Welcome.

We're happy you're joining us today.

About TFL's Empowering People and Communities Series

"Equitably bringing health education, resources and hope to people, populations, and communities in Louisiana."

Learning Objectives:

1.To understand the intersection between Tobacco Use and Behavioral Health

2.To gain knowledge of how the integration of tobacco programs, policies, and practices into behavioral health settings is instrumental for effective tobacco treatment

3.To understand the additional tobacco cessation resources available to promote quitting

Today's Panelists

Facilitator:

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TFL

THE LOUISIANA CAMPAIGN FOR
TOBACCO-FREE
LIVING
A Program of the Louisiana Cancer Research Center
and the Louisiana Public Health Institute

Overview
Tobacco and Behavioral Health

- Adults who have a behavioral health disorder (i.e., a mental health disorder and/or a substance use disorder) are disproportionately affected by tobacco use.

- Approximately 1 in 4 (or 25%) of adults in the U.S. have some form of mental illness or substance use disorder, and these adults consume almost 40% of all cigarettes smoked by adults.

- Due to their underlying behavioral health disorder, they may have more difficult time quitting smoking and are more likely to relapse.

Overview
Tobacco and Behavioral Health

- People who have substance use disorders tend to be highly dependent on nicotine.
- Individuals who use cocaine (80%) and opioids (>80%) have high rates of comorbid cigarette smoking.
- An estimated 200,000 adults who have a mental health disorder and comorbid substance use disorder die from tobacco-related diseases each year.
- This is higher than the general population estimate due to higher smoking prevalence among individuals who have a behavioral health disorder, as well as disparities in access to prevention and treatment.

Healthier Air for All Policy Change Impact

- The goal of Healthier Air for All is to educate on the dangers of secondhand smoke exposure and encourage support for smoke-free policies that protect all from the dangers from secondhand smoke.

- In 2006, Louisiana passed the Smoke-Free Air Act and eliminated smoking in most public places.
- .
- Now, almost 1,411,053 residents are protected from secondhand smoke thanks to these local policies. That accounts for approximately 30.30 percent of Louisiana residents and that number keeps growing as more policies are passed.

- Although great strides are being made with comprehensive smoke free policies on reducing tobacco use rates, there maintains a disparity in tobacco usage for the behavioral health population in comparison to the general population.

BH Tobacco Use Disparities Persist

- Historically, behavioral health treatment settings have permitted tobacco use among clients, in part because of misperceptions that smoking could alleviate symptoms of mental health conditions and that cessation could interfere with treatment.

- However, research has shown that smoking can worsen symptoms and behavioral health outcomes, and quitting can improve mental health and substance use disorder treatment outcomes.

- To address this disparity, interventions must be integrated into behavioral health care to address tobacco and nicotine dependence.

- Barriers to integrating tobacco and smoke free policies must be identified to have a successful intervention.

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Kathy Stemke

Barriers to implementing tobacco free policies in Behavioral Health

- According to Public Health Law Center at Mitchell Hamline School of Law, tobacco use among adults with behavioral health issues has been described as "a neglected epidemic." Although only 25% of the U.S. adult population have behavioral health issues, they consume approximately 40% of the cigarettes sold in the U.S. studies have shown that when tobacco treatment is provided with addiction treatment, there is a 25 percent increased likelihood of long-term abstinence from alcohol and other drugs.

Barriers to implementing tobacco free policies in Behavioral Health

Three types of barriers:

SYSTEMIC

ORGANIZATIONAL

STAFF

Systemic Barriers

- Lack of funding or resources

- Providers often ineligible for tobacco treatment reimbursement

- Access to tobacco cessation medications requires a doctor's signature

- Medications have quantity/duration limits and prior authorization requirements

Organizational Barriers

- Behavioral Health Clinic's tolerance of tobacco.

- Facility leadership may maintain that tobacco treatment is a low priority compared to the agencies more pressing need to treat mi or addiction.

- Facilities may feel that it may be too overwhelming for a client to quit or may compromise treatment

- Administrators may fear potential loss of clients are staff if they are no longer permitted to use tobacco on the premises.

Staff Barriers

- May be smokers

- Limited training related to tobacco dependency treatment

- Lack of up-to-date knowledge about the relationship between tobacco use and mental health/substance abuse recovery

- May believe that smoking may interfere with a client's overall recovery

Eric Weinzettle

Smoking and Tobacco use is increased regardless of the Mental Health Challenge

U.S. SMOKING PREVALENCE

- NO MENTAL DISORDER — 21.3%
- ANXIETY DISORDER — 37.8%
- AFFECTIVE DISORDER — 45.1%
- SUBSTANCE USE DISORDER — 63.6%
- ANY MENTAL ILLNESS — 40.1%

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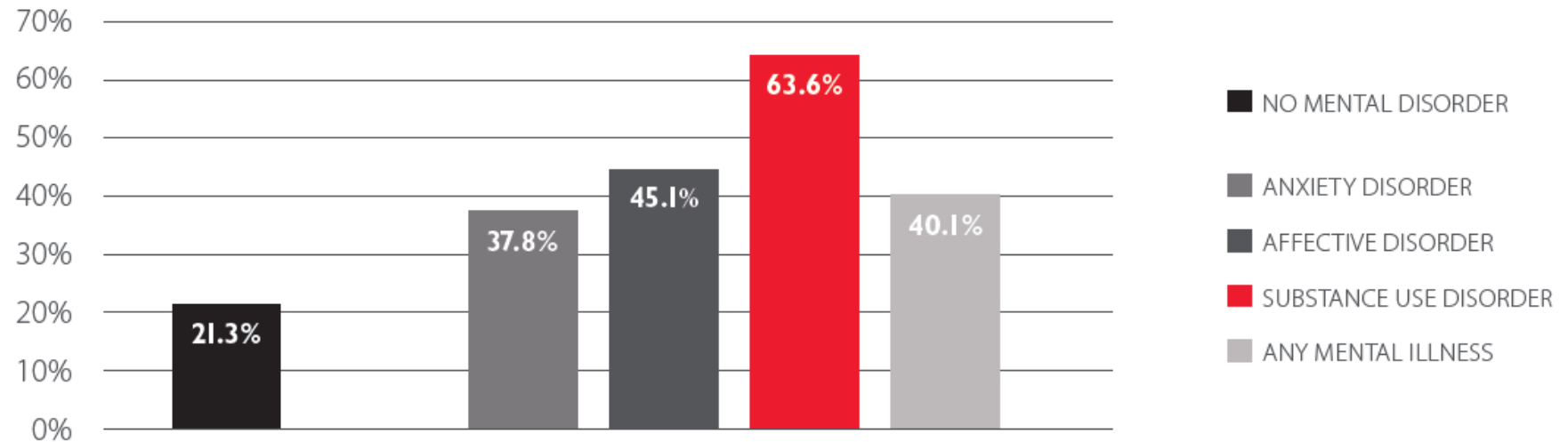
Integration of evidence-based tobacco programs, policies, and practices in behavioral health settings is a priority

The Importance of Addressing Tobacco Use

- It is the #1 cause of death in people with mental illness

- 75% want to quit

- Smoking Cessation + Addiction Treatment showed a 25% increased likelihood of _long-term abstinence_ from alcohol and illicit drugs.

National and Statewide Support for addressing this issue

- CDC Office on Smoking and Health
- National Alliance on Mental Illness
- National Council for Mental Wellbeing
- SAMHSA
- American Lung Association
- Office of Behavioral Health
- Office of Public Health
- Tobacco Control Initiative at LSUHSC

Integration of Tobacco Treatment is not a quick fix

The four recommended steps to address tobacco use in Mental Health Facilities are:

1) Supporting tobacco prevention efforts.

2) Promoting wellness by integrating evidence-based tobacco treatment into routine clinical practice.

3) Building staff capacity to provide care.

4) Adopting a tobacco-free environment.

Supporting Tobacco Prevention Efforts

- Smoking and tobacco use is the number one cause of preventable death in our country.
- It affects millions of Americans regardless of economic status, sex, gender, race, age, or mental health status.
  - However we know our more vulnerable populations are disproportionately affected by tobacco
- The best way to ensure better health outcomes for our population is to prevent our population from initiating tobacco use
- If you see a push for prevention efforts in your community, support it!
- The tobacco industry will always adapt and implement new ways to target our communities. We need to push back and support prevention. Get involved with your local coalitions!

Promoting wellness by integrating evidence-based tobacco treatment into routine clinical practice

1) Assessment
2) Psychosocial Treatment
3) Cessation Medications
4) Integrated Treatment
5) Wellness & Recovery
6) Quality Improvement

Building staff capacity to provide care

1) Staff Training
2) Billing & Reimbursement
3) Staff Tobacco Use

Adopting a tobacco-free environment

The capstone to reducing tobacco use among those with mental health challenges is to provide a 100% tobacco free campus.

- Benefits
- Challenges

What can be done now with offerings from Well-Ahead and Partners

- Brief Tobacco Intervention (BTI)
  - [Tobacco Intervention Trainings | Well-Ahead Louisiana (wellaheadla.com)](https://wellaheadla.com)

- The LA Tobacco Quitline
  - Become a Connect2Quit Provider
  - 1-800-QUITNOW or www.quitwithusla.org

- Policy TA
  - Become a WellSpot!

Chrishelle
Stipe

Cessation Services

Louisiana Tobacco-Free Recovery Education Committee
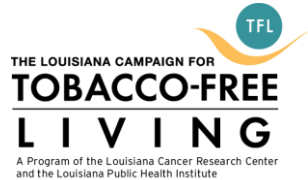
Committee Purpose:

This committee will focus on changing the culture around tobacco by communicating the benefits of smoking cessation to behavioral health providers, primary care providers, and behavioral health consumers (clients/patients) as well as promoting best practices for helping someone quit smoking (evidence-based smoking cessation).

__Goal:__ To disseminate consistent messages broadly throughout the healthcare community.

Committee Objectives:
1. Establish baseline (interventions as well as knowledge attitudes, beliefs)
2. Collect, refine, create a compendium of educational services and resources (assure health equity is addressed)
3. Disseminate through collective channels
4. Evaluate

Louisiana Tobacco Quitline Services

POINT OF ENTRY INTO QUITLINE SERVICES		
PHONE	**WEB**	**TEXT2ENROLL**

1-800-QUIT NOW
Quit Coach
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• **Coaching calls**
• **Program website**
• **Medications – 18+ years**
  ➤ **2-wks of nicotine patch/gum**
• **Quit guide (13+ years)**
• **1-call (18+ years)**
• **5-call program - ready to quit**
      within 30 days/already quit
• **10-call program - pregnant women (18+ years)**
• **5-call Youth Support Program ages 13-17**
	www.QuitWithUsLA.org
	Web Coach
	--- 	
	• Email, text, and online support
	• Program website
	• Medications – 18+ years
	  ➤ 2-wks of nicotine patch/gum
	• Email – 13+ years
	• Quit guide (13+ years)
		Text "Ready" to 200-400
		Quit For Life®
		--- 	
		• Choice of options:
		• Phone (call programs)
		• Online Sessions
		• Web Coaching
		• Text Coaching
		• Email reminders
		• 2-wks of nicotine patch/gum

Text2Quit – text coaching
Connect with Quit Coach and interact with Web Coach via mobile phone

QUIT WITH US, LA
LIVE LIFE TOBACCO-FREE

introducing...

LIVE VAPE FREE

What is Live Vape Free?

- Vape cessation service/tool to help youth quit vaping
- Designed for teens 13-17
- Interactive texting with a coach
- Little-to-no barriers
- Multimedia experience
- Easy-to-access content
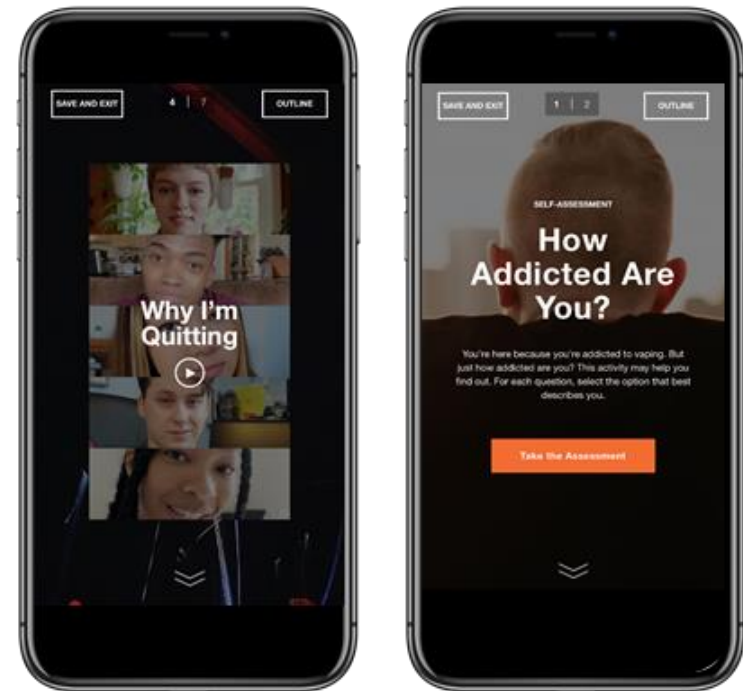
ALL IMAGES ARE FPO

LVF: Easy to Enroll

Text enrollment makes getting started easier.

Step 1

Participant texts **VAPEFREE** to **873373**

Step 2

Participant completes a brief assessment

Step 3

- Experience kicks off with the first introductory lesson

- Teen sets a quit date

Live Vape Free: How does it work?

Getting started

- Teen texts the word **VAPEFREE** to **873373** and immediately receives a few brief questions for enrollment

- Upon enrollment, the texting experience kicks off with the first introductory lesson to assess

- Teen sets a quit date

Staying engaged

- Teen has questions and texts **COACH** in response to a lesson

- Responding to the incoming text from a teen, a coach replies to see how they are doing

- Teen continues to receive texts with relevant content, such as videos, quizzes and podcasts, to help move along the quit continuum

Achieving success

- Teen is engaged throughout the program and reports being 7 days vape free

- Teen continues to receive relapse prevention support / support to get back on track

- Teen reports being vape free and graduates from program or continues to work on their quit and re-enrolls in the program

# Text **VAPEFREE** to 873373
Teen program activities
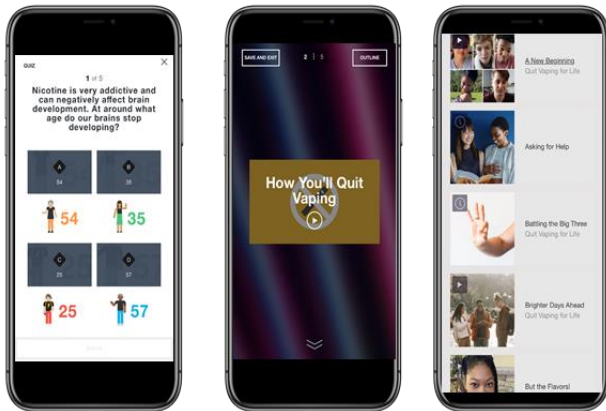
1. User receives a text message with a link to online content

2. User clicks the link and views the content

3. User is then encouraged to explore additional videos, podcasts and activities

Videos • Quizzes • Self-assessments • Flip cards • Audio and podcasts

Takeaway and Resource

Q&A Session

Let's start a conversation.

Conclusion

Let's recap.

Thank you.

We look forward to seeing you again.