Smoking Cessation and Mental Health

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President Elect RANZCP

www.equallywell.org.au
I never thought I'd end up in a psychiatric hospital.
Life expectancy - living in the past

Expected length of life at birth, by sex, Australia, 1901-10 to 2004-06

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## Smoking and disadvantage

(Australian National Health Prevention Agency 2013)

<table>
<thead>
<tr>
<th>GROUP</th>
<th>PERCENTAGE WHO SMOKE</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUSTRALIAN GENERAL POPULATION</td>
<td>15.1</td>
</tr>
<tr>
<td>PEOPLE IN LOW SOCIO-ECONOMIC GROUPS</td>
<td>24.6</td>
</tr>
<tr>
<td>PEOPLE EXPERIENCING UNEMPLOYMENT</td>
<td>27.6</td>
</tr>
<tr>
<td>PEOPLE WITH A MENTAL ILLNESS</td>
<td>32.4</td>
</tr>
<tr>
<td>SOLE PARENTS</td>
<td>36.9</td>
</tr>
<tr>
<td>ABORIGINAL AND TORRES STRAIT ISLANDERS</td>
<td>47.7</td>
</tr>
<tr>
<td>PEOPLE LIVING WITH PSYCHOSIS</td>
<td>66</td>
</tr>
<tr>
<td>PRISONERS</td>
<td>74</td>
</tr>
<tr>
<td>PEOPLE EXPERIENCING HOMELESSNESS</td>
<td>77</td>
</tr>
<tr>
<td>YOUNG PEOPLE IN CUSTODY</td>
<td>79</td>
</tr>
<tr>
<td>PEOPLE WITH SUBSTANCE USE DISORDERS</td>
<td>85</td>
</tr>
</tbody>
</table>

**TABLE 1: ESTIMATES OF SMOKING RATES IN DIFFERENT POPULATION GROUPS, AUSTRALIA**

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Smoking rates for people with schizophrenia vary across cultures
Why smoking cessation?

- Second major cause of death in the world and fourth most common risk factor for disease worldwide (WHO). Tobacco smoking remains leading single cause of mortality and morbidity and the main or significant cause of many diseases.

- In Australia, there is significant disparity in smoking prevalence between general population (20%) and mental health population (32%). The burden of tobacco-related disease is much higher for people with mental health problems (ABS, 2006).

- Smoking rates increased in At Risk group 50% vs 20% in controls and 67% psychosis group (Manzanares 2013), Queensland 11.2% 18-24yro and 11.9% 25-34 populations (CHO report 2018)

- Smoking in psychiatric inpatient units often reported as high 70-90% (Wye 2010) but in reality smoking status has not been systematically recorded

- Evidence shows that people with mental illness would like to quit and are able to quit successfully with the right supports in place.

- There is a history of ambivalence within mental health surrounding smoking cessation for people with a mental illness which still plays out today.

- Attitudes and beliefs of workers are sometimes inconsistent with the facts and the rationale behind discouraging smoking cessation are at times based on myths.

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Trends in smoking initiation and cessation Queensland (CHO Report 2018)

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Who Was Edward Bernays?

- 1891-1995 (104 yrs)
- Uncle = Sigmund Freud

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The Theorist

www.equallywell.org.au
Client: American Tobacco Company

www.equallywell.org.au
Torches of Freedom
www.equallywell.org.au
Progress

An Ancient Prejudice Has Been Removed

“TOASTING DID IT”

Given is that ancient prejudice against cigarettes—Progress has been made. We removed the prejudice against cigarettes when we removed harmful nicotine from the tobacco. Thus TOASTING has destroyed ancient prejudice against cigarette smoking by men and by women.

Lucky Strike Cigarettes

American Intelligence

“TOASTING DID IT”

Now is that ancient prejudice against cigarettes—Progress has been made. We removed the prejudice against cigarettes when we removed harmful nicotine from the tobacco. Thus TOASTING has destroyed that ancient prejudice against cigarette smoking by men and by women.

It’s toasted

No Threat, Invitation, No Cough

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Figure 1: Smoking prevalence rates for 14 years or older and key tobacco control measures implemented in Australia since 1990 (Australia the Healthiest Country: Report 2009).

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Anti-smoking messaging

“If the campaign is strategically planned and based on carefully conducted market research, the executions are creatively developed, and the campaign messages are delivered repeatedly and consistently over a long time period, then the chances of a successful campaign are maximized.”


Why is it then that the incidence of smoking is high amongst marginalised communities?
stimuli:

Bye bye, Brands. Hello smoking horrors.

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Period Drama - Product Placement - Mad Men 2015
Smoking on TV is the new cool!
Ambivalence and myths I inherited

- Not interested in giving up
- Is a form of treatment
- Symptoms will get worse if stop smoking and the illness will recur
- Smoking relieves stress
- Only vice left as so much taken away & may decrease friendships or opportunities to recover
- Smoking restrictions are ineffectual
- Smoking is a lifestyle choice and even a right -not an addiction
## History of Mental Health Services and Smoking

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<tr>
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</thead>
<tbody>
<tr>
<td>Smoking status</td>
<td>Everybody smoked everywhere</td>
<td>Smoking bans begin advertising to hospital exemptions begin</td>
<td>Smoke-free workplace</td>
<td>Smoking Care</td>
</tr>
<tr>
<td>Where</td>
<td>None</td>
<td>Maybe you should think about quitting if it’s not too hard</td>
<td>Inpatient units only</td>
<td>Inpatient and community</td>
</tr>
<tr>
<td>Focus</td>
<td>Staff and patients smoked together</td>
<td>Some staff questioned but agreed smoking helped</td>
<td>Control/ temporary cessation</td>
<td>Informed choices/Cessation/ harm reduction</td>
</tr>
<tr>
<td>Behaviour</td>
<td>All smokers had started with equal risk of dying</td>
<td>The gaps widens between mainstream &amp; smokers</td>
<td>Consumers and staff become furtive</td>
<td>Consumers and staff acknowledge the problem and talk about it</td>
</tr>
<tr>
<td>Benefit/risk</td>
<td>To smoke and die</td>
<td>Erosion and resentment begins?</td>
<td>Staff and nonsmokers main beneficiaries.</td>
<td>Potential health benefit for vast majority of consumers</td>
</tr>
<tr>
<td>Rights</td>
<td>None</td>
<td>MH divorces the mainstream</td>
<td>Violence?</td>
<td>To good health</td>
</tr>
<tr>
<td>Policy</td>
<td></td>
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</tbody>
</table>
‘What do 1,000 smokers with mental illness say about their tobacco use?’

Ashton, Rigby and Galletly – ANZ Journal of Psychiatry 2013

Reasons for wanting to address tobacco (N=820) % of responses

Health: 90%
Finance: 50%
Impact on others: 10%
Fitness: 10%
Stigma of being a smoker: 10%
Give up an addiction: 10%

Adapted From Mental Illness Fellowship of Australia

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Health system responsibilities

- To provide a healthy environment that promotes wellness
- To not support addiction by condoning smoking
- To support health, wellness and recovery
- To be assertive in protecting all consumers entrusted to our care from the harmful effects of tobacco including second-hand smoke
- To act on what we know- to educate all consumers about the devastating effects of tobacco and to facilitate and support their ability to manage their own physical wellness
- Smoking staff, transparent about own values
Higher Rates of Cigarette smoking in Male Adolescents Before the Onset of Schizophrenia: A Historical-Prospective Cohort Study
Weiser, Mark; Reichenberg, Abraham; Grotto, Itamar; Ross Yasvitzky; et al. The American Journal of Psychiatry 161.7 (Jul 2004): 1219-23.

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The new reality

- Patients with first-episode psychosis tend to have smoked for some years prior to the onset of psychosis, have high prevalence of tobacco use at the time of presenting for treatment, and are much more likely to smoke than aged-matched controls. Their apparent difficulty in quitting has implications for tobacco cessation programs and efforts to reduce cardiovascular disease among people with mental illness.

  Myles, Newall, Curtis et al The Journal of clinical psychiatry, 04/2012, Volume 73, Issue 4

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Things that are not so clear but do they matter?

- Interaction of nicotine and cannabis in the onset of psychosis and does nicotine have its own role?
- Can using nicotine control symptoms like depression and negative symptoms?
## Policy Levers

<table>
<thead>
<tr>
<th>Policy Area</th>
<th>Actions</th>
</tr>
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</table>
| **Tackle institutionalised ambivalence**         | • Provide advice and support to mental health professionals, carers and consumers  
• Improve education and awareness  
• Engage and support research |
| **Exploring harm reduction approach rather than just a quit approach** | • Undertake and support research that explores harm reduction  
• Support and work with stakeholders to develop and implement strategies that incorporate a range of techniques that minimise harms |
| **Address smoking cessation from a physical healthcare perspective** | • Work with stakeholders to broaden focus of smoking cessation to include physical healthcare  
• Incorporate smoking cessation into new and current physical healthcare initiatives |
| **Ensure uniformity of effort**                  | • Develop agreed priorities, commitments and strategies to address smoking for people with mental health issues  
• Encourage and support stakeholders to work in partnership and share resources around smoking cessation for people with mental health issues |
Things that are clear and do matter?

- Cigarette smoking induces liver enzymes and can reduce effective levels of medications.
- Cigarette smoking is associated with other aspects of unhealthy lifestyles e.g. reduced physical activity and poorer dietary habits.
The truth about smoking and mental health

- Emotional dissatisfaction is key to perpetual smoking and addiction
- Smoking decreases mental health
- Earlier adverse life events increase starting smoking
- Quitting leads to less depression and anxiety
- Mental illness does not get worse when a person quits
- Smoking is a very expensive addiction

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Quitting

- The ability to quit in a proper supported program is independent of SES status, education, neighbourhood
- May have some relationship to capacity to trust in authority
- Consistent supported program will increase chance of success X 3-5 times over unsupported
- Relationship to an emotionally compromised life is the big one (Bowland 2011)
- The inpatient environment may be the first time the person has been surrounded by non smokers
Effective interventions

Psychological and behavioural interventions + Pharmacotherapies

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Psychological and behavioural

▸ Brief interventions
▸ Motivational interviewing
▸ Cognitive and behavioural strategies
▸ Tools that show measurable improvement (e.g., FEV1 tests, CO meters)
▸ Consumer led smoking plans that identify smoking triggers, withdrawal and ways of coping

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Smoking - much higher nicotine than NRT

How to use NRT

- The important thing is to use enough to control cravings.
- NRT should be used for 3-6 months to maximise success.
- NRT can be initiated when cutting down tobacco.
- NRT may be used in pregnancy (intermittent delivery only) or with heart, lung, liver or kidney disease.
NRT in a nutshell

- Start with a patch, ideally over 24 hours. This will usually be 21mg.
- Use an immediate-release form of NRT for breakthrough cravings.
- If a single patch is not effective, add a second patch in waking hours.
- Initiate NRT while cutting down cigarettes, using it to progressively help to stop.

From Dr Ben McDarmont

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Varenicline and mental illness

- 2008 TGA suggested increased risk of suicide and suicide attempts led NSW 2009 ban for psychiatric patients.

- Subsequent meta-analysis Thomas et al., BMJ 2015;350:h1109 found no evidence of an increased risk of suicide or attempted suicide, suicidal ideation, depression, or death with varenicline, higher risk of sleep problems such as insomnia and abnormal dreams.

- Recommend however that patients with a past history of depression and suicide attempts using varenicline have close monitoring.

- Similarly met analyses do not show increase cardiovascular risk.
Big issues for inpatient units

- Quitting/ temporary cessation/continuous restarting
- To touch or not touch cigarettes?
- What to do about leave, especially short-term for the purpose of smoking
- When is the NRT enough?
- Will violence increase?
- Staff consistency
- The rights issue underpins remaining resistance to policy

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FROM 1 JAN 2015
YOU’LL NO LONGER
BE ABLE TO SMOKE
ON OR WITHIN
5 METRES OF ALL
HOSPITAL GROUNDS.

CALL 13 QUIT (13 78 48)  qld.gov.au/quit

www.equallywell.org.au
Smokefree INPATIENT Mental Health Services

2014
Quality Improvement funding (QIP)
$5m available for inpatient services

2015
Mental Health acute inpatient services included

Smoking Cessation Clinical Pathway

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Smokefree INPATIENT Mental Health Services

Aim
Screen smoking behaviour for all inpatient acute mental health consumers (≥18yrs)
AND
provide brief intervention to identified smokers in form of Pathway.

www.equallywell.org.au
Quality Improvement Payment - Smoking Cessation Inpatient Mental Health (2015-2018)

Clinicians (medical officers/ nurses/ pharmacists/ allied health) are required to:

- complete the Pathway for in-scope patients
- ensure the completed Pathway is in the inpatient record prior to patient discharge.

Coders record:

- an inpatient’s smoking status from anywhere in the inpatient record
- whether a Pathway has been completed patients identified as current smokers.

QHealth determine whether pre-requisite smoking identification targets and delivery of Pathway targets achieved. All payments directed to the HHS
19,584 pathways completed between Oct 2015 & Dec 2018

09/16 sites in December 18 above the target of 75% for completed pathways

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Smoking in Queensland Mental Health Inpatients

Prevalence February – July 2017

56% of adults admitted to a mental health inpatient unit during the last 6 months smoked within the last 30 days.

Compared with

22% of adults admitted to hospital during the last year smoked within the last 30 days.

Almost half of admitted smokers had a Schizophrenia, schizotypal or delusional disorder.

66% of smokers had a Smoking Cessation Clinical Pathway completed during their admission.

76% of Indigenous consumers smoked, compared to 53% of Non-Indigenous consumers.

Age

<table>
<thead>
<tr>
<th>18-24</th>
<th>25-34</th>
<th>35-44</th>
<th>45-54</th>
<th>55-64</th>
<th>65-74</th>
<th>75+</th>
</tr>
</thead>
<tbody>
<tr>
<td>55%</td>
<td>63%</td>
<td>63%</td>
<td>54%</td>
<td>47%</td>
<td>30%</td>
<td>5%</td>
</tr>
</tbody>
</table>

Male rate 26% higher than female.

Diagnosis

- F10-F19: 15%
  - Psychoactive substance use
- F20-F29: 41%
  - Schizophrenia
- F30-F39: 20%
  - Mood
- F40-F48: 10%
  - Neurotic, stress and somatoform
- F60-F69: 7%
  - Personality
- Other: 8%
Smokefree Community Mental Health Services

Building on the work commenced in inpatient services a focus toward community mental health services.

July 2017
NEW QIP C
$1m available statewide for community mental health services

Smoking Status Tab in CIMHA

Smoking Cessation Clinical Pathway

Expansion of Quitline disadvantaged program to CMHS Consumers

www.equallywell.org.au
New Smoking Status Tab introduced to statewide mental health information system

www.equallywell.org.au
**MHCC COMMUNITY MH SmokeFree**

Open community consumer

Aim - screen smoking behaviour for mental health consumers, and provide brief intervention to smokers.

All information taken directly from Statewide Mental Health Information System

Age ≥ 18 years.

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QIP C Smoking Cessation (Community MH) - Targets

Jan to June 2018
- Pre-requisite 50%
- Pathway completion 50% (Partial payment 20%)

July 2018 to June 2019
- Pre-requisite 65%
- Pathway completion 55% (Partial payment 35%)

July 2019 - June 2020
- Pre-requisite 80%
- Pathway completion 65%

Targets must be met EVERY 6 months

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QIP C Statewide Results Since Commencement in 2017

<table>
<thead>
<tr>
<th>No. HHS’s achieving full QIP C targets</th>
<th>12/15 (1 partial payment)</th>
<th>14/15 (0 partial payments)</th>
<th>11/15 (3 partial payments)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking Status Known over time</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>77%</td>
<td>85%</td>
<td>87%</td>
</tr>
<tr>
<td></td>
<td>30%</td>
<td>50%</td>
<td>65%</td>
</tr>
</tbody>
</table>

Smoking Status Known over time

| SCCP Indicator over time              |                           |                             |                           |
|                                      | 47%                       | 66%                         | 66%                       |
|                                      | 30%                       | 50%                         | 55%                       |

SCCP Indicator over time
Proportion of Episodes where Smoking Status is Known

QIP C Target: 65%

Statewide Average = 87%
Smoking Cessation Clinical Pathway

Statewide Average = 66%

QIP C Target: 55%

OUTCOMES
- 11 HHS's achieved target
- A further 3 HHS's achieved partial payment target
- 1 site did not meet any targets
Quitline program expanded to include consumers of community mental health services.

Consumers receive:
- 4 telephone support calls
- 12 weeks of nicotine replacement therapy - patches, and either gum or lozenges
- 3 brief evaluation calls following the completion of the program

Electronic referral form

Nov 2017 - Jan 2019 over 1600 referrals received and retention rate in keeping with other programs
Mental Health now has it’s own tab!

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Smoking cessation is not a mental health problem - it's not my job.

You are best placed to offer choices to consumers.

Empower consumers to make informed decisions.

I don't have time. I have more important things to do than smoking cessation.

Smoking cessation is every healthcare workers' responsibility.

Brief interventions take as little as 3 minutes and saves lives.

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What targets could we set?

- People with serious mental illness and poor health become a special target group for all governments and we set hard indicators

- Population: Reduce smoking rates for people with mental illness to general population levels
- MH Services: achieve 100% smoke-free including staff
- Everyone who enters a mental health service has smoking status checked and is offered treatment
- Education and awareness: All mental health staff can and do provide smoking cessation advice and treatments as indicated
E-Cigarettes: Panacea or Pandemic?

- Early evidence that using nicotine-containing e-cigarettes may reduce the post-cessation weight
- Reduction in the dose of some antipsychotic medications
- Reduce financial stress and social inequities
- Reduced exposure for patients, staff and visitors to secondhand smoke.
- Improve anxiety and mood, alleviate boredom and can facilitate socialising.
Safety of E-Cigarettes

Significantly more likely to have a heart attack, develop coronary artery disease and suffer depression

- 56 percent more likely to have a heart attack
- 30 percent more likely to suffer a stroke
- Twice as likely to suffer from depression, anxiety and other emotional problems.
Public Health England (PHE) 2018 e-cigarette evidence review, undertaken by leading independent tobacco experts, provides an update on PHE’s 2015 review.

- Switching completely from smoking to e-cigarette has substantial health benefits.
- E-cigarettes could be contributing to at least 20,000 successful new quits per year in the UK.
- That regular use of e-cigarettes among young people who have never smoked remains negligible.
Rising usage by young people

- Teens using e-cigarettes in the US surged by 1.5 million in 2018 to 5 million.

- San Francisco lawmakers will consider a ban on e-cigarette sales to curb a rising usage by young people.
Generational phase-out of smoking - Tobacco-free generation

Initiatives

TFG legislation

- Anyone born after a defined date would not be able to purchase any tobacco product and legislation may include vaping products
- Goal: A smoke-free society at a set date

Increase Smoking Age

- Lift the smoking age incrementally to reduce smoking over time
- Goal: A smoke-free society at future time with incremental reduction

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My right to smoke! Is it?

- Tobacco company strategy - worker messages expounding the right to smoke - This view further entrenched by the culture in mental health facilities

- Public health/ human rights framework seeks to respect, protect and fulfill right to health

- The UN article on the right to health states: The right to the enjoyment of the highest attainable standard of physical and mental health, including, the right to prevention, treatment and control of diseases

- The addiction model - it is not a choice when addicted

- The legal position
What should we be doing?

- Young people are the new targets of big tobacco and we must respond & be wary of false claims
- Organise our experience into universal coverage
- Make up our mind about vaping
- Not just about hospitals but all places
- Involve families - smoking is environmentally triggered
- If we can’t achieve reasonable change, change direction
Help to quit smoking

Self-Help Options

Quit Now website  (www.quitnow.gov.au)

Information and resources
  • Guide to a smoke-free life
  • Smoking and mental illness - a guide for health professionals
  • Supporting someone with a mental illness to quit smoking

Tools
  • My Quit Buddy and Quit for You Quit for Two Apps
  • Quit Now Calculator

Quit Coach  (www.quitcoach.org.au)
  • An interactive website that helps support the quitting process

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