



Nicotine Addiction Treatment, Primary Care and Behavioral Health

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*HHS/SAMHSA's Innovating, Collaborating, Transforming:
Primary and Behavioral Health Care Integration (PBHCI) Meeting*

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A Word About SCLC

- Begun in 2003 as a national program office of RWJF, housed at UCSF in Dept. of Medicine
- Director is an internist
- We have worked with a broad array of primary care providers and specialists
- In last 4 years have moved into behavioral health arena

Tobacco's Deadly Toll

- 443,000 deaths in the U.S. each year
- 4.8 million deaths world wide each year
- 10 million deaths estimated by year 2030
- 50,000 deaths in the U.S. due to second-hand smoke exposure
- 8.6 million disabled from tobacco in the U.S. alone

Smoking and Chronic Disease

- Nicotine addiction itself can be defined as a chronic condition
- Smoking greatly exacerbates other chronic diseases such as coronary disease, diabetes, even certain cancers
- We have learned to work with clinicians such as diabetes educators who are expert in disease management

Disability

- Tobacco leads to 8 million disability cases every year
- Huge overlap with disability caused by mental illnesses and other addictions

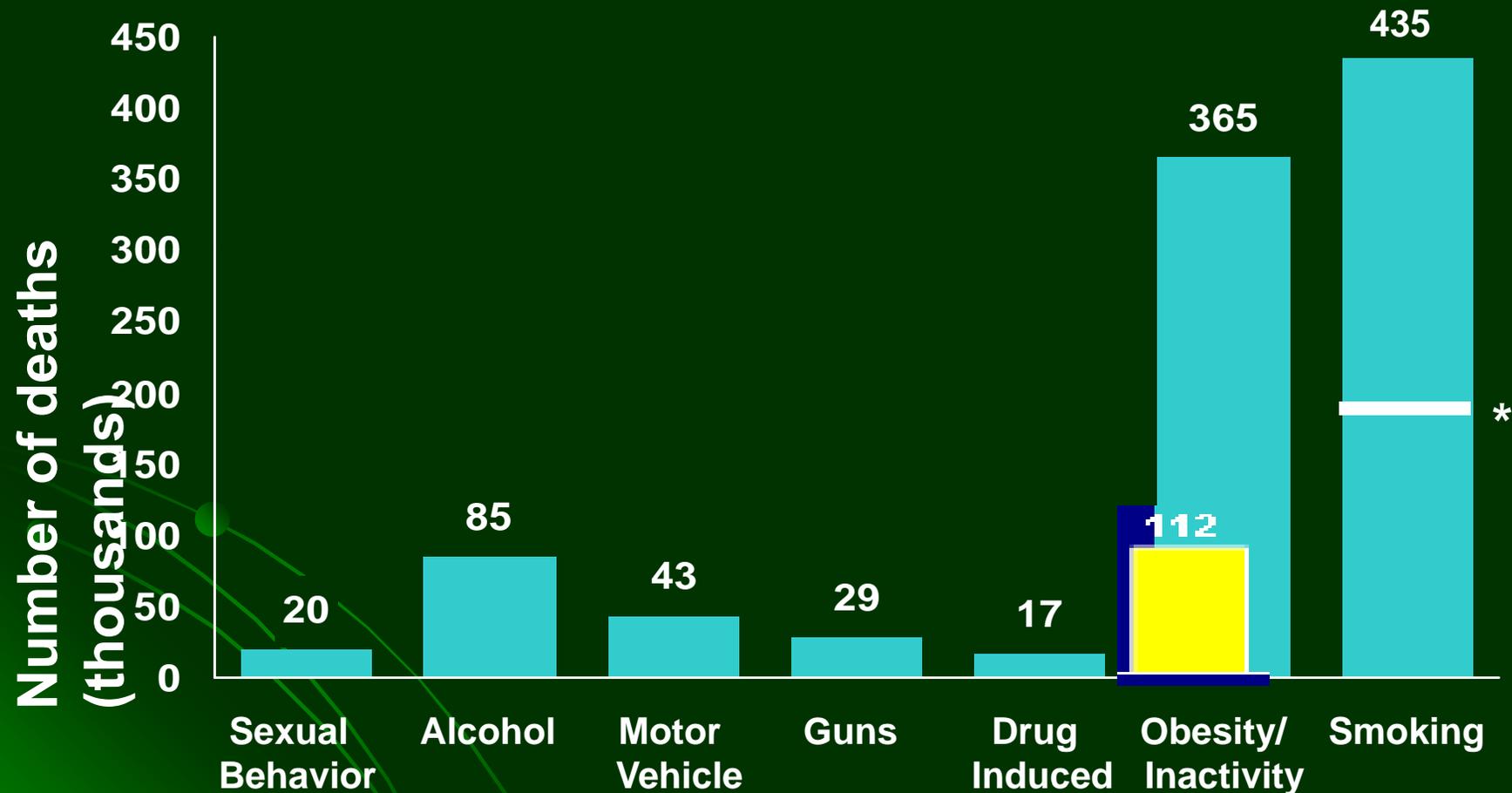


Why the Focus on Behavioral Health?

- 44% of cigarettes smoked in the US are consumed by individuals with a psychiatric or substance abuse disorder.
- Behavioral health clinicians have traditionally chosen to allow smoking to continue, believing that their patients could not handle the stress of cessation.

37% of psychiatric hospitals still allow smoking inside their facilities.

Behavioral Causes of Annual Deaths in the United States, 2000



Source: Mokdad et al, JAMA 2004; 291:1238-1245
Mokdad et al; JAMA. 2005; 293:293

* Also suffer from mental illness and/or substance abuse

Need for Smoking Intervention

- Smoking cessation needs to become a higher priority in the behavioral health field.
- While focusing on mental health, clinicians sometimes miss this more deadly condition.
- Addressing tobacco can improve health, ease pain, and save lives.

Evolving Definitions of Prevention

- In tobacco control, it once meant focus on youth
- Now it includes preventing chronic disease by quitting smoking
- In behavioral health, it means both preventing those illnesses and also not dying 25 years early through comorbidity

Addictions - We Are in the Same Business

- Nicotine a pervasive, legal addiction (43 million users, a third to a half will die from using)
- Nationally 77-93% of people in addictions treatment settings use tobacco, more than triple the national average

Source: Richter et al., 2001

- Tobacco use may increase the pleasure experienced when drinking alcohol

Source: US DHHS NIDA Alcohol Alert, 2007

- Heavy smoking may contribute to increased use of cocaine and heroin

Source: US DHHS NIDA Notes, 2000

- Heavy smokers have other, more severe addictions than non-smokers and moderate smokers

Source: Marks et al., 1997; Krejci, Steinberg, and Ziedonis; 2003

New Insights about Quitting

- Treating tobacco use improved alcohol and other drug outcomes by an average of 25%. We now know it is better to quit all addictions up front, not wait with nicotine until later.

Source: Prochaska et al., 2006

- Tobacco use impedes recovery of brain function among individuals whose brains have been damaged by chronic alcohol use

Source: Durazzo et al., 2007; Durazzo et al., 2006

Source: Marks et al., 1997; Krejci, Steinberg, and Ziedonis, 2003.

What Happened to ATOD?

- We used to address alcohol, tobacco and other drugs
- Tobacco got sidelined somewhere along the way
- It needs to be put back— we can do it together

Our Own “T” Party

- Putting the T back in ATOD



Tobacco is Killing Your People

- 51% of smokers in addictions treatment died of tobacco-related causes
- We know about the 25-year gap in life expectancy for people with SMI
- Environment of first- and second-hand smoke has been the norm
- Tobacco is a gateway drug, opening the door to experimentation and other addictions

But This Is Changing

- Norms are rapidly shifting in the behavioral health arena
- Both NASADAD and NASMHPD are partnering with our Center to work on nicotine addiction issues
- State psychiatric facilities are going smoke free, and addictions treatment facilities are following, starting in New York

Parity and Health Reform Are Revolutionizing Treatment

- Time to rethink the approach we have used (or not used) to nicotine addiction treatment in health care for people with other addictions and co-occurring disorders
- Reimbursement will change, and we need to understand it
- More funding for prevention with emphasis on tobacco
- We know peer support and counseling can work
 - Rx for Recovery Curriculum available for free

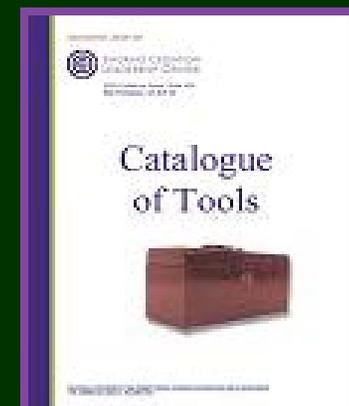
Three Key Ingredients to Maximize Success in Smoking Cessation

1. Coaching
2. Pharmaceuticals
3. Social Support

These are similar to the overall solution for a range of chronic disease management and wellness support

Make Cessation Simple, Concrete, Doable

- We provide lots of free resources and technical assistance
- We have tried to build the army of tobacco interventionists in an array of health care and other settings
- We do this by convening groups to set targets and create action plans



Screening, Brief Intervention and Treatment

- SBIRT
- Tobacco Clinical Practice Guideline



Why the Focus on Quitlines?

- They work--calling a quitline can more than double the chance of successfully quitting
- Many clinicians say the Five A's are too complicated and time-consuming.
- Most clinicians seem unaware of quitlines, but when they learn about them they are willing to refer smokers to them

Quitlines Evolving

- Now more calls (in many states, such as California) come from provider referrals than from media promotions
- Provider referrals are a solid, sustainable way of promoting this efficacious service
- Quitlines are adapting to serve BH smokers more effectively
- Quitline utilization needs to surpass 1.4%...

Mental Illness and Addictions Among Helpline Callers (CA Smokers' Helpline)

- Anxiety 31.8%
- Depression 45.0%
- Bipolar Disorder 16.6%
- Schizophrenia 8.7%
- Drug/alcohol problem 8.1%
- **At least 1 of above 52.0%**

Source: California Smokers' Helpline, unpublished data

Chronic Health Conditions Among Helpline Callers (CA)



● Emphysema	11.9%
● Asthma	21.3%
● Chronic bronchitis	14.6%
● COPD	13.4%
● At least 1 of above	32.2%

Source: California Smokers' Helpline, unpublished data

Chronic Health Conditions Among Helpline Callers (cont.)

- High blood pressure 33.5%
- Heart attack (ever) 7.3%
- Stroke (ever) 5.5%
- **At least 1 of above 37.3%**
- Diabetes 13.6%

Source: California Smokers' Helpline, unpublished data

Physical Disabilities Among Helpline Callers (CA)

- Blindness 9.0%
- Deafness 6.9%
- Any condition that substantially limits basic physical activities 33.3%
- **At least 1 of above 38.7%**

Source: California Smokers' Helpline, unpublished data

Overall (CA)

- Helpline callers reporting at least one of the conditions listed above: **79.0%**
- Mean number of conditions named by callers who reported at least one: **3.6**

Source: California Smokers' Helpline, unpublished data

Primary Care Partners

- Frontline partners ranging from dental hygienists to nurses, physician assistants, respiratory therapists, pharmacists, family physicians
- Also specialty doctors— emergency medicine, anesthesiology



Recent Report from the National Council for Community Behavioral Healthcare

- The National Council report reiterates that seamless integrated care is essential to treat all health conditions of persons with substance use disorders. The report recommends that screening and treatment for substance use disorders must occur in primary care as well as in specialty mental health/substance use treatment settings.

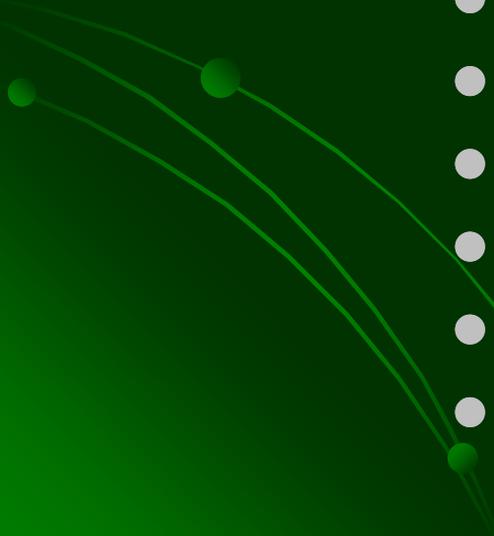
Behavioral Health Partners

- We had to go where the smokers are
- Most of the big BH national groups are our partners— began in 2007 with the National Mental Health Partnership for Wellness and Smoking Cessation, and has since grown to encompass SUD
- We have a special partnership with SAMHSA that produced 100 Pioneers for Smoking Cessation
- Now in its second year

Pioneers Webinars

- 12 in all
- Topics from cessation 101 to tailoring the medicines and the messages to financing (a huge issue)
- Most available on our web site—
<http://smokingcessationleadership.ucsf.edu>

The Pioneers

- All 3 centers of SAMHSA
 - Represent 38 states
 - Wide range of interventionists
 - Consumer groups
 - Health care providers
 - Community mobilizers
 - Re-entry population
 - Youth
 - Pregnant
 - High risk behaviors
 - Rehabilitation centers
- 

“100 Pioneers” Goals

- Integrate tobacco cessation activities in existing SAMHSA-funded initiatives
- Make cessation doable
- Increase the number of tobacco cessation interventionists
- Share and connect with fellow pioneers

100Pioneers@listsrv.ucsf.edu

877-509-3786
(toll free)

What We Know

Examples from:

- NASADAD and NASMHPD NRI surveys
- Depression and Bipolar Support Alliance, National Council for Community Behavioral Healthcare, Mental Health America, National Association for Mental Illness
- VA
- LA County information

“Community Putting Prevention To Work”

- Los Angeles County - \$32.1 million
- Funding for tobacco control *and* physical activity
- Integration of public health, mental health and addiction professionals, plus the California Smokers' Helpline
- Other...

Working to Encourage Healthy Behaviors

- Emphasis on wellness
- Example: SAMHSA 10x10 Initiative
- Nicotine dependence treatment as part of encouraging healthy lifestyles
- More and more disease management specialists in primary care settings



Let's Discuss

- What recommendations do you have, given your experience, for integrating behavioral health, primary care and smoking cessation?

