



National Behavioral Health Network
for Tobacco & Cancer Control
from NATIONAL COUNCIL FOR MENTAL WELLBEING

Tobacco, Youth, Behavioral Health and Health Equity: South Dakota Conference

March 20, 2024 | In-Person Convening

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National Behavioral Health Network for Tobacco & Cancer Control

Jointly funded by CDC's *Office on Smoking & Health & Division of Cancer Prevention & Control*

Provides resources and tools to help organizations reduce tobacco use and cancer among individuals experiencing mental health and substance use challenges

1 of 9 CDC National Networks dedicated to eliminating cancer and tobacco disparities in priority populations

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A National Network Approach to Promoting Tobacco and Cancer-Related Health Equity in Special Populations



- A consortium of eight national networks sponsored by the CDC's Office on Smoking and Health and Division of Cancer Prevention and Control.
- Our partnership provides leadership on and promotion of evidence-based approaches for preventing commercial tobacco use and cancer for priority populations on a national, state, tribal and territorial level.


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A Note on Language & Terminology

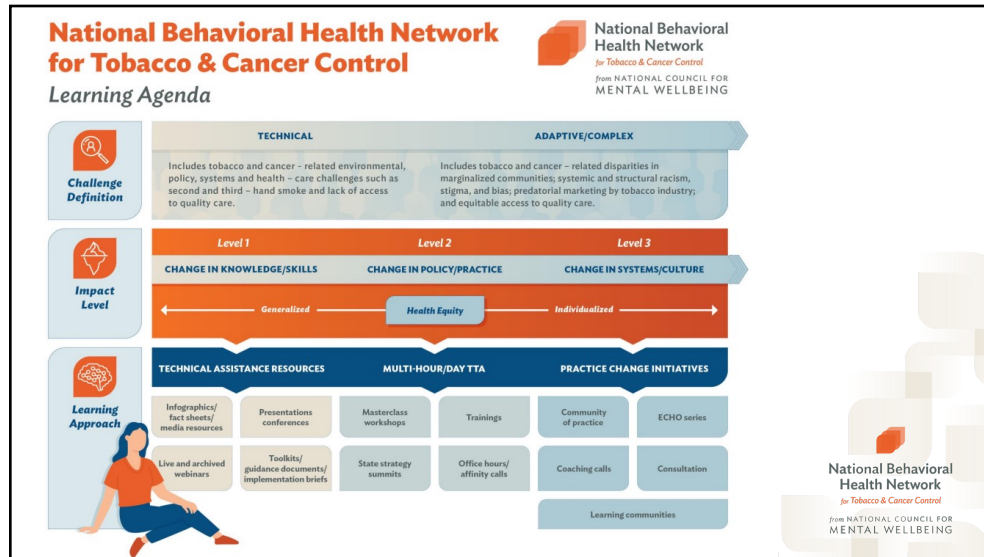
- **Mental wellbeing:** Thriving regardless of a mental health or substance use challenge, which may also be referred to as a mental illness, substance use disorder, addiction or dependence.
- **Commercial tobacco use/tobacco use:** The use of commercial tobacco and nicotine products (including electronic nicotine devices, otherwise known as ENDS).*
- ***All references to smoking and tobacco use is referring to commercial tobacco and not the sacred and traditional use of tobacco by some American Indian and Alaskan Native communities.**



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Learning Objectives

- ✓ Learn ways in which tobacco control intersects with health equity
- ✓ Learn current landscape of e-cigarettes and how they implicate youth and young adults
- ✓ Re-imagine ways to frame tobacco use in mental health, addiction and recovery
- ✓ Gain tools to enhance tobacco control and cessation efforts

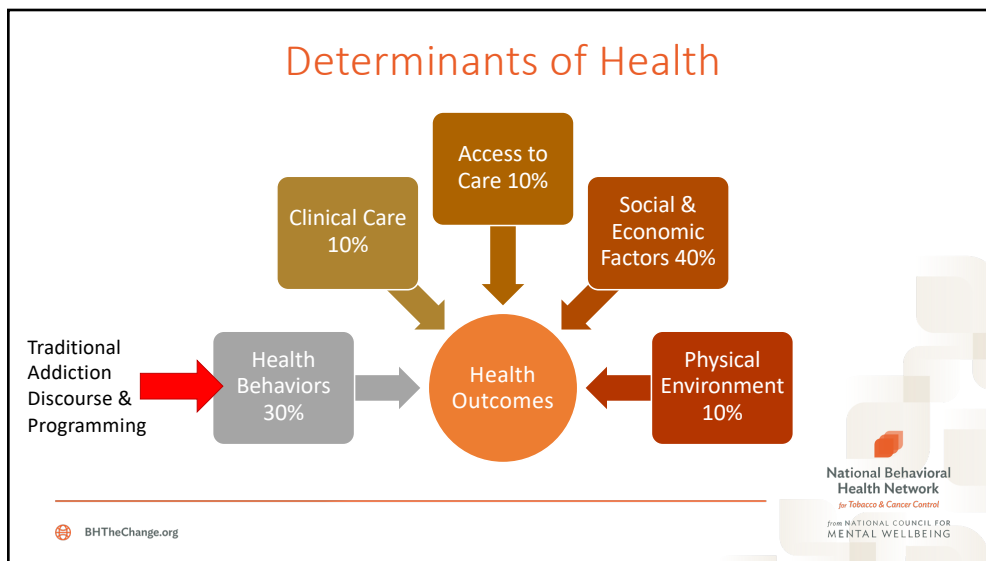
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Contextual Factors and the Social Determinants of Health

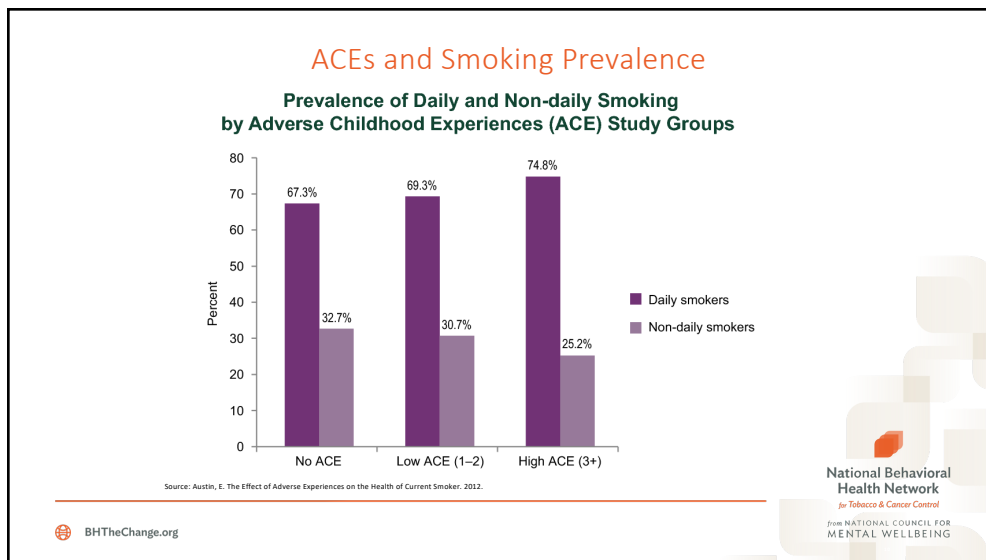


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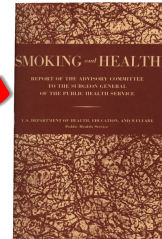


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What Changed in the General Population?

In 1964 the U.S. Surgeon General released the first report to examine the health consequences of tobacco use. This report changed the American perception, health care and public health attitudes towards tobacco use. From this report tobacco use was found to be...

- The most important cause of chronic bronchitis
- A cause of lung cancer and laryngeal cancer in men
- A probable cause of lung cancer in women



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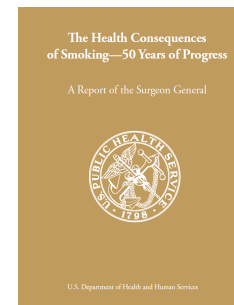
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50 Years Later...More Findings Emerged

Key findings from this report included:

- Smoking harms nearly every organ in the body
- Quitting smoking has both short- and long-term benefits for health
- Exposure to secondhand smoke causes cancer, respiratory and heart disease, and adverse health effects among children
- The list of diseases caused by smoking continues to grow

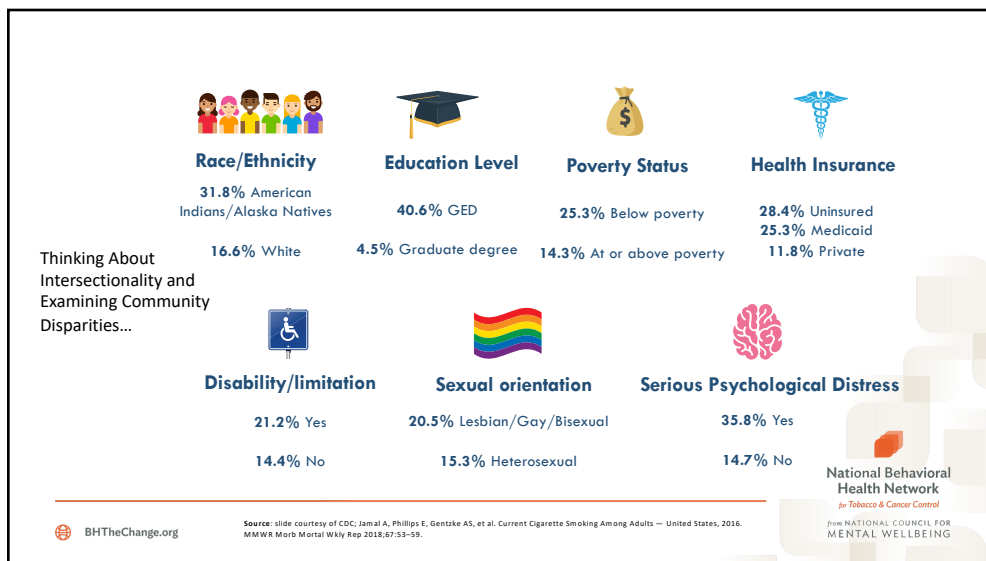
Yet for individuals with behavioral health conditions, prevention of smoking related illnesses often takes a back seat to the individual's mental illness leading to delayed diagnosis.



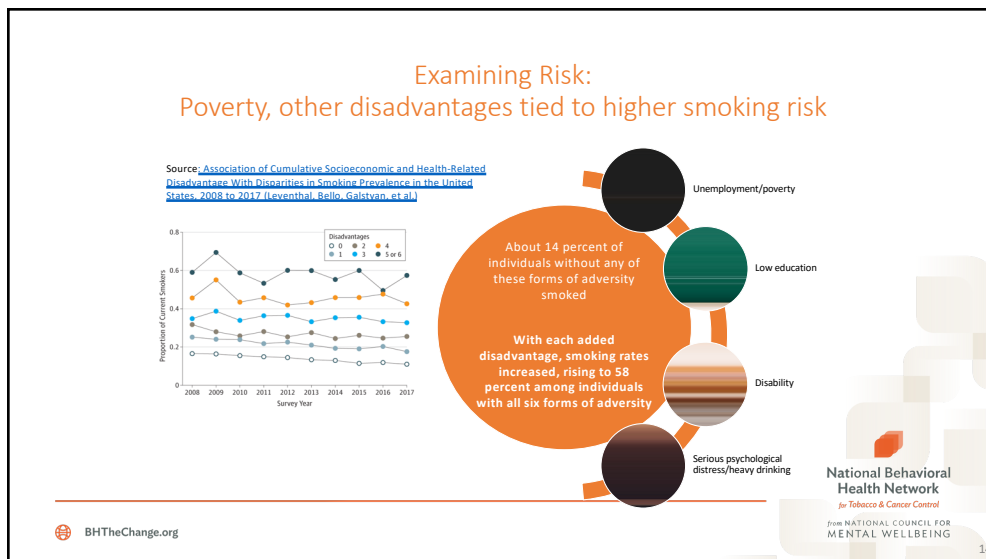
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"Disadvantage is a common denominator in smoking in the U.S. today, and if you face more disadvantages, your liability to smoking increases.

Disparities in smoking are explained by disadvantaged populations being more likely to start smoking and less likely to quit smoking."

Source: https://www.medicare.com/viewarticle/9121957urcwnl_ed8_tpal&ua=245377D&imgID=1348008&af=1

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Tobacco & Behavioral Health: *What has caused the disparity?*

IT'S A PSYCHOLOGICAL FACT: PLEASURE HELPS YOUR DISPOSITION

How's your disposition today?

For more pure pleasure... have a Camel

No other cigarette is so rich-tasting yet so mild!

The overall rate of cigarette smoking among adults has been falling decreasing, but individuals with mental health challenges have been neglected in prevention efforts, environmental and clinical interventions.

This disparity can be attributed in part to predatory practices by tobacco companies which included:

- Targeted advertisements
- Providing free or cheap cigarettes to psychiatric clinics
- Blocking of smoke-free policies in behavioral health facilities
- Funding research that perpetuates the myth that cessation would be too stressful and negatively impact overall behavioral health outcomes

• High rate of ACEs/Trauma

• Limited access to high quality care (delays in care, lower quality of care, and more)

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Decades later, E-CIG and VAPING companies are still taking a page from Big Tobacco's playbook...



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Emerging Trends



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An Overview of the Problem: Smoking Prevalence

- More than 80% of youth with substance use disorders report current tobacco use, most report daily smoking, and many become highly dependent, long-term tobacco users.
- An estimated 200,000 adults who have a mental health disorder and comorbid substance use disorder die from tobacco-related causes each year.
 - Due to higher smoking prevalence
 - Disparities in access to prevention and treatment

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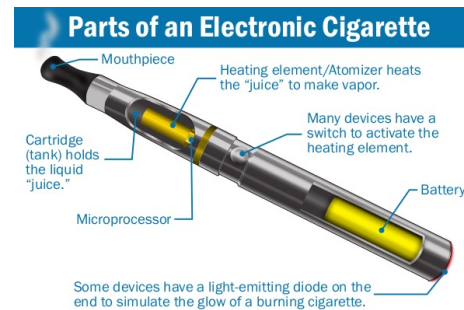
Source: Courtesy of AAFP: Tobacco Cessation Behavioral Health Facts. Accessed at https://www.aafp.org/onlineonly/tables/tobacco_cessation_behavioral_health_facts

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Electronic Nicotine Delivery Systems (ENDS)

- Vapes, vaporizers, vape pens, hookah pens, electronic cigarettes (e-cigarettes or e-cigs), and e-pipes are some of the several terms used to describe **electronic nicotine delivery systems (ENDS)**.
- ENDS are noncombustible tobacco products.
- These products use an “e-liquid” that contain nicotine, as well as varying compositions of flavorings, propylene glycol, vegetable glycerin, and other ingredients.
- The liquid is heated to create an aerosol that the user inhales.

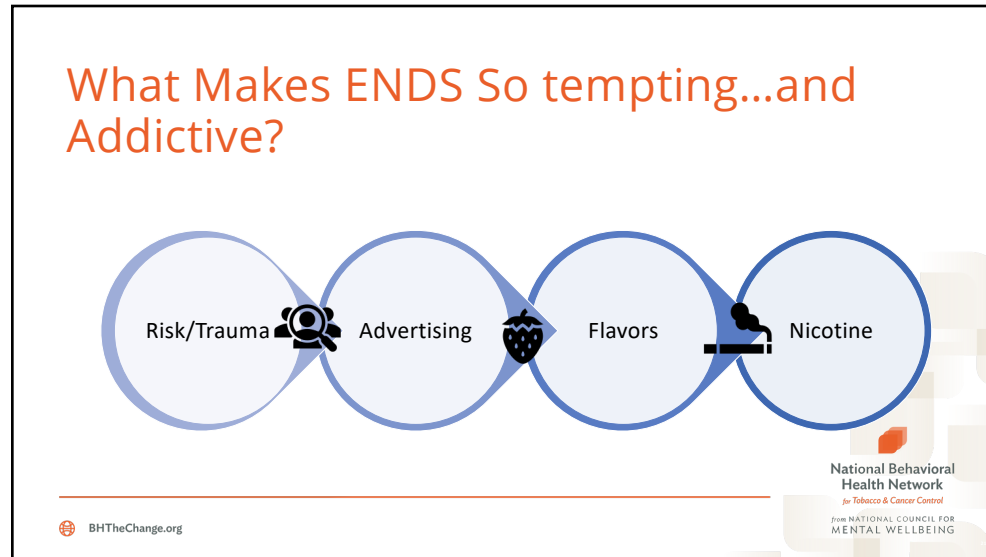


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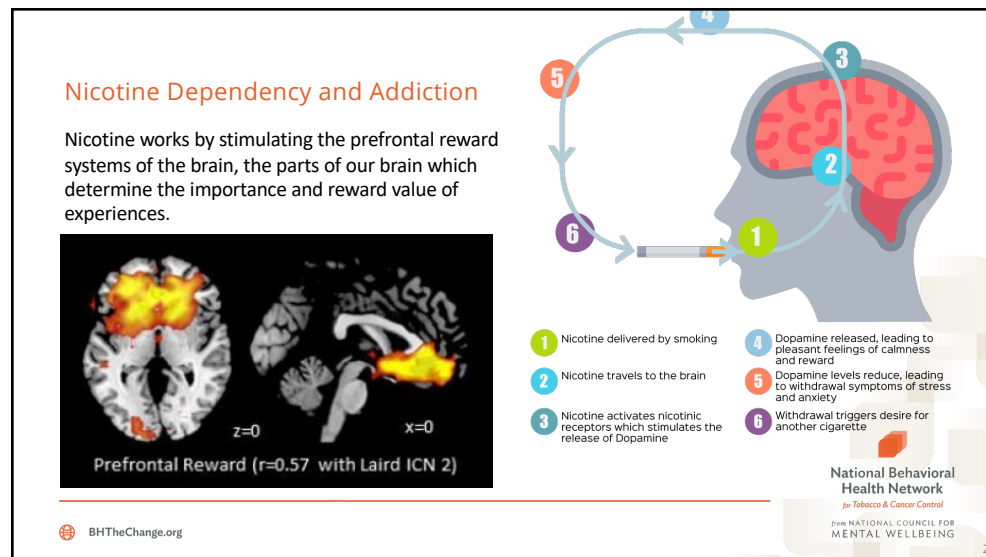
Source:
U.S. Food and Drug Administration. Vaporizers, E-Cigarettes, and other
Electronic Nicotine Delivery Systems (ENDS)

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ENDS Use and Behavioral Health

While individuals with behavioral health conditions account for almost 40% of all traditional cigarettes smoked by adults, they are also a significantly vulnerable group for high e-cigarette use. [1,2]

Studies have shown:

- people living with behavioral health conditions, like depression and anxiety, are **twice as likely to have tried e-cigarettes** and **three times as likely** to be users of battery-powered electronic nicotine delivery devices. [3]
- individuals with mental illness often **combine e-cigarettes with** concurrent use of traditional **combustible cigarettes** which make them more at risk for nicotine addiction and susceptible to the effects of traditional tobacco. [4,5]

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Emerging Trends- Youth Use of ENDS

NYTS
2023

About **2.8 million**
youth currently use any tobacco product

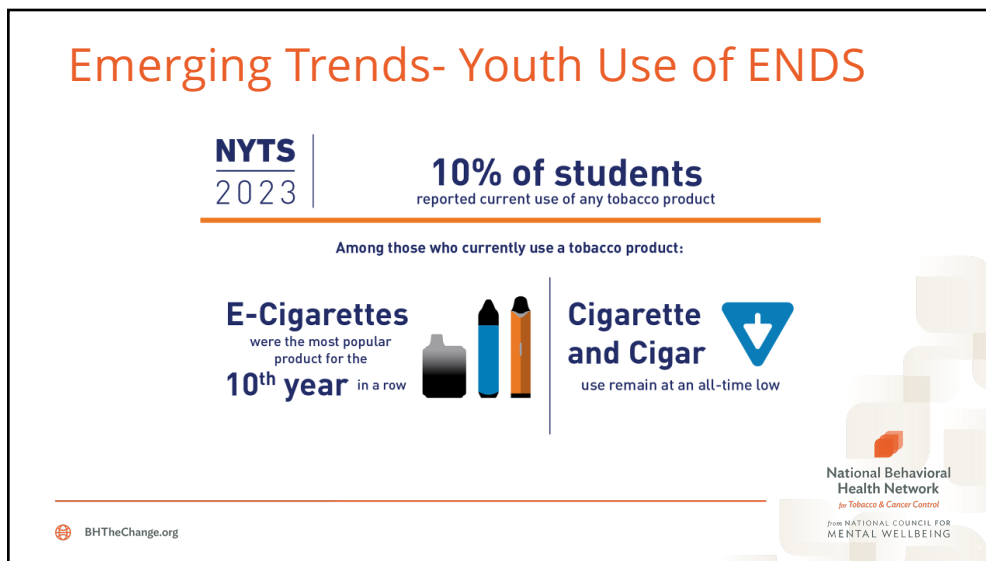
Student Group	2022	2023
High school students (Any tobacco use decreased)	16.5%	12.6%
Middle school students (Any tobacco use increased)	4.5%	6.6%

Driven by a **drop** in high school e-cigarette use

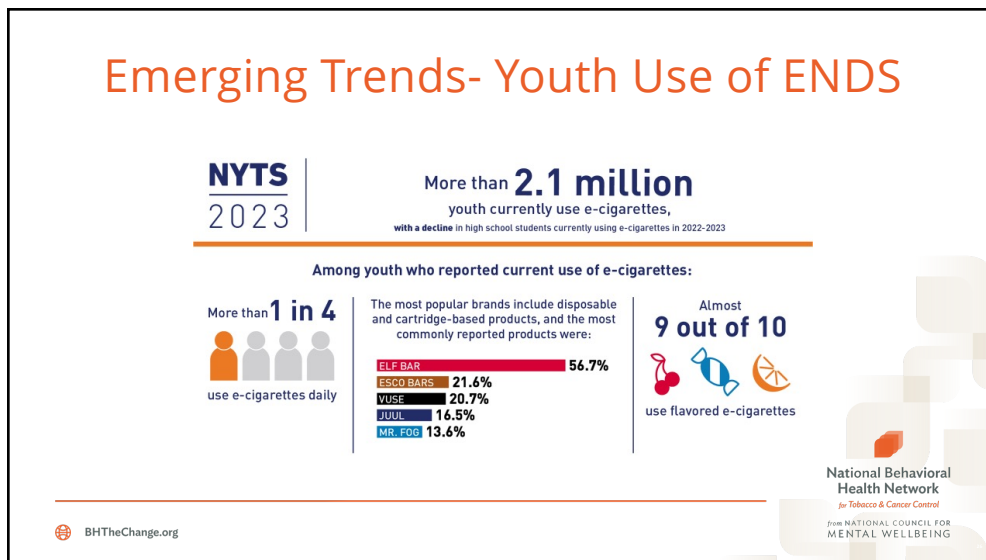
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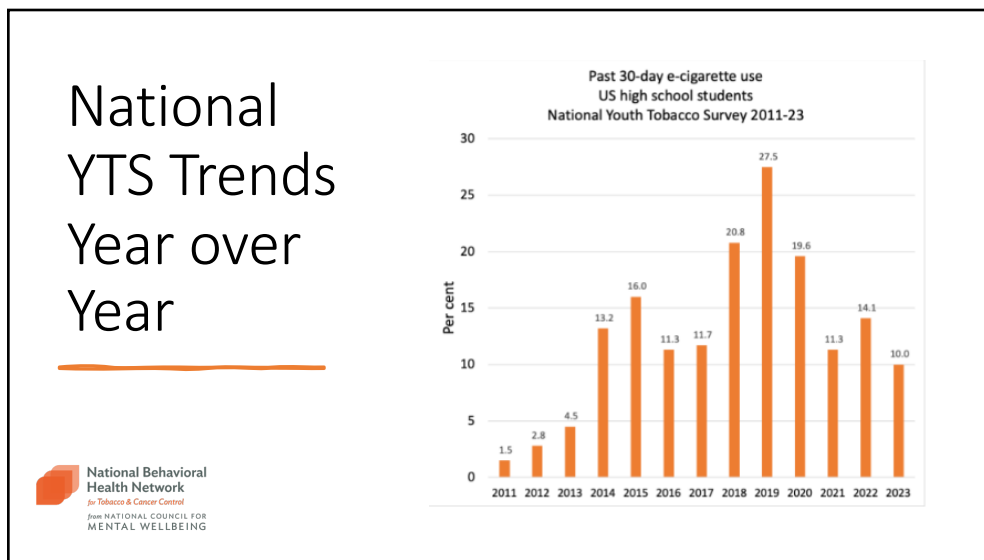
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Toll of Tobacco in South Dakota

The Toll of Tobacco in South Dakota		U.S. National Data
High school students who smoke	5.5% (2,600)	1.9%
High school students who use e-cigarettes	15.8%	10.0%
Male high school students who smoke cigars (female use much lower)	3.0%	2.3%
Kids (under 18) who try cigarettes for the first time each year	2,000	
Adults in South Dakota who smoke	14.0% (96,600)	11.5%
Proportion of cancer deaths in South Dakota attributable to smoking	30.6%	

BHTheChange.org https://www.tobaccofreekids.org/problem/toll-us/south_dakota

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Toll of Tobacco South Dakota

Smoking-Caused Monetary Costs in South Dakota

Annual health care costs in South Dakota directly caused by smoking	\$433 million
Medicaid costs caused by smoking in South Dakota	\$75.5 million
Residents' state & federal tax burden from smoking-caused government expenditures	\$966 per household
Smoking-caused productivity losses in South Dakota	\$838.6 million

Amounts do not include health costs caused by exposure to secondhand smoke, smoking-caused fires, or use of non-cigarette tobacco products. Productivity losses are from smoking-caused premature death and illness that prevent people from working. Tobacco use also imposes costs such as damage to property.

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https://www.tobaccofreekids.org/problem/toll-us/south_dakota

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Youth Development and Nicotine Dependency

Transitional Brain Age (13-25 years old)

- Half of all lifetime mental illness start by mid-teens and three-fourths by mid-twenties [6]
- Strong relationship between youth who smoke and depression, anxiety, and stress [7]
- More than 80% of youth with substance use disorders report current commercial tobacco use, most report daily smoking, and many become highly dependent, long-term commercial tobacco users. [8]

ENDS, or vaping, acts as entry nicotine products that may lead to more nicotine products. [9]

Nicotine exposure during adolescence can:

- Harm brain development, which continues until about age 25.
- Impact learning, memory, and attention.
- Increase risk for future addiction to other drugs. [10]

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Disparities in Youth Electronic Cigarette Use

Research is still emerging on disparities in e-cigarette use and vaping in youth populations. Some limited research has shown:

- High school students with disabilities are more likely to use a variety of tobacco products compared with their nondisabled peers, including e-cigarettes (18.3% vs 12.3%) [1]
- Vape shops are more densely distributed, and are in closer proximity to public schools in school districts with higher proportions of Asian and Black student populations [2]



Source:
[1] <https://www.cdc.gov/od/ocers/2020/20-0163.htm>
[2] <https://journal.sagepub.com/doi/full/10.1177/15245991887738>

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It's A Breath of Stress Air: Youth Vaping is a Mental Health Issue



- Youth Prevention and Education multi-platform campaign
- Expands on the *It's Messing with Our Heads* campaign exposing nicotine as a contributor to worsening youth mental health:
 - Nicotine can worsen anxiety symptoms and amplify feelings of depression
 - *It's A Breath of Stress Air* debunks the false illusion that vaping is a stress reliver
 - Aims to give young people the facts about vaping's connection to stress and resources to quit vaping and address mental health issues

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TRUTH | [Breath of Stress Air \(thetruth.com\)](http://BreathofStressAir.com)

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Tobacco and Behavioral Health Implications

WHY TOBACCO AND BEHAVIORAL HEALTH?!

- 1. VERY HIGH RATES OF TOBACCO USE**
 - INDIVIDUALS WITH BEHAVIORAL HEALTH CONDITIONS USE TOBACCO AT A 2-3 TIMES HIGHER RATE
 - INDIVIDUALS WITH BEHAVIORAL HEALTH CONDITIONS MAKE UP APPROXIMATELY 25% OF THE POPULATION
 - CONSUME MORE THAN 40% OF ALL CIGARETTES
- 2. TOBACCO-RELATED ILLNESSES - CANCER, HEART DISEASE, AND LUNG DISEASE - ARE AMONG THE MOST COMMON CAUSES OF DEATH IN INDIVIDUALS WITH BEHAVIORAL HEALTH CONDITIONS**
- 3. CONCURRENT TREATMENT OF TOBACCO, ALCOHOL, AND OTHER DRUGS CAN INCREASE LONG-TERM ABSTINENCE BY 25%**

FOR MORE INFORMATION, TOOLS, AND RESOURCES VISIT WWW.BHTHECHANGE.ORG

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Let's Finish the Sentence...

People with mental illness die on average 15 to 25 years earlier* than those without mental illness...

- *Depending on data source
- Source: Parks, J., et al. Morbidity and Mortality in People with Serious Mental Illness. Alexandria, VA: National Association of State Mental Health Program Directors Council. 2006 (25 years)
https://www.who.int/mental_health/management/info_sheet.pdf (10-15 yrs)

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Let's Finish the Sentence

People with mental illness die on average 15 to 25 years earlier than those without mental illness...


...due to complications from smoking-related illnesses...




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The Foundations of Tobacco Disparities for Individuals with Mental Health and Substance Use Challenges

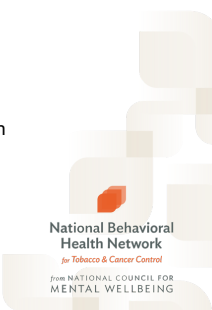


1 in 4 adults have some form of mental health or substance use challenge.



In 2018 **32%** of adults with any mental health challenge reported current use of tobacco compared to **23.3%** of adults with no mental health challenge.

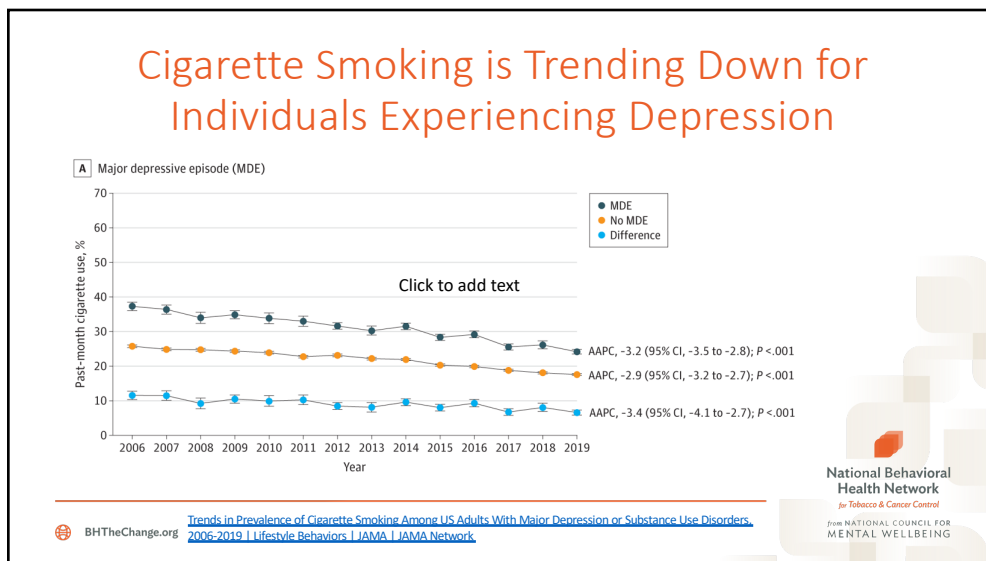
Aggressive targeted marketing, barriers to care, the spread of misinformation and higher than average rates of ACEs/Trauma in individuals with mental health or substance use challenges contribute to **almost 40% of all cigarettes smoked by adults.**



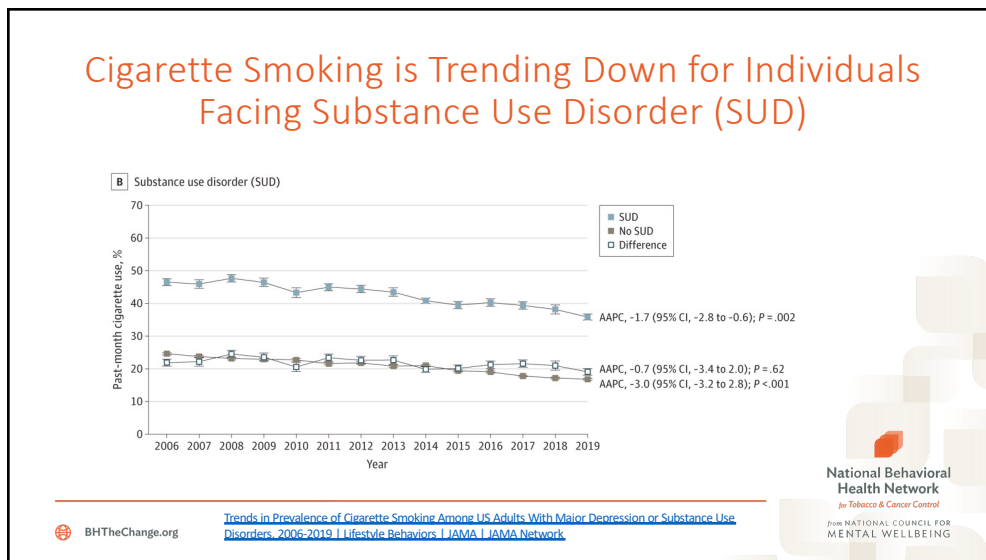
Source: Centers for Disease Control and Prevention

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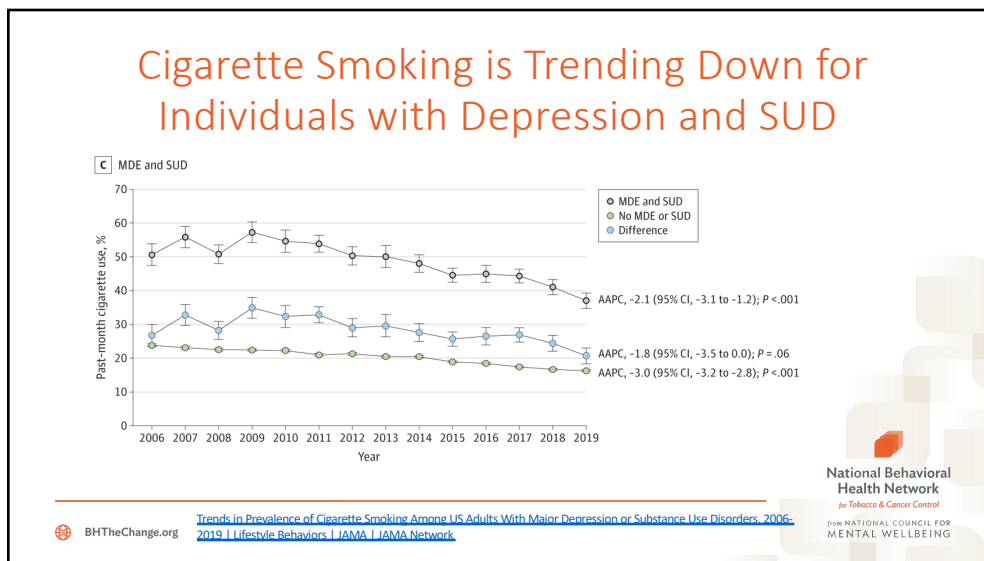
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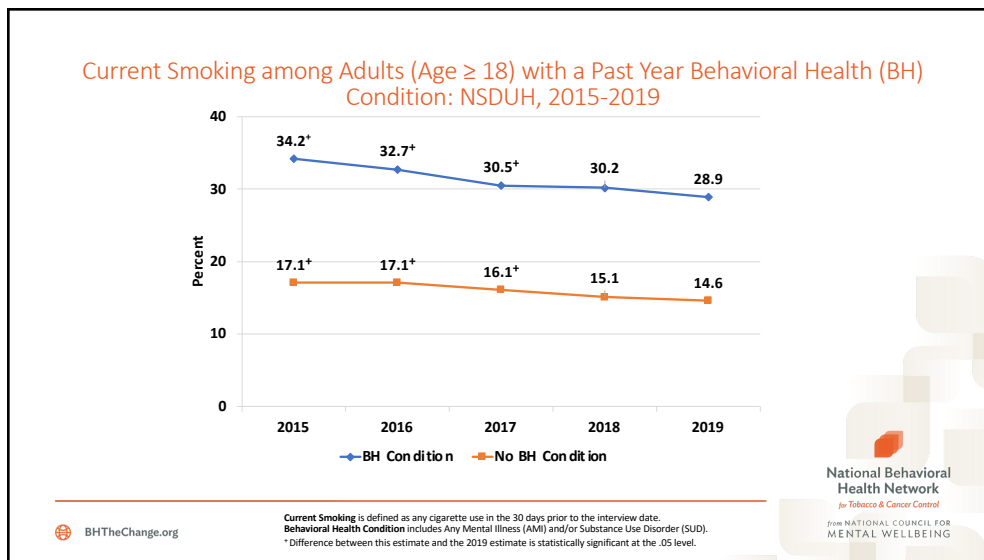
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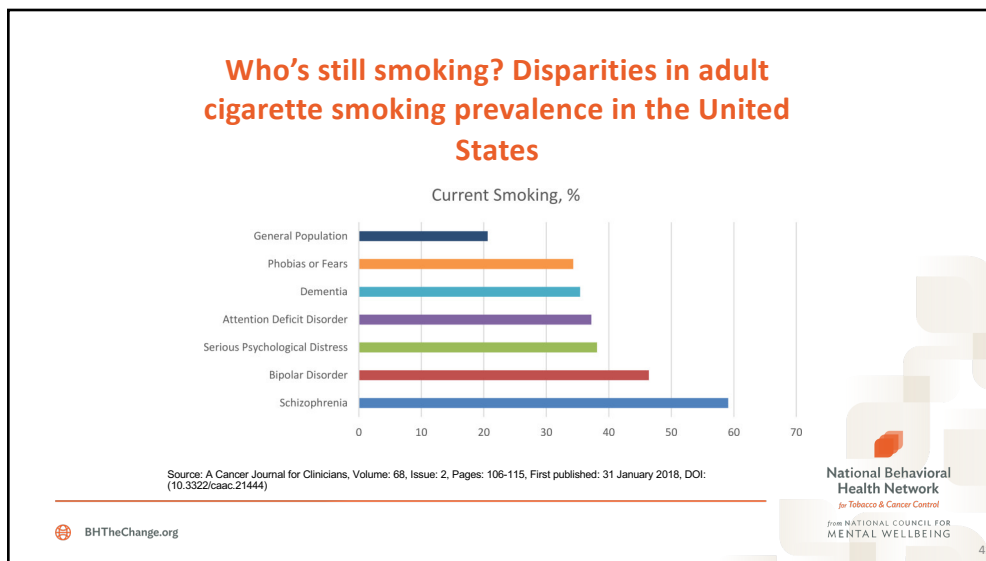
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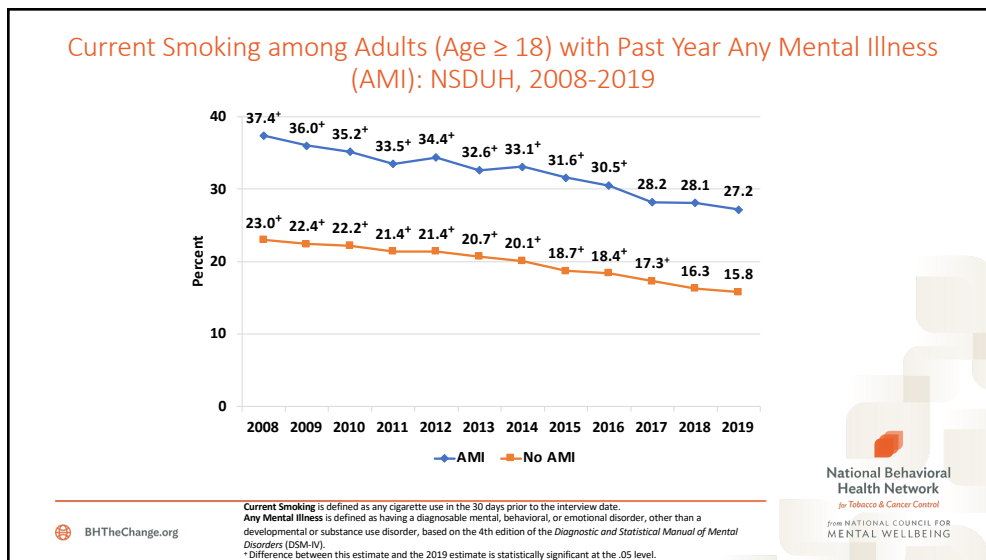
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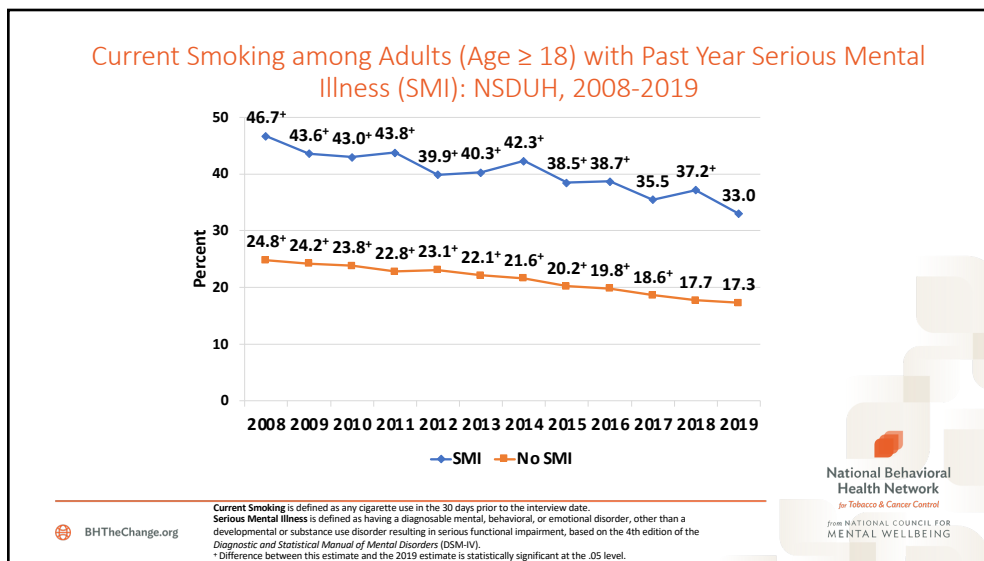
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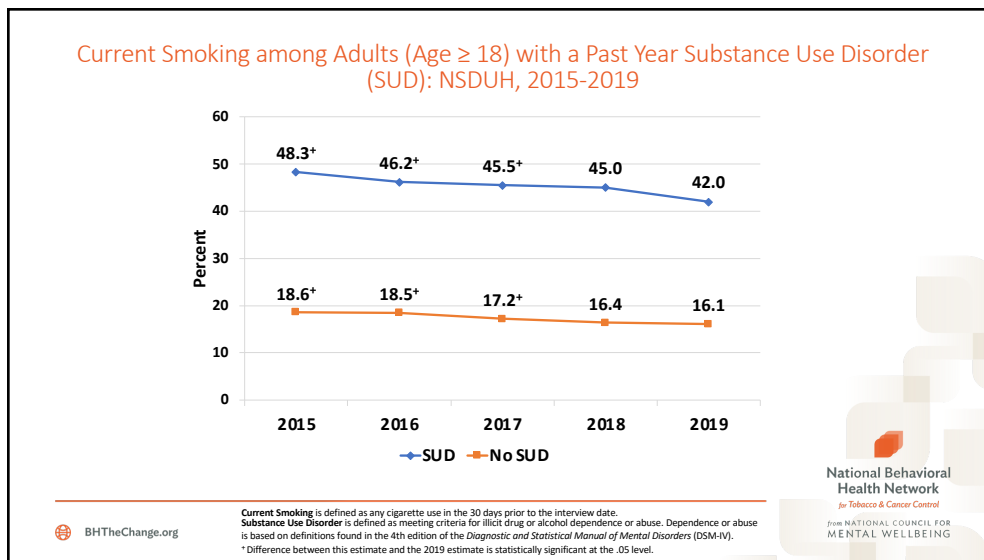
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Healthcare Provider's Knowledge of Evidence-Based Treatment for Tobacco Dependence

- Less than half of Golden et al.'s (2022) healthcare provider survey respondents demonstrated...
 - High knowledge of availability of diagnostic criteria (**36.8%**)
 - Cessation treatment efficacy (**33.2%**)
 - Evidence-based counseling modalities (**5.6%**)
 - FDA-approved medications (**40.1%**)



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Source: Golden, T. P., Courtney-Long, E. A., & VanFrank, B. (2023). Healthcare Providers' Knowledge of Evidence-Based Treatment for Tobacco Dependence, DocStyles 2020. *American Journal of Health Promotion*. <https://doi.org/10.1177/08901171231202626>


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An Overview of the Problem: Smoking Prevalence

Lifetime smoking rates are even higher in individuals who are diagnosed with major depression disorder (59%), bipolar disorder (83%), or schizophrenia and other psychotic disorders (90%).



Individuals who have a substance use disorder tend to be more heavily nicotine-dependent.

For example, individuals who use cocaine (approximately 80%) and opioids (more than 80%) have high rates of co-morbid cigarette smoking behavior

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Source: Courtesy of AAFP: Tobacco Cessation Behavioral Health Facts. Accessed at <https://www.aafp.org/content.aspx?i=0&title=the-tobacco-cessation-office-checkup-on-behavioral-health>


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Tobacco Interventions by Behavioral Health Facilities in South Dakota

Intervention	Mental Health Tx Facilities (US)	Mental Health Tx Facilities (South Dakota)
	2020	2020
Tobacco Use Screening	61.6%	51.1%
Cessation Counseling	47.4%	46.8%
Nicotine Replacement Therapy	30.3%	36.2%
Non-nicotine Cessation Medications	29.7%	38.3%

Sources: National Mental Health Services Survey (NLMHSS) 2019 Data on Mental Health Treatment Facilities; National Center of Substance Abuse Treatment (NCSAT) 2019 Data on Tobacco Treatment Programs

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“Continue the Good”

- Start with the willing
- Leverage established relationships
- Support a plan
- Be targeted and get some wins
- Engage the unwilling with open ended conversations

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Tobacco Cessation in Individuals with Mental Health & Substance Use Challenges – The Facts

- The majority of persons with mental health and substance use disorders **want to quit smoking** [1,2]
- **Smokers are more than 2x likely to quit for good with the help of tobacco cessation medications and counseling services.**
- Persons with mental illness and substance abuse disorders can successfully quit using tobacco at rates similar to the general population. [3]
- **Smoking cessation can enhance long-term recovery for persons with substance use disorders.** For example, if someone quit smoking at the same time they are quitting drinking, they can have a 25% greater chance of staying sober. [4]

Sources: [1] Acton et al. Depression and stages of change for smoking in psychiatric outpatients. *Addictive Behaviors*. 2001; 26(5):621-31. [2] Prochaska et al. Return to smoking following a smoke-free psychiatric hospitalization. *Am J Addiction*. 2006; 15(1):15-22. [3] Heiligenstein E, Smith SS. Smoking and mental health problems in treatment-seeking university students. *Nicotine & Tobacco Research*. 2006;8(4):519-23 [4] Prochaska, Judith J; Delucchi, Kevin; & Hall, Sharon M. A meta-analysis of smoking cessation interventions with individuals in substance abuse treatment or recovery. *Journal of consulting and clinical psychology*. 2004; 72(6): 1144 - 1156. Retrieved from: <http://escholarship.org/uc/item/0r8673wv>

Why Should We Integrate Tobacco Cessation Into Mental Health and Substance Use Treatment Facilities?

1. Tobacco use kills half of individuals with mental health and substance use challenges
2. Tobacco use limits full recovery
3. Tobacco use disorder is in the DSM
 - Yet it may be the only substance use disorder that is not routinely diagnosed and treated in mental health settings
4. Quitting tobacco promotes recovery
 - Quitting may increase long-term abstinence of drug and alcohol use by as much as 25%

Wins that are Possible

- Comprehensive tobacco control policy interventions within inpatient addiction treatment hospitals *promote* tobacco cessation. Patients exposed to a more comprehensive tobacco control environment:
 - Were over 80% less likely to report having used tobacco during treatment, compared to patients exposed to usual care
 - Receiving treatment in this setting also contributed to a 35% decrease in the average number of days patients used tobacco compared to usual care
 - Reported a 27% decrease in the average number of cigarettes used per day compared to usual care (Romano, 2019)



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Recommendations on Addressing Tobacco Use in Behavioral Health Populations











- ✓ Adopt tobacco-free facility/grounds policies.
- ✓ Integrate tobacco treatment into behavioral healthcare.
 - ✓ 5 A's
 - ✓ NRTs and P
 - ✓ pharmacological supports
- ✓ Utilize the Quitline and other evidence based interventions
- ✓ **Engage peer models**
- ✓ Think beyond cessation to RECOVERY

Source Slide Courtesy of SAMHSA: Substance Abuse and Mental Health Services Administration. "Tobacco and Behavioral Health: The Issue and Resources," https://www.samhsa.gov/sites/default/files/topics/alc_hol_tobacco_drugs/tobacco-behavioral-health-issue-resources.pdf [accessed 2018 May 11].

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Tobacco
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Thank You for Joining Us!

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Questions?

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