Addressing a Major Disparity in Tobacco Use

Doug Tipperman, Lead Public Health Advisor
Substance Abuse and Mental Health Services Administration
The Tragedy of Tobacco and Behavioral Health: A Major Disparity Group

- People with mental and substance use disorders represent about 25 percent of the U.S. adult population, however, they smoke nearly 40 percent of all cigarettes.

- The smoking rate among adults with mental and substance use disorders is 38.3 percent – 94 percent higher than adults without these disorders (19.7 percent).

*Smoking tobacco causes more deaths among clients in substance abuse treatment than the alcohol or drug use that brings them to treatment.*
Myths: Smoking and Mental Illness

• Tobacco is necessary self-medication for the mentally ill.
  - This myth has been fostered by tobacco industry funded research and the tobacco industry has marketed cigarettes to people with mental illness.

• People with mental illness not interested in quitting.
  - They are just as likely to want to quit as the general population.

• People with mental illness cannot quit.
  - Tailored programs can have quit rates similar to the general population.

• Quitting interferes with recovery from the mental illness.
  - Research indicates this is not the case.

• Some argue that smoking is the lowest-priority concern for patients with acute psychiatric symptoms.
  - Smoking is the leading cause of preventable death.

- Prochaska, NEJM, July 21, 2011
The Challenge

Tobacco use has been accepted and used as an incentive or reward for those being treated for mental or substance use disorders.

- 22% of mental health consumers reported that they started smoking in a psychiatric setting.
  - Massachusetts Department of Mental Health's Metro Suburban Area Survey, Mary Ellen Foti, M.D., 1999-2000
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, M.D.  
Medical Director
In 2007, SAMHSA formed a partnership with the Smoking Cessation Leadership Center.

This partnership resulted in two SAMHSA initiatives to reduce smoking among persons with mental or substance use disorders:

- **100 Pioneers for Smoking Cessation**
  Provides support for implementing smoke-free environments and smoking cessation services for clients and staff in behavioral health settings. This support has included financial awards, technical assistance, networking, training webinars, an open listserv.

- **State Leadership Academies for Wellness and Smoking Cessation**
State Leadership Academies for Wellness and Smoking Cessation

- Creation of statewide collaborations among stakeholders including those in public health, tobacco control, mental health, addiction treatment, and consumer organizations.

- States develop action plans with measurable goals to reduce tobacco use by persons with mental and substance use disorders.

- Eight states have been through the Academies:
  - Arizona, Arkansas, Oklahoma, Maryland, Mississippi, New York, North Carolina, and Texas.
Types of Efforts:

**Peer Empowerment Strategies** – smoking cessation training for peer leaders, developing consumer-driven campaigns.

**Clinical & Staff Support** – gathering baseline data on clinician/staff smoking, providing cessation resources and policies to assist clinicians and staff to quit.

**Regulatory & Structural Strategies** – promoting policies to require treatment plans to address smoking, integrating best practices, collecting prevalence data, creating signage to promote tobacco-free environments

**Training and Education** – educating providers and consumers, maintaining accessible lists of resources, training peers & staff to become competent smoking cessation providers, using new technology.
Effective Policies and Practices

• Adopting and implementing a tobacco-free facility/campus policy.

• Providers routinely asking their clients if they use tobacco and providing evidence-based cessation treatments to those who do.

• Evidence-based tobacco cessation treatments are effective with those with mental or substance use disorders. However, they may face challenges in trying to quit, and may benefit from additional counseling, longer use of cessation medications, and monitoring as part of routine care.

• The effectiveness of tobacco cessation treatment can be significantly increased by integrating cessation services into the mental health or addiction treatment program.