

California Society for Addiction Medicine

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Disclosure Statement

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- He has no relevant financial relationships with any commercial interests



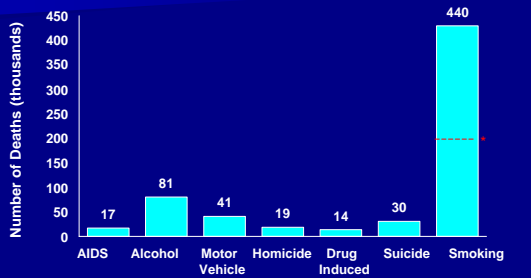
JAMA Article



Tobacco's Deadly Toll

- 440,000 deaths in the U.S. each year
- 4.8 million deaths world wide each year
- 10 million deaths estimated by year 2030
- 8.6 million disabled from tobacco in the U.S. alone

Comparative Causes of Annual Deaths in the United States



Source: CDC

* Also suffer from mental stress and/or substance abuse.

Annual U.S. Deaths Attributable to Smoking, 1997–2001

Percent of all smoking-attributable deaths

Cardiovascular diseases	137,979	31%
Lung cancer	123,836	28%
Respiratory diseases	101,454	23%
Second-hand smoke	38,112	9%
Cancers other than lung	34,693	8%
Other	1,828	<1%

TOTAL: 437,902 deaths annually

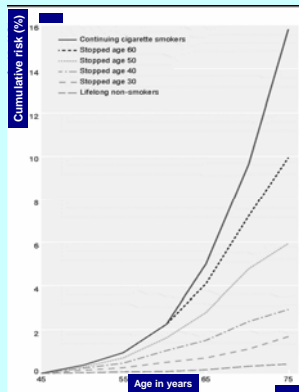
Centers for Disease Control and Prevention. *MMWR* 2005;54:625–628.

Health Consequences of Smoking

- **Cancers**
 - Lung
 - Laryngeal, pharyngeal, oral cavity, esophagus
 - Pancreatic
 - Bladder and kidney
 - Cervical and endometrial
 - Gastric
 - Acute myeloid leukemia
- **Cardiovascular diseases**
 - Subclinical atherosclerosis
 - Coronary heart disease
 - Stroke
 - Abdominal aortic aneurysm
- **Respiratory diseases**
 - Acute respiratory illnesses, e.g., pneumonia
 - Chronic respiratory diseases, e.g., COPD
- **Reduced fertility in women, poor pregnancy outcomes, low birth weight babies, sudden infant death syndrome**
- **Cataract**
- **Periodontitis**

U.S. Department of Health and Human Services. *The Health Consequences of Smoking: A Report of the Surgeon General, 2004.*

Reduction in cumulative risk of death from lung cancer in men

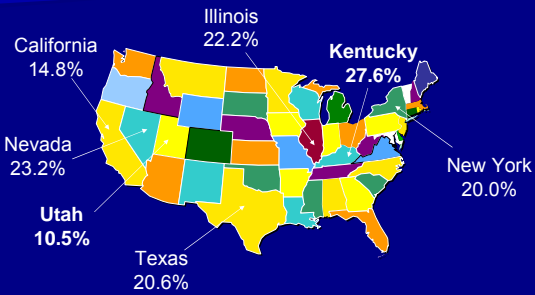


Reprinted with permission. Peto et al. (2000). *BMJ* 321(7257):323–329.

The Real Culprit

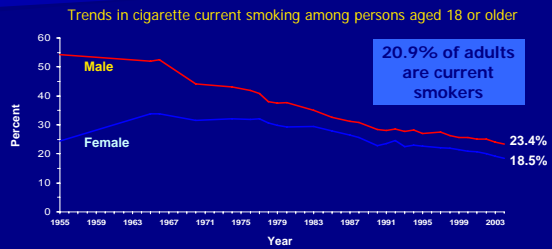
- It is the *smoke, tar and additives* that make people sicken and die. The *nicotine* is dangerous because it addicts people to tobacco.
- Therefore, nicotine replacement therapy is helpful, not harmful.

State-Specific Prevalence of Smoking among Adults, 2004



Centers for Disease Control and Prevention. (2005). *MMWR* 54:1124–1127.

Trends in Adult Smoking, by Sex—U.S., 1955–2004

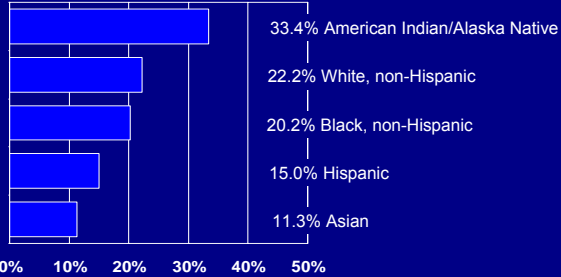


70% want to quit

Graph provided by the Centers for Disease Control and Prevention. 1955 Current Population Survey; 1965–2001 NHIS. Estimates since 1992 include some-day smoking.

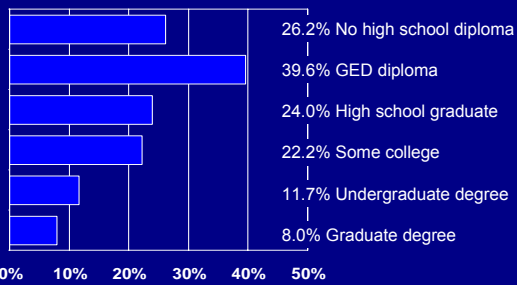


Prevalence of Adult Smoking, by Race/Ethnicity—U.S., 2004



Centers for Disease Control and Prevention. (2005). *MMWR* 54:1121–1124.

Prevalence of Adult Smoking, by Education—U.S., 2004

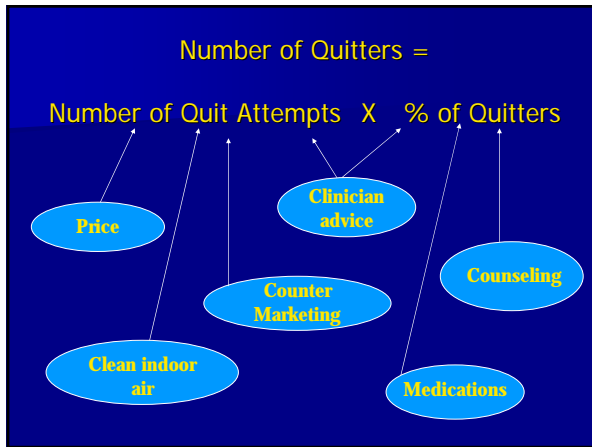


Centers for Disease Control and Prevention. (2005). *MMWR* 54:1121–1124.

Ways to Help Smokers Quit

- Raise prices (taxes)
- Clean indoor air
- Create counter-marketing
- Provide cessation aids (counseling and pharmacotherapy)
 - Directly by clinician in individual or group session (office or hospital)
 - Through toll-free telephone quitlines

Number of Smokers =
New Smokers + Old Smokers -
Quitters



Reasons for Not Helping Patients Quit

1. Too busy
2. Lack of expertise
3. No financial incentive
4. Most smokers can't/won't quit
5. Stigmatizing smokers
6. Respect for privacy
7. Negative message might scare away patients
8. I smoke myself

Responses to patient who smokes

- Unacceptable: "I don't have time."
- Acceptable
 - Refer to a quit line
 - Establish systems in your office and hospital
 - Become a cessation expert

The National Card



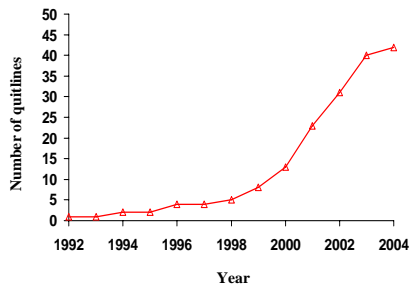
Gold Card



Quitline Numbers

- 1-800 NO BUTTS (California number)
- 1-800 QUIT NOW (National number)

Figure 1. Adoption of State Quitlines in the U.S.



Efficacy and Average Sample Size of Tobacco Cessation Studies Reviewed by the Cochrane Library¹

Type of Intervention	Odds Ratio (95% CI) [*]	Average Sample Size per Trial
Nicotine Replacement Therapy (NRT, n=98 [*])	1.74 (1.64, 1.86)	385
Telephone Counseling (TC, n=13 [*])	1.56 (1.38, 177)	1100

^{*}n indicates number of studies; CI, Confidence interval.

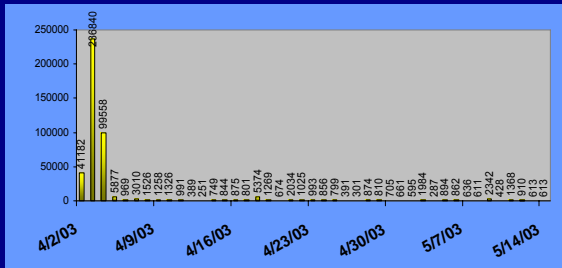
¹Based on Silagy et al. (2004) and Stead et al. (2204). *The Cochrane Library*.

Knowledge of Tobacco Cessation Programs Among California Smokers[†]

	Unaided Recall % (± 95 CI*)	Aided Recall % (± 95 CI*)
Telephone Quitline	4.5 (1.1)	38.7 (2.6)
NRT	59.5 (2.5)	--
Hypnosis	9.8 (1.5)	--
SmokEnders	4.5 (1.1)	--
Others	46.3 (2.9)	--

- [†]Data from the California Tobacco Survey, 1999. For the unaided recall question, survey respondents were asked, "Can you name up to 3 programs that are helpful to people who are trying to quit smoking?" The aided recall question was asked only in reference to the quitline: "Have you ever heard of the 1-800-NO-BUTTS (or, in Spanish, 1-800-45-NO-FUME) phone number?"
- *CI indicates confidence interval.

Call volume to the Quitline in response to New York City Free patch Give Away Program (>425,000 calls in 1st 3-days!!!)



Barriers to Successful Cessation

- Provider inattention/pessimism
- Co-dependency and mental illness
- No coverage for cessation drugs
- Improper use of the drugs
- Ignorance of quitlines

Strategies for Increasing Quit Rates

- Reframe expectations of success
- Help businesses to get their employees to quit
- Focus on mental health/substance abuse population
- Market quitlines better
- Develop newer drugs
- Create better systems
- Provide clinical champions

Partnership for Prevention: Additional QALYs Saved if Current % Receiving Services Increased*

Services (short name)	Current % Receiving Services Nationally	Additional QALYs saved if Current % Receiving Services increased to 90%
Tobacco Use Screening and Brief Intervention	35%	1,300,000
Colorectal Cancer Screening	35%	310,000
Influenza Vaccine—Adults	35% among adults 50-64 yrs 65% among adults 65+ yrs	110,000
Breast Cancer Screening	68%	91,000
Cervical Cancer Screening	79%	29,000
Pneumococcal Vaccine—Adults	56%	16,000
Cholesterol Screening	87%	12,000

*Priorities for America's Health: Capitalizing on Life-Saving Cost-Effective Preventive Services

Power of Intervention

- $\frac{1}{3}$ to $\frac{1}{2}$ of the 44.5 million smokers will die from the habit. Of the 31 million who want to quit, 10 to 15.5 million will die from smoking.
- Increasing the 2.5% cessation rate to 10% would save 2.3 million additional lives.
- If cessation rates rose to 15%, 3.9 million additional lives would be saved.
- No other health intervention could make such a difference!
