



Clinician Challenges in Tobacco Treatment: Addressing Behavioral Health Populations and Youth Vaping Trends

Commissioner's Medical Grand Rounds
James v. McDonald, MD, MPH
Commissioner, New York State Department of Health

Webinar will begin at 12:00 p.m. EST
Please use CHAT for technical issues

Thursday, March 28, 2024
12:00 – 2:00 p.m. Eastern

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Producer
Sierra Mosley
Communications & Events Coordinator



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Zoom Webinar Participation

- Use the chat box for tech questions
- To turn on/off the live transcription, use the options on the bottom bar
- This webinar is being recorded



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Disclosures

- The planners, moderator, and presenters do not have any financial arrangements or affiliations with any ineligible companies whose products, research or services may be discussed in this activity.
- No commercial funding has been accepted for this activity.



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Evaluation & Continuing Education Credits

- Continuing Medical Education Credits
- Continuing Nurse Education Contact Hours
- Certified Health Education Specialist Contact Hours
- Certified in Public Health Renewal Credits
- To receive continuing education credits, please fill out the evaluation and post-test



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Learning Outcome:

As a result of this educational activity, the learner will have increased and enhanced their knowledge and competence implementing successful nicotine addiction treatment strategies for those from vulnerable groups like adolescents and those with severe mental health issues.

Objectives:

By the end of the activity, learners will be able to:

- Describe the latest data and trends in tobacco use, with an emphasis on its impact on vulnerable populations.
- Recognize the unique challenges faced by adolescents and individuals with Serious Mental Illness (SMI) in overcoming nicotine addiction and the necessity for specialized strategies.
- Explain tools and evidence-based approaches for managing nicotine addiction, with a focus on integrating these strategies into behavioral health setting, including New York State Quitline and youth-focused "Drop the Vape" initiative.



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 **SCHOOL OF PUBLIC HEALTH**
UNIVERSITY AT ALBANY State University of New York

Opening Remarks

Tomoko Udo
Associate Dean for Research
School of Public Health
University at Albany

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 **Department of Health**

Opening Remarks

James V. McDonald M.D., M.P.H.
New York State Commissioner of Health

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Good Afternoon and Welcome

View recording of immediate past session:
[Healthy Aging Starts with Prevention: An Overview of the New York State Master Plan for Aging, February 23, 2024](#)
(See Link in the chat)

Thank you to our panelists, the UAlbany Center for Public Health Continuing Education and the Grand Rounds Planning Team:



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Impact of Tobacco in New York State

1. Nearly 1.7 million adults in New York state still smoke, claiming the lives of 30,000 adult New Yorkers annually.
2. In New York State, secondhand smoke exposure is linked to nearly 1,400 deaths annually.
3. 550,000 potential healthy life years are lost annually in New York State.
4. Cigarette smoking has disproportionate effects on low-income individuals, Medicaid enrollees, individuals reporting frequent mental distress, and people with disabilities.
5. E-cigarette use among New York State high school students was 18.7% in 2022, signaling an ongoing vaping epidemic.



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New York State Legal and Policy Framework

1. Clean Indoor Air Act: Bans smoking/vaping in most indoor and some outdoor areas, leading to significant health improvements and reduced hospitalizations for heart attacks. Expanded in 2021 to include cannabis.
2. Adolescent Tobacco Use Prevention Act (ATUPA): Targets youth tobacco access, recently amended to ban flavored vapor products and end price discounts, aiming to prevent youth addiction.
3. Fiscal Measures and Regulation: Highest state cigarette tax as of September 2023, strict retailer regulations, and measures against vapor products to deter use and promote public health.



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New York State Tobacco Control Program

Since 2000, the New York State Department of Health has administered the state's comprehensive Tobacco Control Program to reduce illness, disability and death related to commercial tobacco use and secondhand smoke exposure, and to alleviate social and economic inequities caused by tobacco use.

Comprehensive Approach:

- Preventing youth initiation.
- Reducing adult use.
- Eliminating secondhand smoke.
- Promoting health equity.
- Strengthening control infrastructure.

Key Initiatives:

- Community engagement for local policies.
- Health system collaborations for better treatment access.
- Impactful media campaigns to discourage tobacco use.
- New York State Smokers' Quitline.

The Tobacco Control Program's efforts and actions have contributed to record-low youth and adult smoking rates in New York State.



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Grand Rounds Panelists

Andrew Hyland, PhD
Chair
Department of Health Behavior
Roswell Park Comprehensive Cancer Center



Flavio Casoy, MD
Medical Director
Adult Community Services and Managed Care
New York State Office of Mental Health



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Moving Forward Together

Thank you again to our presenters and our audience today for your dedication to this cause!

Make sure to leave questions from today's presentations in the chat.



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Vaping 101: What is vaping and the latest data?

Andrew Hyland, PhD
Roswell Park Comprehensive Cancer Center
Buffalo, New York

NYS DOH Health Commissioner's Grand Rounds, March 2024

Chair, Department of Health Behavior
Roswell Park Comprehensive Cancer Center
Buffalo NY 14263
Andrew.hyland@roswellpark.org



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Overview of Talk

- What is 'vaping'?
- How have vaping products changed over time?
- How does it compare with 'smoking'?
- What are the public health and clinical issues with vaping?
Smoking?
- What are trends in youth vaping?
- What are trends in adult vaping?
- Can kids get hooked on vaping?
- Can vaping help with quitting smoking?
- What tools does the NYS DOH provide to help people stop using tobacco and vaping products?

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Overview of Talk

- What is 'vaping'?
- How have vaping products changed over time?

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What Are E-cigarettes?



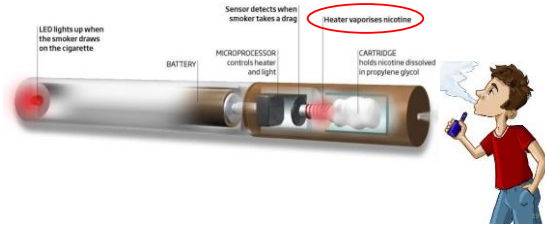
E-cigarettes heat up a solution that is vaporized to deliver nicotine to the user.

E-cigarettes do not burn tobacco

E-cigarettes have fewer toxins but are not free of toxins.

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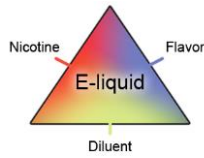
ANATOMY OF E-CIGARETTE



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E-CIGARETTE INGREDIENTS

- Nicotine (0% to 3.6%)
- Propylen Glycol (PG)
- Glycerin (VG)
- Water
- Flavorings



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Earlier Ecigarettes



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Newer E-cigarettes



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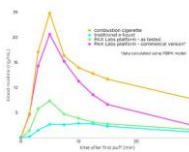
Why Do People Use E-cigarettes?



- Reduce health risk/health concern
- Flavors
- Help to quit cigarette smoking

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Vaping products today deliver nicotine much more efficiently than older products



JUUL Labs and its precursors figured out the chemistry to deliver nicotine much more efficiently

"They had worked through different formulations before landing on one that combined freebase nicotine with benzoic acid...that set off a chemical reaction, producing a nicotine salt liquid that reduced the harshness and allowed a higher rate of nicotine." – NY Times - **How Juul Hooked a Generation on Nicotine. Creswell and Kaplan, June 28 2021.**

Source: Juul is the e-cig that will finally stop me from smoking (I hope) (engadget.com)



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Vaping products today deliver nicotine much more efficiently than older products



Better nicotine delivery, in theory...

← Great for adults trying to quit cigarette smoking

- Terrible for kids who never used nicotine products before →



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Other Lower Toxin Products

IQOS is a product that heats tobacco instead of burning it → reduced toxin profile compared with cigarettes, but more than vaping



Nicotine pouch products like Zyn contain nicotine but not tobacco → lower toxin profile than cigarettes, and probably less than vaping.



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Overview of Talk

- How does it compare with 'smoking'?
- What are the public health and clinical issues with vaping? Smoking?

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HEALTH RISK FROM SMOKING TOBACCO



Source: <http://www.coobrisk.com/risks-cartoons/relative-risks>

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Cigarettes Impact Every Part of the Body



Common adverse effects of Tobacco smoking

“Smoke for the nicotine, die from the tar”

Nicotine is what causes addiction but not most of the health problems

The tar and chemicals in the smoke cause most of the health damage

Image Courtesy: Wikimedia Commons

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TOBACCO USE AND HEALTH RISK

- Tobacco is the number one preventable cause of disease, disability, and death in the US
- 480,000 people in the US die prematurely from cigarette smoking
- 1 Billion people globally to die from tobacco this century on current trends
- Combusted tobacco, which contains more than 7,000 chemicals including hundreds of toxic compounds, is particularly dangerous.

World Cigarette Consumption

By region, 2009



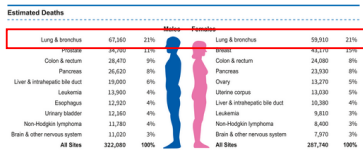
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Ten leading cancer types for the estimated new cancer cases and deaths by sex, United States, 2023.

~350 people die daily from lung cancer

Lung cancer kills about as many as the next 3 most common cancers COMBINED



Siegel RL, Miller KD, Wagle NS, Jemal A. Cancer statistics, 2023. CA Cancer J Clin. 2023; Jan;73(1):17-48. doi: 10.3322/caac.21763. PMID: 36633525.

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'Safe' or 'Safer'?

Are electronic cigarettes safe?
Safer than cigarettes?



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CONCEPTUAL MODEL OF RISK CONTINUUM OF TOBACCO PRODUCTS

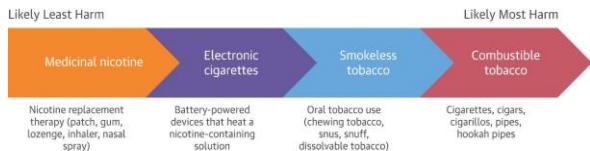


Image inspired by principles in Zeller et al. Tobacco Control 2009.

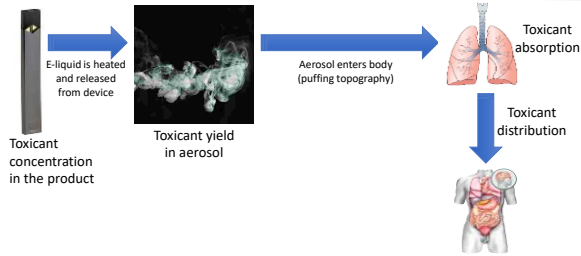
IMPORTANT: RANKING IS NOT TO SCALE. SMOKELESS TOBACCO IS VERY DIVERSE AND MAY HAVE MORE OR FEWER TOXINS THAN SOME ELECTRONIC PRODUCTS

Strong evidence toxin exposure changes along continuum

Literature less developed at present on whether actual harm changes along continuum

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TOXICANT DELIVERY FROM E-CIGARETTES



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SOURCE OF TOXICANTS IN E-CIGARETTES

PRESENT IN THE PRODUCT

- Nicotine and impurities in nicotine
- Solvents and impurities in solvents
- Flavors and additives
- Impurities in flavor extracts or additives
- Contaminants from manufacturing process
- Contaminants from storage containers
- Degradation byproducts
- Substances introduced by retailers

GENERATED DURING USE

- Byproducts of thermal degradation
- Degradation byproducts generated during storage
- Impurities from storage
- Substances introduced by users

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TOXICANTS IN AEROSOL FROM E-CIGARETTE

Table 4 Comparison of toxins levels between conventional and electronic cigarettes

Toxic compound	Conventional cigarette (µg in mainstream smoke) ³⁵	Electronic cigarette (µg per 15 puffs)	Average ratio (conventional vs electronic cigarette)
Formaldehyde	1.6-52	0.20-5.61	9
Acetaldehyde	52-140	0.11-1.36	450
Acrokin	2.4-62	0.07-4.19	15
Toluene	8.3-70	0.02-0.63	120
NNN	0.005-0.19	0.00009-0.00043	300
NNK	0.012-0.11	0.0001-0.00283	40

NNK, N'-nitosonicotinic (NNN and 4-(methylnitrosamino)-1-(3-pyridyl)-1-butanone; NNN, N'-nitosonicotinic.

ABSOLUTE DIFFERENCE

Chemical analyses reveal that e-cigarette aerosols contain numerous respiratory irritants and toxicants.

RELATIVE DIFFERENCE

E-cigarettes contain fewer numbers and lower levels of toxic substances than conventional cigarettes.

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BIOMARKERS

- **Biomarker of exposure:** A tobacco constituent or metabolite that is measured in a biological fluid or tissue that has the potential to interact with a biological macromolecule; sometimes considered a measure of internal dose
- **Biomarker of potential harm:** A measurement of an effect due to exposure; these include early biological effects, alterations in morphology, structure, or function, and clinical symptoms consistent with harm; also includes "preclinical changes"



Image from Co-Pilot on prompt "make me an image of a biomarker of nicotine exposure"

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Group	Toxicant	Biomarker	Clinical Significance	FDA HPHC*
Urinary Nicotine Metabolites	Nicotine	Total Nicotine Equivalents (TNE2) - a molar sum of urinary cotinine and trans-3'-hydroxycotinine	<ul style="list-style-type: none"> • Addictive • Reproductive or developmental toxicant 	YES
Tobacco Specific Nitrosamines (TSNAs)	4-methylnitrosamino)-4-[3-pyridyl]-1-butanone (NNK)	4-methylnitrosamino)-4-[3-pyridyl]-1-butanol (NNAL)	<ul style="list-style-type: none"> • Carcinogen 	YES
Metals	Lead (Pb)	Urinary Lead	<ul style="list-style-type: none"> • Carcinogen • Cardiovascular toxicant • Reproductive or developmental toxicant 	YES
	Cadmium (Cd)	Urinary Cadmium	<ul style="list-style-type: none"> • Carcinogen • Respiratory toxicant • Reproductive or developmental toxicant 	YES
Polycyclic Aromatic Hydrocarbons (PAHs)	Naphthalene	2-Naphthol	<ul style="list-style-type: none"> • Carcinogen • Respiratory toxicant 	YES
	Pyrene	1-Hydroxypyrene	<ul style="list-style-type: none"> • Cardiovascular toxicant 	NO
Volatile Organic Compounds (VOCs)	Acrylonitrile	CYMA	<ul style="list-style-type: none"> • Carcinogen 	YES
	Acrolein	CEMA	<ul style="list-style-type: none"> • Respiratory toxicant • Cardiovascular toxicant • Respiratory toxicant 	YES

* HPHC, Harmful and Potentially Harmful Constituents

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EXPOSURE ASSESSMENT: "SWITCH" STUDIES

SMOKING

BASELINE



VAPING

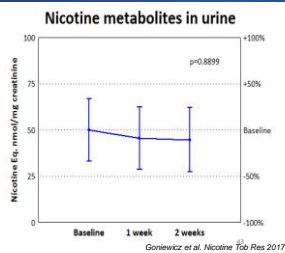
FOLLOW-UP



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NICOTINE EXPOSURE

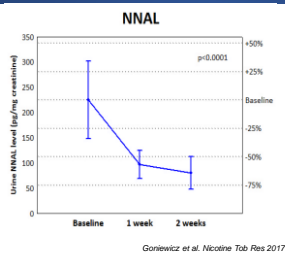
After switching from tobacco to electronic cigarettes nicotine exposure was unchanged



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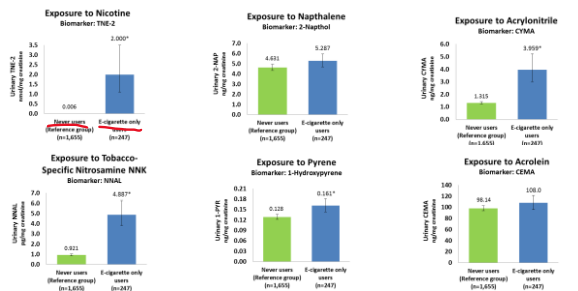
EXPOSURE REDUCTION TO LUNG CARCINOGEN

After switching from tobacco to electronic cigarettes exposure to tobacco smoke toxicants is substantially reduced



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Absolute Difference

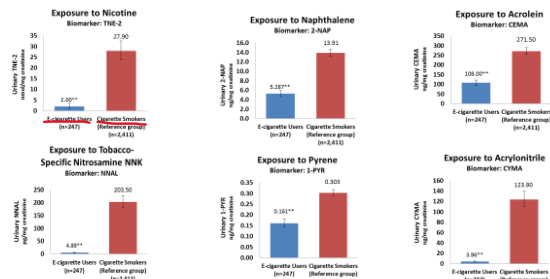


Statistical Analysis: Multivariable adjusted linear regression model; * indicates p<0.05; ** indicates p<0.001

Goniewicz et al. *JAMA Netw Open* 2018

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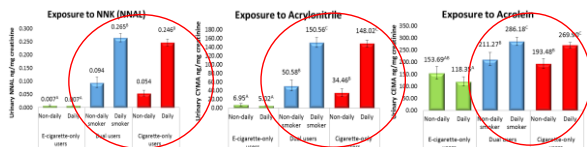
Relative Difference



Statistical Analysis: Multivariable adjusted linear regression model. * indicates p<0.05, ** indicates p<0.001

Goniewicz et al. JAMA Netw Open 2018

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Dual user biomarkers statistically equivalent to exclusive smokers

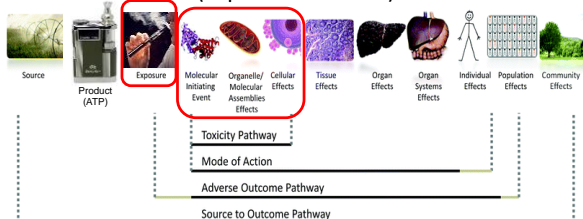
Clinical Implications – if a patient is vaping, it should be only for the purpose of switching 100% away from cigarettes to the best way to reduce toxin exposure.

Statistical Analysis: Geometric means adjusted for urinary creatinine, age, sex, race/ethnicity, secondhand smoke exposure, past 30 day marijuana use, TNE-2 (for all biomarkers except nicotine). SHARED LETTER = NO STATISTICAL DIFFERENCE BETWEEN GROUPS.

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SCOPE OF PATHWAYS APPROACHES

(adapted from Crofton 2010)



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Overview of Talk

- What are the public health and clinical issues with vaping? Smoking?

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Vaping products today deliver nicotine much more efficiently than older products



Better nicotine delivery, in theory...

← Great for adults trying to quit cigarette smoking

- Terrible for kids who never used nicotine products before →



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Why Is This Important?



FDA now has regulatory authority over tobacco products, now including e-cigarettes.

Use science to guide policy to benefit public health.



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Why Aren't Vaping Products Regulated Like Other Medical Drugs or Devices?



Sottera decision established ecigarettes are consumer products not intended to treat nicotine addiction → not subject to FDA's authority to regulate as a drug and its 'safe and effective standard'

Instead, FDA deemed authority to regulate ecigarettes as a 'tobacco product' under its 'population health' standard in 2016.

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Why Aren't Vaping Products Regulated Like Other Medical Drugs or Devices?



Implications of these developments from Sottera...

- companies not incentivized to make therapeutic claims
- regulatory gray zone, few marketing restrictions
- clinical implications uncertain to use a tobacco product to quit smoking



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About Attractive Flavors, Attractive Packaging

- Thousands of flavors!
- Fruit and sweet flavors popular, especially in kids
- NYS banned flavored vaping products in 2020 but challenges with loopholes and compliance



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Q: How Are Ecigarettes Marketed? A: Lifestyle Brands



Same message: Switch, don't quit

Rugged men and beautiful women

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Music festivals and sports sponsorships



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**What is optimal public policy?
 What is optimal clinical practice?
 What is practical given where we are now?**



Should lower toxin products be embraced? Let's imagine that world...

OR

Should lower toxin products be shunned? Let's imagine that world...

- "Quitting all tobacco is best. But if you are unable or unwilling to quit now, then try switching completely to vaping. Help is available for those who want to switch. Go to your local vape shop for help."
- Focus on the relative risks vs. smoking
- Free samples of vaping products given at well visits
- Government subsidies to lower costs
- Limited restriction marketing
- Encourage products with high abuse liability

- "All tobacco products have health risk. All tobacco product use should be stopped now. Help is available for those trying to stop. Talk with your doctor."
- Focus on the absolute risks vs. no use
- Free Nicotine Replacement Therapy given at well visits
- Government taxes to increase costs
- Complete marketing restrictions
- Discourage products with high abuse liability

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What is the Role of Industry?

Effective public policy is hard with profit maximizing industries working in a regulatory grey zone marketing lifestyle brands

Soterra decision limits checks on industry

- 4 A's
- Appeal – flavors and packaging
- Affordability – price and tax
- Accessibility – 380,000 tobacco retailers in the US
- Addictiveness – designer chemistry

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Overview of Talk

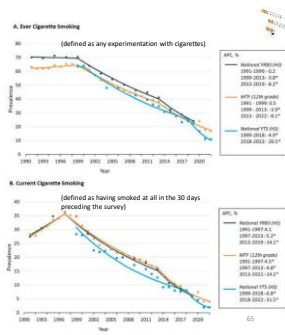
- What are trends in youth vaping?
- Can kids get hooked on vaping?
- What are trends in adult vaping?

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Trends in youth cigarette use

Cigarette smoking trends over time among US high school youth in three national surveys, 1991–2022. Note: APC indicates annual percentage change; * $p \leq 0.05$.

- Current cigarette smoking reached its peak in 1997, and then significantly declined from 1997 to 2013 in the National YRBS and MTF and similarly in the National YTS from 1999 to 2018.
- Declines in current smoking then accelerated in all surveys through to 2022.
- These findings suggest dramatic successes in reducing youth smoking since the late 1990s, with more rapid declines in prevalence in the past decade.



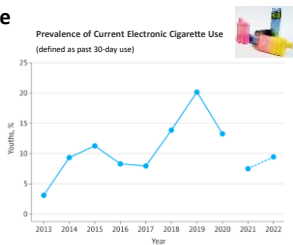
Dalrevo CD, Villarini AC. Dramatic Reductions in Cigarette Smoking Prevalence among High School Youth from 1991 to 2022: Unlikely to Have Been Undermined by E-Cigarettes. *Int J Environ Res Public Health*. 2023 Sep 30;20(19):6866. doi: 10.3390/ijerph20196866. PMID: 37851536; PMCID: PMC10572215.

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Trends in youth e-cigarette use

Prevalence of Current Electronic Cigarette Use Among US Middle and High School Students, 2013-2022

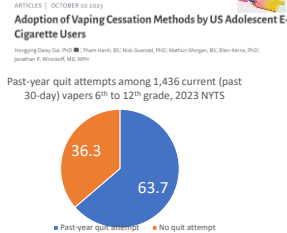
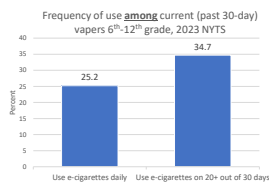
- There was a substantial increase in youth e-cigarette use prevalence in the early 2010s.
- Data are from the National Youth Tobacco Survey (NYTS), an annual, repeated cross-sectional survey of US middle and high school students, from 2013 to 2022.
- Survey delivery mode differed starting in 2021 due to the COVID-19 pandemic. Therefore, trends are examined between 2013 to 2020 and 2021 to 2022.



Mattingly DJ, Hart JL. Trends in Current Electronic Cigarette Use Among Youths by Age, Sex, and Race and Ethnicity. *JAMA Netw Open*. 2024;7(2):e2354872. doi:10.1001/jamanetworkopen.2023.54872

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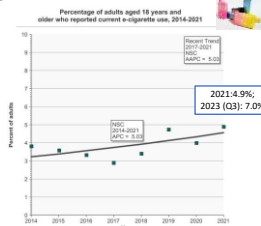
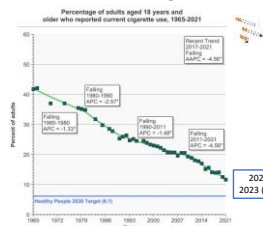
Young People Are Vaping Daily and Want to Quit Vaping



US Food & Drug Administration, Youth and Tobacco. Results from the Annual National Youth Tobacco Survey. Accessed 3/9/24 from <https://www.fda.gov/tobacco-products/youth-and-tobacco-results-annual-national-youth-tobacco-survey>.

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Trends in adult cigarette and e-cigarette use



Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.
 1965-2021: Cancer Trends Progress Report, National Cancer Institute, NIH, HHS, Bethesda, February 2022, <https://progressreport.cancer.gov>.
 2023: National Center for Health Statistics. Percentage of current cigarette smoking for adults aged 18 and over, United States, 2019 Q1, Jan-Mar—2023 Q3, Jul-Sep. National Health Interview Survey. Generated interactively. Mar 06, 2024 from https://www.cdc.gov/nchs/data/queries/quarterly/index_quarterly.html

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SELECTED CONCLUSIONS FROM NATIONAL SURVEILLANCE SURVEYS

- Youth cigarette smoking is dramatically lower – record low but still too high
- Adult cigarette smoking is steadily decreasing – record low but still too high
- Youth vaping increased, decreased, and wobbled
- Daily vaping among youth increased sharply
- Most youth who are vaping report making attempts to stop
- The 'wrong people' are vaping – high rates in young people and low rates in older people who use cigarettes

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Overview of Talk

- Can vaping help with quitting smoking?

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Electronic cigarettes for smoking cessation

- 'High Certainty' evidence
- People are more likely to stop smoking for at least six months using **nicotine e-cigarettes** than using **nicotine replacement therapy** (7 studies, 2544 people), or e-cigarettes without nicotine (6 studies, 1613 people).

Lindson N, Butler AR, McRobbie H, Bullen C, Hajek P, Begh R, Theodoridou A, Nottley C, Rigotti NA, Turner T, Dingemans-Bakke J, Harris T, Hartmann-Boone J. Electronic cigarettes for smoking cessation. Cochrane Database of Systematic Reviews 2024, Issue 1. Art. No.: CD010216. DOI: 10.1002/14651858.CD010216.pub6. Accessed 06 March 2024.

Summary of findings 1. Nicotine EC compared to NRT for smoking cessation

Nicotine EC compared to NRT for smoking cessation

Outcomes	Anticipated absolute effects* (95% CI)		Relative effect (95% CI)	N ^o of participants (studies)
	Events with NRT	Events with Nicotine EC		
Smoking cessation at 6 months to 1 year	Study population		RR 1.50 (1.29 to 1.73)	2544 (7 RCTs)
Assessed with biochemical validation	6 per 100	10 per 100 (8 to 12)	1.55	

Summary of findings 2. Nicotine EC compared to non-nicotine EC for smoking cessation

Nicotine EC compared to non-nicotine EC for smoking cessation

Outcomes	Events with non-nicotine EC		Events with Nicotine EC		Relative effect (95% CI)	N ^o of participants (studies)
	Events with non-nicotine EC	Events with Nicotine EC				
Smoking cessation at 6-12 months	Study population				RR 1.46 (1.09 to 1.96)	1613 (6 RCTs)
Assessed with biochemical validation	7 per 100	10 per 100 (8 to 14)			1.96	

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Can vaping help with quitting smoking?

Clinical trial evidence indicates some people benefit from vaping products for cigarette cessation.

However, there are no standards for dosing, frequency, or what product to use. What do you tell patients?
 - Soterra decision created the environment we are in

No US medical society has yet recommended e-cigarettes for stopping cigarette smoking (although the UK has)



Reframe the question – ‘Under what condition, if any, does vaping improve public health?’

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Overview of Talk

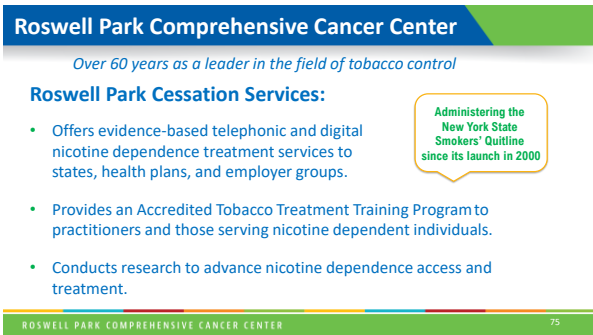
- What tools does the NYS DOH provide to help people stop using tobacco and vaping products?

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The slide features a blue background with a white outline of New York State. Inside the outline, the text "NYS STATE SMOKERS QUITLINE" is written in white. Below the outline, the text "New York State Quitline Overview" is displayed in white. At the bottom left, there is a small logo for Roswell Park Comprehensive Cancer Center.

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The slide has a blue header with the text "Roswell Park Comprehensive Cancer Center". Below the header, it says "Over 60 years as a leader in the field of tobacco control". The main section is titled "Roswell Park Cessation Services:" and contains three bullet points:

- Offers evidence-based telephonic and digital nicotine dependence treatment services to states, health plans, and employer groups.
- Provides an Accredited Tobacco Treatment Training Program to practitioners and those serving nicotine dependent individuals.
- Conducts research to advance nicotine dependence access and treatment.

 A callout box on the right side of the slide contains the text: "Administering the New York State Smokers' Quitline since its launch in 2000". At the bottom, there is a green footer with the Roswell Park Comprehensive Cancer Center logo and the number "75".

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MENTHOL

Website landing pages
Workshops

Provides more detailed information to people who want to quit menthol tobacco products

Community-Specific Information
For more information on your specific population click the buttons below.

Quitting Menthol is Hard Work
80% Quitline strategies that work:
• Work with a Tobacco Treatment Specialist
• Attend in-person or virtual best messaging program
• Use nicotine replacement

Fight back - Quit!
When you hang up the phone for a moment of mental health care you are using these deadly products, you are using 800 messages and take back your life.

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Telephonic Services for Tobacco and ENDS Users*

Coaching by Trained Tobacco Dependence Treatment Specialists

- Up to 2 coaching sessions are offered
- Up to 5 coaching sessions for those reporting psychological distress, alcohol and cannabis use, disabilities and pregnancy
- Referral to additional cessation services (e.g., health plan, local or health site programs)

Nicotine Replacement Therapy (online option also available)

- Combination therapy (patch and gum or lozenge) for moderate or heavy users
- Nicotine patch or lozenge for light users

*ENDS = Electronic Nicotine Delivery Systems

ROSWELL PARK COMPREHENSIVE CANCER CENTER 80

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Vaping & E-Cigarettes

- Succinct steps to quit vaping
- FAQs: Vaping vs. NRT
- Resources for teens and parents

VAPING & E-CIGARETTES
Quitting vaping tips

Thinking about quitting vaping?
Tobacco and nicotine
addiction are powerful drugs - they change your brain and make it hard to quit on your own.
But there are many ways to get help and quit for good. You can get help from a healthcare provider, a quitline, or a support group.
We have resources to help you quit for good. Visit our website for more information.

Where can I find this?
[NYSmokeFree.com/QuitVape](https://www.nysmokefree.com/QuitVape)
or under "MENU" then "Quitting Vaping"

ROSWELL PARK COMPREHENSIVE CANCER CENTER 81

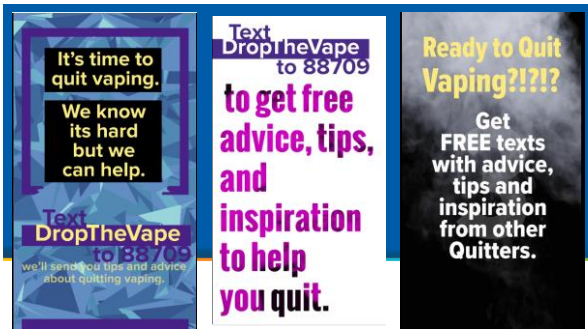
81

Learn2QuitNY (Text Program)

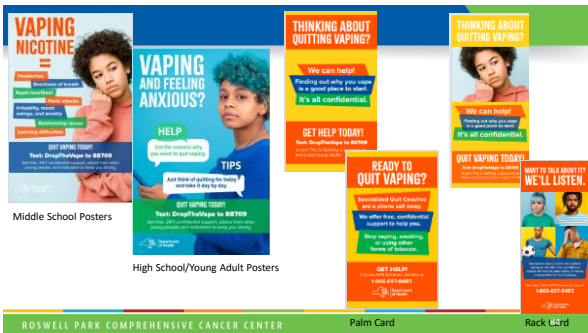
- Cognitive Behavioral-based
- Takes participants through quitting step-by-step
- Practice new skills weekly
- Builds on what was learned
- Check-ins throughout (suggested resources, engage with a coach)



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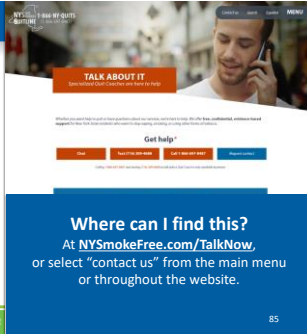
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Coach Chat

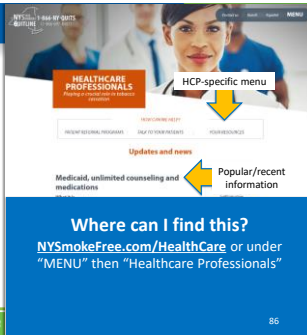
- One-on-one support by chat or text (716-309-4688)
- Real time craving support
- Access and assisting with nicotine replacement application
- Information and assisting with accessing other Quitline services and relevant resources



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Healthcare Professionals

- Patient Referral Program
- Talking to patients about quitting
- Digital and print materials



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Training Tobacco Treatment Specialists

- Course to prepare for TTS certification
- In person and remote trainings
- Scholarships available



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NYQUILTS Community Connect- Pilot Program

Builds partnerships with community organizations to assist the client/patient to navigate Quitline service access at point of care or community service. The model aims to create a referral network for Quitline services with community groups that work with priority population tobacco users.

- ✓ Partner with a broad range of CBO and healthcare community programs (HCCP) partners
- ✓ Allows CBOs and HCCPs to use a NYQCC platform to offer and assist clients/patients with accessing the Quitline services
- ✓ Pilots pending in one healthcare mobile unit and in NYC
- ✓ Infrastructure currently being set up



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E-Newsletters, Online News Room

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Quitline Services

- Quit sessions with specialists:
Call, Chat, Text
- A supply of nicotine patches, gum, and lozenge
- Texting program (Learn2QuitNY)
- Web-based information and interactive tools
- Print materials
- Tobacco Treatment Specialist Training

Accessing Quitline Services:

-Direct:
Call: 1-866-697-8487,
Chat, Text: NYSmokeFree.com/TalkNow
Learn2QuitNY: QUITNOW to 333888

- Patient Referral Program

- Community-Based Organizations

49% of people calling the Quitline are eligible for lung cancer screening.

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Contact Us Anytime. Thank You!



Pat Bax, RN, MS, NCTTP – Marketing Coordinator
716-845-4365 patricia.bax@roswellpark.org

ROSWELL PARK COMPREHENSIVE CANCER CENTER

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Tobacco Use Disorder Among Individuals with Serious Mental Illness

Flávio Casoy, MD
Medical Director, Adult Community Services and Managed Care

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Background



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Mortality Gap

- People with SMI treated in the public mental health system are dying 10-25 years earlier than the general population.
- Approximately two-thirds of deaths among people with SMI are due to "natural" causes (about 17% is due to "unnatural" causes and the remainder is unknown)
- Associated comorbid medical conditions are largely preventable or manageable:
 - Cardiovascular Disease
 - Lung Cancer
 - COPD
 - Influenza/pneumonia

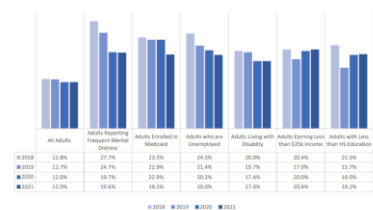
Olfson M, Gerhard T, Huang C, et al. Premature mortality among adults with schizophrenia in the United States. *JAMA Psychiatry* 2015; 72:1172-118
<https://doi.org/10.1093/psp/kpw004>
 Walker BR, McGee RE, Dixon RS. Mortality in Mental Disorders and Global Disease Burden Implications: A Systematic Review and Meta-analysis. *JAMA Psychiatry* 2013; 70(4):334-341. doi:10.1093/psp/kpw004
 Olfson M, Gerhard T, Huang C, Crystal S, Stroup TS. Premature Mortality Among Adults With Schizophrenia in the United States. *JAMA Psychiatry*. 2015;72(12):1172-1181. doi:10.1093/psp/kpw004



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Rates of Tobacco Use NYS

Figure 2. Trends in the Prevalence of Current Smoking among All Adults and in Groups with the Highest Smoking Rates in NYS, BRFSS 2018-2021

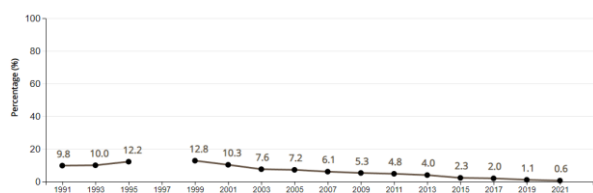


Fajal, O, Hunter, L, Piluso, C. BRFSS Brief Cigarette Smoking, New York State Adults, 2011. No. 2023-05. Albany, NY: New York State Department of Health, Division of Chronic Disease Prevention, Bureau of Chronic Disease Evaluation and Research, June 2023.



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HS Students Currently Smoke Cigs Daily

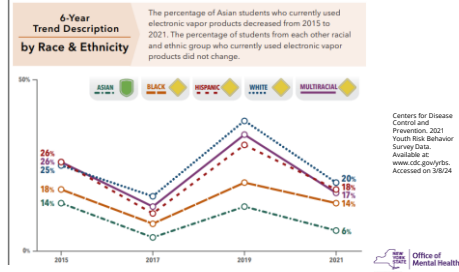


Centers for Disease Control and Prevention. 2021 Youth Risk Behavior Survey Data. Available at: www.cdc.gov/yrb. Accessed on 3/8/24



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E-Vape Product Use in HS Students



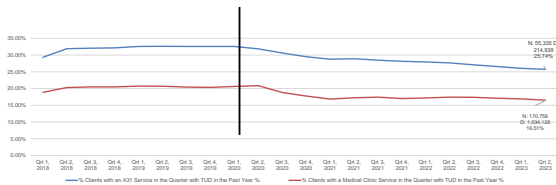
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Tobacco Use in Public MH Settings



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%Clients Served MH or PC Clinics in Quarter with TUD



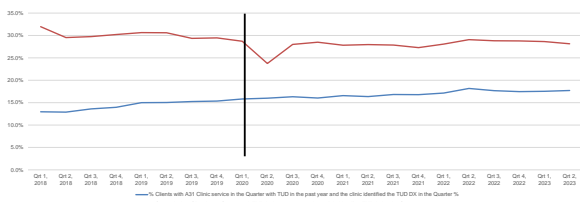
Numerator: Clients >=18 yrs on NRT or Varenicline or with TUD diagnosis in any setting in the past year;
 Denominator: Clients >=18 yrs with OMH Clinic OR DOH Clinic invoice in the quarter

Office of Mental Health

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%Clients with TUD in MH or PC Clinics with TUD Ided in Claim



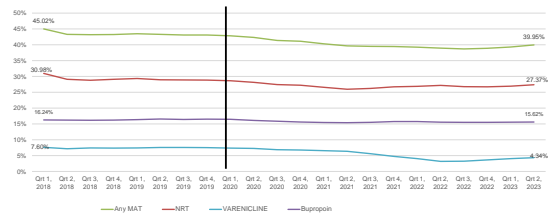
2023 Q2 - PC: 48,053/170,756 (28.1%) MH: 9,801/55,335 (17.7%)



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Rx for TUD in MH Clinics in last Year



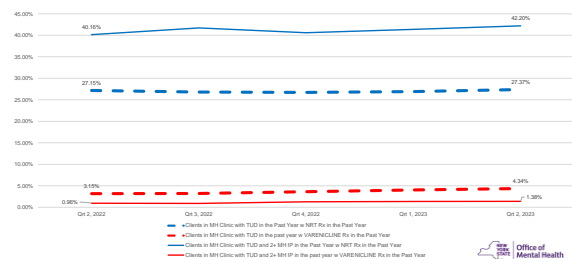
Individuals with Rx among non-duals with MH Clinic visit at any time during the quarter with a diagnosis of TUD in any clinical setting past year



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TUD Rx in MH Clinics – High Utilizers



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Reported Mortality in OMH State-Operated Outpatient and Inpatient Services 01/01/19 – 12/31/23

Year	Accidental	COVID-19 Related	Homicide	Natural Causes, Expected	Natural Causes, Unexpected	Suicide	Unexplained	Grand Total	% Natural Causes + COVID
2019	22	0	1	119	192	25	18	377	83%
2020	39	133	4	113	108	26	26	539	82%
2021	38	28	4	114	198	25	32	439	77%
2022	45	17	1	110	180	25	35	413	74%
2023	36	3	3	108	158	24	47	369	69%
TOTAL	181	181	13	565	507	125	158	2128	78%



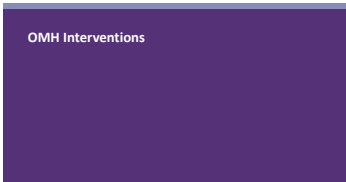
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NYS Clean Indoor Air Act

Smoking is prohibited on the grounds of general hospitals...but the grounds of psychiatric hospitals are not included in the Clean Indoor Air Act.



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Critical Partnership with DOH

- Systematically Introducing the Grantees of The Health Systems for a Tobacco-Free New York Program to
 - Local OMH staff
 - OMH-Operated Programs
 - County Directors of Community Service
 - Community Agencies that offer MH outpatient, residential, and care management programs.
- *Treating Tobacco Use Disorder in Behavioral Health Populations: Innovative Approaches and Uses of Approved Medications*



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Addressing TUD in State Operated Programs

- Partnership with unions and other constituencies to make 21 of 23 Psychiatric Center campuses Tobacco-Free
- Currently starting 5th year of a Learning Collaborative aimed at increasing use of varenicline in inpatient and outpatient programs
- Inclusion of varenicline and all forms of NRT in all formularies



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Developing Broad Strategies

- Cessation message frequently met with hostility and practitioners give up
- Alternative message is to work to align the clients' own goals with strategies to reduce tobacco use. For example, use NRT to reduce risk of eviction, increase employment/ educational opportunities, increase romantic opportunities, etc.
- Crushing Cravings



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Resources for Community Programs

- Focus on Integrated Treatment (FIT) online learning modules for staff at any OMH-licensed program.
 - 18,000 modules were completed Nov 2022-Oct 2023
 - In total, over 460,000 modules were completed by over 42,000 learners
 - Technical Assistance to clinicians and provider organizations
- Clear billing guidance on treating TUD
- Systematically clarifying regulatory language around TUD treatment.



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Varenicline Barriers



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Varenicline (Chantix) – former black box warning

- Varenicline approved by FDA in 2005 to treat TUD
- Black box warning added 2008 based on reports of neuropsychiatric side effects in Chantix users
- Has created lingering fear

WARNING: SERIOUS NEUROPSYCHIATRIC EVENTS See full prescribing information for complete boxed warning. Serious neuropsychiatric events have been reported in patients taking CHANTIX. Advise patients and caregivers that the patient should stop taking CHANTIX and contact a healthcare provider immediately if agitation, hostility, depressed mood, or changes in behavior or thinking that are not typical for the patient are observed, or if the patient develops suicidal ideation or suicidal behavior while taking CHANTIX or shortly after discontinuing CHANTIX.

Weigh the risks of CHANTIX against benefits of its use. CHANTIX has been demonstrated to increase the likelihood of abstinence from smoking for as long as one year compared to treatment with placebo. The health benefits of quitting smoking are immediate and substantial.



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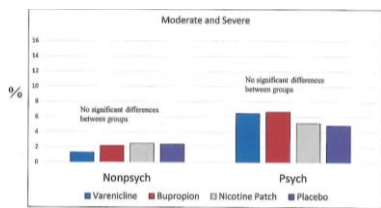
Varenicline (Chantix) – former black box warning

- EAGLES trial ordered by FDA to investigate these side effects
 - Randomized, double-blinded, triple-dummy, placebo-controlled trial of varenicline, bupropion, nicotine patch
 - 12 weeks treatment, 12 weeks of follow-up (largest tobacco treatment study ever conducted)
 - >8,000 participants, 140 sites, 16 countries
 - Participants averaged 21 cigarettes per day, 28 years as smokers
 - Outcomes studied:
 - Primary: moderate and severe neuropsychiatric side effects
 - Secondary: efficacy – continuous abstinence weeks 9 to 12 and weeks 9 to 24
- Warning removed in 2016, after EAGLES findings published



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EAGLES Findings: (1) Side effects: unrelated to treatment



VAR Side effects: Nausea, insomnia, abnormal dreams, headache

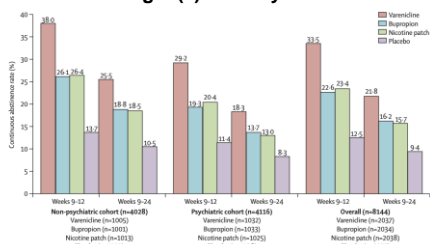
Antheelli et al., Lancet 2016



*from Jill Williams, M.D., presented at May 2019 BH Tobacco Summit

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EAGLES Findings: (2) Efficacy



Antheelli et al., Lancet 2016



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Major Take-Home Points

Tobacco Use Disorder has a very high prevalence among individuals with Serious Mental Illness; this problem has been persistent and refractory to significant efforts to address it

Varenicline is an underutilized resource for individuals with SMI because of lingering fears associated with a black box that has now been removed by the FDA



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Q&A

Please ask questions in the "chat" box on the bottom of your screen, or email us your question at grandrounds@health.ny.gov



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Closing Remarks

James V. McDonald M.D., M.P.H.
New York State Commissioner of Health

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- To receive continuing education credits, please fill out the evaluation and post-test:
<https://www.ualbanycphp.org/eval/SPHeval.cfm?id=653>
- CME, CNE, CHES and CPH credits are available

Thank you!