

Tobacco Control Policies & NRT - (How) can they complement each other?

Dr. Charl Els
MBChB, FCPsych[SA],
MMedPsych, ASAM

Public Health WORKS Speaker Series - October 18/05

Disclaimers

- Research Support ¹⁻³.
- Honoraria ^{1,4-8}.
- Advisory Boards ⁹.
- Consultant's Agreements ¹⁰.
- Advocacy ^{11,12}.

-
1. Pfizer Consumer Healthcare
 2. Health Canada
 3. Alberta Health & Wellness
 4. Astra Zeneca
 5. Lilly
 6. Wyeth

7. Lundbeck
8. Glaxo SmithKline
9. Varenicline: Pfizer Canada
10. Capital Health
11. ASH Alberta Honorary Director
12. PSC Alberta Director

Relevance of Addiction Spectrum Illnesses

- Impact on economy
- Impact on health care
- Impact on crime
- Impact on domestic & international productivity
- Health effects of second-hand smoke

Background: What is the Problem?

- How does Alberta compare with other provinces? ^{1,2.}
 - 2nd highest rate of drug dependence
 - 2nd highest rate of lifetime cannabis use
 - 3rd highest rate of lifetime cocaine use
 - 3rd highest rate of hazardous drinking
 - 4th highest rate of alcohol dependence
 - 4th highest rate of problem gambling
- Unchanged at 20% for current smoking ^{3.}

1. Stats Canada 2003

2. El-Guebaly, 2005

3. CTUMS/ Health Canada, 2005

Introduction: Tobacco in Mental Illness

- Historical perspective
- 44 % of total cigarette consumption ¹.
- 50 % mortality rate ².
- Marketing to the mentally ill ⁵.
- Increased adverse health effects ^{3,4}.

1. Lasser, et al. 2000

2. Doll, et al. 1994

3. Lichtermann, et al. 2001

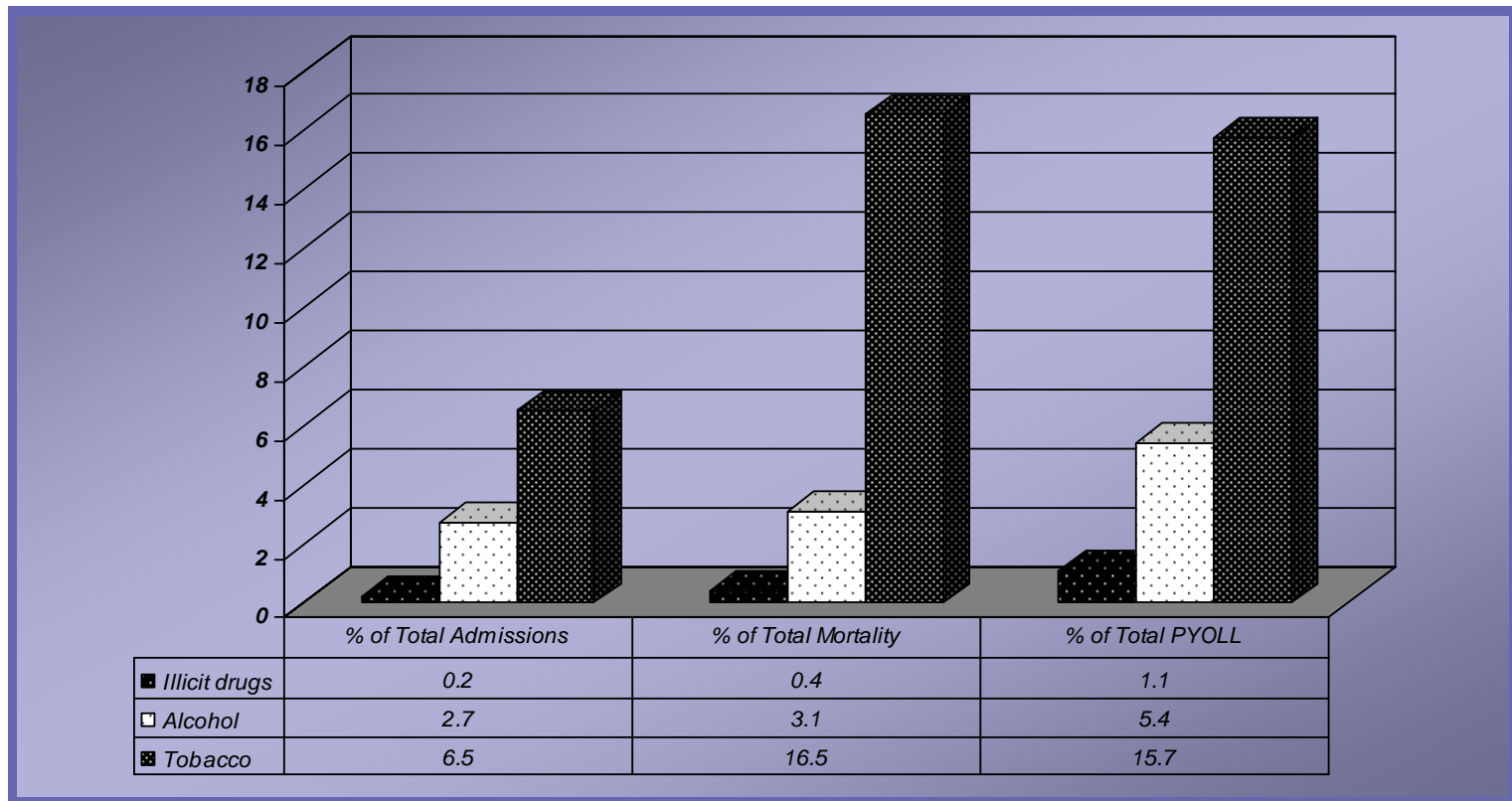
4. Brown, et al., 2000

5. Nordine Segmentation Study (citation)

Myths in tobacco control:

- Mentally ill people cannot quit smoking...
- Mentally ill people don't want to quit...
- It will jeopardize their recovery from MI...
- It violates their "human rights" ...

Different causes of Death and Disease in Canada



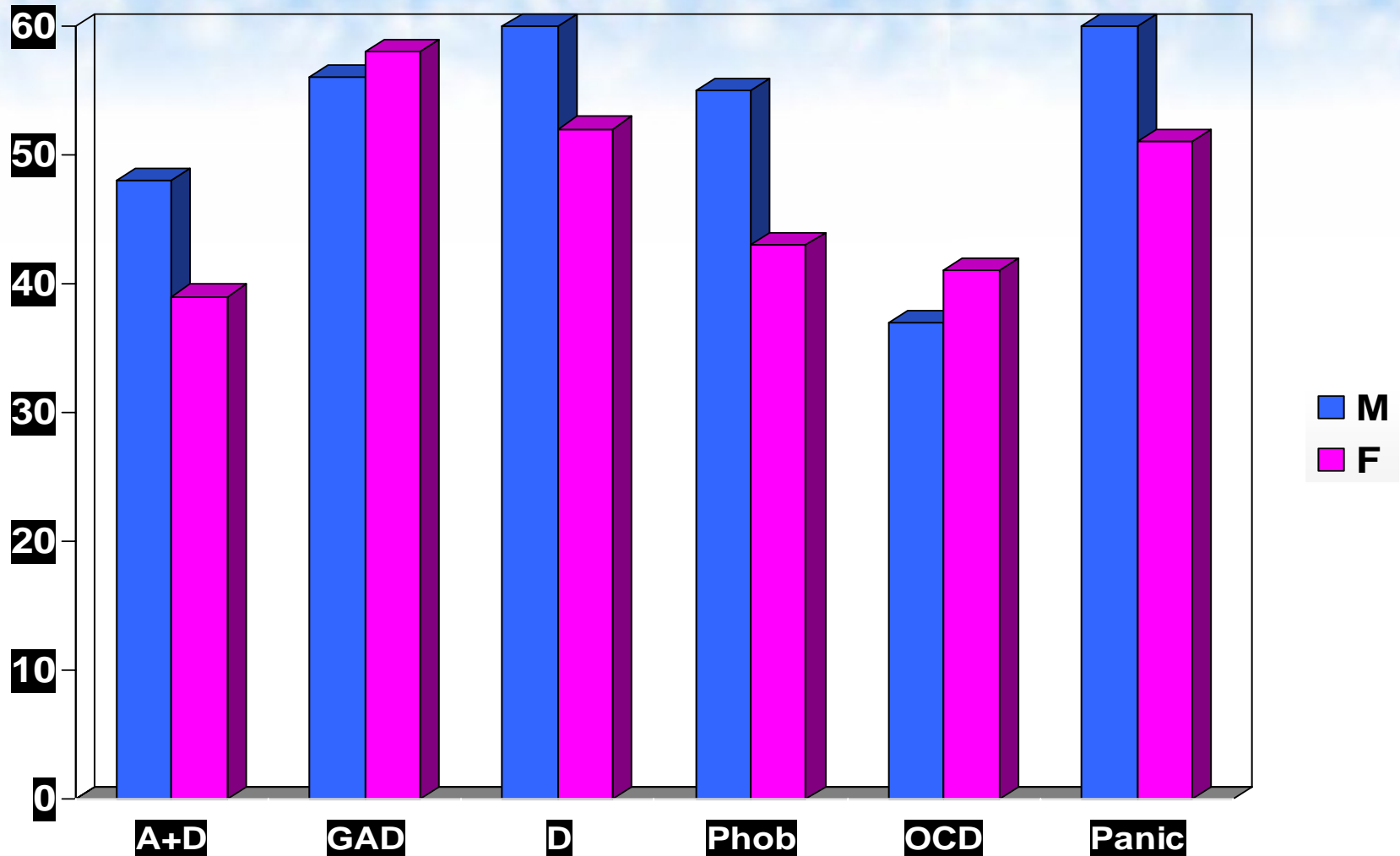
- Single, Rehm, Robson, Van Truong. CMAJ, 2000

Smoking Prevalence Rates in SZ

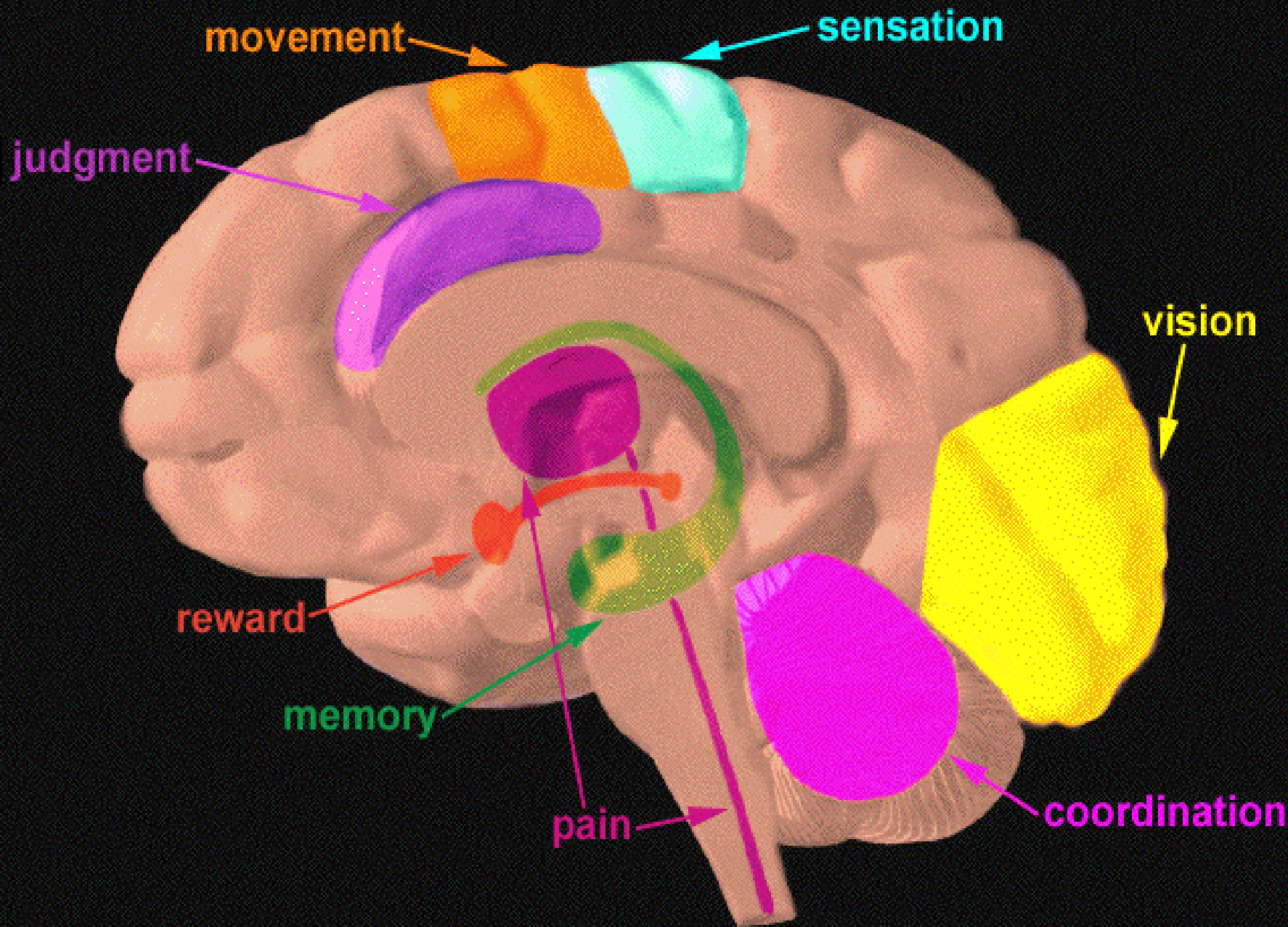
| Study | Patient population | Prevalence rate (%) |
|---------------------------|------------------------------------|--------------------------|
| O'Farrell et al. ('83) | 309 Veteran Inpatients, US | 88 (n=207 SZ patients) |
| Masterson, O'Shea ('84) | 100 SZ Inpatients, Ireland | 83 (84% in M, 82% in F) |
| Hughes et al. ('86) | 277 Outpatients, US | 88 (n=24 SZ) |
| El-Guebaly, Hodgins ('92) | 106 Inpatients, Canada | 61 |
| Menza et al. ('91) | 126 Outpatients, US | 56 (n=99 SZ) |
| Goff et al. ('92) | 78 Outpatients, US | 74 |
| Ziedonis et al. ('94) | 265 Outpatients, US | 68 |
| De Leon et al. ('95) | 237 SZ Inpatients, US | 85 |
| George et al. ('95) | 29 SZ outpatients on Clozapine, US | 62.1 |
| Chong and Chou ('96) | 195 SZ outpatients, China | 31.8 (control rate: 16%) |
| Diwan et al. ('98) | 63 SZ veteran outpatients, US | 86 |
| McEvoy and Brown ('99) | 12 First-episode SZ patients, US | 92 |
| Kelly and McCredie ('99) | 168 SZ Outpatients, Scotland | 58 |

George T, et al. In: Medical Illness in SZ, 2003

Prevalence by MH Problem



Meltzer, 1995, cit. McNeill, 2001



Exposure to SHS

- Consumption
 - Proximity
 - Measurement
 - Biochemical corroboration
 - Impact of smoking bans
-

Factors supplementing Policy

- Taxation
- Eradication of discounting
- Supply interdiction and access restrictions
- Federal and provincial legislation
- Awareness campaigns
- Access to effective cessation interventions
- Advocacy for parity of coverage
- Counteradvertising
- Global treaties

What drives a ban?

- Diffusion of innovation
- Awareness of evidence of harm
- Likelihood of action
- Stakeholders' views
- Cultural expectations
- Development of resourced and supported comprehensive programs

Salient challenges in CH Policy Reform

- Use of tobacco as behavioral control;
- Violation of Edmonton city bylaw;
- Tobacco sales to mentally ill;
- Further investments in ventilation technology;
- Acceptance of tobacco funding.

CH = Capital Health

1. Els & Kunyk. 2005; CMHA Annual National Meeting, Edmonton.

Physician Barriers

- Not considered part of mandate
- Time constraints of practice
- Lack of office systems
- Low expectation of success
- Lack of knowledge of what to do
- Reimbursement issues
- Frustration with smokers
- Absence of standing orders
- Lack of denormalization in facilities

Slide Source: Adapted: Project CREATE; and NDC CAMH

CH Situational Analysis ^{1.}

- WHO standards
- Recommendations
 - Prevention of uptake
 - Wide implementation of NRT as cessation measures
 - Systemic changes
 - Secondary vectors' eradication

CH = Capital Health

1. Els & Kunyk. 2005; CMHA Annual National Meeting, Edmonton.

Effects of Ban on Outcomes

- Prevention of uptake?
- Prevention of relapse?
- Tobacco cessation?
- Other health-related outcomes.

Supplementary Role of NRT in Policy

- Impact of untreated involuntary abstinence
- Withdrawal management
- Cessation interventions
- Temporary maintenance
- Ongoing maintenance treatment
- Pharmacokinetic variables
- Equal playing field with NPN Products

What does the future hold?

- Public education
- Social norms
- Municipal bylaws
- Legislation
- Restrictions in home and vehicles
- Powerwalls of NRT
- Biochemically driven / Point-of-care dosing
- Tobacco out of pharmacies

Summary:

- Prevalent, Lethal, and historically neglected **chronic disease**
- Health Policy shares central role in facilities' TC
- Complementary and interdependent roles