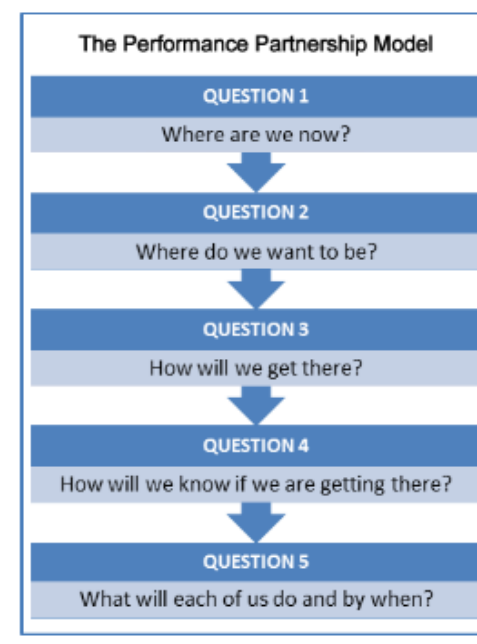


Making the Case for Tobacco Treatment for Behavioral Health Clients

Intro to State Collaboration Summary

- ▶ **June 2019:** Statewide collaboration among the **Indiana State Department of Health** and the **Indiana Family and Social Services Administration** to host a summit in Indianapolis to address the high prevalence of smoking among adults in Indiana with behavioral health conditions .
- ▶ Summit held in partnership with the following organizations:
 - ▶ Substance Abuse and Mental Health Services Administration (SAMHSA),
 - ▶ CDC's National Behavioral Health Network (NBHN), and
 - ▶ Smoking Cessation Leadership Center (SCLC)/University of California, San Francisco (UCSF)
- ▶ **Outcome: Indiana Action Plan for Tobacco Free Recovery**
 - ▶ Reduce prevalence of current cigarette smoking among Indiana Adults Aged 18 Years and Older By **Mental Health* Status** to **25% by 2025**
 - ▶ Reduce prevalence of current cigarette smoking among Indiana Adults Aged 18 Years and Older by **Heavy Drinking** Status** to **25% by 2025**



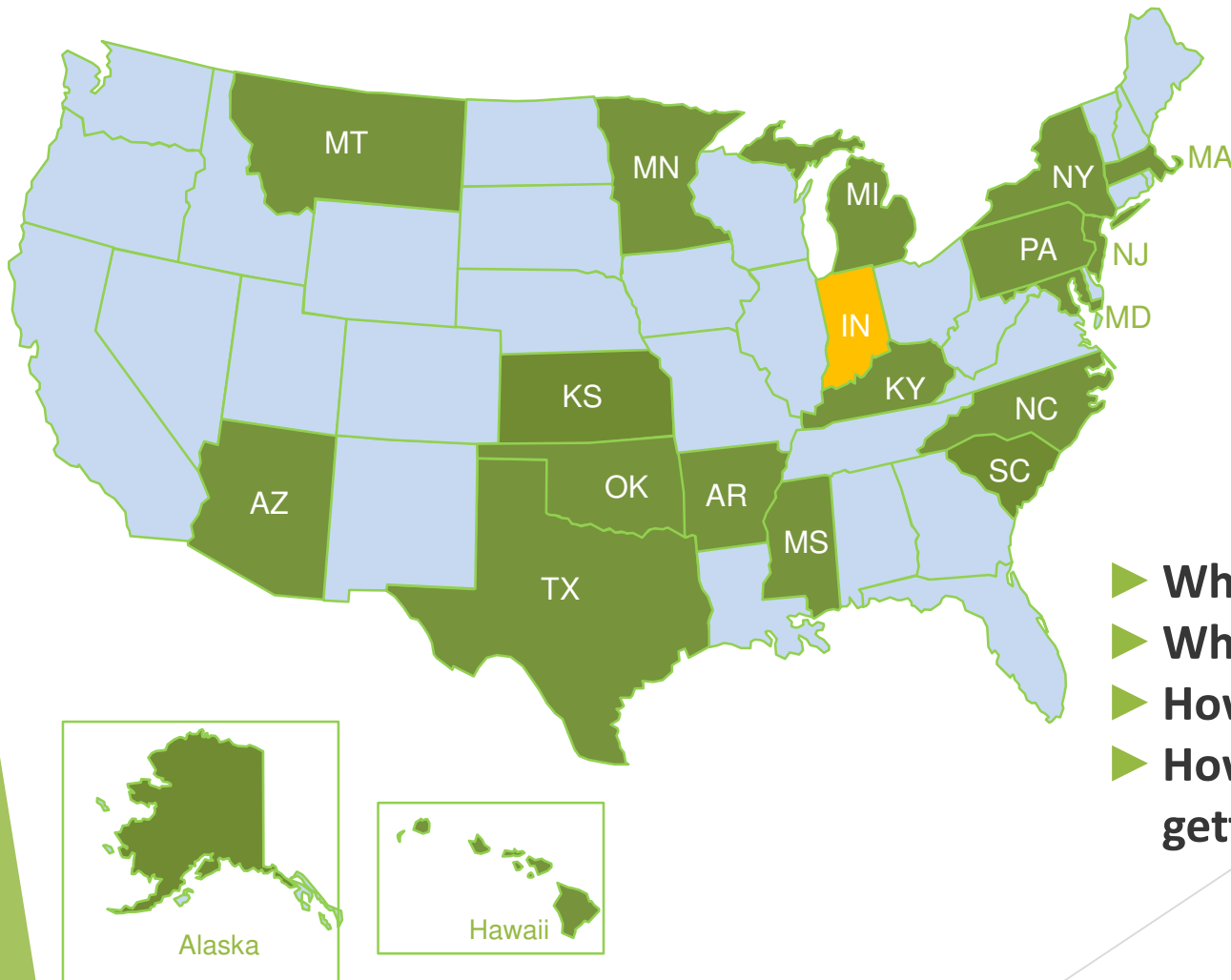
Statewide Collaboration



UCSF Smoking Cessation
Leadership Center

National Center of Excellence for
Tobacco-Free Recovery

Support from National Networks: Academy States on Tobacco Control in Behavioral Health



- ▶ **Where are we now?**
- ▶ **Where do we want to be?**
- ▶ **How do we get there?**
- ▶ **How do we know we are getting there?**

Academy State Success Stories

▶ **New York**

- ▶ 21 out of 23 NYS Office of Mental Health state operated campuses have tobacco free policy

▶ **Maryland**

- ▶ Smoking prevalence for addiction treatment consumers dropped from 71.8% in 2010 to 56.5% in 2014.

▶ **Oklahoma**

- ▶ Smoking prevalence for addiction treatment consumers served by the ODMHSAS provider system dropped from 74% in 2009 to 47% in 2014 (self-report data).

▶ **Texas**

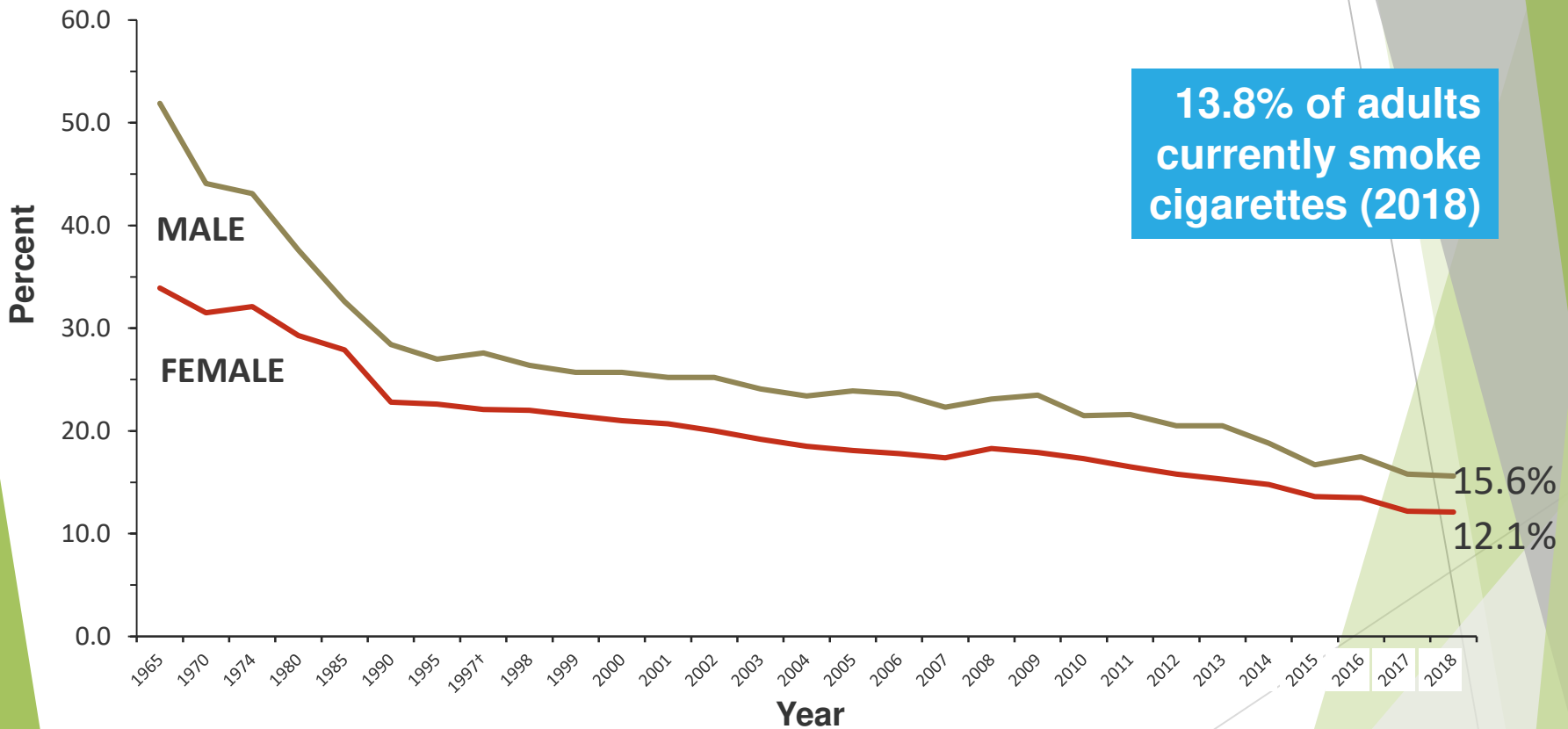
- ▶ Trained 4,600 behavioral health treatment providers in tobacco cessation. All local mental health authorities tobacco-free by end of 2015.

▶ **North Carolina**

- ▶ All state behavioral healthcare facilities have adopted a tobacco-free campus policy. Reconvened in September 2018

Trends in Adult Cigarette Smoking by Sex: U.S., 1965- 2018

Cigarette smoking rates have fallen significantly for both male and female adults.



68.9% want to quit

The Bad News: Disparities Persist

Cigarette smoking has declined, BUT almost

38 MILLION

American adults still smoke!



**Uninsured (24.7%)
or Medicaid (24.5%)**
(10.5% = private ins.)



Lower education
(36.8%) GED
(4.1%) Graduate Degree



**Below
poverty level**
(21.4%)



**Midwest (16.9%)
and South (15.5%)**



**Disability or
Limitation**
(20.7%) Yes
(13.3%) No



**Serious psychological
distress**
(35.2%) Yes
(13.2%) No

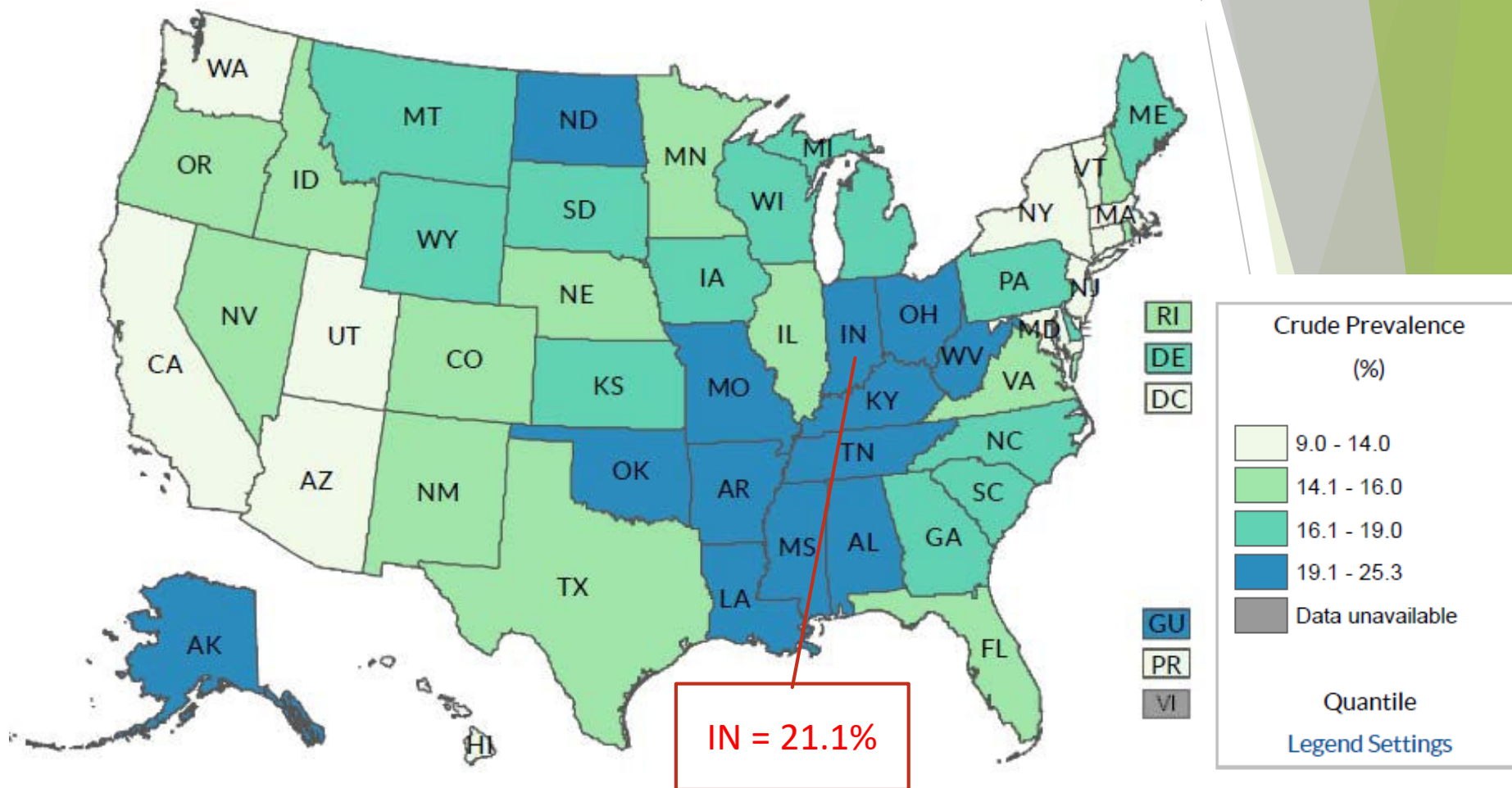


**American Indians &
Alaska Natives (24.0%),
Multiracial (20.6%)**
(15.2%) White, non-Hispanic

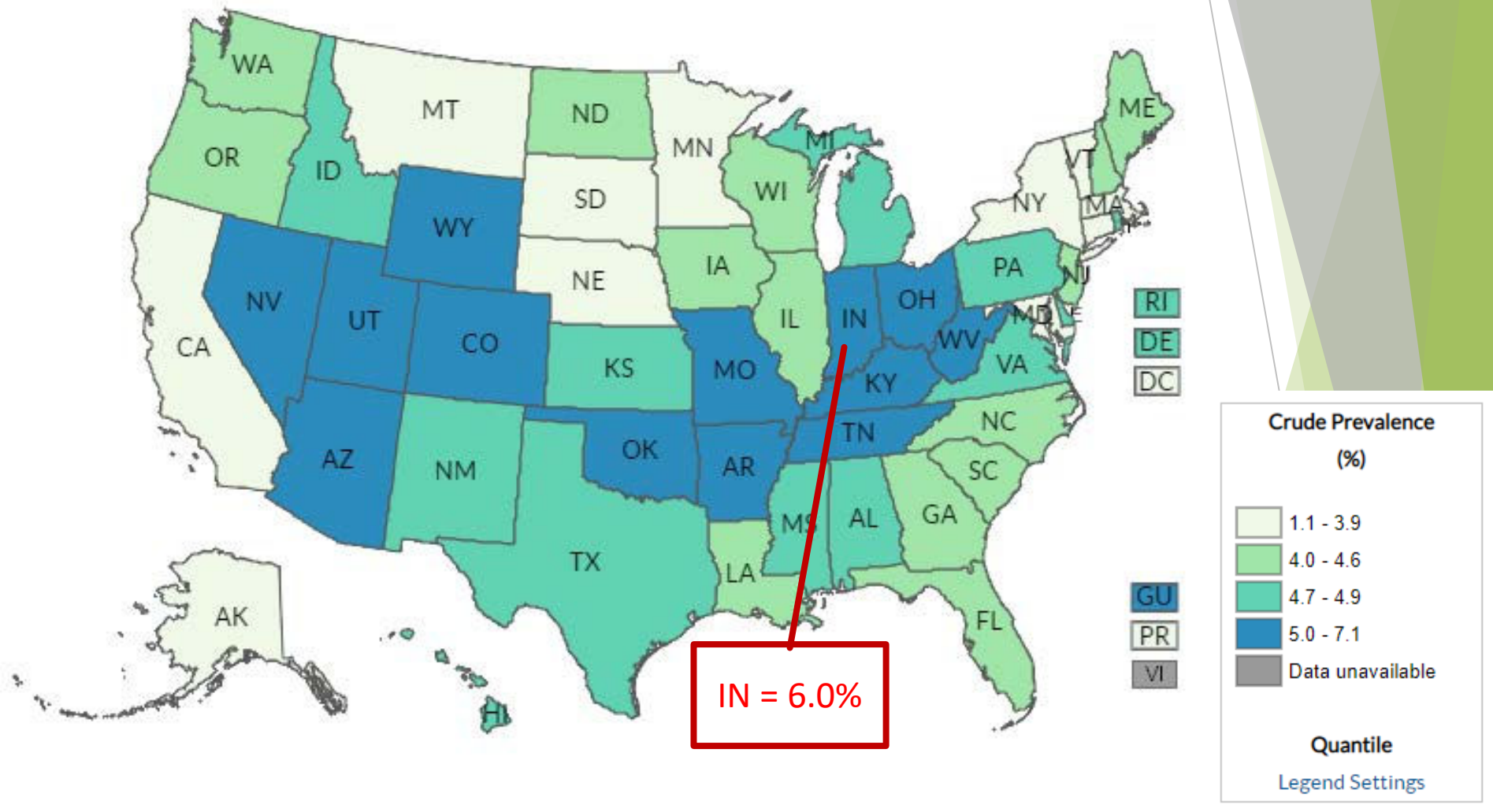


**Lesbians, gays,
& bisexuals (20.3%)**
(13.7%) Heterosexual

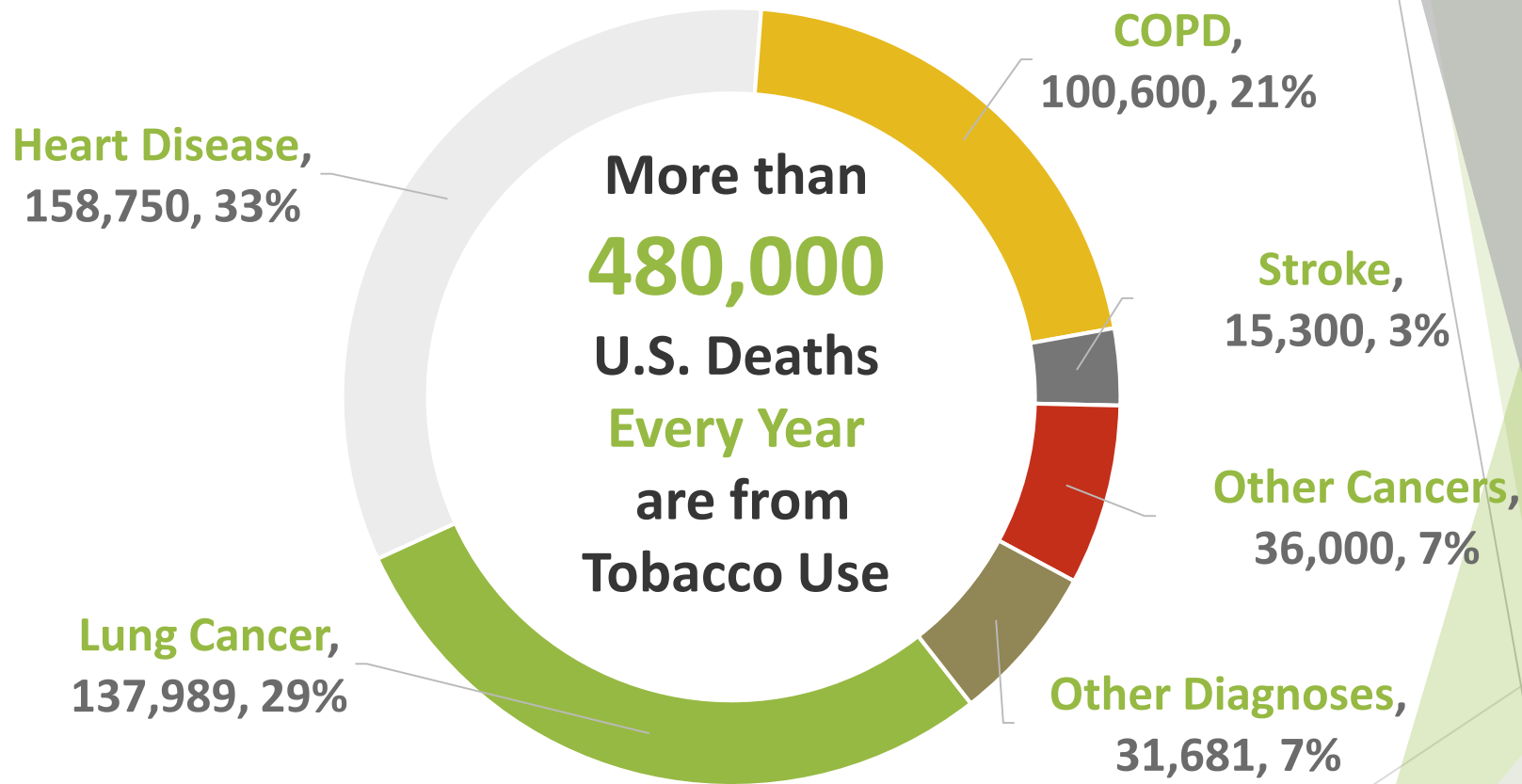
Current Cigarette Use Among Adults, Regional Trends 2018



Current E-Cigarette Use Among U.S. Adults, BRFSS 2018



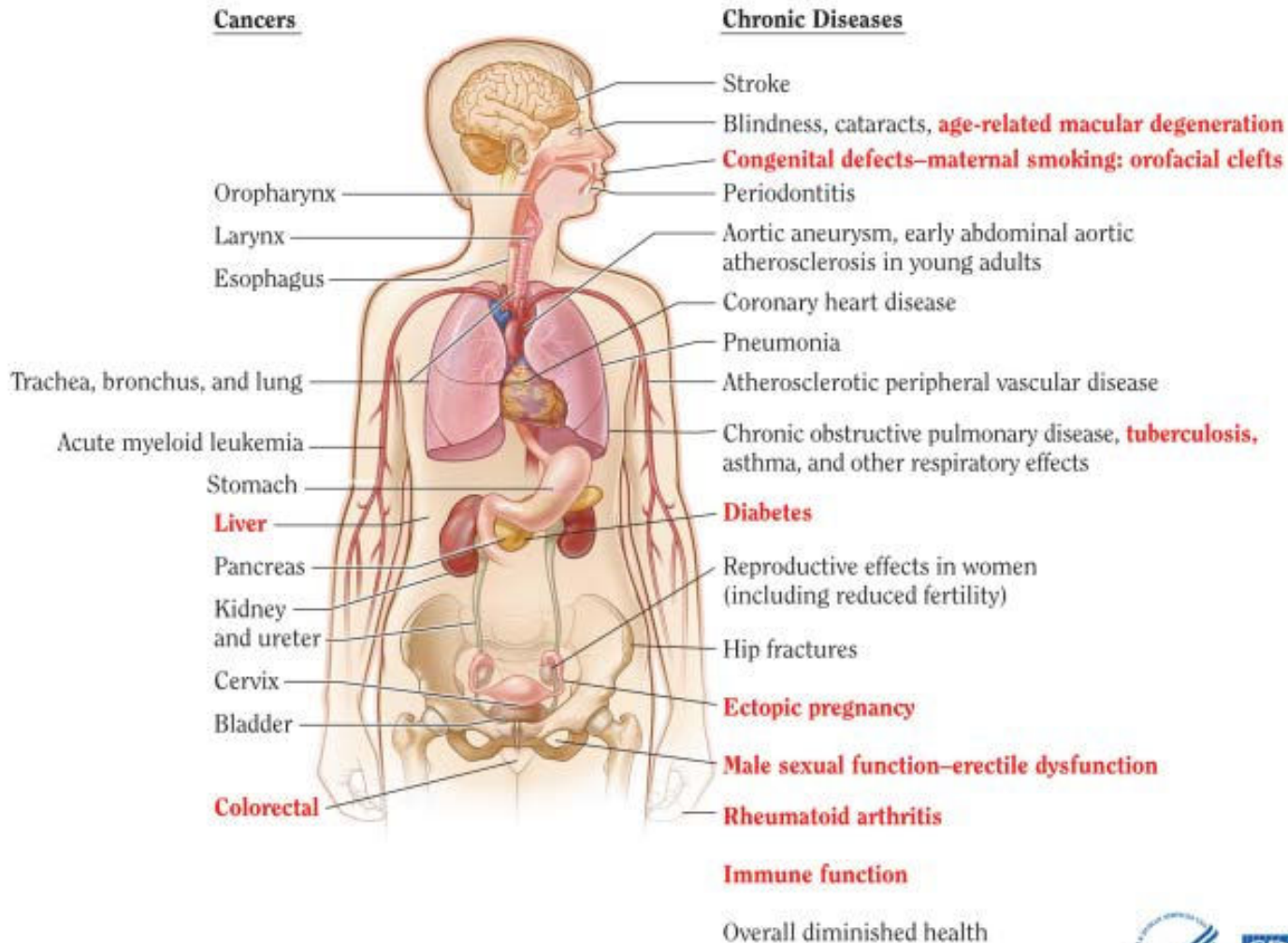
U.S. Annual Adult Deaths from Tobacco



Nearly 50% of annual deaths occur among consumers with behavioral health conditions!

Note: Average annual number of deaths for adults aged 35 or older, 2005-2009.

Health Consequences of Smoking



Tobacco Use Causes Poor Birth & Infant Outcomes

Maternal/Fetal Harm From Tobacco

- Infertility
- Miscarriage
- Ectopic Pregnancy
- Premature Birth
- Low Birth Weight
- Stillbirth
- SIDS

Infant/Child Harm From Tobacco

- SIDS
- Ear infections
- Respiratory Infections
- Asthma
- Links with childhood obesity, cancer, attention disorders

Tobacco use during pregnancy is directly associated with the top 4 causes of infant mortality

Adverse Health Effects of Tobacco Use



Nicotine has mood-altering effects that can temporarily mask the negative symptoms of mental illness, putting people w/ mental illness at higher risk for cigarette use & nicotine addiction.



Tobacco smoke can interact with and inhibit the effectiveness of certain medications taken by mental health and substance abuse patients.



Persons with SUD who smoke cigarettes are four times more likely to die prematurely than those who do not smoke.



People with mental illness or substance use disorders die up to 10-25 years earlier than those w/o these disorders; many of these deaths are caused by smoking cigarettes.



The most common causes of death among people with mental illness are heart disease, cancer, and lung disease, which can all be caused by smoking.

Smoking and Behavioral Health: The Heavy Burden

- ▶ Adults with mental illness or substance use disorders **consume approximately 40% of all cigarettes sold in the United States!**
 - More likely to smoke – 3 to 5 times more common
 - Smoke more
 - More likely to smoke down to the butt
 - Die prematurely
- ▶ Greater risk for nicotine withdrawal
- ▶ Social isolation from smoking compounds the social stigma

WHAT WE KNOW

▶ Smoking exacerbates symptoms of behavioral health conditions:

- Greater depressive symptoms
- Greater likelihood of psychiatric hospitalization
- Increased suicidal behavior
- Drug and alcohol-use relapse

▶ Tobacco cessation can have mental health benefits

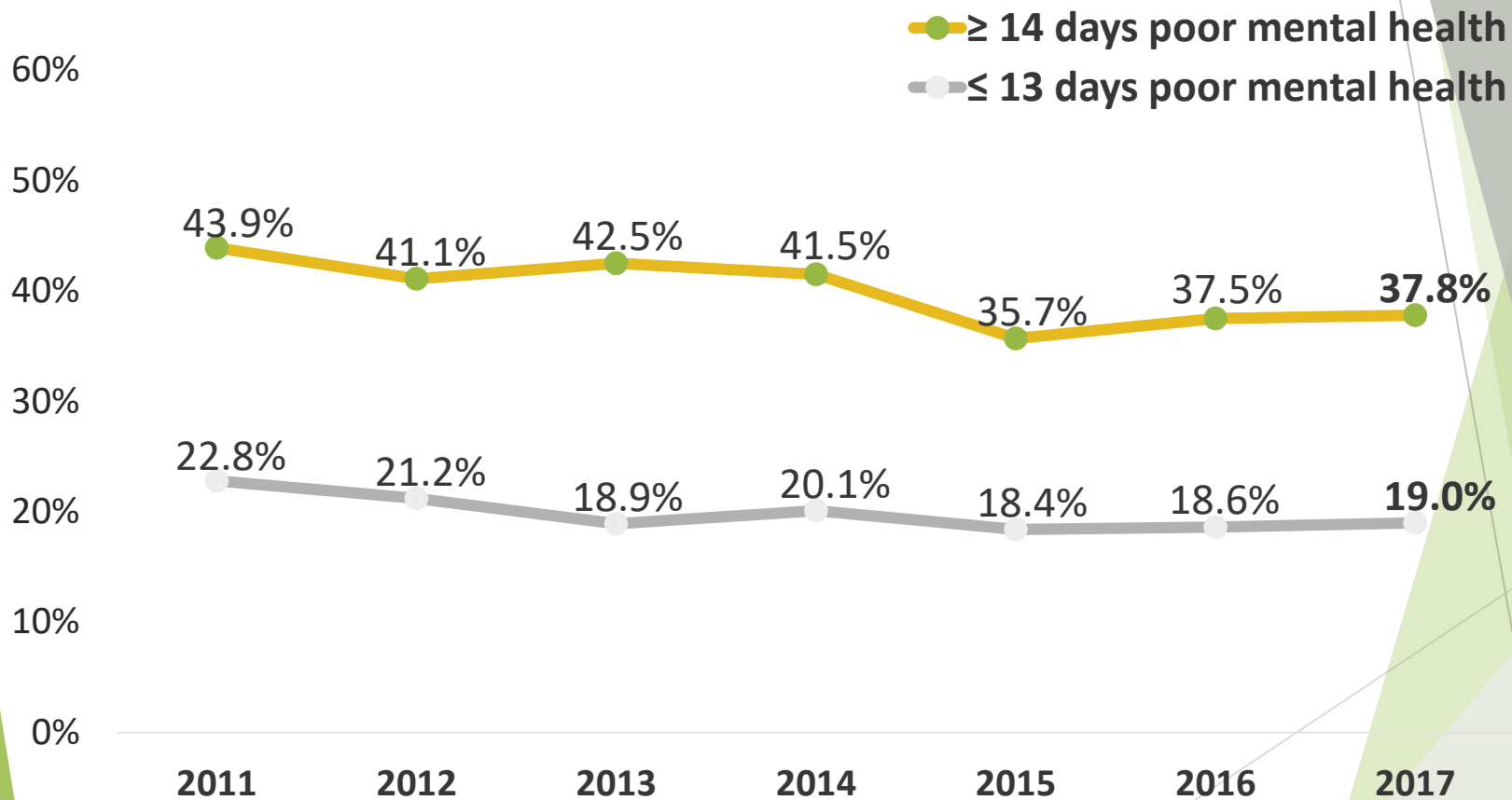


Tobacco dependence treatment, during addictions treatment, is associated with a **25% increased likelihood of long-term abstinence** from alcohol and illicit drugs.

TOBACCO'S TOLL ON INDIANA

Examining Hoosiers and Tobacco

Indiana: Current Smoking Prevalence among Adults aged 18 Years and Older by Mental Health Status*

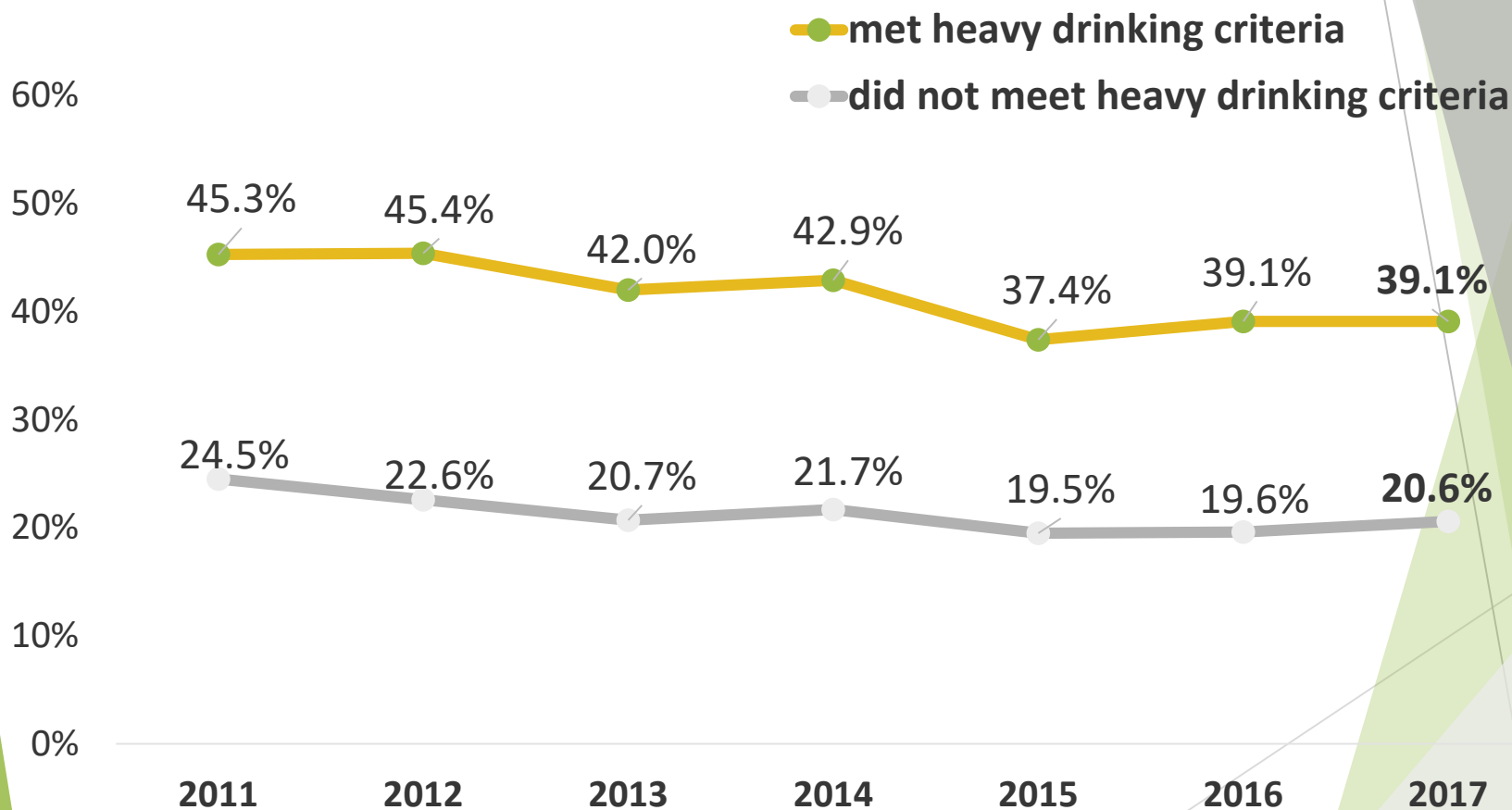


*Poor Mental Health defined as 14 or More of the Past 30 Days Not Good.

Question Wording: Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

Source: 2011-2017 Indiana Behavioral Risk Factor Surveillance System

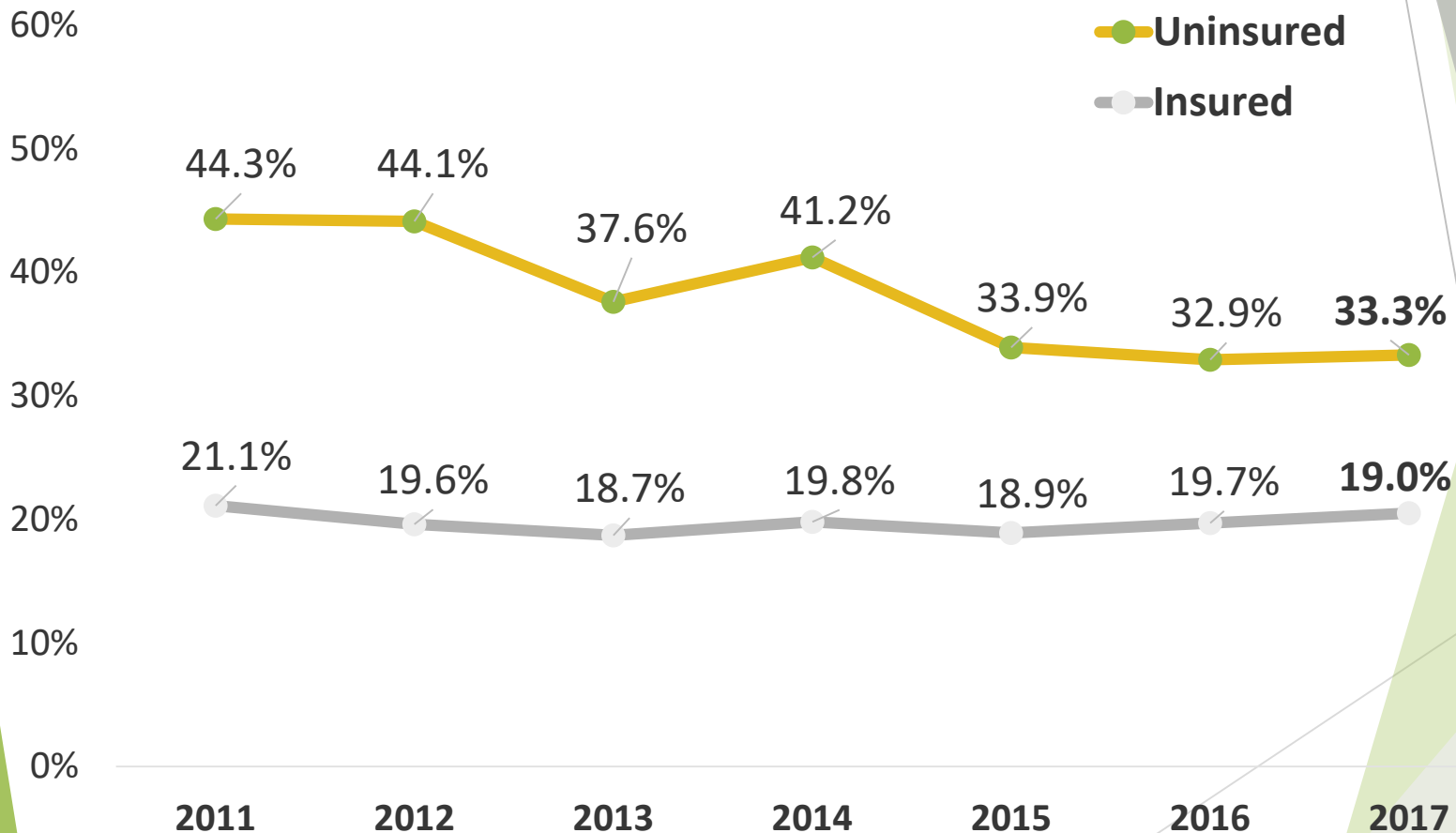
Indiana: Current Smoking Prevalence among Adults aged 18 Years and Older by Heavy Drinking Criteria*



* Heavy drinking: 2015-2017 defined as consuming on average more than 14 drinks per week for men, more than 7 drinks per week for women; 2011 to 2014 defined as consuming on average more than 2 drinks per day for men and one drink per day for women.

Source: 2011-2017 Indiana Behavioral Risk Factor Surveillance System

Indiana: Current Smoking Prevalence among Adults aged 18 Years and Older by Health Insurance Status



Tobacco Interventions in Indiana Behavioral Health Facilities, 2016

Intervention	Mental Health Treatment Facilities	Substance Abuse Treatment Facilities
Tobacco Use Screening	67.8%	69.1%
Cessation Counseling	56.8%	48.1%
Nicotine Replacement Therapy	37.5%	26.3%
Non-nicotine Cessation Medications	35.9%	26.0%
Smokefree Building/Grounds	73.8%	59.5%

Myths About Smoking and Behavioral Health Consumers

- ▶ “Tobacco is necessary self-medication”
 - **Fact: industry has supported this myth**
- ▶ “They are not interested in quitting”
 - **Fact: same % wish to quit as general population**
- ▶ “They can’t quit”
 - **Fact: quit rates same or slightly lower than general population**
- ▶ “Quitting worsens recovery from the mental illness”
 - **Fact: not so; and quitting increases sobriety for alcoholics**
- ▶ “It is a low priority problem”
 - **Fact: Tobacco-related diseases are the biggest killer for those with mental illness or substance use disorder.**

HELPING TOBACCO USERS TO QUIT

Review evidence-based tobacco treatment interventions

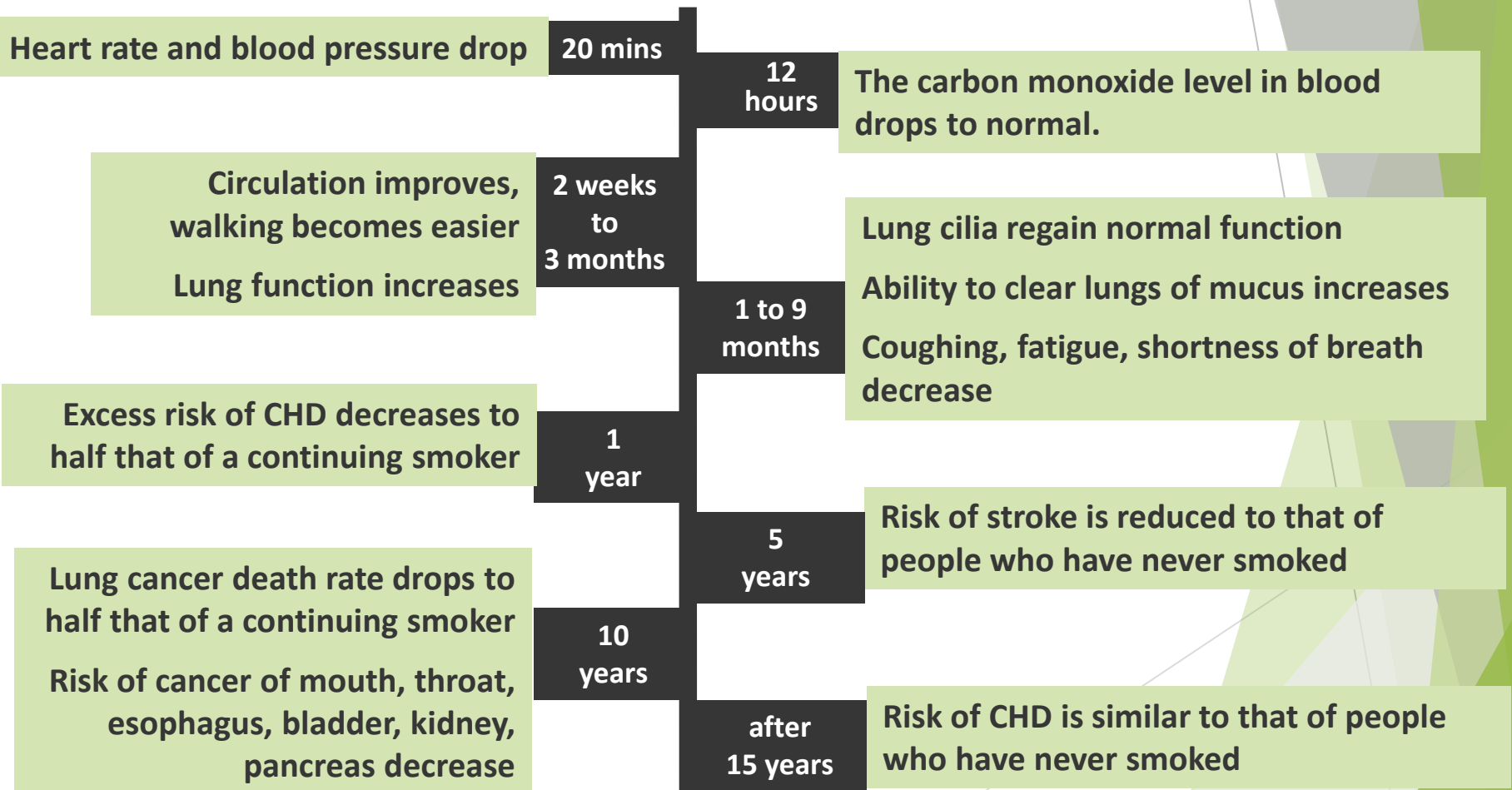
Why Should Behavioral Health Clinicians Address Tobacco?

- ▶ Tobacco users expect to be encouraged to quit by health professionals. Screening for tobacco use and providing tobacco cessation counseling are positively associated with patient satisfaction.
- ▶ Often the clinician for whom contact is the most frequent and who knows the patient best.
- ▶ Trained in substance abuse treatment. Tobacco Use Disorder is a DSM-V Substance Use Disorder.
- ▶ Trained in motivational interviewing.
- ▶ Able to combine psychopharmacological and behavioral counseling treatment.

Failure to address tobacco use tacitly implies that quitting is not important.

Tobacco Recovery Benefits

Time Since Quit Date



TOBACCO DEPENDENCE: A 2-PART PROBLEM

Tobacco Dependence

Physiological



Behavioral

The addiction to nicotine



Treatment

Medications for cessation

The behavior of using tobacco



Treatment

Behavior change program

Treatment should address the **physiological** and the **behavioral** aspects of dependence.

Tools for Smoking Cessation

- ▶ 5A's (Ask, Advise, Assess, Assist, Arrange)
- ▶ AAR (Ask, Advise, Refer)
- ▶ Quitlines
- ▶ NRT and other medications
- ▶ Counseling and behavioral change strategies
- ▶ Peer-to-peer intervention

Indiana's Tobacco Quitline



QUIT COACH®
Specialized
Training



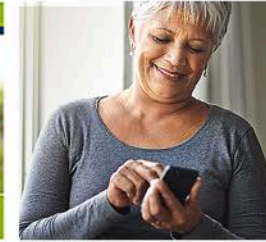
MEDICATION
Nicotine Gum, Patches
or Lozenges



WEB COACH®
Fully
Integrated



QUIT GUIDES
Stage
Based



TEXT2QUIT®
Messages
and Tips

FREE and **CONFIDENTIAL** telephone-based counseling service to help Indiana tobacco users quit with a professional Quit Coach®

Programs by Population

4 Prearranged calls for Adults

5 Prearranged calls for Youth

10 Prearranged calls for Pregnant Women

PLUS the Following:

- Unlimited call-ins to the ITQL
- Text messages to connect with Quit Coach
- Free nicotine replacement therapy (NRT) products (patch, gum, or lozenge), if eligible.
- Access to online tools, videos, and educational materials on www.QuitNowIndiana.com

Behavioral Health Program



Behavioral Health Program includes:

Programs by Population	PLUS the Following:
<p><u>7</u> Prearranged calls with Quit Coach for Behavioral Health consumers.</p> <p><i>Quit Coaches have received additional training on mental illness and tobacco cessation.</i></p>	<ul style="list-style-type: none">▪ Free 12-week regimen of <i>combination therapy</i> NRT (patch + gum or lozenge)▪ Letter sent to MH provider informing of quit attempt▪ Unlimited call-ins to the ITQL▪ Text messages to connect with Quit Coach▪ Access to online tools, videos, and educational materials on www.QuitNowIndiana.com

Summary

- ▶ Tobacco use disparities exist. Smoking rates are 3 to 5 times higher among persons with mental illness or SUD, compared to that of the general population.
- ▶ Approximately half of all tobacco-related deaths each year are among persons with behavioral health conditions.
- ▶ Tobacco use exacerbates symptoms of behavioral health conditions and negatively affects treatment and recovery. **Tobacco treatment, during addictions treatment is associated with a 25% increase in long-term recovery.**
- ▶ Indiana has an overwhelming burden of premature death, disease, and disability from high tobacco use rates.
- ▶ To maximize success, tobacco cessation interventions should include behavioral counseling and one or more tobacco treatment medications.
- ▶ Behavioral health treatment facilities should adopt and implement TF-free grounds policies and integrate tobacco treatment into services.



Call to Action

- ▶ Does your organization have a tobacco-free grounds policy?
- ▶ How often do you screen patients for tobacco dependence?
- ▶ Is there a dedicated field in your EHR for tobacco use assessment and treatment planning?
- ▶ What types of tobacco cessation interventions do you offer to patients?
- ▶ What FDA-approved medications do you offer or prescribe for tobacco treatment?
- ▶ What percentage of identified tobacco users are provided with medications and/or counseling for tobacco treatment?
- ▶ How often do you provide training to clinicians and staff on tobacco treatment?

SCLC Recorded Webinar Promotion

Credit for SCLC's 2017 webinar collection of recorded webinars is now available for **free**. Please use the discount code **SAMHSA23** to waive the \$65 fee.

This Collection of recorded webinars includes all 10 webinars released during 2017, for a total of **13.50 CE credits**. Topics include lung cancer screening, engaging health professionals, state and community approaches to tobacco control, quitlines, behavioral health, smoking mothers, cessation efforts in public housing community health centers, smokeless tobacco, behavioral health/public health partnerships, young adult smokers, and tobacco harm reduction.

Visit SCLC's website www.smokingcessationleadership.ucsf.edu/webinar-promotion for more information.

QUESTIONS?

Insert contact info