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From:

Newfoundland and Labrador Alliance for the Control of Tobacco
Newfoundland and Labrador Lung Association

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Enhancing Mental Health and Addiction Services to include Tobacco Addiction
The Newfoundland and Labrador Lung Association and the Alliance for the Control of Tobacco recommend that treatment for tobacco dependence be integrated within provincial Mental Health and Addictions programs. Based on research and evidence, this presentation will show the statistics around the high smoking prevalence among individuals with mental illness and addictions and how this population is disproportionately affected by the devastating health effects of tobacco use.

In addition, there are a number of misconceptions that will be corrected. When healthcare providers are assisting someone who is living with a number of mental health issues (such as depression, bipolar or schizophrenia), is it unrealistic to expect that they will also be able to quit smoking? Is it simply too hard? When a counsellor is providing treatment for addiction to various drugs, is it right to ignore the tobacco addiction and leave it up to the individual to find a method to overcome that on their own?

This report reviews the key research and evidence that prove it is possible for these individuals to quit smoking, and clearly demonstrate that quitting smoking positively impacts their recovery as well as improving overall health. Finally, some specific recommendations will be provided regarding approaches and methods to integrate treatment for tobacco addiction within Mental Health and Addictions programs.

The Role of the NL Alliance for the Control of Tobacco
The Newfoundland and Labrador Alliance for the Control of Tobacco (ACT) was established in 1999. This organization is responsible for the development and implementation of the Provincial Tobacco Reduction Strategy. The vision of this Strategy is to significantly improve the health of Newfoundlanders and Labradorians by reducing the harm caused by tobacco use. In the most recent release of the Tobacco Reduction Strategy, priority groups were identified. These are groups that have high rates of tobacco use, are at increased risk of harm, or are at risk of taking up or becoming regular users of tobacco. The Tobacco Reduction Strategy points out that it is important to focus smoking prevention and cessation efforts on these groups in an effort to reduce the health, social and financial impacts of tobacco use. The priority groups identified are: Youth and young adults, Aboriginal peoples, Pregnant women, People living with low income, People living with chronic disease and People living with mental illness.

The four main goals of the Strategy are: 1.) Preventing children, youth and young adults from starting to use tobacco) 2.)Protecting people from exposure to second-hand smoke, 3.) Encouraging and assisting people to successfully quit using tobacco and 4.) Changing attitudes about tobacco use.[1]

The Devastating Effects of Tobacco Use
Smoking is the number one cause of preventable death in Canada, with 37,000 Canadians dying from smoking-related illnesses each year. In this province approximately 1000 people die each year from smoking-related illnesses. Of all deaths in NL, 17% are related to tobacco use, of

which the leading causes are chronic diseases including cancer, cardiovascular disease and lung disease.[2]

The World Health Organization notes that up to 80% of coronary heart disease, 90% of Type 2 diabetes and one-third of cancers can be avoided by changing to a healthier diet, increasing physical activity and stopping smoking.[3]

A ground-breaking study which followed health data from 34,000 British doctors over a period of 40 years clearly revealed the devastating impact of smoking. The excess mortality associated with smoking was shocking. Researchers concluded that about half of all smokers will eventually die from smoking-related illness. There was also good news coming from this study—quitting before middle age prevented almost all of the excess risk, and quitting while in middle age prevented a significant amount of the excess risk compared to those who continued to smoke.[4]

Similarly, a recent study from Australia published this year which involved over 200,000 people revealed that death rates in current smokers were around three-fold those of people who had never smoked. Smokers died around 10 years earlier than non-smokers. The increased mortality risk was related to the number of cigarettes per day smoked. Mortality rates among individuals smoking about 10 cigarettes per day were double that of nonsmokers. Among individuals smoking 25 or more cigarettes per day the mortality rate was four to five times higher.[5]

Smoking Rates in Newfoundland and Labrador

The data from the most recent Canadian Tobacco, Alcohol and Drugs Survey (2013) provide data on smoking prevalence. At the national level, 14.6% of Canadians (age 15 and older) are smokers. In Newfoundland and Labrador the smoking rate is above the national average at 19.5%. The breakdown by age group is as follows: age 10-14 years – 2.4%, age 15-19 years – 12%, age 20-24 years – 28%, age 25-44 years – 24% and age 45 and over – 17%.[6]

Nicotine and Addiction

Nicotine dependence is the most common form of chemical dependence. Research suggests that nicotine is as addictive as heroin, cocaine, or alcohol.[7] 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.[8] Examples of nicotine withdrawal symptoms include irritability, anxiety, difficulty concentrating, insomnia, restlessness, and increased appetite.[7]

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.[9] The Diagnostic and Statistical Manual of Mental Disorders (DSM) describes and categorizes nicotine dependence as a mental condition, belonging to the category of substance related disorders. [10]

<u>The Impact of Tobacco Addiction Among Individuals with Mental Illness and Co-occurring Addictions</u>

The Canadian Action Network for the Advancement, Dissemination and Adoption of Practice-informed Tobacco Treatment (CAN-ADAPTT) Guidelines is a project of the Centre for Addiction and Mental Health. Through extensive research and collaboration, CAN-ADAPTT has released national guidelines on best practices in the area of tobacco practices. Numerous studies reveal that individuals with mental illness and co-occurring addictions are much more likely to be addicted to tobacco. Smoking rates among people with mental illness are 2-4 times higher than in the general population. Among people with mental illness and co-occuring addictions, 50-90% are tobacco dependent. The rates vary by mental illness: Bipolar Disorder 51-70%, Depression 36-80%, Anxiety Disorders 32-60%, Schizophrenia 62-90% and Substance abuse – 50%.[11] In addition, individuals in this population tend to smoke more heavily. Research from the United States indicates that nearly half of the cigarettes smoked (44%) in that country are used by people with co-occurring psychiatric or addictive disorders.[12]

The facts are clear. Research clearly shows that the high rates of smoking among this population lead to this shocking result. Individuals with mental illness and addictions are disproportionately affected by smoking-related death and disabilities. This means that compared to the general population, individuals with mental illness are much more likely to die from smoking-related illness or become severely disabled due to smoking-related diseases such as lung cancer, chronic obstructive pulmonary disease (COPD), cancers of the mouth and throat, as well as cardiovascular diseases and diabetes. Numerous studies have investigated this issue through looking at mortality data for populations of individuals served through public mental health departments (both inpatients and outpatients).[13] The World Health Organization points out that there is a 10-25 year life expectancy reduction in patients with severe mental disorders.[14]

The alarmingly high financial cost of smoking can drastically impact a person's life.[15] Considering an individual who smokes a pack per day (at $10 per pack) spends about $300 per month on cigarettes. This is a significant portion of their monthly income and certainly impacts how much they are able to spend on healthy food, on other necessities for their life and on recreation or social activities. Some studies report that that up to 27% of their disability income budget may be spent on tobacco products. [16]

<u>The Need for More Intensive Tobacco Cessation Support for this Population</u>

Quitting smoking can be challenging for anyone, however for an individual having mental illness and co-occurring addictions, there are even greater challenges in overcoming tobacco addiction. In this population there are unique neurobiological features which can complicate withdrawal symptoms and make it more difficult to quit.[11]

There may be genetic linkages (such as neurotransmitter receptor abnormalities in the brain) that predispose some individuals to become addicted to nicotine. Nicotine might normalize associated deficits that are a part of the individual's mental illness (such as deficits in sensory processing, attention, cognition and mood).[17] Similarly individuals may be smoking to manage

side effects related to anti-psychotic medications they are taking.[18] They use smoking as a coping mechanism, however of course the risks of smoking greatly outweigh the benefits.

Smoking affects the same neural pathway as alcohol, opiates, cocaine, and marijuana.[19] For individuals with co-occurring addictions, overcoming tobacco addiction is complicated by that biological component.

In addition to the physical component, other aspects of a person's life are intertwined and affect addiction. Challenges in their daily life make it more difficult to focus on quitting. There's the psychological side of addiction—certain emotions such as sadness, boredom, stress or even happiness become triggers to smoke. As well, social environments may be supportive of smoking. Researchers point out that people may smoke to feel "part of a group" and smoking is often associated with social activities. Social smoking may be an integral part of their home, family and work life. [11]

Individuals may not be offered the support they need. It has been well established that accessing support in quitting boosts success in quitting.[11] For this population, there may be a lack of support to help them with quitting and barriers to accessing the supports that are available.[20] They may not know about options such as the Smokers' Helpline, the various nicotine replacement therapies or quit-smoking medications. Healthcare providers may not be addressing the issue of smoking at all and ignoring it completely. Researchers point out that traditionally many clinicians do not view tobacco cessation as a part of their scope of practice, feel tobacco use is not a treatment priority, would be too time-consuming or would negatively impact their treatment for mental illness or addictions.[18] Tobacco use is viewed as a less harmful alternative to alcohol or illicit drug use and/or other self-harm behaviors.[21]

As individuals are faced with these huge hurdles in their efforts to quit, it is of vital importance that comprehensive support systems are in place to assist them with overcoming this deadly addiction.[16,18]

Regarding this reluctance of healthcare providers to address tobacco use, the evidence clearly supports that it is <u>extremely important</u> to address an individual's smoking and offer assistance with quitting <u>in every case.</u> [11] There is no safe level of tobacco use. Smoking even one to four cigarettes a day nearly triples the risk of death from heart disease. Individuals in treatment for alcohol dependence are more likely to die from their tobacco than their alcohol use. [21] Individuals with drug problems who also smoke are four times more likely to die prematurely relative to individuals with drug problems who do not use tobacco. In addition, although it is not well understood, smoking is also one of the strongest predictors of suicide. [22]

There are some common misconceptions regarding the treatment of tobacco addiction in the field of mental health and addictions. For a long time it has been viewed that this population are not interested in quitting anyway, or it is unrealistic to think that they can quit. They are simply too addicted—they are heavy smokers, have been smoking for a long time and they are not likely to be able to quit at this point.[15] However, studies have shown that mentally ill clients are interested in quitting[23]. Studies assessing motivation and interest in quitting have found that they are as motivated to quit as the general population. In general, about 70% of smokers indicate that they are interested in quitting, and similar levels of interest are found among individuals with mental illness. With so many mental health patients/clients interested in taking action to quit, this is an opportunity to offer support and smoking should not be ignored.

Individuals from this population are also able to quit with successful rates.[24] While some studies have found that quit rates are lower than those for general populations, they are still substantial.[20]

Another misconception is that quitting smoking will negatively impact an individual's recovery or treatment. Many studies have concluded that quitting smoking does not worsen psychiatric symptoms or negatively impact mental illness recovery or addiction treatment. In fact, quitting has been linked to very positive outcomes.[25] A meta-analysis of 19 studies revealed that smoking cessation interventions for individuals with substance abuse problems were associated with a 25% increased likelihood of long-term abstinence from alcohol and other drugs.[26] Continuing to smoke is actually associated with worse outcomes.[27] Individuals with mental illness who smoke experience more psychiatric symptoms, have more frequent hospitalizations, require higher dosages of medications and do not do as well in treatment. [28]

Making a Difference through Enhancing Partnerships in Tobacco Cessation

The Newfoundland and Labrador Lung Association has been involved in tobacco control since the mid-1960's. The Smokers' Helpline on January 1, 2000 as a program of the Lung Association. The service is currently funded through the federal and provincial governments. The Smokers' Helpline is not only a smoking cessation call centre; it operates as a "hub" or point-of-entry for all tobacco-related inquiries. In addition to receiving calls from smokers looking for information and support to quit smoking, the line also receives calls from others in the community such as family or friends of smokers (looking for information to support a loved one in quitting), health professionals (looking for resources and information), students (requesting materials for school projects), and employers/workplaces (requesting materials, displays, or presentations to support their employees with quitting). The Helpline provides smoking cessation service to assists approximately 1300 individuals each year with quitting smoking and staying smoke free. There are also approximately 300-400 nonsmokers contacting the line to receive information on helping others to quit or for other types of general inquiries. (For example, this includes calls from family/friends of smokers, health professionals and workplaces.) The Helpline's hours are from 9am-9pm Monday to Thursday, and from 9am-5pm on Friday.

Individuals who connect with the Smokers' Helpline are invited to access information and support through a variety of ways. On the phone, Helpline counsellors offer information, advice, tips and support to assist individuals in moving forward with their quit plan. Common topics addressed include: getting motivated, managing cravings and withdrawal, and advice on the proper use of quit-smoking medications. Counsellors offer to mail a self-help information package to the client which includes a variety of helpful resources. As well, the website is promoted as a convenient and comprehensive source of information and support if clients prefer to access help that way. Clients may do interactive exercises online to learn more about their smoking and to help motivate them to quit. They can also register to receive personalized counselling through email or receive automated messages through text or email. As well the website features links to access peer support through social media. Finally, Helpline clients are made aware of available smoking cessation group programs that take place across the province.

Research shows that success in quitting increases with the number of minutes of counselling/intervention provided.[29] To assist individuals through the process of quitting, clients are eligible to receive up to 12 proactive counselling over the course of several weeks or months. Calls are scheduled to take place at a time that is convenient for the client, and the counsellor calls that individual to provide ongoing support. Individuals who indicate they have mental illness are eligible to receive an increased number of proactive calls to ensure they receive the intensive support needed to successfully quit (i.e. 12 calls compared to the standard 6 calls).

The information provided and counselling approaches utilized at the Helpline are based on research and best practices. Studies show that availing of quitline counselling boosts success quit rates.[11] The support provided builds on the interventions that the individual may be receiving from their healthcare provider or other sources. The assistance that is offered is tailored to best meet the needs of the individual. In addition, quitlines are free, convenient and very accessible, which helps to overcome any barriers to counselling treatment (for ex. the individual does not have to wait for an appointment to meet with a healthcare provider face-to-face, or travel to receive service).

The Smokers' Helpline has a very successful Referral Program called the CARE Program which provides a simple and convenient tool to refer patients/clients to the Helpline for support with quitting. Through use of a simple form, healthcare providers address the issue of smoking. They ask the individual whether or not they smoke. If the individual indicates they do smoke, then the healthcare provider advises the individual that they should quit and offers a referral to the Smokers' Helpline. If the individual consents, the form is completed and faxed to the Helpline office where a counsellor will then follow-up with the individual within 72 hours to speak with them about available services and offer counselling and assistance.

The Program was initially launched in 2004 with physicians and has since expanded to include a wide variety of health professionals and workplaces – including nurses, pharmacists, social workers, respiratory therapists and more. The program is well established and has had great success over the years, attracting attention nationally and even internationally for its success in

partnership-building and cost-effective promotion of the quitline. The program provides an easy, convenient and cost-effective way for health institutions to meet clinical practice guidelines in the area of tobacco cessation.

The World Health Organization has recommended that each country that is a part of the Framework Convention for Tobacco Control should have comprehensive and integrated guidelines based on scientific evidence and best practice. In Canada, these have been developed in recent years based on extensive research and collaboration and are referred to by the abbreviation CAN-ADAPTT. The guidelines recommend that: 1.)"Health care providers should screen persons with mental illness and/or addictions for tobacco use." and 2.) "Health care providers should offer counselling and pharmacotherapy treatment to persons who smoke and have a mental illness and/or addiction to other substances." These recommendations receive the highest rating supported by consistent and strong evidence.[11] Offering a CARE Referral (which takes just 1-2 minutes) ensures this best practice is met, and patients/clients are therefore receiving the best care to achieve optimal health.

The CARE Program is the most important source of clients to the Helpline, with approximately 50% of the Helpline's client base connecting with the service through CARE. The Program's success is a direct result of the work of dedicated referral partners who are doing great work across the province in addressing the issue of smoking. It is hoped that the Program will continue to expand. One of the Helpline's current goals is to expand to an online referral system within the next 6 months. As well the Helpline continues to work on the very important goal of integrating the CARE Referral within health systems (i.e. all hospitals, clinics, dentist's offices, etc. systematically offering CARE Referrals to all patients).

In Mental Health and Addictions, incorporating a systematic CARE Referrals allow social workers, counsellors and other workers to offer patients ongoing, convenient, accessible follow-up support through the Helpline. The quitline has already been established as a cost-effective approach to offer smoking cessation support with effective protocols in place to assist clients.

Summary

In summary, the following evidence supports the recommendation that tobacco addiction be included 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"[30]
- 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[11]
- There are effective interventions that work for this population, however they may need more intensive treatment. It is necessary to consider all aspects of a person's life that contribute to the addiction (including the physical, environmental, psychological and behavioural), and assist the individual with building a solid plan to quit including follow-

up support. Experts suggest, "More intensive treatment frequency and increased duration lead to greater quit rates. Multiple types of clinicians are effective in delivering tobacco treatment, and involving more than one type of provider leads to greater success."[17]

- 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.[31]

Clients with mental illness are already using the Smokers' Helpline service and rely upon it as an essential support to help them with quitting and staying smoke free. While it is not yet standard practice for quitlines to screen all callers for mental illness or co-occurring addictions, callers do self-report mental illnesses (such as depression, bipolar, and anxiety disorders) and other addictions that they may have. Based on Helpline data over the past four years, approximately 100 individuals per year report that they have a mental illness or co-occurring addiction. (These individuals indicated a mental illness or addictions issue when counsellors ask about general health conditions when completing intake with a new client.) Since counsellors do not specifically prompt clients to report mental illness, but rather rely upon clients to self-disclose, it is estimated that the actual numbers may be at least double or triple the numbers reflected through the Helpline's database.

The Helpline also contributes to a comprehensive support system through providing referrals back to the Mental Health and Addictions programs/services when needed.

Finally, researchers conclude that the delivery of smoking cessation services in this setting is cost-effective when considering the life years saved and the savings in healthcare costs over time.[32]

While we encourage Government to explore the best practices, programs, services and treatment options that would best meet the needs within our province, ACT and the Lung Association provides some specific suggestions based on our experience. This is what we feel is needed once action is taken on this issue:

- Mental Health and Addictions staff already have many of the tools and counselling skills required to treat tobacco addiction since many of the approaches used in treating other addictions may also be applicable to tobacco cessation. Further training on tobacco addiction topics would be offered to Mental Health and Addictions staff. The Helpline already has training resources developed on many topics related to smoking cessation, which have been used and adapted over the years during its work with community partners. As well, the Helpline has compiled best practices, practical tips and strategies for assisting mental health clients with quitting.
- Messages about tobacco prevention and tobacco cessation would be incorporated within all programming in the same manner as other drug addictions are addressed.
- All patients/clients would be assessed for tobacco use and offered follow-up support to assist them with quitting and staying smoke free.
- Programs would be in place to eliminate or minimize any financial barriers that may stand in the way of patients accessing their preferred smoking cessation aid (whether it

be one of the five recommended nicotine replacement therapies or one of the two prescription smoking cessation medications).

- Follow-up support would be offered to ensure help the individual with staying smoke free. This may include brief counselling (for ex. less than 10 minutes per session), more intensive counselling sessions or group programs offered through Mental Health and Addictions. It is also recommended that the Smokers' Helpline's CARE Referral Program be integrated so that patients/clients are aware of all available community supports to help them overcome tobacco addiction. The Helpline's accessibility and convenience ensures that individuals who may need more frequent sessions are able to access the help they need.

The tobacco problem can be summarized in the following statement from leading experts in the field: "It is a hidden epidemic with serious consequences for the physical, psychological, and financial health of this already vulnerable population."[33] . Tobacco use is impacting lives. Individuals in our province are getting sick and dying from tobacco-related illness. There are many individuals, health professionals, groups, and government members that care about the health, wellness and quality of life of individuals with mental illness and addictions. Now is the time to address the issue of tobacco, the main cause of preventable death and illness among this population Smoking is a common thing, we see it around us all the time, however that does not mean that it is acceptable to ignore it. We encourage government to incorporate tobacco treatment into policies, ensure it is a priority and consistently offered in every healthcare setting. Tobacco treatment needs to be integrated within all health care systems and especially within Mental Health and Addictions.

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