

Tobacco-Free for Recovery



Changing Tobacco Culture in the Behavioral Health Community

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University of California, San Francisco**

Who Are We Talking About?

- Prevalence of mental health and substance use disorders in the U.S.
 - ▣ **1 in 5 adults** - 20% of American adults -- more than 45 million people -- had some form of mental illness in 2011.
 - ▣ An estimated 22.3 million Americans (**9 percent of the population age 12 years and older**) were classified with substance abuse or dependence in the last year

It's About the Disparity

□ Smoking Rates

□ General population smoking rates

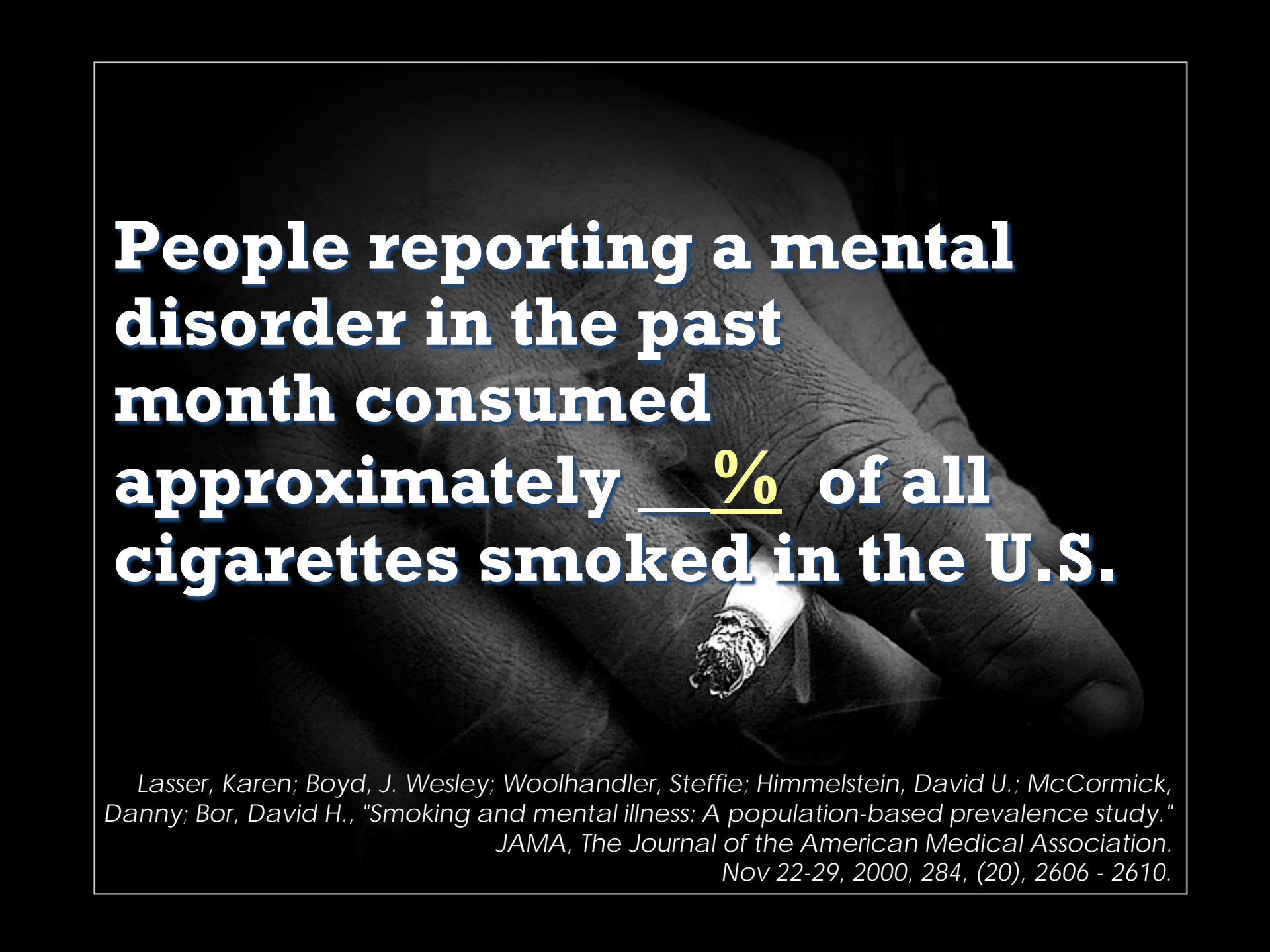
- *Nationally: 19.3% (NHIS)*

□ Behavioral health pop. smoking rates

- Ranges from $_ \% - _ \%$ depending upon diagnosis

Smoking Prevalence Rates by Diagnostic Category Across Studies

- Major depression □ 36-80 %
- Bipolar disorder □ 51-70 %
- Schizophrenia □ 62-90 %
- Anxiety disorders □ 32-60 %
- PTSD □ 45-60 %
- ADHD □ 38-42 %
- Alcohol abuse □ 34-93 %
- Other drug abuse □ 49- 98 %

A close-up photograph of a hand holding a lit cigarette. The hand is positioned in the lower right quadrant, with the fingers gripping the cigarette. The cigarette is lit, with a glowing tip and a small amount of ash. The background is dark and out of focus, emphasizing the hand and the cigarette. The text is overlaid on the image in a bold, white font with a blue outline.

People reporting a mental disorder in the past month consumed approximately % of all cigarettes smoked in the U.S.

Lasser, Karen; Boyd, J. Wesley; Woolhandler, Steffie; Himmelstein, David U.; McCormick, Danny; Bor, David H., "Smoking and mental illness: A population-based prevalence study." JAMA, The Journal of the American Medical Association. Nov 22-29, 2000, 284, (20), 2606 - 2610.

___%-___% of Behavioral Health Providers Smoke

Rates of smoking among treatment staff in mental health and substance abuse facilities and programs are higher than other health care professionals:

	Primary Care Physicians	1.7 %
***	Emergency Physicians	5.7 %
	Psychiatrists	3.2 %
	Registered Nurses	13.1 %
	Dentists	5.8 %
	Dental Hygienists	5.4 %
	Pharmacists	4.5 %

NASMHPD Research Institute, Inc. (2006). Survey on Smoking Policies and Practices for Psychiatric Facilities.

**** Strouse R, Hall J and Kovac M. Survey of Health Professionals' Knowledge, Attitudes, Beliefs, and Behaviors Regarding Smoking Cessation Assistance and Counseling. Princeton, N.J.:*

Mathematica Policy Research, Inc., 2004, 1-16.

Tobacco Industry Targeting



Project S.C.U.M.
Sub-Culture Urban Marketing

Targets

- People with mental illness and/or addictions
- Homeless populations
- Communities of color

HEADLINER

- People with serious mental illness die 25 years earlier than the general population
 - Smoking a factor

Thirteenth
in a Series
of
Technical
Reports



Morbidity and Mortality in People with Serious Mental Illness

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(NASMHPD) Medical Directors Council**

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October 2006



2007 SAMHSA Joins Movement

Substance Abuse and Mental Health Services Administration

- \$3.2 billion agency within U.S. Health and Human Services
- Charged with responding to the nation's substance abuse and mental health prevention, treatment and service needs.
- Enforce Synar legislation
 - Designed to prevent cigarette and tobacco products to underage users



**SAMHSA and the Smoking Cessation Leadership Center
are pleased to present:**



Smoking Cessation for People with Mental and Substance Use Disorders

Guest Speakers

Dr. Steven Schroeder

Director, Smoking Cessation Leadership Center, University of California, San Francisco
Former President, Robert Wood Johnson Foundation

Mr. Eric Arauz

Motivational Speaker and Advocate for Mental Illness and Substance Abuse
Consumers Helping Others Improve Their Condition by Ending Smoking (CHOICES Program)

Dr. Jill Williams

Associate Professor of Psychiatry and Director of the Division of Addiction Psychiatry,
University of Medicine and Dentistry of New Jersey—Robert Wood Johnson Medical School

Dr. Chad Morris

Director of the Administration and Evaluation Postdoctoral Fellowship, Department of
Psychiatry, University of Colorado at Denver and Health Science Center

Did You Know?

People with mental
illness smoke 44%
of all cigarettes?

Approximately 80% of
alcohol, cocaine, and
heroin abusers report
nicotine dependence?

People with SMI die,
on average, 25 years
earlier than other
Americans?

When: Monday, July 7, 2008

From: 2:00 p.m. - 3:30 p.m.

Where: Seneca/Sugarloaf/Rock Creek
Conference Rooms



SAMHSA In-Service Training

100 Pioneers for Smoking Cessation and Wellness

- Project Goal: *To initiate a movement within behavioral healthcare to integrate smoke-free environments and smoking cessation through engaging, educating, and mobilizing stakeholders at the local level.*
- All SAMHSA grantees from the 3 centers were invited to apply (Mental Health, Addiction Treatment, & Prevention).



100 Pioneers for Smoking Cessation

- Phase I: Application for a \$1,000 stipend – awarded in 2009
- Phase II: 25 original Pioneers awarded additional stipend of \$2,000 to refine and expand their effort
- Wide range of grantees
 - ▣ Consumer groups
 - ▣ Healthcare Clinics
 - ▣ Community mental health centers
 - ▣ Treatment centers
 - ▣ Youth service providers
 - ▣ Rehabilitation centers

100 Pioneers for Smoking Cessation

- Types of interventions
 - ▣ Implement a Clean Indoor Air policy for their organization that provides a completely smoke-free environment.
 - ▣ Initiate a smoking cessation initiative/program.
 - ▣ Enhance an existing initiative/program.
 - ▣ Adopt a routine screening process for nicotine addiction with an effective referral process.
 - ▣ Incorporate smoking cessation benefits for employees that include counseling and medications.

Map of SAMHSA Pioneers



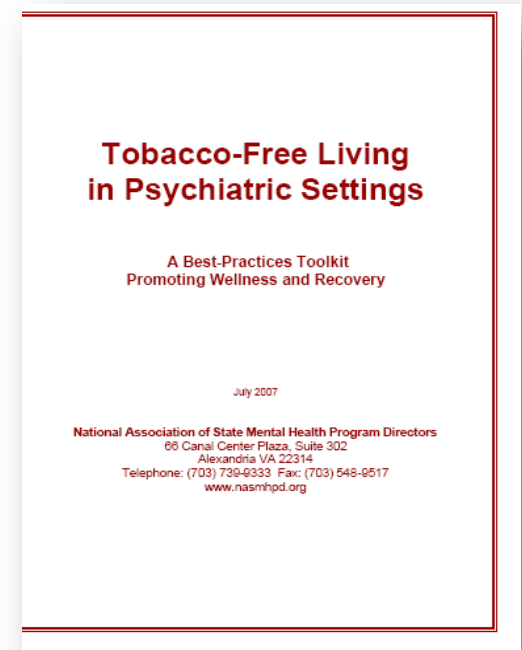
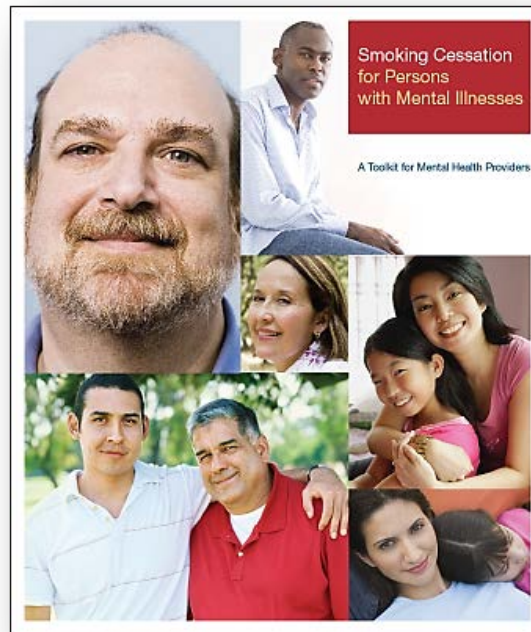
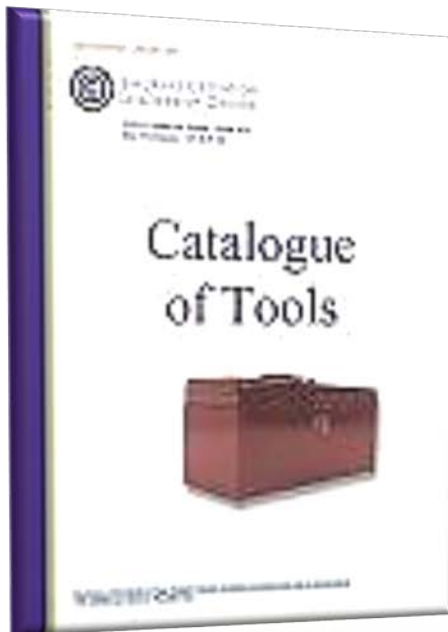
Blue = Phase I Pioneers
Yellow = Phase II Pioneers

100 Pioneers for Smoking Cessation

- Technical assistance provided by the *Smoking Cessation Leadership Center*
 - ▣ Regular Webinars
 - Smoking Cessation for People with Substance Use Disorders
 - Assisting Mental Health Consumers with Tobacco Cessation
 - Building Staff Buy-In for Tobacco-Free Policies
 - Addressing Tobacco in Co-Occurring Conditions
 - Addressing Barriers to Delivering Tobacco Dependence Interventions Across Mental Health Care Settings
 - ▣ Customized technical assistance via phone
 - ▣ Dedicated listserv
 - ▣ Downloadable comprehensive Catalogue of Tools

Resources Available

- Catalogue of Tools
- Webinars (CME/CEU)
- **100Pioneers@listsrv.ucsf.edu**



Silver Drop-In Center and Maryland Mental Health Hygiene

Clean Lungs, Clear Minds

Stereotypical Beliefs about Mental Illness and Smoking:

- It's one of the few pleasures in life
- It's hopeless to try to quit
- Quitting smoking will aggravate mental health symptoms

People who have mental illness have a right to quit smoking with the help of health professionals and everyone's support!

Prolong and Improve Your Life

On average, people with mental illness die 20 to 25 years earlier than the general population.

Call **1-800-QUIT NOW** for FREE phone counseling, medications, and materials.

Quit Smoking & Save Thousands of Dollars

- One Pack/Day Costs Over \$2,500 Annually
- Two Packs/Day Cost Over \$5,000 Annually

Address Health Issues for Your Recovery

- 75% of people who have addictions and/or mental illness smoke, while only 23% of the general population smokes.
- People who have mental illness and/or substance abuse issues consume 44% of all cigarettes sold in the U.S.
- Smokers who have mental illness inhale deeper and smoke more cigarettes than other smokers.
- The single biggest thing you can do for your health is quit smoking.

"Because I have a mental illness, I thought I would never quit smoking, but I did 15 years ago."

Clarissa Netter



A PARTNERSHIP BETWEEN

the Silver Spring Drop-In Center,
the Transformation Office,
Mental Hygiene Administration, and the
Maryland Tobacco Quitline,
Maryland Department of Health
and Mental Hygiene

Mental Health, Chemical Abuse and Dependency Services Division, WA

- **37 contract agencies, integrate in action plan**
 1. All assessments should do nicotine dependence
 2. All treatment plans need address nicotine dependence, including provision of NRT
 3. All support nicotine dependence treatment for staff and move to a smoke-free environment

- **Match the Pioneer funds dollar for dollar using local tax revenue in a training pool**



King County

Always at your service

Carlsbad Community Anti-Drug/Gang Coalition



Carlsbad Community Anti-Drug/Gang Coalition



Our Vision

South Eddy County – a drug and gang/crime free community, safe for all our citizens and visitors and with positive futures for our children.

Nominate a Student
for being a **Drug Free** role model

[Our Mission](#)

[Goals and Objectives](#)

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Coalition, Mental Health Center Form Tobacco Cessation Program

By Eve - Posted on March 23rd, 2009

Carlsbad Community Anti-Drug/Gang Coalition recently gained national recognition as one of "100 Pioneers for Smoking Cessation." The 100 Pioneers program is sponsored by the US Department of Health & Human Services' Substance Abuse & Mental Health Services Administration. It provides training and technical assistance for tobacco cessation, with a

Recent News

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- [We're Watching...Because We Care](#)
- [Students are talking about....](#)
- [Quote to remember](#)
- [Now available on a cell phone in your pocket: Text Tipping](#)

100 Pioneers for Smoking Cessation

Survey Findings: *Phase II Pioneers were surveyed 18 months after project start-up*

- ❖ 80 percent reported improvement in their organization's tobacco use rates among clients and staff.
- ❖ Tobacco interventions by providers more than doubled from an average of 21.4 percent before the Pioneers Campaign to 50.5 percent.

Lessons Learned

Partnerships

Social
Support

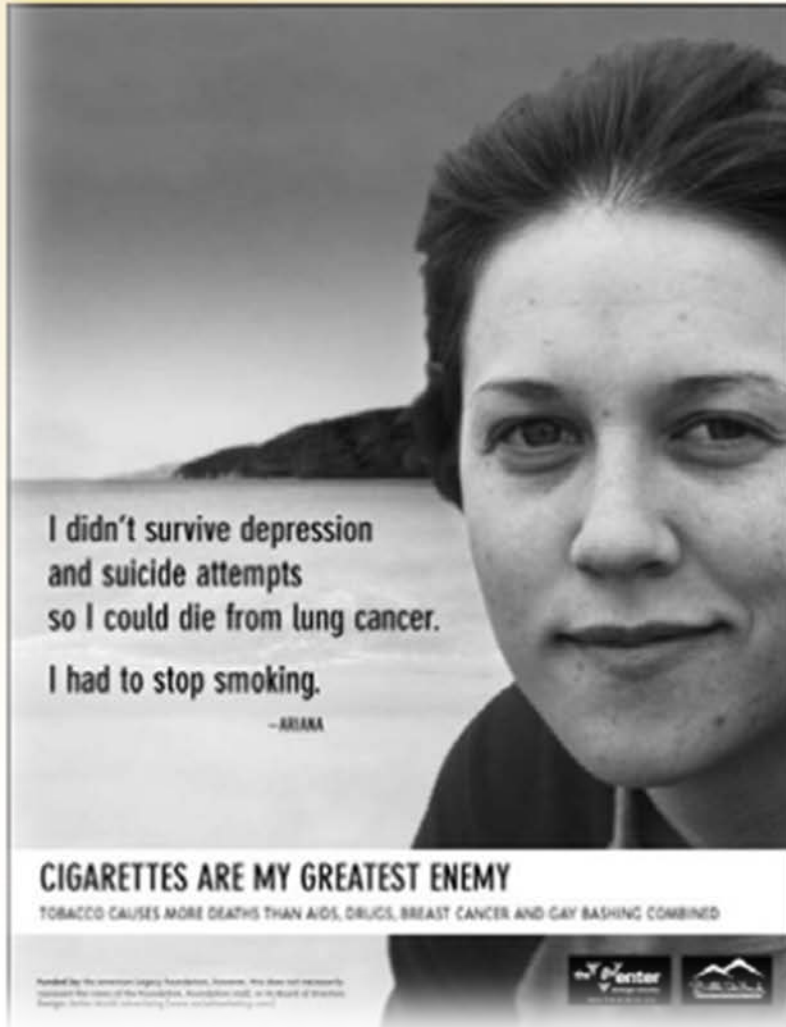
Champions

Wellness

- Find commonality of missions, and understanding of cultures
- Small incentives in the right hands create tremendous change
- Partnerships catalyze results
- Social support vital to recovery AND intervention
- Integrate “cessation” in framing messages
- Engage smokers (staff and clients) from the start
- Common focus on health, recovery, and wellness

How to Apply in Your Setting?

- Use resources now available
- Connect with pioneers
- Take on similar practices
- Refer clients and staff to quitline
- Replicate incentives for change





I didn't survive depression
and suicide attempts
so I could die from lung cancer.

I had to stop smoking.

—ARIANA

CIGARETTES ARE MY GREATEST ENEMY
TOBACCO CAUSES MORE DEATHS THAN AIDS, DRUGS, BREAST CANCER AND GAY BASHING COMBINED

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To assist people to lead meaningful lives in their communities, we need to promote behaviors that lead to health change

Cigarettes Are My Greatest Enemy

Thank You

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<http://smokingcessationleadership.ucsf.edu>

877-509-3786

(toll free)