



University of California
San Francisco

SAMHSA funded Technical Assistance Centers

Thursday September 9, 2021

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Smoking Cessation Leadership Center (SCLC)

SAMHSA National Center of Excellence for Tobacco-Free Recovery

- Established in 2003 as a national program office of the Robert Wood Johnson Foundation
- Housed in the Department of Medicine at the University of California, San Francisco
- Focus on increasing successful quit attempts and reducing smoking prevalence
- Help providers do a better job intervening with tobacco users and advocating for equal access to cessation services
- Received additional support from Truth Initiative, VA, CDC, SAMHSA, and the American Cancer Society to work in behavioral health

SAMHSA National Center of Excellence for Tobacco-Free Recovery

- The Center of Excellence builds on and expands SAMHSA's efforts to increase awareness, disseminate current research, educate behavioral health providers, and create results-oriented collaborations among stakeholder organizations to reduce tobacco use among individuals with behavioral health disorders
- Goals of the Center of Excellence are to:
 - Promote the **adoption of tobacco-free facilities**, grounds, and policies
 - **Integrate evidence-based tobacco cessation treatment** practices into behavioral health and primary care settings and programs
 - **Educate behavioral health and primary care** providers on effective evidence-based tobacco cessation interventions

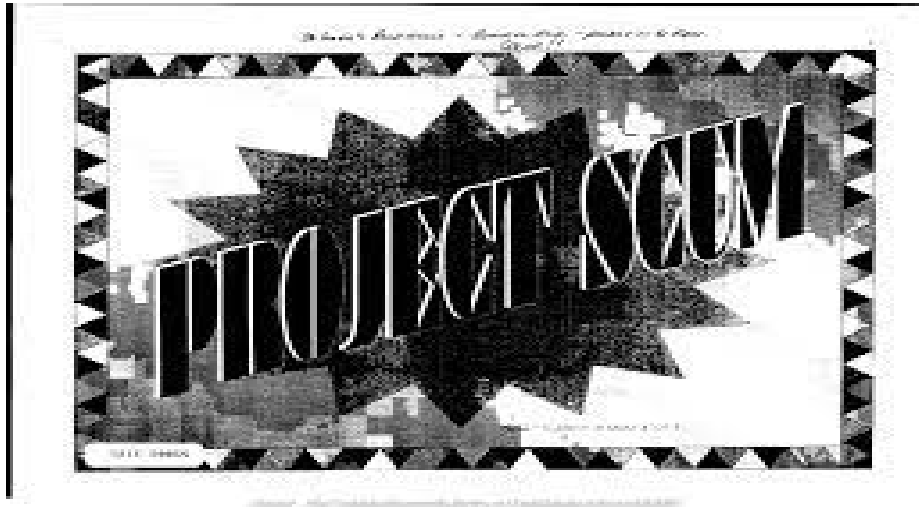


Tobacco's Deadly Toll

- Since 1964, cigarettes killed more than **20 million Americans**, including **2.5 million nonsmokers** exposed to secondhand smoke, and more than **100,000 babies**
- **540,000 deaths** per year (42,000 from secondhand smoke), and nearly 29% of all cancer deaths
- 16 million adults live with a smoking-related disease (60% with COPD)
- >7 million deaths world wide each year
- Costs U.S. nearly **\$170 billion** in health care expenditures for adults and **\$156 billion** in lost productivity (including \$5.6 billion from secondhand smoke exposure), for **total economic impact of more than \$300 billion per year**



WHY?



IT'S A PSYCHOLOGICAL FACT: **PLEASURE HELPS YOUR DISPOSITION**

How's your disposition today?


EVER FEEL MEAN AS A MULE? It's only human, when others' misbehavior bothers you. But, remember this psychological fact: pleasure helps your disposition. Everyday pleasures, like smoking for instance, are important. So if you're a smoker, smoke for the most pleasure. That means: smoke Camels!

For more pure pleasure... have a Camel

They're more people smoke Camels than any other cigarette because Camels give them more pure pleasure! So... choose your cigarette for pleasure. Pleasure helps your disposition. And you need only to try Camels to agree: no other cigarette is so rich-tasting, yet so mild as Camels!

No other cigarette is so rich-tasting, yet so mild!

Schizophrenic.



Other low tars are pretty one-dimensional. Dull. But the New Merit is a whole other story: big new taste with lower tar. And that's exciting. In fact, the New Merit has as much taste as cigarettes with up to 37% more tar. Big taste, lower tar, all in one. For New Merit, having two sides is just normal behavior.

204259819

The New Merit. We've got flavor down to a science.

SURGEON GENERAL'S WARNING: Quitting Smoking Now Greatly Reduces Serious Risks to Your Health.

Source: <http://industrydocuments.library.ucsf.edu/tobacco/docs/txgl0019>

- Nicotine is a highly addictive drug
- Industry funded research perpetuating myths
- Target marketing
- Exposure to various trauma (child/adult)
- Delays in accessing care as well as less access to quality care
- Stigma and provider bias –
 - *What's wrong with you? vs What's happened to you?*

SMOKING HAS BECOME A SOCIAL JUSTICE ISSUE

Bad News: Disparities Persist Current Cigarette Smoking Among U.S. Adults, 2018



Race/Ethnicity

22.6% American Indian/
Alaska Native
15% White



Education Level

36% GED
3.7% Graduate degree



Annual Household Income

21.3% <\$35,000
7.3% ≥\$100,000



Health Insurance Coverage

23.9% Uninsured 10.5% Private
23.9% Medicaid 9.4% Medicare



Disability/Limitation

19.2% Yes
13.1% No



Sexual Orientation

20.6% Lesbian/Gay/Bisexual
13.5% Heterosexual



Serious Psychological Distress

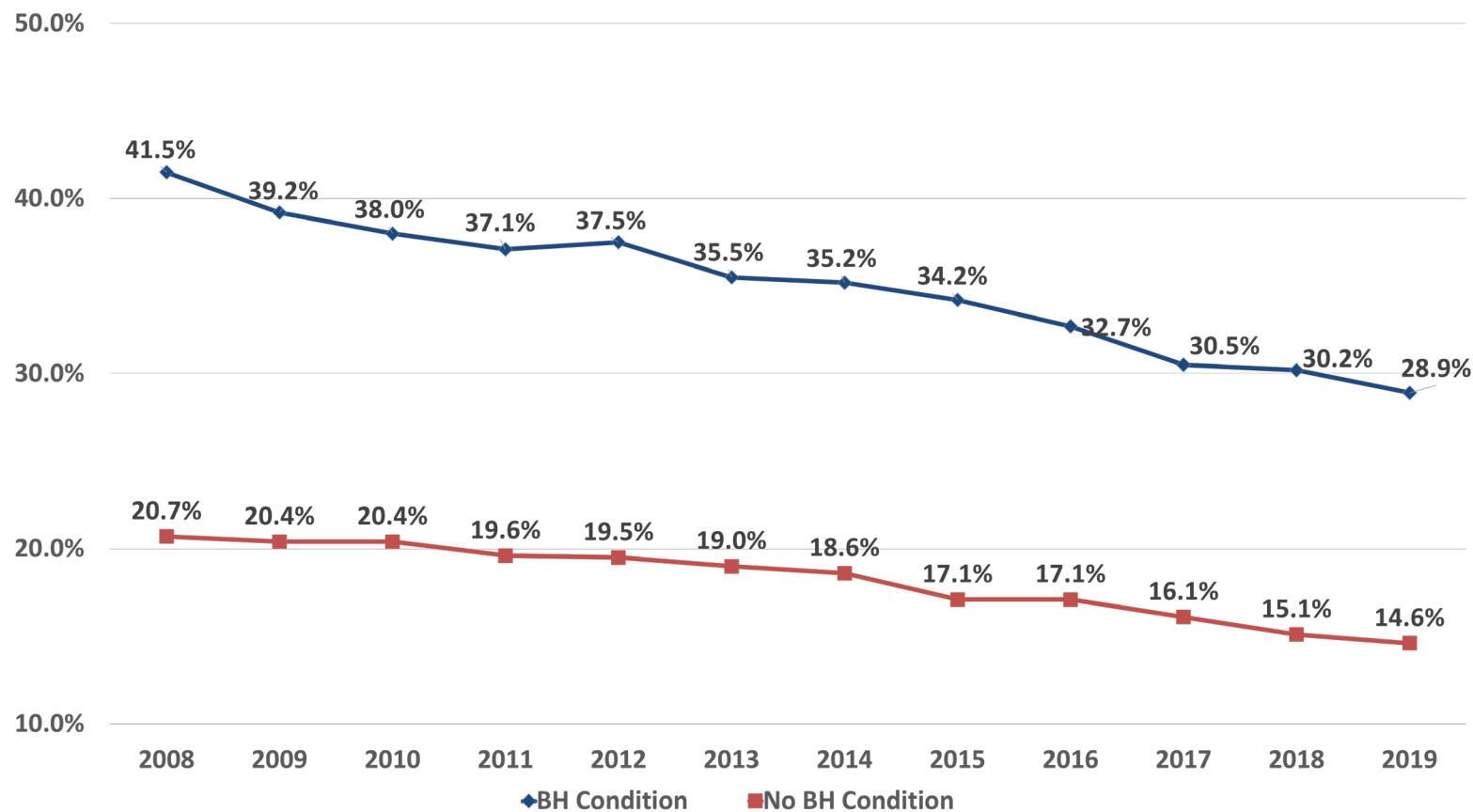
Source: Creamer MC et al. Tobacco Product Use and Cessation Indicators Among Adults – United States, 2018. MMWR 2019;68:1013-1019.

Smoking and Behavioral Health: **The Data**

- **1 in 4 Persons** in the U.S. has a mental illness and/or substance abuse disorder (54 mill have 1 or more of these two conditions)
- BH populations consume **40%** of *all* cigarettes sold in the US – smoke more daily and down to filter. **2-3 x higher** smoking prevalence than general population
- **53-91%** of people in addiction treatment settings use tobacco
- Tobacco use causes **more deaths** than the alcohol or drug use bringing clients to treatment: death rates among tobacco users nearly **1.5 times** the rate of death from other addiction-related causes
- **Consequence:** This population dies up to 10 years earlier than general pop - estimated **240,000 annual deaths**

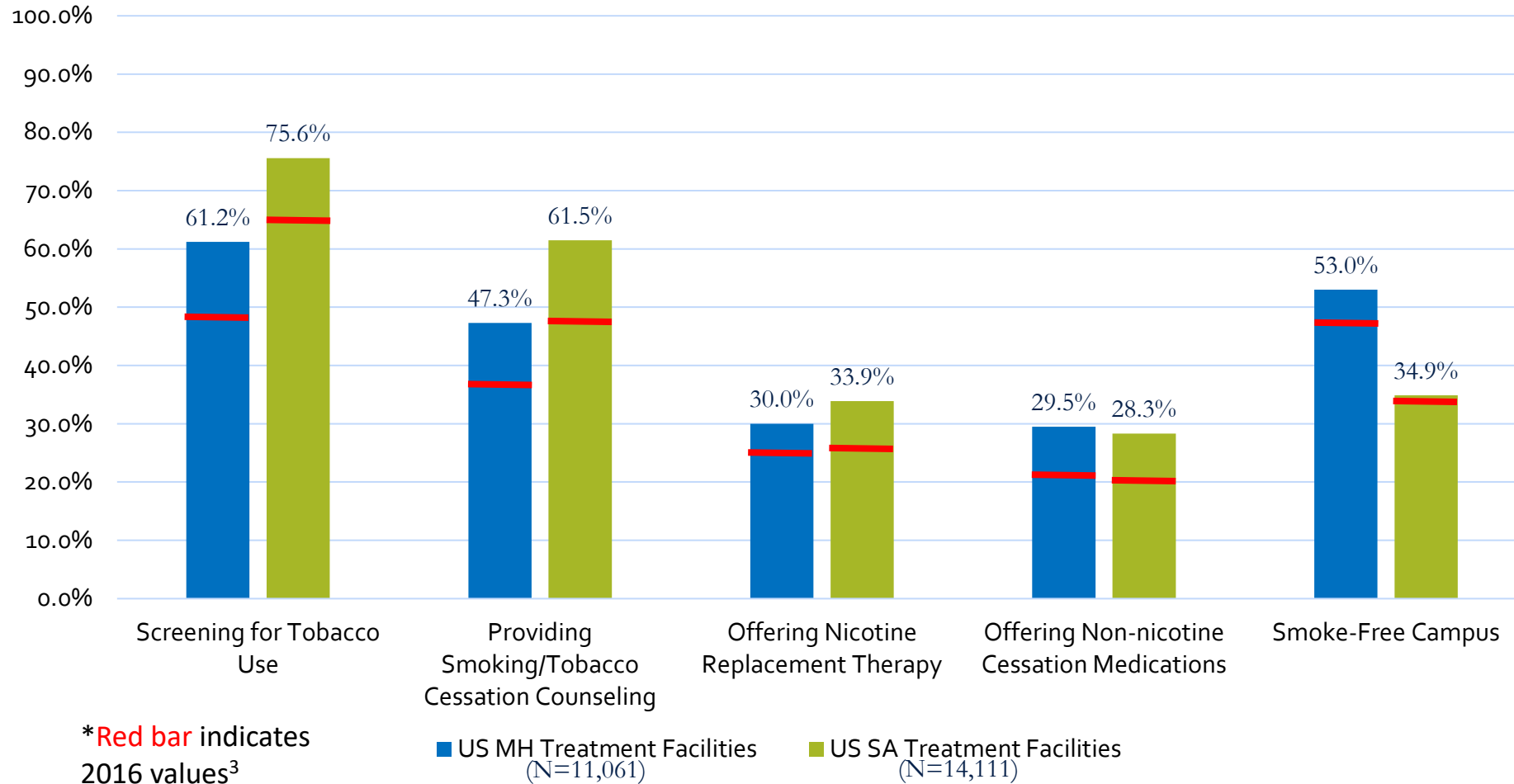


Current Smoking Among Adults (age > 18) With Past Year Behavioral Health (BH) Condition: NSDUH, 2008-2019



Adults with mental health or substance use disorders represent **25%** of the population, but account for **40%** of all cigarettes smoked by U.S. adults

Tobacco Cessation Interventions and Smoke-Free Policies in Mental Health¹ & Substance Abuse² Treatment Facilities, United States, 2021

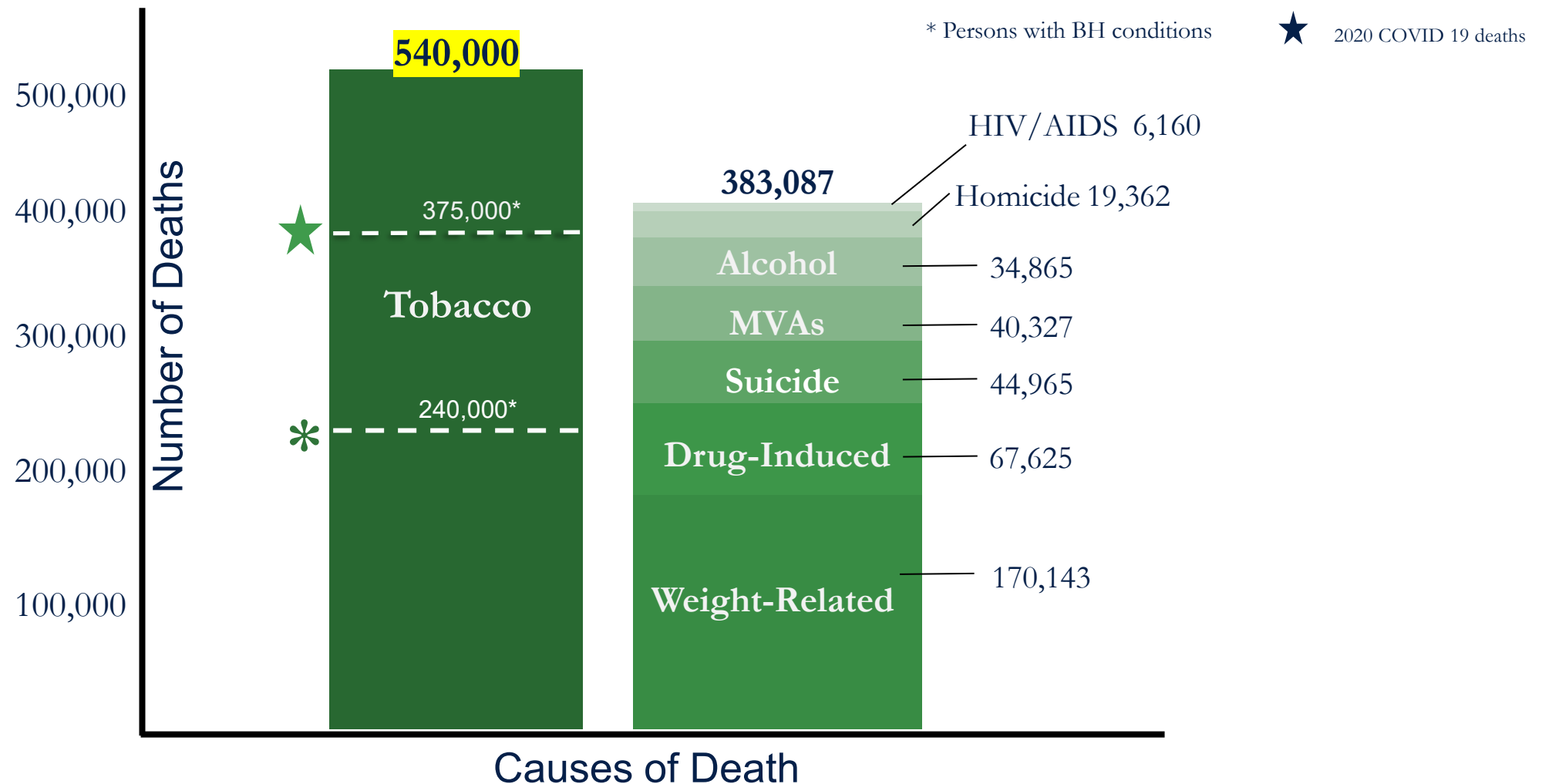


¹Data from the National Directory of Mental Health Treatment Facilities, based on responses to SAMHSA's National Mental Health Services Survey (data collected 2/1/2021)

²Data from the National Directory of Substance Abuse Treatment Facilities; based on responses to SAMHSA's National Survey of Substance Abuse Treatment Services (data collected 2/1/2021)

³Marynak K, VanFrank B, Tetlow S, et al. Tobacco Cessation Interventions and Smoke-Free Policies in Mental Health and Substance Abuse Treatment Facilities — United States, 2016. MMWR Morb Mortal Wkly Rep 2018;67:519–523. DOI: <http://dx.doi.org/10.15585/mmwr.mm6718a3>

Behavioral Causes of Death in U.S., 2016



Sources: U.S. Department of Health and Human Services. *The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General.* Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014. Printed with corrections, January 2014. Mokdad et al; JAMA 2004; 291:1238-1245. Special thanks to Behavioral Health & Wellness Program for providing this figure. Mokdad et al; JAMA. 2005; 293:293 Tobias, D.K., Hu, F.B., (2018). The association between BMI and mortality: implications for obesity prevention. *The Lancet.* : 916-917. Xu, J., Murphy, S.L., Kochanek, K.D., Bastian, B., Arias, E. (2018). *Deaths: Final Data for 2016.* National Vital Statistics Reports. 67(5). United States Department of Health and Human Services. Hyattsville, MD: National Center for Health Statistics. https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_05.pdf COVID 19 Deaths 2020 <https://www.cdc.gov/mmwr/volumes/70/wr/mm7014e1.htm>

Smoking, Cancer, and Mental Illness

More than 50% of patients with terminal cancer have at least one psychiatric disorder

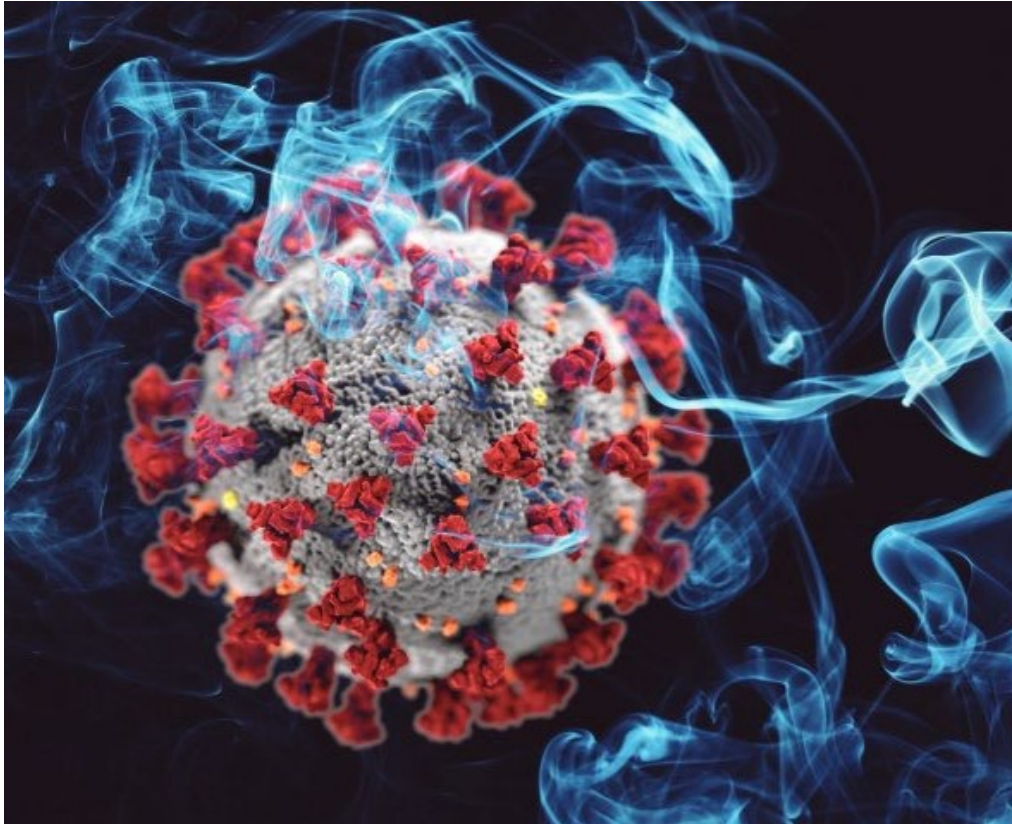
Individuals with a mental illness may develop cancer at a 2.6 x higher rate on account of late-stage diagnosis & inadequate treatment and screenings

Individuals with a mental illness have a higher rate of fatality due to cancer

Lung cancer is the #1 cause of cancer death for men and women

Nearly 9 out of 10 lung cancers are caused by smoking

COVID-19 Hits Vulnerable Populations



- Those with behavioral health conditions are also more likely to contract COVID-19
- Cigarette smoking compromises the immune system and is associated with increased risk for pulmonary infections
- Cigarette smoking increases the severity of illness among COVID-19 patients.
- Those who smoke and contract the virus are more likely to:
 - **go to the ICU**
 - **be put on respirators**
 - **die**

Groups at Higher Risk for Severe Illness

Older Adults

Adults with the following
medical conditions



- Cancer
- Chronic kidney disease
- COPD (chronic obstructive pulmonary disease)
- Down Syndrome
- Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Immunocompromised state from solid organ transplant
- Obesity (body mass index [BMI] of 30 to <40)
- Severe Obesity (BMI 40 or higher)
- Pregnancy
- Sickle cell disease
- **Smoking**
- Type 2 diabetes mellitus

Tobacco and COVID-19: **Public Health Implications**

■ **Public health messaging can:**

- Communicate that cigarette smoking increases the severity of illness among COVID-19 patients.
- Ensure studies that suggest smoking protects against SARS-CoV-2 infection are not misinterpreted as a reason to use tobacco or nicotine products.

■ **Regardless of any association with COVID-19:**

- The adverse health effects of smoking are well-documented and irrefutable. Now is a better time than ever to quit.
- Smoking harms nearly every organ of the body, and quitting smoking is beneficial at any age.
- Clean air – free of both secondhand smoke and aerosol – remains the standard to protect health.



Courtesy of: Brian A. King, PhD, MPH, CDC/OSH

Messaging

- Approaching care, access to care and education of providers...
- Smoking cessation during addiction treatment is associated w/ a 25% increase likelihood of long-term abstinence from alcohol and illicit drugs.
- Cessation can have the equivalent affect as anti-depressants; helps w/ depression, anxiety, stress, mood
- But how best to approach messaging to this community?
- Must be
 - Empathetic
 - Fact-based
 - Encouraging
 - Emphasize resilience

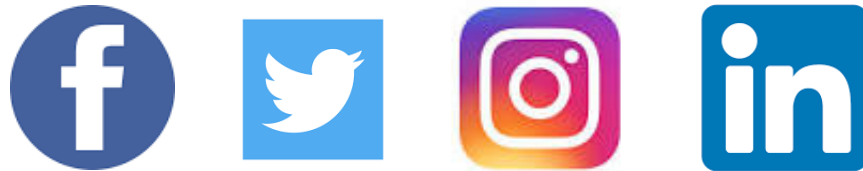


I COVID QUIT!



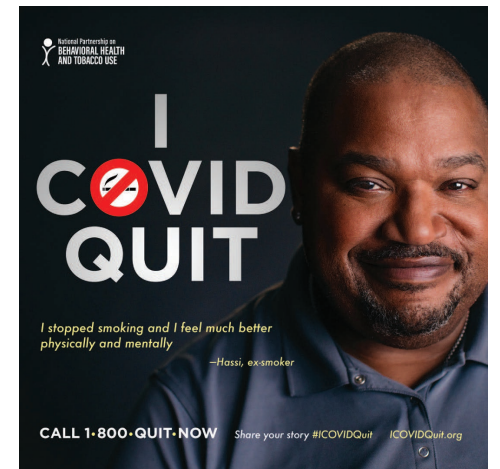
Robert Wood Johnson Foundation

Social media campaign launched on March 31, 2021



- Specifically aimed at Behavioral Health community
- Uses an encouraging, empowering, empathetic tone
- Focuses on mental benefits of cessation

[ICOIDQUIT.org](https://www.ICOVIDQUIT.org)



I COVID QUIT Promotional Partners

▪ Strategic Partners

States

- Alaska
- Indiana
- Maryland
- Michigan
- Oklahoma
- Pennsylvania
- South Carolina

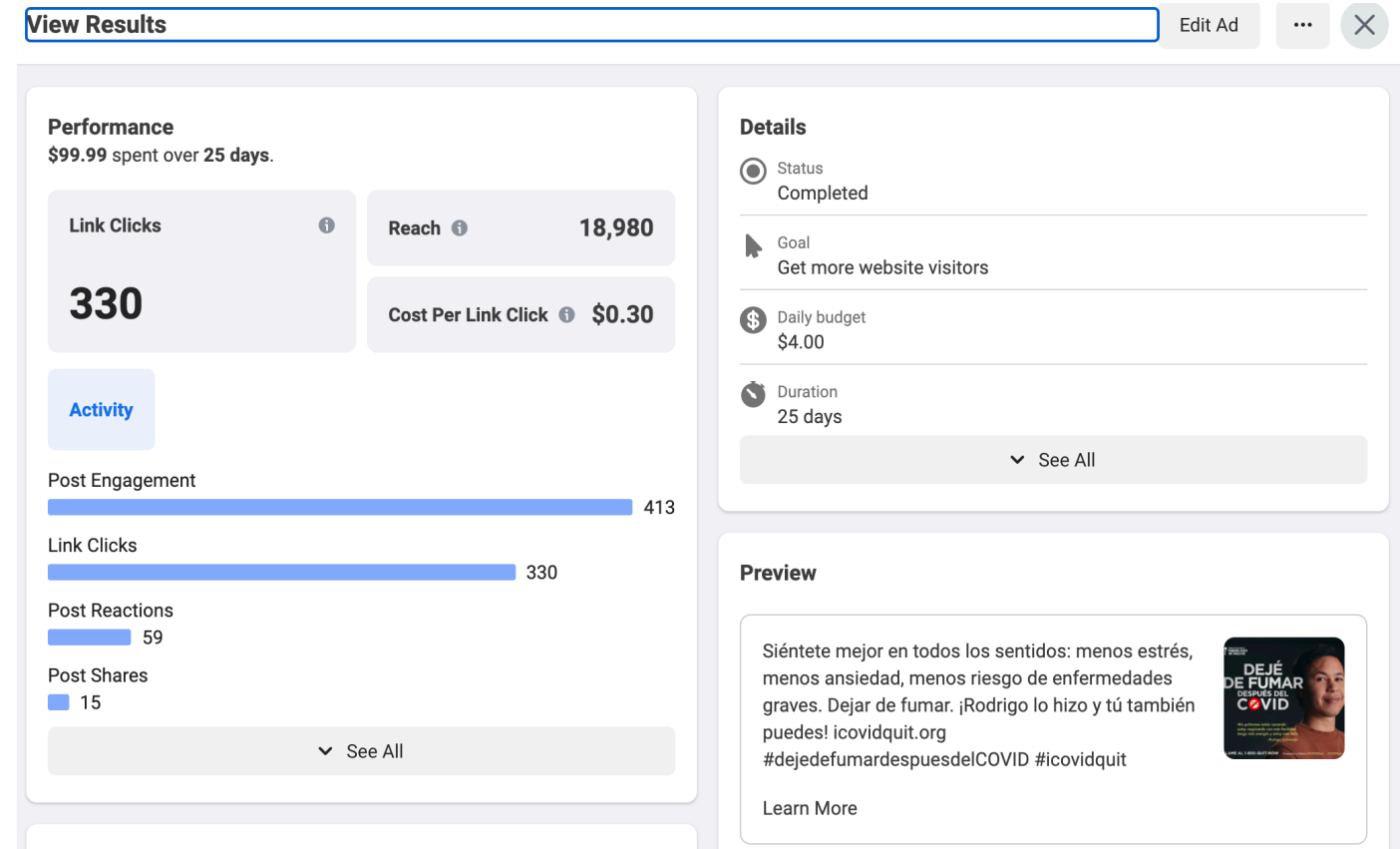
National Organizations

- American Psychiatric Association
- American Society of Addiction Medicine
- Association of State Territorial Health Officers
- National Association of Social Workers



I COVID Quit On Facebook

- 5 ads in 60 days: 53,261 = 1.5K% increase
 - Daily budget of \$4-\$5
 - Targeted users in particular geographical areas
 - Narrowed to those with specific interests.
 - Goal=drive traffic to our website (link clicks)
- Paid ad engagement (likes, comments, link clicks): 2,584
 - Average increase of 876 daily post engagements.
 - Average price per link click = 32.7 cents; Facebook marketing experts consider anything between 30-35 cents to be “very good”



Spanish ad was our best-performing. It ran 25 days for \$99.99 😊

Dejé De Fumar Después Del COVID!

- Rodrigo's ad translated into Spanish, by Santa Clara Department of Public Health's tobacco program
- All assets including videos are available for FREE
- Contact SCLC to discuss co-branding possibilities!

Download your resources at ICOVIDQUIT.org



State Partnerships

Characteristics

- Group organized around specific, measurable results
- Flexible governance structure
- Fast paced, just get started!
- Emphasizes cross-sector collaboration
- Focus is on a better use of existing resources – no cost and low-cost strategies
- Data not just used to measure progress but also as a motivator
- Vision tied to measurable outcomes



Real-Time Action Planning

All state summits answer these 5 questions to form the basis of their action plan

1. Where are we now? (**Baseline**)
2. Where do we want to be and by when? (**Target**)
3. How will we get there? (**Multiple Strategies**)
4. How will we know if we are getting there? (**Evaluation**)
5. What will each of us do and by when? (**Next Steps**)

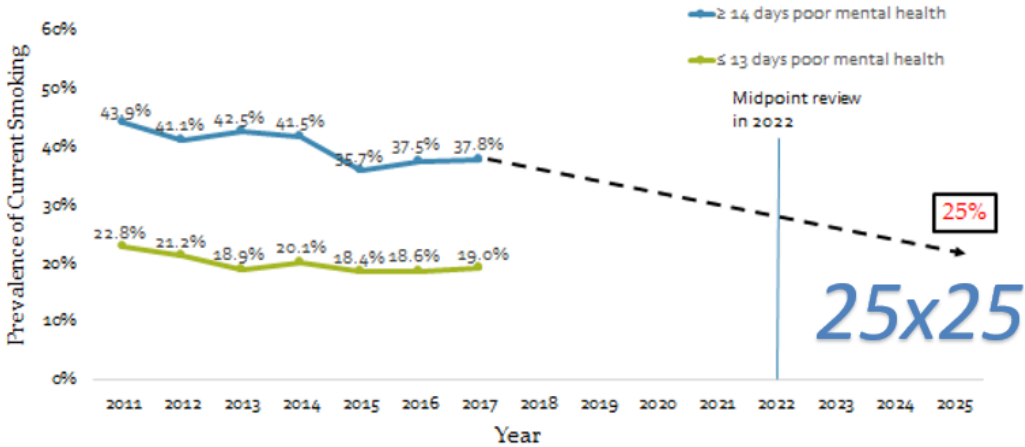
State Baselines and Targets

State	Baseline	Target
NJ	<ul style="list-style-type: none"> Adults in SUD Treatment, at Discharge: 64% in 2017 Adults Reporting Poor Mental Health: 25.1% in 2015 - BRFSS 	<ul style="list-style-type: none"> 54.4% by 2022 16.16% by 2022
PA	<ul style="list-style-type: none"> Adult Heavy Drinkers: 29.5% (2015) – BRFSS Adults Reporting Poor Mental Health: 37.4% (2015) - BRFSS 	<ul style="list-style-type: none"> 22.5% by 2022 30.4% by 2022
AK	<ul style="list-style-type: none"> Adults Reporting Poor Mental Health: (2019) 42% BRFSS Adults Binge Drinkers (2019) 32% BRFSS 	<ul style="list-style-type: none"> 35% by 2025 25% by 2025
KS	<ul style="list-style-type: none"> Adult Heavy Drinkers: 30.1% (2016) – BRFSS Adults Reporting Poor Mental Health: 32.7% (2016) - BRFSS 	<ul style="list-style-type: none"> 20% by 2025 20% by 2025
NC	<ul style="list-style-type: none"> Adult Heavy Drinkers: 34.3% (2016) – BRFSS Adults Reporting Poor Mental Health: 32.5% (2016) - BRFSS 	<ul style="list-style-type: none"> 24% by 2024 24% by 2024

Baselines and Targets

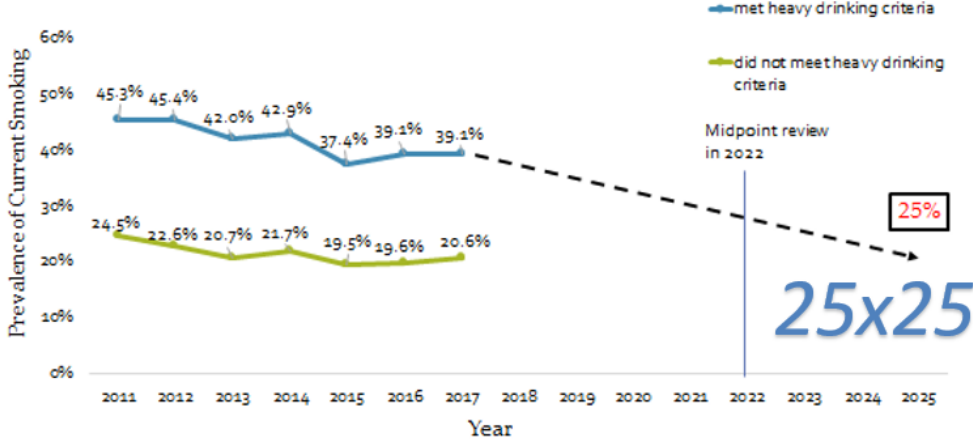
	Baseline	Target
Prevalence of Current Smoking among Indiana Adults Aged 18 Years and Older By Mental Health* Status	37.8% (2017)	25% by 2025 (12.8 points↓) with a midpoint review in 2022
Prevalence of Current Smoking among Indiana Adults Aged 18 Years and Older by Heavy Drinking** Status	39.1% (2017)	25% by 2025 (14.1 points↓) with a midpoint review in 2022

Current Smoking Prevalence among Indiana Adults Aged 18 Years and Older by Mental Health* Status (2011-2017 IN BRFSS)



*Poor Mental Health: defined as 14 or More of the Past 30 Days Not Good.

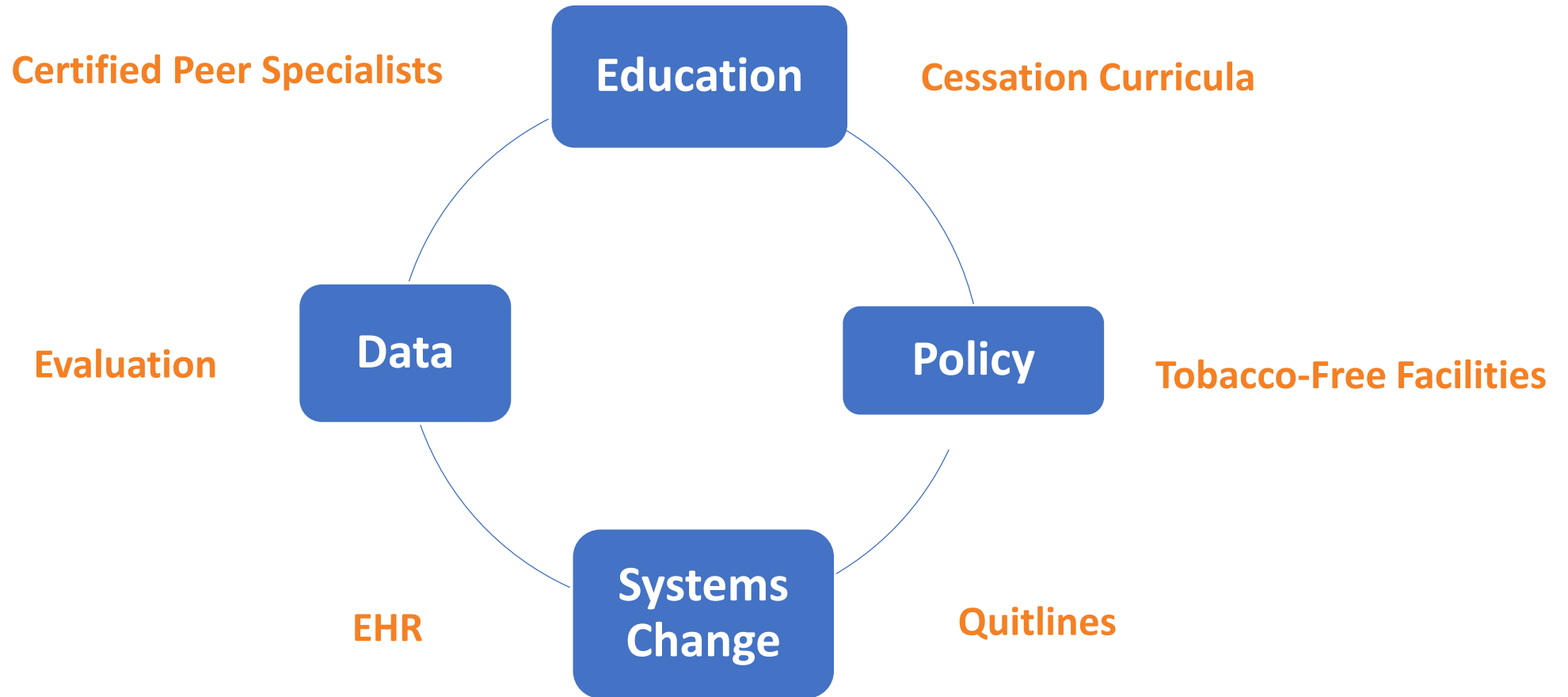
Current Smoking Prevalence among Indiana Adults Aged 18 Years and Older By Heavy Drinking* Status (2011-2017 IN BRFSS)



* Heavy drinking: 2015-2017 defined as consuming on average more than 14 drinks per week for men, more than 7 drinks per week for women; 2011 to 2014 defined as consuming on average more than 2 drinks per day for men and one drink per day for women.

How Will We Get There?

Strategy “Buckets”



PROGRESSES



OKLAHOMA: All state-operated behavioral health services facilities were impacted by a February 2012 Tobacco Free Workplace executive order.



NEW YORK: 22 out of 24 behavioral health campuses are tobacco free; this policy is expected to become systemwide soon for all state-operated campuses.



TEXAS: 18 local mental health authorities have adopted a 100% tobacco-free campus policy.



NORTH CAROLINA: As of July 1, 2014, the use of tobacco products, including e-cigarettes, was prohibited anywhere on the grounds of state-operated healthcare facilities.

Maryland Tobacco Quitline Posters



States Are Reaching—and Surpassing!—Their Targets

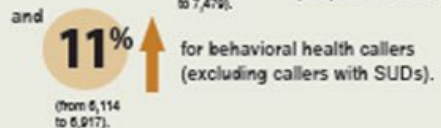
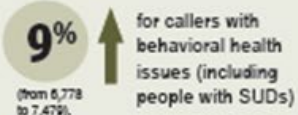
MARYLAND:

Smoking prevalence for people with M/SUDs



—even lower than the original target of 57.44%!

Between FYs 2013 and 2014, the number of callers to the quitline increased



Source: Maryland Leadership Academy information obtained by the SCLC.



OKLAHOMA:

Self-reported smoking prevalence for consumers with SUDs



—even lower than the original target of 60%!

The state's national ranking in adult smoking prevalence dropped



Provider referrals to the Oklahoma Tobacco Helpline increased



Source: Oklahoma Leadership Academy information obtained by the SCLC.

State Success Stories

Kansas

- Worked w/ **NAMI** to **develop implementation toolkit** that helps behavioral health organizations **adopt a tobacco-free policy**, integrate evidence-based treatment, support prevention efforts, and build staff capacity

Kentucky

- Provided KY **Medicaid providers** with educational material on cessation benefits, **billable tobacco treatment codes and 5A's** – created - KY Quitline now provides **12 weeks of NRT upon** discharge from treatment facilities
- **1 target met** before 2020 deadline (current smoking among binge drinkers) – close to next!

Montana

- Launched **media campaign** and saw significant increase in number of callers to Montana Tobacco Quitline with behavioral health conditions
- **1 target met before 2021** deadline (smoking among adults w/ poor mental health)

South Carolina

- Mandate for all state-operated mental health and substance use facilities to be tobacco-free by December 31, 2019 (as of **January 1, 2020, all community mental health treatment facilities in the state have comprehensive tobacco-free policy**)

Indiana

- Department of Health's Tobacco Prevention and Cessation Commission partnered w/ FSSA Division of Mental Health and Addiction to support providers w/ tobacco treatment strategies. **Created an RFA that aligns w/ the objectives and strategies outlined in the Leadership Academy** and Tobacco Control Strategic Plan: to take **behavioral health facilities tobacco-free, and offer cessation services**



CA BHWI Moving Ahead: Cohorts In Action

Community of Practice with residential SUD treatment agencies engaging in a peer to peer learning collaborative

Back to School Webinar Series with Free CMEs/CEUs



SCLC is offering FREE CME/CEUs for our recorded webinar collections for a total of **29.5 units**.

Visit SCLC's website at: <https://smokingcessationleadership.ucsf.edu/free-cmec-es-webinar-collections>

Save the Date!

SCLC's next live webinar is, ***What Works: Developing Effective Partnerships to Treat Tobacco Addiction in Behavioral Health Settings***, with Regina Smith, IN, Heath Hayes, OK and Christian Barnes-Young, SC.

- **Thursday, September 23, 2021, 2-3:30 pm ET**
- Registration is now open!

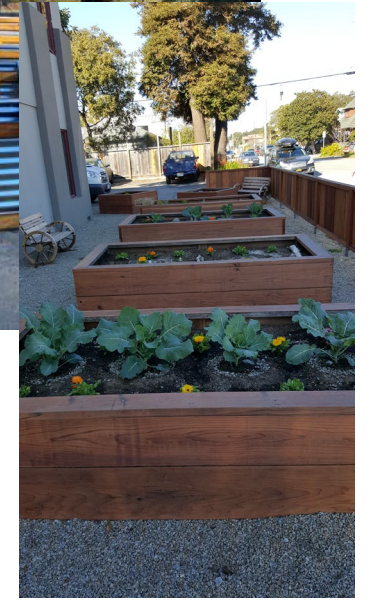
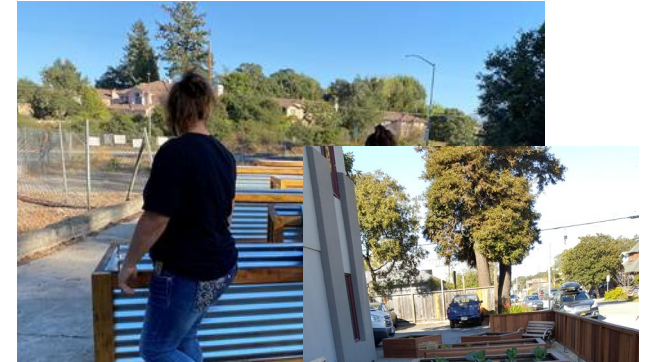


Contact Us for Technical Assistance

- Visit us online at smokingcessationleadership.ucsf.edu and tobaccofreerecovery.org
- Call us toll-free at **877-509-3786**
- catherine.saucedo@ucsf.edu
- christine.cheng2@ucsf.edu

UCSF Smoking Cessation
Leadership Center

National Center of Excellence for
Tobacco-Free Recovery



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