

PTSD Bytes – Audio Transcription

Episode #:	20
Guest:	Ellen Herbst, MD
Title:	#20: PTSD and Tobacco Use

Pearl:

Welcome and thank you for tuning in to PTSD Bytes, the podcast where we invite experts to talk about PTSD and mental health and how technology, like mobile mental health apps can help. We'll cover a new topic every other week in bite size episodes. I'm your host, Pearl McGee-Vincent, and I'm a clinical psychologist at the Veteran's Affairs National Center for PTSD.

Pearl:

Today I will be talking about PTSD and smoking and other tobacco use with Dr. Herbst. Dr. Herbst is a professor in the Department of Psychiatry and Behavioral Sciences at UCSF School of Medicine, and Associate Chief of Addiction Recovery Treatment Services at the San Francisco VA. Welcome, Dr. Herbst.

Ellen Herbst:

Thank you.

Pearl:

Our listeners might be thinking, 'Okay, I've tuned into a PTSD podcast. What does smoking and tobacco have to do with PTSD?' So let's start there.

Ellen Herbst:

the relationship between PTSD and tobacco use has been described as a vicious cycle. PTSD is associated with rates of tobacco use two to three times that of the general population. Smokers with PTSD are also significantly more likely to be heavy smokers, which means potentially smoking more than 20 cigarettes per day. PTSD symptoms can at times induce cravings to smoke, and in turn nicotine dependence increased the smoker's risk of developing PTSD

Pearl:

Nowadays there are so many different tobacco products out there. Can you briefly explain what we mean when we talk about tobacco products?

Ellen Herbst:

Of course. Tobacco products refers to any product containing tobacco. So that includes what you think of as traditional cigarettes or cigars or rolled cigarettes. As well as chewing tobacco and smokeless tobacco or dip, those are all tobacco products. Electronic cigarettes or electronic nicotine delivery systems, otherwise known as vapes, do not contain tobacco but deliver nicotine by heating a liquid that contains nicotine. So it is confusing because e-cigarettes are often lumped together with tobacco products and they all do contain nicotine, but e-cigarettes are different and they have different risks.

Pearl:

So all of these products contain nicotine. How does somebody know if they're nicotine dependent?

Ellen Herbst:

Nicotine is one of the most physiologically habit-forming products that exist. If somebody is wondering if they are nicotine dependent, one could think about how often they're using it, whether or not they're using it within 30 minutes of waking up, whether or not they're using it more than intended. Those are usually suggestions that it's going from occasional use to regular use as one would describe dependence.

Pearl:

And I'm interested in understanding better, why people with PTSD or even without PTSD, might be interested in cutting back or quitting tobacco or nicotine use. If they're listening to this podcast and maybe wanting some guidance about should I quit?

Ellen Herbst:

People with PTSD and other mental health conditions may relate to this. Cravings may occur as a result of emotional distress, stress, depression, anxiety. And so if you think about three different categories, habit-based cravings, physiological withdrawal, and emotional distress, the habit-based cigarettes tend to be the ones that we try to work on first. Because it's usually easier to have someone try to cut back or eliminate a cigarette after a meal, as opposed to after a distressing memory or in response to withdrawal.

Quitting smoking in regular smokers is associated with years or even potentially decades of regained lifespan. Finally, there were previous myths that quitting smoking would worsen PTSD, depression and other mental health conditions. And that's been dispelled. So if somebody gets adequate support, particularly when they're quitting because those few weeks after their last cigarette are tough. But long term PTSD symptoms do not worsen after quitting smoking. Oh, and I should have mentioned it's pretty well established that cigarettes are very expensive. So a very common reason that we hear from Veterans is that substantial amounts of money are saved by quitting smoking. And in fact, we work with Veterans to, um, make sure they reward themselves when they quit because it's a big deal to cut down and quit smoking.

Pearl:

You provided a lot of compelling reasons to quit, and yet we also hear from folks all the time that they're not quite ready. What do you say to somebody who is not quite ready to quit yet?

Ellen Herbst:

If somebody states that they're not ready to quit, I think I might ask additional questions. Is it because they feel disempowered and don't know where to start? Is it because they've struggled in the past? Or is it because they truly don't want to quit and they want to keep smoking. And for those who are considering quitting, but maybe feel concerned about past attempts, what I try to tell people is that these products are engineered and designed to be addictive, that they're not alone. It's estimated, that most people take about 30 times to quit smoking. That number may be even higher in people with mental health conditions like PTSD. So it is not a poor reflection on someone if they struggle. Quit rates when people quit on their own without any support are estimated to only be 3% at 12 months. So to me that suggests that using the available resources, trying to tailor the intervention based on what the individual wants, what they've tried before, that's how we approach it.

Pearl:

Let's talk a little bit more about some of those available resources. So in terms of getting folks the support they need, how can they find support in their attempts to quit?

Ellen Herbst:

So there are several medications that are available that vastly improve quit rates. In general those are most effective when combined with behavioral coaching. Nicotine replacement therapy is extremely safe and we call it clean nicotine, in contrast to the nicotine that's delivered in combination with 7,000 chemicals in a cigarette. So nicotine replacement therapy means the patch, plus potentially a medication to help with craving as needed – something like a lozenge, a gum, or an inhaler. Another medication, Bupropion or Wellbutrin can be quite effective. That is also an antidepressant, so one would have to talk with a prescriber about the risks and benefits. And then varenicline, that's Chantix, that's the most effective smoking cessation medication. That one is something that should be prescribed and monitored because there are potential side effects. Nicotine replacement can be purchased over the counter or obtained for free at the VA.

And then behavioral coaching, at least four sessions of a provider delivering evidence-based approaches to support someone quitting, meaning practicing relapse prevention strategies, identifying triggers, removing products like ashtrays and other materials from their home.

And finally, technology interventions, we have just basic text messaging. Messaging around cessation is associated with some improvement in quit rates. We don't know what's going to work for one person or another, but these are the different domains that one can consider when they're trying to quit.

Pearl:

Thank you. I want to pick up on something that you said about technology-based tools. Can you tell us a bit about the Stay Quick Coach app from VA and how that can be helpful for folks?

Ellen Herbst:

The goal of Stay Quit Coach is to help people identify a personalized goal. We strongly recommend cessation for all the reasons we talked about because there is no safe level of tobacco use. But that said, we want to meet people where they are. So if people just want to reduce, that's a great place to start. So the app is designed to help people either quit or cut down, whatever the personal goal is, we want to support any reduction that somebody wants to engage in.

Pearl:

Wonderful. If someone wants to quit or cut down on their tobacco use, what is something they can do right now or today to get started on that journey?

Ellen Herbst:

My recommendation for Veterans is to call the telephone quit line. All VAs are now required to provide same day tobacco cessation services. I suggest starting somewhere and not putting too much pressure on one's self, any level of reduction is moving you toward the path of meeting your goal.

Pearl:

Thank you Dr. Herbst, for joining us today and your expertise related to nicotine and tobacco cessation or quitting or cutting down. Thank you for specifying that any reduction in use is progress. The mobile

app Stay Quit Coach is available to everyone for free on Apple or Android devices in the app store or in Google Play.

Veterans can also call VA's Tobacco Quitline, available in English and Spanish. Call 1-855-QUITVet or 1-855-784-8838. Veterans and non-Veterans can call 1-800-QUIT-NOW, which is the CDC quit line available for everyone.

Andrea:

Hello! This is Dr. Andrea Jamison and I am the executive producer of the PTSD Bytes podcast. Catch new episodes by following or subscribing to PTSD Bytes on your preferred podcast app. Thank you for joining us.