The Intersection of Tobacco Use and Other Substance Abuse

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Medicine Responds to Addiction: Implementing Physician Training
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Smoking remains the leading cause of preventable disease and death in the United States – responsible for over 480,000 deaths per year.

Between 1964 and 2014:
- Over 20 million Americans died because of smoking, including
  - 2.5 million nonsmokers
  - Over 100,000 infant deaths from parental smoking

“The cigarette is the deadliest artifact in the history of human civilization.” – Robert Proctor, Stanford University
Tobacco-related diseases are the leading cause of death in patients previously treated for alcoholism and other substance use disorders (SUD). (Hurt et al., JAMA, 1996)
I'm not recovering from drug dependence only to die of lung cancer.

I need to quit smoking.
~Teona

People with a mental illness or a substance abuse disorder smoke half the cigarettes in America.

Most want to quit. Many have quit. We can help.

Call the Maryland Tobacco Quitline at 1-800-QUIT-NOW
It’s free. It’s confidential. It works.
Tobacco Use Among Persons with SUD

Current Smoking Among Adults With Past Year Substance Use Disorder (SUD) in 2015:

48.3 %
vs.
18.6 % no SUD

SOURCE: SAMHSA, National Survey on Drug Use and Health (NSDUH), 2015.
Smoking prevalence for those 12 and older who received substance use treatment was 74 percent.

From The NSDUH Report (SAMHSA), June 23, 2011.  
Cessation Improves Addiction Recovery

- A 2017 nationally representative, prospective longitudinal study of long-term outcomes for substance use disorder (SUD) found that continued smoking and smoking initiation among nonsmokers were associated with significantly greater odds of SUD relapse.

- A 2012 study analyzing 9 years of prospective data from 1,185 adults in a SUD program at a private health care setting, found that stopping smoking during the first year after substance use treatment intake predicted better long-term substance use outcomes through 9 years after intake.

- A 2004 meta-analysis of 19 studies found that smoking cessation interventions provided during addictions treatment were associated with a 25% increased likelihood of long-term abstinence from alcohol and illicit drugs.

Cessation Improves Mental Health

• A 2014 meta-analysis of 26 studies found that smoking cessation is associated with decreased depression, anxiety, and stress and improved positive mood and quality of life compared with continuing to smoke.

“The effect size seems as large for those with psychiatric disorders as those without. The effect sizes are equal or larger than those of antidepressant treatment for mood and anxiety disorders.”

Interview with the researchers:
https://www.youtube.com/watch?v=HZgaBwimisI

Source: Taylor et al., BMJ, 2014
Based on this research, the Substance Abuse and Mental Health Services Administration recommends the adoption of tobacco-free facility/grounds policies and the integration of tobacco treatment into behavioral healthcare.
IMPLEMENTING TOBACCO CESSATION PROGRAMS IN SUBSTANCE USE DISORDER TREATMENT SETTINGS

A QUICK GUIDE FOR PROGRAM DIRECTORS AND CLINICIANS

Coming this year...
Effective Tobacco Cessation

- Routinely screening patients for tobacco use and encouraging every smoking patient willing to make a quit attempt to use evidence-based cessation counseling treatments and medications.

- Counseling and medication are effective when used by themselves for treating tobacco dependence. The combination of counseling and medication, however, is more effective than either alone. Thus, clinicians should encourage all individuals making a quit attempt to use both counseling and medication.

- Many may benefit from additional counseling and longer use of cessation medications as well as combination use of medications.

- Adopting and implementing a tobacco-free facility/grounds policy.
### Effectiveness of First Line Smoking Cessation Medications

Results from meta-analyses comparing to placebo at 6-month postquit:

<table>
<thead>
<tr>
<th>Medication</th>
<th>No. of Studies</th>
<th>OR</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nic. Patch (6-14 wks)</td>
<td>32</td>
<td>1.9</td>
<td>1.7-2.2</td>
</tr>
<tr>
<td>Nic. Gum (6-14 wks)</td>
<td>15</td>
<td>1.5</td>
<td>1.2-1.7</td>
</tr>
<tr>
<td>Nic. Inhaler</td>
<td>6</td>
<td>2.1</td>
<td>1.5-2.9</td>
</tr>
<tr>
<td>Nic. Spray</td>
<td>4</td>
<td>2.3</td>
<td>1.7-3.0</td>
</tr>
<tr>
<td>Bupropion</td>
<td>26</td>
<td>2.0</td>
<td>1.8-2.2</td>
</tr>
<tr>
<td>Varenicline (1 mg/day)</td>
<td>3</td>
<td>2.1</td>
<td>1.5-3.0</td>
</tr>
<tr>
<td>Varenicline (2 mg/day)</td>
<td>5</td>
<td>3.1</td>
<td>2.5-3.8</td>
</tr>
<tr>
<td>Patch (&gt;14 wks) + ad lib NRT (gum or spray)</td>
<td>3</td>
<td>3.6</td>
<td>2.5-5.2</td>
</tr>
</tbody>
</table>

Treating Tobacco Use and Dependence: 2008 Update


- The 2008 update reflects the distillation of a literature base of more than 8,700 research articles.

- Provides detailed recommendations about clinical interventions for tobacco cessation and found that tobacco dependence treatments are effective across a broad range of populations.

Treating Tobacco Use and Dependence: 2008 Update
https://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/index.html

Quick Reference Guide for Clinicians (based on Treating Tobacco Use and Dependence: 2008 Update)
https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/clinicians-providers/guidelines-recommendations/tobacco/clinicians/references/quickref/tobaqrg.pdf
U.S. Department of Health and Human Services (HHS) launched Million Hearts® in 2012 to reduce cardiovascular events.

Million Hearts® has evidence-based tools and resources for tobacco cessation interventions:
https://millionhearts.hhs.gov/tools-protocols/tools/tobacco-use.html
Rx for Change is a comprehensive tobacco cessation training program (http://rxforchange.ucsf.edu).

Training materials are provided at no cost by the University of California, San Francisco.

Program draws heavily from the Clinical Practice Guideline for Treating Tobacco Use and Dependence.

The following versions are available:
- 5 A's (comprehensive counseling)
- Ask-Advise-Refer (brief counseling)
- Psychiatry
- Cardiology
- Mental Health Peer Counselors
- Respiratory Care
- Surgical Care
Contact Information

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