SMOKING in ADOLESCENTS with PSYCHIATRIC or ADDICTIVE DISORDERS

TOBACCO USE AMONG YOUTH

- More than 90% of adults who smoke became regular smokers before the age of 18

- An estimated 3,000 adolescents in the US become regular users of tobacco each day (Stevens et al., 2001)

SMOKING RATES AMONG ADOLESCENTS

- 23% of US high school students report tobacco use in the past month and 14% report smoking daily

- Smoking rates are even higher among adolescents with psychiatric disorders such as ADHD, depression, CD, and alcohol and illicit drug dependencies:
  - 80% report tobacco use in the past month
  - 77% report daily smoking
  - 63% smoke 10+ cigarettes per day

SMOKERS & the DEVELOPMENT of PSYCHIATRIC DISORDERS

- Youth who smoke have elevated rates of mental illness and substance use disorders compared to nonsmokers

- Early onset of regular tobacco use (smoking before age 13) is a significant risk factor for lifetime diagnosis of major depressive disorder, agoraphobia, generalized anxiety disorder, and panic disorder

TREATMENT APPROACHES

- 48 published RCT with adolescents (Sussman, 2006)

- No unequivocal successes

- Promising Approaches:
  - Stage-based treatments
  - Cognitive behavioral strategies
  - Multicomponent treatments

- Nicotine patch well tolerated, safe, and rarely abused among adolescents (Hyland, 2005; Killen, 2004)

TREATING TOBACCO with YOUTH in INPATIENT PSYCHIATRY

- Randomized trial of motivational interviewing (MI) vs. brief advice for smoking cessation
  - Two 45-min sessions and offered 8 weeks NRT
  - 191 youth age 13-17 from inpatient psychiatry

- No advantage of MI in smoking outcomes

- MI more likely to increase self-efficacy and intention to change in those with low intention

Brown et al. (2003) Tobacco Control
TREATING TOBACCO with YOUTH in ADDICTIONS TREATMENT

- Randomized, controlled trial of 35 youth age 13-18 in outpatient substance abuse treatment
- 6-session Smoking Reduction and Cessation vs. waitlist control
- More teens in the SRC group reported cessation attempts and abstinence at all time points (3 month FU significant).
- Tobacco cessation intervention appeared to enhance substance abuse treatment outcomes

(Myers & Brown, 2005; Myers & Prochaska, 2008)

Project SPARK

- UCSF Teen & Young Adult Smoking Study
- Youth ages 13-25 yrs old in mental health treatment
- Do NOT have to want to quit smoking to participate
- Qualitative interviews & RCT of a stage-tailed expert system combined with nicotine replacement (in process)

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THEMES: CLINICIANS

- Factors that likely impede patients’ quitting smoking:
  - Clinicians’ ignoring or minimizing tobacco use as a priority;
  - Taking a strong authoritarian anti-tobacco approach;
  - Clinicians’ own tobacco use and/or self-disclosure of prior use;
  - Encouraging youth to smoke (i.e., to engage with peers)

- Clinicians emphasized that tobacco treatments should:
  - Match youths’ intentions to quit (be non-confrontational);
  - Incorporate interactive media and other visuals;
  - Be free and available onsite;
  - Not require parent involvement

THEMES: YOUTH

- Teens report using tobacco in conjunction with (to boost highs) or in lieu of other substances (alcohol, illicit drugs)
- Peers, family history, and family attitudes viewed as influential on teens’ use of tobacco and thoughts about quitting
  - Criticism from clinicians, parents, and friends viewed as counterproductive
- Mental health clinics viewed as safe, comfortable, accessible settings that support healthy behavior

SUMMARY: SMOKING in YOUTH with CO-OCCURRING DISORDERS

- High rates of tobacco use among youth with co-occurring psychiatric or addictive disorders
- Few randomized trials aimed at treating tobacco use in adolescents with psychiatric or addictive disorders
- Mental health settings are an untapped resource for addressing tobacco use with adolescents with mental health concerns