

Integrating Tobacco Treatment within Behavioral Health

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**Living Well: Strategies for Tobacco Free Recovery
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Tobacco



The Cost

Every single day: more than 1,000 Americans die

Every single week: more than 8,000 Americans die

Every single month: more than 35,000 Americans die

Every single year: more than 400,000 Americans die

From 1964-2004: more than 12 million Americans died prematurely

Exceeds the mortality rates of AIDS,
alcoholism, car accidents, fires, illicit
drugs, murder, and suicide combined!

More Americans die each year from this than all the American soldiers who died in World War II, Korea, Vietnam, and today's conflicts combined!

Tobacco and Behavioral Health

- 443,000 tobacco-related deaths in the U.S. each year.
- Almost half of tobacco deaths are people with mental health and substance use disorders.
- 44 percent of all cigarettes sold in the U.S. are consumed by people with mental health and substance use disorders.
- Persons with a history of alcoholism treatment are more likely to die from a tobacco-related disease than from alcohol or other drug abuse.
- Individuals with serious mental illness die, on average, 25 years prematurely.

Tobacco Use by Diagnosis

Schizophrenia	62-90%
Bipolar disorder	51-70%
Major depression	36-80%
Anxiety disorders	32-60%
Post-traumatic stress disorder	45-60%
Attention deficit/ hyperactivity disorder	38-42%
Alcohol abuse	34-80
Other drug abuse	49-98%

(Beckham et al., 1995; De Leon et al., 1995; Grant et al., 2004; Hughes et al., 1986; Lasser et al., 2000; Morris et al., 2006; Pomerleau et al., 1995; Stark & Campbell, 1993; Ziedonis et al., 1994)

Myths About Smoking and Mental Illness*

- Tobacco is necessary self-medication
(Tobacco industry has fostered this myth)
- They are not interested in quitting
(Just as likely to want to quit as general population)
- They cannot quit
(Tailored programs can have cessation rates similar to the general population)
- Quitting interferes with recovery from the mental illness
(Research indicates this is not the case)
- It is a low priority problem
(Smoking is a leading cause of death in behavioral health populations)

* Prochaska, NEJM, July 21, 2011

Factors Contributing to the Disparity

- Psychiatrists are less likely to ask about smoking, arrange follow-up, and refer to a quitline than other physicians.
- Behavioral health professionals are not usually trained in smoking cessation.
- Behavioral health treatment settings are often exempted from workplace smoking regulations.
- A recent in-depth study of eight drug treatment programs found that although a number of programs reported they offer counseling, pharmacotherapy, and other key components of evidence-based tobacco treatment, few actually provided any treatment and none did so systematically (Hunt et al., 2012).

Federal-State-Local Partnerships

- In 2007, a partnership was formed between the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Smoking Cessation Leadership Center (SCLC).
- This partnership resulted in SAMHSA's Tobacco-Free Campaign to reduce tobacco use among people with behavioral health disorders. Joint efforts with SCLC include:
 - 100 Pioneers for Smoking Cessation
 - State Leadership Academies for Wellness and Smoking Cessation

100 Pioneers for Smoking Cessation

- Goal: To stimulate SAMHSA grantees' community-based efforts to prevent and address nicotine addiction, create smoke-free environments, and offer smoking cessation services to clients and staff.
- Stipends were provided to a wide range of interventionists:
 - Consumer groups
 - Healthcare providers
 - Community centers
 - Treatment centers
 - Youth service providers
- SCLC has been providing technical assistance, webinars, and a dedicated listserv.

Leadership Academies for Wellness and Smoking Cessation

- Starting in 2010, SAMHSA and SCLC expanded this effort to the state level with Leadership Academies.
- The goal of the Leadership Academies is to create a state-wide collaboration among public health, tobacco control, mental health, and addiction treatment departments, who will be charged to produce an action plan to reduce smoking rates among behavioral health consumers and staff and foster smoke-free living.

Leadership Academies for Wellness and Smoking Cessation

- Six states have been through the Leadership Academies:
 - New York
 - Arizona
 - Oklahoma
 - Maryland
 - North Carolina
 - Texas
 - (Arkansas on March 20-21, 2012)
- Each state has developed action plans with measureable goals to reduce tobacco use by persons with mental health and substance abuse disorders.

1-800-QUITNOW