Evidence Do We Have?

Engle et al. (2019) analyzed 517 unmotivated primary care patients in a four element factorial study with nicotine gum, nicotine patch, and two types of counseling.

Nicotine gum had the highest rate of a quit attempt by 6 weeks (23% vs. 15% for no gum).

Aided quit attempts were more effective than unaided (42% vs. 10% cessation).

# What options do we have to reduce the harm of combustible tobacco?

**We have one obvious option, three evidence-based contenders....**

**....and a major caveat.**

# E-Cigarettes (Vaping)



# Snus



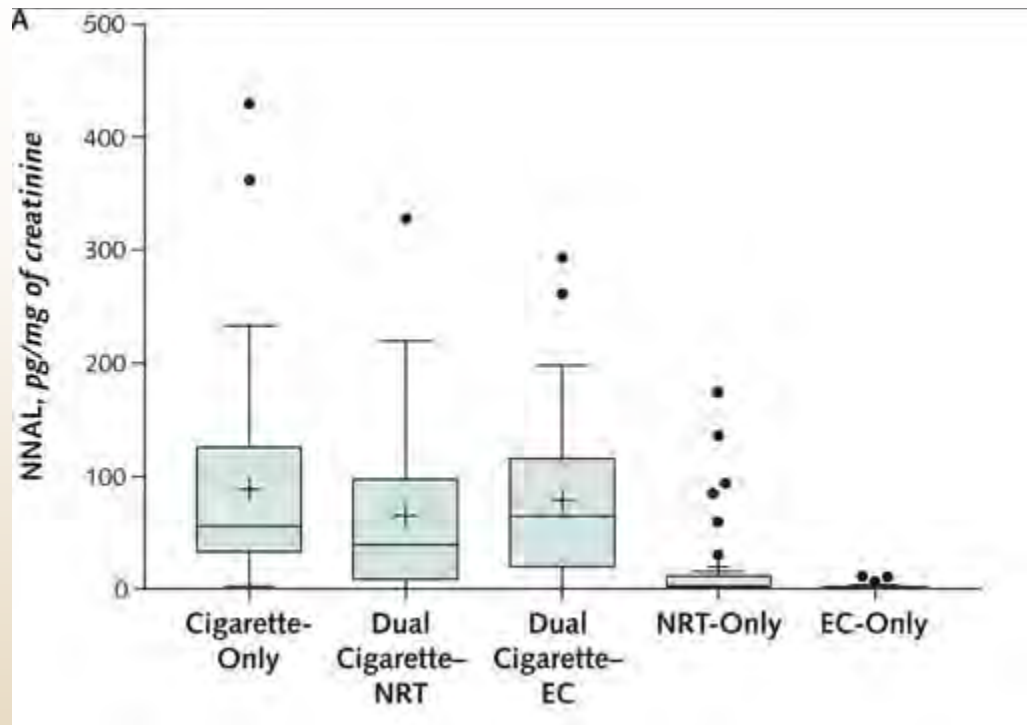
- Tobacco is NOT fermented
- Lower levels of TSNA
- pH and moisture levels result in improved bioavailability



# Nicotine Pouches



# Major Caveat



- UK study of 181 nicotine users in 5 conditions
- No reliable differences in nicotine levels
- TSNA (NNAL) reduced *only* in cigarette-free groups

Shahab L, et al. *Ann Intern Med.* 2017;166:390-400

**What resources are there for me to draw upon?**

# Wisconsin Tobacco QuitLine Options

To get started, do one of these



[Call 800-QUIT-NOW](tel:800-QUIT-NOW)



[Text READY to 200-400](sms:200-400)



[Chat Online](#)

# Live Vape Free

Marcus has his reasons for going vape free. Maybe you have yours.



Quit vaping with free help.

Click here to get started with a text

VAPEFREE

873373

WISCONSIN TOBACCO

QuitLine



WISCONSIN DEPARTMENT  
of HEALTH SERVICES

# Tailored Text-Based Support @ Smokefree.gov



# Toolkit #1: Integrating Tobacco Dependence Treatment in Behavioral Health Settings

<https://ctri.wisc.edu/providers/behavioral-health/behavioral-health-dhs75/tobacco-treatment-integration-toolkit/>

# Toolkit #2: Implementing Tobacco-Free Environments in Behavioral Health Settings

<https://ctri.wisc.edu/providers/behavioral-health/behavioral-health-dhs75/dhs-75-tobacco-free-environment-policy-toolkit/>





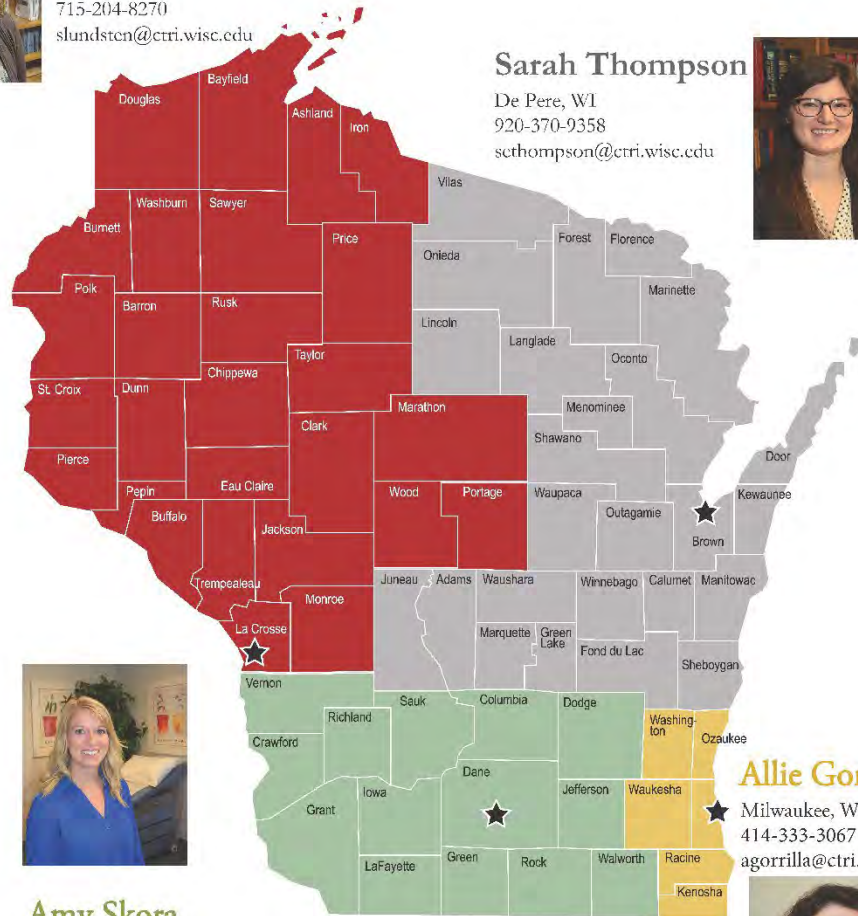
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