

Tobacco Dependence Screening and Treatment in Behavioral Health Settings

Prescribing

GOAL

- To build the capacity of prescribing clinicians in behavioral health settings to integrate best practices for prescribing tobacco cessation pharmacotherapy into standard delivery of care for clients

OBJECTIVES

As a result of this training, participants will be able to:

- Describe how tobacco dependence is a chronic relapsing illness
- Identify the different types of pharmacotherapy available to support a quit attempt
- Determine the appropriate medications to prescribe to clients based on medical history and drug interactions.
- Explain nicotine withdrawal symptoms and how pharmacotherapy can assist with a quit attempt

AGENDA

- Welcome, Introductions, Goal and Objectives
- Behavioral Health & Tobacco Use
- Prescribers' Role in the Integration of Tobacco Dependence Screening & Treatment into Behavioral Health Settings
- Overview of Pharmacotherapy
- Case Study
- Closing

WELCOME & INTRODUCTIONS

Please share your:

- Name
- Agency
- Role

BEHAVIORAL HEALTH & TOBACCO USE

Behavioral Health and Tobacco Use

- Individuals with mental illness and substance use disorders are more nicotine dependent and therefore require more intensive treatment
- Pharmacotherapy and counseling strategies must be individualized to each client's needs
- Integrate into Co-occurring Disorder Treatment

-Schroader, SA, Morris CD. Confronting a neglected epidemic: tobacco cessation for persons with mental illness and substance abuse problems. *Annual Review of Public Health*, 2010; 31:297-314.

DSM V Criteria for Tobacco Use Disorder

Considered an addiction if 2 or more apply:

- Withdrawal
- Tolerance
- Desire or efforts to cut down/control use
- Great time spent in obtaining/using
- Reduced occupational, recreational activities
- Use despite problems
- Larger amounts consumed than intended
- Cravings; strong urges to use

PRESCRIBER'S ROLE IN THE INTEGRATION OF TOBACCO DEPENDENCE SCREENING & TREATMENT INTO BEHAVIORAL HEALTH SETTINGS

Why Should Clinicians Address Tobacco?

- Addiction to tobacco is a chronic relapsing disorder
- Tobacco users expect to be encouraged to quit by health professionals
- Screening for tobacco use and providing tobacco cessation counseling are positively associated with client satisfaction (Barzilai et al, 2001)
- Failure to address tobacco use implies that quitting is not important

Chronic Relapsing Illness

- Few people quit successfully without treatment
- To maximize success, combine pharmacotherapy and counseling
- Treat for as long as it takes
- Treat to target: No withdrawal symptoms

The 5 A's

Ask about tobacco use and secondhand smoke exposure



Advise to quit



Assess readiness to quit



Assist in quit attempt (brief counseling/referral/ pharmacotherapy)



Arrange

OVERVIEW OF PHARMACOTHERAPY

TOBACCO DEPENDENCE: A 2-PART PROBLEM

Tobacco Dependence

Physiological

The addiction to nicotine



Treatment

Medications for cessation



Behavioral

The ritual of using tobacco



Treatment

Behavior change program

Treatment should address the physiological **and** the behavioral aspects of dependence.

NICOTINE WITHDRAWAL

- Irritability/frustration/anger
- Anxiety
- Difficulty concentrating
- Restlessness/impatience
- Depressed mood/depression
- Insomnia
- Impaired performance
- Increased appetite/weight gain
- Cravings

FDA APPROVED CESSATION MEDICATIONS

- Bupropion
- Varenicline
- Nicotine Patch
- Nicotine Gum
- Nicotine Lozenges
- Nicotine Inhaler
- Nicotine Nasal Spray

PHARMACOTHERAPY

- Why use Nicotine Replacement Therapy (NRT) or pharmacotherapy?
 - Improves chances of quitting
 - Makes individuals more comfortable while quitting
 - Allows consumers to focus on changing their behavior
 - Does not have the harmful toxins found in cigarettes and other tobacco products

PHARMACOTHERAPY

Available over the counter (no prescription needed):

- Nicotine Patch (7mg , 14mg, and 21mg)
- Nicotine Gum (2mg and 4mg)
- Nicotine Lozenges (2mg and 4mg)

Prescription only:

- Nicotine Inhaler (the puffer)
- Nicotine Nasal Spray

All NRT can be used alone or in combination

Side effects may include: headache, nausea, dizziness

NICOTINE PATCH



- Nicotine absorbed through skin
- Can take up to 6 hours to reach peak nicotine levels
- Wear above waist, non-hairy area
- Do not cut in half
- Reapply every 24 hours
- Side effects may include: headache, nausea, dizziness, skin irritation at the site of contact

DOSING RECOMMENDATIONS

Nicotine Patch:

Clients who smoke 1PPD: Step 1 (21mg)

Clients who smoke $\frac{1}{2}$ PPD: Step 2 (14 mg)

Clients who smoke $< \frac{1}{2}$ PPD: Step 3 (7mg)

Generally, clients remain on each step for 6 weeks before stepping down

NICOTINE GUM



- Sugar-free
- Absorbed through lining of mouth
 - Chew Slowly and Park
- Two strengths (2mg and 4mg)
- Flavors are: Original, cinnamon, fruit, mint, and orange
- OTC as Nicorette or as generic
- May not be good choice for people with jaw problems, braces, retainers, dentures or significant dental work
- May irritate the mouth and throat and cause dryness

NICOTINE LOZENGE



- Absorbed through lining of mouth
 - Moisten then “park” between cheek and gum line
- OTC in two strengths (2mg and 4mg)
- Sugar-free flavors:
 - Mint
 - Cherry
- May irritate the mouth and throat and cause dryness

NICOTINE INHALER

- Nicotine inhalation system:
 - Mouthpiece
 - Cartridge
- Absorbed through lining of mouth
- Mimics hand-to-mouth action of smoking
 - Prescription only
- May irritate the mouth and throat and cause dryness if not used properly

NICOTINE NASAL SPRAY



- Quickly absorbed through lining of nose
- Gives largest “spike” of nicotine
- Prescription only as Nicotrol NS
- About 100 doses per bottle
- Side effects may include: sneezing, sore throat, and runny nose and eyes
- High liability for abuse

SMOKING WITH NRT

- Relatively safe
- Harm reduction
- Less reinforcing effects

ORAL MEDICATIONS

- Bupropion SR – prescription only
 - Zyban; Wellbutrin SR or Generic
 - Can be used alone or in combination with NRTs
 - Effective among many clients, including those with depressive disorders
 - Non-sedating, activating antidepressant
 - Potential side effects : headache, insomnia

ORAL MEDICATIONS

- Varenicline HCl (Chantix) –prescription only
 - Reduces the amount of physical and mental pleasure received from tobacco
 - Dosed in graduating strengths (0.5mg → 1mg)
 - Use with NRTs not recommended
 - Recommended length of use is 12 weeks, but can be extended for clients who successfully quit so they can boost their chances of remaining smoke-free
 - Potential side effects: nausea and vivid dreams

Smoking Tobacco and Medications

- Cigarette smoking induces the activity of P450 isoenzyme
- These enzymes affect how the body metabolizes medications
- The chemicals in tobacco smoke may interact with antipsychotics, antidepressants, and other medications

Desai et al 2001; Zevin & Benowitz 1999

Quitting Smoking Tobacco

- Consider adjusting medications affected by tobacco smoking
- Nicotine Replacement Therapy does not change present medication levels
- Smoking Tobacco does affect how Bupropion is metabolized
 - Antidepressants and antipsychotics should be started at the lower end of the dose range

Case Study

Discuss what would be the best pharmacology choice for the case study on the handout in groups

Conclusions

- Health care providers are the first line in helping smokers quit using tobacco
- Tobacco cessation treatment increases quitting success rates and should be used in all smokers who are willing to quit
- Tobacco cessation treatments are effective and well tolerated

THANK YOU!