

Welcome
The Stolen Years: Local Program
Strategies to Address Tobacco in
Behavioral Health
June 11th 9-12:30pm

Tobacco Treatment Training Program



Alex Hay
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National BH Smoking Rate Breakdowns

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

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

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

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

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

⁵Bronner et al: Arch Gen Psychiatry. 1997;54:71-80.

⁵Thomson D, Berk M, Dodd S, et al. Tobacco Use in Bipolar Disorder. *Clin Psychopharmacol Neurosci* 2015;13(1):1-11

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

People with behavioral health conditions are a
“priority”

People with severe mental health disorder die 10-25
years sooner than the general population

Half of all people in substance use recovery die of
tobacco –related diseases

Studies show that less than half of people in MH or
SUD treatment are offered tobacco treatment
services/support



MH/SUD Benefits of Tobacco Treatment



Improves Mental Health



Reduce Some Psych Medications



Increase chances of sobriety from other substances by 25%



Improved housing opportunities



Improved employment opportunities



Save money



Freedom/improved relationships

Some Common Provider Beliefs

- ✓ Tobacco is necessary self-medication
- ✓ BH consumers are not interested in quitting
- ✓ They are unable to quit
- ✓ Quitting worsens recovery
- ✓ Smoking is a low-priority problem
- ✓ These are all Myths

How to treat MH/SUD folks

Tobacco Treatment Medications help people decrease withdrawal and increase ability to learn new behaviors

Seven Meds: Nicotine Patch, gum, lozenge, **OTC**

Below require prescription

- Varenicline/Chantix very effective- found to be safe for people with schizophrenia.
- Bupropion/Wellbutrin not quite as effective but can be helpful for those with depression
- Nicotine Inhaler and Nasal Spray can be used alone or with nicotine patch
- Consider gentle quit using nicotine patch or Varenicline before quit date
- Counseling to learn refusal skills or strategies for dealing with boredom and stress

CALIFORNIA SMOKER'S HELPLINE

1-800-NO-BUTTS

- FREE Nicotine Replacement (Patches)
- One-on-one counseling support
- Specialized in Tobacco Treatment
 - + Behavioral Health conditions
- Services in 6 languages
- Smoking & Vaping
- Phone/Web Chat/App/Text services
- Available for teens (>14 years old)

SMOKERS


CALL FOR
**FREE
NICOTINE
PATCHES**

MAILED TO YOUR HOME

While supplies last. Eligibility requirements apply.




1 • 844 • 8 • NO • VAPE
>>> tap to call <<<



**YOU'RE ALREADY
ONE STEP CLOSER.**

PROTECT YOUR LUNGS

Get Help to Quit



Coronavirus (COVID-19)

Comprehensive
guide to
implementing
Tobacco Free
Policies, treatment
at your sites



Smoking Cessation Leadership Center



University of California
San Francisco

cabhwi.ucsf.edu

Agenda of today's Event

- 9:00-9:15am Welcome - Patricia Sanchez
 - 9:15-9:35am - Alameda County Ordinance Update
 - 9:35-10:20am - Keynote Presentation Joseph Gurdish, PhD
 - 10:20-10:30am **Break**
 - 10:30-10:50am-EBCRP Research Team
 - 10:50-11:00am **Break**
 - 11:00-12:25pm-Panel Discussion
 - 12:25-12:30pm- Closing, Evaluations
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- CE Units ;Must be present for entire symposium, Complete evaluation and quiz, Certificate within 30 days of symposium date

Special Thanks

- All of you for your attendance
- All our speakers today
- Panelists
- Alameda County Behavioral Health (ACBH)
- Alameda County Public Health-Tobacco Control
- Local Artists-EBCRP

Contact Information for Tobacco Treatment Program

- Patricia Sanchez / psanchez@lifelongmedical.org
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