

Living Well: Tobacco-Free

Sarah Planche, M. Ed.

California Tobacco Control
Program

Why Are We Here Today?

Problem Identifying!
Problem Solving!



ANNUAL REVIEWS
A NONPROFIT SCIENTIFIC PUBLISHER



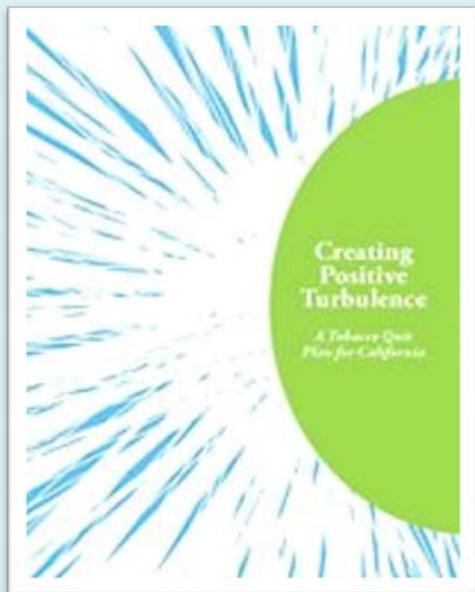
Almost half of premature deaths from smoking in the U.S. (200,000 of 443,000) are among people with mental illness and/or substance abuse disorders.

Schroeder, S. A. & Morris, C. D. (2010). Confronting a neglected epidemic: Tobacco cessation for persons with mental illness and substance abuse problems. *Annual Review Public Health*, 31, 297-314.

Startling Statistics

- Morbidity and Mortality in People with Serious Mental Illness, a report issued by the National Association of State Mental Health Program Directors in 2006, found that persons with serious mental illness die, on average, **25 years** earlier and suffer increased medical co-morbidity. Often they die from tobacco related diseases and are more likely to die from these diseases than from alcohol use.

Cessation Summit in 2009



- The purpose was to convene a diverse group of local, state, national and international leaders to identify program and policy strategies to promote quit attempts in CA
- California has made significant progress in reducing tobacco use.
- The prevalence of smoking among adults fell from 26.7 % in 1985 to 13.1% in 2009, and average consumption among those who do smoke fell from 14 cigs/d in 1992 to 10 cigs/d in 2007.
- Despite the trend toward lower smoking prevalence and increased low-rate smoking, the rates for individuals with behavioral health disorders are much higher than average. People reporting a poor mental health disorder were almost twice as likely to be smokers as compared to people with no mental health disorder (21.7% vs. 11.7%) (BRFSS, 2009).
- Increasingly, tobacco use is associated with low socioeconomic status, mental illness and substance abuse.

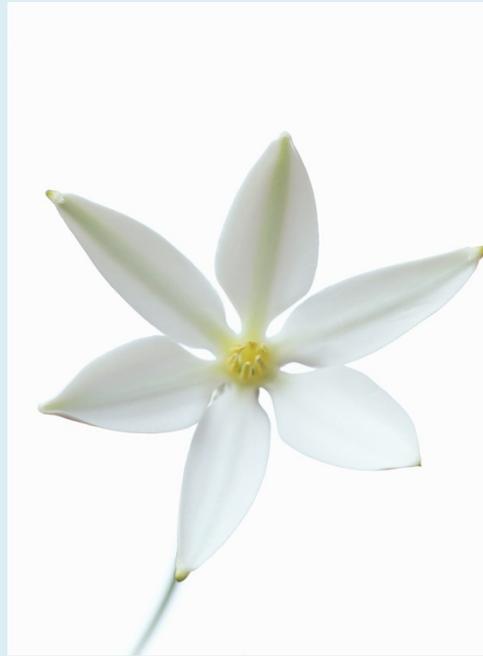
Solutions



Recommended Strategies

- Influence **health plans** to improve their coverage of tobacco dependence treatments recommended by the Clinical Practice Guidelines
- Help hospitals, clinics , mental health facilities, and substance abuse treatment centers to **adopt smoke-free policies.**
- Promote **tobacco cessation** as a norm in **mental health and substance abuse disorder systems.**
- Use **mass media** to promote quit attempts.

Examples of Recommended Strategies



Health Plans

Quitting Tobacco Just Got Easier!



New Medi-Cal Benefits Will Help You Kick the Habit

Medi-Cal is now covering additional products to help you quit tobacco, plus it's easier to get them.

In fact, it's as easy as 1-2-3!

1 Talk to your doctor. Ask if a quitting aid is right for you.

- NicoDerm CQ[®] patches help you get off nicotine slowly. Prescriptions are available for 14 weeks.
- Zyban[®] and Chantix[®] are medications that reduce withdrawal. Prescriptions are available for 12 weeks.

2 Go to the pharmacy. Medi-Cal pre-approval is no longer needed to fill your prescription.*

- You can receive two quitting aid prescriptions per year, with no waiting in between.

3 Get support. Using a quitting aid and counseling together increases your chance of success.

- Talk to your doctor about what FREE support services are available for you.

For more information, visit

www.nobutts.org/medi-cal

It may take several tries to quit for good.

Whatever you do, don't give up.

You CAN quit!



¡Dejar el tabaco ahora es más fácil!



Los nuevos beneficios de Medi-Cal le ayudarán a dejar el tabaco

Medi-Cal ahora cubre productos adicionales para ayudarle a dejar el uso del tabaco.
¡Hoy es más fácil obtenerlos!

De hecho, ¡sólo toma tres pasos!

- 1 Hable con su doctor.** Pregunte si un producto para dejar de fumar es apropiado para usted.
 - Los parches de nicotina NicoDerm CQ® le ayudan a dejar la nicotina gradualmente. Las recetas son para 14 semanas.
 - Zyban® y Chantix® son medicamentos que reducen los síntomas de dejar de fumar. Las recetas son para 12 semanas.
- 2 Vaya a su farmacia.** Ya no es necesario que Medi-Cal le pre-apruebe para recibir sus medicamentos.*
 - Puede recibir dos recetas al año para productos para dejar de fumar sin tener que esperar entre recetas.
- 3 Obtenga apoyo.** El uso de productos para dejar de fumar, en combinación con asesoría, aumenta la probabilidad de obtener éxito.
 - Pregúntele a su doctor cuáles servicios de apoyo GRATUITOS están disponibles para usted.

Para más información, visite www.nobutts.org/medi-cal

Puede tomar varios intentos para dejar de fumar de una vez por todas. No se dé por vencido. ¡SÍ PUEDE dejar de fumar!

HELPING MEDI-CAL BENEFICIARIES QUIT TOBACCO

DHCS has made it easier than ever for tobacco users to quit for good. Medi-Cal beneficiaries now have easier access to even more medications that can help them quit, whether they smoke, chew, or use any other tobacco product.

Through DHCS' collaboration with the California Department of Public Health's Tobacco Control Program, beneficiaries can now receive:

- Up to 14 weeks of Nicoderm CQ patches per course of therapy (maximum 28 patches at a time).
- For either patches or Zyban, beneficiaries can receive two courses of therapy per 12 months. A six-month break between courses is no longer required.
- Up to 12 weeks of Chantix with no break between quit attempts required.

While behavioral modification support is still required for patients obtaining cessation aids, pharmacists no longer must verify their participation (i.e., with a certificate or letter).

According to the *Treating Tobacco Use and Dependence, Clinical Practice Guideline, 2008 Update*, issued by the U.S. Department of Health and Human Services, tobacco dependence is a chronic disease that often requires repeated intervention and multiple attempts to quit.

Effective interventions exist that can significantly increase rates of long-term abstinence, including medications and individual, group, and telephone counseling. While counseling and medication are effective when used by themselves, the combination of both is more effective than either alone.

The California Tobacco Control Program helps fund the California Smoker's Helpline (1-800-NO-BUTTS), a free, telephone-based counseling program that helps tobacco users quit. Operating at the University of California at San Diego since 1992, the Helpline has proven in clinical trials to double a smoker's chance of successfully quitting. Services are available in English, Spanish, Chinese, Korean, and Vietnamese, and specialized services are also available for teens, pregnant smokers, and tobacco chewers.



Callers are offered a choice of services, such as self-help materials, a list of other programs in their area, and one-on-one counseling over the phone. The Helpline also provides information to friends and family members of tobacco users. Hours of operation are Monday through Friday from 7 a.m. to 9 p.m. and Saturday from 9 a.m. to 1 p.m.

For more information, please visit the Helpline Web site at www.nobutts.org or call the Helpline Communications Department at (858) 300-1010.

Integrating Tobacco Cessation and Advancing Smoke-free Policies

Behavioral Health Regional Trainings June 2012

San Diego, Santa Cruz, Shasta, Sonoma

- To provide training to CTCP-funded projects, local tobacco control coalitions, staff of County Mental Health and Alcohol and Drug Departments, and behavioral health facility administrators and providers on the special cessation needs and opportunities for cessation among persons with mental illness and/or substance abuse disorders.
- The trainings are designed to advance smoke free policies within mental health facilities, make system changes in the treatment of nicotine dependence within the mental health and substance abuse treatment fields, and create successful working partnerships between county-level tobacco control and mental health programs to achieve sustainable outcomes.
- The trainings will also target the creation of partnerships between governmental and non-governmental organizations that set policy, articulate standards, and influence the culture and practice of treatment to foster system change and policy changes.



Partnerships

- 61 Local Health Departments
 - Peer-to-Peer Smoking Cessation Training in LA
- Funded non-profits (SAY San Diego)
- Funded Statewide Partners:
 - CA Smokers' Helpline & Center for Tobacco Cessation
 - Technical Assistance Legal Center (TALC)
 - Tobacco Education Clearinghouse of CA (TECC)
- UCSF's Smoking Cessation Leadership Center
- University of Colorado Behavioral Health and Wellness Program



Your Tobacco Cessation Resource Center



TOBACCO CESSATION FOR PERSONS WITH MENTAL ILLNESS OR SUBSTANCE USE DISORDERS

ALARMING STATISTICS

Until a few years ago, providers treating people with mental illness or substance use disorders did not typically encourage their clients to quit tobacco. Smokers with behavioral health conditions have only recently been identified by tobacco control and cessation professionals as a priority population (defined by high prevalence rates and/or targeting by the tobacco industry), even though their smoking rates are 2-4 times higher than in the general population.¹

Morbidity and Mortality in People with Serious Mental Illness, a report issued by the National Association of State Mental Health Program Directors in 2006, found that persons with serious mental illness die, on average, **25 years** earlier and suffer increased medical co-morbidity. Often they die from tobacco related diseases and are more likely to die from these diseases than from alcohol use.

The need to help this clientele quit tobacco is clear. Some strongly held myths have stood in the way of progress in this area. Fortunately a growing body of research is debunking these myths, making way for new interventions.

DEBUNKING THE MYTHS

Myth: Persons with mental illness and substance use disorders don't want to quit.

Fact: The majority of persons with mental illness and substance use disorders want to quit smoking and want information on cessation services and resources.

- ▶ One study examined depressed smokers' readiness to quit and the applicability of the Stages of Change framework to a psychiatric sample. The majority (79 percent) reported intention to quit smoking with 24 percent ready to take action in the next 30 days. This study is one of the first to examine the smoking behaviors of currently depressed psychiatric outpatients.²
- ▶ Another study found that 79 percent of hospitalized psychiatric patients who smoke were not only interested in quitting, but agreed to participate in a clinical study to help them quit.³
- ▶ In a review of clinical trials, 50 - 77 percent of smokers in substance use facilities were interested in quitting.⁴

Myth: Persons with mental illness and substance use disorders are unable to quit smoking.

Fact: Persons with mental illness and substance use disorders can successfully quit using tobacco

- ▶ In a review of 24 studies, most of which combined medications and psychoeducation and/or cognitive behavioral therapy, the recorded quit rates of patients with mental illness or addictive disorders were similar to those of the general population. The studies were not uniform enough to allow a meta-analysis.⁵

Moore's UCSD Cancer Center 9500 Gilman Drive, #0905 La Jolla CA 92093-0905
Toll free 1 866 610 C4TC CenterForCessation.org Fax 858 300 1099

- Technical assistance and training to health care providers.
- Fact sheets
- In-person CME/CEU for Behavioral health
- Providers and counselors
- Working with LA County to develop an on-line self-paced CME/CMU training
- Protocol for clients who call with behavioral health disorder.
- Articles for newsletters
- Webinar series (all recorded) to start in April .

<http://www.centerforcessation.org/>

public health law & policy

- **PHLP** has worked on tobacco control policy for more than 10 years. In fact, our model tobacco control policies and laws helped change the public acceptance of smoking in California. Our largest program, the [Technical Assistance Legal Center \(TALC\)](#), funded by the California Department of Public Health, provides California communities with free technical assistance on tobacco control policy issues.
- Tailored support throughout the process of law and policy development, including providing research on specific legal issues and analyzing draft ordinances and policies.
- <http://www.phlpnet.org>



Tobacco Education Clearinghouse

OF CALIFORNIA

Affordable Resources, Reliable Services

- Mental health peer to peer counselors
- Second hand Smoke and Mental Illness
- Literature reviews
- Videos
- Resource guides

www.tecc.org



Behavioral Health Resources

Below is a list of presentations, articles, publications, toolkits and the [Partnership Communiqué](#), focusing on tobacco dependence treatment for people with mental illnesses and substance use disorders.

- [Presentations](#)
- [Toolkits](#)
- [SCLC Catalogue of Tools](#)
- [Curricula](#)
- [Webinars](#)
- [Articles and Publications](#)
- [Tobacco Free for Recovery Partnership Communiqué](#)
- [1-800 Quit Now Wallet Cards](#)
- [Video Clips](#)
- [Mental Health and Tobacco Industry](#)
- [Other Resources and Facts](#)

<http://smokingcessationleadership.ucsf.edu/index.htm>

University of Colorado

Behavioral Health and Wellness Program

Behavioral Health Resources

- [Smoking Cessation for Persons with Mental Illnesses: A Toolkit for Mental Health Providers](#)
- [Tobacco Treatment for Persons with Substance Use Disorders: A Toolkit for Substance Abuse Treatment Providers](#)
- [Report: Behavioral Health Facilities: Steps for Implementing Tobacco Free Policies](#)
- [Tobacco Cessation For Youths With Mental Illness](#)

<http://www.bhwellness.org/>

Media

Normalize social support for cessation



- Increase health care provider assistance with ads to help their patients quit smoking
- Provider referrals to Helpline are now leading media referrals → less cost per call

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NoButts.org

ASK all of your patients about smoking.
ADVISE them to quit.
REFER them to **1-800-NO-BUTTS** for free telephone counselling.

Your Input please!

Media Campaign

Objectives of this campaign designed to increase awareness among providers who treat patients with mental illness and substance use disorders of:

- 1) The positive impact of quitting tobacco use on recovery efforts among patients with mental illness and substance use disorders;
- 2) The desire and ability to successfully quit smoking among patients with mental illness and substance use disorders;
- 3) The prevalence of tobacco use among patients with mental illness and substance use disorders; and
- 4) The negative health impacts of tobacco use among patients with mental illness and substance use disorders.

Questions

- 1) What is your impression of these ads?
- 2) How do these ads make you feel?
- 3) What kind of ads would you like to see in the future?
- 4) What would capture the attention of people working toward recovery?

Ad #1



You know she smokes. What you may not know is how badly she wants to quit.

People with serious mental illness die up to 25 years earlier, often from tobacco-related disease. Their desire to quit is stronger than you may think. Talk to them about it. For more help, refer them to 1-800-NO-BUTTS. And visit info.nobutts.org/mh2 for free training, resources, and patient materials.



California
Smokers'
Helpline
1-800-NO-BUTTS

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1. What is your impression of this ad?
2. How does this ad make you feel?
3. Other comments?

Ad #2



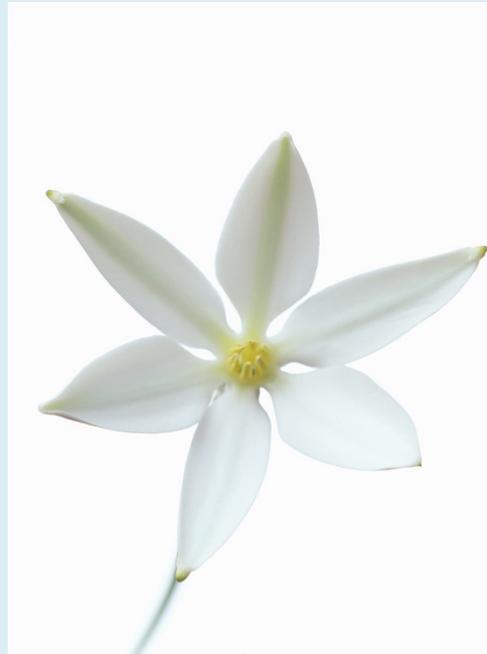
1. What is your impression of this ad?
2. How does this ad make you feel?
3. Other comments?

Ad #3



1. What is your impression of this ad?
2. How does this ad make you feel?
3. What kind of ads would you like to see in the future?
4. What would capture the attention of people working toward recovery?

Tobacco-Free Messaging for Behavioral Health Professionals and Consumers



Thank you!

- Sarah Planche, M. Ed.
California Tobacco Control Program
email: sarah.planche@cdph.ca.gov
Tel: 916.449.5490

www.tobaccofreeca.com