Tobacco Control should be a Mainstay of Behavioral Health

Steven A. Schroeder, MD

National Conference on Tobacco and Behavioral Health
The Smoking Cessation Leadership Center
and Rx for Change
May 19, 2014
1964 Surgeon General Report on Smoking and Health
It’s a New Era
Topics for Today

- Review history of SCLC
- Brief review of harm from tobacco, especially in Behavioral Health (BH) populations
- Brief review of SCLC BH partnerships
- A few epidemiology facts
- Next steps
History of Smoking Cessation Leadership Center (SCLC)

- Story of Robert Wood Johnson Foundation and tobacco control
- Results
  --$500 million grant projects, 1990-2003
  --Hailed by Joel Fleishman in “The Foundation” (2007) as one of 12 high impact foundation programs of 20th century
Genesis of SCLC

- Started at UCSF in 2003 with RWJF grant
- Purpose: improve health professionals’ smoking cessation efforts
- Knew data re smoking/BH but....
- So, initially worked with non-behavioral health professional groups
- Subsequent contract from Legacy Foundation starting July 2006 for BH
How SCLC Does its Work

- Identify existing champions and amplify their voices
- Technical assistance
- Work with relevant federal and state agencies
- Small grants
- Educational offerings: webinars, conferences, publications, web site
- We value flexibility, customer service
Tobacco’s Deadly Toll

- 480,000 deaths in the U.S. each year
- 4.8 million deaths worldwide each year
  - Current trends show >8 million deaths annually by 2030
- 42,000 deaths in the U.S. due to second-hand smoke exposure
- >16 million in U.S. with smoking related diseases
- 45.3 million smokers in U.S. (78.4% daily smokers, averaging 14.6 cigarettes/day, 2012)
Tobacco: Leading Preventable Cause of Death

Annual Deaths in 2000

- Tobacco
- Obesity
- Alcohol
- Infections
- Toxins
- MVA
- Guns

Flegal JAMA 2005, Mokdad
JAMA 2004
Health Consequences of Smoking

- **Cancers**
  - Acute myeloid leukemia
  - Bladder and kidney
  - Cervical
  - Colon, liver, pancreas
  - Esophageal
  - Gastric
  - Laryngeal
  - Lung
  - Oral cavity and pharyngeal
  - **Prostate (↓ survival)**

- **Pulmonary diseases**
  - Acute (e.g., pneumonia)
  - Chronic (e.g., COPD)
  - **Tuberculosis**

- **Cardiovascular diseases**
  - Abdominal aortic aneurysm
  - Coronary heart disease
  - Cerebro-vascular disease
  - Peripheral arterial disease
  - **Type 2 diabetes mellitus**

- **Reproductive effects**
  - Reduced fertility in women
  - Poor pregnancy outcomes (ectopic pregnancy, congenital anomalies, low birth weight, preterm delivery)
  - Infant mortality; **childhood obesity**

- **Other effects:**
  - Cataract; osteoporosis; Crohns; periodontitis; poor surgical outcomes; **Alzheimers; rheumatoid arthritis; less sleep**

Never Too Late to Quit*

<table>
<thead>
<tr>
<th>Age of quitting smoking</th>
<th>Years of life saved</th>
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<tbody>
<tr>
<td>25-34</td>
<td>10</td>
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<tr>
<td>35-44</td>
<td>9</td>
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<td>45-54</td>
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* Jha, NEJM Jan 24, 2013
Smoking and Mental Illness: The Heavy Burden

- 200,000 annual deaths from smoking occur among patients with CMI and/or substance abuse.
- This population consumes 40% of all cigarettes sold in the United States:
  -- higher prevalence
  -- smoke more
  -- more likely to smoke down to the butt
- People with CMI die earlier than others, and smoking is a large contributor to that early mortality.
- Social isolation from smoking compounds the social stigma.
Benefits of Tobacco Control in the United States, 1964-2012*

- 17.7 smoking-related deaths occurred
- 8 million such deaths prevented
- Preventing smoking-related deaths accounted for 30% of life expectancy gains during that period!
- People with mental illness did not benefit as much from these declines in smoking rates **

* Holford; **Cook: JAMA, 2014
SCLC Enters Behavioral Health Cautiously
Individual Champions but Scanty Organizational Buy-in

- Bob Glover, Joe Parks, and National Association of State Mental Health Program Directors
- Doug Ziedonis and Jill Williams
- Chad Morris
- Sharon Hall and Jodi Prochaska
- Daryl Sharp
- Other notables
SCLC, Smoking, and BH

- Early contacts
  --Bob Glover and NASMHPD (smoke free psych hospital project)
  --NAMI
  --SAMHSA: Gail Hutchings/Terry Cline

- Lansdowne Summit, 2007

- Two key arguments: health toll and exposure to second hand smoke
National Behavioral Health Partnership for Tobacco Cessation and Wellness

Lansdowne summit, 2007--30 leaders

- Objectives
  - Raise awareness
  - Normalize smoking cessation as part of behavioral health treatment

- Core strategies
  - Outreach to Key Players and Stakeholders
  - Develop Data
  - Provide Person-Centered Education/ Embrace Consumer-Driven Process
  - Promote Provider-Motivated Education
  - Promote Staff Wellness and Smoking Cessation
  - Assess and Strengthen the Effectiveness of Quitlines
The Behavioral Health Partnership, Lansdowne +

- American Legacy Foundation
- American Psychiatric Nurses Association
- American Psychiatric Association
- Association for Behavioral Health and Wellness
- Bazelon Center for Mental Health Law
- Behavioral Health Policy Collaborative
- California Smokers’ Helpline
- Campaign for Mental Health Reform
- Carter Center Mental Health Program
- Community Anti-Drug Coalitions of America
- Depression and Bipolar Support Alliance
- Mental Health America
- Mental Health Association of Southeastern PA
- National Alliance on Mental Illness
- National Association of County Behavioral Healthcare Directors
- National Association of Psychiatric Health Systems
- National Association of Social Workers

- National Association of State Mental Health Program Directors (NASMHPD)
- National Research Institute
- National Council of Community Behavioral Healthcare
- National Empowerment Center
- Ohio Department of Mental Health
- Robert Wood Johnson Foundation
- Substance Abuse and Mental Health Services
- Administration/Center for Mental Health Services
- Smoking Cessation Research and Policy Center at Oregon Health & Science University
- Smoking Cessation Leadership Center
- University of California San Francisco Department of Psychiatry
- University of Massachusetts Memorial Medical Center
SCLC Grant Recipients/BH

- American Psychiatric Nurse Association
- Depression and Bi-Polar Support Alliance
- Mental Health America
- National Association of State Mental Health Program Directors (NASMHPD)
- National Research Institute (NASMHPD)
- National Council for Community Behavioral Healthcare
- University of Colorado at Denver
- Community Anti Drug Coalitions of America
- National Association of State Alcohol and Drug
- National Alliance on Mental Illness (NAMI)
NASMHPD Developed technical assistance tool kit addressing how to implement smoking cessation in psychiatric hospital settings

Featured smoking cessation as a plenary topic during its recent National Summit of State Psychiatric Hospital Superintendents

Promoted 1-800-QUIT NOW
Percent of Smoke Free State Psychiatric Hospitals


Work with SAMHSA

- Created SAMHSA’s Tobacco-Free Initiative
- Trained SAMHSA staff in Washington
- SCLC in-kind technical assistance to grantees and states.
- Tobacco prevention and treatment is part of strategic initiative
100 Pioneers for Smoking Cessation (2009)

- Phase 1: $1,000 + SCLC TA to grantees for smoking cessation and smoke-free facilities
- Phase 1 raised rates of cessation intervention from 20% to 50%
- Phase 2, 2010: 25 sites got additional $2,000 for program expansion

- Key was identification and support of existing BH programs
**Purpose:** launch state-wide collaborative among behavioral health providers, consumers, public health groups, and other stakeholders to create and implement action plans to reduce smoking prevalence among behavioral health consumers and staff and foster smoke-free living.

Each set a goal to reduce smoking prevalence in MH and SA in 3-5 years time.

- **2010**
  - New York
- **2011**
  - Arizona
  - Oklahoma
  - Maryland
  - North Carolina
- **2012**
  - Texas
  - Arkansas
- **2013**
  - Mississippi
SAMHSA PARTNERSHIP

Represents over 38 states,
Blue flags = Phase I Pioneers
Yellow flags = Phase II Pioneers  
Pink flags = Academy States  
(NY, AZ, OK, MD, NC, TX, AR)
Smoking is a major contributor to premature mortality among people with mental illnesses, substance abuse disorders, or both. In 2006, people in the United States, including 22% of the U.S. population, represented by 24 million adults in the United States, comprised nearly 50% of all adults. Smoking cessation campaigns that provided grants and technical assistance to organizations promoting cessation. By 2010, the partnership established a "Smoking Cessation Partnership" partnership with multiple agencies and fundraising efforts. This awarded public partnership, accepted tobacco quit attempts, improved collaboration across multiple agencies, and funded awareness about tobacco use and its regulatory policies. (Am J Public Health, 2014; 104(5):796-802.)

Online, interactive, educational initiative promoting the idea of wellness in both mind and body

- Smoking not in 1999 version
- Healthy eating, exercise, smoking & substance abuse
- Consumer success stories
Nation’s leading drug abuse prevention organization
5,000 community anti-drug coalitions in the country.
Survey indicates tobacco is 3rd priority
  – 59% of Coalitions are addressing tobacco directly
  – 35% are directly involved or connected to another collaborative addressing smoking cessation
  – 77% collect data on tobacco
Collaborating with SCLC on a CTG National Networks Dissemination project
Workshops, webinars, materials created and shared
Behavioral Health Advisory Forum Screening and Training

- NAQC standard optional question(s) for the Minimal Data Set*
  - *Do you have any mental health issues or emotional challenges, such as an anxiety disorder, depression disorder, bipolar disorder, alcohol/drug abuse, or schizophrenia?*
  - *Do you believe that these mental health issues or emotional challenges will interfere with your ability to quit?*

- Developed a standardized training curriculum for quitline tobacco treatment specialists

*Do Quitlines Have a Role in Serving the Tobacco Cessation Needs of Persons with Mental Illnesses and Substance Use Disorders? The Behavioral Health Advisory Forum (BHAF), Background Report, September 2010.*
APNA Addresses Smoking

- Special issue of JAPNA (Feb/March 2009) devoted to smoking
- APNA adopts policy statement:
  All nurses working with BH populations:
  --demonstrate smoking cessation competencies
  --Intervene in the practice settings
  --Act to change attitudinal, institutional and organizational barriers to improve cessation
APNA Smoking Cessation Policies (cont)

--Take action at state level through APNA chapters

--Advocate for policy and system-wide changes

--Expand smoking cessation education

--Increase each year by 5% # psych nurses who refer smokers to treatment

--Increase each year by 5% # who provide cessation best practices
APNA as Lonely Pioneer, to Date

No other BH health professional organization has yet adopted similar policies!
Some might call the progress since the 1964 Surgeon General’s Report a victory. We call it a good start.

We’ve made great progress since the first Surgeon General’s report on smoking and health was issued 50 years ago. But tobacco is still the No. 1 cause of preventable death. Our proven strategies are saving lives, and we won’t stop until the death and disease caused by tobacco is finally extinguished.
Federal Agencies now Acknowledge BH population in Smoking Cessation Efforts

- CDC
- SAMHSA
- ASH
- ? HRSA

Can’t achieve tobacco control goals without attention to behavioral health!
Vision for Smoking and BH

- All organizations representing BH clinicians and consumers designate smoking cessation as highest priority
- All BH clinicians either directly intervene or refer to appropriate resource
- All relevant federal, state, and local governmental organizations assure access to smoking cessation for BH, smoke-free grounds, and non-smoking staff