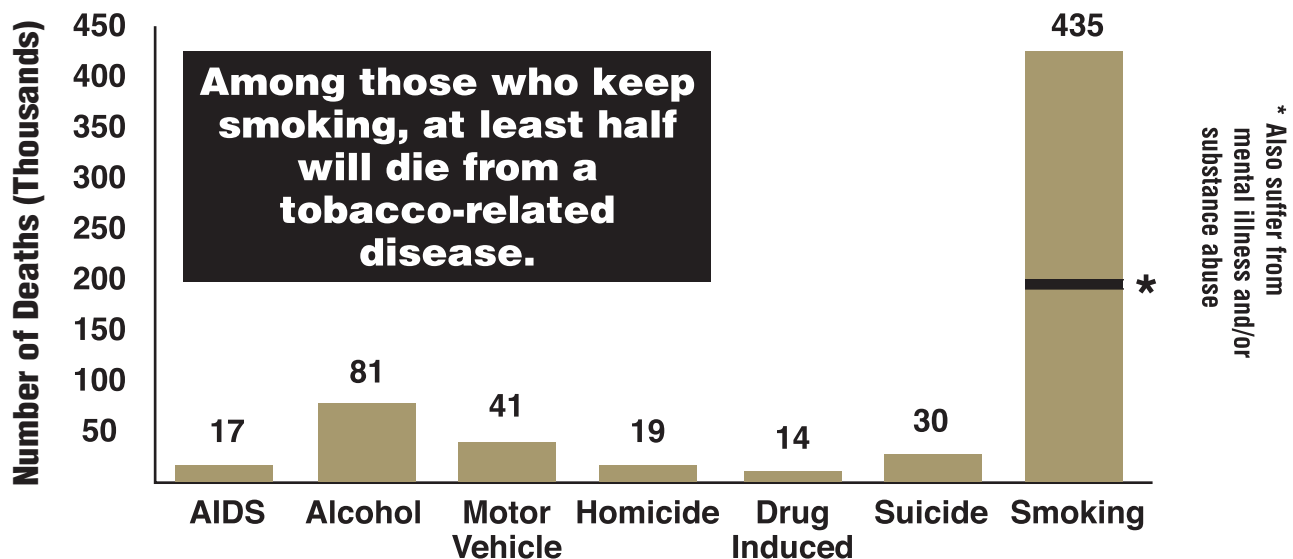


SMOKING CESSATION: GREAT STRIDES AND HIGH STAKES

Cigarette smoking is the leading preventable cause of illness and premature death in the United States, claiming over 400,000 lives a year. Ohio's smoking rate for 2010 was 22.5% of the adult population, representing a significant increase for the first time in at least 15 years. Thus, smoking is costly to Ohio both in terms of medical expenses, lost productivity and ultimately lives lost. The impact is even greater for people with a mental illness or substance abuse, as they have a much higher smoking rate than the general population. The good news is that more than 70% of smokers want to quit and new advancements in tobacco use treatment doubles quitting success rates.

- Individuals with a mental illness have smoking rates two to four fold higher than in the general population, and consume nearly half of all cigarettes smoked by adults in the United States.⁹
- Of the over 2.4 million people receiving treatment for an alcohol or illicit drug, 56.3% met the criteria for nicotine dependence from cigarette smoking.⁹



Behavioral Health & Wellness Program

Mokdad et al. (2004) JAMA 291:1238-1245

Flagel et al. (2005) JAMA 293:1861-1867

Overcoming Nicotine Dependence: Counseling + Medication = Success

Nicotine is a highly addictive drug. While the nicotine itself is not responsible for many of the negative health consequences of smoking, it is a key reason quitting is so difficult. It triggers withdrawal symptoms such as depressed mood, disrupted sleep, anxiety, craving, irritability, and other negative results. Although withdrawal is related to how nicotine acts on the brain, many behavioral factors can also affect the severity of withdrawal symptoms. For some people, the feel, smell, and sight of a cigarette and the ritual of obtaining, handling, lighting, and smoking the cigarette are all associated with the pleasurable effects of smoking and can make withdrawal or craving worse.

Quitting tobacco is difficult but absolutely feasible if assistance is provided. Counseling, either face-to-face or by telephone, has been found to increase success rates. Social support from healthcare providers, family and friends also increases the success rate of smoking cessation. The FDA has approved several medications as smoking cessation aides, all of which are effective. Several are nicotine replacement therapies (gum, inhaler, lozenges, nasal spray, and patch) that relieve nicotine withdrawal.

Two additional medications that work differently than traditional nicotine replacement therapies have also been added to the arsenal to help people quit smoking. They are bupropion and varenline tartrate. Scientists continue to investigate other medications, including the potential use of a vaccine that would block access of nicotine to the brain. Medical guidelines recommend that all smokers interested in quitting should be offered one or more of these medications. The CDC recommends a benefit for treatment that includes at least four counseling sessions of 30 minutes each and medication coverage with two attempts allowed per year.

Smoking Cessation Works

- Quit rates with willpower alone – 4%⁵
- Medication alone – 22%⁵
- Counseling plus medication – 36 to 44%⁵

Smoking Cessation and Behavioral Health

As Ohio works to integrate physical and behavioral health care, there is a great opportunity to improve health outcomes by addressing the extremely high tobacco use rates among those with a mental illness or alcohol/illicit drug addiction. Historically, the behavioral health system has been hesitant to address tobacco cessation out of concerns such as:

- A belief smoking helps control symptoms associated with mental illness
- Concern that an individual will lose their sobriety if they also try to quit smoking
- Not a priority given the individual's psychiatric, substance abuse, and medical issues

The truth is that smoking cessation has no negative impact on psychiatric symptoms and smoking cessation may even lead to better mental health outcomes and overall functioning. Additionally, participation in smoking cessation efforts while engaged in other substance abuse treatment has been associated with a 25% greater likelihood of long-term abstinence from alcohol and other drugs.

Cost/Benefit of Cessation Programs

- It costs between 10 and 40 cents per member per month to provide a comprehensive tobacco cessation benefit as part of a health plan.²
- In contrast, the annual cost of tobacco use is about \$3,400 per smoker.²
- Conservative estimate of the total economic burden of smoking in the U.S. - \$193 billion per year.²

It is an exciting time in addiction studies, as technology and research continue to make it possible for new addiction treatments. In this era of tight budgets, implementing smarter strategies for treating addiction is a strategic step with a high return on investment.

Sources:

¹American Journal of Psychiatry 163:1934-1942 (Nov. 2006)

²CDC: Coverage for Tobacco Use Cessation Treatments

³National Survey on Drug Use & Health Report

⁴NIH: Smoking & Mental Illness: Results from Population Surveys in Australia and the US

⁵Practical Tools for Assessing & Treating Tobacco Use, Chad Morris, Ph.D.

⁶American Journal of Public Health, Vol. 98, No. 3 (Mar. 2008)

⁷J Am Psychiatr Nurses Assn. 2009 Dec. 1; 15(6):404-409

⁸US Surgeon General Report on Health Consequences & Smoking

⁹NIDA Research Report: Tobacco Addiction (June 2009)