



The Intersection of Nicotine Addiction and Behavioral Health Services

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Purpose – Meaningful collaboration between public health and behavioral health professionals to address nicotine addiction in those living with substance use disorders and mental health conditions improves well-being, sobriety outcomes, and recovery.

AGENDA

- 1. Laying the Groundwork with Data**
- 2. Understanding Smoking and Behavioral Health**
- 3. Quitting and Behavioral Health**
- 4. Principles into Practice**
- 5. Cessation Services and Resources**
- 6. Getting Involved**



LAYING THE GROUNDWORK WITH DATA

RATES OF SMOKING



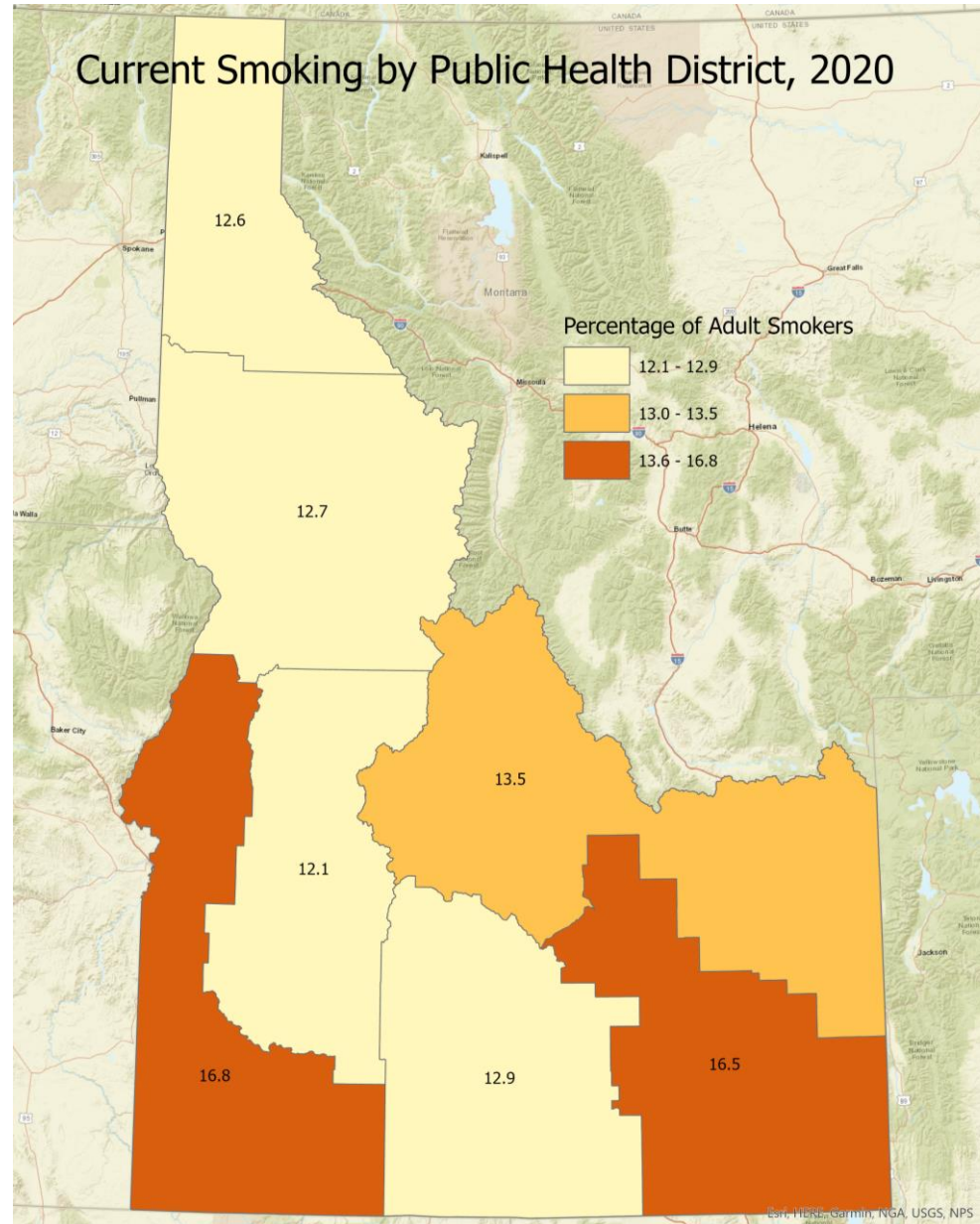
13.6% smoke cigarettes



12.5% smoke cigarettes

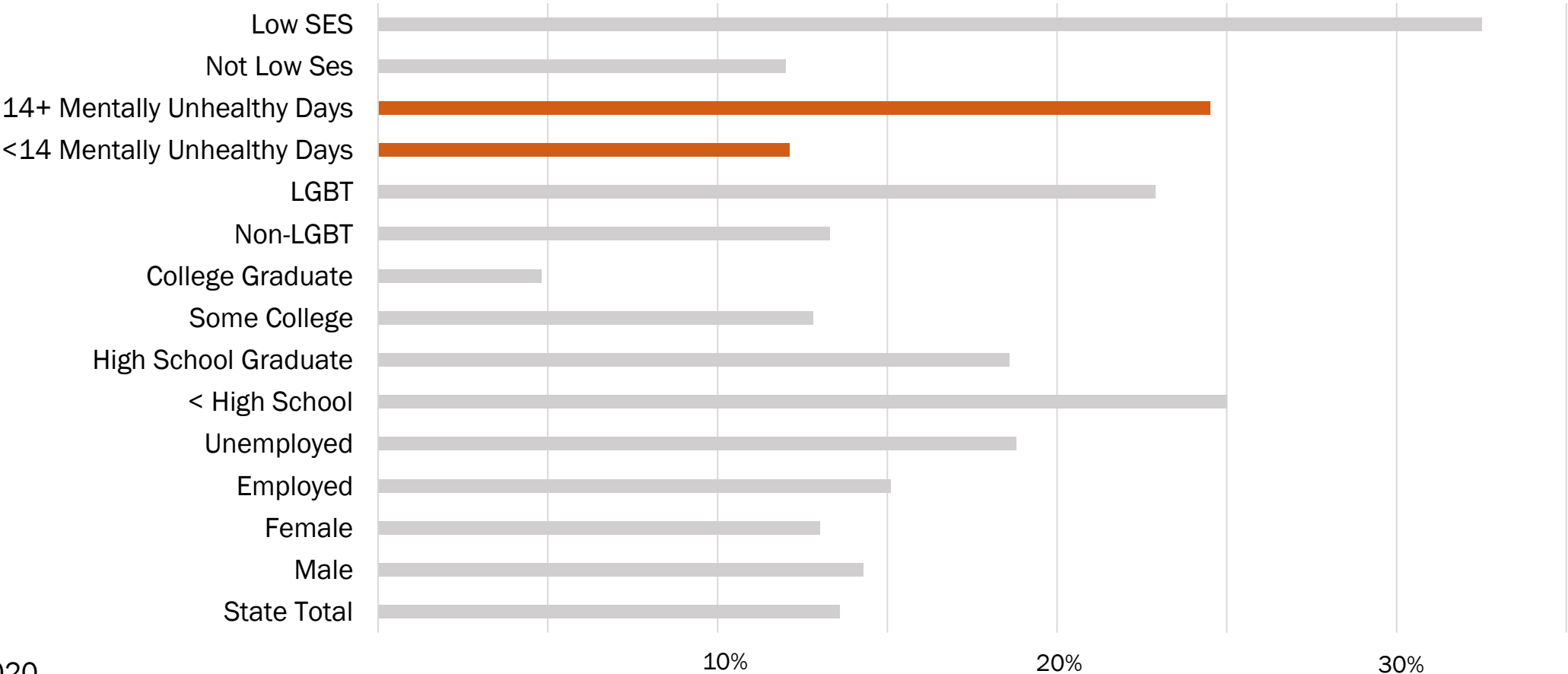
BRFSS, 2020

Current Smoking by Public Health District, 2020



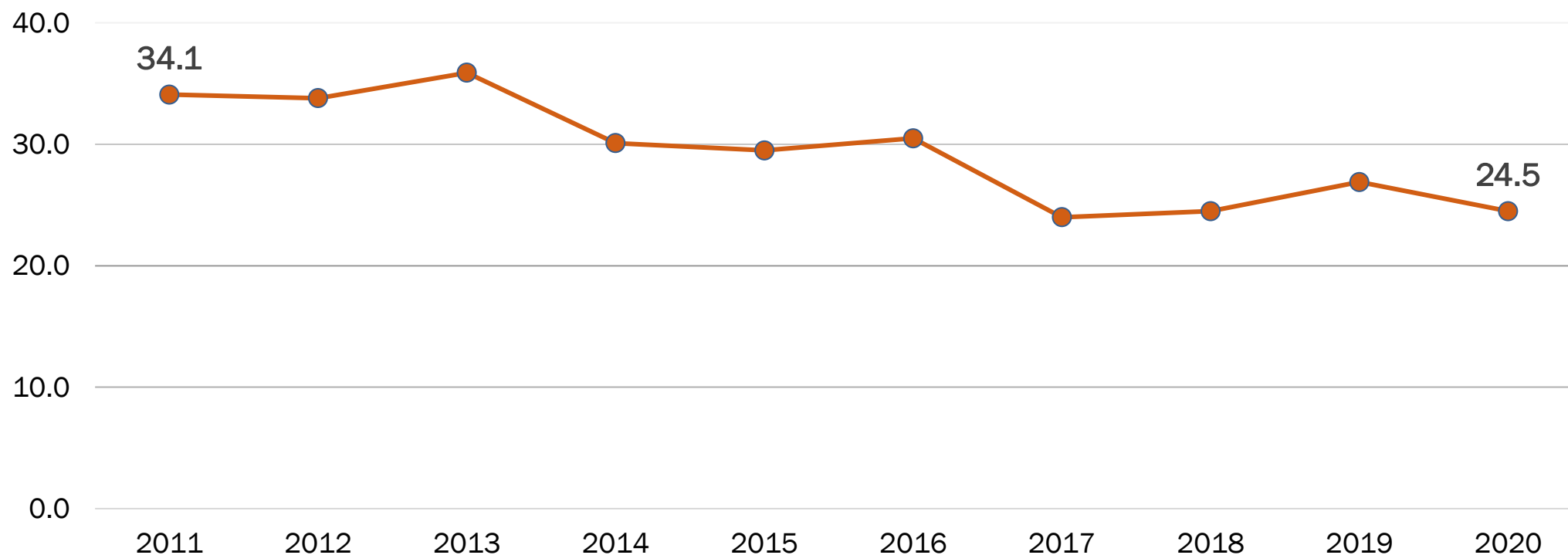
BRFSS, 2020

SMOKING PREVALENCE DEMOGRAPHICS



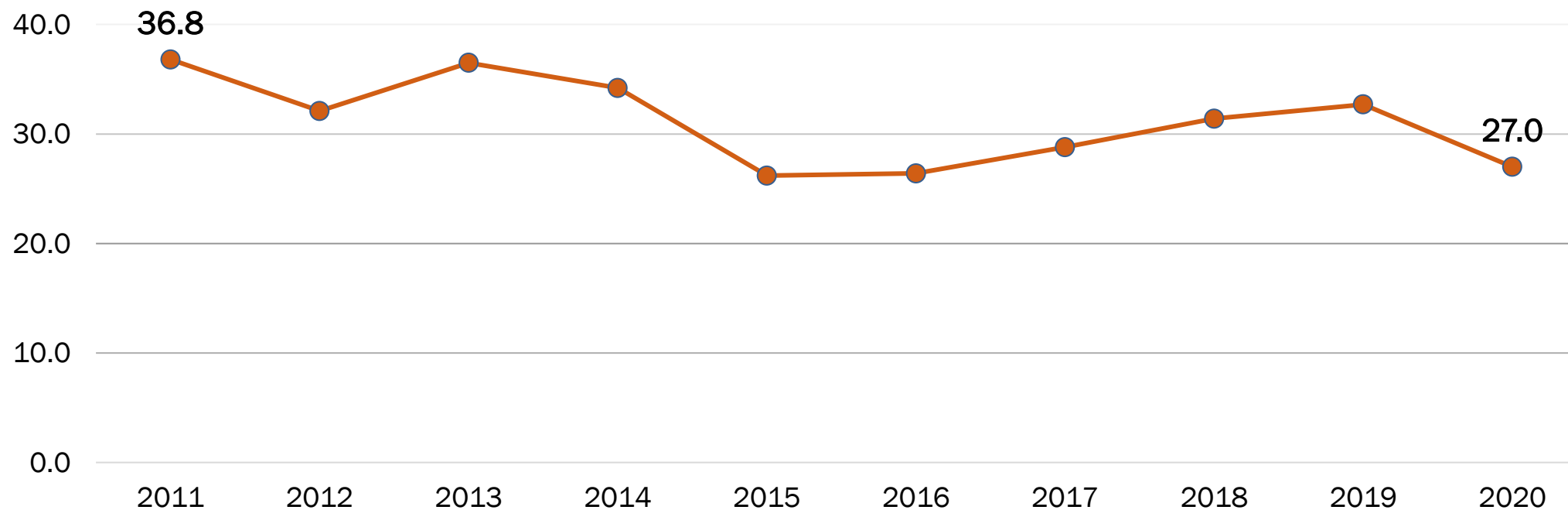
BRFSS, 2020

SMOKING PREVALENCE AMONG ADULTS WITH POOR MENTAL HEALTH*



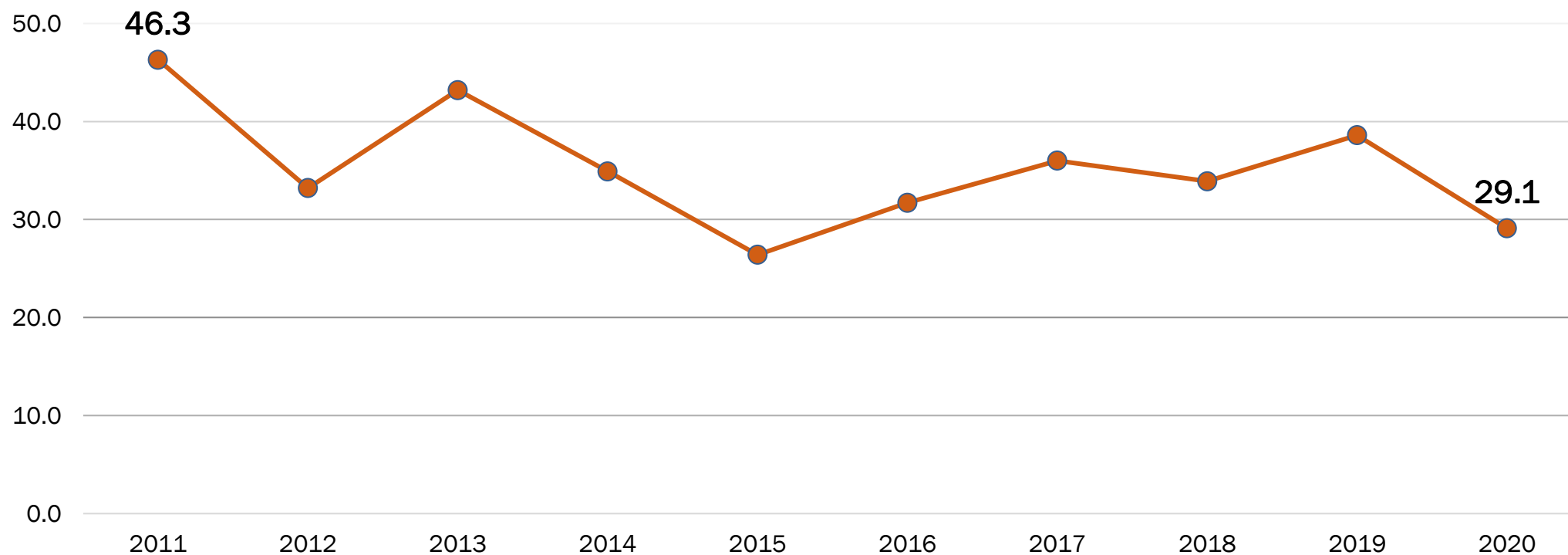
BRFSS, 2020 *14 or more days of bad mental health over prior 30 days

SMOKING PREVALENCE AMONG ADULTS WHO BINGE DRINK*



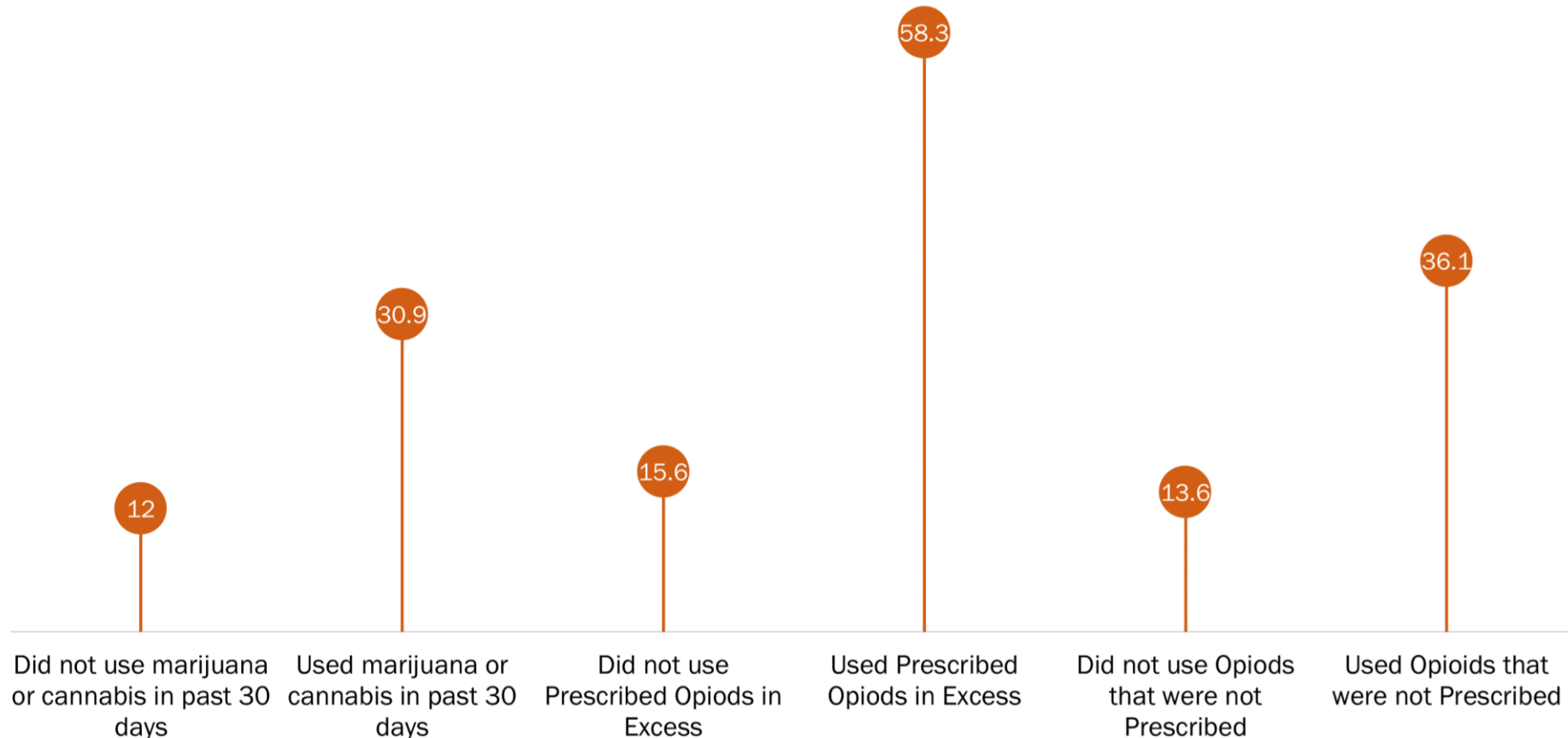
BRFSS, 2020 *Binge drinking: men having 5+ drinks and women having 4+ drinks on one occasion

SMOKING PREVALENCE AMONG ADULTS WHO DRINK HEAVILY*



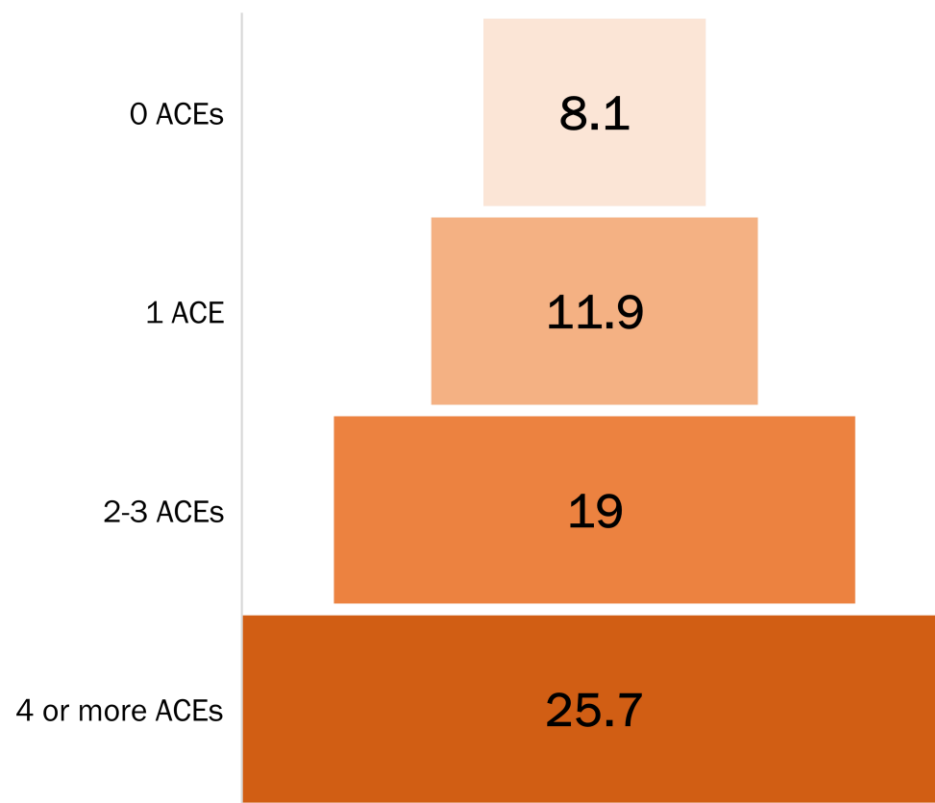
BRFSS, 2020 *Heavy drinking: men having >14 drinks and women having >7 drinks per week

SMOKING PREVALENCE BY SUBSTANCE USE STATUS



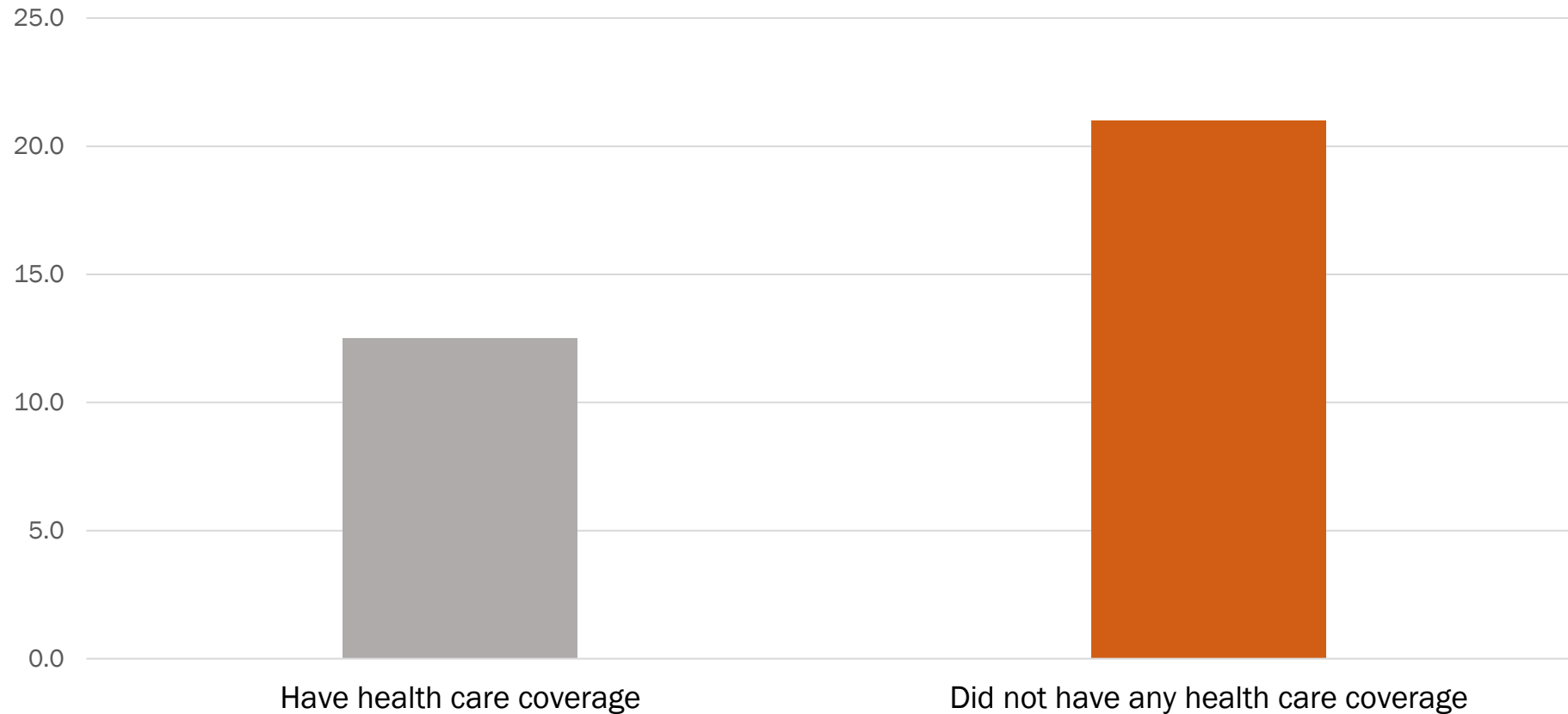
BRFSS, 2020

SMOKING PREVALENCE BY ADVERSE CHILDHOOD EXPERIENCES (ACEs)



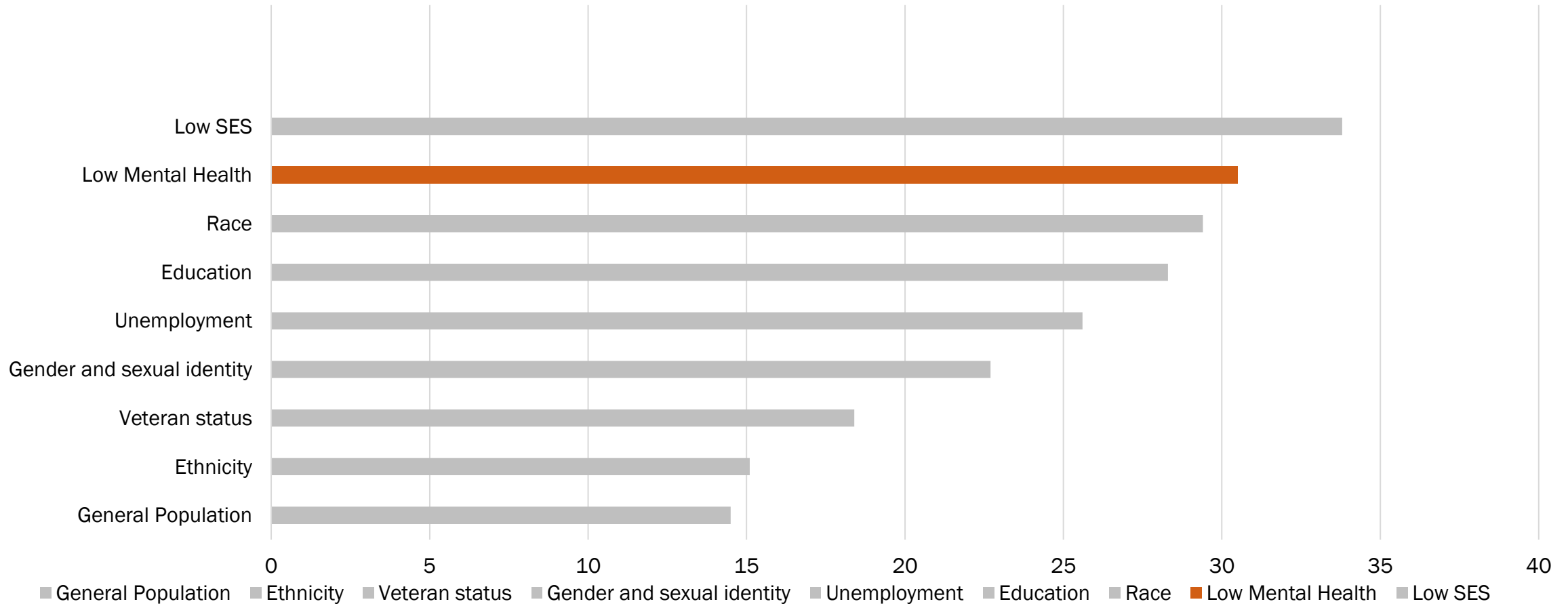
BRFSS, 2018

SMOKING PREVALENCE BY HEALTH INSURANCE STATUS



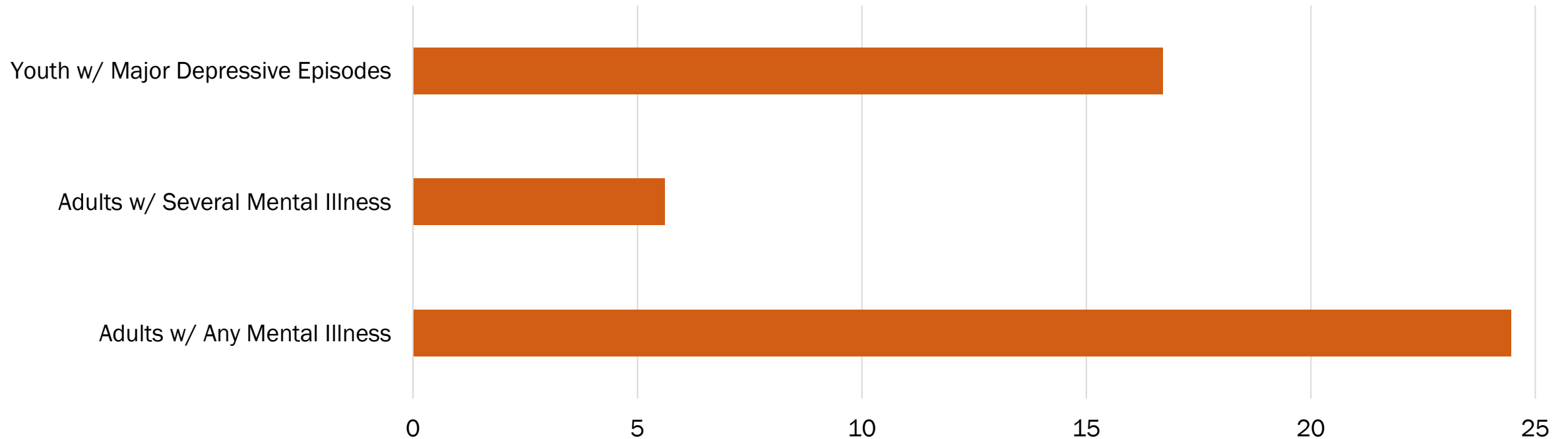
BRFSS, 2020

SMOKING PREVALENCE BY DEMOGRAPHICS



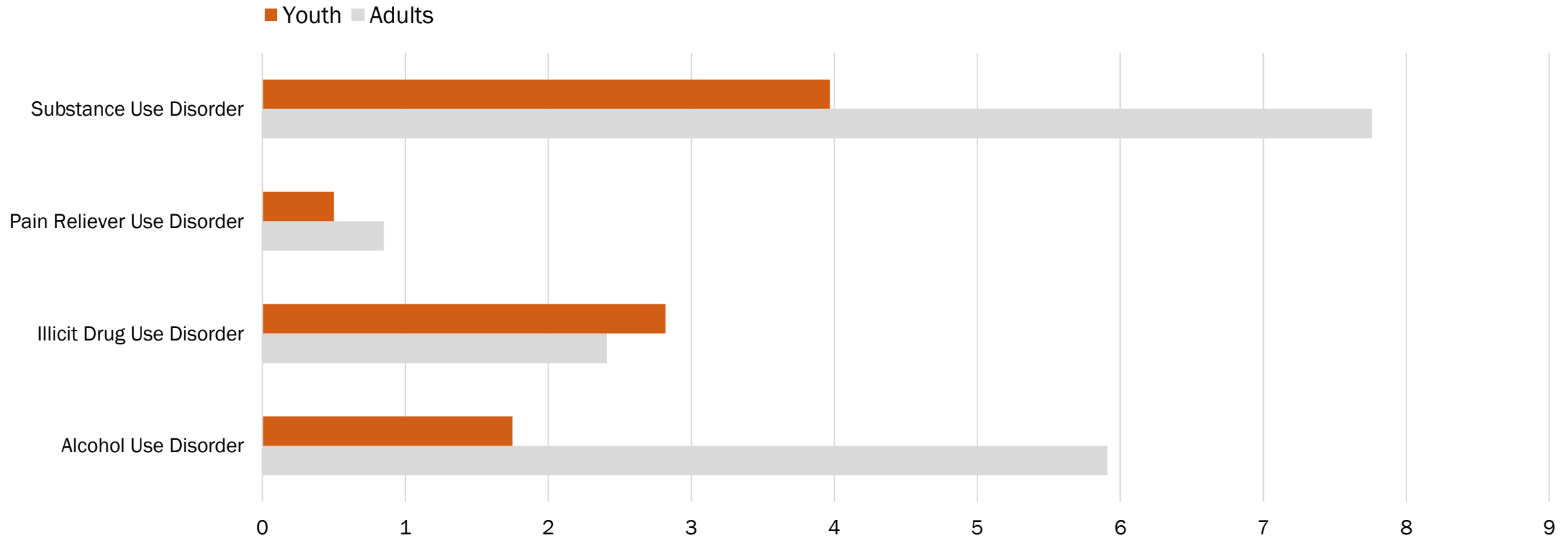
BRFSS, 2018

PERCENTAGE OF INDIVIDUALS WITH MENTAL ILLNESS



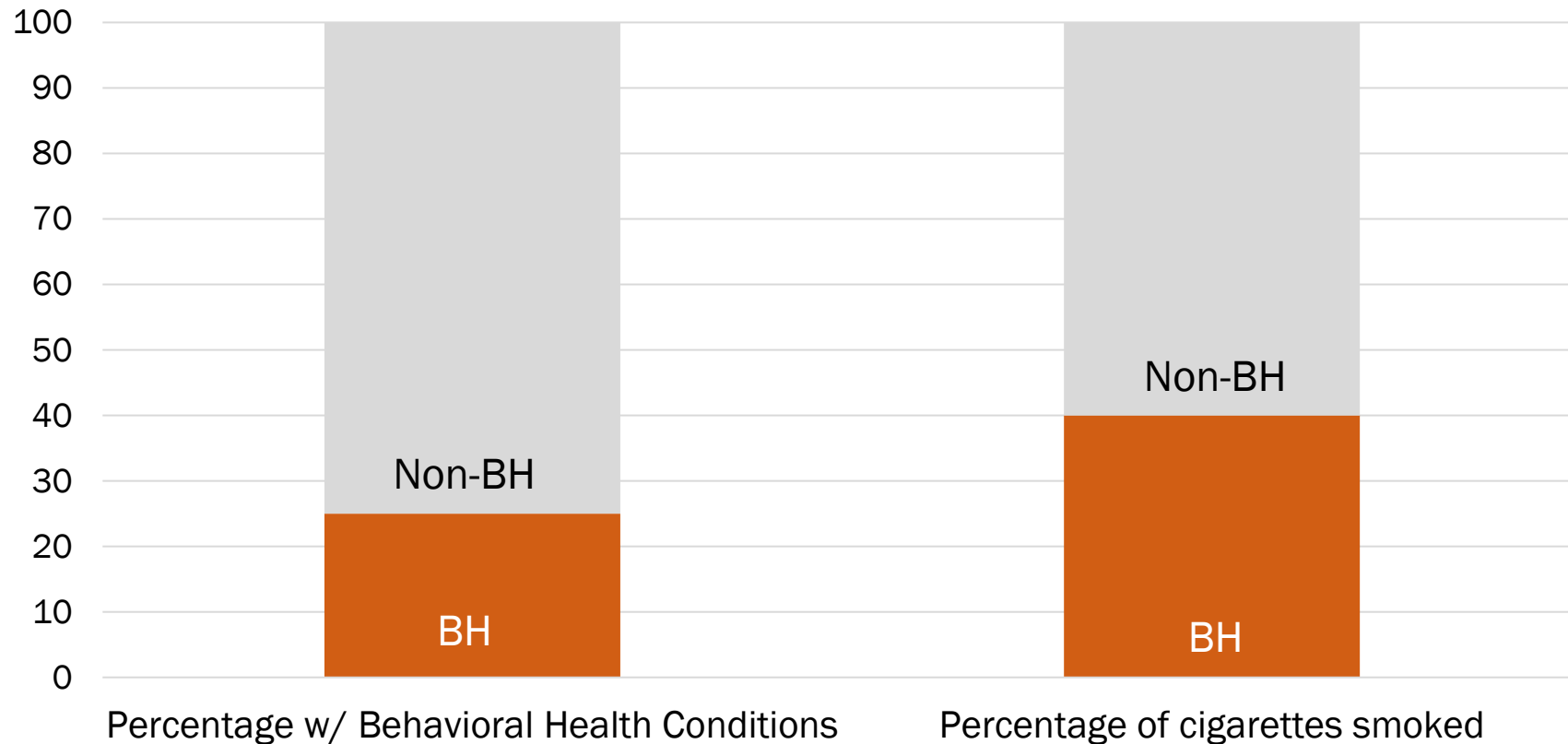
BRFSS, 2018

PERCENTAGE OF INDIVIDUALS WITH SUBSTANCE USE DISORDERS



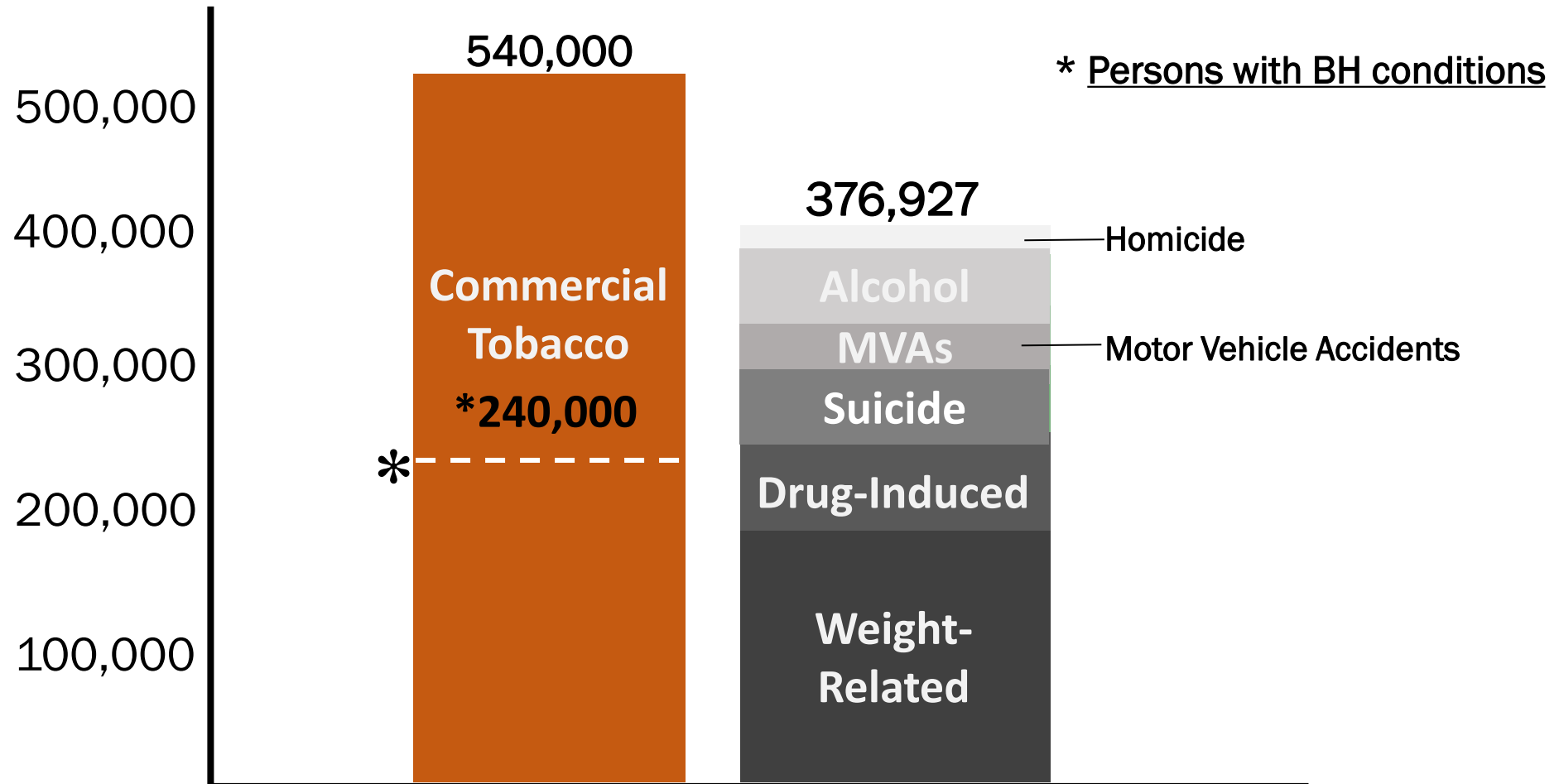
BRFSS, 2018

PREVALENCE OF INDIVIDUALS WITH BEHAVIORAL HEALTH CONDITIONS



BRFSS, 2018

BEHAVIORAL CAUSES OF MORTALITY



QUITTING ATTEMPT PERCENTAGE BY MENTAL HEALTH STATUS

64%

**>14 mentally
unhealthy days**



53%

**<14 mentally
unhealthy days**



UNDERSTANDING SMOKING AND BEHAVIORAL HEALTH

WHY DO THESE DISPARITIES EXIST?

1. Tobacco industry targeting and marketing

- Marketed cigarettes as a stress reliever
- Lied about the harm and addictive nature of cigarettes
- Provided products to behavioral health facilities

2. Structural and systemic disadvantages

- Discrimination based on race, ethnicity, sexual orientation, gender identity, disability, etc.
- Poverty, low education, and food, housing, and job insecurity
- Access to healthy environments and affordable healthcare

3. Stress and Trauma

- Adverse Childhood Experiences (ACEs)
- Other childhood and adult traumas, such as violence, bullying, and discrimination

WHAT DO WE KNOW NOW?

- Nicotine is highly addictive, especially when started early!
- People with behavioral health conditions have high rates of smoking
- People with behavioral health conditions smoke more than people who don't have behavioral health conditions
- People who recover from their behavioral health condition die early from smoking related illness
- Smoking can interact with treatment medications



THE GOOD NEWS!

- People with behavioral health conditions *want to* and *can* quit smoking
- Quitting smoking during treatment can improve recovery and sobriety outcomes
- Smoking is not necessary to cope with the challenges of recovery





Quitting and Behavioral Health

SMOKING CESSATION WITH BEHAVIORAL HEALTH CONDITIONS

Approach to treating nicotine addiction is like other SUDs and mental health conditions:

- Addiction is real and recovery is difficult
- The choice to start is theirs
- It takes one step at a time
- Slip ups and relapse are not failure
- It can take several tries to quit for good
- Withdrawal symptoms are common
- Counseling and medications work
- Peer support is an important part of success



ACKNOWLEDGING THE CHALLENGES

Perceived and actual losses experienced while quitting

- Social interactions with those who still smoke
- “One last vice”
- Only way to cope with stress

Other challenges

- Nicotine is highly addictive
- Smoking is socially acceptable and common
- Immediate effects of addiction and mental illness considered higher priority
- Lack of smoke-free recovery spaces



BENEFITS OF QUITTING SMOKING DURING RECOVERY

- Greater control
- Better mental health
- Immediate and long-term physical health improvements
 - Immunity
 - Healing
 - Chronic disease prevention
- Improved quality of life
- Improved recovery and sobriety outcomes





Principles into Practice

CONSIDERATIONS FOR NICOTINE ADDICTION TREATMENT

- ☐ Does your place of treatment or recovery screen for nicotine use?
- ☐ Does your place of treatment or recovery actively encourage and provide resources for people who want to quit?
- ☐ Do staff in your place of treatment or recovery smoke in front of clients/patients or on the property?
- ☐ Does your place of treatment or recovery have a smoke-free policy? Is it enforced?
- ☐ What is your place of treatment or recovery's capacity to integrate tobacco cessation?
- ☐ Is there support in your place of treatment or recovery to integrate tobacco cessation?

PRINCIPLES INTO PRACTICE

ASK, ADVISE, CONNECT - Framework for integrating nicotine addiction treatment into any behavioral health setting

- Takes minimal time
- Easily integrated into already existing practices
- Quality improvement
- Improves likelihood of a successful quit
- Another tool in the toolbox to improve the well-being of patients and clients



PRINCIPLES INTO PRACTICE

ASK – Screen for nicotine use and readiness to quit during intake for services

1. Do you smoke cigarettes, vape, chew, or use a different kind of nicotine product?
2. Do you want to quit or reduce your nicotine use?

Ask these questions at every follow-up.



PRINCIPLES INTO PRACTICE

ADVISE – Encourage quitting, address myths, challenges, and benefits

1. Connect the advice to the reason for them being in treatment

ex: “Quitting smoking can be hard, but it can help you on your recovery journey.”

2. Address concerns with compassion

ex: “Smoking can feel like your only way to cope, but we will help you build healthier coping skills.”



PRINCIPLES INTO PRACTICE

CONNECT – Refer to cessation services or offer direct treatment

1. Refer to the Idaho QuitLine via fax, web, or eReferral

- Free and confidential services for all Idahoans regardless of income or insurance status
- Quit coaches and quit medication

2. Help people quit with peer support, group sessions, individual counseling, and quit medication



PRINCIPLES INTO PRACTICE

Adopt Smoke-free Policies

Benefits:

- Reduces exposure to secondhand smoke
- Encourages those who are trying to quit
- Fosters a substance-free environment

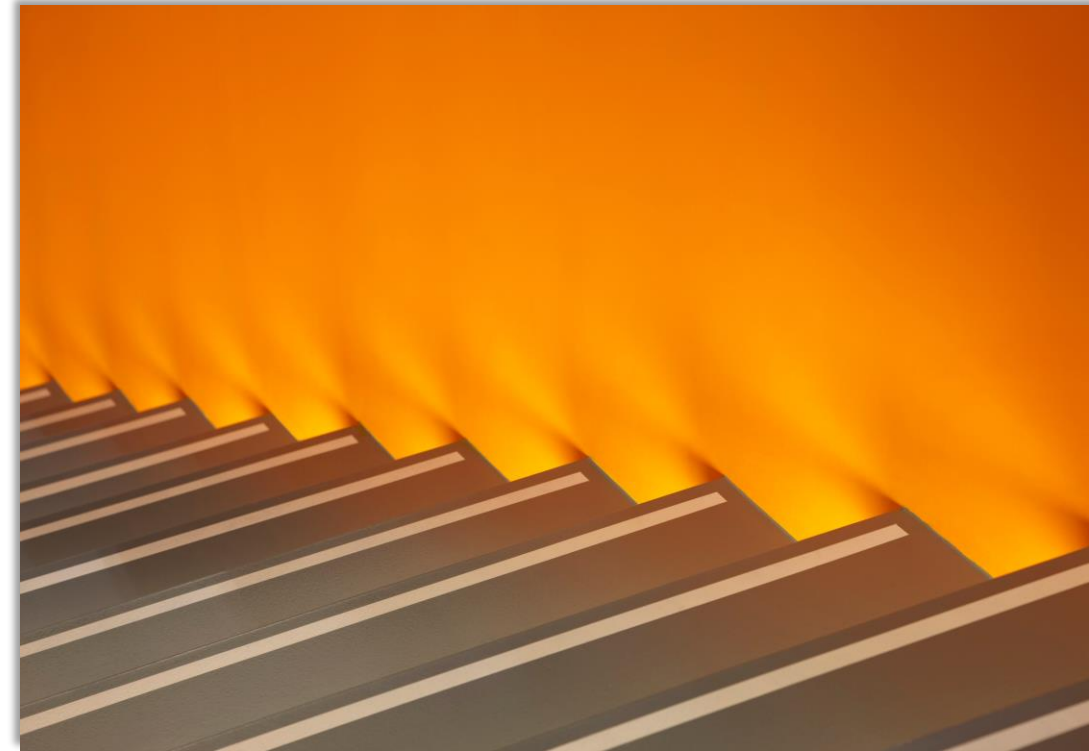
Considerations:

- Use non-punitive and encouraging language
- Include all nicotine products
- Consistent enforcement for all people
- Avoid pushing people to smoke in other places

Project Filter offers free and customizable smoke-free signs

10 STEPS TO GET THERE

1. Convene or involve wellness committee
2. Create a timeline
3. Craft the message
4. Draft the policy
5. Clearly communicate intent
6. Educate staff and clients
7. Provide cessation services to staff
8. Build community support
9. Launch the policy
10. Monitor the policy and respond





CESSATION SERVICES AND RESOURCES

SUPPORTING TREATMENT



About Idaho QuitLine/Project Filter Services:

- Open 24/7
- Language Line
- TTY for the deaf and hard of hearing
- Free nicotine replacement therapy
- Trained and compassionate quit coaches

Visit projectfilter.org
or call [1-800-QUIT-NOW](tel:1-800-QUIT-NOW)

SUPPORTING TREATMENT



Behavioral Health Program

- Compassionate and intensive support specifically for people with behavioral health conditions
- Available for people ages 18+ over the phone with:
 - depression, anxiety, PTSD, bipolar disorder, ADHD, schizophrenia, substance use disorders

SUPPORTING TREATMENT



My Life My Quit

- Free help to quit just for teens
- Text, chat, or call
- Confidential
- Personalized and tailored quit plan

Visit ***mylifemyquit.com***

or text ***Start My Quit*** to **36072**

THREE WAYS TO REFER

1

Fax

2

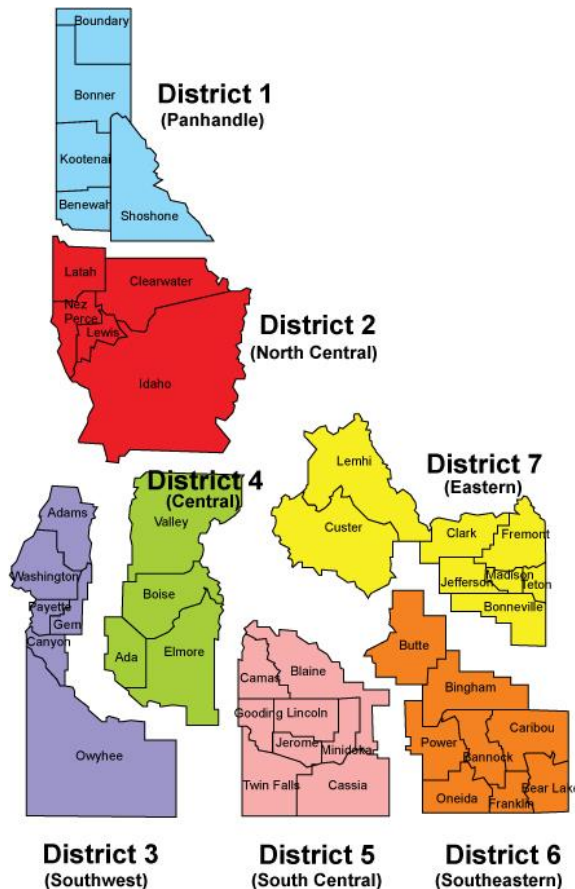
Web

3

eReferral

Visit ***projectfilter.org/hcp***

SUPPORTING TREATMENT



Local Public Health Districts

- One-on-one, group, in-person, virtual cessation programs
- Diapers and Wipes program
- Commercial tobacco prevention efforts
 - Educational presentations
 - Tobacco-free policy assistance and signage
- Call 2-1-1 or contact Project Filter for your local PHD contacts

FREE RESOURCES FOR PROVIDERS



Print and downloadable materials on Idaho Health Tools

- Behavioral health program flyer, poster, and brochure
- My Life My Quit posters and bookmarks
- English and Spanish vaping brochures
- General program brochure and wallet card
- Healthcare provider toolkit and behavioral health toolkit
- Order on Idaho Health Tools

Trainings and Continuing Education Opportunities

- <https://quitlogixeducation.org/idaho/>
- <https://smokingcessationleadership.ucsf.edu/free-cmece-webinar-collections>



GETTING INVOLVED



IDAHO LEADERSHIP ACADEMY

- Action planning summit was held August 31st and September 1st
- Included behavioral health and public health professionals
- Four workgroups were established:
 - Data
 - Education
 - Policy
 - Health Systems Change

Contact Cas Adams cassandra.adams@dhw.idaho.gov to learn more and participate in continued action planning and implementation



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