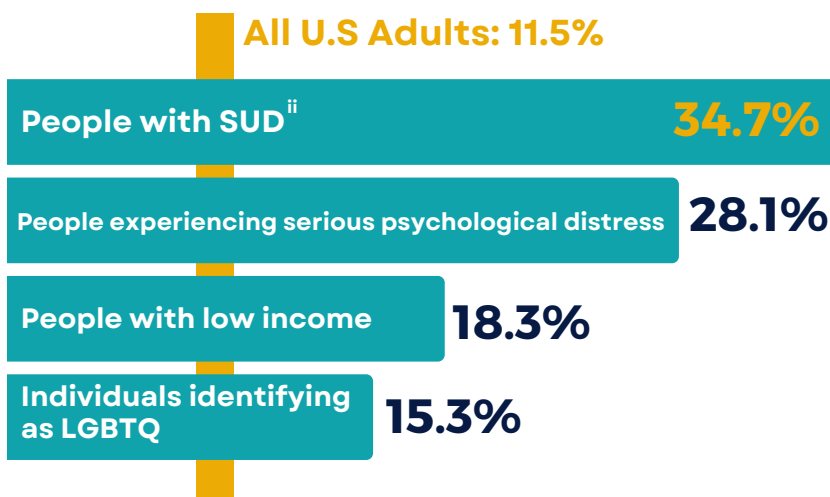


Tobacco and Behavioral Health

It's well established that **tobacco companies target the most vulnerable** members of our communities. That's one reason people experiencing poverty, racism, homophobia, and similar challenges often show higher rates of tobacco use and tobacco-related diseases. Another group that has higher smoking rates and associated illnesses are people experiencing **anxiety, depression, trauma, substance use disorders (SUD), and other behavioral health issues.**

Individuals Who Smoke Cigarettes: By the Numbersⁱ



1 in 4 Americans has a behavioral health condition.



40%

These individuals smoke at a rate that is 2-3 times higher than the general population and consume 40% of all cigarettes sold.

Tobacco use is responsible for 500,000 deaths per year. Almost half of annual deaths from smoking are among the behavioral health population.ⁱⁱⁱ

240,000
deaths per year



Quitting Smoking Benefits All

Smoking can exacerbate mental health conditions and complicate treatment.

Quitting smoking:

- Can improve mental health and SUD recovery outcomes
- Has positive effects on mental health
- Does not interfere with behavioral health treatment or impede recovery from SUDs
- Is associated with a decrease in depression, anxiety, and stress and can increase quality of life^{iv}

Help Wanted: Where California Ranks

- 41st** in the U.S. for tobacco use screening
- 32nd** in providing cessation counseling
- 40th** in utilization of nicotine replacement therapy (NRT)

California has made impressive progress. In 1989, when our state launched the nation's first comprehensive Tobacco Control Program, 23.7% of California adults smoked (v). Today, that figure is down to 6.2%, but not all communities have benefited equally (vi). People with behavioral health conditions experience high rates of tobacco use, and California needs to do more to help this disproportionately impacted population.

As of July 2022, California has implemented bill AB-541, which requires all licensed SUD facilities to assess and treat Tobacco Use Disorder.

This is a good first step, we need to increase awareness and participation among all of California's behavioral health care providers.

Be a Part of the Solution: CaCTC Can Help!

The new California Center for Tobacco Cessation (CaCTC), housed at UCSF's Smoking Cessation Leadership Center (SCLC), exists to help behavioral health treatment facilities become tobacco-free, connect with cessation services and treatment centers, and provide educational materials promoting tobacco cessation.

Resources include:

Tobacco-free Toolkit for Behavioral Health Agencies

CaCTC has produced a toolkit that serves as a resource and guide for behavioral health agencies adopting a tobacco-free wellness policy for their facilities and campuses. It provides information on tobacco use among the behavioral health population, as well as a step-by-step guide to becoming a tobacco-free facility and treating tobacco use in clients and staff. To download, visit

[https://smokingcessationleadership.ucsf.edu/sites/smokingcessationleadership.ucsf.edu/files/Downloads/Toolkits/CTFR Toolkit FINAL May262022.pdf](https://smokingcessationleadership.ucsf.edu/sites/smokingcessationleadership.ucsf.edu/files/Downloads/Toolkits/CTFR_Toolkit_FINAL_May262022.pdf)

Tobacco Treatment Specialist Training

Together with the University of Massachusetts Chan Medical School, CaCTC is offering both in-person and virtual **Tobacco Treatment Specialist trainings**. Visit CaCTC.ucsf.edu

Rx for Change

Rx for Change is an online tobacco cessation education tool designed to provide clinicians, students, and clinical staff with the knowledge and skills necessary to offer comprehensive tobacco cessation counseling to patients who use tobacco. It covers information about the epidemiology of tobacco use, pharmacotherapy, and brief behavioral interventions. For a comprehensive, 3-part training webinar on Rx for Change, visit: [Rx for Change free 4-unit webinar series](#).

Other Learning Options

CaCTC offers a variety of other training opportunities, including **Behavioral Health Regional Trainings**, offered twice per year, and “Ask the Expert” virtual learning community sessions. To find out what’s being scheduled, [subscribe to the CaCTC Newsletter](#).

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i Cornelius ME, Loretan CG, Jamal A, et al. [Tobacco Product Use Among Adults – United States, 2021](#). MMWR Morb Mortal Wkly Rep 2023;72:475–483.

ii U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (2021). National

Survey on Drug Use and Health 2020 (NSDUH-2020-DS0001). Retrieved/analyzed from <https://datafiles.samhsa.gov>

iii Prochaska JJ, Das S, Young-Wolff KC. Smoking, Mental Illness, and Public Health. Annu Rev Public Health. 2017;38:165-185. doi:10.1146/annurev-publhealth-031816-044618
iv Centers for Disease Control and Prevention, People with Behavioral Health Conditions (Mental Health and Substance Use Disorders) and Commercial Tobacco: Health Disparities and Ways to Advance Health Equity. (2022). <https://www.cdc.gov/tobacco/health-equity/behavioral-health/index.html>

v Behavioral Risk Factor Surveillance System, 1988 to 2019. Sacramento, CA: California Department of Public Health; October 2019.

vi California Department of Public Health, California Tobacco Control Program. California Tobacco Facts and Figures 2022. Sacramento, CA: California Department of Public Health; May 2023.