

PROJECT
integrate!

Integrating tobacco treatment
into all treatment programs.

www.project-integrate.org

Tobacco Use: Data & Resources to Help Users Quit

November 15, 2013

Joanne Joy; j.joy@HCCAme.org



healthy
communities
OF THE CAPITAL AREA
A Local Healthy Maine Partnership



Statewide Volunteer Initiative

▶ Vision

- Healthy tobacco-free living for all people throughout Maine

▶ Mission

- Enhance the capacity of Maine's behavioral health treatment and recovery systems to treat tobacco addiction and promote tobacco-free living

▶ Tagline

- Integrating tobacco treatment into all treatment programs

Very Brief History



- ▶ 2002 Coalition for Smoking or Health mini-grants
 - A collaborative leadership group
- ▶ Additional **Partnership For A Tobacco-Free Maine (PTM)** support over time
 - Focus groups with clients of mental health and substance abuse services
 - Stakeholder interviews among providers
- ▶ Forums held
- ▶ Materials Developed, Website Created
- ▶ Ongoing education and outreach
- ▶ Always in collaboration with Helpline, PTM & HMPs
- ▶ Current funding from **Bingham Program** to increase tobacco treatment for BH populations

Call it Quits.

1-800-207-1230

THE MAINE TOBACCO HELPLINE



Today's Content

- ▶ **Myths** about efficacy of & interest in tobacco treatment of individuals in BH populations
- ▶ **Data:** Higher Tobacco Use Rates
- ▶ **Professional Development/Training** for clinical/counseling and non-clinical staff
- ▶ **Resources**
 - **Links** to assist with tobacco-free policies, treatment supports, research, etc.
- ▶ **Note** on Community Transformation Grant: Behavioral Health Workgroup



**Communities
Transforming**
To make healthy living easier

5 Common Myths



PROJECT
integrate!

Myth #1: Tobacco dependence is less harmful than other addictions



- Those with alcohol, drug and/or other behavioral health diagnosis are more likely to die from their tobacco use than from their other co-occurring conditions
1. Hser, Y. I., McCarthy, W. J., & Anglin, M. D. (1994). Tobacco use as a distal predictor of mortality among long-term narcotics addicts. *Preventive Medicine, 23*, 61-69.
- There is greater mortality from tobacco use than from alcohol, illicit drugs, HIV, suicide, homicide, and motor vehicle accidents combined see chart later in presentation



Myth #2: Recovery from other addictions should come first

- Studies of smoking and alcohol treatment indicate that concurrent treatment does not jeopardize abstinence from alcohol and other non-nicotine drugs



3. Prochaska, Delucchi, & Hall. (2004). A Meta-Analysis of Smoking Cessation Interventions With Individuals in Substance Abuse Treatment or Recovery. *Journal of Consulting and Clinical Psychology*, 2004, Vol. 72, No. 6, 1144-1156

PROJECT
integrate!



Myth #3: Tobacco use is just a bad habit that people can address on their own

- As with other addictions, tobacco dependence is a chronic, relapsing condition often requiring multiple, assisted quit attempts before long-term abstinence is achieved
- A combination of behavioral counseling and use of approved tobacco treatment medications have been found to significantly increase quit rates

Fiore MC, Jaen CR, Baker TB, et al. *Treating Tobacco Use and Dependence: 2008 Update*. Clinical Practice Guideline. Rockville, MD: U.S. Dept. of Health and Human Services, Public Health Service. May 2008



Myth #4: They've given up enough. Why take away their last pleasure?

- Roughly 70% of all tobacco users want to quit. Roughly 50% will make at least one quit attempt each year ⁴. This population should be afforded the same opportunity and encouragement to quit tobacco as any other segment of the population.

Fiore MC, Jaen CR, Baker TB, et al. *Treating Tobacco Use and Dependence: 2008 Update*. Clinical Practice Guideline. Rockville, MD: U.S. Dept. of Health and Human Services, Public Health Service. May 2008

- People who achieve abstinence from tobacco report greater satisfaction in their lives. *L. Shahab & R West, "Do ex-smokers report feeling happier following cessation? Evidence from a cross-sectional survey", [Nicotine Tob Res.](#) 2009 May;11(5):553-7.*

- Recovery from tobacco dependence can ease financial burden, improve health, strengthen relationships and potentiate other positive life changes





Myth #5: Quitting tobacco is too stressful for someone whose mental health status is already fragile.

- Studies have demonstrated that Individuals with psychiatric disorders can be aided in quitting smoking without threat to their mental health recovery Prochaska, J.,

“Failure to Treat Tobacco Use in Mental Health and Addiction Treatment Settings: A Form of Harm Reduction?”. *Drug Alcohol Depend.* 2010 August 1; 110(3): 177–182.



People who use tobacco are found to experience more stress than non-users Parrot, A.C. “Does Cigarette Smoking Cause Stress?”, *American Psychologist*, Vol 54(10), Oct 1999, 817–820

- Experiences in psychiatric hospitals have demonstrated that tobacco-free hospitals have resulted in fewer instances of seclusion and incidences of restraint as well as reduction in coercion and threats among patients and staff Tobacco-Free Living in Psychiatric Settings: A Best-Practices Toolkit Promoting Wellness and Recovery, 2007

This Presentation is a **Data** Snapshot and...

- ▶ MPHA and partners are hosting a webinar series on tobacco-related issues starting in December.
- ▶ **The Raw Numbers: Tobacco Use and Control Data Review—The Maine Story**
 - **January 16, 2014**
 - Focused entirely on Maine tobacco data
 - Tim Cowan, Maine's leading tobacco data expert, will be breaking down the data into county level, sub-populations, age groups, education levels, Mainecare usage and much more.



- ▶ Date/Time: January 16, 2014, 2pm
- ▶ Link to Register: <https://www1.gotomeeting.com/register/223675408>

Data: Smoking Rates for Behavioral Health Populations

- ▶ SAMHSA: The NSDUH Report, March 20, 2013
 - Adults with Mental Illness or Substance Abuse Disorder Account for 40 Percent of All Cigarettes Smoked.
- ▶ CDC Vitalstats: Adult Smoking: Focusing on People with Mental Illness, February 2013



CDC Vitalsigns Report:

Smoking much more common



- ▶ More than 1 in 3 of adults (36%) with a mental illness smoke
 - About 1 in 5 adults (21%) with no mental illness
- ▶ About 3 of every 10 cigarettes (31%) smoked by adults are smoked by adults with a mental illness
 - NSDUH Report found 4 of every 10 (40%)
- ▶ Nearly 1 in 5 adults (or 45.7 million adults) have some form of mental illness

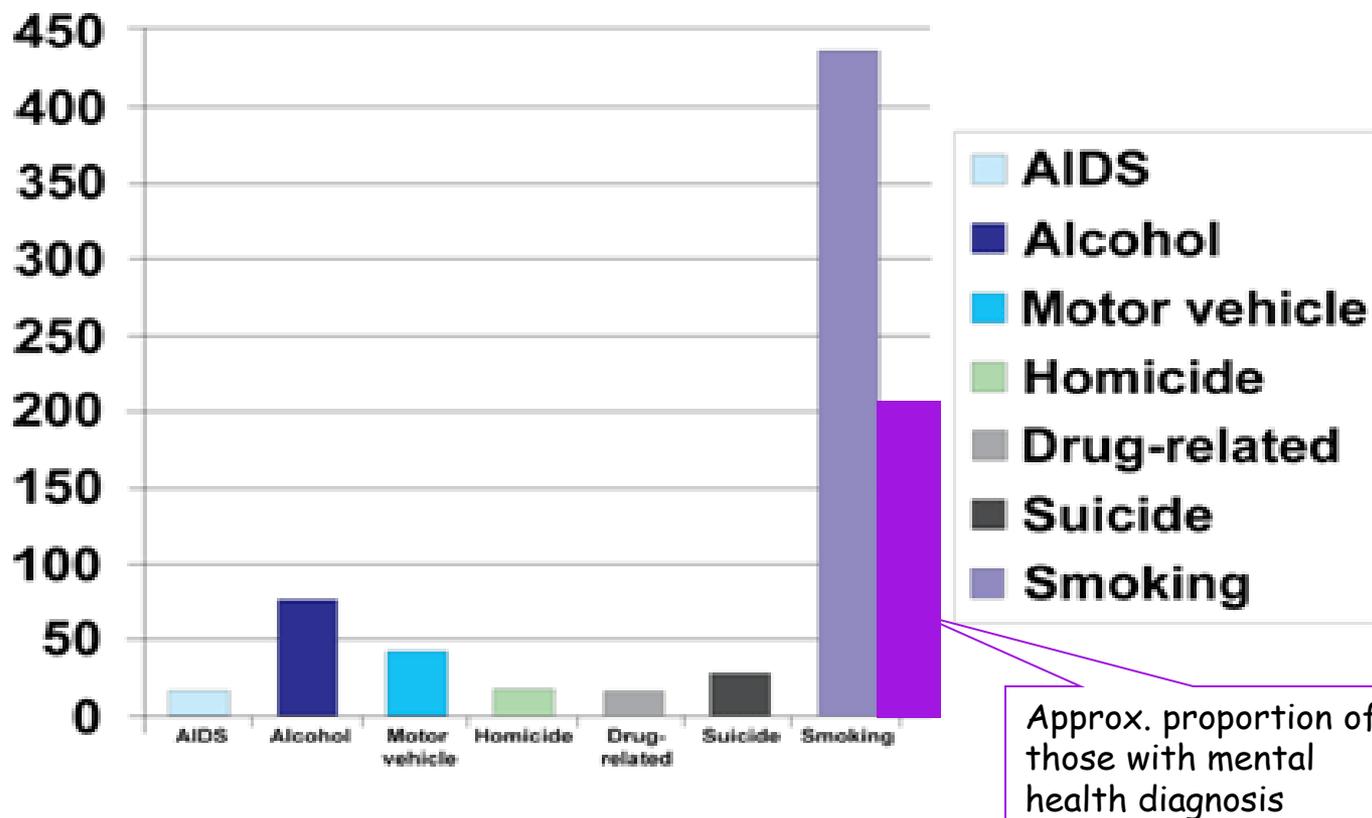
Smoking Rates have improved among People with Behavioral Health Diagnoses

adapted from Shroeder, 2009

Disorder	Smoking Prevalence
<i>Drug Abuse/Dependence</i>	49-98%
<i>Alcohol Abuse/Dependence</i>	Approx. 80%
<i>Schizophrenia</i>	45-88%
<i>Bipolar</i>	55-70%
<i>PTSD</i>	45-66%
<i>Major Depression</i>	40-60%
<i>ADHD</i>	41-42%
<i>General Population</i>	18%



Comparative Causes of Annual Deaths in the United States



Sources: (AIDS) *HIV/AIDS Surveillance Report, 2004*; (Alcohol) CDC. (2004). *MMWR*, 53(37), 866-870; (Motor vehicle) National Highway Transportation Safety Administration. (2005); (Homicide) NCHS. *Vital statistics, 2002*; (Drug-related) Mokdad, A.H., Marks, J. et al. (2004). Actual causes of death in the U.S., 2000. *JAMA*, 29(10), 1242; (Suicide) NIMH. (2003 [updated 2006]). *In harm's way—Suicide in America*;

Table 1: Behavioral Health / Smoking Status Data:

Maine Statewide Smoking Status by Mental Health Variable, BRFSS 2007, 2008-09 combined

<i>Behavioral Health Variable</i>		<i>Higher than State Rate</i>	<i>Lower than State Rate</i>
Symptoms of Moderate to Severe Depression	Current	37.5% smoke	
	No or Mild		16.0% smoke
Depression	Ever told	26.8% smoke	
	Never told		14.7% smoke
Anxiety Disorder	Ever told	28.2% smoke	
	Never told		15.1% Smoke

Depression & Anxiety Among Maine people

*Rates of Anxiety and Depression from 2008
Maine household telephone survey (BRFSS)*

- ▶ 7% Current Symptoms of Moderate to Severe Depression
- ▶ 20% Past History of Depression
- ▶ 16% Past History of Anxiety



Tobacco Users Want to Quit

- ▶ 2011 Maine General Population BRFSS
 - 8 out of 10 (85.7%) of Maine current smokers are “seriously considering quitting within the next 6 months”.
- ▶ 7 out of 10 BH tobacco users also want to quit



Training/Professional Development for clinical/counseling & non-clinical staff



FREE & available thru June 2014

- ▶ Support to create tobacco-free policies
- ▶ Awareness sessions for staff
 - 45–90 minutes
- ▶ “Talking Tobacco” trainings
 - 90 minutes–2 hours
- ▶ Helpers Training
 - 4 hours
- ▶ Substance Abuse treatment professionals workgroup:
 - 4 meetings, 3 by distance
- ▶ Website: www.project-integrate.org

Links to Maine **Training** Options

http://www.tobaccofreemaine.org/train_take_action/training_and_events.php

- ▶ Partnership For A Tobacco-Free Maine (PTM), through Center For Tobacco Independence (CTI), offers the following tobacco treatment training events.
 - *Tobacco Intervention Basic Skills*
 - *Intensive Tobacco Treatment Training&Conference*
 - *Webinars -*
 - **4/9/14 Opening Lines and Other Conversation Tips for Talking about Tobacco**

To register: <https://www2.gotomeeting.com/register/520858618>

- *Helpers Training*
 - www.thequitlink.org
- *Scheduled topical trainings. See the website.*

Current use of Tobacco Treatment

Of the remaining smokers who want to quit, many could benefit from integrated tobacco treatment as well as

**Tobacco
Treatment
Services**

Helping Conversations



1-2% of smokers
access treatment



**PROJECT
integrate!**

Quitting – Takes an average of 7 attempts

- ▶ Maine Tobacco Helpline (Video)
- ▶ Websites: www.Ucanquit2.org
- ▶ Nicotine Replacement Therapies
- ▶ Other medical interventions
 - Wellbutrin
 - Chantix
- ▶ Long term abstinence requires behavior changes

Call it Quits.

1-800-207-1230

THE MAINE TOBACCO HELPLINE

 Healthy Maine Partnerships
Partnership For A Tobacco-Free Maine
Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention

PROJECT
integrate!

Greater Impact : Systems Approach to Integrating Tobacco Treatment

- ▶ Comprehensive Tobacco-Free Policies
- ▶ Clear consistent messages
- ▶ Integrated documentation at all stages of assessment, planning & referral/treatment
- ▶ & Effective treatment by providers needs:
 - Access to professional development
 - Access to current research and information
 - Tips on using existing skills such as motivational interviewing
 - Effective referrals and follow-up



Resources: Behavioral Health Specific

▶ Project Integrate:

▶ <http://www.project-integrate.org/provider-resources.html>

○ Research

- Position Statements
- Journal Articles
- Statements from the Field

○ State and National Resources

- Links to Maine Resources
- Bringing Everyone Along <http://www.tcln.org/bea/index.html>

○ Tobacco-Free Policies

- Several Maine BH facility policies
- Link to the Maine Laws
- Link to Breathe Easy Coalition



More Resources

<http://www.project-integrate.org/provider-resources.html>

Materials developed by Project Integrate

- Stages of Change
- Why tobacco treatment with Substance Abuse Treatment
- Clinical Resources
 - Guidance documents developed across the US
 - Tools to support tobacco treatment
- Training Opportunities – PTM/CTI
 - A “click here” link at the bottom goes to the registration page
- Order Form: Materials developed by Project Integrate
 - Follow up with an email to j.joy@hccame.org

Stages of Change & Locally Created Materials

Quitting Tobacco Is A Process - What Stage Are You In?

The image shows a woman's face in five different stages of quitting tobacco, each with a thought bubble and a corresponding label above it:

- Why Change?** "I'm not ready yet."
- Giving It Thought** "I'm going to think about it."
- Getting Ready** "I'm going to do it."
- Taking Action** "I'm doing it."
- Keep The Change** "I'm going to make this last."

Call it Quits.
1-800-207-1230
THE MAINE TOBACCO HELPLINE
Healthy Maine Partnerships
Partnership For A Tobacco-Free Maine
Maine Department of Health and Senior Services
Maine Office on Tobacco Control and Prevention

Quitting Tobacco Is A Process - What Stage Are You In?

The image shows a man's face in five different stages of quitting tobacco, each with a thought bubble and a corresponding label above it:

- Why Change?** "I'm not ready yet."
- Giving It Thought** "I'm going to think about it."
- Getting Ready** "I'm going to do it."
- Taking Action** "I'm doing it."
- Keep The Change** "I'm going to make this last."

Call it Quits.
1-800-207-1230
THE MAINE TOBACCO HELPLINE
Healthy Maine Partnerships
Partnership For A Tobacco-Free Maine
Maine Department of Health and Senior Services
Maine Office on Tobacco Control and Prevention

Defining Success Differently

- ▶ Moving from one stage of change closer to Action and Maintenance

Quitting Tobacco Is A Process.
What Stage Are You In?

Why Change?

"I'm not ready yet."



I'm not quitting, even though...
It costs lots of money.
It makes me and other people sick.

What's my next step?

I'm Thinking

"I'm going to think about it."



Think about it.

If I could quit, I would:

- Feel better.
- Save money.
- Stop hurting others with my smoke.

Contact Information:

Call it Quits.

1-800-207-1230

THE MAINE TOBACCO HELPLINE
www.tobaccofreemaine.org
Healthy Maine Partnerships
Partnership For A Tobacco-Free Maine
Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention

Quitting Tobacco Is A Process.
What Stage Are You In?

I'm Thinking

"I'm going to think about it."



Someday...
I will quit smoking.
I will feel better.
I will save money.
I won't hurt other people or pets.

What's my next step?

Getting Ready

"I'm going to do it."



Get ready. Make a plan.

I will:

- Talk with my doctor.
- Consider the patch.
- Call the Helpline.
- Talk with friends and family.
- Find a support group.

Contact Information:

Call it Quits.

1-800-207-1230

THE MAINE TOBACCO HELPLINE
www.tobaccofreemaine.org
Healthy Maine Partnerships
Partnership For A Tobacco-Free Maine
Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention

Materials from PTM Store

- ▶ **Partnership For A Tobacco Free Maine**
www.PTMstore.org
 - Newsletters, Facts, Laws
 - Workplace Materials
 - HelpLine Materials (1-800-207-1230)
 - Parents, Kids, and Schools
 - Real Talk about Smoking
 - Tobacco-Free Athletes
 - NO BUTS!
 - Second Hand Smoke
- ▶ **Create your own account at www.ptmstore.org**

PROJECT
integrate!

www.thequitlink.com

Home | the QuitLink - Windows Internet Explorer provided by Maine Medical Center

http://www.thequitlink.com

File Edit View Favorites Tools Help

Convert Select

Home | the QuitLink

Page Tools

THE QUITLINK

The Maine community of online support to quit smoking

Home Thinking About Quitting Tools For Quitting Ready To Quit Help Others Quit Share Your Story

1-800-207-1230

THE MAINE TOBACCO HELPLINE

The HelpLine is ready to help.

Quitting smoking can be a challenge. Get answers to questions and friendly, personal support over the phone. It's free, confidential, and it really works.

[Learn More >](#)

How did you hear about The QuitLink:

Done

Internet 200%

start

Novel Group... Mail From: Pro... Microsoft Pow... Document1...

Home | the Q... 1:45 PM

Note:

Community Transformation Grant/Workgroup

- ▶ Statewide 5 year effort
- ▶ District Coordinating Councils
- ▶ State level workgroups
 - Physical Activity and Nutrition
 - Primary Care Systems
 - Two tobacco related
 - Behavioral Health Agency Tobacco Policies
 - LGBT tobacco use reduction



Project Integrate

www.project-integrate.org

Joanne E. A Joy

Healthy Communities of the Capital Area

36 Brunswick Avenue, Gardiner, ME 04345

Office: 588-5011

Email: j.joy@HCCAme.org



www.healthycommunitiesme.org