
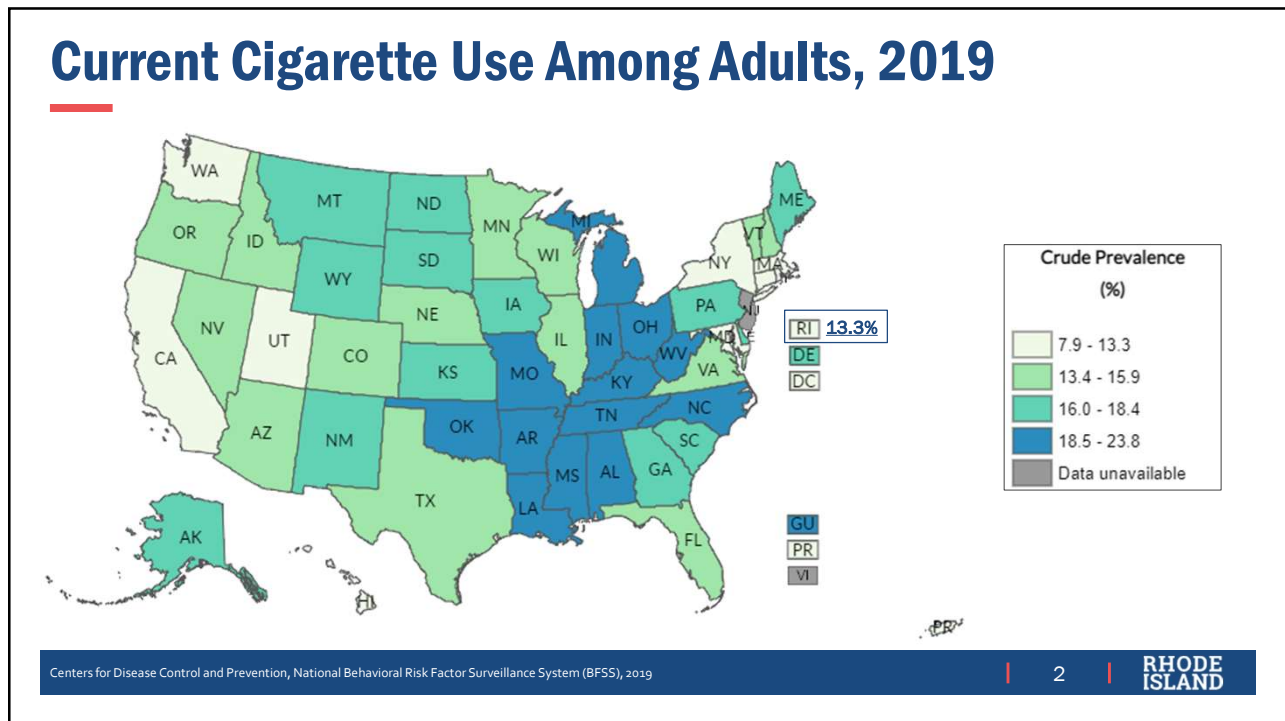


Gallery Walk

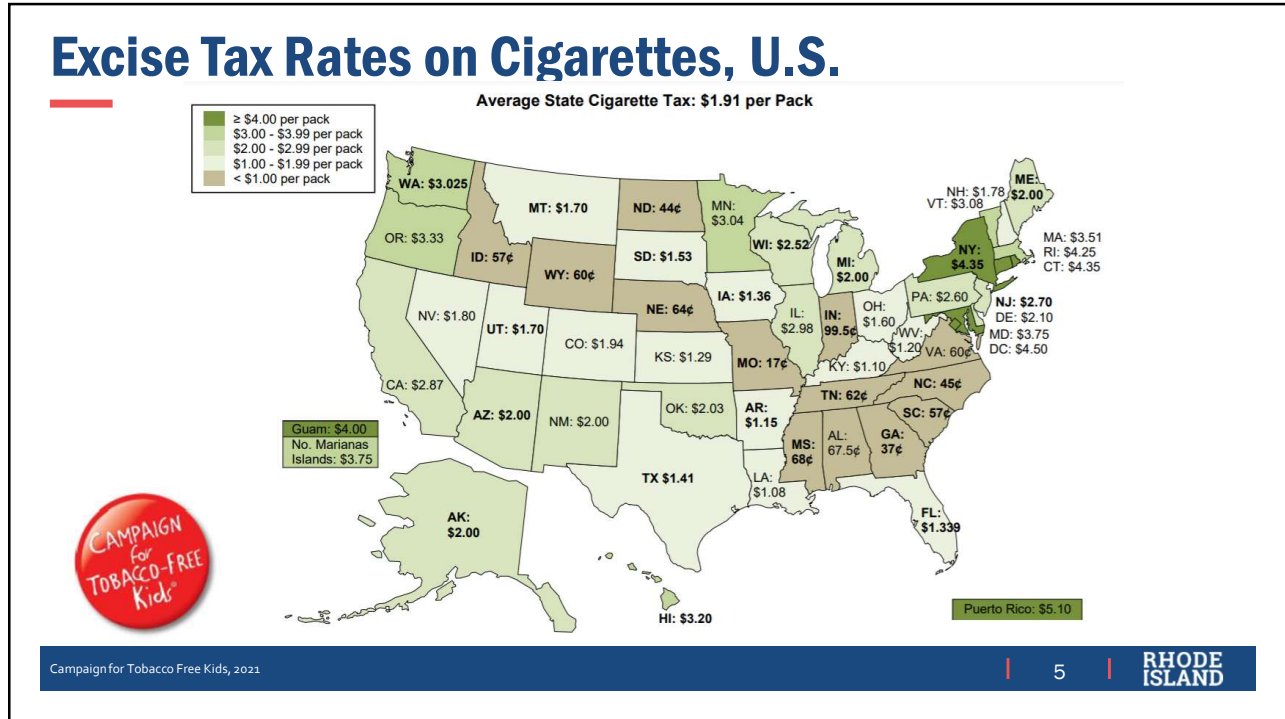
Rhode Island Leadership Academy/ State Strategy Session for Tobacco Free Recovery



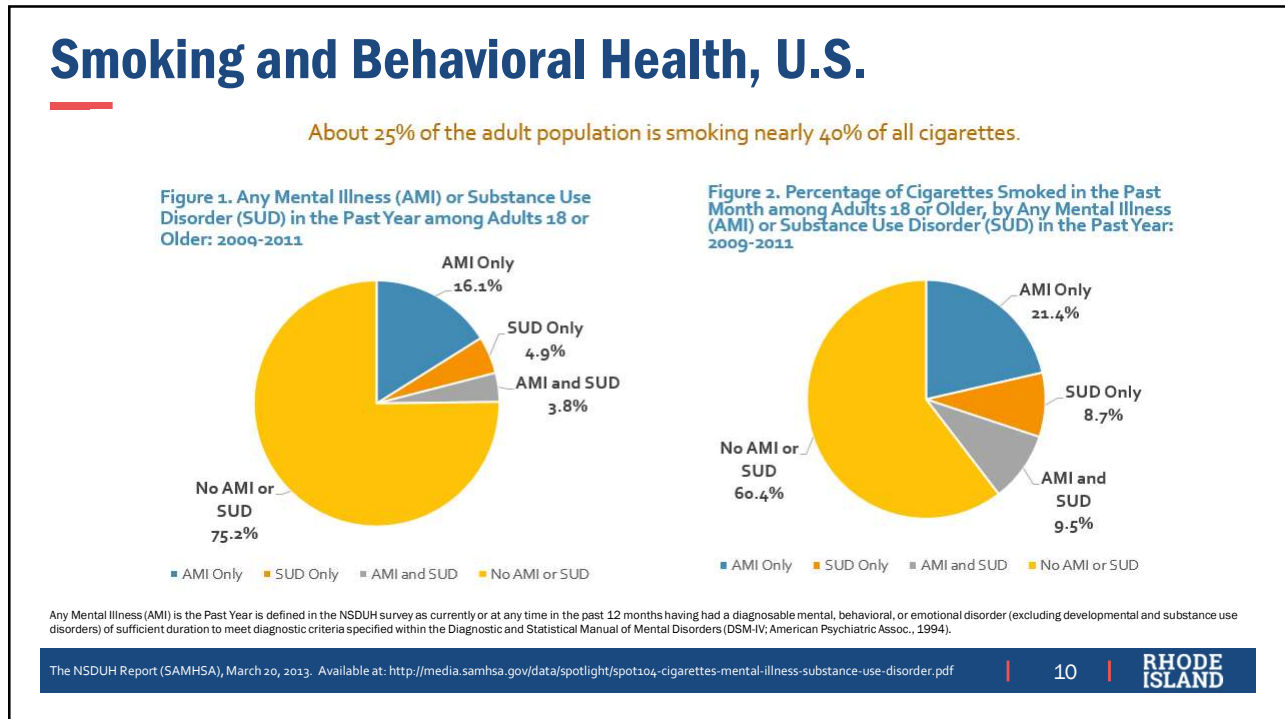
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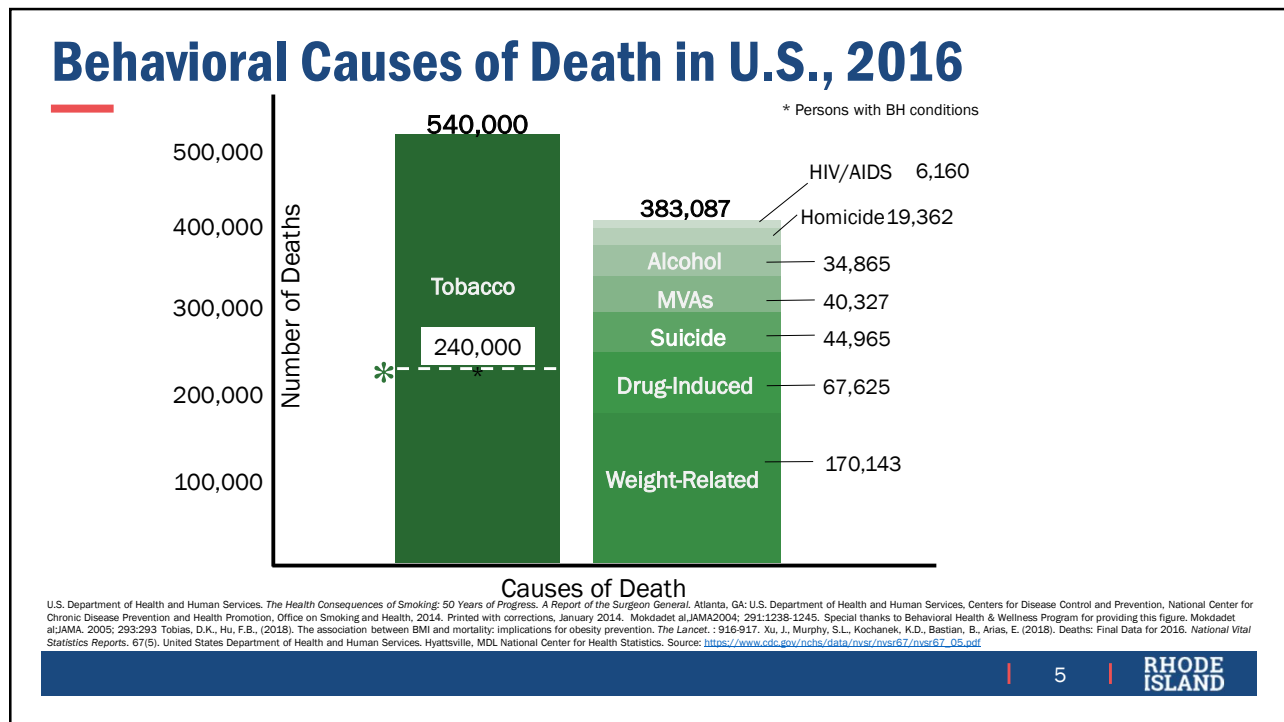
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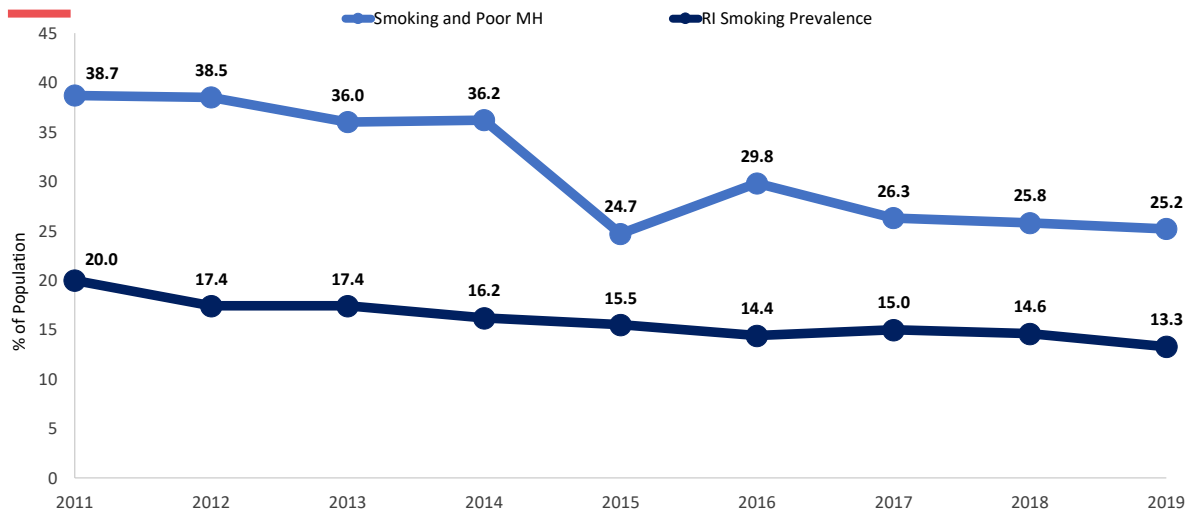
Smoking, Cancer, and Mental Illness

- 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

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Current¹ Cigarette Use Among Adults with Frequent Mental Distress²



1. Current use is defined as smoking a cigarette or using electronic nicotine delivery system (ENDS) product on at least one day in the 30 days
2. Frequent mental distress is self-reported 14 or more days in the past 30 days where a respondent's mental health was "not good"

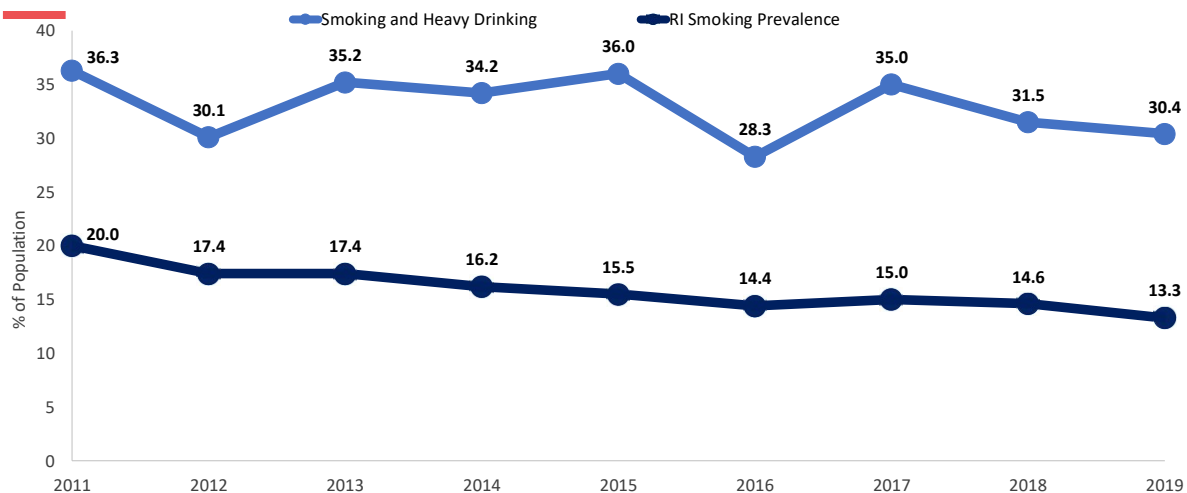
Rhode Island Behavioral Risk Factor Surveillance System (BRFSS), 2011-2019

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Current¹ Cigarette Use Among Adult Heavy Drinkers²



1. Current use is defined as smoking a cigarette or using electronic nicotine delivery system (ENDS) product on at least one day in the 30 days
2. Heavy drinking is defined as adult men having more than 14 drinks per week and adult women having more than 7 drinks per week

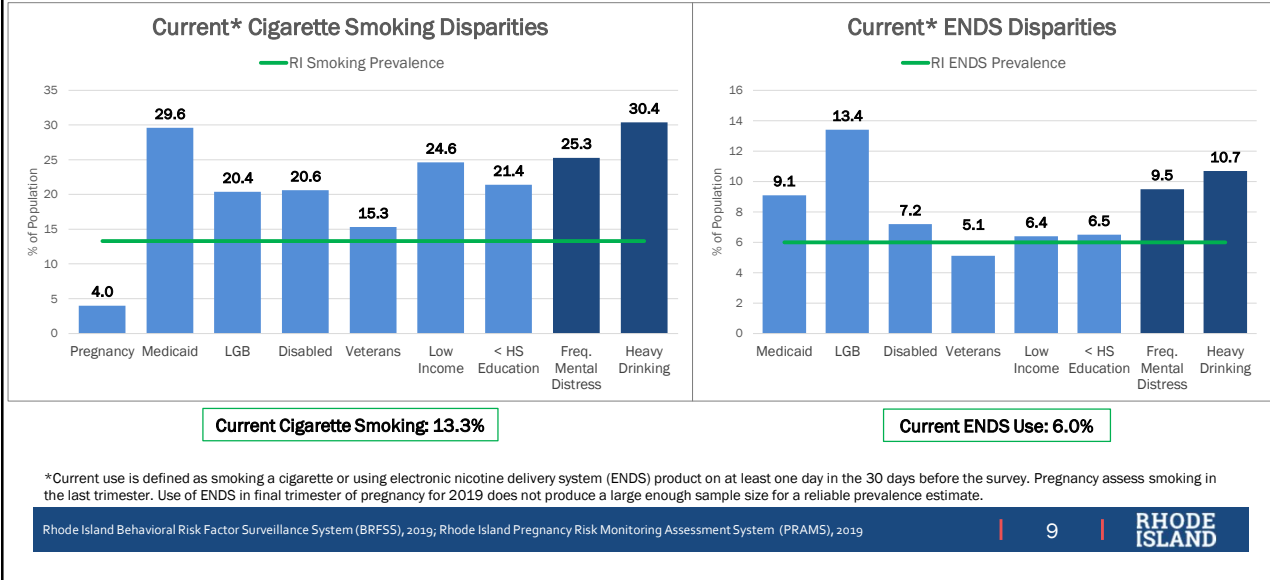
Rhode Island Behavioral Risk Factor Surveillance System (BRFSS), 2011-2019

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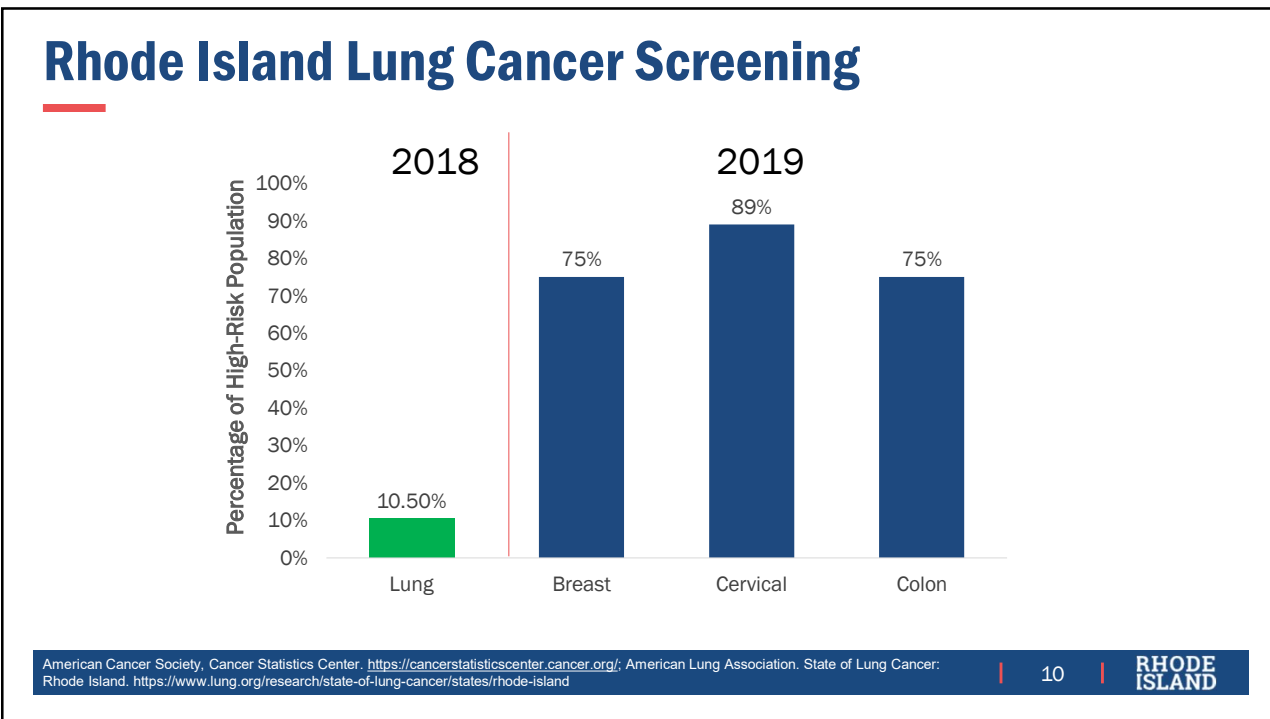
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Tobacco Use Among Adult Priority Populations, 2019



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Rhode Island Lung Cancer Screening



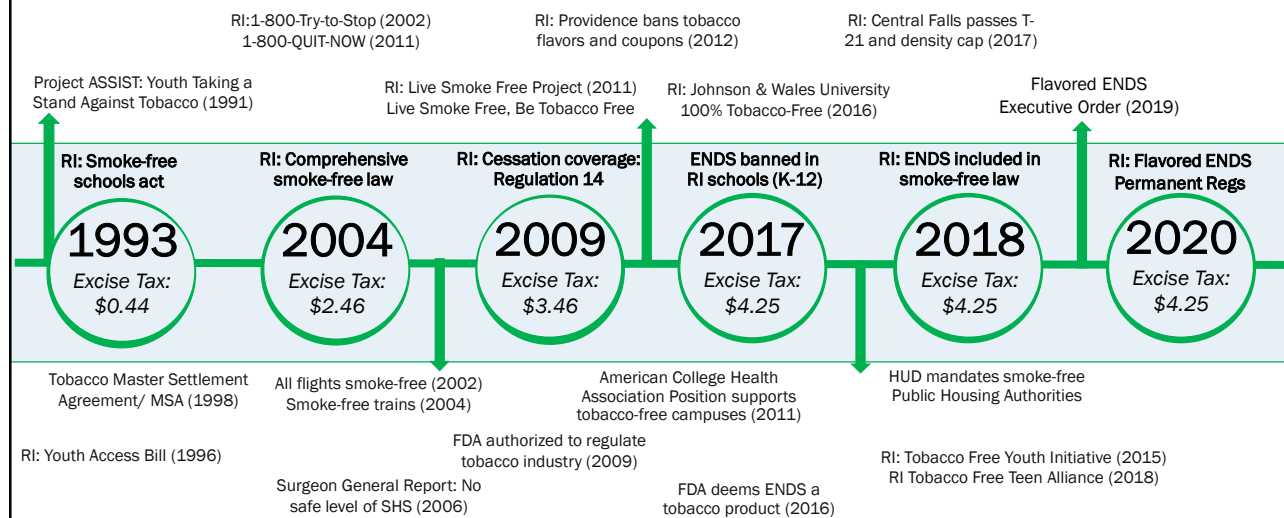
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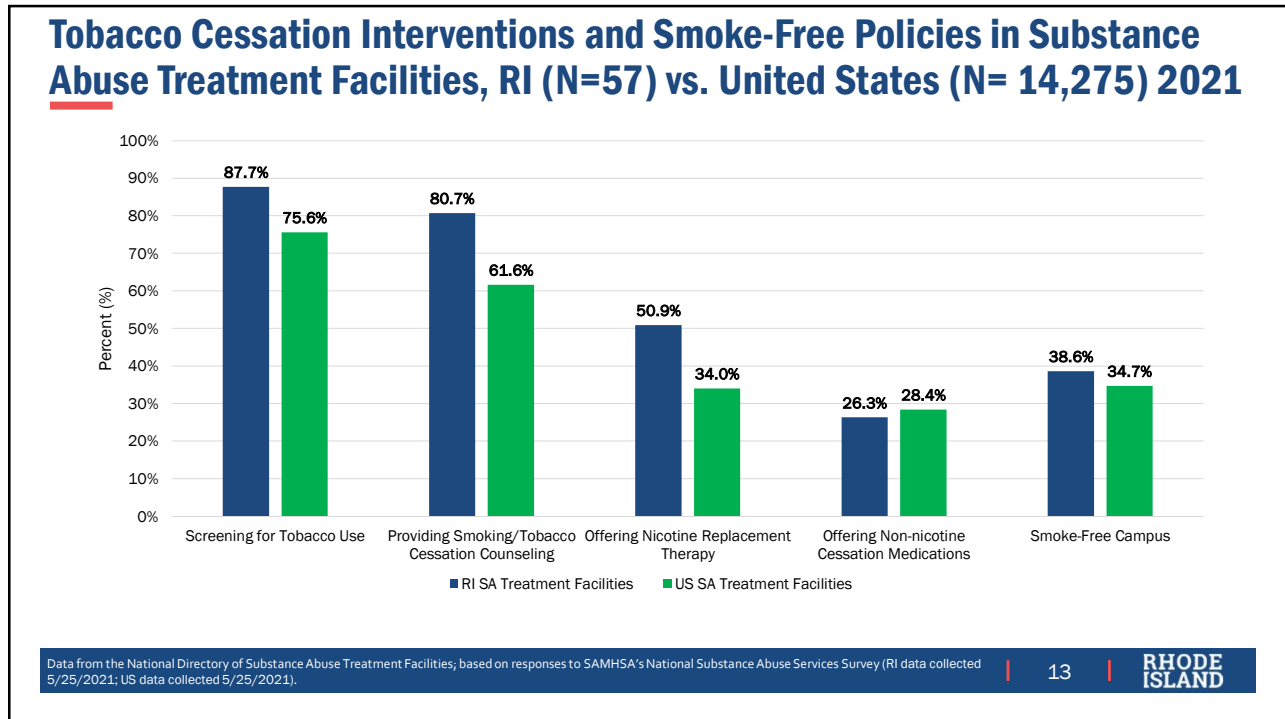
What Does Smoking Cost Rhode Island?

Rhode Island Lives Lost to Smoking	
Adults that die annually from own smoking	1,800
Kids now under 18 that will die prematurely from smoking	16,000
Smoking-Related Monetary Costs in Rhode Island	
Annual Healthcare costs attributed to smoking	\$640,000,000
Medicaid costs caused by smoking	\$216,800,000
Smoking-caused productivity losses	\$458,900,000

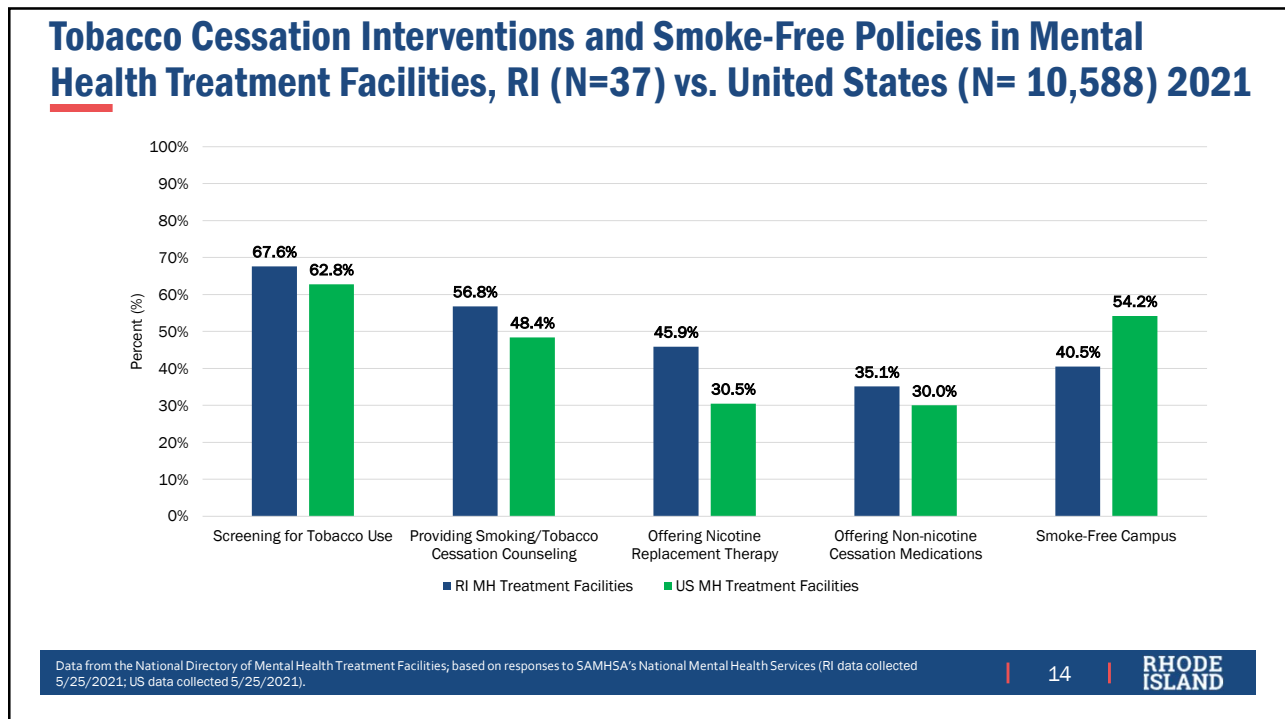
Campaign for Tobacco Free Kids. The Toll of Tobacco in Rhode Island. https://www.tobaccofreekids.org/problem/toll-us/rhode_island

National and Rhode Island Tobacco Control Milestones



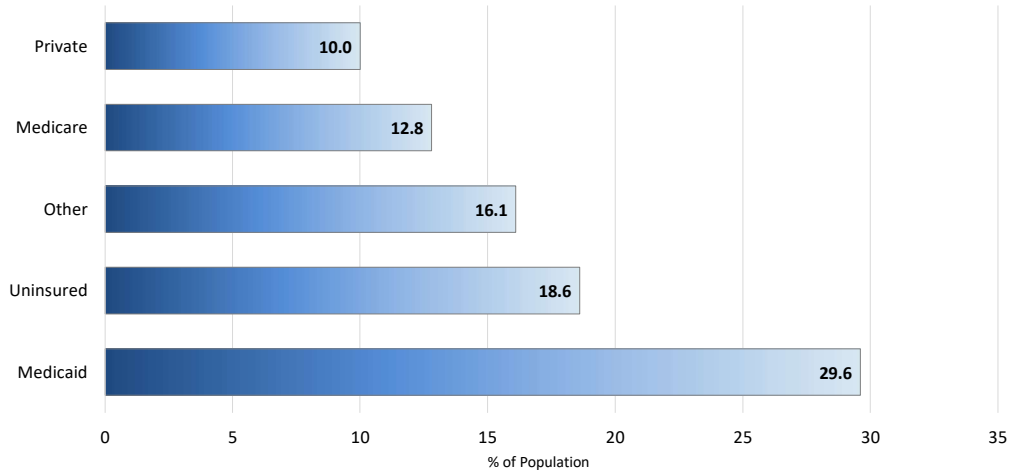


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Smoking Rates by Primary Insurance, 2019



Rhode Island Behavioral Risk Factor Surveillance System (BRFSS), 2019

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Pharmacotherapy Coverage: Over the Counter

	BCBS RI	United	Tufts	Neighborhood Health Plan (NHPRI)	Medicaid Fee-For-Service	United Medicaid Managed Care (MMC)	Tufts MMC	NHPRI MMC
Nicotine Patch	YES	YES*	YES	YES	YES	YES	YES	YES
Nicotine Gum	YES	YES*	YES	YES	YES	YES	YES	YES
Nicotine Lozenge	YES	YES*	YES	YES	YES	YES	YES	YES
Rx Required?	YES	YES*	YES	YES	YES	YES	YES	YES
Length of Treatment	180 days per 365	90 days x2 cycles per 365	No limit	No limit	No limit	No limit	No limit	No limit

*Prior Authorization Required

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Pharmacotherapy Coverage: Prescription

	BCBS RI	United	Tufts	NHPRI	Medicaid Fee-For-Service	United MMC	Tufts MMC	NHPRI MMC
Zyban XL	No	Yes* Generic Only	Yes	Yes	Yes	Yes Generic Only	Yes Generic Only	Yes Generic Only
Bupropion	Yes	No	No	Yes	Yes	Yes	Yes	Yes
Chantix	Yes	Yes**	Yes	Yes	Yes	Yes*	Yes*	Yes*
Nicotine Inhaler	Yes	Yes**	Yes	Yes	Yes	Yes*	Yes*	Yes*
Nicotine Nasal Spray	Yes	Yes**	Yes	Yes	Yes	Yes*	Yes*	Yes*
Length of treatment	180 days per 365	90 days x2 cycles per 365	No limit	No limit	No limit	No limit	No limit	No limit

*Prior Authorization Required +Step Therapy

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What Resources Does Our State Have to Help BH Smokers Quit?

- Rhode Island Nicotine Helpline (Quitline)
 - Coaching calls available to individuals 13 years and older
 - Free Nicotine Replacement Therapy for adults 18 years and older
 - QuitWorks-RI: Provider referral program to link patients to the Quitline for Treatment
 - My Life My Quit: Vaping and tobacco Cessation for teens
- Local cessation resources
 - CODAC Behavioral Health: Tobacco Cessation Services of RI
 - American Lung Association: Freedom from Smoking
 - Thundermist Health Centers Smoking Cessation Program
 - Lifespan Smoking Cessation Counseling
 - South County Health: Fit to Quit

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Rhode Island Adult Cessation, 2019

All Population Quit Attempts in the Last Year: 64.4%	
Frequent Mental Distress	Heavy Drinking
62.2	59.0

All Population Advised to Quit Smoking by a Provider: 70.0%	
Frequent Mental Distress	Heavy Drinking
63.2	55.9

All Population Provider Discussed Quit Medications: 52.7%	
Frequent Mental Distress	Heavy Drinking
48.8%	40.6%

All Population Provider Discussed Non-Medication Assisted Cessation Strategies: 45%	
Frequent Mental Distress	Heavy Drinking
36.2%	36.3%

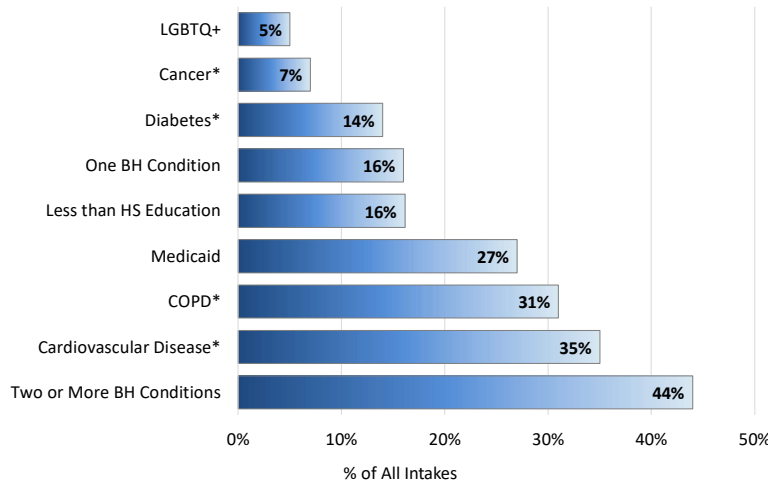
Rhode Island Behavioral Risk Factor Surveillance System (BRFSS), 2019

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Rhode Island Quitline Data, 2020



- 7-Month Follow-Up Survey**
- 2020 Respondents: n=109
 - Quit Rate: 20%
 - 3-Year Aggregate Quit Rate: 22.1%

* Medical conditions may be co-occurring

National Jewish Health and Rhode Island Department of Health, 2020

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Menthol Use in Priority Populations

Historical marketing of menthol cigarettes has led to higher menthol smoking among high-risk groups, especially populations of color. The federal ban on menthol cigarettes warrants a proactive, supportive, and equity-driven cessation effort for these populations.

National Data¹

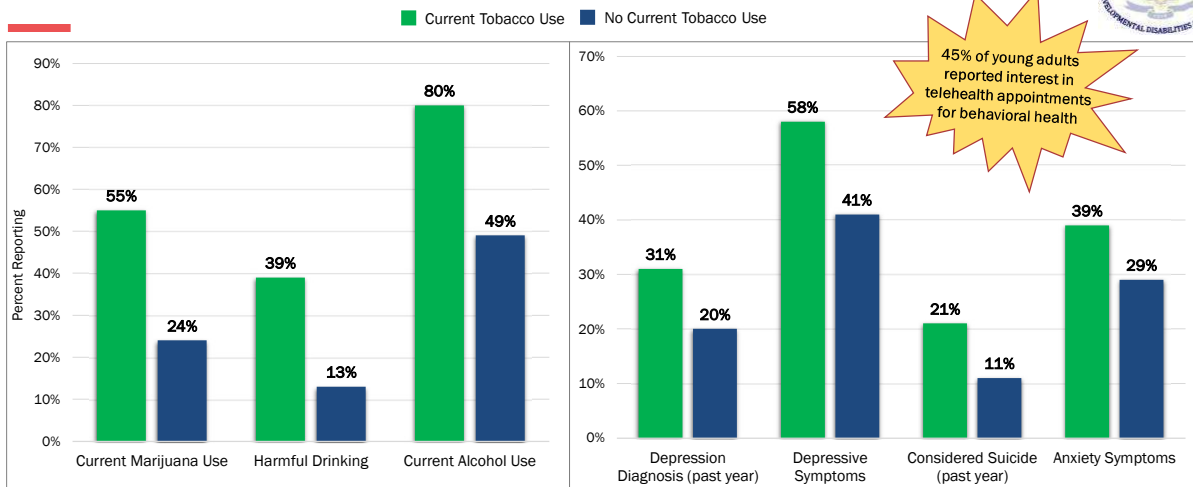
- 76.8% of non-Hispanic Black adults who smoked usually used menthol cigarettes, compared to 34.7% of Hispanic adults and 24.6% of white adults. (2014-2015)
- 54% of youth ages 12-17 years who smoke use menthol cigarettes (2016)
- LGBT people who smoke are more likely to smoke menthol cigarettes than heterosexual people who smoke. (2009-2010)
- **Adults who smoke and have mental health conditions also are more likely to use menthol cigarettes than those who do not have mental health conditions. (2015)**

Rhode Island Data²

- Proportion of overall menthol tobacco sales 2011-2015: 31.5%
 - Cigarettes: 38%
 - Little Cigars: 23.7%
 - Snus: 87.5%
- Rhode Island Quitline Engagement
 - Cigarette smokers that use menthol: 45%

1. Centers for Disease Control and Prevention. (2020, May 18). *Menthol and Cigarettes*. https://www.cdc.gov/tobacco/basic_information/tobacco_industry/menthol-cigarettes/index.html#groups-of-people.
 2. Kuiper, N. M., et al. (2017). Trends in Sales of Flavored and Menthol Tobacco Products in the United States During 2011–2015. *Nicotine & Tobacco Research*, 20(6), 698–706.

2020 Rhode Island Young Adult Survey: Tobacco & Mental Health



NOTE: Current (past 30 day) marijuana use, harmful drinking (AUDIT scores of 8+), and current (past 30 day) alcohol use are significantly associated with current (past 30 day) tobacco use ($p < 0.001$) among young adults residing in RI. Past year depression diagnosis, depressive symptoms (CES-D-10 with a cut-off score of 10+), having considered suicide in the past year are significantly associated with current (past 30 day) tobacco use ($p < 0.05$) and anxiety symptoms (GAD-7 with a cut-off score of 10+) is significantly associated with current tobacco use ($p < 0.10$) among young adults residing in RI.

Barriers to Cessation in Behavioral Health Settings

- **Stigma & Misconceptions**

- Myths about the use of nicotine during BH treatment impact organizational culture and both staff and patient readiness for change

- **Billing & Reimbursement**

- Nicotine dependence language not included in SUD payment parity discussions
 - Ex. HCPCS SBIRT reimbursement codes explicitly exclude Tobacco

- **Access & Staff Capacity**

- Staff capacity for tobacco cessation limited due to overlapping priorities – ex. opioid epidemic
- Service provision impacted by billing challenges