Special populations: Mental illness and substance abuse

Timothy Milbrandt, MS, CTTS
Cigarette smoking by those with mental illness 2009-2011 (MMWR, 2013)

- 21.4% of people who have not had mental health symptoms in past year currently smoke.
- 36.1% of the 1 in five of adults who have had any mental illness (AMI) in past year smoke.
- Decline in smoking since 1964 among most groups except those with mental health problems.
- 44% of all cigarettes smoked are by people with a ‘past-month’ mental health diagnosis (Lasser, 2000).
This is a health disparity issue

• People with mental illness die on average 8.2 years earlier than people without MI
  • Hazard ratio 2.1 (Druss et. al. 2011)

• People with MH and SA diagnoses are consuming tobacco 2-3x the rate of the rest of the population

• The system in which they receive care currently does little to change tobacco use
Am I worth it?

40 years of reducing smoking rates

EXCEPT for smokers with mental illness or addiction
The stigma

• People with mental illnesses are probably the most socially excluded group…. Stigma and prejudice about mental disorders punish individuals, families and communities.
  • They are hurt by inadequate treatment.
    • Manderscheid and Colton 2006

• Half of all smoking deaths occur among people with mental illness
  • Nicotine dependence is documented in only 2% of the medical records in mh/sa programs
    • Pederson., et. al. 2003

(NJ Governor’s Mental Health Task Force Report. March 31, 2005)
Mortality in Alcoholics (Hurt et. al., 1996)

- Retrospective Study: 845 patients
  Inpatient Addictions Program 1972-1982

- Followed through 1992
  - Medical Record
  - Death Certificates
## Cumulative Mortality

<table>
<thead>
<tr>
<th></th>
<th>Expected</th>
<th>Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 years</td>
<td>3.3%</td>
<td>8.2%</td>
</tr>
<tr>
<td>10 years</td>
<td>7.6%</td>
<td>17.7%</td>
</tr>
<tr>
<td>20 years</td>
<td>20.0%</td>
<td>43.8%</td>
</tr>
</tbody>
</table>
Underlying Cause of Death

<table>
<thead>
<tr>
<th>Cause</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco related</td>
<td>43.1%</td>
</tr>
<tr>
<td>Alcohol related</td>
<td>27.9%</td>
</tr>
<tr>
<td>Tobacco &amp; Alcohol related</td>
<td>3.6%</td>
</tr>
<tr>
<td>Non-tobacco, non-alcohol</td>
<td>24.9%</td>
</tr>
<tr>
<td>Other drug related</td>
<td>0.5%</td>
</tr>
</tbody>
</table>
Myths about smoking and mental health disorders

• It is almost impossible for the mentally ill to quit
• It is too much to ask of those being treated for other drug dependencies
• It is what people with psychiatric disease do
• Mental health providers fear tobacco dependence treatment will interfere with other treatment
• Stopping smoking will worsen mental health problems or lead to relapse
Smoking and psychiatric Co-morbidities (Lasser et. Al. 2000)
**Stopping smoking improves mental health**
Taylor et. al. (BMJ 2014)

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Number of studies</th>
<th>Standardized mean difference (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety</td>
<td>4</td>
<td>-0.37 (-0.70 to -0.03)</td>
</tr>
<tr>
<td>Depression</td>
<td>9</td>
<td>-0.29 (-0.43 to -0.15)</td>
</tr>
<tr>
<td>Mixed anxiety and depression</td>
<td>4</td>
<td>-0.36 (-0.58 to -0.15)</td>
</tr>
<tr>
<td>Psychological quality of life</td>
<td>4</td>
<td>0.17 (-0.02 to 0.35)</td>
</tr>
<tr>
<td>Positive affect</td>
<td>1</td>
<td>0.68 (0.24 to 1.12)</td>
</tr>
<tr>
<td>Stress</td>
<td>2</td>
<td>-0.23 (-0.39 to -0.07)</td>
</tr>
</tbody>
</table>

- Smoking cessation is associated with improvement in mental health in comparison with continuing to smoke
- The effects are equal to or larger to those of antidepressant treatment
Does Abstinence from Tobacco Threaten Sobriety?

- 10% of recovering alcoholics state it does
- 16% report increased craving
- 18% relapse to alcohol/drug use during tobacco abstinence
- 90% state it DOES NOT threaten sobriety
- 84% report NO increase in craving
- 82% DO NOT relapse to alcohol/drug use during tobacco abstinence

Adapted from John Hughes, 2004
THE WAR ON DRUGS

DESTROY THE CROPS.
EXECUTE THE PUSHERS.
AND REHABILITATE THE USERS.

SUBSIDIZE THE CROPS.
EXONERATE THE PUSHERS.
AND BLAME THE USERS.
Barriers to Addressing Smoking

• Provider Resistance
• Patient Resistance
• Family Resistance
  • Taking away their only pleasure
• Concern about exacerbation of symptoms, relapse, and increased acting out
• Concern about interaction with psych meds
• Easy Access
One aspect of provider resistance: staff smoking

• Smoking prevalence is high among staff in the behavioral healthcare system and their families
  • 30-35% of mental health providers smoke

• Much higher than other health care professionals:
  • 1.7% primary care physicians
  • 5.7% emergency physicians
  • 3.2% psychiatrists
  • 13.1% RN

Accepted part of the culture

• Reward for positive behavior
  • Sometimes only choice consumers can make
  • Mistaken autonomy

• Fill voids of boredom and loneliness
  • Shared social activity

• Revenue from sales supports discretionary activities

• Staff who smoke normalize smoking
  • staff may help patients access cigarettes,
Barriers to Tobacco Dependence Treatment

- Lack of staff buy in and staff training
- Staff fear that patient’s will misuse NRT or smoke while taking NRT
- Restrictive formulary or coverage of the cost of medications
- Limited income and cannot afford OTC medications
Smoking bans in psychiatric inpatient settings

- 26 International studies reporting on smoking bans
- Staff generally anticipated problems that did not occur
  - No increase in aggression, use of seclusion, discharge AMA.
- Consistency, coordination and full support essential
  - Lack of this created most or the problems
  - NRT widely used
- No effect on long term post-discharge smoking

Lawn S, Pols R (2005)
NASMHPD

National Association of State Mental Health Program Directors Council

Position statement on smoking policy and treatment

• “Silently and insidiously tobacco sales and tobacco became an accepted way of life…”

• As physicians
  • Take assertive steps to protect all people in state mental health facilities from the effects of tobacco

• As administrators
  • Commit the leadership and resources to create smoke free systems of care

• As partners
  • Commit to assisting individuals in improving their quality of life by going tobacco free
    • Access to continued treatment in facilities and the community
NASMHPD

- Tobacco Free Living in Psychiatric Settings - A toolkit
  - System change guide
- Questions and answers - practical answers to common questions
  - Smoke breaks provide our only pleasures - how can you take that away?
  - People are in crisis - how can you expect them to stop smoking?
  - You are taking everything else away?
  - Clients will start smoking after discharge anyway - why bother?
Rationale for integrating tobacco treatment into behavioral health care

1. Mental health providers already have advanced training in behavior change

2. It is more convenient for patients and provides important inroads into this population with higher prevalence and fewer services

3. Chronic relapsing nature of tobacco dependence fits well with the frequent treatment visits traditional for mental health services
Seven Recommendations for All Programs

1. Change old beliefs.
   - There is now ample evidence that MH/SA patients both want to and can quit.

2. Provide tailored and more intensive treatment programs.
   - Programs and services need to be tailored both behaviorally and pharmacologically to the specific needs of the patient/client and to their usual treatment setting.
   - Coordination among the key care providers is necessary.

3. Use a comprehensive assessment to tailor services.

4. Recommend cessation pharmacotherapy; monitor psychiatric medications.
Seven Recommendations

   - Often need more intensive behavioral treatment,
   - Often need protracted preparation time prior to quitting. Need more education and time to master coping skills.

6. Increase training and supervision for counseling staff.

7. Consider the effect of smoke-free policies.
   - Smoke free/tobacco-free policies drive increase in development of services for mental health and substance use facilities.
   - Smoke free policies increase demand from clients with mental illness and substance use disorders
Treating Tobacco Use In Psychiatric Patients

• Treat current, clinically significant, psychiatric disorder first

• Keep tobacco use on problem list

• Treat whenever and as soon as appropriate:
  • Open the dialogue
  • Reinforce message they can quit
  • Encourage quit attempt
  • Provide more intensive support
Open the dialogue and assessment

- What are your thoughts/feelings about stopping tobacco?
- Assess tobacco use and past quit attempts
- Tell me why important to stop?
- Past experiences in stopping
- Provide hope….
  - More intensive treatment
  - – both counseling and medication
Treating Tobacco Dependence in Recovering Alcoholics

• Treat whenever and as soon as appropriate:
  • Open the dialogue
  • Reinforce message they can quit
  • Encourage quit attempt
  • Provide more intensive support
    • Both medication and counseling
• Incorporate smoking treatment into recovery treatment plan
Choices

- http://www.njchoices.org/

- Employs mental health peer counselors to deliver the message to smokers with mental illnesses

- Addressing tobacco is important and that all smokers should seek treatment.
CHOICES

- MH peer counselors to deliver message
  - 30 hours training
    - Tobacco education
    - Working with smokers
    - Advocacy
  - Received ongoing supervision
- CO monitoring and personalized feedback
- Group health fare
- Advocacy work
Smoke Alarm

• https://www.youtube.com/watch?v=BnErTb3aQ24
Select recent initiatives

• Smoking Cessation Leadership Center (SCLC)
  http://smokingcessationleadership.ucsf.edu

• National Association of State Mental Health Program Directors Council (NASMHPD)
  • http://www.nasmhpd.org
  • Tobacco Free Living in Psychiatric Settings - A toolkit

• Tobacco Cessation Leadership Network
  • http://www.tcln.org
  • Bring everyone along

• Department of Veteran Affairs
  • http://www.publichealth.va.gov/smoking/default.htm

• Model treatment programs
  • CHOICES