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National Association of State Mental  
Health Program Directors (NASMHPD)  
Annual 2019 Commissioners Meeting

# The National Partnership on Behavioral Health and Tobacco Use

## Healthier Smoke-Free Lives for People with Mental and Substance Use Disorders

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# Tobacco and Health: A Public Health Success Story

- From 1965 to 2012, lower smoking rates, propelled by *tobacco control* efforts, **saved 8 million lives in the U.S.**
- Average adult life expectancy increased by about 10 years, nearly a third of which – about 3 years – resulted from lower smoking rates
- This highlights why it's so important to focus on reducing tobacco use, and particularly cigarette smoking, as part of our overall health promotion efforts

Holford T., Meza R., Warner K., Meernik C., et al. (2014) Tobacco Control and the Reduction in Smoking-Related Premature Deaths in the United States, 1964-2012, JAMA;311:164-171.



"I'm going to grow  
a hundred  
years old!"

...and possibly she may—for the amazing strides of  
medical science have added years to life expectancy

• It's a fact—a warm, wonderful  
fact—that this five-year-old child,  
or your own child, has a life ex-  
pectancy almost a whole decade  
longer than was her mother's, and  
a good 18 to 20 years longer than  
that of her grandmother. Not only

the expectation of a longer life, but  
of a life by far healthier.

Thank medical science for that.  
Thank your doctor and thousands  
like him...toiling bravely...  
that you and yours may enjoy a  
longer, better life.



According to a recent Nationwide survey:

More Doctors smoke Camels  
than any other cigarette!

NOT ONE but three outstanding independent re-  
search organizations conducted this survey. And  
they asked not just a few thousand, but 113,517, doc-  
tors from coast to coast to name the cigarette they  
themselves preferred to smoke.

Answers came in by the thousands... from general  
physicians, diagnosticians, surgeons, men and throat  
specialists too. The most-named brand was Camel.

If you are not now smoking Camels, try them. Let  
your "T-Zone" tell you (see right).

© A. S. Brown & Sons Co., Winston-Salem, N. C.

CAMELS *Coastal  
Tobaccos*



THE "T-ZONE" TEST WILL TELL YOU

The "T-Zone"—T for  
taste and T for throat  
—is your own personal  
ground for any ciga-  
rette. Only your taste  
and throat can decide  
which cigarette tastes  
best to you... how it  
affects your throat.



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# Despite Progress, the Challenge Remains

- From 1965 to 2012, **cigarettes** killed more than **20 million Americans**, including **2.5 million nonsmokers** exposed to secondhand smoke, and more than **100,000 babies**
- Today **34.3 million adults** smoke cigarettes, and **16 million adults** live with a smoking-related disease (60% with COPD)
- At least **480,000 deaths** per year (**42,000** from secondhand smoke), and nearly **29% of all cancer deaths**
- 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**



Centers for Disease Control and Prevention, Economic Trends in Tobacco,  
[https://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/economics/econ\\_facts/index.htm](https://www.cdc.gov/tobacco/data_statistics/fact_sheets/economics/econ_facts/index.htm).



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# Cigarette Smoking Still Kills More Americans than All of these Combined



AIDS



Car crashes



Heroin



Homicide/Suicide



Alcohol



Fires



Cocaine

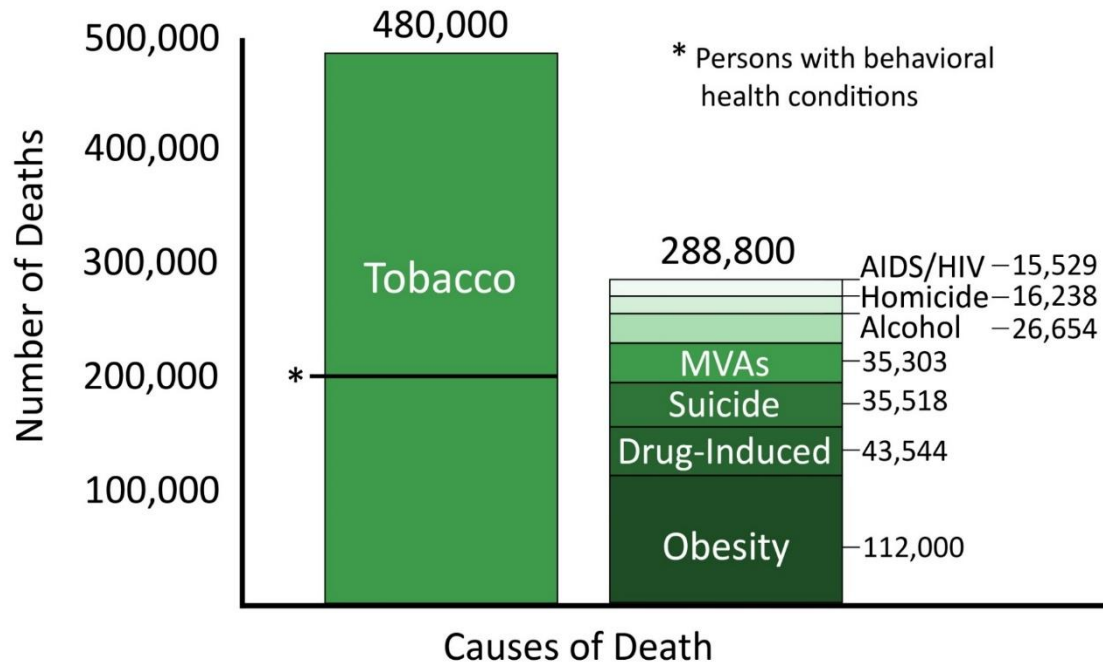


Opioids



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# Behavioral Causes of Death in the U.S.



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.



# The issue of disparities: Who's still smoking in 2019?

With 34.3 million smokers in the U.S., cigarette smoking is now predominantly found among three populations:

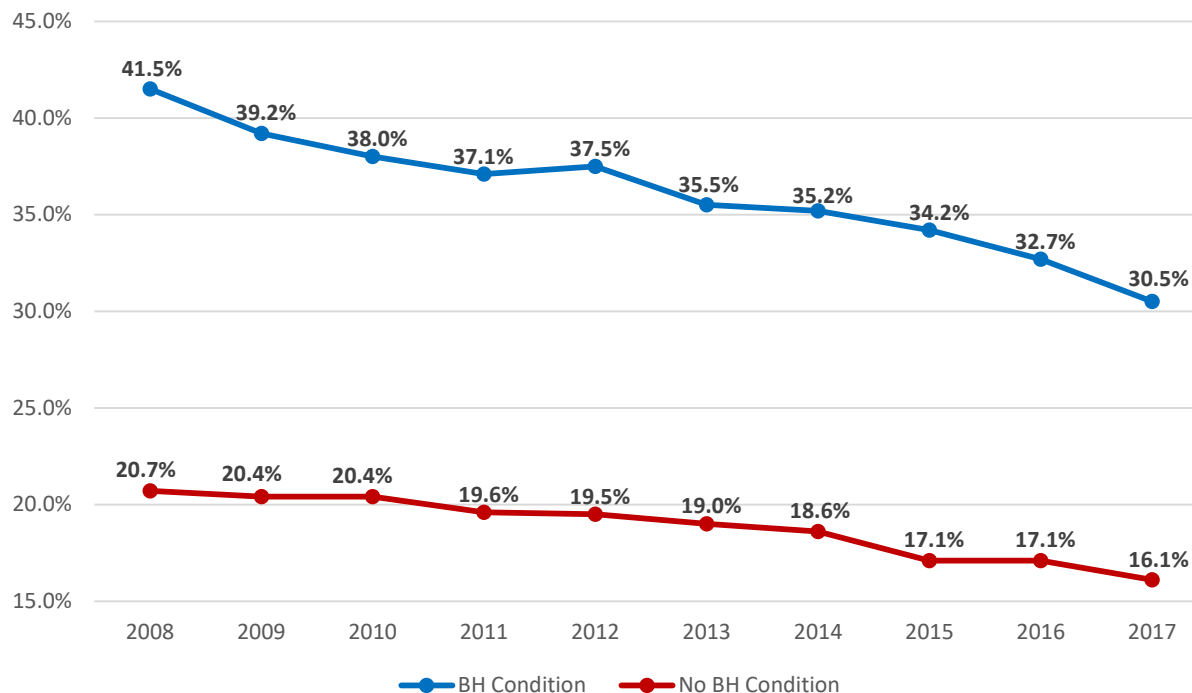
- Smoking prevalence among **adults who have not received a college degree** (23.1%) greatly exceeds that of college graduates (6.5%)<sup>1</sup>
- Smoking prevalence among **adults living below the poverty level** is much higher (25%) than among those at or above the federal poverty level (10%)<sup>1</sup>
- **Smoking prevalence among adults with mental health or addictive disorders** (30.5%) is much higher than among adults without behavioral health disorders (under 13%)<sup>2</sup>

<sup>1</sup>Wang TW, Asman K, Gentzke AS, et al. Tobacco Product Use Among Adults – United States, 2017. *MMWR Morb Mortal Wkly Rep* 2018;67:1225-32. DOI: <http://dx.doi.org/10.15585/mmwr.mm6744a2>

<sup>2</sup>United States Department of Health and Human Services. Substance Abuse and Mental Health Services Administration. Center for Behavioral Health Statistics and Quality. National Survey on Drug Use and Health, 2017. Research Triangle Park, NC: RTI International [distributor]



# Where are we now? - Current Smoking Among Adults (age > 18) with Past Year Behavioral Health (BH) Condition: NSDUH, 2008-2017



**Behavioral Health Condition** includes AMI and/or SUD

\* Due to changes in survey questions regarding substance use disorders in 2015, including new questions on meth and prescription drug misuse, this data is not comparable to prior years

United States Department of Health and Human Services. Substance Abuse and Mental Health Services Administration. Center for Behavioral Health Statistics and Quality. National Survey on Drug Use and Health, 2017. Research Triangle Park, NC: RTI International [distributor]



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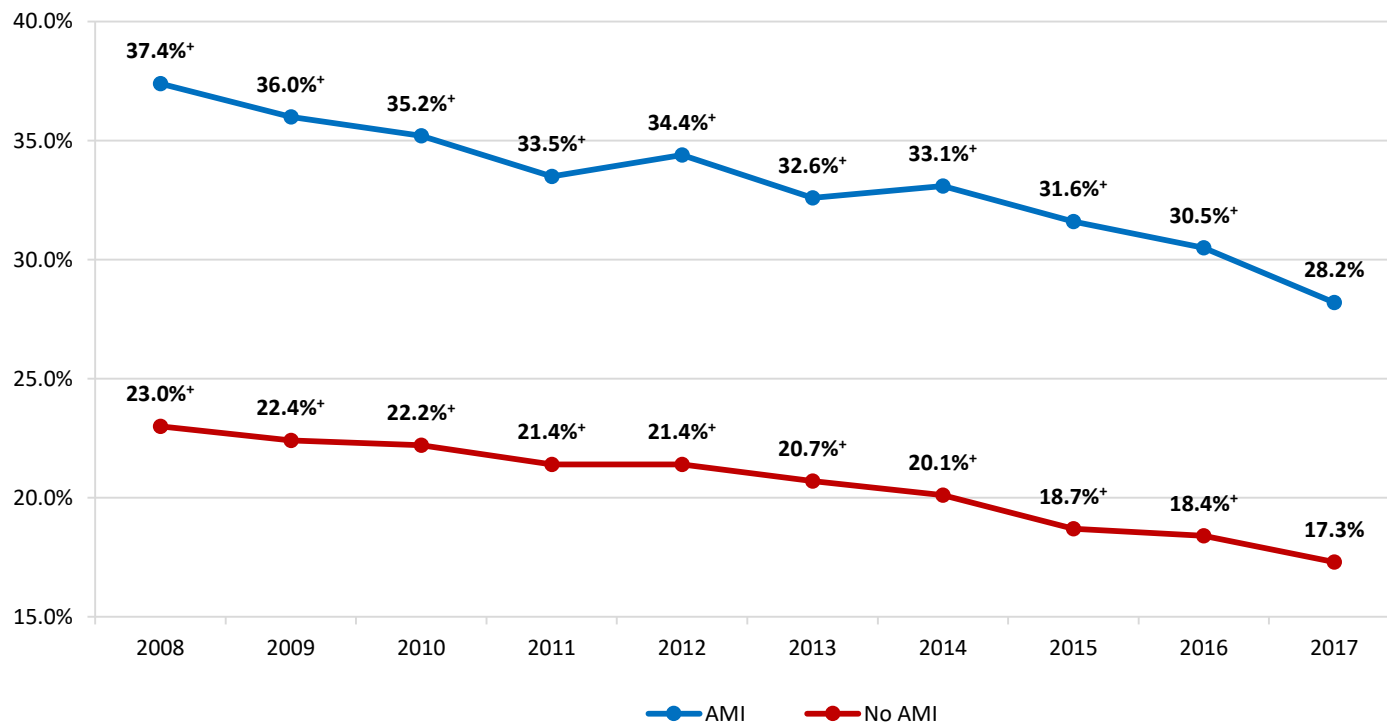
# Smoking and Behavioral Health: The Heavy Burden

- In 2017, an estimated 46.6 million adults (18.9%) had any mental illness (AMI) in the past year. About 19.7 million people aged 12 or older had one or more substance use disorders (14.5 million with alcohol use disorder, 7.5 million with illicit drug use disorder, 2.1 million with opioid use disorder). About 8.5 million adults (3.4%) had both a mental illness and at least one SUD in the past year<sup>1</sup>
- *Those with behavioral health conditions smoke 40% of all cigarettes sold in the U.S.* They also smoke more cigarettes per day and often smoke more intensely (down to the filter).
- Social isolation from smoking compounds their social stigma.
- Consequence: Significant disability and at least 200,000 deaths every year

<sup>1</sup>Key Substance Use and Mental Health Indicators in the United States: Results from the 2017 National Survey on Drug Use and Health. September 2018.  
<https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHFFR2017/NSDUHFFR2017.pdf>.



# Current Smoking among Adults (Age $\geq 18$ ) with Past Year Any Mental Illness (AMI): NSDUH, 2008-2017



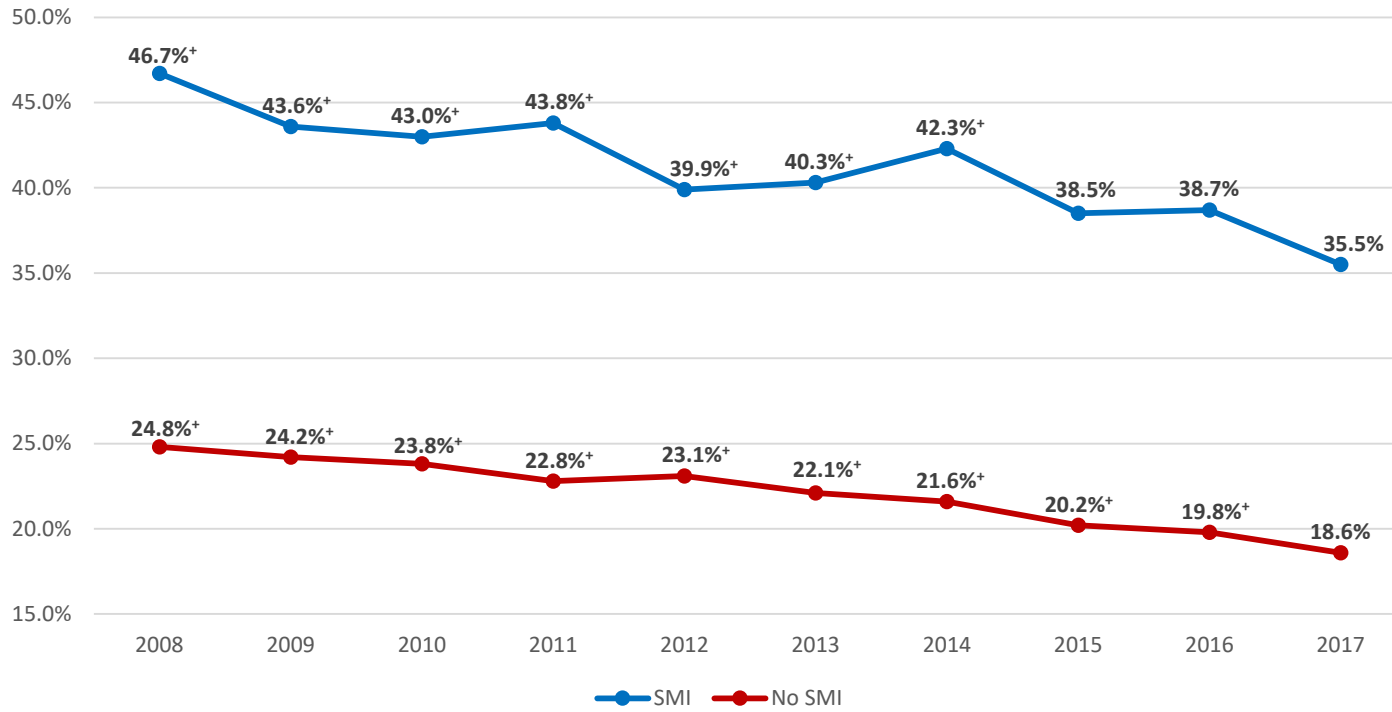
**Current Smoking** is defined as any cigarette use in the 30 days prior to the interview date.

**Any Mental Illness** is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder, based on the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*.

<sup>+</sup> Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.



# Current Smoking among Adults (Age $\geq 18$ ) with Past Year **Serious Mental Illness** (SMI): NSDUH, 2008-2017



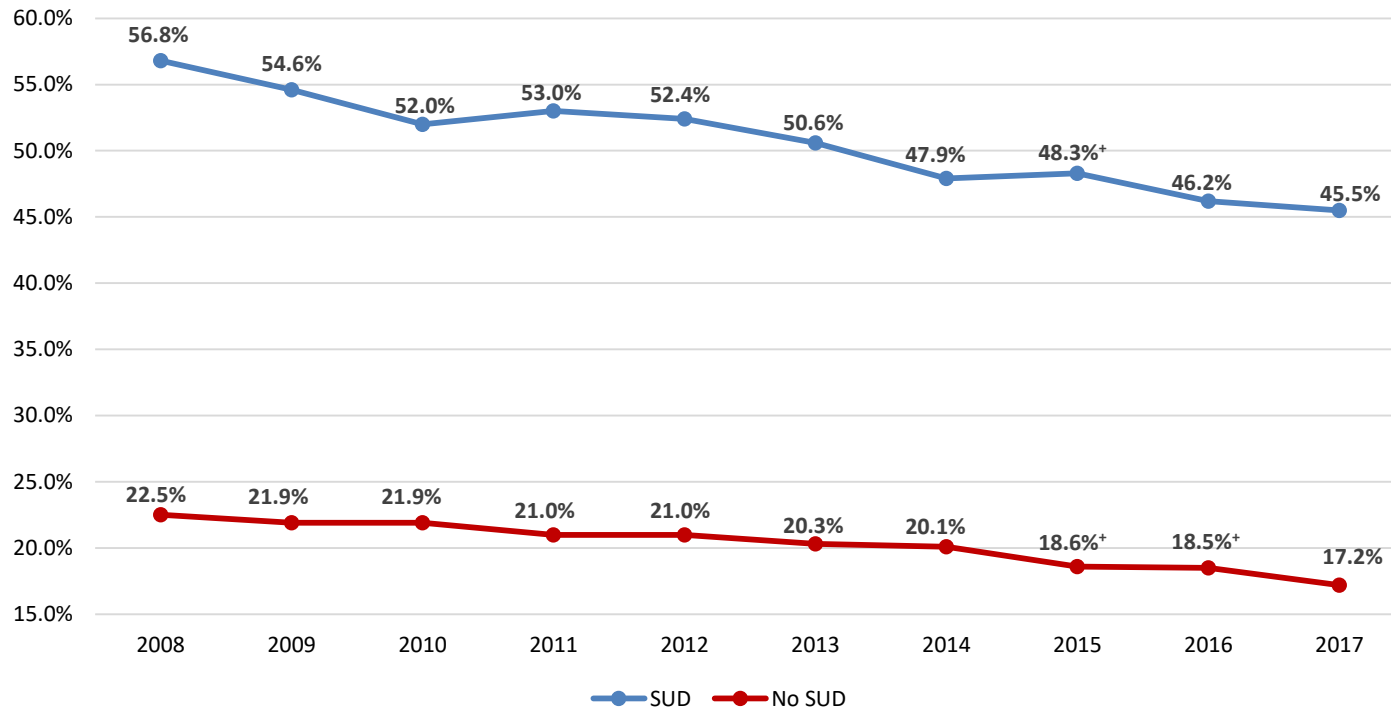
**Current Smoking** is defined as any cigarette use in the 30 days prior to the interview date.

**Serious Mental Illness** is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder resulting in serious functional impairment, based on the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*.

<sup>+</sup> Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.



# Current Smoking among Adults (Age $\geq 18$ ) with a Past Year Substance Use Disorder (SUD): NSDUH, 2008-2017



**Current Smoking** is defined as any cigarette use in the 30 days prior to the interview date.

**Substance Use Disorder** is defined as meeting criteria for illicit drug or alcohol dependence or abuse. Dependence or abuse is based on definitions found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*.

<sup>+</sup> Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.



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# Smoking and Reduced Life Expectancy of Individuals with Serious Mental Illness

- A 2016 study examined the potential contribution of smoking to reduced life expectancy among individuals with serious psychological distress (SPD)
- Conclusion: “The life expectancy difference between current smokers with SPD and never smokers without SPD is primarily due to smoking. Aiding individuals with serious mental illness to avoid smoking will translate into sizable gains in life expectancy.”

Tam J., Warner K., and Meza R. Smoking and the Reduced Life Expectancy of Individuals with Serious Mental Illness. *Am.J.Prev.Med.* 2016;51(6):958-966.



# CDC Data Highlight the Opportunity and Challenge

- CDC Reported in May 2018 that many persons with mental or substance use disorders who smoke want to and can quit smoking
- But in 2016, among mental health facilities, 49% screened patients for tobacco use, 38% offered cessation counseling, and 49% had smoke-free campuses; corresponding estimates for substance abuse facilities were 64%, 47%, and 35%, respectively
- Only 1 in 4 behavioral health treatment facilities offered nicotine replacement therapy (gum, patch), and only 1 in 5 offered non-nicotine cessation medications (Zyban, Chantix)

## What are the implications for public health practice?

- Tobacco-free campus policies and integration of tobacco cessation interventions in behavioral health treatment facilities could decrease tobacco-related disease and death and improve behavioral health outcomes among persons with mental and substance use disorders.



# ACS and SCLC Partnered to Launch a New National Initiative to Reduce Tobacco Addiction and Death in the Behavioral Health Population

- In 2016, the American Cancer Society and the Smoking Cessation Leadership Center at the University of California, San Francisco combined forces to engage national leaders from the tobacco control/public health and the behavioral health sectors to develop a plan to expand and accelerate efforts to combat disparities in smoking prevalence and promote cessation for those with mental health and substance use disorders.



# National Partnership on Behavioral Health & Tobacco Use

- American Cancer Society, Inc.
- American Cancer Society Cancer Action Network (ACS CAN)
- American Lung Association (ALA)
- American Psychiatric Association (APA)
- American Psychiatric Nurses Association (APNA)
- American Psychological Association
- Centers for Disease Control and Prevention (CDC)
- National Alliance on Mental Illness (NAMI)
- National Association of Social Workers (NASW)
- National Association of State Mental Health Program Directors (NASMHPD)
- National Council for Behavioral Health
- National Lung Cancer Roundtable (NLCRT)
- North American Quitline Consortium (NAQC)
- Optum
- Pfizer
- Robert Wood Johnson Foundation (RWJF)
- Smoking Cessation Leadership Center (SCLC)
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- Public Health Law Center (PHLC)
- Truth Initiative
- UnitedHealth Group
- University of Wisconsin—Center for Tobacco Research and Intervention
- Veterans Administration



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# Action Areas



# Original Reduced Prevalence Target for 2020

- The partners unanimously established the goal of reducing smoking prevalence among persons with behavioral health conditions **from 34.2% in 2015 to 30% by 2020** in the U.S.



# Rapid Success

- Behavioral health smoking prevalence fell from 34.2% in 2015 to 30.5% in 2017, an 11% decrease

“

The tipping point is that magic moment when an idea, trend, or social behavior crosses a threshold, tips, and spreads like wildfire.

Malcolm Gladwell

Source: United States Department of Health and Human Services. Substance Abuse and Mental Health Services Administration. Center for Behavioral Health Statistics and Quality. National Survey on Drug Use and Health, 2017. Research Triangle Park, NC: RTI International [distributor]



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# Enormous Impact

- Reducing prevalence to 30% estimated conservatively to avert hundreds of thousands of smoking-related deaths

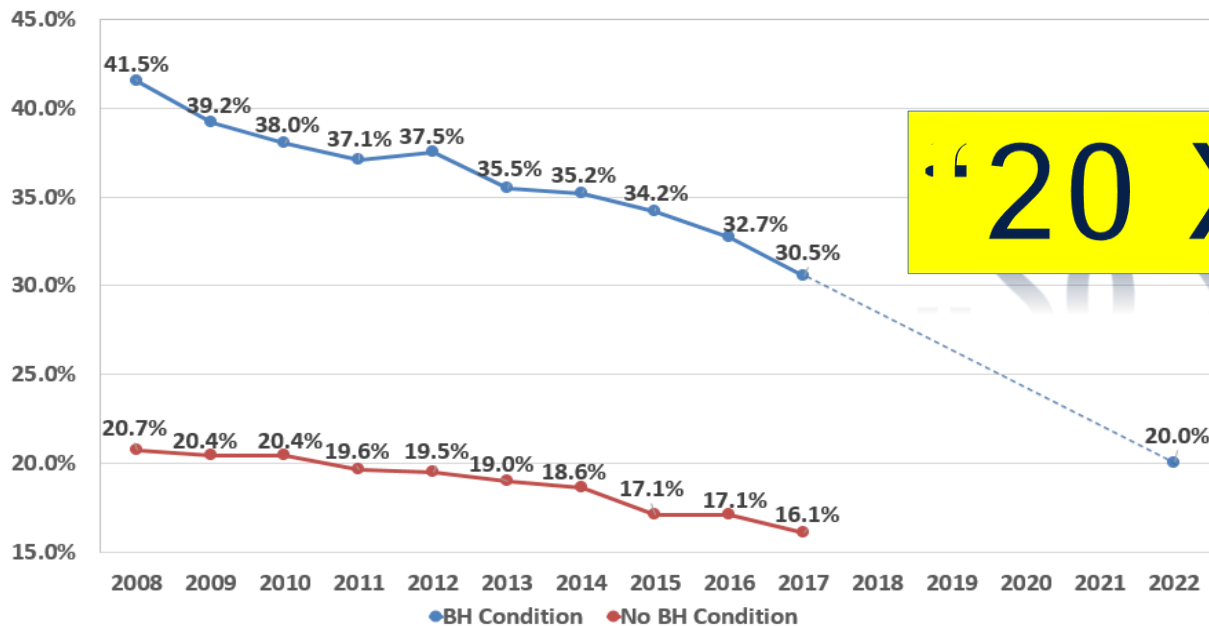
mpact

0% estimated  
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ated deaths



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# 2018 Summit Target for 2022 - Current Smoking Among Adults (age > 18) with Past Year Behavioral Health (BH) Condition: NSDUH, 2008-2017



“20 X 22”

Reducing prevalence to 20% would mean several million fewer smokers, averting 2-3 million smoking-related deaths.

United States Department of Health and Human Services. Substance Abuse and Mental Health Services Administration. Center for Behavioral Health Statistics and Quality. National Survey on Drug Use and Health, 2017. Research Triangle Park, NC: RTI International [distributor]



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# Examples of the Strategic Actions Undertaken by Partners during the First Two Years

- **The National Association of State Mental Health Program Directors (NASMHPD)**
  - Adopted a groundbreaking national policy statement strongly recommending that all behavioral health settings adopt smoke- and tobacco-free policies and offer smoking cessation services. The policy applies to all state mental health programs and facilities in the U.S.



# Examples of the Strategic Actions Undertaken by Partners during the First Two Years

- **The National Partnership on Behavioral Health and Tobacco Use**
  - Members submitted a joint public comment to CMS, urging the agency to retain two important tobacco measures as quality indicators (TOB-1 and TOB-3) in psychiatric facilities and hospital psychiatric units. Due to the public comment response, CMS retained TOB-3, the measure relating to tobacco use treatment provided or offered at discharge, thus allowing health professionals to be reimbursed for providing this service – a critical component of ensuring more robust delivery of tobacco treatment services.



# Examples of the Strategic Actions Undertaken by Partners during the First Two Years

- Centers for Disease Control and Prevention's Office on Smoking and Health
  - Expanded focus to smokers with behavioral health conditions as a priority population, including the “Tips From Former Smokers” advertising campaign (e.g., Rebecca’s story at People with Mental Health Conditions, <https://www.cdc.gov/tobacco/campaign/tips/groups/people-with-mental-health-conditions.html>)
  - Collaborated with SAMHSA to develop a “myth-buster” piece for placement in journals for clinicians as part of the TIPS campaign, and to produce the MMWR report (May 11, 2018) noted earlier
  - Included session promoting health systems change and importance of reaching smokers with behavioral health conditions at its annual National Partners Meeting

Marynak 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.mm6718a3external\\_icon](http://dx.doi.org/10.15585/mmwr.mm6718a3external_icon).





# National Partnership on Behavioral Health and Tobacco Use

Healthier Smoke-Free Lives for People with Mental and Substance Use Disorders

- Website: [BH4TobaccoFree.org](http://BH4TobaccoFree.org)
- Hashtag: #20by22
- Contact: [Jennifer.Lucero3@ucsf.edu](mailto:Jennifer.Lucero3@ucsf.edu)



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