

---

# Tobacco-Free Messaging for Behavioral Health Professionals and Consumers

---

*Connie Revell, Consultant*

*California Center for Tobacco Cessation*

*Sarah Planche, Program Consultant*

*California Tobacco Control Program*

---

# Not So Long Ago...

- Smoking cessation was virtually off limits in behavioral health care settings
  - Many professionals believed cessation intervention would interfere with treatment or harm patients' well-being
  - Advocacy groups got behavioral health settings excepted as smoke-free policies and laws took effect
-

---

# This Despite ...

- Those with serious mental illness die 25 years earlier, on average
  - Nearly half– 200,000 annually– of U.S. deaths from smoking are among the behavioral health population
  - People with SMI report they want to quit at the same rate as the general population (2/3)
  - 60 percent of current smokers had a MH or SUD diagnosis sometime in their life
-

---

# Surprising Findings

- A study by the California Smokers' Helpline showed that nearly half of callers reported having a current behavioral health issue
  - One in three helpline callers met criteria for current depression
  - These smokers are even more motivated to quit than the general population
-

---

# Some Good News

- Quitlines around the country have been training their staff to work with these smokers
  - Every smoker in America has access to free services through quitlines by calling 1-800-QUIT NOW
-

---

# A Bit of History

- RWJF and American Legacy Foundations began funding SCLC's behavioral health work in 2006
  - Concluded that this was essential to further increase cessation rates and drive down the smoking rate
-

---

# The First Summit Created a National Partnership of Leading Organizations

- In March 2007, in Lansdowne, Virginia, the Smoking Cessation Leadership Center (SCLC) hosted a National Summit on Smoking Cessation and Wellness to focus attention on mental health consumers and staff. The purpose of the summit was to convene leaders from national mental health advocacy, governmental, consumer and provider organizations, along with smoking cessation experts, to discuss key issues and opportunities for smoking cessation and wellness in the mental health community.
-

---

# An Important Step

- The group developed a mission statement: *We the undersigned resolve to bring forth and lead a national partnership campaign to make health and wellness a priority for people with mental illnesses and for the providers who serve them. As a first and immediate focus, we commit ourselves to addressing the serious consequences of smoking and to emphasizing smoking cessation in all mental health service delivery settings.*
-

---

# Borrowing Principles from the Recovery

Movement (from William Anthony, *Toward a Vision of Recovery*)

- Recovery can occur even when symptoms reoccur. (tenacity)
  - Common denominator...is the presence of people who stand by and believe in the person in need of recovery. (social support)
  - Recovery can occur without professional intervention. (empowerment)
  - Recovery is a highly personal process. There are many paths. (uniqueness)
-

---

# Tenacity

- If at first you don't succeed...

QUIT, QUIT AGAIN



---

# Tenacity

- Good things come to those who **JUST KEEP TRYING**



---

# New Research on Impact of Driving Quit Attempts at a Population Level

- Improve quality of quit attempts by creating easy access to effective treatments and increasing their use.
  - Improve quantity by getting smokers to try quitting repeatedly until they succeed.
  - 14 attempts on average to quit unaided, and 12 with aids. At a population level, quantity trumps quality.
  - We need to drive more quit attempts.
-

# Social Support

- More than 50 million Americans have successfully struggled and have quit smoking—
- They now outnumber smokers.
- Why don't you join them?



---

# Social Support

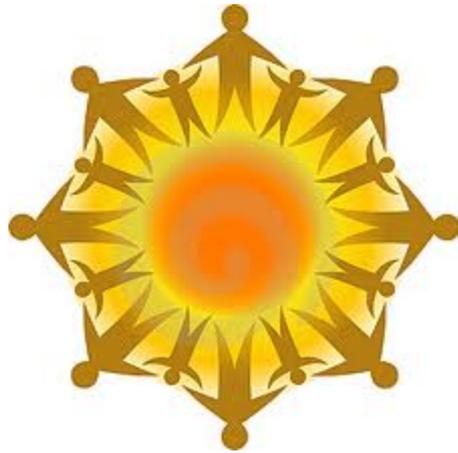
- You CAN quit tobacco. Americans everywhere support your quest for wellness.



---

# Social Support

- Want to quit smoking? We have your back!



---

# Social Support

- Quit with a friend
- Your friends, loved ones and kids will be happy for you too

*(Normalizing quitting is vital, and more helpline callers are nonsmoking friends and family)*

---

---

# Empowerment

- If you suffer from mental illness, the tobacco companies have made you a special target.
- Do you want to take control?



---

# Empowerment

- You didn't survive serious mental illness just to die from smoking.
  - You CAN quit tobacco, and it will help your overall recovery.
-

---

# Empowerment

- **LIVING WELL is the best revenge**



---

# Life, Liberty, and the Pursuit of Wellness

---

It's what you deserve

---

# Contemporary Messages

- Humor helps
  - Emphasis on wellness– stay positive
  - De-emphasis on drugs and negative health messages
  - Changing profile of smokers needs to be taken into account– lighter smokers, disparities by education and SES
  - Pharmacotherapy not always appropriate
-

---

# From a Marin County CMHC

- Isn't it time to think about thinking about quitting smoking?



---

# SCLC's Well-Received Message

- Tobacco Free for Recovery



---

# Recovery—an Important Focus

- Tobacco cessation professionals have much to learn from the recovery movement
  - Important role of family and peer support
  - The third A— assessing readiness to change— is not as well developed in cessation as its equivalent in the recovery field
-

---

# What Do These Messages Mean for You?

- How to promote cessation in your milieu
  - What local, state and federal governments can do
  - What others can do
-