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Smoking Cessation  
Leadership Center



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University of California  
San Francisco



# The National Partnership for Behavioral Health and Tobacco Use

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

[www.BH4TobaccoFree.org](http://www.BH4TobaccoFree.org)  
#20by22

# Tobacco and Health: A Public Health Success Story

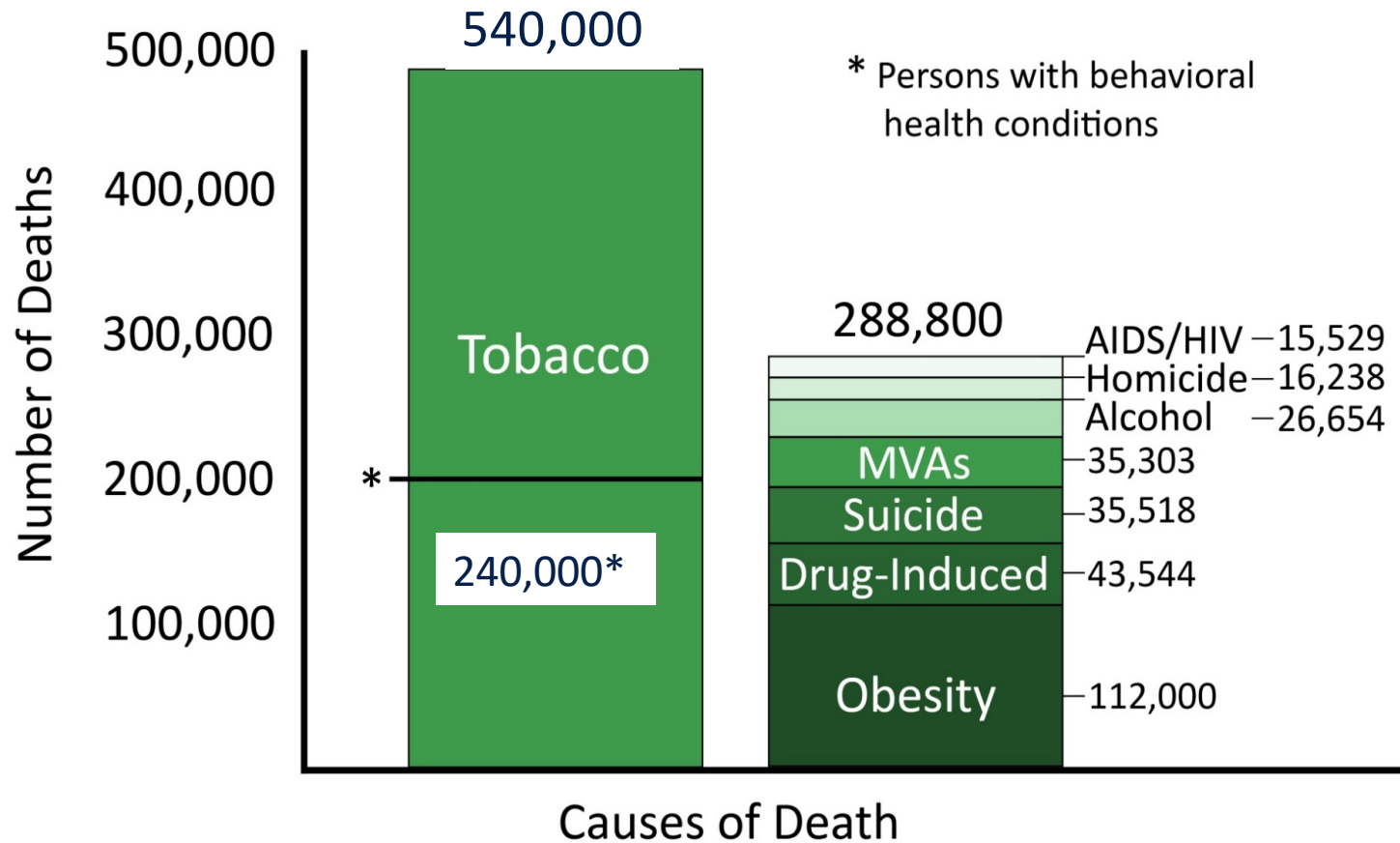
- From 1965 to 2012, lower smoking rates, propelled by *tobacco control* efforts, saved 8 million lives in the U.S.
- Average adult life expectancy increased by 10 years, nearly a third of which is due to lower smoking rates
- This is why it's so important to focus on reducing tobacco use

# Despite Progress, the Challenge Remains

- Since 1964, 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**



# Behavioral Causes of Death in the U.S.





# Smoking Rates have Fallen, Most Significantly among Youth

- **Adults (18+):** Smoking declined from 20.9% in 2005 to a historic low of 14.0% in 2017 (a 67% decline since 1965)<sup>1</sup>
- **Youth (under 18):** Smoking among high school students plummeted from 15.8% in 2011 to 7.6% in 2016, but ticked up to 8.1% in 2017 (at the same time that e-cigarette use jumped 78% - a separate topic!)<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>Wang TW, Gentzke A, Sharapova S, Cullen KA, Ambrose BK, Jamal A. Tobacco Product Use Among Middle and High School Students – United States, 2011-2017. *MMWR Morb Mortal Wkly Rep* 2018;67:629-33. DOI: <http://dx.doi.org/10.15585/mmwr.mm6722a3>



# The issue of disparities: Who's still smoking in 2018?

With 34.3 million smokers in the U.S., tobacco use is now predominantly found among three populations

- Cigarette smoking rates among **adults who have not received a college degree** (23.1%) greatly exceed those who have (6.5%)<sup>1</sup>
- Cigarette smoking rates among **adults living below the poverty level** is higher (25%) than those at or above the federal poverty level (10%)<sup>1</sup>
- Cigarette smoking rates among **adults with mental health or addictive disorders** (30.5%) are far higher than adults who do not suffer from 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>

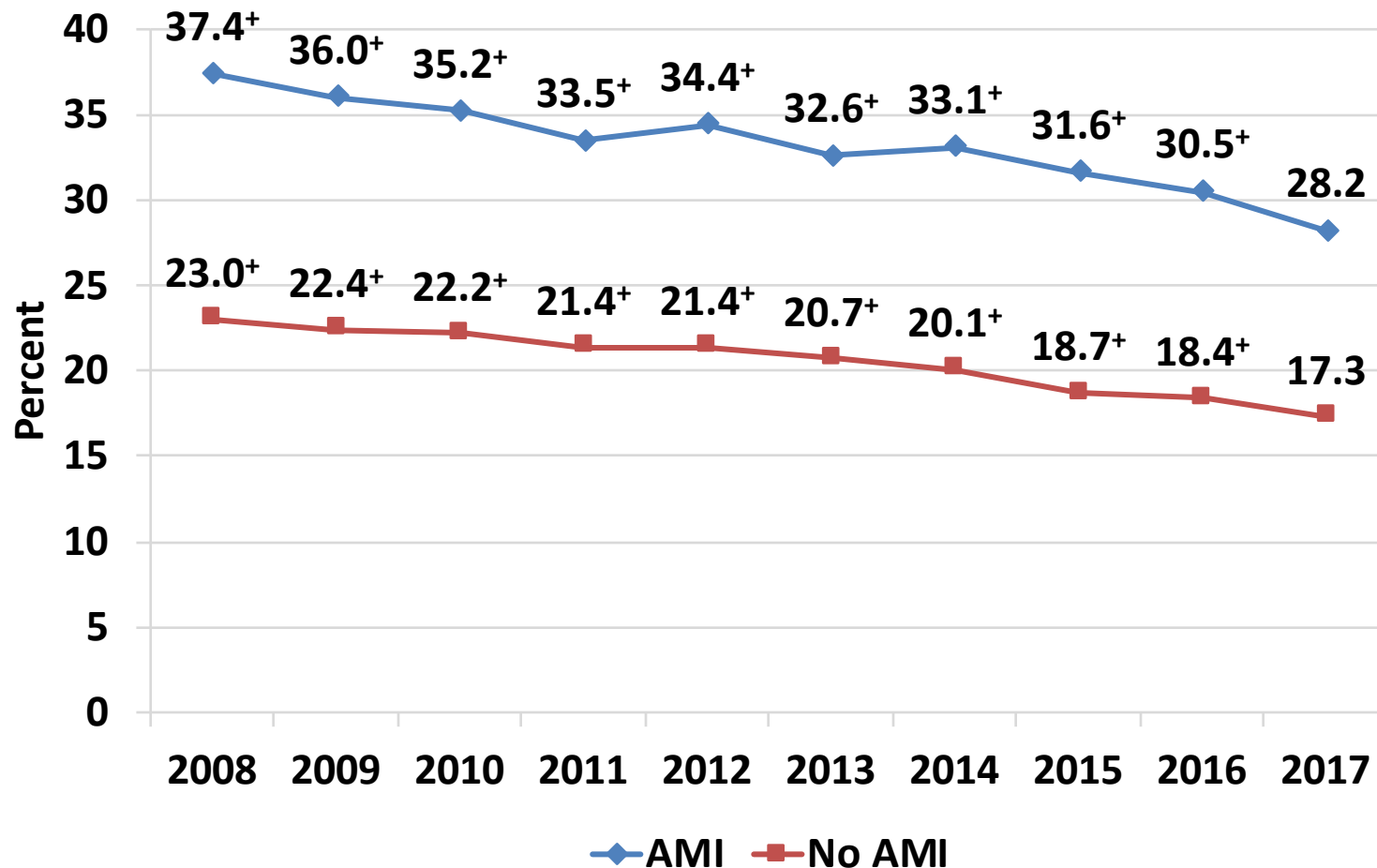
<sup>2</sup>United States Department of Health and Human Services. Substance Abuse and Mental Health Services Administration. Center for Behavioral Health Statistics and Quality. National Survey on Drug Use and Health, 2017. Research Triangle Park, NC: RTI International [distributor]

# Smoking and Behavioral Health: The Heavy Burden

- 44 million Americans experience mental illness in a given year, plus 20 million with substance use disorders<sup>1</sup>; estimated 54 million people have one or more of these two conditions
- Those with BH conditions constitute roughly half of all smokers in U.S.
  - \* Also smoke more daily cigarettes and; likelier to smoke down to the filter
- Social isolation from smoking compounds their social stigma
- Consequence: Estimated 240,000 annual deaths

<sup>1</sup>Any Mental Illness (AMI) Among Adults. (n.d.). Retrieved October 23, 2015, from <http://www.nimh.nih.gov/health/statistics/prevalence/any-mental-illness-ami-among-adults.shtml>

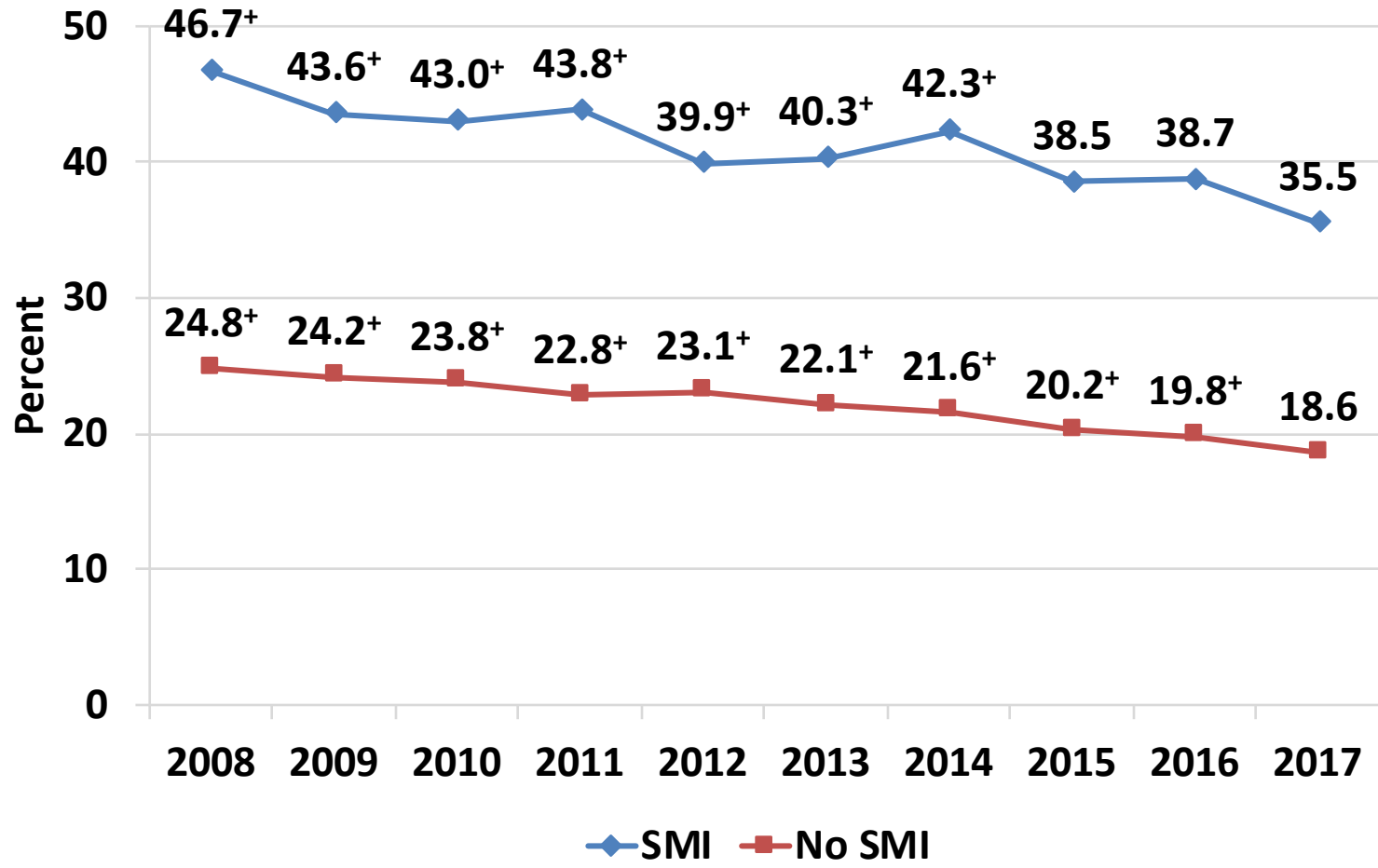
# Current Smoking among Adults (Age $\geq 18$ ) with Past Year Any Mental Illness (AMI): NSDUH, 2008-2017



**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.

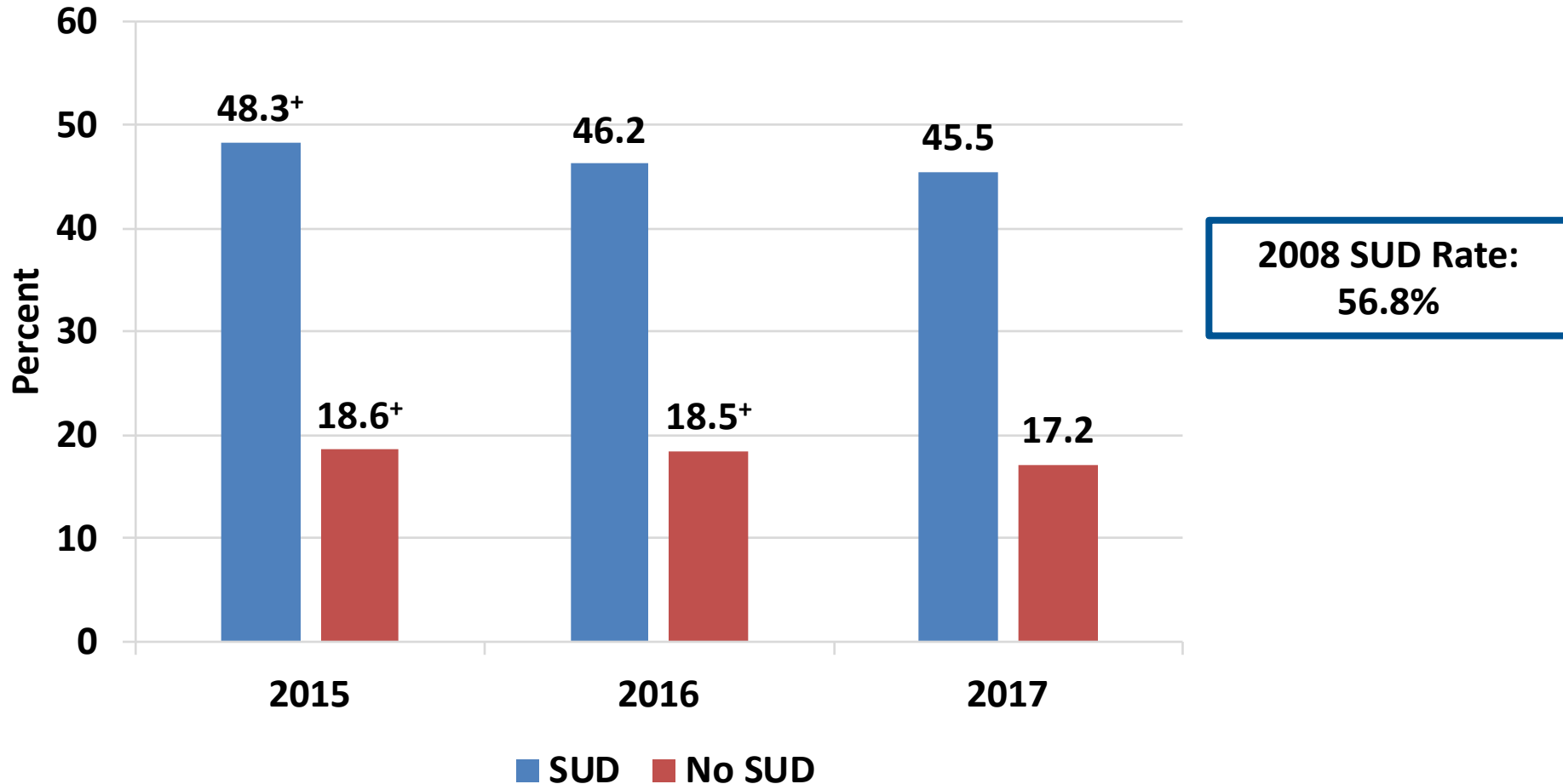


# Current Smoking among Adults (Age $\geq 18$ ) with Past Year Serious Mental Illness (SMI): NSDUH, 2008-2017



**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, 2015-2017



**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).  
+ Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

# Tobacco Interventions in Behavioral Health Facilities

Intervention	Mental Health Tx Facilities	Substance Abuse Tx Facilities
	2017	2017
Tobacco Use Screening	51.5%	66.0%
Cessation Counseling	39.1%	49.5%
Nicotine Replacement Therapy	25.6%	27.1%
Non-nicotine Cessation Medications	22.8%	21.3%
Smokefree Building/ Grounds	49.9%	34.8%

# ACS Partnered with SCLC to Launch New Initiative

- In 2016, American Cancer Society and Smoking Cessation Leadership Center agreed that national leaders from the **tobacco control/public health and the behavioral health sectors** should 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

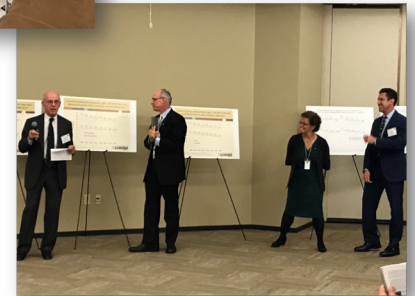


# National Partnership on Behavioral Health & Tobacco Use

- American Cancer Society Cancer Action Network (ACS CAN)
- American Cancer Society National Lung Cancer Roundtable (NLCRT)\*
- 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
- 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)
- Tobacco Control Legal Consortium (TCLC)
- Truth Initiative
- UnitedHealth Group
- University of Wisconsin—Center for Tobacco Research and Intervention
- Veterans Administration

# Two Successful National Summits

- ACS and SCLC co-hosted first partnership summit at ACS's Atlanta headquarters in October 2016
- Participants included senior leaders from partner organizations/agencies
- Summit produced a national action plan of practical strategies in the areas of networking, education and clinical guidance to strengthen tobacco use prevention, increase cessation, and ultimately reduce prevalence among behavioral health population
- Summit #2 was held in November 2018 – Expanded partnership, updated goals, celebrated success and set a major new target for lower smoking prevalence



# Action Areas

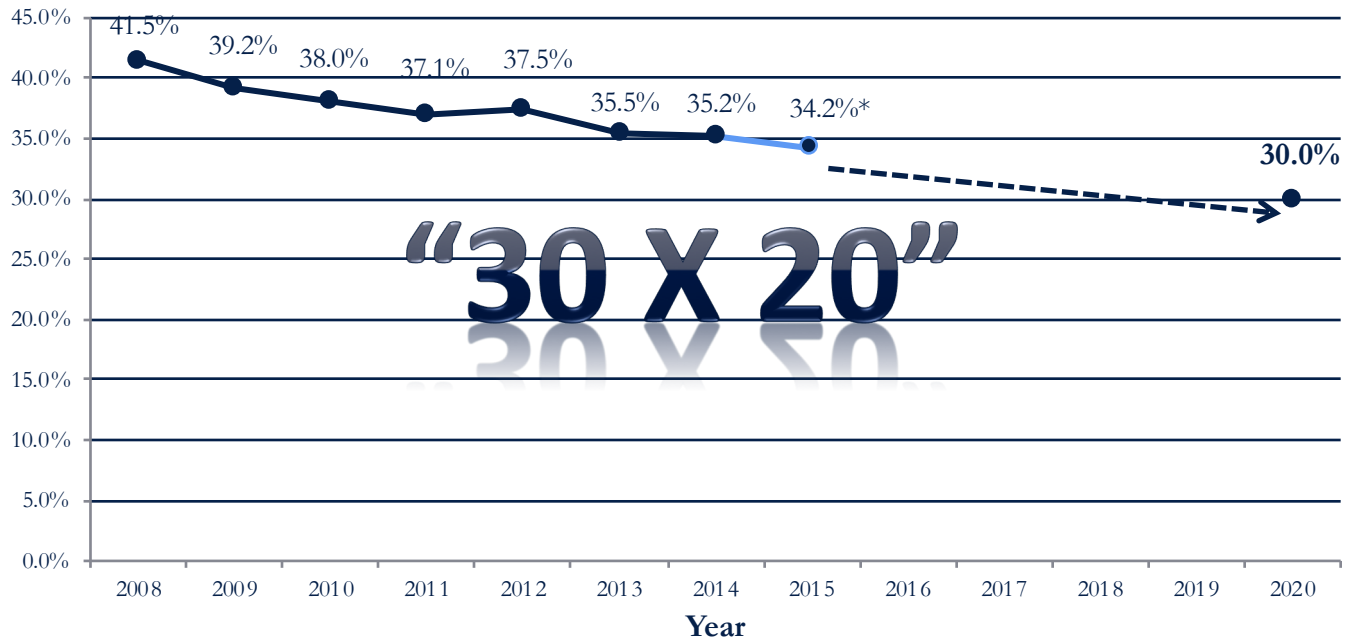


# Our Original (what we thought was!) Ambitious Target for 2020

- 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.



## Current Smoking Among Adults (age ≥ 18) With Past Year Behavioral Health (BH) Condition



	Baseline	Target
<b>Current Smoking Among Adults with Past Year Behavioral Health Condition</b>	34.2% (2015)	30% by 2020

# National BH Smoking Rate Breakdowns

Population	Smoking Rate
Alcohol Use	56.1% (past mo.); 43.5% (lifetime) <sup>1</sup>
Drug Addictions*	67.9% (past mo.); 49% (lifetime) <sup>1</sup>
Individuals receiving substance abuse treatment	77% <sup>4</sup>
Opioid-dependent individuals	92% <sup>5</sup>
Schizophrenia	70-85% <sup>2</sup>
Anxiety	54.6% (past mo.); 46% (lifetime) <sup>1</sup>
PTSD	44.6% (past mo.); 45.3% (lifetime) <sup>1</sup>
ADHD	41-42% (adults) <sup>1</sup> ; 19-46% (adolescents) <sup>3</sup>
Bipolar Disorder	60-70% <sup>5</sup>

\*Includes all substance use disorders outlined in DSM-III-R

<sup>1</sup>Lasser et al., JAMA 2000; 284(20): 2606-2610.

<sup>2</sup>Ziedonis et al., Nic and Tob Res 2008;10(12):1691-1715.

<sup>3</sup>McLernon et al., Ann NY AcadSci 2008;1141: 131-147.

<sup>4</sup>Kelly et al: Drug and Alcohol Review. 2012;31;638-644

<sup>5</sup>Brooner et al: Arch Gen Psychiatry. 1997;54:71-80.

<sup>5</sup>Thomson D, Berk M, Dodd S, et al.

Tobacco Use in Bipolar Disorder. *Clin Psychopharmacol Neurosci* 2015;13(1):1-11

# Select Examples of the Strategic Actions Undertaken 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 be tobacco-free and offer smoking cessation services. The policy applies to all state mental health programs and facilities in the U.S.

# Select Examples of the Strategic Actions Undertaken 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.



# Select Examples of the Strategic Actions Undertaken 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
  - Collaborated with SAMHSA to develop myth-buster piece for placement in journals for clinicians as part of TIPS campaign, and to produce MMWR report (May 11, 2018)
  - Included session on health systems change and discussion of reaching smokers with behavioral health conditions at its annual National Partners Meeting

# Rapid Success!

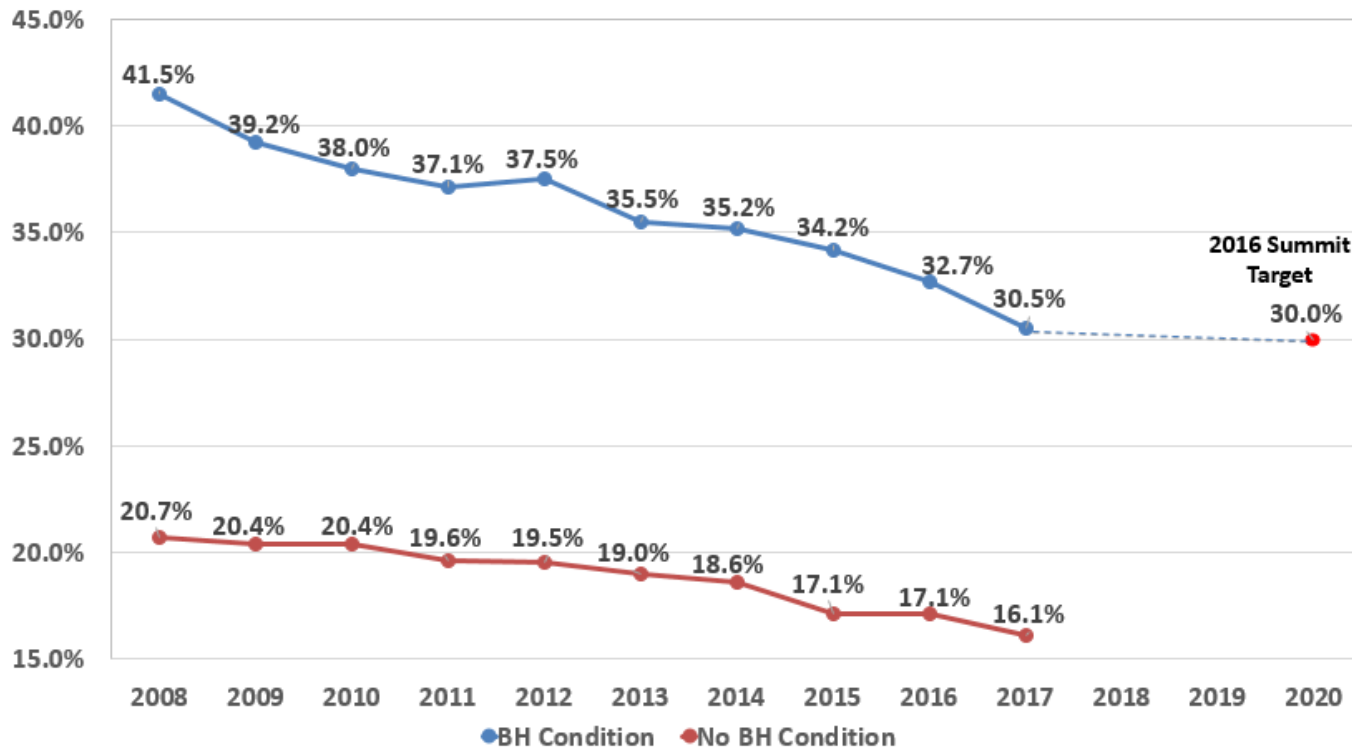
- Behavioral health smoking prevalence fell from 34.2% in 2015 to 30.5% in 2017, an 11% decrease in individuals with BH conditions

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

Malcolm Gladwell

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

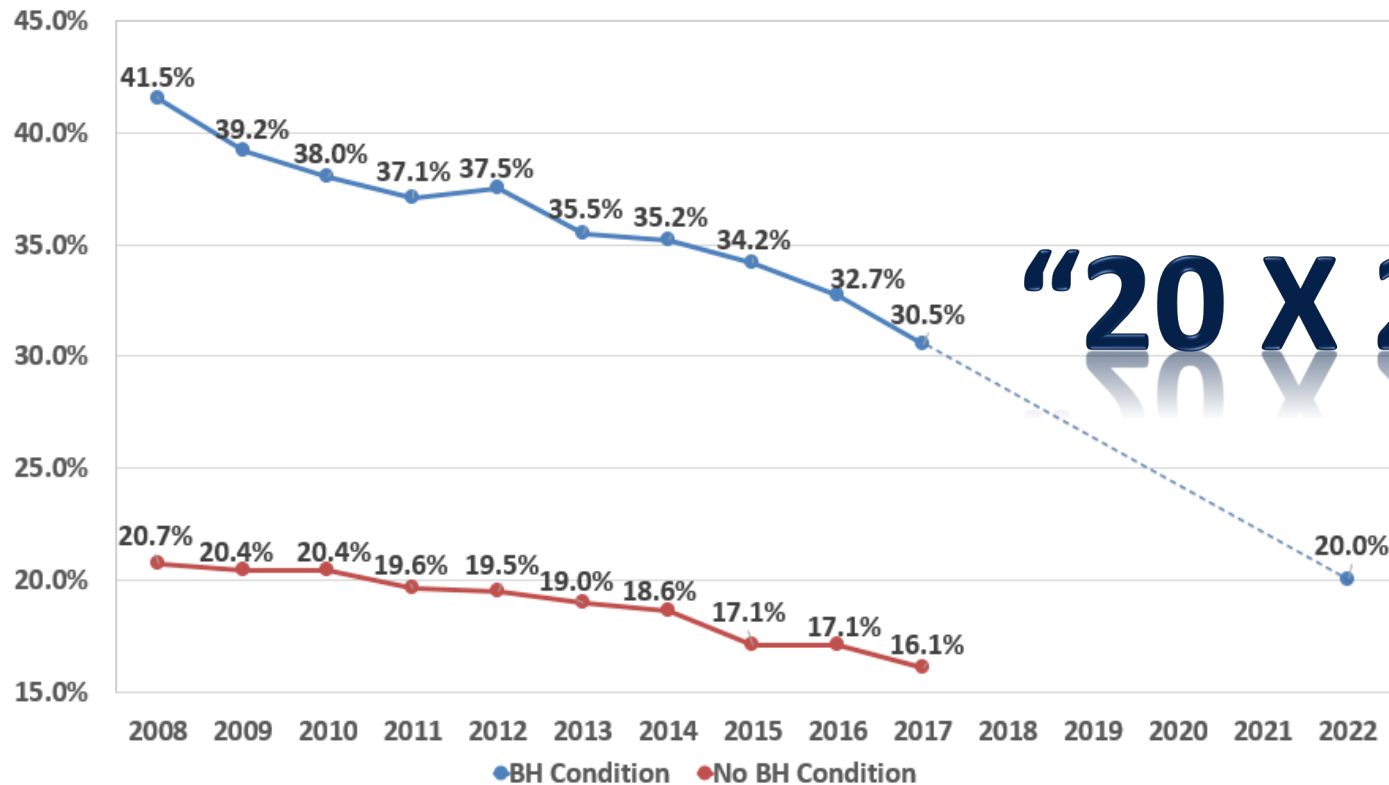


Behavioral Health Condition includes AMI and/or SUD

\* 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



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



Reducing prevalence to 20% would mean 6 million fewer smokers,  
averting about 3 million smoking-related deaths!

# Partnership Goal: Establish National Roundtable on Behavioral Health and Tobacco Use

- To expand the reach and enhance the impact of the National Partnership on Behavioral Health and Tobacco Use and ensure its sustainability, we will pursue long-term funding to establish a new national roundtable modeled on other roundtables coordinated by the American Cancer Society (e.g., National Colorectal Cancer Roundtable, National Lung Cancer Roundtable, National HPV Roundtable, National Survivorship Roundtable)

# A Successful Campaign for a Million Lives: Time to Do More!

- With about 22 million smokers in the behavioral health population, reducing prevalence to 30% equates to more than 2 million fewer smokers, averting *more than 1 million smoking-related deaths*

# National Partnership on Behavioral Health and Tobacco Use

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

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