

Welcome

Office for State, Tribal, Local and Territorial Support
presents...

CDC Vital Signs **Adult Smoking and Mental Illness**

February 12, 2013
2:00–3:00 pm (EST)



Centers for Disease Control and Prevention
Office for State, Tribal, Local and Territorial Support

Agenda

2:00 pm	Welcome & Introductions	Richard Schieber, MD, MPH Coordinator, CDC <i>Vital Signs</i> Program, Office of Surveillance, Epidemiology and Laboratory Services, CDC
2:04 pm	Presentations	Shanta Dube, PhD, MPH Lead Health Scientist, Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), CDC Doug Tipperman, MSW Lead Public Health Advisor, Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration Douglas M. Ziedonis, MD, MPH Professor and Chair of the Department of Psychiatry, University of Massachusetts Medical School and Memorial Health Care Dale Mantey, BA Tobacco Cessation Service Coordinator, Department of Health Promotion & Wellness, Austin Travis County Integral Care
2:30 pm	Q&A and Discussion	Richard Schieber, MD, MPH
2:55 pm	Wrap-up	Richard Schieber, MD, MPH
3:00 pm	End of Call	



CDC
Vitalsigns™ Teleconference
to support STLT efforts and build
momentum around the monthly
release of CDC *Vital Signs*



Current Cigarette Smoking Among Adults ≥ 18 Years with Mental Illness

Shanta R. Dube, PhD, MPH

Lead Health Scientist

Office on Smoking and Health
Centers for Disease Control and Prevention

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Timothy McAfee, MD, MPH, Director, OSH

The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

National Center for Chronic Disease Prevention and Health Promotion
Office on Smoking and Health



Four Goal Areas for the Office on Smoking and Health (OSH)

- Prevent initiation (youth and young adult focus)
- Eliminate secondhand smoke (SHS) exposure
- Promote cessation
- **Identify and eliminate tobacco related disparities**



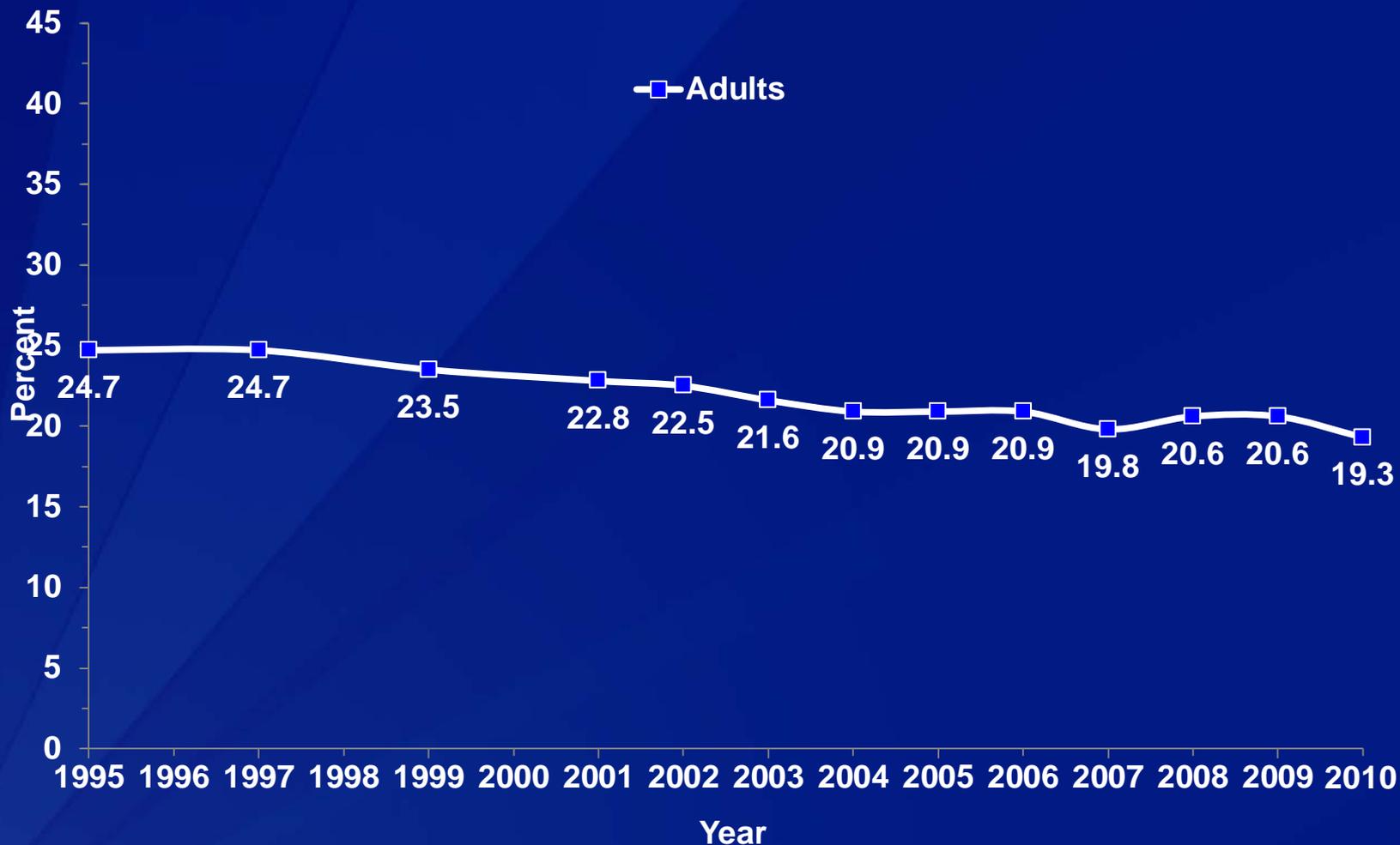
Impact of Smoking

Disease/Disability/Death

- 8.6 million people in the U.S. have at least one serious illness caused by smoking
- 443,000 premature deaths among U.S. adults annually due to smoking
- Smoking reduces life expectancy, on average, by 14 years



Trends in Current Cigarette Smoking Among Adults, National Health Interview Survey 1995-2010



Adults: Total population adults who were current cigarette smokers.

Source: National Health Interview Surveys, 1995-2010

Smoking and Mental Illness

Among persons with mental illness:

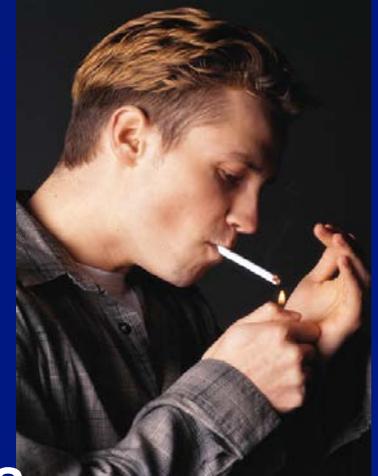
- 40-85% (depending on diagnosis) currently smoke cigarettes
- Those who are nicotine dependent smoke 34.2% of cigarettes smoked in the U.S.
- Smoking might be heavier and more frequent than among other smokers



More surveillance is needed to understand smoking behaviors of this population.

Objective

To assess most recent national and state estimates of cigarette smoking among adults ≥ 18 years with any mental illness



Methods

- **Analysis: 2009-2011 National Survey on Drug Use and Health (NSDUH)**
- **Sample: 138,000 adults interviewed in 2009, 2010, 2011**
- **Data: weighted to adjust for differential probability of both selection and response**
- **Statistical significance of observed differences: chi-square tests of independence between subgroups**
- **A level of 0.05 was used to determine significance**

Definition of Any Mental Illness

Kessler-6 (K-6)—Psychological Distress

Measures symptoms of worst distress of any month of the past 12 months: feelings of a) nervousness; b) hopelessness; c) restlessness or fidgeting; d) severe depression; e) everything being an effort; and f) worthlessness.

The World Health Organization Disability Assessment Schedule

Measures disturbances in social adjustment and behavior including psychological difficulties that interfere with remembering, concentrating, getting out on their own, participating in familiar and unfamiliar social activities and taking care of daily responsibilities related to home, work, or school

Scores on these two scales were used to determine AMI based on statistical model developed from clinical interviews that assessed DSM-IV disorders from a nationally representative subsample of NSDUH respondents

Definition of Smoking Characteristics



Smoking status:

- Current = Smoked at least 100 cigarettes and smoked in past 30 days
- Former = Smoked at least 100 cigarettes and did not smoke in past 30 days

Daily Smoking:

- Smoking everyday in the past 30 days

Cessation indicator:

- Quit ratio = percentage of adults who had ever smoked at least 100 cigarettes and who also reported no past month cigarette use

Findings from the Report

- An estimated 19.9% of U.S. adults had any mental illness (AMI)
- Smoking prevalence was 36.1% for persons with AMI and 21.4% for persons with no AMI
- The prevalence of smokers with any AMI was 29.1%
- Among current smokers, the average number of cigarettes smoked in the preceding month was higher (331) compared with adults who did not have AMI (310) ($p < 0.05$)
- Among adults with AMI, the quit ratio was 34.7% compared with 53.4% among adults who did not have AMI ($p < 0.05$)

Findings from the Report

Variations were observed across socio-demographic characteristics and across geographic regions:

Prevalence was highest among

- Men
- Adults aged <45 years
- Those living below poverty level
- Those with less than high school education

By U.S. region, smoking prevalence among those with AMI was lowest in the west and northeast, and highest in the midwest and south.

Conclusions and Implications

Increased awareness about the high prevalence of smoking among persons with mental illness is needed.

Known effective, population-based prevention strategies should be extended to persons with mental illness, such as:

- Implement tobacco-free campus policies in mental health facilities
- Primary care and mental health care professionals provide routine tobacco use screening
- Health professionals offer evidence-based cessation treatments to those who use tobacco

Persons with mental illness who smoke are at risk for multiple adverse behavioral and health outcomes. The benefits of tobacco cessation for this group should be underscored.



Centers for Disease Control and Prevention
Office on Smoking and Health

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CDC Town Hall Teleconference: Adult Smoking and Mental Illness

Addressing a Major Health Disparity in Tobacco Control & Behavioral Health

**Presented by:
Doug Tipperman, MSW (SAMHSA)
Co-Chair, HHS Working Group on Tobacco Control in Behavioral Health**



The Challenge

Tobacco use has been accepted and even used as an incentive/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



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

Our Reference: CCS/APN/EFT

SAINT ELIZABETH'S HOSPITAL

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

Dear Mr. Long:

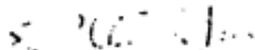
I am writing to request a donation of cigarettes for long-term psychiatric patients who have no funds of their own and for whom, because of recent changes in the Department of Health and Human Services regulations, Saint Elizabeths Hospital can no longer purchase cigarettes for them.

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, M.D.
Medical Director
A. P. Noyes Division



SAMHSA Initiatives: Pioneers for Smoking Cessation

- Beginning in 2008, SAMHSA, in partnership with the Smoking Cessation Leadership Center, launched the 100 Pioneers for Smoking Cessation Campaign.
- The Campaign provides support to behavioral health facilities and organizations to undertake tobacco cessation efforts. This support has included financial awards, technical assistance, networking, and training webinars.



Leadership Academies for Wellness and Smoking Cessation

- Beginning in 2010, SAMHSA and the Leadership Center expanded the Pioneers Campaign by working with states through Leadership Academies for Wellness and Smoking Cessation.
- The goal of the Academies is to reduce tobacco use among those with mental illness. Participating states bring together policymakers and stakeholders (including leaders in tobacco control, mental health, substance abuse, public health, and mental health consumers) to develop a collaborative action plan.
- Seven states have been through the Leadership Academies
 - Arizona, Arkansas, Oklahoma, Maryland, New York, North Carolina, and Texas (Mississippi: May 1-2, 2013)



HHS Working Group on Tobacco Control In Behavioral Health

(Formed in January 2012)

- Centers for Disease Control and Prevention
- Food and Drug Administration's Center for Tobacco Products
- Health Resources and Services Administration
- National Cancer Institute
- National Institute on Drug Abuse
- National Institute on Mental Health
- Substance Abuse and Mental Health Services Administration
- Veterans Administration



Tobacco Cessation Approaches That Work Among People with Mental or Substance Use Disorders

- 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.

Addressing Tobacco Through Organizational Change (ATTOC)

Douglas M. Ziedonis, MD, MPH

Professor and Chair, Psychiatry
UMass Memorial Medical Center &
UMass Medical School

Douglas.Ziedonis@umassmemorial.org



Why Address Tobacco?

- Very high rates of tobacco addiction
 - 50-95% in clinical settings
 - 44% of all cigarettes consumed in the U.S.
- Increased morbidity and mortality
 - Health disparities
 - Cardiac disease, lung cancer
 - 25 years shorter life span in public sector
- Other costs: housing, discretionary income, employment, insurance, relationships, etc.



Now is the Time to Address Tobacco!

- Fight Stigma and Health Disparities
 - Promote wellness and recovery
- Integrate Evidence-Based Treatments
 - Tailor to needs of individual
 - Include psychosocial and medication options
- Need Training and Organizational Change



National Alliance on Mental Illness (NAMI) Position Statement Supports Addressing Tobacco

- People with mental illness and in recovery have the right to be smoke-free and tobacco-free
- Effective prevention and treatment, including withdrawal, should be part of effective mental health care treatment and recovery
- NAMI supports and encourages smoke-free and tobacco-free environments in treatment and other health care facilities, group centers, and common areas

Addressing Tobacco Through Organizational Change (ATTOC)

- **Major goals for ATTOC: Patient, Staff, & Environment**
 - Improving Clinical Services
 - Staff Training & Recovery
 - Implement Policies for Tobacco-Free grounds
 - For staff and for patients
- **Organizational Change Strategies**
 - 10 Step Model
 - Plan, Implement, and Sustain
- **Importance of Communication**
- **Monitor and Sustaining Change**
 - Develop a “dashboard” of key outcomes
- **QI Technical Assistance & Training**



ATTOC Consult Team's 8 Core Strategies:

1. Preparation activities
2. Champion / Leadership group identification
3. On-Site environmental scan and consultation
4. Basic and advanced training
5. Work group formation
6. Develop local Tobacco Treatment Specialists
7. Ongoing consultations / technical assistance
8. Web-based supports

ATTOC 10 Steps for Change

Planning Phase:

- Step 1: Establish a Sense of Urgency and Preliminary Organizational Goals
- Step 2: Establish a Leadership Group and Prepare for Change
- Step 3: Assess Organizational Readiness to Address Tobacco
- Step 4: Develop Written Change Plan and Realistic Timeline
- Step 5: Develop Written Communication Plan and Materials

ATTOC 10 Steps for Change

Implementing Phase:

Step 6: Implement Patient Goals:
Assessment, Treatment, and
Empowerment

Step 7: Implement Staff Goals:
Training and Staff Recovery

Step 8: Implement Environmental
Goals: End or Restrict Tobacco
Use

ATTOC 10 Steps for Change

Sustaining Phase:

Step 9: Document Changes in Policies and Standard Operating Procedures

Step 10: Support, Encourage, and Sustain Organizational Change



Treatment Planning & Motivation Based Treatment

■ Current Use

- What using? How much?
- CO meter or Cotinine level

■ Current Motivational Level

■ Motivation Based Treatment

- Low motivated
- High motivated

Treatment Can Work

- Many patients are interested in quitting
- Adapt for most being “heavy” smokers
- Adapt for individual issues
 - Including impact of mental illness and mental health system
 - Stress management and weight management
- Adapt for limited support for quitting
 - Family / SOs, Financial, Housing / Living with smoker, Employment
- Monitor psychiatric medication blood levels

Personalized Feedback: What Mattered?

- Carbon Monoxide Meter score and feedback
 - Big impact on patients
 - Short and long term benefits to quit
- Yearly cost of cigarettes
- Medical conditions affected by tobacco
- Links with other substance abuse and relapses



**Free
Online
Resource**

**LAHL
Manual**

**For Lower
and Higher
Motivated**



Learning About Healthy Living

TOBACCO AND YOU

Jill Williams, MD
Douglas Ziedonis, MD, MPH
Nancy Speelman, CSW, CADC, CMS
Betty Vreeland, MSN, APRN, NPC, BC
Michelle R. Zechner, LSW
Raquel Rahim, APRN
Erin L. O'Hea, PhD



Community Resources

- Quitlines
- Online
- Local Treatment Groups
- Nicotine Anonymous



Case Discussion

- ATTOC in Connecticut Mental Health and Behavioral Health Settings
 - Process Outcomes
 - Clinical Outcomes
- Areas:
- Patient Outcomes
 - Staff Outcomes
 - Environmental Outcomes

Conclusion

- The time is now to address tobacco in all mental health treatment settings
- Staff training and organizational change are needed
- Integrate treatments for lower and higher motivated patients
- Refer to community resources
 - Nic A, Quitlines, Internet, etc.
- Program and system changes are critical

Additional Resources

■ UMass

- www.umassmed.edu/Psychiatry/ATTOC.aspx
- www.umassmed.edu/tobacco/training/index.aspx
- www.genesisclub.org/wellness-smoking_cessation.html

■ Bringing Everyone Along (BEA):

<http://www.tcln.org/>

■ Smoking Cessation Leadership Center:

<http://smokingcessationleadership.ucsf.edu/>

■ CDC www.cdc.gov/tobacco

■ Rx For Change: <http://rxforchange.ucsf.edu/>



Tackling Tobacco in Mental Health

Implementing a Tobacco-Free Policy in Travis County

Dale Mantey, BA



Tobacco in Mental Health

- Alarming prevalence
 - Consumers
 - Practitioners
- Barriers to treatment
- Public Health ramifications
 - Tobacco-related deaths
 - Increased chronic illness



A Tobacco-Free Workplace

- Communities Putting Prevention to Work (CPPW) Grant
- Tobacco Cessation Initiative
- Goals
 - Policy Implementation
 - Decrease prevalence
 - Increase prevention



Confronting a Mentality

- Indifference
 - Low priority
 - Unrelated to treatment
- Reluctance
 - Too difficult
 - Consumer unwillingness
- Resistance
 - Embrace and encourage tobacco use



Policy Adaptation

- Data Collection
 - Prevalence
 - Attitudes and support
- Communication
 - Internal: Continuous and open dialogue
 - External: Gain insight from community resources
- Training
 - Therapy/Cessation techniques
 - Engagement strategies
- Resources
 - Counseling
 - Free Nicotine Replacement Therapy
 - Employee Prescription Reimbursement Program



Policy Specifics

- Approved July 2010
- Implemented February 2011
- No tobacco products allowed on ATCIC property
- Comprehensive policy
 - No designated smoking areas
 - 100% tobacco free
 - Includes all persons on ATCIC campus



Tobacco Cessation Initiative

- Education and Training
 - New Employee Orientation
 - Yearly Training Seminar
- Resources
- Tobacco Use Assessment
 - Electronic Health Records
- Staff surveys
- Community Engagement



Program Impact

- Staff Prevalence
 - August 2010: 28% used tobacco
 - August 2011: 11.6% used tobacco
 - 44% report using less tobacco because of policy
- Staff Support
 - August 2010: 60.6% support policy
 - August 2011: 84.4% support policy
- Staff Training
 - August 2011: 81.6% received training



Program Impact

- Consumer Prevalence
 - 9,320 Tobacco Use Assessments completed
 - 1,331 received multiple assessments
 - 6,500 consumers surveyed
 - 46.4% positively impacted
- Culture shift
 - Staff attitudes
 - Similar agencies have begun researching our policy



Lessons Learned

- Sustainability is crucial
 - Must remain visible and active
- This policy lives and dies with staff
 - Incorporate staff in every element
- Stay committed
 - Long-term gains far outweigh short-term resistance

The End

Thank you!

Dale Mantey

Austin Travis County Integral Care

Dale.mantey@atcic.org

CDC *Vital Signs* Electronic Media Resources

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Vital Signs interactive buttons and banners

www.cdc.gov/vitalsigns/SocialMedia.html

Public Health Practice Stories from the Field

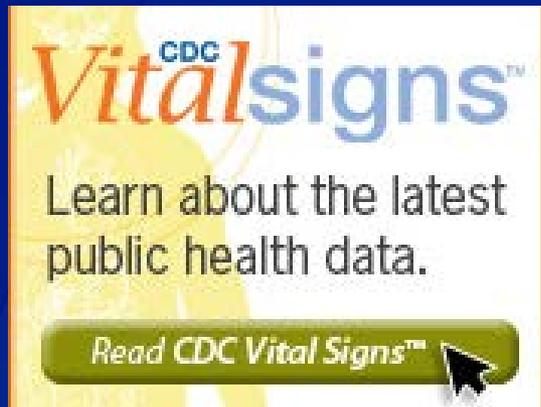
- Stories about the implementation of public health practices in the field



www.cdc.gov/stltpublichealth/phpracticestories

Provide feedback on this teleconference:

OSTLTSFeedback@cdc.gov



Please mark your calendars for the next
OSTLSTown Hall Teleconference

March 12, 2013
2:00–3:00 pm (EST)

For more information, please contact Centers for Disease Control and Prevention.

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