



# Tobacco, alcohol, and opioid dependence

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# Alcohol and drugs in Scotland – headline stats



- there were **1,100** alcohol-related deaths in 2013 (where alcohol was the underlying cause of death)

Source: Alcohol Focus Scotland

- there were **526** drug-related deaths registered in Scotland in 2013

Source: General Registers of Scotland



## Tobacco use in Scotland – headline stats



- over **13,000** deaths in Scotland annually (a quarter of all deaths) and around 56,000 hospital admissions are attributed to smoking
- based on a conservative analysis, the societal costs of tobacco use amount to nearly £1.1 billion in Scotland.



## But there is an overlap with substance misuse disorders...

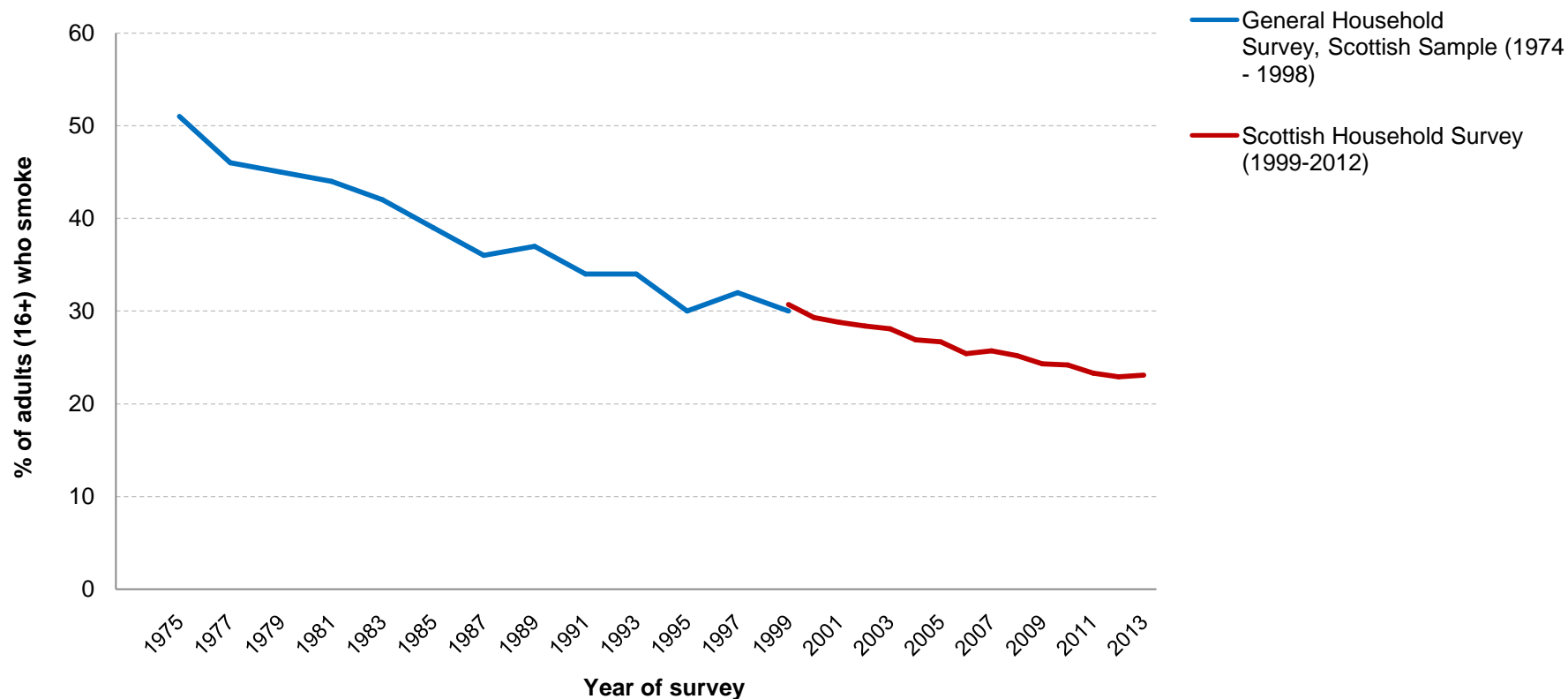


- cigarette smoking amongst substance misusers is an important health risk within a population subgroup whose general health may already be compromised
- people who misuse substances tend to start smoking at a younger age and are also more likely to be heavy smokers, nicotine dependent, and experience greater difficulty with quitting
- individuals with current or past substance misuse problems are also likelier to have psychiatric, cognitive or medical problems which require more specialised cessation interventions.

# and whereas smoking prevalence in Scotland shows a downward trend

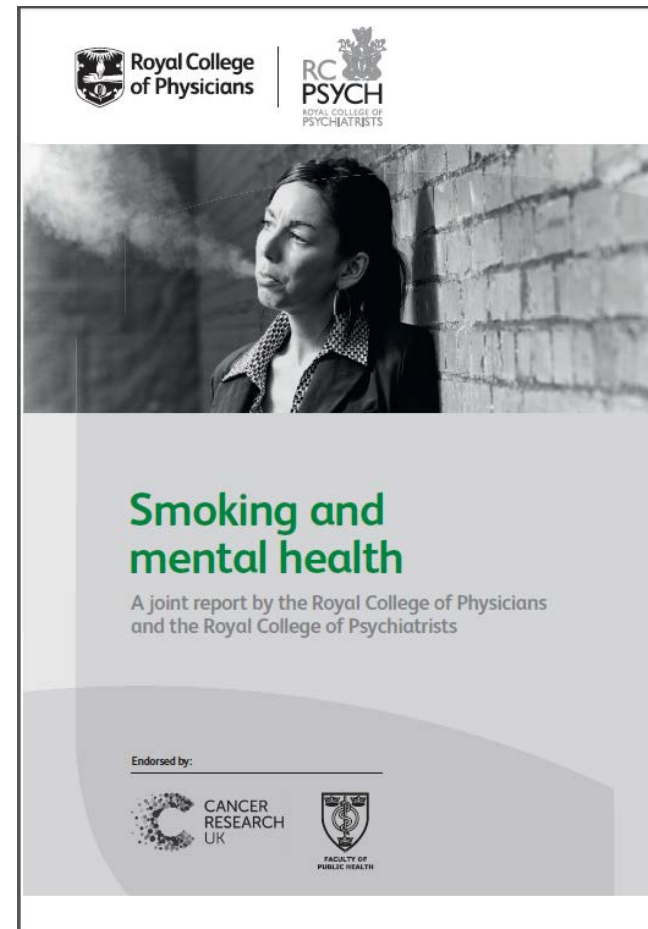


**Adult (age 16+) smoking prevalence in Scotland: 1974 to 2013**  
from the General Household Survey and the Scottish Household Survey



...sadly

“In contrast to the marked decline in smoking prevalence in the general population, smoking among those with mental disorders has changed little, if at all, over the past 20 years.”





# Smoking and mental health

- 33% to 43% of tobacco is consumed by people with mental health issues
- smoking is around twice as common among people with mental health issues, and more so in those with more severe issues
- depression is over- represented among smokers and smoking is over-represented among individuals with depression
- around 88% of people living with schizophrenia smoke and 68% are classed as heavy smokers
- people with mental health issues die on average 16 – 25 years earlier than the general population.

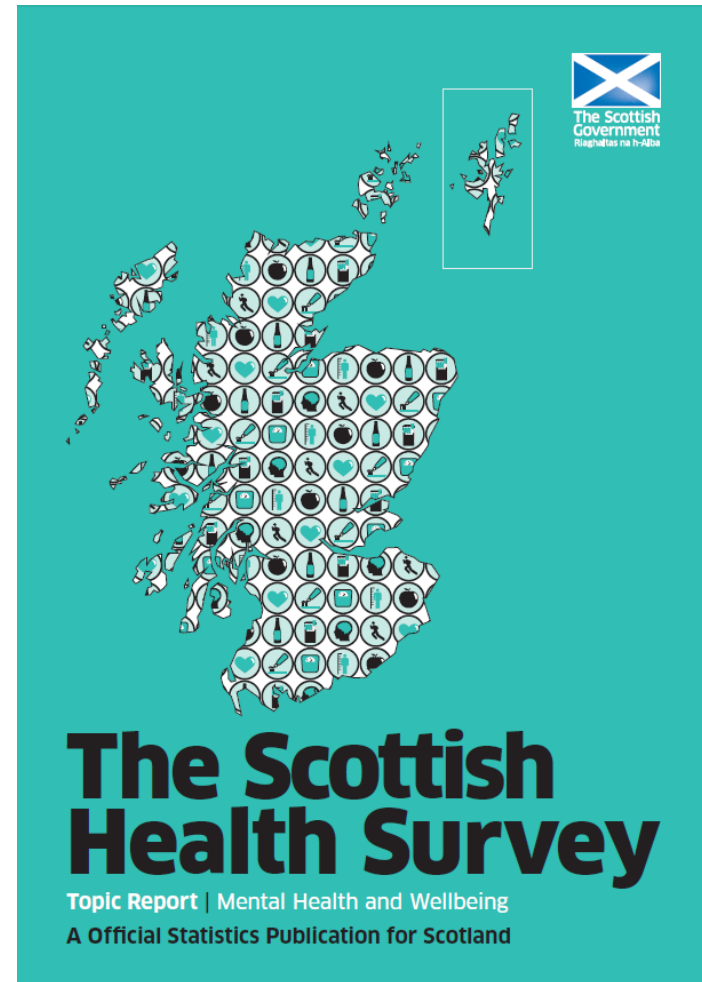


Source: ASH Scotland mental health briefing and RCP report

# ...and an overlap with mental well-being



- using the Warwick-Edinburgh Mental Wellbeing Scale - current smokers have significantly lower WEMWBS scores than both ex-smokers and those who have never smoked
- among current smokers, the proportion exhibiting signs of a possible psychiatric disorder (23%) is significantly higher than the equivalent proportions amongst those who are ex-smokers (16%) or have never smoked (12%).







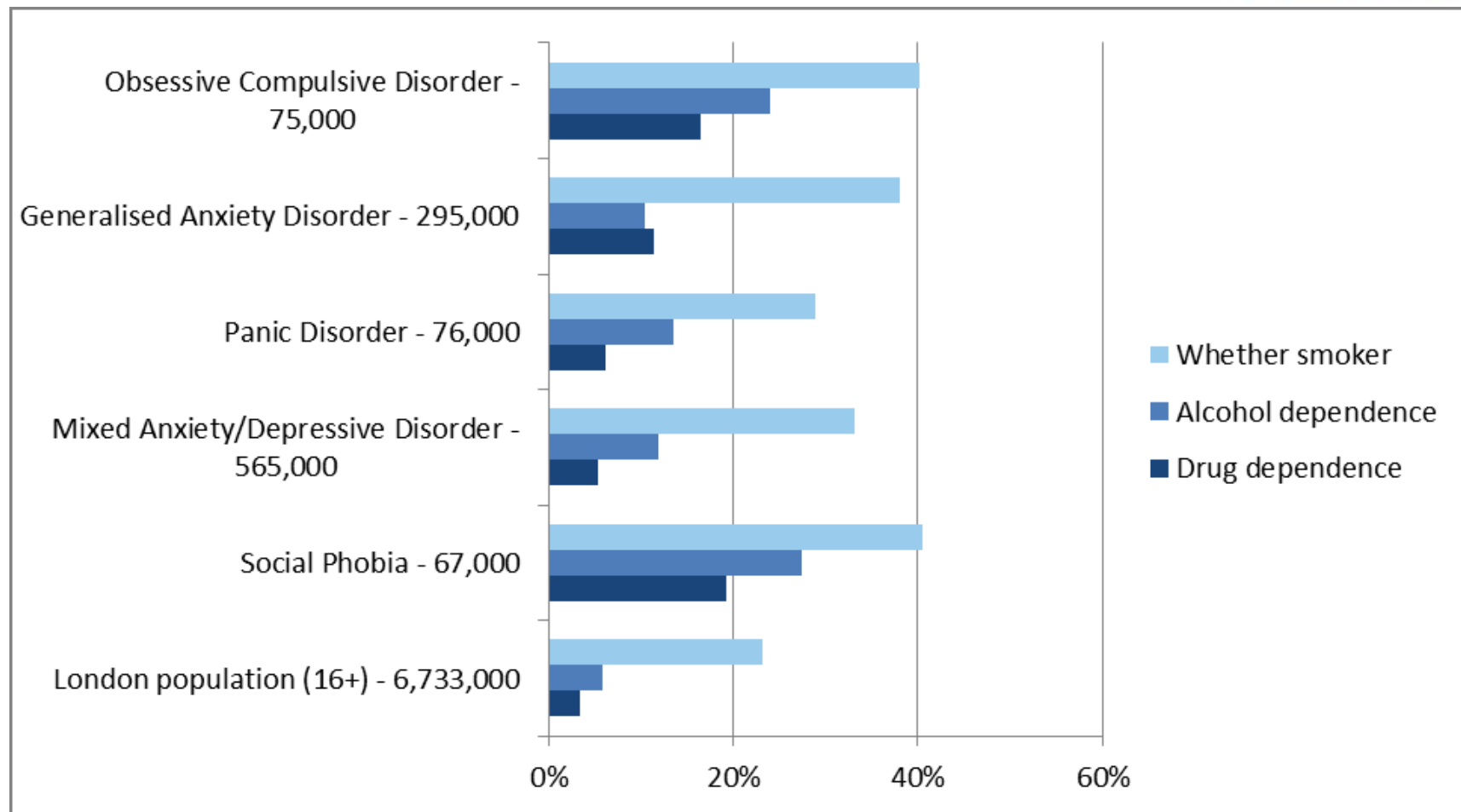
## 'The least of their problems'

- relative to other substances, tobacco is by far the most harmful and deadly
- tobacco is the single most preventable cause of death in the world today





# A complex interplay

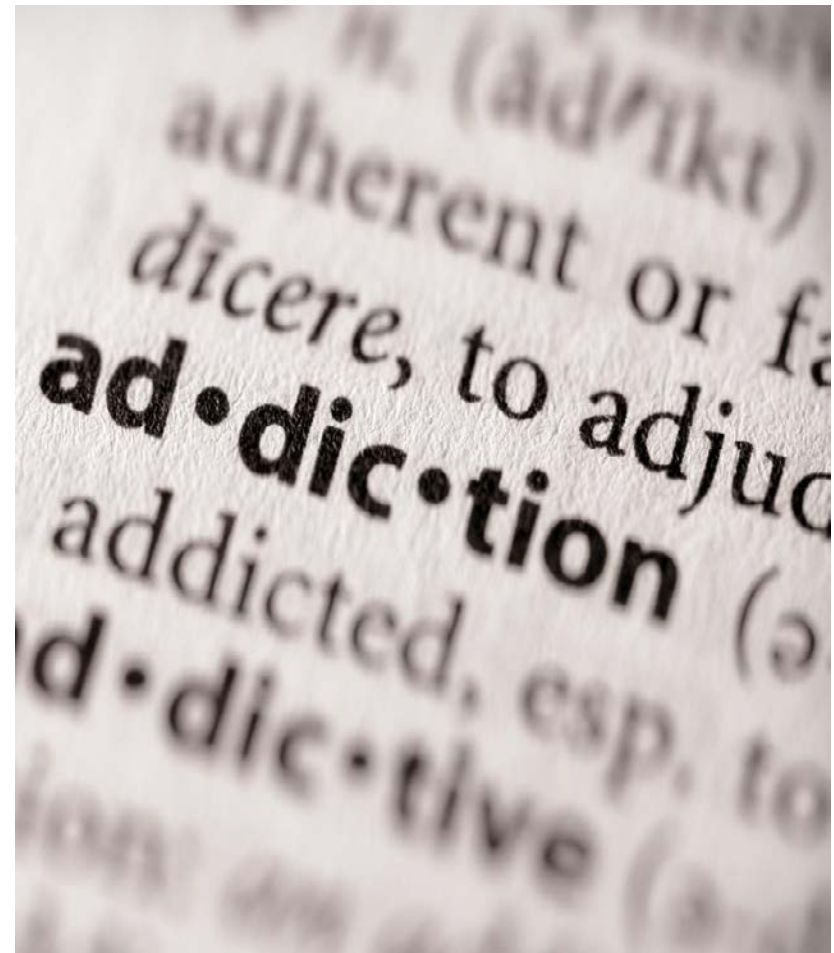


Adult Psychiatric Morbidity Survey, 2007 – taken from London Mental Health Report 2014



## Habit or addiction?

- nicotine produces tolerance and dependence such that abstinence after appropriate dosing may result in withdrawal symptoms
- tobacco affects the same neural pathway, the mesolimbic dopamine system, as alcohol, opioids, cocaine, and marijuana
- tobacco products meet the standard criteria for dependence-producing drugs



## “Big Tobacco’s” role

- in a landmark US legal ruling in 2006, the tobacco industry were found to have known for decades that they were ‘in the drug business, and that cigarettes are drug delivery devices’
- the tobacco industry has deployed a vast array of technologies ranging from chemistry to particle physics to develop methods which manipulate nicotine delivery and absorption (eg adding levulinic acid, using filter tip ventilation, and regulating particle size)
- the modern cigarette is a precision-engineered product designed with a deliberately enhanced addiction risk.



# Tobacco and inequalities



Tobacco is both a cause and an effect of inequalities:

- cause: smoking rates, personal, social and economic costs impacting most heavily on the disadvantaged
- effect: smoking cessation more difficult where stress or boredom higher, where lower optimism for future and where smoking remains the cultural norm
- almost half of total tobacco consumption and smoking-related deaths occur in those with mental disorder (Source: RCP 'No health without public mental health', 2010).

# Why is there still such a high prevalence in this population group?



In addition to usual reasons for smoking (peer pressure, nicotine addiction):

- biological reasons/self medication/reduces negative symptoms and side effects
- improves cognitive function
- culture of mental health services (allegedly)

From interviews with people with mental health issues (and with professionals working directly with such people) there was the expectation that if they attempted to stop smoking:

- their anxiety levels would increase;
- they would lose an important coping resource;
- they would have given up something they found pleasurable; and
- most importantly, their mental health would deteriorate.

# Is smoking an effective coping mechanism?



“Smoking cessation does not exacerbate symptoms of mental disorders, and improves symptoms in the longer term.”

“Experimental evidence suggests that nicotine can relieve symptoms of anxiety, depression, schizophrenia and attention deficit hyperactivity disorder (ADHD), although nicotine withdrawal symptoms may then exacerbate symptoms of mental disorders.

People with some mental disorders may use nicotine to ameliorate symptoms such as depression or anxiety (the self-medication model).

However, the symptoms of mental disorders can be confused with or exacerbated by those of nicotine withdrawal, hence resulting in false attribution of relief to effects on mental disorders.”

*From RCP report conclusions*

# The culture in mental health settings



“Smoke-free mental health still has many barriers to overcome.

A survey of staff attitudes toward smoking-related policies in England found that psychiatric staff were almost three times more likely to oppose implementation of a smoking ban in the workplace than general hospital staff (29% v 10%).

Smoking seems to have become entrenched in the culture of mental health settings and may have been used as a way to placate or to engage with patients.

A paper which reviewed the findings from 26 international studies found that staff generally anticipated more smoking-related problems than actually occurred and that there was no increase in aggression, use of seclusion, discharge against medical advice or increased use of as-needed medication following the ban.”

*From <http://www.ashscotland.org.uk/media/89030/tobaccouseandpeoplewithmhproblems.pdf>*





## Tobacco and alcohol



- a large-scale survey in the United States suggests that people who are dependent on alcohol are three times more likely than those in the general population to be smokers, and people who are dependent on tobacco are four times more likely than the general population to be dependent on alcohol . Treatment of tobacco dependence in alcoholic smokers does not seem to cause excessive relapse to drinking and, in fact, stopping smoking may enhance abstinence from drinking.

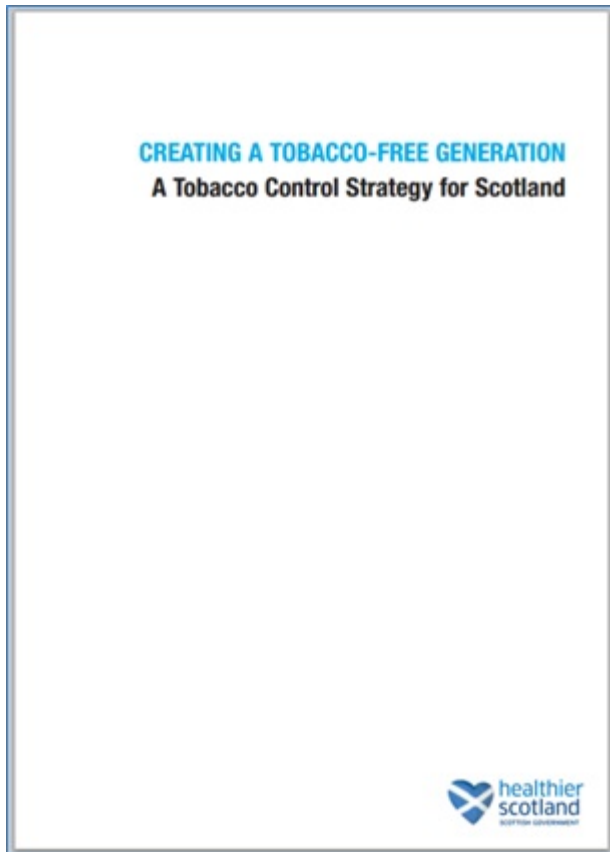


## Tobacco and opiate dependence



- there are almost 60,000 problem drug users in Scotland
- anecdotally, most heroin users are believed to be smokers and in one 2011 study from Italy, smoking prevalence was reported to be 99.2%
- smoking prevalence among outpatient methadone users in the UK is reported to be 93%

# Creating a generation free from tobacco

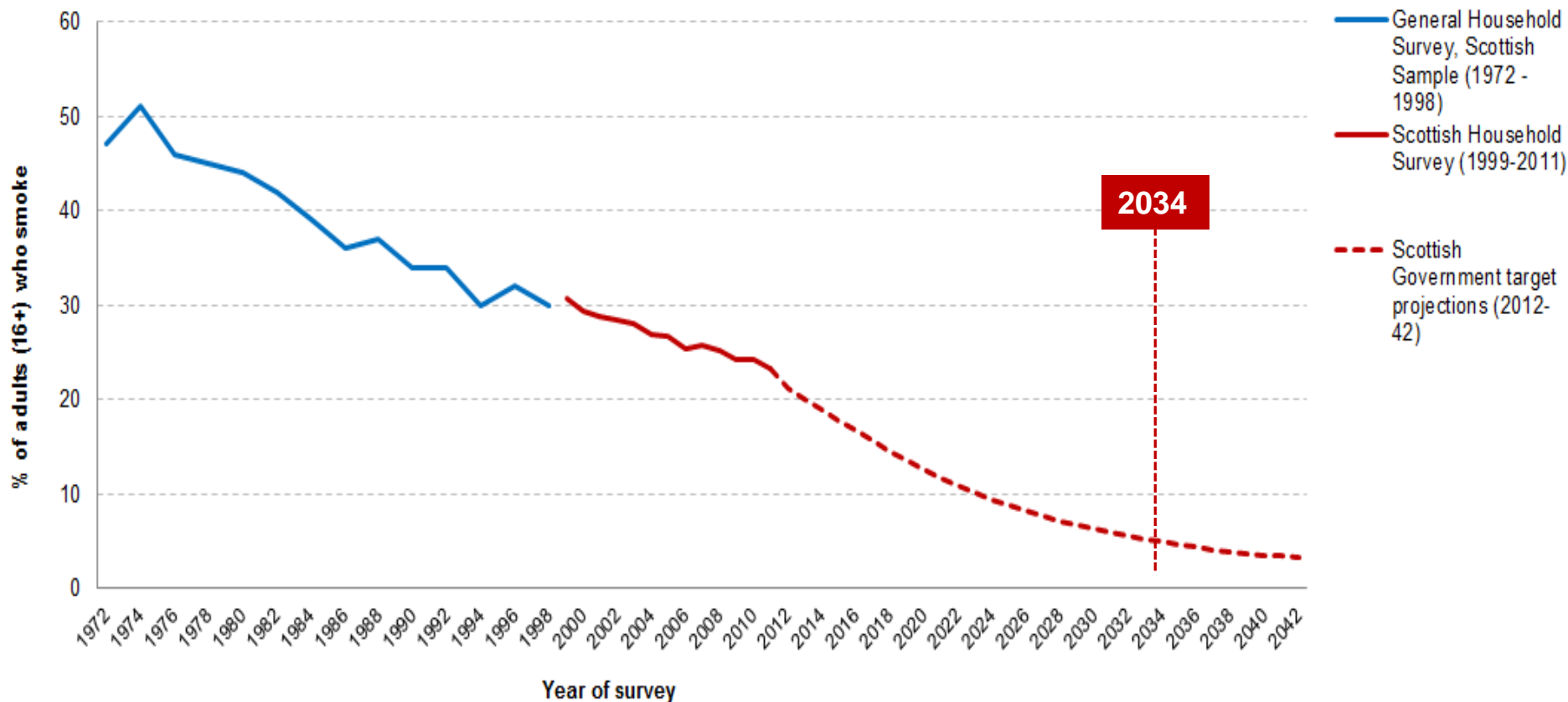


- Scottish Tobacco Control strategy published March 2013
- proposes an ambitious target for Scotland to be 'tobacco-free' (<5% adult smoking prevalence)
- contains a range of actions on youth smoking prevention, protection from second-hand smoke, and smoking cessation
- consistent theme of tackling inequalities in health

<http://bit.ly/10dFNDL>

# What do we mean by tobacco-free?

Adult (age 16+) smoking prevalence in Scotland: 1972 to 2011  
from the General Household Survey and the Scottish Household Survey  
with Scottish Government 'tobacco free' target projections



# Smoke-free NHS grounds

NHS boards in Scotland are planning to make hospital grounds smoke-free zones from April 2015. **All but one** health board intends to include a ban on e-cigarettes too.



# ENDS, electronic cigarettes/e-cigarettes

- 466 brands, market worth estimated £1.8 billion
- 18% of smokers report current use (around 2 million users of any smoking status in GB)
- Limited regulatory controls over product content and standards, concerns over advertising
- how do we maximise benefits and minimise risks?



# ENDS research: knowledge and gaps



- **known:** e-cig vapour contains many fewer chemicals in much lower concentrations than tobacco smoke
- **needed:** long-term monitoring, quality control to reduce variance in contaminants across devices
- **known:** one better-quality cessation study of a single e-cig brand found equivalency with NRT patch
- **needed:** is this the same for all devices, or better/worse for some? Does 'real world' monitoring support this?
- **known:** most current e-cig using adults and children appear to be (or were) also tobacco smokers
- **needed:** will e-cigarettes lead to or away from smoking in the long run? What conditions will support e-cigarette being an exit from smoking rather than an entrance?



# What needs to happen?



- smokers with mental health issues/substance misuse disorders have similar motivation to quit but only a minority receive effective smoking cessation interventions. The role of smoking cessation in improving both physical and mental health needs to be given greater emphasis
- smokers with mental health issues/substance misuse disorders using primary and secondary care services, at all levels, should be identified and provided routinely and immediately with specialist smoking cessation behavioural support, and pharmacotherapy
- all professionals working with or caring for people with mental health problems/substance misuse disorders should be trained in awareness of smoking as an issue, to deliver brief cessation advice, to provide or arrange further support for those who want help to quit and to provide positive (ie non-smoking) role models
- smoke-free policy is crucial to promoting smoking cessation in mental health/substance misuse disorder settings and achieving buy-in from healthcare staff.





## ASH Scotland's role



- continue to put a spotlight on the tobacco industry
- expertise and information
- advocacy and influence
- support to develop smoke-free policies
- partnerships and leadership.

# The role of mental health professionals



- recognise how tobacco permeates and perpetuates inequalities
- acknowledge that life-long smokers have a 50:50 chance of being killed by smoking - those who die from smoking lose on average 10 years of life and those who die in middle age (35-69) lose on average 22 years
- continue to work to reduce smoking rates and support cessation at individual, community and societal levels
- continue to extend protection from tobacco smoke
- work with partners towards the 2034 target
- work to put tobacco out of sight, out of mind and out of fashion.

# 2015 Conference – Towards a generation free from tobacco



A two day conference in Edinburgh where health advocates from the UK, Europe and further afield will seek to map out the journey to a society free from the harm caused by tobacco.

18 and 19 June 2015, The John McIntyre Centre, University of Edinburgh, Scotland, UK

[www.ashscotland.org.uk/conference](http://www.ashscotland.org.uk/conference)



# Discussion



**People with mental health problems and substance misuse disorders - if this is truly a last bastion of tobacco use how can we change that culture?**

# Thank you, any questions?

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