



Addressing Tobacco Use in Behavioral Health

Presenter: Doug Tipperman, MSW
Tobacco Policy Liaison, SAMHSA

50th Anniversary of Surgeon General's 1st Report on Smoking & Health



Smoking is still the leading cause of preventable disease and death in the United States – responsible for over 480,000 deaths per year.

Between 1964 and 2014:

- Over 20 million Americans died because of smoking, including
 - 2.5 million nonsmokers
 - More than 100,000 babies

“The cigarette is the deadliest artifact in the history of human civilization.”

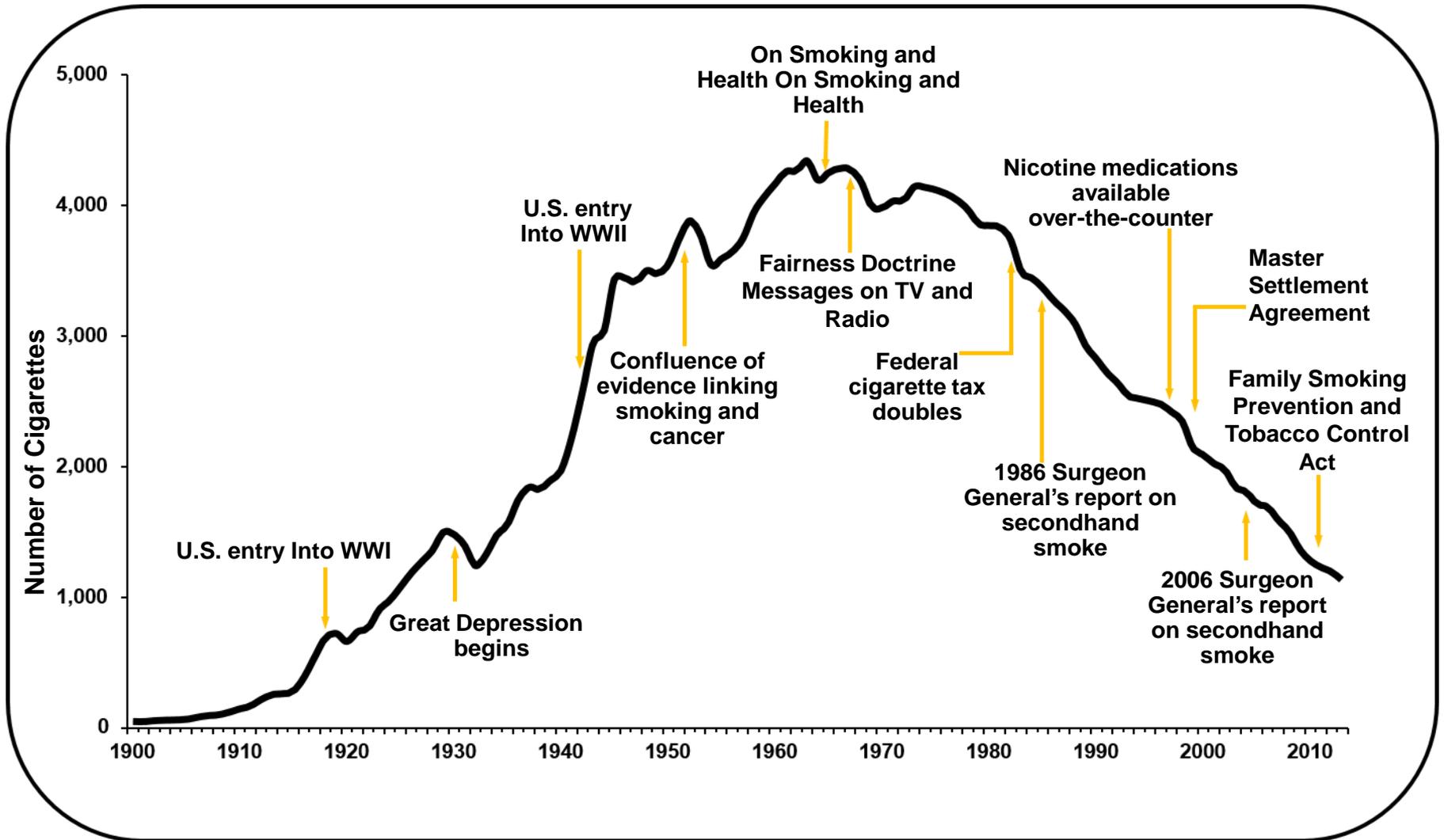
– Robert Proctor, Stanford University

Back Then...



Polio vaccinations 1955

Adult Per Capita Cigarette Consumption and Major Smoking and Health Events—United States, 1900-2013



Sources: Adapted from Warner 1985 with permission from Massachusetts Medical Society, ©1985; U.S. Department of Health and Human Services 1989; Creek et al. 1994; U.S. Department of Agriculture 2000; U.S. Census Bureau 2013; U.S. Department of the Treasury 2013.

*Adults ≥18 years of age as reported annually by the Census Bureau.

About 25% of population... is smoking nearly 40% of all cigarettes.

Figure 1. Any Mental Illness (AMI) or Substance Use Disorder (SUD) in the Past Year among Adults Aged 18 or Older: 2009 to 2011

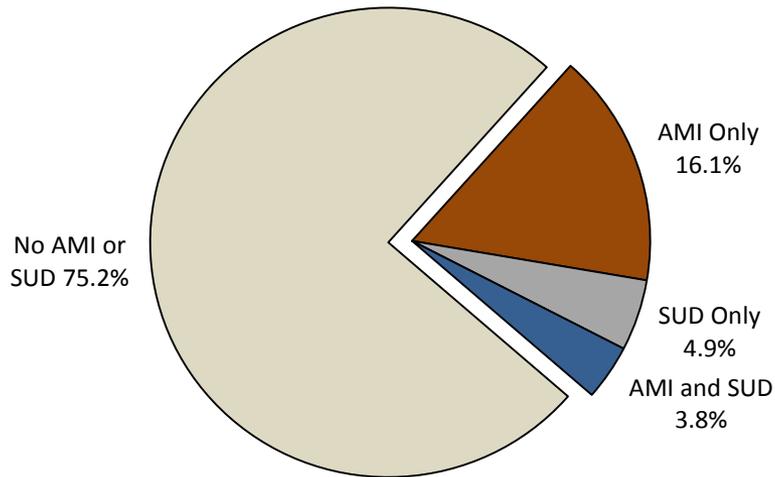
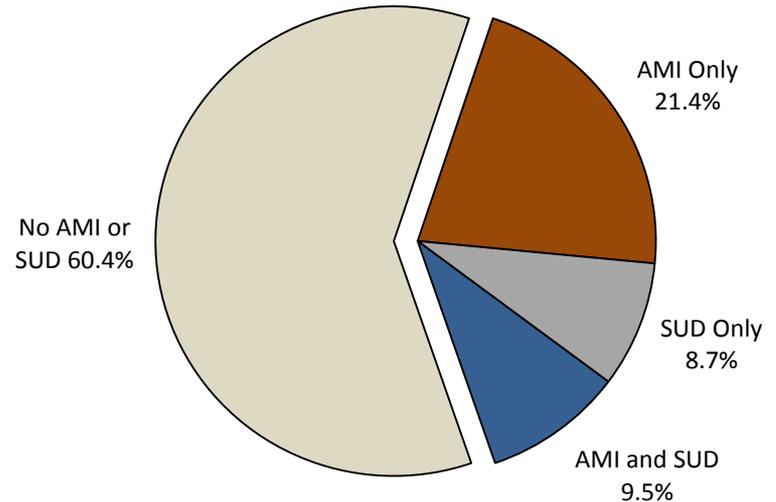


Figure 2. Percentage of Cigarettes Smoked in the Past Month among Adults 18 or Older, by Any Mental Illness (AMI) or Substance Use Disorder (SUD) in the Past Year: 2009 to 2011



Current Smokers

Current U.S. Adult Smoking Rate is 15.1%

Population	Smoking Rate
Persons with MI or SU disorder	38.3%
The poor	Medicaid: 29.1%
Least educated	GED: 41.4%; Less than H.S.: 24.2%
LGBT	26.6%
Chronically homeless	>70%
Incarcerated persons	70% - 83%

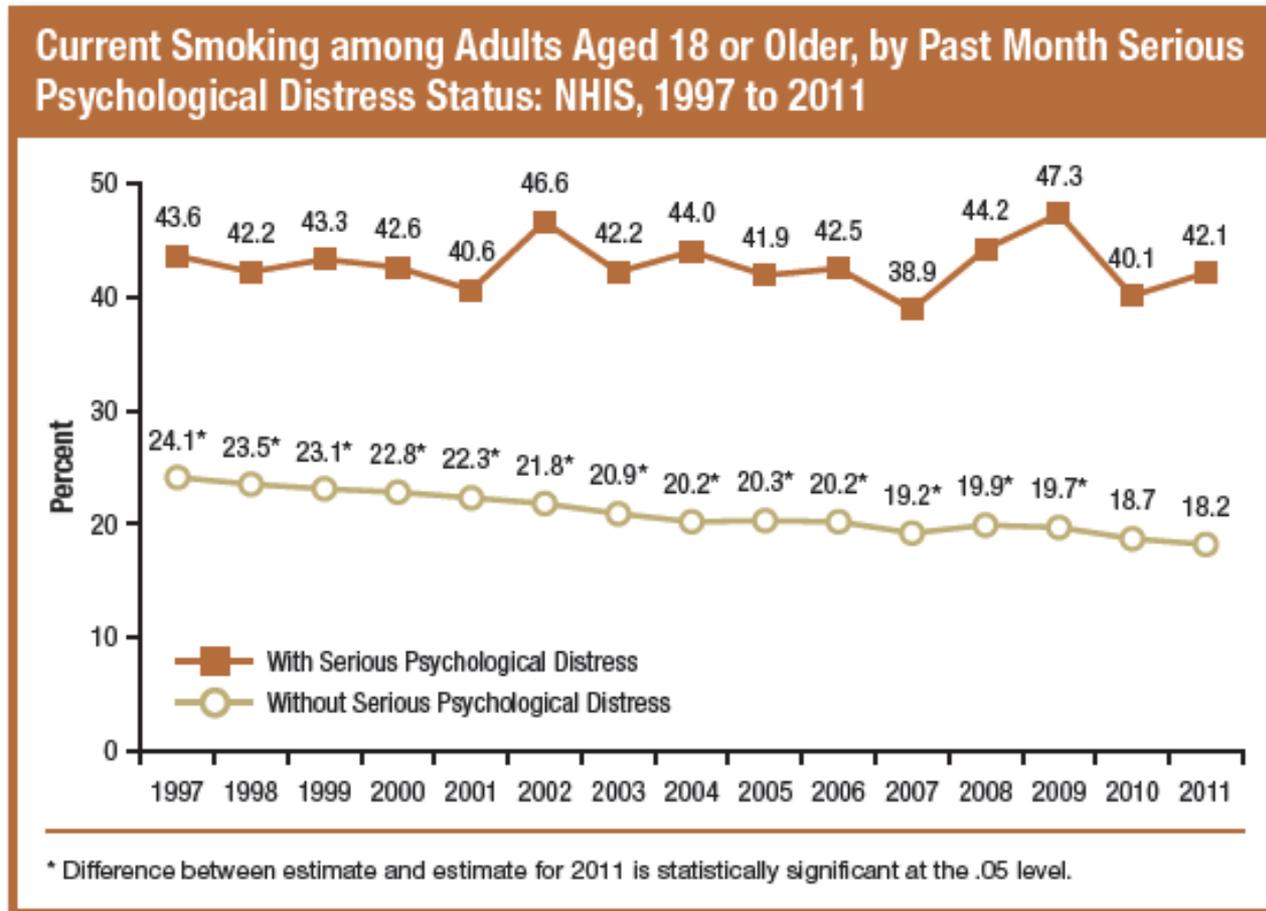
Sources: <http://cms.samhsa.gov/newsroom/press-announcements/201303200100>

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6444a2.htm>

http://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/index.htm

Tsai & Rosenheck, Psychiatric Services, 2012; Baggett & Rigotti, 2010. Parker et al., Addict Med, 2014.

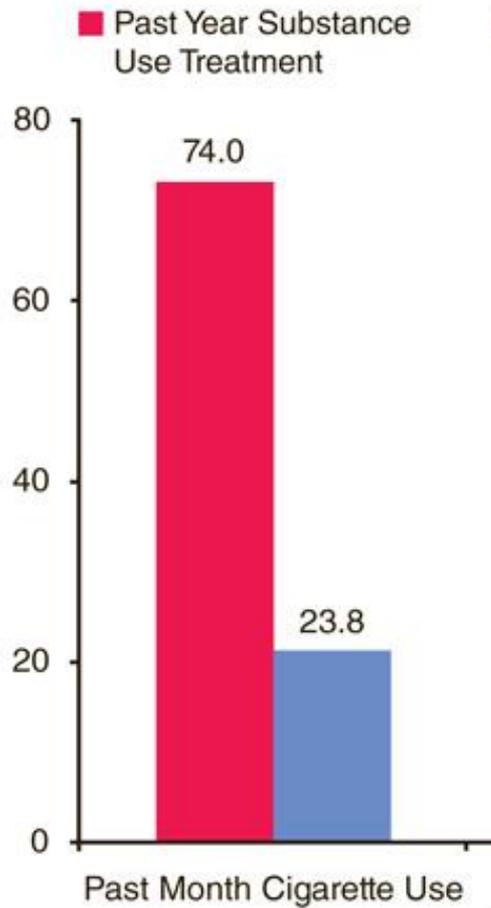
Smoking Rate Trend Among Adults with Serious Mental Illness



Source: The CBHSQ Report (SAMHSA), July 18, 2013.

http://www.samhsa.gov/data/sites/default/files/spot120-smokingspd/_spot120-smokingSPD.pdf

Tobacco and Other Substance Use



Smoking prevalence for those 12 and older who received substance use treatment was 74 percent.

Source: The NSDUH Report (SAMHSA), June 23, 2011.
http://archive.samhsa.gov/data/2k11/WEB_SR_031/WEB_SR_031_HTML.pdf

Health Consequences

- Smoking tobacco causes more deaths among people who had been in substance abuse treatment than the alcohol or drug use that brought them to treatment. (Hurt et al., JAMA, 1996)
- Persons with mental illness, on average, die several earlier than persons without mental illness – with smoking being a major contributing factor. (Druss et al., Medical Care, June 2011)
- Smoking interferes with many psychiatric medications. Smokers may need higher doses. Doses may need to be lowered when quitting.

<http://www.nysmokefree.com/confcalls/CCNYSDownloads/09122012/09122012DrugInteraction.pdf>

Additional Consequences

- Interferes with jobs
 - Smokers not only remain unemployed longer than nonsmokers, but they also earn substantially less when they are. (Prochaska et al., JAMA, 2016)
- Creates financial hardship
 - Smokers with schizophrenia were spending 27 percent of their income on cigarettes each month. (Steinberg, Tob Control, 2004)
- Makes it difficult to secure housing.

Myths: Smoking and Behavioral Health

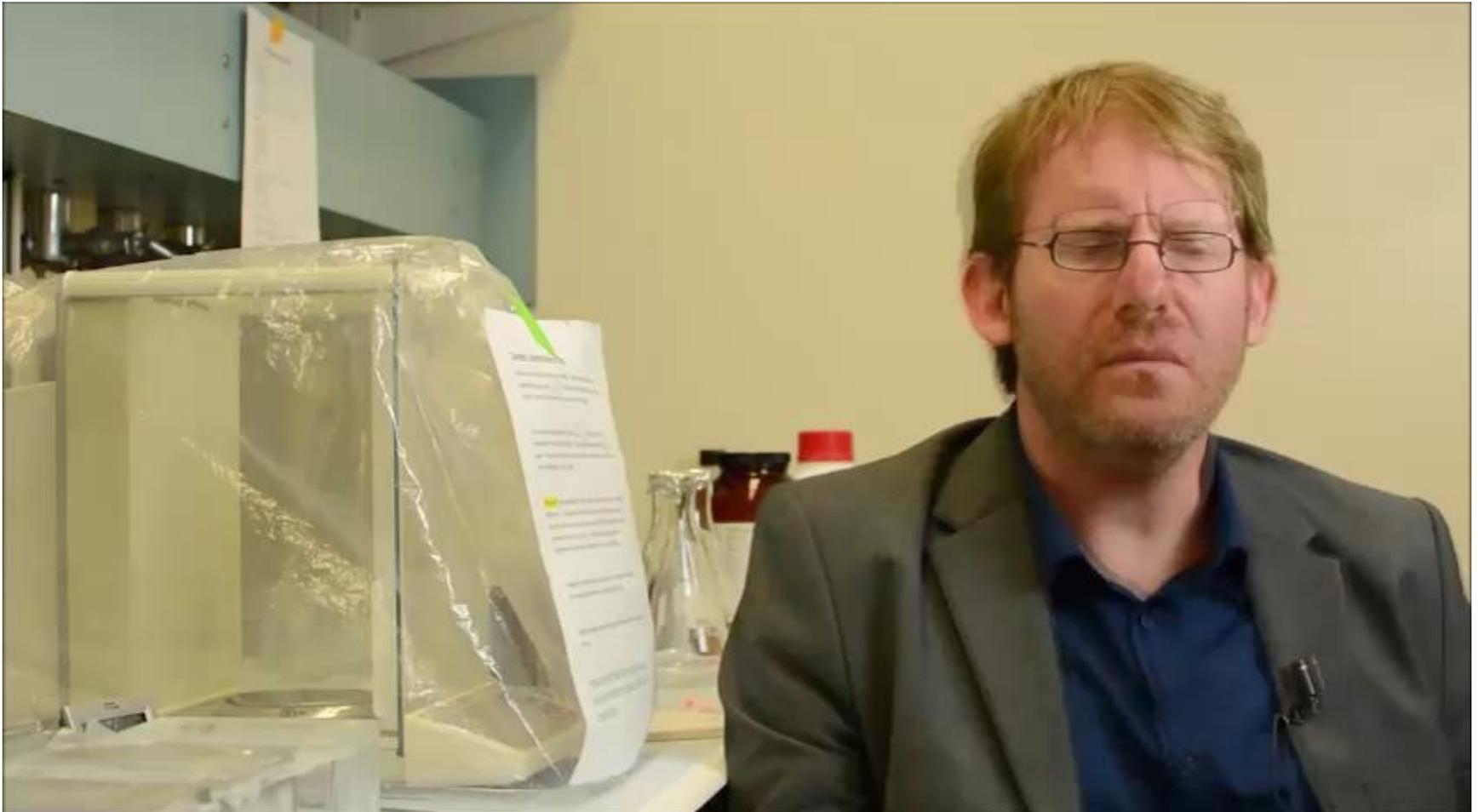
- **They are not interested in quitting**
 - *As likely as the general population to want to quit smoking (about 70%).*
- **They can't quit**
 - *Can quit and benefit from integrated tailored interventions.*
- **Quitting worsens recovery**
 - *Not the case. Cessation is associated with improved mental health and addiction recovery outcomes.*
- **It is a low priority problem**
 - *Smoking is the biggest killer for those with mental or substance use disorders.*
- **Tobacco is necessary self-medication**
 - *Industry has supported this myth. Smoking is certainly not an effective treatment. And it's very easy to misinterpret relief from withdrawal symptoms for feeling better.*

Nicotine Withdrawal Symptoms

- Intense craving for nicotine
- Anxiety
- Depression
- Drowsiness or trouble sleeping
- Bad dreams and nightmares
- Feeling tense, restless, or frustrated
- Headaches
- Problems concentrating
- Increased appetite and weight gain

Addiction and Mental Illness:

Dr. Andrew Chambers, Professor of Psychiatry, Indiana University





DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
NATIONAL INSTITUTE OF MENTAL HEALTH
WASHINGTON, D.C. 20032
August 4, 1980

Our Reference: CCS/APW/EPT

SAINT ELIZABETH'S HOSPITAL

Mr. G. H. Long
R. J. Reynolds Tobacco Company
Winston Salem, North Carolina 27102

Dear Mr. Long:

I am writing to request a donation of cigarettes for long-term psychiatric patients who have no funds of their own and for whom, because of recent changes in the Department of Health and Human Services regulations, Saint Elizabeths Hospital can no longer purchase cigarettes for them.

The Noyes Division of Saint Elizabeths Hospital has approximately 240 in-patients. Most of them are elderly, long-term patients who have been here many years; e.g. one came to the Hospital originally in 1909. Over the years the Hospital provided tobacco and occasionally cigarettes for these patients. Many became strongly addicted and in fact look upon smoking as their greatest (and often their only) pleasure.

Recent changes in Department of Human Services regulations and their enforcement abruptly terminated the Hospital's practice of providing a modest number of cigarettes to these patients who have no funds with which to purchase their own. Of our 240 patients, approximately 100 are in this category. The result has been nicotine withdrawal (which can be very unpleasant) and the loss of one of the greatest pleasures for patients who have very few, if any, alternatives. Many of the staff have been providing patients with cigarettes out of their own pocket, but this gets expensive if continued indefinitely.

I am therefore requesting a donation of approximately 5,000 cigarettes a week (8 per day for each of the 100 patients without funds). Any help you can give me would be most appreciated.

Sincerely yours,

E. Fuller Torrey
E. Fuller Torrey, M.D.
Medical Director
A. P. Noyes Division

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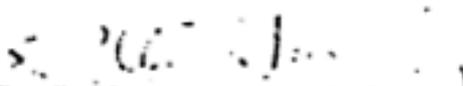
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E. Fuller Torrey, M.D.
Medical Director
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Opinion: Anti-smoking effort for substance abusers is 'anemic'

by Joseph Goydish, PhD, MPH

March 27, 2012

“A year ago, I had a call from the father of a young man who was enrolled in a residential drug abuse treatment program. During his visits, the father noticed that the program gave a carton of cigarettes to residents every two weeks, as a reward for progress.”

Cessation Improves Behavioral Health

- Cessation associated with ↓ depression, anxiety, and stress and ↑ positive mood and quality of life compared with continuing to smoke.
- Among smokers with a prior history of a mood or anxiety disorder, smoking cessation is associated with a ↓ likelihood of recurrence/persistence of mood and anxiety disorders.
- Among smokers with pre-existing alcohol use disorder, the likelihood of recurrence or continuation of their alcohol use disorder ↓ if they quit smoking.
- Smoking cessation interventions provided during addictions treatment have been associated with a 25% ↑ likelihood of long-term abstinence from alcohol and illicit drugs.

Smoking Cessation Can Improve Mental Health:

Dr. Amanda Farley and Dr. Gemma Taylor

University of Birmingham, UK



Study available at: <http://www.bmj.com/content/348/bmj.g1151>

NYS Office of Alcoholism and Substance Abuse Services

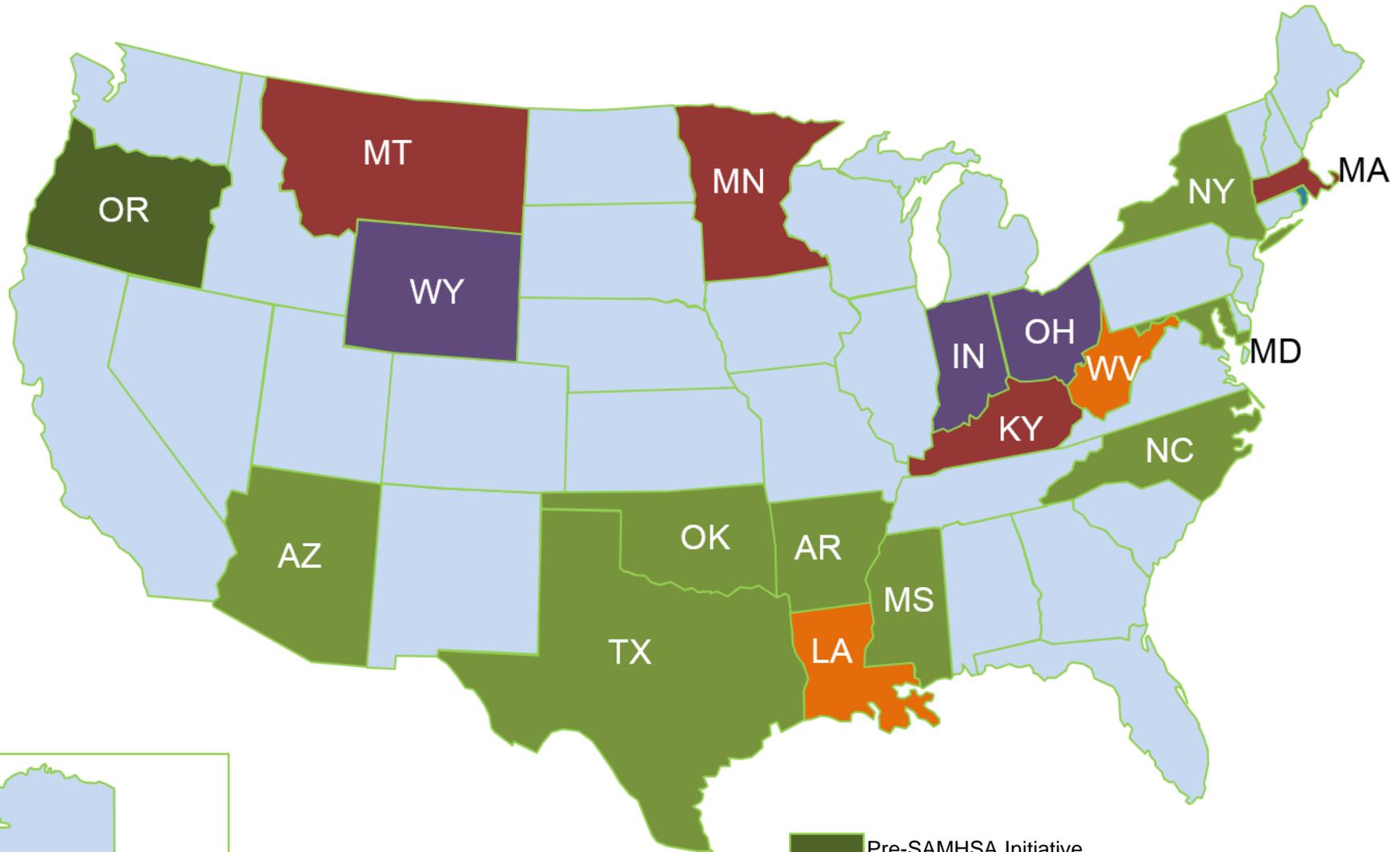
Tobacco Independence: Freedom From a Deadly Addiction



SAMHSA's Flagship Cessation Effort

- In partnership with the *Smoking Cessation Leadership Center*
 - ❑ State Leadership Academies (Began in 2010)
 - ❑ Multi-state Policy Academies (2014 & 2015)
- Provide an opportunity for states to bring together policymakers and stakeholders to develop a collaborative action plan for reducing tobacco use among persons with mental or substance use disorders.

Academy States on Tobacco Control in Behavioral Health



-  Pre-SAMHSA Initiative
-  Leadership Academy on Smoking Cessation
-  2014 Policy Academy on Tobacco Control in BH
-  2015 Policy Academy on Tobacco Control in BH
-  Both Policy and Leadership Academies

Success Stories

North Carolina

All state behavioral healthcare facilities have adopted a tobacco-free campus policy.

Maryland

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

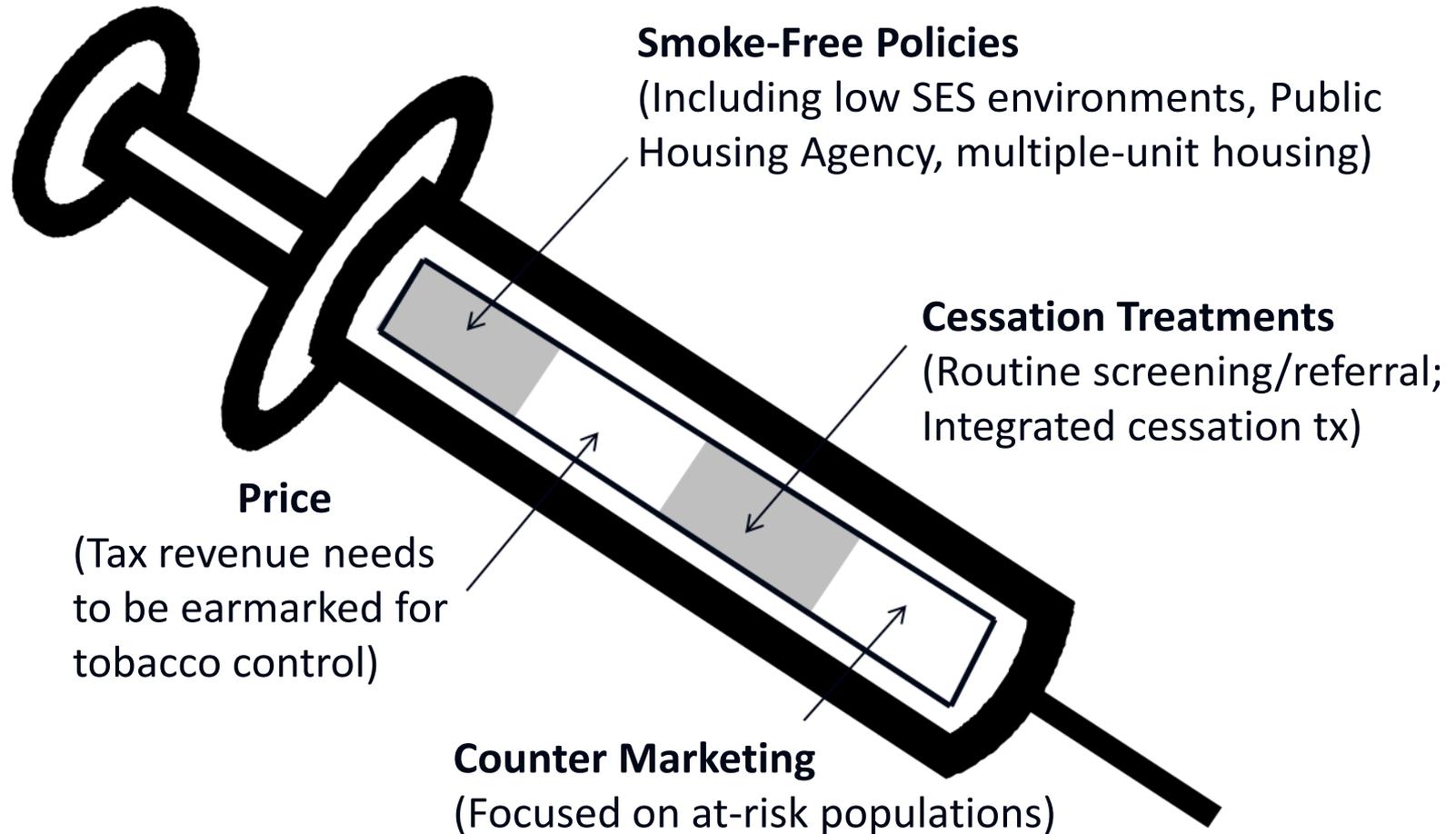
Oklahoma

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 to be tobacco-free by end of 2015.

Tobacco Control Interventions that Work with Vulnerable Populations



HUD's Proposed Rule to Make Nation's Public Housing Smoke-Free

- Would require each public housing agency (PHA) to implement a smoke-free policy in all living units and indoor common areas.
- The smoke-free policy extends to all outdoor areas up to 25 feet from the housing and administrative office buildings.
- There are nearly 1.2 million public housing units across the country.

"This proposed rule will help improve the health of more than 760,000 children and help public housing agencies save \$153 million every year in healthcare, repairs and preventable fires."

- HUD Secretary Julián Castro



CDC Tips From Former Smokers

A TIP FROM A

**FORMER
SMOKER™**

CDC Tips From Former Smokers

VICIOUS CYCLE A Former Smoker's Story

CDC Tips From Former Smokers

Rebecca struggled with depression. She thought smoking would help, but it just made her more depressed. When she quit smoking it changed her life, mentally and physically. Now she runs 5Ks and hopes to live to be a hundred.

You can quit smoking.

**For free help, call
1-800-QUIT-NOW.**



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention
[CDC.gov/tips](https://www.cdc.gov/tips)



**A TIP FROM A
FORMER
SMOKER™**

**Smoking doesn't help your depression.
Quitting can.**

Meet Rebecca



Best Clinical Practices

- Adopting and implementing a tobacco-free facility/grounds policy.
- Behavioral health providers routinely asking their clients if they use tobacco and providing evidence-based cessation treatment.
- The effectiveness of tobacco cessation treatment is significantly increased by integrating cessation services/initiatives into the mental health or addiction treatment program.
- Many may benefit from additional counseling and longer use of cessation medications.
- Peer-driven approaches such as peer specialists trained in smoking cessation.

Take Away Message

Tobacco cessation is the one intervention the behavioral health field has not widely implemented despite strong evidence that it can improve mental health and addiction recovery outcomes.

National Native Network

<http://keepitsacred.itcmi.org/>



a CDC funded program working to decrease commercial tobacco use and cancer health disparities among American Indians and Alaska Natives.