



RECOVERY
REHABILITATION & TOBACCO FREE LIFESTYLES
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THE FIERCE URGENCY OF DEATH

The Body Count





WHERE IS THE OUTRAGE?

Recovery

A Human Process

A Guiding Framework for our Programs

A Vision for Integrated HealthCare



Tobacco Use among those with Serious Mental Illness

- **75% are tobacco dependent**
 - Almost half of the 438,000 tobacco-related deaths are people with SMI
 - 85% in those with schizophrenia
 - 52% in public mental health inpatients
- **60 - 95% of people with addiction disorders smoke**
- **44% of all US cigarette consumption by those with mental illness/substance abuse (SA) disorder**
- **Staff smoke at higher rates over general population.**



I'm lucky today to be able to take this photo from outside the cage. With privileges, psychiatric inpatients are allowed outside for a short amount of time each day to explore this generally cigarette smoke-filled, fenced-in, alarmed, humble parcel of nearly lifeless land. There are no flowers, only a tamper-resistant rodent bait station, a drainage grate, a concrete slab with a bus stop sort of shelter and a cigarette butt disposal shoot. There is nothing uplifting about this place, but it is certainly an improvement over the yellowed walls of the hospital corridor. It's too bad they don't offer a smoke free area, a garden to work in, swings, even open gates with perhaps a sign-out sheet, all of which would promote healing.

Barriers To Tobacco Free Lifestyles

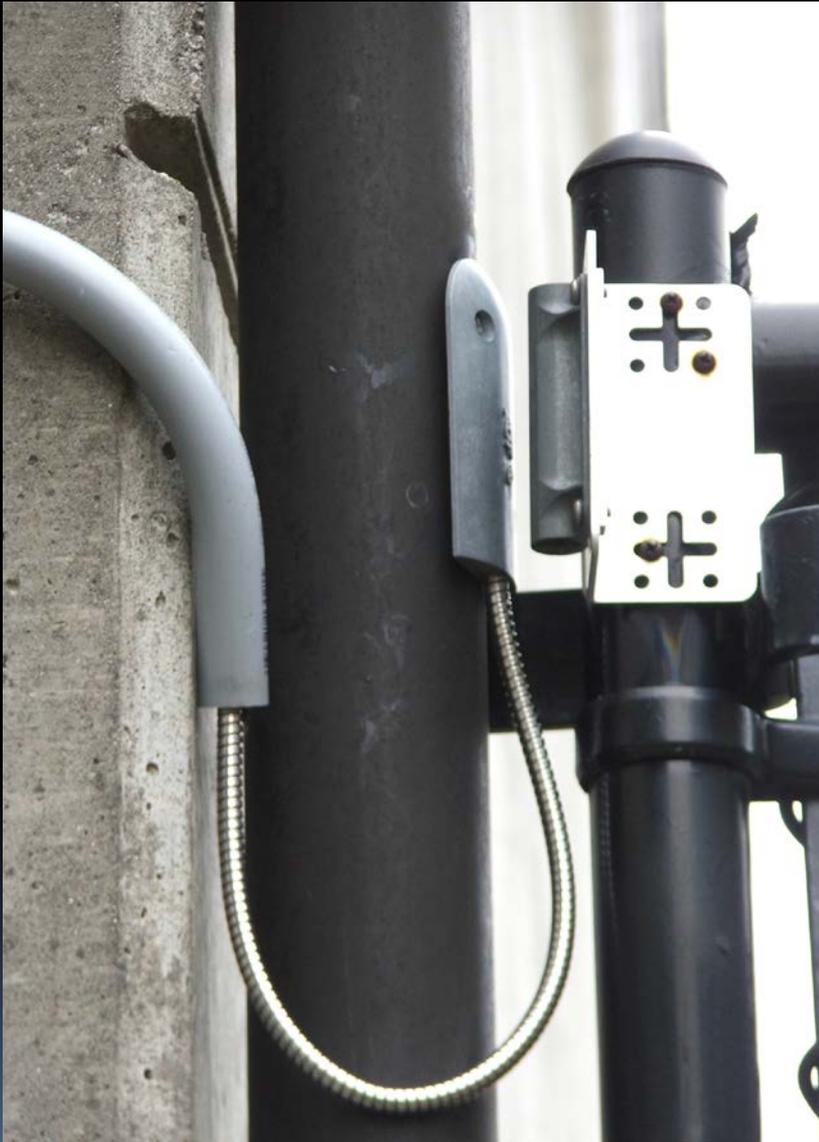
- Lack of hope
- Failures and Fears
- Loneliness
- The Illness itself
- Lack of Skills & Knowledge & Support
- Poverty
- Low Expectations



Be it Resolved!

- Motivation=Will power
- Outsource willpower to avoid relapse
- Where there is a willpower reinforced, there's a way!





Locks. Barricades. Alarms. Loss of Power. No sense of self. Dignity down the drain. It's funny because I actually consider myself fortunate to have been hospitalized here rather than elsewhere; at least you *can* go outside, albeit to a 20 x 30 foot smokey as hell cage. I wondered how I could heal while imprisoned, thinking it such a false representation of my life. I brought myself there because I trusted the clinicians to give me the level of care I needed; why can they not trust me? Why do professionals give up on me? It doesn't have to be that way.

Program/System Barriers

- Lens of Training and Orientation of Care
- Clinician Crisis of Hope
- Our Conflicted Zones: Concerns for Increased Risk and Liability
- Lack of Integrated Care and Professional Collaboration
- Lack of Resources

Assessing and Developing Readiness

- Ask : about their recovery goals.
- Assess perceived need and commitment to quit along with use.
- Advise: Connect tobacco free lifestyles to Role recovery-work, relationships-their RIGHT to a long life.
- Dispel their myths and support the feasibility of quitting.
- Assist : provide a range of wellness groups that develop readiness, functional physical and mental health, stress resiliency and health knowledge.
- Integrate care :collaborate: teach consumers to partner with you, use them as experts in their illness and recovery.

The Role of Peers in Tobacco Cessation

- The most important resource we have



Resist a Tyranny of Health



Helping to Heal



- Hope
- Community
- Support
- START-STOP-CONTINUE?



This drain calls to me because of all the hurtful things people have said to me over the decades about my mental illness. In sum, I have been told that I am a drain on the nation, a drain on society and a drain on multiple individuals' resources. Over the years, I have come to believe this, which has become a drain on me. Education about mental illness, my health (and the effects of trauma, tobacco, poor nutrition and lack of activity) should be available to me as well as healthcare professionals. Knowledge and understanding can be powerful weapons in combating stigma and helping people live long healthy lives..

**“Our lives begin to end the day we
become silent about things that
matter” -*Rev. Martin Luther King***