



University of California
San Francisco



ZUCKERBERG
SAN FRANCISCO GENERAL
Hospital and Trauma Center

Tobacco Use, Mental Health, and Substance Use

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Tobacco Use Disparities in the United States

8 Ways Tobacco Affects Vulnerable People

Tobacco use is

71%

HIGHER among adults with mental illness



- National Council for Behavioral Health



Tobacco use is **OVER**

50%

HIGHER among LGBT adults

- LGBT HealthLink



HIGHER among American Indian and Alaskan Native

- National Native Network

Asian American men smoke at a

215%

HIGHER rate than Asian American women



- The RAISE Network

1.5 TIMES

as many Hispanic middle school students report using tobacco compared to other middle school students



- Nuestras Voces



African Americans smoke menthol-flavored cigarettes at nearly

3 TIMES

the rate of Whites, and are more likely to die from smoking-related illness.

- National African American Tobacco Prevention Network

22.4%

of people in remote areas smoke

- Geographic Health Equity Alliance

14.7%

of their urban counterparts smoke

Tobacco use is **310%**

HIGHER among homeless adults compared to the general population



- SelfMade Health Network

28.5 million people (11%) use a tobacco product

- 12.5% use cigarettes
- 3.7% use e-cigarettes
- 3.5% use cigars

This infographic brought to you by:

LGBT HEALTHLINK
THE NETWORK FOR HEALTH EQUITY

Tobacco use among people with behavioral health conditions

- Behavioral health conditions
 - Any mental illness
 - Substance use disorders
 - Dual diagnoses
- 35% of people who smoke have a behavioral health condition
- Lifetime rates of tobacco use between 60% and 90%



“People with a behavioral health condition, such as anxiety, depression, or substance use disorders, consume 40% of all cigarettes.”

UCSF Smoking Cessation Leadership Center | National Center of Excellence for Tobacco-Free Recovery

(BMJ 2014;348:g1151)

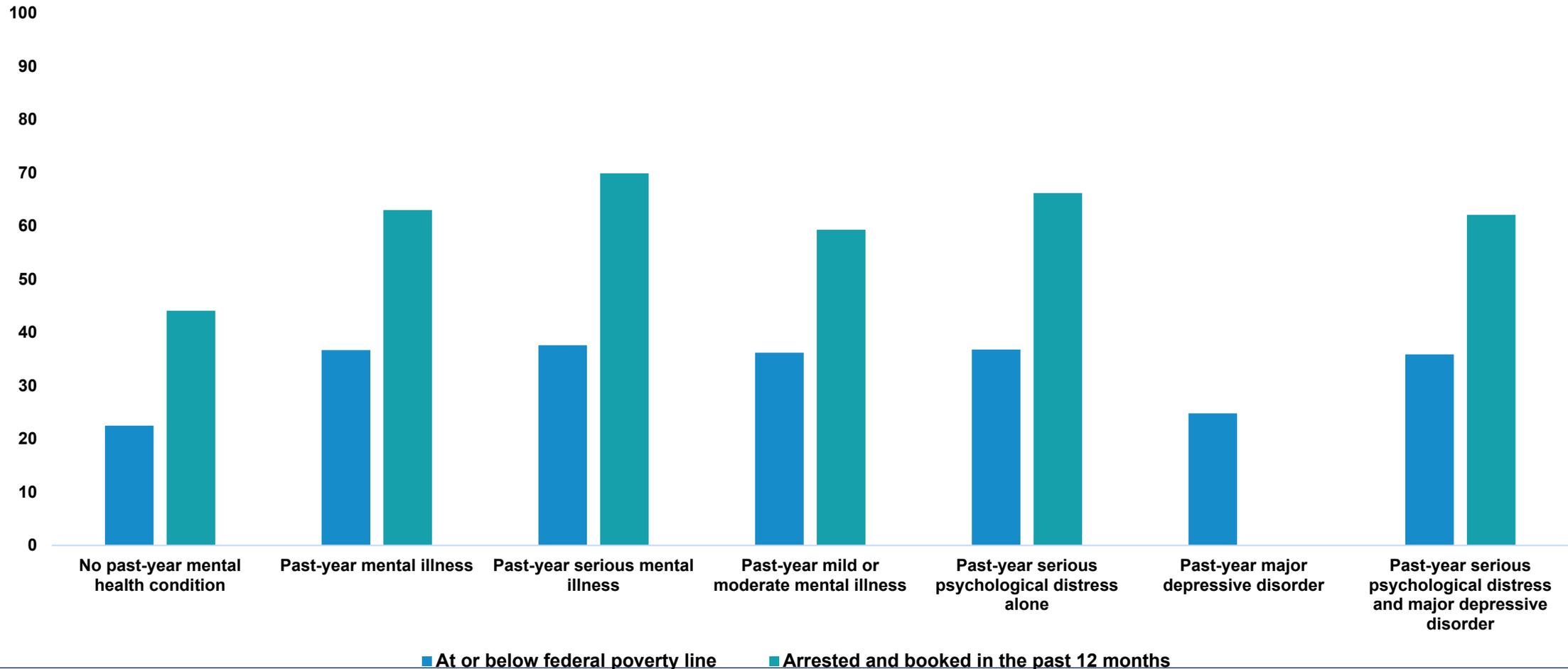
Current smoking among adults with a past-year any mental illness



Current smoking among adults with a past-year substance use disorder

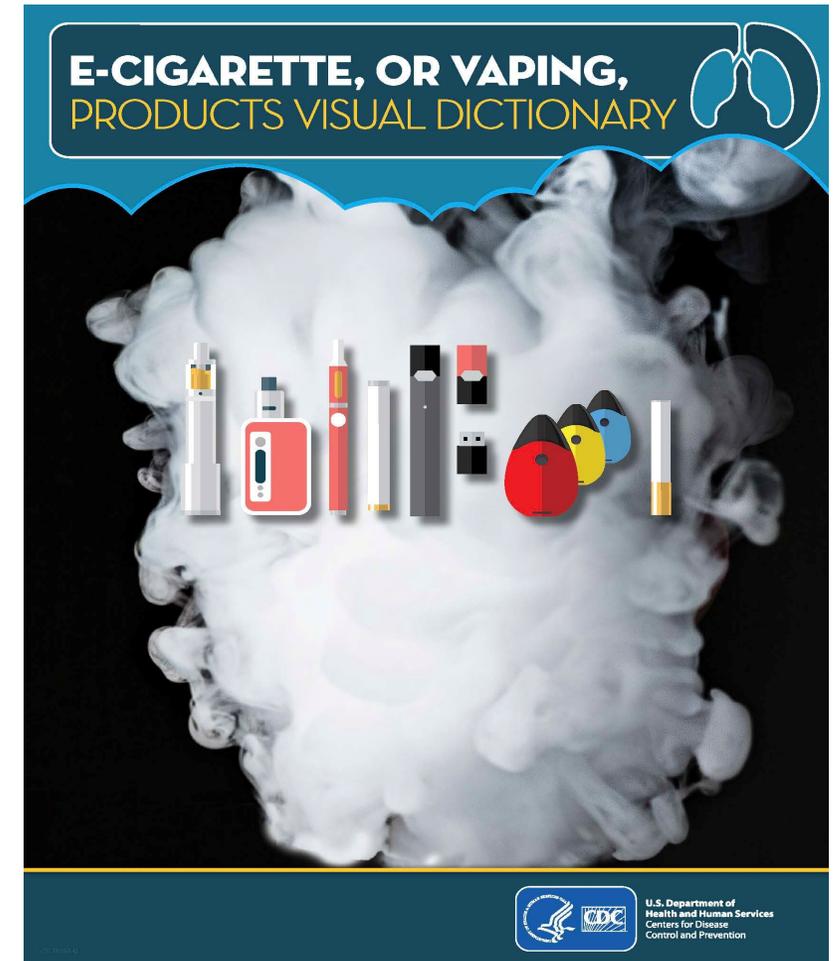


Smoking by mental health condition, income and criminal/legal system involvement



What about E-cigarettes and Vaping and mental illness?

- Double the risk of depression
- Almost double the risk of having at least one day of poor mental health in the past month
- Severe depressive symptoms and ADHD diagnoses
- Increased co-use behaviors with cannabis



Smoking is *still* the leading cause of death

“Tobacco-related diseases are the #1 cause of death for people with mental illness.”

- 200,000 of 520,000 deaths yearly are among people with behavioral health conditions
- Current trends show >8 million deaths annually by 2030
- Priority populations are disproportionately impacted

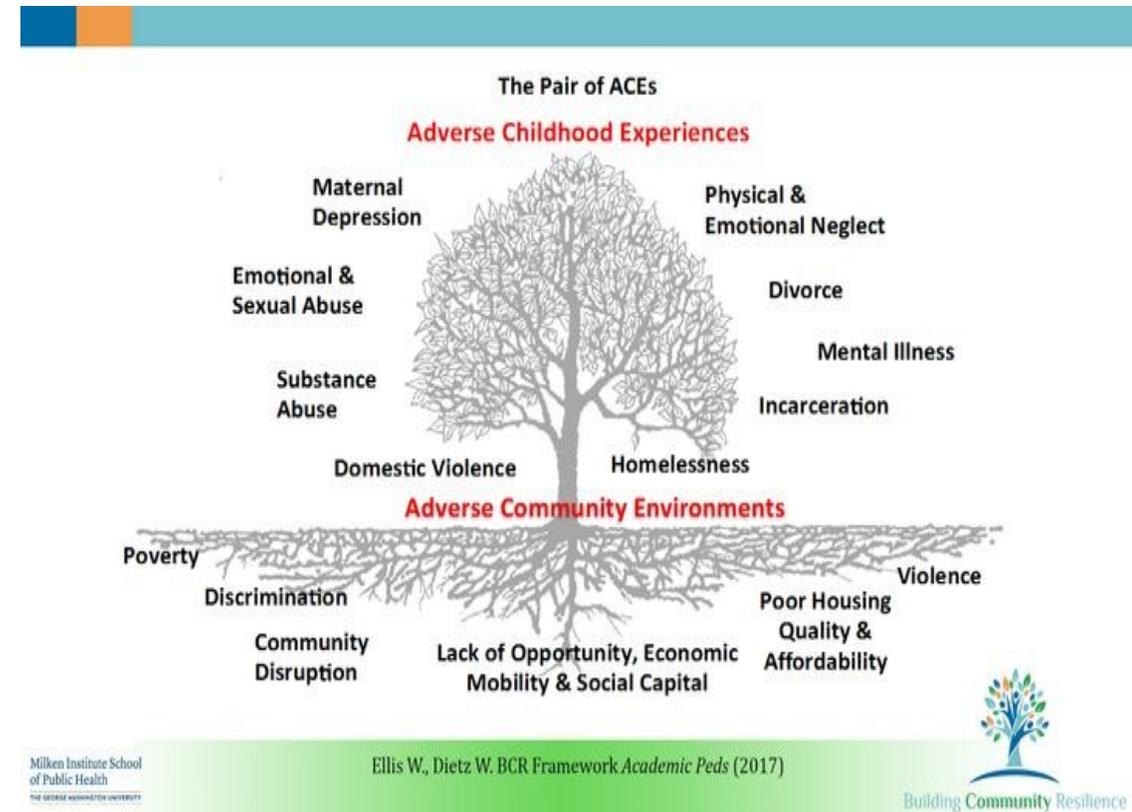
UCSF Smoking Cessation
Leadership Center

National Center of
Excellence for
Tobacco-Free Recovery

(BMJ 2014;348:g1151)

Tobacco-related inequities: Structural factors

- >80% have had lifetime experiences of trauma
- Adverse childhood experiences doubles risk of nicotine dependence
- Trauma linked with PTSD
 - 45% report current smoking
 - 73% report smoking > 1 pack per day
- Lack of opportunities limit structures for coping and recovery



Smoking and mental illness: Myths and Biases

Tobacco is necessary self-medication
(industry has supported this myth)

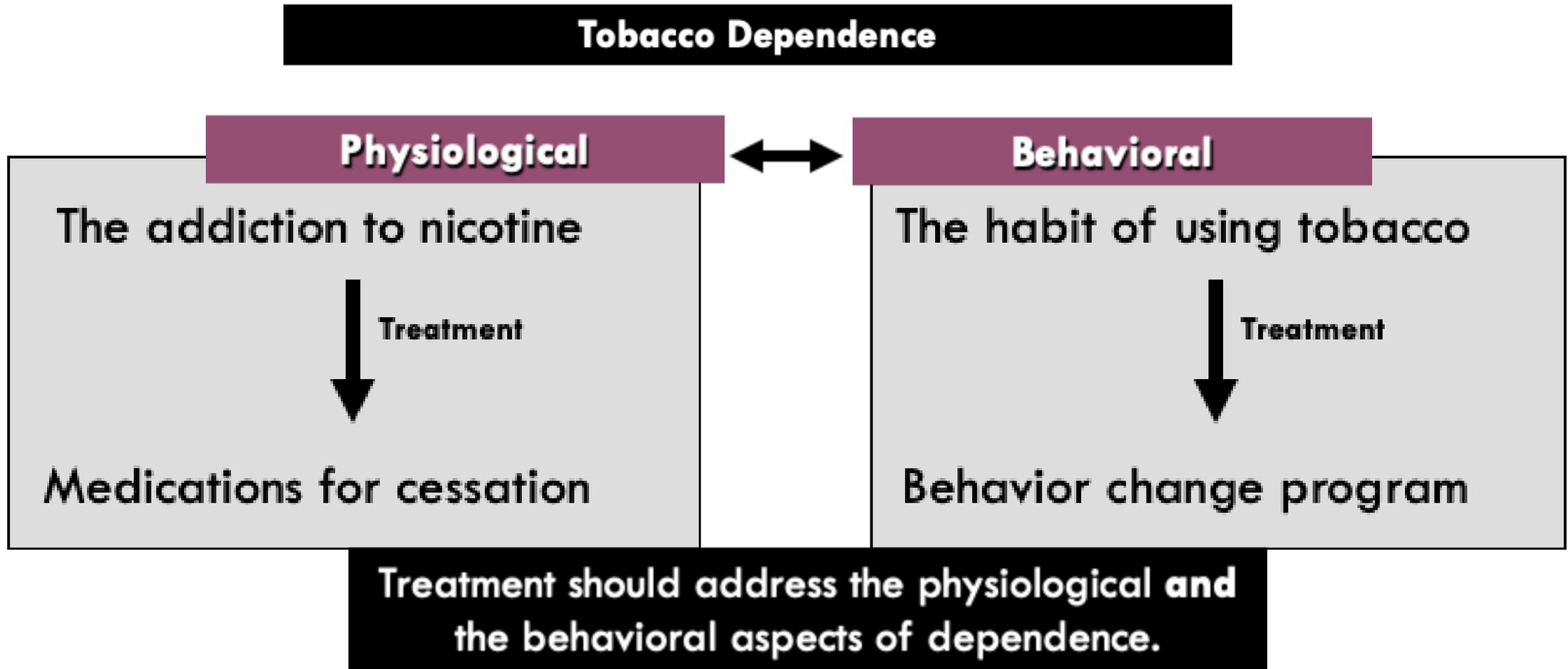
They are not interested in quitting
(same % wish to quit as general population)

They can't quit
(quit rates same or slightly lower than general population)

Quitting worsens recovery
(not so; and quitting increases long-term abstinence among people with alcohol use disorder)

It is a low priority problem
(smoking is the biggest killer for those with mental illness or substance use issues)

Tobacco dependence



Tobacco Treatment – Behavioral Intervention

The 5 As to help patients quit

ASK about tobacco use

ADVISE to quit

ASSESS readiness to quit

ASSIST in the quit attempt

ARRANGE follow-up

Ask-Advise-Refer

to help patients quit

ASK about tobacco use

ADVISE to quit

REFER to outside help

Ask-Advise-Connect

to help patients quit

ASK about tobacco use

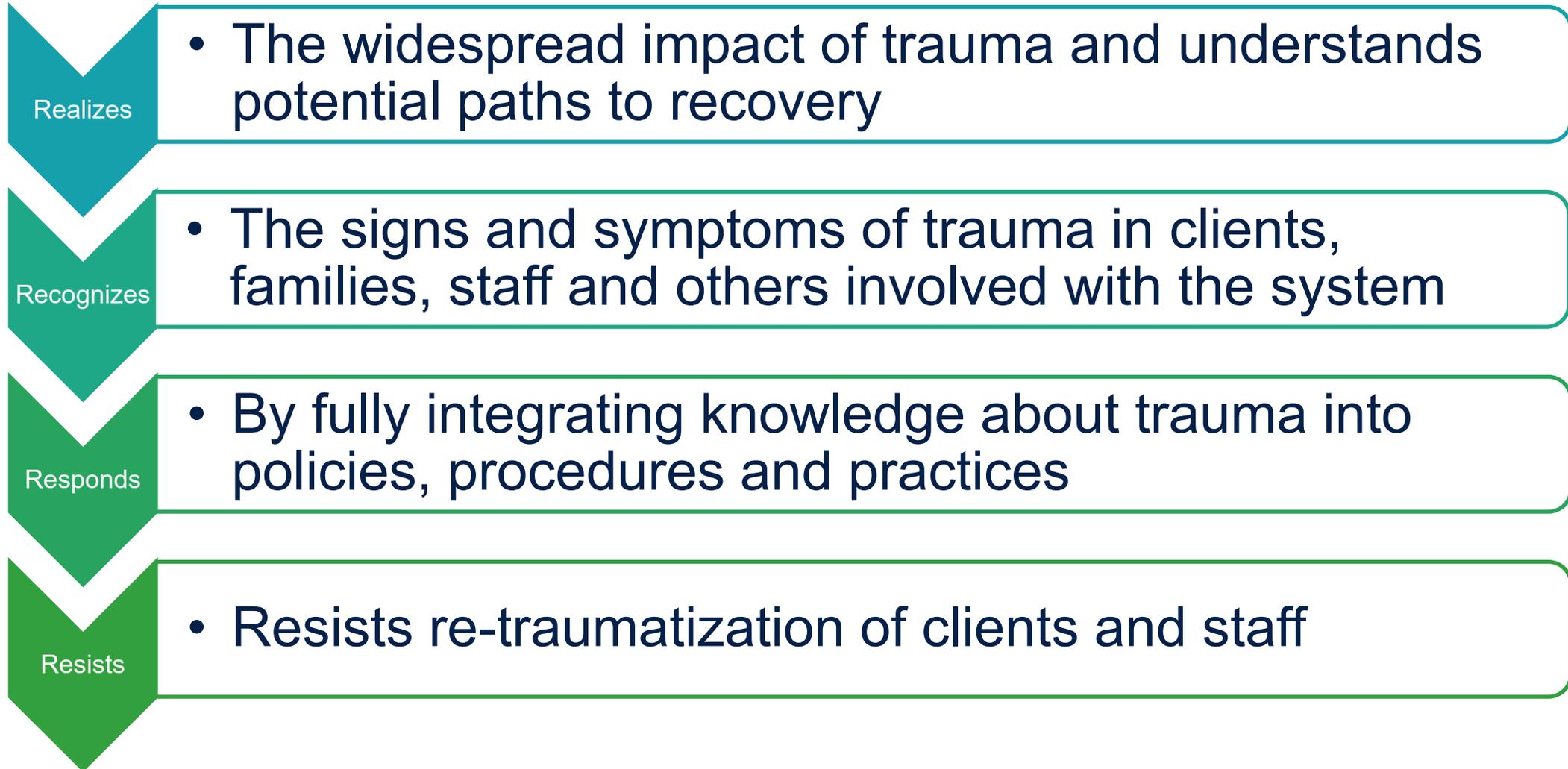
ADVISE to quit

CONNECT to resources

Guideline recommended tobacco treatment

- Counseling using cognitive behavioral therapy or motivational interviewing
- Pharmacotherapy for physiologic dependence
 - Nicotine replacement therapy
 - Bupropion
 - Varenicline
- Combination treatment is preferred over monotherapy
- Extended duration of treatment
- Medications to induce cessation attempts

Trauma informed care



Integrating lived experience



Increase awareness of the role of lived experience in behavioral health care



Build capacity for a lived experience workforce



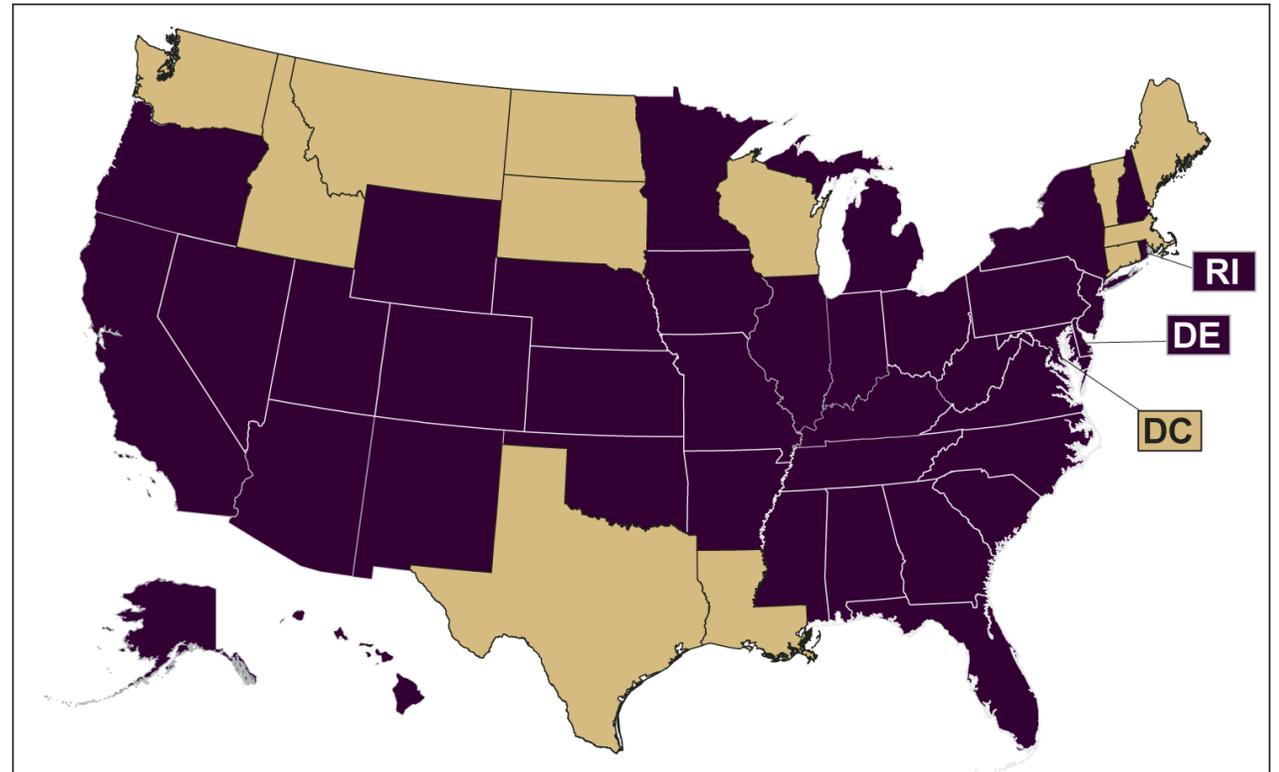
Integrate lived experience workforce into community BH treatment



Support professionalism and career development

Peer support for substance use

- Peers share lived experiences
- Peer specialists with formal training can support tobacco cessation
- State Medicaid programs can cover peer-based services
- Peer support has been used in shelters, criminal legal settings, health systems



Sources: GAO analysis of Medicaid and CHIP Payment and Access Commission data; Map Resources (map). | GAO-20-616

Tobacco use is a behavioral health issue

- Use every opportunity in primary care, behavioral health, acute care, and re-entry to address tobacco use
- Improves mental health and increases long-term abstinence
- Address structural inequities that lead to high rates of tobacco use in priority populations
- Promoting widespread access to tobacco treatment will reduce tobacco-related disparities
- We all have a role to play