



## Presentation to: Newfoundland and Labrador's All-Party Committee on Mental Health and Addictions

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THE  LUNG ASSOCIATION™  
Newfoundland & Labrador

# Recommendation

## **Include tobacco addiction within the mandate of Mental Health and Addictions**

- Overview of the need for tobacco addiction to be addressed
  - The facts about tobacco addiction treatment for this population
  - Recommendations on integrating treatment for tobacco addiction
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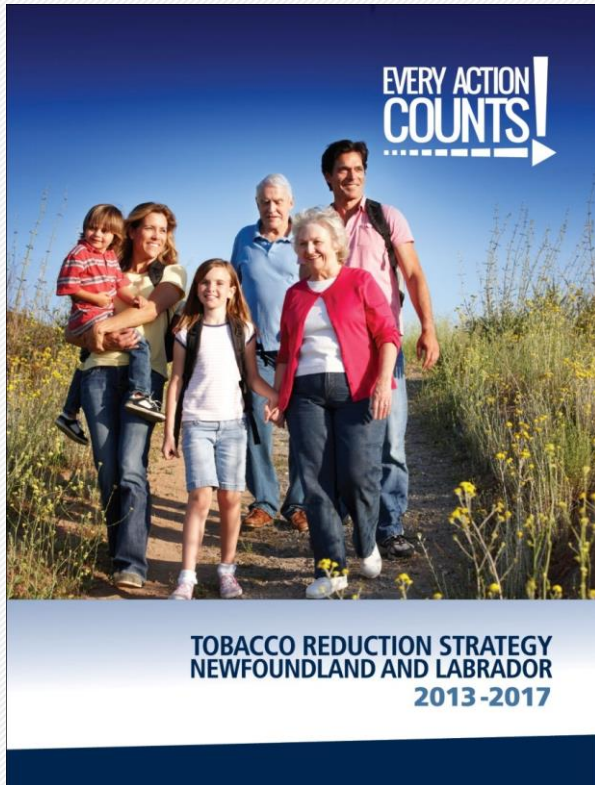
# Newfoundland and Labrador Alliance for the Control of Tobacco (ACT)

- In existence since 1999
- Responsible for the development and implementation of the Provincial Tobacco Reduction Strategy
- Vision is to significantly improve the health of Newfoundlanders and Labradorians by reducing the harm caused by tobacco use especially among priority populations
- Priority populations:
  - Youth and young adults
  - Aboriginal peoples
  - Pregnant women
  - People living with chronic disease
  - People living with low income
  - **People living with mental illness**



# Tobacco Reduction Strategy 2013-2017

## EVERY ACTION COUNTS!



**Prevention** - Preventing children, youth and young adults from starting to use tobacco

**Protection** - To protect Newfoundlanders and Labradorians from second hand smoke

**Cessation** - To encourage and support Newfoundlanders and Labradorians to successfully quit using tobacco

**Denormalization** - To have Newfoundlanders and Labradorians change their attitudes about tobacco use<sup>1</sup>

# The Tobacco Epidemic

- Smoking kills 37,000 Canadians every year
  - Smoking is the #1 cause of preventable death in Newfoundland and Labrador
    - 1,000 deaths every year
      - 20% of all deaths
      - 90% of all preventable deaths
  - Half of all smokers will die from their addiction, losing, on average, 15-20 years of life
  - The average age for a Canadian youth to start smoking is 12
  - **85%** of smokers start **BEFORE** age 16<sup>1</sup>
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# Smoking in Newfoundland and Labrador

- 15% of Canadians
- 20% of Newfoundlanders and Labradorians
- Age groups:
  - 10-14 = 2.4%
  - 15-19 = 12%
  - 20-24 = 28%
  - 25-44 = 24%
  - 45+ = 17%<sup>2</sup>



# Nicotine and Addiction

- Nicotine dependence is the most common form of chemical dependence.<sup>3</sup>
  - Classified as a mental condition in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5)<sup>4</sup>
  - Research suggests that nicotine is as addictive as heroin, cocaine, or alcohol.<sup>3</sup>
  - Nicotine works quickly in the brain with drug levels peaking within 10 seconds of inhalation. However, the effects of nicotine dissipate quickly, which causes the smoker to continue dosing to maintain the drug's pleasurable effects and prevent withdrawal.<sup>5</sup>
  - Examples of nicotine withdrawal symptoms include irritability, anxiety, difficulty concentrating, insomnia, restlessness, and increased appetite.<sup>3</sup>
  - Quitting tobacco use is difficult and may require multiple attempts. Only 3-5% of individuals who try to quit without support are successful in quitting.<sup>6</sup>
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# Tobacco Addiction Among Individuals with Mental Illness and Co-occurring Addictions

- Smoking rates are 2-4 times higher among people with mental illness than in the general population<sup>7</sup>
  - 50-90% of individuals with mental illness or addiction are tobacco dependent<sup>7</sup>
  - **Smoking Rates for People with Mental Illness & Addiction**
    - Bipolar Disorder 51-70%
    - Depression 36-80%
    - Anxiety Disorders 32-60%
    - Schizophrenia 62-90%
    - Substance abuse - 50%<sup>7</sup>
  - Individuals in this population tend to smoke more heavily.<sup>7</sup>
  - In the US nearly half the cigarettes smoked (44%) are consumed by people with co-occurring psychiatric or addictive disorders.<sup>8</sup>
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# The Devastating Impact of Tobacco Addiction

- This population is disproportionately affected by smoking-related death and disabilities. Individuals with mental illness and addictions may die up to 25 years earlier than individuals in the general population, most of these deaths are attributable to tobacco use. <sup>9-14</sup>
  - As well, the alarmingly high financial cost impacts many areas of an individual's life. <sup>15</sup>
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# Challenges to Quitting

- People with mental illness have unique neurobiological features which can complicate withdrawal symptoms and make it more difficult to quit.<sup>7</sup>
  - They may feel that smoking alleviates some of the symptoms they experience from their illness or side-effects of their medications.<sup>7</sup>
  - Challenges in their daily life make it more difficult to overcome addiction.
  - Social environment may be very supportive of smoking.<sup>7</sup>
  - Lack of supports to assist with quitting:
    - Unaware about available options
    - Healthcare providers not addressing the problem or offering support
    - Financial barriers to accessing pharmacological treatment.<sup>7</sup>
  - Comprehensive support systems are needed.<sup>16,17</sup>
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# Tobacco Addiction Treatment for this Population - The Good News!

- Individuals with mental illness and co-occurring addictions are interested in quitting smoking<sup>18,19</sup> and are able to quit with successful rates.<sup>20</sup>
  - Many studies have concluded that quitting smoking does not worsen psychiatric symptoms or negatively impact mental illness recovery/addiction treatment. In fact, quitting has been linked to very positive outcomes.<sup>21,22</sup>
  - Involvement in quit-smoking initiatives while in treatment for other substance abuse issues is associated with a 25% greater likelihood of long-term abstinence from alcohol and other drugs<sup>23</sup>, while continued smoking is associated with worse drug outcomes.<sup>24</sup>
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# The NL Smokers' Helpline

- Lung Association involved in Tobacco Control since the mid-1960's
- Launched the Smokers' Helpline on January 1, 2000
- Funded through the federal and provincial governments
- The Smokers' Helpline is not just a smoking cessation call centre; it operates as a "hub" or point-of-entry for all tobacco-related inquiries.
- Assist approximately 1300 individuals each year with quitting/staying quit
- Receive calls from approximately 300-400 others each year (such as individuals calling for information to help others with quitting - family members, friends, health professionals).



# Smokers' Helpline Services



- Callers are invited to choose from a menu of service options:
  - ✓ Evidence-based & effective<sup>25</sup>
  - ✓ Builds on other treatments
  - ✓ Free, Convenient
  - ✓ Accessible
  - ✓ Flexible - can be tailored

Over-the-phone

Self-Help Information  
Package

Web-based Supports  
[shl@nf.lung.ca](mailto:shl@nf.lung.ca)

Group Programs

# CARE Referral Program



Simple way for health care providers and community leaders to refer patients to the Smokers' Helpline for support with quitting smoking.

Referral partners include: physicians, nurses, pharmacists, social workers, teachers, school counselors and psychologists, respiratory therapists, dietitians, dentists, dental hygienists, dental assistants, and a variety of workplaces and community organizations.

This program is well established and has had great success over the years.

Currently approximately 50% of the Helpline's client base connects with the service through CARE.

Incorporating the CARE Referral into Mental Health and Addictions programs provides a cost effective way to deliver ongoing support with tobacco addiction.

A sample of the Smokers' Helpline Fax Referral Form. The form is titled "Smokers' Helpline Fax Referral Form" and includes the CARE logo. It contains several sections: "To be completed by Referral Source" with checkboxes for "Ask if the individual uses tobacco", "Advise" (with sub-options for "Direct phone to the Newfoundland and Labrador Smokers' Helpline" and "Fax Referral Form to 709-726-2550"), and a "Discussion" section with checkboxes for "Physician", "Nurse", "Dental Hygienist", "Pharmacist", "Respiratory Therapist", "Dentist", "Social Worker", "Other", "Region" (Atlantic, Central, Eastern, Western), "Language" (English, French), "Fax" (Yes/No), and "Nursing Home Resident" (Yes/No). The "To be completed by Tobacco User" section includes a "Consent" section with checkboxes for "I would like the Smokers' Helpline to call me and help me quit smoking" and "Yes, the Smokers' Helpline can leave me a telephone message." Below this is a "Contact Information" section with fields for "Name", "Address", "City/Town", "Province", "Postal Code", "Cell/Smart Phone Number", "Home", "Work", "E-mail", and "Fax". At the bottom, it says "Fax completed form to 709-726-2550" and includes logos for the Lung Association and Newfoundland Labrador.



# Summary

## **Recommendation: Include tobacco addiction within the mandate of Mental Health and Addictions**

- Smoking rates are extremely high among this population.
  - Nicotine is a drug, and cigarettes are a “drug-delivery device”.<sup>26</sup>
  - Individuals are severely negatively impacted by smoking in many different ways.
  - Individuals are interested in quitting.
  - Clinical practice guidelines recommend that health care providers address tobacco use and offer support.<sup>7</sup>
  - There are effective interventions that work for this population, however they may need more intensive treatment.<sup>7</sup>
  - There are community supports in place (such as the Smokers’ Helpline) that can play an important role in providing the counselling and follow-up support.<sup>27</sup>
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# Recommendations

- ❑ Integrate tobacco addiction treatment into the general addiction treatment programs
    - ❑ Provide training on tobacco addiction topics to Mental Health and Addictions staff
    - ❑ Promote messages about tobacco prevention and tobacco cessation
    - ❑ Ask about tobacco use
    - ❑ Increase access to smoking cessation aids
    - ❑ Offer follow-up to assist individuals through the process of staying smoke free
    - ❑ Connect to community supports
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## Questions and Discussion

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