

# Addressing Tobacco in Behavioral Health



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# CDC on Tobacco Use and Health



- Tobacco use remains the leading cause of preventable death and disability in the U.S. and is disproportionately concentrated among low socioeconomic status and those with a behavioral health disorders.
- The number of deaths from smoking-related causes (about 480,000 annually), which is considerably greater than the number of deaths from opioid overdoses.
- For every person who dies because of smoking, at least 30 people live with a serious smoking-related illness (e.g., cancer, heart disease, stroke, lung diseases, diabetes, and chronic obstructive pulmonary disease). Smoking also increases risk for tuberculosis, certain eye diseases, and problems of the immune system, including rheumatoid arthritis.

# Smoking and COVID-19



- Although the research is ongoing, studies of smokers' risks during the pandemic have confirmed that smoking significantly worsens disease severity and death resulting from COVID-19 (Grundy et.al, 2020).
- Both current and former smokers have increased risks of severe disease and death, and some have suggested that smoking is “the most important avoidable risk factor” for severe COVID complications.
- COVID-19 infection injures tissues and organs that have already received cumulative damage over years of smoking.
- Smoking activates ACE2 receptors found in the lining of the nasal passages, throat and lungs, which may facilitate infections with COVID-19.

# Smoking in Individuals with Behavioral Health Disorders



- More adults with BH disorders smoke cigarettes than do adults without these disorders, and smoking contributes to their higher mortality rates and shorter lifespans.
- The most common causes of death among people with BH conditions are heart disease, cancer, and lung disease, which can all be caused by smoking.
- Nicotine has mood-altering effects that can temporarily mask the negative symptoms of mental health disorders, putting them at higher risk for cigarette use and nicotine addiction.
- Tobacco smoke interacts with and inhibits the effectiveness of psychiatric medications, resulting in the need for higher medication doses to obtain the same therapeutic benefit.

# Smoking Cessation and Addiction Treatment



- Treating stopping smoking increases the chance of recovery from addiction.
- A meta-analysis of 19 RCTs reported that smoking cessation during SUD treatment and recovery increased likelihood of long-term abstinence from alcohol and other substances by 25% (Prochaska, et.al, 2004).
- Short-term smoking cessation effects look promising, but innovative strategies are needed for long-term cessation.
- Contrary to previous concerns, smoking cessation interventions during addictions treatment appears to enhance rather than compromise long-term sobriety.

# State Tobacco Control Community of Practice (CoP)



- DMHAS and the NJDOH Tobacco Control Office working on CoP plan.
- Will provide follow up of the Action Plan resulting from the NJ State Strategy Session/Leadership Academy for Tobacco Free Recovery
- Overall goal of the CoP is to reduce tobacco-related disparities in those with BH disorders
  - Connect BH clients with smoking cessation treatment and increase client use of Quitline services
  - Address smoke-free policies and tobacco treatment in BH provider agencies
  - Provide educational modules on Ask, Advise, Refer (AAR) protocol and the Certified Tobacco Treatment Specialist (CTTS) program.

# References



CDC Tobacco Use - Fast Facts

<https://www.cdc.gov/chronicdisease/resources/publications/factsheets/tobacco.htm>

Grundy E.J., et. al.(2020) Smoking, SARS-CoV-2 and COVID-19: A review of reviews considering implications for public health policy and practice. Tobacco Induced Diseases.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7336902/pdf/TID-18-58.pdf>

Prochaska, J. J., Delucchi, K., & Hall, S. M. (2004). A Meta-Analysis of Smoking Cessation Interventions With Individuals in Substance Abuse Treatment or Recovery. Journal of Consulting and Clinical Psychology.