News Committee for the SRNT Treatment Network

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The news committee for the SRNT Treatment Network would like to welcome you to our inaugural “Treatment Hot Topics” newsletter. The vision of the committee is to summarize and effectively disseminate a quarterly newsletter that will contain breakthrough scientific and sociopolitical hot topics and how these affect treatment of tobacco use disorders. This month’s newsletter focuses on smoking and special populations as well as novel smoking cessation treatments. These two pertinent topics were selected from a pool of topics of interests, which were requested by SRNT members on an online survey carried out by the SRNT Treatment network. Subsequent topics that will be covered in forthcoming newsletters will include e-cigarettes, updates in novel treatments, and policy issues, which affect nicotine/tobacco treatment and research.

SMOKING AND SPECIAL POPULATIONS

Although smoking prevalence has declined from a high of 45% in the 1960s to 18% in 2012 among the general population (Centers for Disease Control and Prevention [CDC], 2013b), smoking remains high in certain subpopulations such as people with severe mental illnesses (SMI), individuals in the criminal justice system, and individuals living in poverty. Smoking prevalence has persisted at about 70% (Fiore et al., 2008; Goff et al., 2005) among individuals with SMI (CDC, 2013a), while individuals in the criminal justice system have smoking prevalence rates of up to 80% (Cropsey et al., 2008; Cropsey, Jones-Whaley, Jackson, & Hale, 2010). Individuals who live below the poverty line have smoking prevalence rates of 29%; however, adults who have received their General Equivalency Diploma have smoking rates of 45.3% (CDC, 2013b). Given the high prevalence of smoking in these subpopulations, it is not surprising that individuals with mental illness consume 44% of all cigarettes in the United States even though they represent 22% of the population (Lasser et al., 2000). Similarly, since the United States places the largest percentage of its citizens in the world under criminal justice supervision (1 in every 34 U.S. adults or 3% of all adults; Carson & Sabol, 2012), individuals in the criminal justice system now represent more than 12% of all current smokers (Carson & Sabol, 2012; Cropsey et al., 2010).

Medical problems related to tobacco use appear to be a leading cause of death among individuals with mental illness (Mackowick, Lynch, Weinberger, & George, 2012). Specifically, individuals with any mental illness died 8.2 years younger than their peers; however, individuals with SMI experience a 23-year shortened life span (Druss, Zhao, Von Esenwein, Morrato, & Marcus, 2011; Miller, Paschall, & Svendsen, 2006). Smoking in particular was associated with a 2.5 increased odds of natural cause mortality among individuals with schizophrenia (Brown & Mitchell, 2012). Smokers in the criminal justice system also tend to have high rates of smoking-related illnesses and chronic medical problems even though their average age is in mid-30s (Cropsey, Binswanger, Clark, & Taxman, 2012; Eldridge & Cropsey, 2009). While these populations are described as discrete groups of people, significant overlap is present among people with mental illness, individuals in the criminal justice system, and smokers living in poverty. Smoking interventions provided to these populations would have the potential to intervene with a largely disenfranchised group of smokers.

NOVEL TREATMENTS TO HELP SMOKERS TO STOP

While getting more people to use effective cessation methods and getting those who use them to do so more effectively is likely to have the greatest impact on smoking prevalence in the near term, the search for improved treatments continues. Behavioral support delivered by a trained specialist continues to be the optimum psychological treatment (Lancaster & Stead, 2008; Stead & Lancaster, 2009) and research is now identifying what components (called Behavior Change Techniques) seem to carry the greatest impact (West, Evans, & Michie, 2011; West, Wia, Hyder, Shahab, & Michie, 2010). This provides a more scientific basis for design of programs and for training of staff (Michie, Churchill, & West, 2011). Text messaging programs can also improve success rates and are highly cost-effective (Free et al., 2013). Data are accumulating on
Web sites to aid cessation with mixed results (Civljak, Stead, Hartmann-Boyce, Sheikh, & Car, 2013). To date, there are no randomized controlled trials of smartphone applications.

Evidence clearly shows varenicline or dual-form nicotine replacement therapy (NRT) (transdermal patch plus a faster acting form) to be the pharmacological treatment of choice (Cahill, Stevens, Perera, & Lancaster, 2013). Electronic cigarettes are becoming increasingly popular and there is some evidence for effectiveness (Shahab, Brose, & West, 2013). However, there is now clear evidence that cytisine, which has been licensed as a smoking cessation medicine and available over the counter in former Soviet Block countries for more than 40 years, is effective (Hajek, McRobbie, & Myers, 2013). It is not known whether this is as effective as varenicline or dual-form NRT but is more than 10 times cheaper. Nicotine vaccines continue to be tested but with strong positive findings (Hartmann-Boyce, Cahill, Hatsukami, & Cornuz, 2012).

DECLARATION OF INTERESTS

None declared.

REFERENCES


