Tobacco Cessation and Behavioral Health:

How We Can Successfully Collaborate

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October 24, 2013

California CTCP Tobacco Control Program

Overview

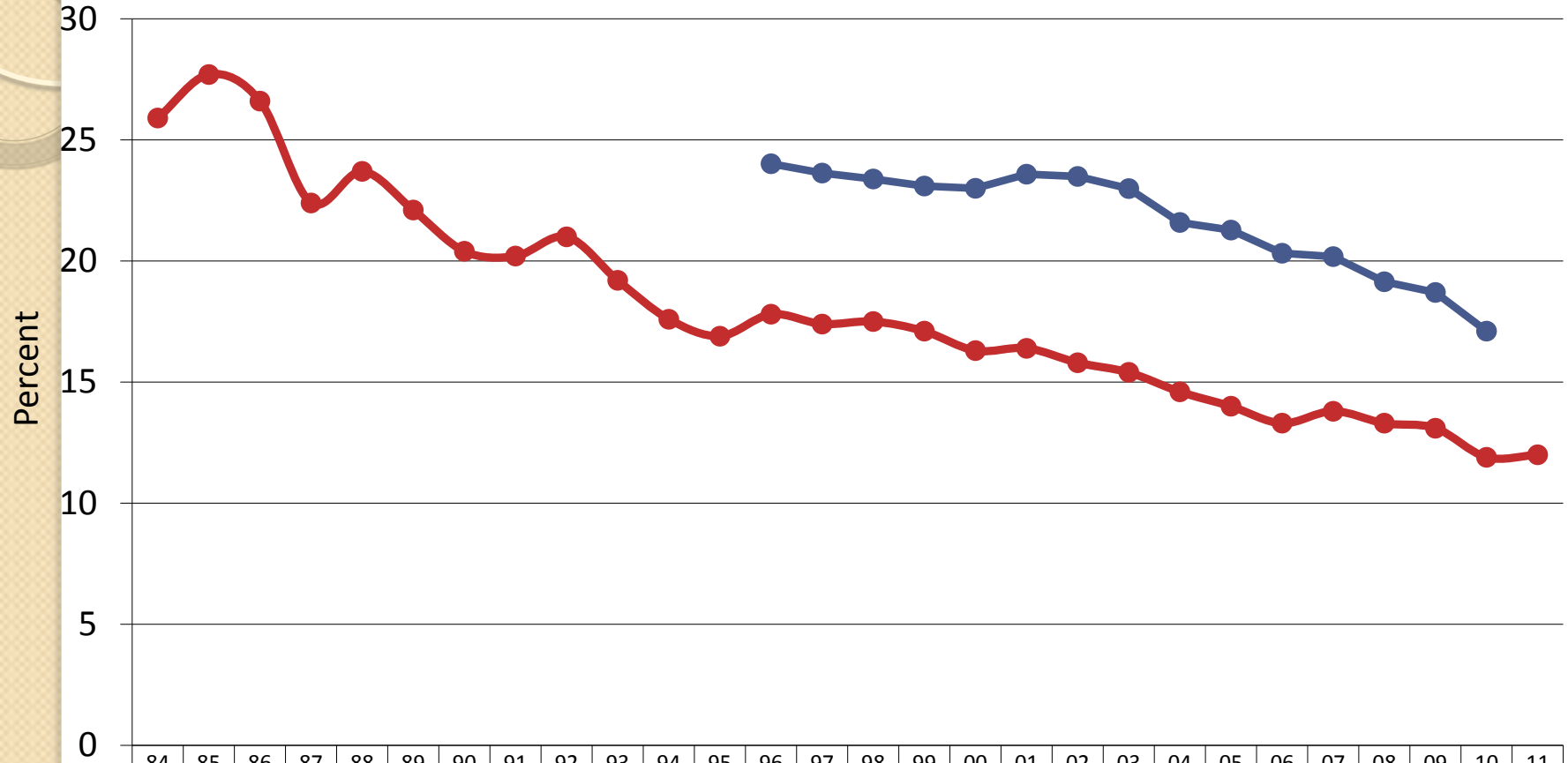
- The Problem with Tobacco
- Smoking Prevalence
- CTCP strategy and experience
- Future collaborations

Tobacco

SURGEON GENERAL'S WARNING: Smoking Causes Lung Cancer, Heart Disease, Emphysema, and May Complicate Pregnancy.

- 443,000 tobacco-related deaths in the U.S. each year
- 6 million tobacco-related deaths worldwide each year
- 8.6 million people living with tobacco-related chronic illness
- 50,000 deaths each year in the U.S. due to second-hand smoke exposure

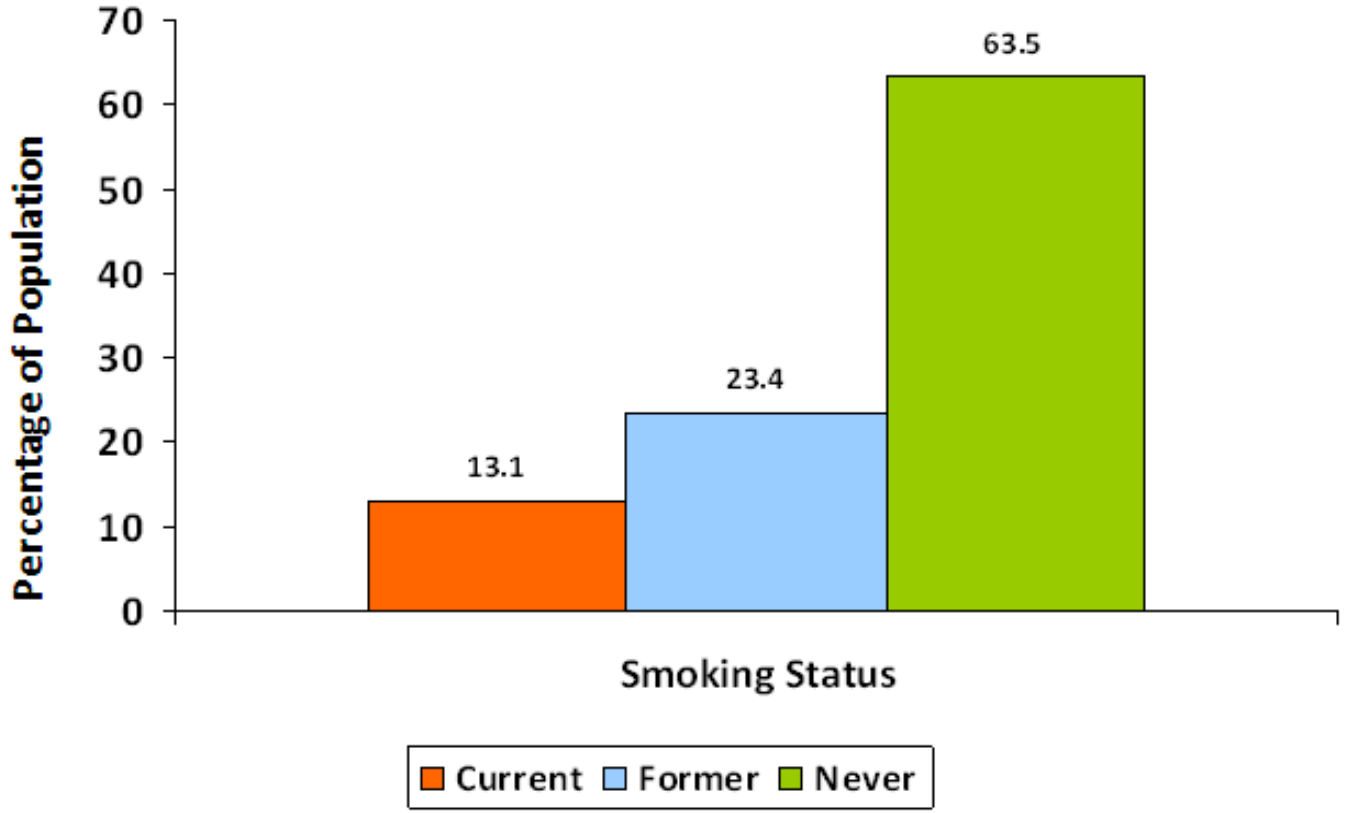
Smoking prevalence among California and U.S. minus California adults, 1984-2011



	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	06	07	08	09	10	11
CA	25.9	27.7	26.6	22.4	23.7	22.1	20.4	20.2	21.0	19.2	17.6	16.9	17.8	17.4	17.5	17.1	16.3	16.4	15.8	15.4	14.6	14.0	13.3	13.8	13.3	13.1	11.9	12.0
US-CA													24.0	23.6	23.4	23.1	23.0	23.6	23.5	23.0	21.6	21.3	20.3	20.2	19.1	18.7	17.1	

Source: Behavioral Risk Factor Surveillance System (BRFSS) 1984-2011.
The data are weighted to the 2000 California population. State BRFSS data are weighted to 2000 national population based on each states population. Note an adjustment was made to address the change of smoking definition in 1996 that included more occasional smokers.
Prepared by: California Department of Public Health, California Tobacco Control Program, March 2012.

California Smoking Prevalence



BRFSS 2009

California Trends

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.

BUT…

Adult Cigarette Use

There were no changes for persons with behavioral health conditions

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.

California Data

Californians with a poor mental health disorder are 2X as likely to be smokers as those with no mental health disorder[1].

[1] *Behavioral Risk Factors Surveillance System (BRFSS, 2009)*

Tobacco Treatment in Behavioral Health Facilities

- The culture of mental health and substance abuse care often reinforce tobacco use in treatment settings and residential facilities.
- Smoking breaks are often important into daily activities. In general, there is little motivation among mental health providers to make tobacco cessation a priority.

The Need for Cessation Services

- Individuals with behavioral health disorders respond to the same evidence –based cessation approaches as the general population.
- Although there are numerous barriers to tobacco interventions due to behavioral health system factors, client/consumer factors and clinician factors, persons with mental illness and substance abuse disorders can and do successfully quit using tobacco

CTCP's Behavioral Health Fact Sheet 2012

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Tobacco Control Fact Sh
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California Department of PublicHealth

California CTCP Tobacco Control Program

California Department of Public Health, California Tobacco Control Program
PO Box 997377, MS 7206, Sacramento, Ca 95899-7377
cdph.ca.gov/programs/tobacco • June 2012

Behavio

Model Policies for Behavioral Health Settings

Alameda County Behavioral Health Care Services (ACBHCS)
http://www.acbhcs.org/tobacco/guidelines.htm
ACBHCS Provider Tobacco Policies and Consumer Treatment Protocols: Alameda County Behavioral Health Care Services is committed to addressing and treating tobacco dependence in all of their programs.

Additional Resources

The California Smokers Helpline
http://www.californiasmokershelpline.org
The California Smokers' Helpline is a telephone program that can help you quit smoking. Helpline services are free, funded by the California Department of Public Health and by First 5 California. 1-800-NO-BUTTS.

The Center for Tobacco Cessation (CTC)
http://www.centerforcessation.org/request_tech_assistance.html
CTC provides training and technical assistance to organizations statewide to increase their capacity in tobacco cessation.

CTC created a myth debunking fact sheet that dispels long-held myths about tobacco cessation and persons with mental illness or substance abuse disorders. http://www.centerforcessation.org/documents/mentalillnessandsubstanceusedisorders.pdf

Smoke Alarm:
The truth about smoking and mental illness
https://rover.catcp.org/index.cfm?fuseaction=search.runSearch&searchID=95935&startRecord=4&logSearch=0&viewFormat=full
A 19 minute DVD that features a case study of a psychiatric facility that adopts a comprehensive tobacco cessation and wellness policy.

A hidden epidemic:
Tobacco use and mental illness
http://www.legacyforhealth.org/PDF/A_Hidden_Epidemic.pdf
A publication that calls attention to the issue of the high prevalence of tobacco use and nicotine dependence among people with mental illnesses and highlights barriers to effective tobacco cessation efforts to help people with mental illnesses quit.

Additional Peer Reviewed Journal Articles

Khara M, Okoli (2011) Smoking cessation outcomes among individuals with substance use and/or psychiatric disorders. *Journal of Addiction & Research Therapy.* 2:115. doi:10.4172/2155-6105.1000115

Morris, C., Waxmonsky, J., May, M., Tinkelman, D., Dickinson, M., & Giese A. (2011). Smoking reduction for persons with mental illnesses: 6 month results from community-based interventions. *Community Mental Health Journal*, doi: 10.1007/s10597-011-9411-z

Prochaska, J. (2010). Failure to treat tobacco use in mental health

For the purposes of this Fact Sh
is a term that describes both m
people with substance abuse di

Nationally

- Between 77 percent and 9
substance abuse treatment
- Smoking rates in the menta
abuse disorder population
than the general populatio
- People with serious mental
25 years before the genera
major causes of death are

Adult Smoking Prevale

Diagnosis[4, 5, 6, 7, 8, 9, 10, 11, 12
Schizophrenia
Bipolar disorder
Major depression
Anxiety disorder

California's Strategy

- The primary goal of CTCP is to change the social norms surrounding tobacco use by creating a social milieu and legal climate in which tobacco becomes less desirable and accessible and tobacco use becomes less socially acceptable, thereby discouraging future tobacco users from starting and encouraging current users to quit[1].
- Individuals with behavioral health disorders respond to the same evidence-based cessation approaches as the general population[2].
- **For the prevalence of tobacco use to continue dropping in California, the strategy of social norm change must follow tobacco users into the systems where they work and receive services[3].**

[1] Model for Change: Link to website
[2] Ziedonis DM, Guydish J, William J, Steinberg M, Foulds J. (2006), Barriers and solutions to addressing tobacco dependence in addiction treatment programs. Alcohol Research & Health, 29(3), 228-35.
[3] Roeseler A, Anderson CM, Hansen K, Arnold M, Zhu S-H, (2010), Creating positive turbulence: a tobacco quit plan for California. Sacramento CA,: CDPH CTCP.

Behavioral Health Regional Trainings

4 Regional Trainings in CA

Note: This project was funded by CDC-ACA DP-09-901

Integrating Tobacco Cessation and Advancing Smoke-free Policies

Behavioral Health (BH) Regional Trainings June 2012
San Diego, Santa Cruz, Shasta, Sonoma

- The trainings were designed to advance smoke-free policies within BH facilities, make system changes in the treatment of nicotine dependence, and create successful working partnerships between county level tobacco control and BH programs to achieve sustainable outcomes.

- The trainings also create partnerships between government and NGOs that set policy, articulate standards, and influence the culture and practice of treatment.

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- Director, Behavioral Heath & Wellness Program
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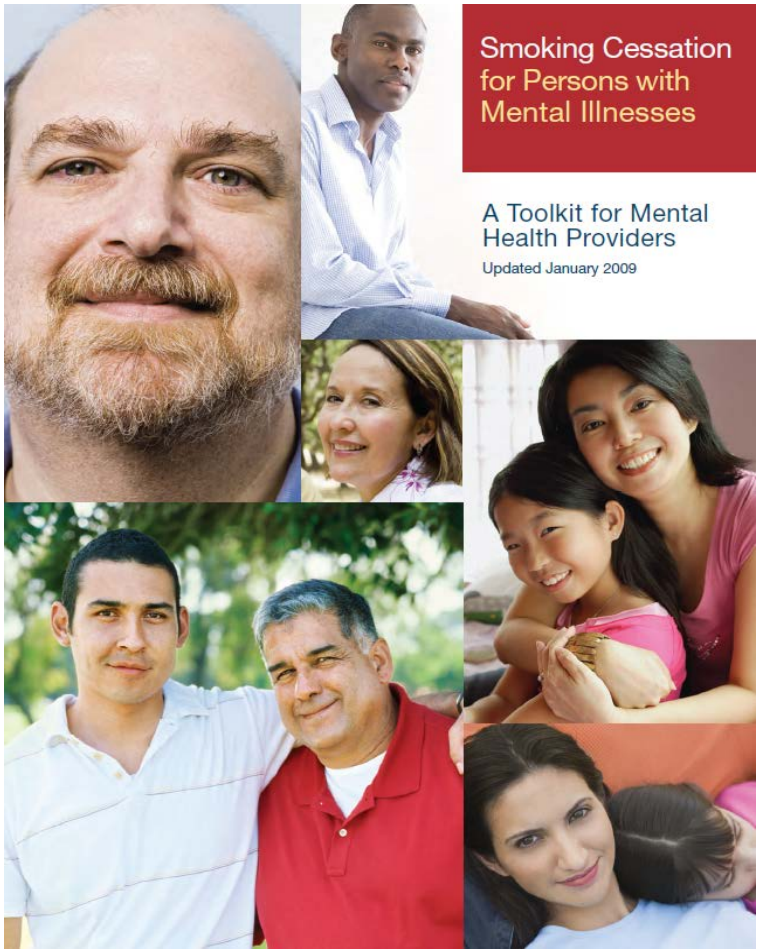
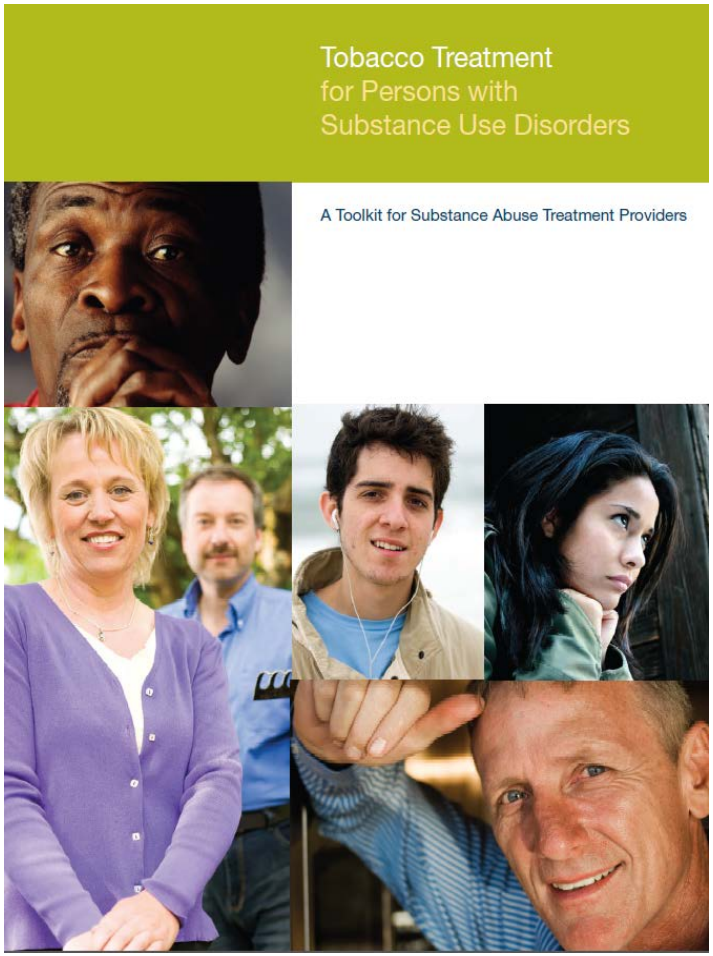
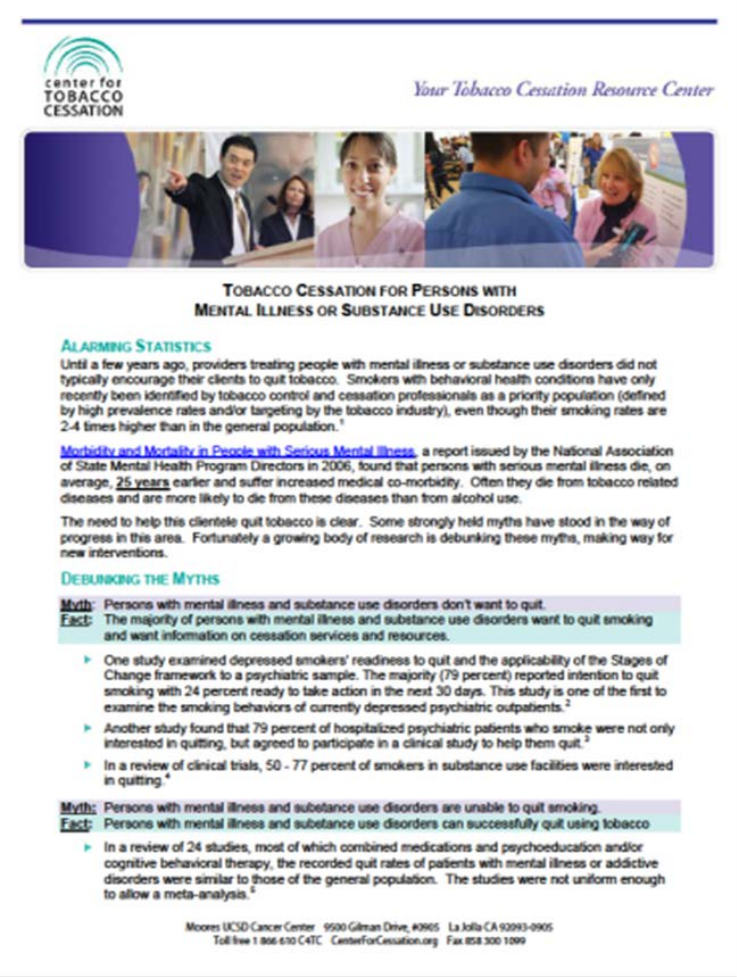
Interventions for Tobacco Use





PDF's available for download at: www.bhwellness.org

California Smokers' Helpline and the Center for Tobacco Cessation



center for TOBACCO CESSATION

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]

Moores UCSD Cancer Center 9500 Gilman Drive, #0905 La Jolla CA 92093-0905
Toll free 1 866 630 C4TC CenterForCessation.org Fax 858 300 1099

Smoke-free Policy Adoption

California recognizes the need for tailored support throughout the process of law and policy development, including providing research on specific legal issues and analyzing draft ordinances and policies.

ChangeLab Solutions

"ChangeLab Solutions has worked on tobacco control policy for more than 15 years, and our model tobacco control policies and laws helped change the public acceptance of smoking in California."

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Legal Options for Tenants Suffering from Drifting Tobacco Smoke

Model Ordinance: Smokefree Outdoor Areas

How to Make a Condo Complex Smokefree

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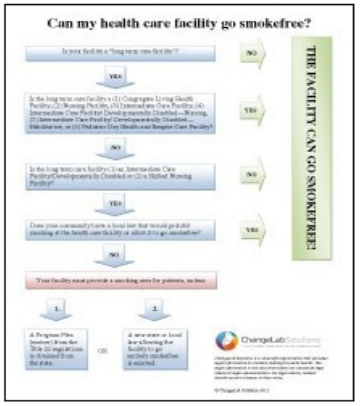
Smokefree Health Care Facilities

The laws and regulations applying to long term health care facilities in California are complex, particularly the laws about smoking. Some facilities are actually required to provide a patient smoking area, while other facilities may already be required by law to be smokefree.

If your long term care facility is interested in implementing a smokefree policy, this flowchart will help you figure out what laws and regulations apply and how the facility may proceed. ChangeLab Solutions can help California health care facilities implement smokefree policies—contact us for assistance.



DOWNLOADS	SIZE
Can my health care facility go smokefree? (5/12)	128.56 KB

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Link to Changelab Solutions Tobacco Control

The Center for Tobacco Policy & Organizing

Five Phases to Victory:

Promoting Smokefree Policies in Substance Abuse and Mental Health Facilities

As awareness grows about the high smoking rate among people with behavioral health diagnosis, efforts are increasing to change cultural norms in this community. According to one study people with substance abuse or mental health disorders represent over 44% of the U.S. tobacco market and consume over 34% of all cigarettes smoked. Making a facility smokefree, inside and out, is one important step to begin to change the norm about smoking within the behavioral health community.

The American Lung Association in California's Center for Tobacco Policy & Organizing has developed this version of our Five Phases to Victory document to help develop successful campaigns to limit tobacco use at substance abuse or mental health facilities. This document can be used by staff, clients or administrators.

The step-by-step approach described below should be completed "in order." This ensures that by the time you get to Phase 4, you are ready for the visible, public phase of the campaign and have a path to success. However, these campaign phases are guidelines, not iron clad rules, so feel free to adapt them to your own situation.

PHASE 1– PRELIMINARY INVESTIGATION AND ASSESSMENT

The purpose of the preliminary investigation and assessment phase is to build the case for a smokefree environment at your facility and lay the foundation for developing your strategy in the next phase.

Consider the following investigational activities during this phase:

- Research to see if your agency has ever considered a smokefree policy in the past. Find out if there have been changes to the smoking policy over time – from no smoking in doorways to reducing the number of smoking sections, smoke breaks or even the sale and distribution of cigarettes at your facility. If the policy was recent, find out how it was handled and received by others.
- Assess the experience of other agencies similar to yours in your community which have gone smokefree. Collect papers and articles from credible sources about the benefits and feasibility of adopting a smokefree policy to eliminate any misconceptions that may come up later in your campaign.
- Learn more about the current smoking situation at your agency. Where is smoking allowed? Physically map out

all of the smoking locations at the facility. If you wanted to allow designated smoking areas outdoors, where would be a good location? When is smoking allowed? Are smoke breaks incorporated into the daily schedule? How prevalent is smoking among your clients? Your staff? Identify problems, issues, and resources which might impact your goal of going smokefree, and understand other factors which could influence the decision makers in your agency. Find out if tobacco use is discussed in the treatment planning process?

- Identify the decision making process for the facility – is the decision maker a clinical director, an administrator, a board or some other outside entity such as a review/ assessment committee? Retrieve a copy of the agency's organizational chart and know your agency's funding streams. Consider any possible conflicts to changing the smoking policy.
- Conduct informal interviews with a number of people and keep a record of your conversations for future reference. Talk to clients and staff, such as the nurses, doctors, dentists, and other caregivers. Talk with the program managers within the agency, as well as other agencies which have gone smokefree. These conversations can provide you with information and help gain support for your effort.
- Survey the staff at your agency. Broad support for the policy among staff can be an important asset and you need to know if staff is on board. Conditions will dictate when such a survey can be mounted but it is of most use to the campaign in this phase.

Regional Training

Cross-County Theme: Cultural Shift Required

- **"Show confidence in clients"**
- **"Build a smoke-free (SF) environment & enforce current SF policies"**
  - "See nicotine like substance abuse"
  - "Educate clients on tobacco free policies"
  - "Tobacco free activities e.g., gardening, PSAs, timeline"
- **Awards & Recognition**
  - "Alternatives to smoke breaks e.g., fresh air breaks, walks"
  - "Rewards could include food, free time"
- **"Obtain buy-in"**
  - "Staff buy-in, HR, upper management"
  - "Involve staff, clients, community, neighbors"
  - "System-wide committee, multi-disciplinary approach"
  - "Incorporate SOC into providers, community, partners, quitline"
  - "Add tobacco cessation education leadership and line staff to existing primary care and behavioral health integration efforts"

Examples: Message Framing & Educational Materials

- Change framing for 'overall wellness', 'be clean', 'sober lifestyle'
- "Contamination of work environment similar to fragrance free policies"
- "Health for all"
- "Caring approach"
- "Environment of wellness"
- "Focus on saving monies, improving overall health"
- "Increase knowledge of negative impact of smoking through literature, film"

- **Educational Materials**
  - "Butcher paper on wall to obtain responses and feedback to going smoke-free"
  - "Cessation and Wellness materials e.g., posters, flyers in break room, building"
  - "Signage (remove designated smoking area & add smoke-free area)"

Cross-County Theme: Treatment

- **Form Cessation Peer Support Groups**
  - “Cravings could be addressed through peer groups, phone call, NRT”
  - “Smoking cessation peer support group”

- **Addressing Barriers to Treatment**
  - “AOD treatment centers could work with safety committee e.g., provide resources, evidence based info, democratic style leadership”
  - “Workgroups with staff clients to overcome barriers”
  - “Collaborate with primary care doctors”

Future Trainings/Activities

- Technical Assistance
- Peer to Peer Tobacco Dependence Recovery Trainings
- Behavioral Health Webinar Series

4 Behavioral Health Regional Trainings in 2014 - CDC funded

Collaboration

Thank you!

- Sarah Planche, M Ed

CA Tobacco Control Program

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Questions?