

# Tobacco Use Disorder

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Rethink Tobacco Indiana

1

Tobacco Use is the Single Most **Preventable** Cause of Disease, Disability and Death in the U.S.

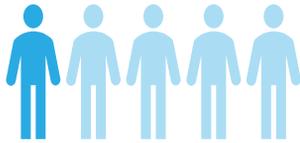
## Common Misconceptions

- “Our clients can’t quit smoking”
- “Quitting will jeopardize our clients recovery”
- “Clients need cigarettes to help them stay calm”
- “I’m smoking outside, it’s not hurting anyone”
- “We will lose business if clients can’t smoke”
- “Employees will quit if they can’t smoke on campus”
- “Won’t a tobacco-free policy create more littered butts?”

**Tobacco use disorder is the most common substance use disorder in the United States**

2

## Tobacco Use Prevalence



About **1 in 5 adults** (or 50.6 million) report currently using ANY tobacco product.



Cigarettes are the most commonly used tobacco products among adults (14.0%).



Among non-cigarette tobacco products, e-cigarettes are most commonly used (4.5%). Use is highest among young adults aged 18-24 years.



18.6% reported using two or more tobacco products (dual use).

## Disparities Persist



Native Americans and Alaskan Natives (29.3%)



Lesbian, gay and bisexual adults (29.9%)



Adults with behavioral health conditions (28.9%)



Over 80% of Black Americans who smoke use menthol cigarettes



Smoking rates are even higher among adults with substance use disorders (42.0%) VS. adults without a substance use disorder (16.1%)



## Adverse Health Effects of Tobacco Use



Nicotine has mood-altering effects that can temporarily mask the negative symptoms of mental illness, putting **people w/ mental illness at higher risk for cigarette use & nicotine addiction.**



Smoking is associated with worse symptoms and outcomes among people with behavioral health conditions, including **greater depressive symptoms and greater likelihood of psychiatric hospitalization.**



People with mental illness or substance use disorders **die up to 10-25 years earlier** than those w/o these disorders; many of these deaths are caused by smoking cigarettes.



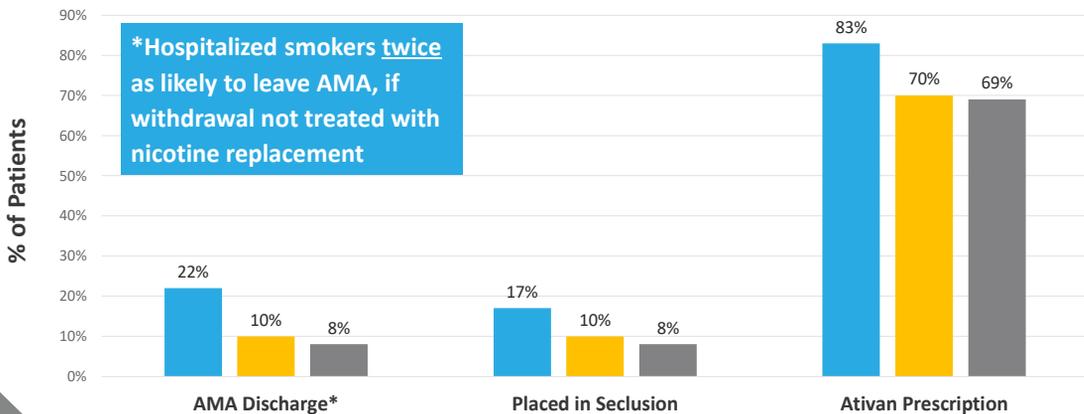
The most **common causes of death among people with mental illness are heart disease, cancer, and lung disease**, which can all be caused by smoking.

CDC. MMWR 2013;62(05):81-87; Druss BG, Zhao L, Von Esenwein S, Morrato EH, Marcus SC. Medical Care 2011;49(6):599-604; CDC., February 2013. NCCDPHP, Office on Smoking and Health. 2013 SCLC. San Francisco: SCLC, University of California, 2015; SCLC Fact Sheet: Drug Interactions With Tobacco Smoke. San Francisco: SCLC, University of California, 2015.



## Tobacco Use Impacts Behavioral Health Treatment

■ Smoker, No NRT    ■ Smoker, NRT    ■ NonSmoker



Prochaska, J.J., Gill, P., & Hall, S.M. (2004). Treatment of tobacco use in an inpatient psychiatric setting. *Psychiatric Services*, 55, 1265-1270.



## Medications Affected by Smoking

Tobacco smoke can **interact with and inhibit the effectiveness of certain medications** taken by mental health and substance abuse patients.

Trade Name	Generic Name
Thorazine	Chlorpromazine
Prolixin	Fluphenazine
Dolophine	Methadone
Haldol	Haloperidol
Clozaril	Clozapine
Zyprexa	Olanzapine
Tylenol	Acetaminophen
Coffee/Tea	Caffeine

Kroon LA. Drug interactions with smoking. American Journal of Health-System Pharmacy, 2007;.64:1917-1921.



9

9

## Tobacco Smoke and Caffeine

- Chemicals in tobacco smoke increase the body's metabolism of caffeine (and other drugs).
- When someone quits smoking, the caffeine levels will increase about 56%.
- Nicotine **withdrawal effects might be enhanced due to increased caffeine** levels.
- **Helpful tip:** Decrease caffeine intake by 50% when quitting; no caffeine after 1pm for normal sleep/wake cycle.



10

10

# What We Know

**Greater depressive symptoms**



**Increased psychiatric hospitalization**



**Smoking worsens symptoms and outcomes** of behavioral health conditions

**Smoking reduces effectiveness** of some behavioral health medications

**Increased suicidal behavior**

**Drug and alcohol-use relapse**

Prochaska J, et al. Smoking, Mental Illness, and Public Health 2017  
Compton W. The need to incorporate smoking cessation into behavioral health treatment.2018



# What We Know



**Quitting smoking** is associated with a **decrease in depression, anxiety, and stress**



**Quitting smoking** could make **relapse less likely**

**Tobacco treatment, during other addictions treatment, is linked to having up to a 25% increase in long-term recovery from alcohol and other drugs**

Compton W. The need to incorporate smoking cessation into behavioral health treatment.2018



## Why is Quitting So Hard?

13

## Tobacco Dependence: 2-Part Problem

1

### The brain has to get used to not having nicotine

- Nicotine changes how a person's brain works. It triggers the release of chemicals (e.g. dopamine) that make tobacco users feel good. Overtime, the brain is tricked to think it **NEEDS** nicotine to feel good.
- When someone stops using any tobacco product, the brain no longer receives nicotine. As a result, they might get anxious or upset, have a hard time concentrating or sleeping - these feelings are called **withdrawal**.



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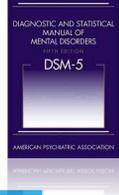
### People have to get used to daily routines that no longer include using tobacco

- Many people connect their tobacco use with things/routines they do during the day (e.g. breaks, drinking coffee, talking on the phone) –these are called **triggers**.
- Feelings (and other substance use) may also trigger an urge to smoke or use other tobacco products.



14

# Tobacco Use Disorder (F17 codes) Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5)



DIAGNOSTIC CRITERIA*	
1. Persistent desire or unsuccessful efforts to quit or cut down	7. Giving up or reducing important activities because of use
2. Great deal of time spent to obtain or use tobacco	8. Repeated use in hazardous situations
3. Craving, or a strong desire or urge to use tobacco	9. Continued use despite persistent physical or psychological problems attributed to tobacco use
4. Taken in larger amounts or over a longer period than intended	10. Tolerance
5. Continued use despite adverse social or interpersonal problems	11. Withdrawal symptoms upon cessation of use
6. Recurrent use resulting in failure to fulfill major responsibilities and obligations	

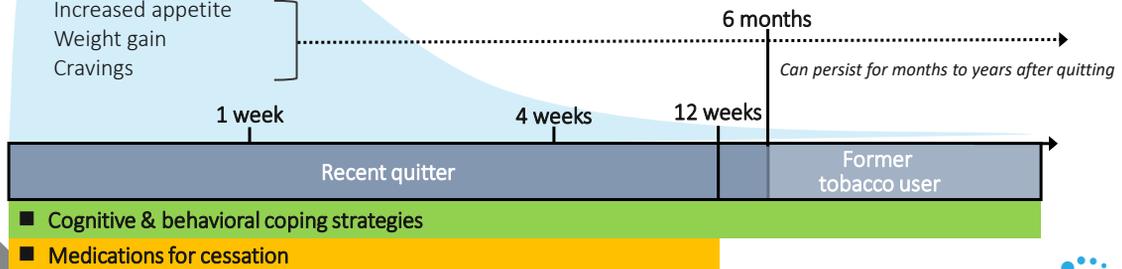
\*Diagnosis requires two or more symptoms over a 12-month period.



# Tobacco Withdrawal Criteria Time Course\* and Management

- Irritability / Frustration / Anger
- Anxiety
- Difficulty concentrating
- Restlessness / Impatience
- Depressed mood / Depression
- Insomnia
- Impaired task performance
- Increased appetite
- Weight gain
- Cravings

Most symptoms begin within the first 1–2 days, peak within the first week, and subside within 2–4 weeks.



\*Timeline aspect of the figure is not according to scale.

Data from Hughes. (2007). *Nicotine Tob Res* 9:315–327.





## Helping Others to the Journey of Tobacco Recovery

17

## Evidence-Based Interventions for Tobacco Treatment



### Counseling

Helps to make a plan to quit smoking. It can **help patients prepare to cope** with stress, urges (triggers) to smoke, and other issues they may face when trying to quit.



### Medications

Help to **manage withdrawal symptoms and cravings** patients may experience, which helps them stay confident and motivated to quit.

18

# Medications for Tobacco Recovery

## Nicotine gum

- Nicorette (OTC)
- Generic nicotine gum (OTC)

## Nicotine lozenge

- Nicorette Lozenge (OTC)
- Nicorette Mini Lozenge (OTC)
- Generic nicotine lozenge (OTC)

## Nicotine patch

- NicoDerm CQ (OTC)
- Generic nicotine patches (OTC, Rx)

## Nicotine nasal spray

- Nicotrol NS (Rx)

## Nicotine inhaler

- Nicotrol (Rx)

## Bupropion SR tablets

- Formerly Zyban (Rx)
- Generic (Rx)

## Varenicline tablets

- Chantix (Rx)

Available only with a prescription

Green = Nicotine Replacement Therapy (NRT)

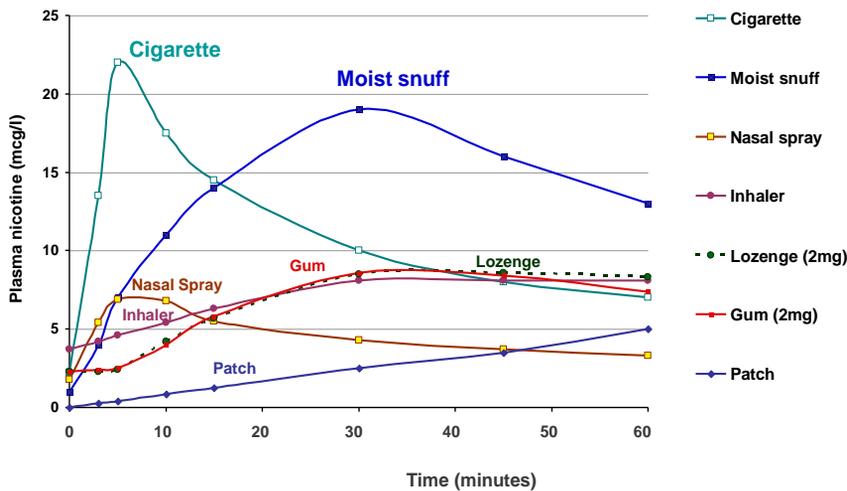
Blue = Non-nicotine cessation meds

OTC = over-the-counter / no prescription needed

These are the only medications approved by the Food and Drug Administration (FDA) for tobacco treatment



# How Quickly is Nicotine Delivered to the Body?



NRT products should be taken on a schedule to PREVENT withdrawal

## Medications Double Chances of Quitting Successfully

### Tobacco medications work best if patients do these simple things:

- Take them for a long enough time
- If using NRT, use enough to relieve your withdrawal symptoms and cravings
- Follow instructions on how to use them correctly
  - No food or drink (except water) 15 mins before or while using the gum, lozenge, or inhaler.
- Take on a schedule to help prevent withdrawal symptoms



## Treatment Intervention Models

### THE 5 AS

#### to help patients quit

- ASK** about tobacco use
- ADVISE** to quit
- ASSESS** readiness to quit
- ASSIST** in the quit attempt
- ARRANGE** follow-up

### ASK-ADVISE-REFER

#### to help patients quit

- ASK** about tobacco use
- ADVISE** to quit
- REFER** to outside help

## Best Practices for Tobacco Treatment

- ✓ Adopting and implementing a comprehensive tobacco-free facility/grounds policy
- ✓ Implementing the 5 A's or modified version (Ask-Advise-Refer) into clinical practice.
- ✓ Effectiveness of tobacco treatment is significantly increased by integrating cessation services/initiatives into the mental health or addiction treatment program.
- ✓ Many patients may benefit from additional counseling and longer use of cessation medications.
- ✓ Peer-driven approaches such as peer specialists trained in smoking cessation.
- ✓ Referral to community programs or resources such as your State Quitline



23



24

## Available Resources

- **Vape Free Indiana** [www.IN.gov/vapefreeindiana](http://www.IN.gov/vapefreeindiana)
  - Resources for parents, youth, educators, and health professionals
  - [Behind the Haze](#) (mass media campaign)
- **This is Quitting** (text-based cessation program)
  - Youth and young adults **text INDIANA to 88709** for help to quit vaping.
- **Live Vape Free** (support for parents and youth)
  - Online learning program to educate parents/caregivers to support their child, and support for youth to quit vaping.
- **The Real Cost of Vaping**
  - Lessons and activities for teachers, including resources and digital tools.



25

## Indiana Tobacco Quitline



- **Free and confidential telephone and online support to help Hoosiers quit ALL forms of tobacco!**
- Offer multiple programs by population type, including supporting youth ages 13 – 17!
- Receive free quit support materials, pre-arranged calls with a Quit Coach, access to online support community, and access to free nicotine replacement therapy, if eligible.
- Unlimited call-ins to the quitline!



26

## Quitline's Behavioral Health Program

Callers who have a BH condition and enroll are eligible to receive the following free services:

- **7 pre-arranged calls** with Quit Coach
- 12-week regimen of **combination NRT** (patch + gum/lozenge)
- **Letter sent to provider** informing of a quit attempt

### BH Program Eligibility questions:

1. "Do you currently have any mental health conditions, such as?" *Enrollment specialist will go through a list*
2. "Do you think that these mental health conditions or emotional challenges might interfere with your ability to quit?" *If 'yes', caller is offered enrollment into BH program*



27

## How to Enroll in the Quitline



Individuals have many ways to connect with the Indiana Tobacco Quitline:

-  Call **1-800-QUIT-NOW**
-  Visit [www.QuitNowIndiana.com](http://www.QuitNowIndiana.com) and click the "Ready to Quit" link
-  Text **READY** to **200-400** to begin enrollment
-  Online, fax, or e-referral by healthcare professional



Healthcare providers can enroll in the Quitline's "[Preferred Provider Program](#)" and receive direct referral privileges. Also receive a referral kit with free resources and status reports on referred patients.

28

## Additional Resources



- [BecomeanEX](#)- Free online quit resource by Truth Initiative
- [Nicotine Anonymous](#) – 12-step fellowship offering group support for nicotine recovery.
- [quitSTART](#) – Free smartphone app for quit support, available in Apple store and Google Play.
- [NCI QuitPal](#) – Free smartphone app by National Cancer Institute to help people quit smoking

### Resources for health professionals and advocates

- [Truth Initiative](#) – Great for latest information on tobacco and opioids
- [RX for Change](#) – Online tobacco cessation training program. Free with account creation.
- [Purdue College of Pharmacy](#) – Offer free CE course on tobacco cessation with account creation.
- [QuitSmokingPharmacies.com](#) – Pharmacists can now prescribe quit smoking medicines and provide patients with counseling.



29

## Questions?

### Contact info:

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30