Dispelling Myths about Smoking, Mental Health/Substance Use Disorders & Recovery

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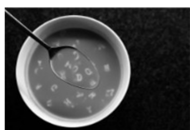
Introduction

- Presenter's Credentials
- "Premises and Assumptions"
- Overview of Presentation



(Alphabet Soup)

[Street Cred.]

Premises and Assumptions - I

"Community Members" - Terms Used Interchangeably:

- "Mental Health/Substance Use Disorder" **(MH/SUD)**
- "Behavioral Health" population
- "Consumers"/Clients

➔ **Will prefer to use "Recovery" / People in Recovery**

Premises and Assumptions - II

"Clinicians" / Staff:

➔ Tailored content is also relevant to People in Recovery.

Please keep an open mind!

Questions/comments welcome throughout...

Time for discussion at the end.

Presentation Overview

I. Public Health Problem
II. Common Misperceptions
III. Culture of Smoking
IV. There Is A Solution [5 A's]
V. Resources for Quitting

Part One: Public Health Problem

Background: Public Health Problem

- Rates of mental illness in U.S.:
  - Lifetime (ever had Dx): ⅓ of adults
  - Current (past month): **22%** of adults

➜ this pop. smokes **44%** of all cigarettes!

Background: Public Health Problem

- Smoking rates (MMWR, CDC 2013):
  - 36.1% of adults with any mental illness (AMI)
  - 21.4% of adults with no mental illness

➜ stat did not include SUD

Background: Public Health Problem

- Smoking rates (National Comorbidity Survey):
  - Current alcohol abuse or dependence:
    - 56.1% current smokers
    - 67.5% ever smoked
  - Current drug abuse or dependence:
    - 67.9% current smokers
    - 87.5% ever smoked

Background: Public Health Problem

- **MH/SUD life expectancy: 25 years less**
- **Major causes of death:**
  - **Cardiovascular disease**
  - **Respiratory/lung disease**
  - **Diabetes Mellitus**
- **Smoking causes or contributes to all of these**

Part Two: Common Myths/ Misperceptions

“This is a myth.”

- THESE
- ARE
- THE
- FACTS.

“People in recovery from MH/SUD don’t want to quit.”

- As much as anyone else
- 70% want to quit
- 40% in “contemplation”
- About ¼ are in “preparation”

“People with MH/SUD can’t quit smoking.”

- Substantial quit rates, if *slightly* lower than general pop.
- Quit rates almost equal for those who are abstinent, compared to general pop.

“But I/they need to quit ______ first.”

- Quitting smoking does not interfere with abstinence
- **Non-smokers/quitters 25% more likely to stay clean/sober**
- **Smoking associated with greater risk of relapse**

“It’s needed to manage symptoms.”

- Mental health IMPROVES after quitting smoking
- Smoking = risk factor for suicide!
- Smoking increases need for antipsychotic Rx

“People in recovery have bigger problems than smoking.”

- Smoking = #1 killer in behavioral health population
- Related to top 3 causes of death: CVD, lung disease, DM
- Smoking = a top 3 predictor of future suicidal acts

"It's not my job."

-Clinician/Staff

- Staff: You have the ideal skill set
- You may be your client's primary health provider
- Greater frequency of contact = greater success in quitting
- It's the right thing to do!

"I don't have the time."

-Clinician/Staff

- DHHS recommends "brief intervention" at all visits
- It can take just 3-5 minutes
- We'll review skills of "brief intervention" (5 A's) today

Discussion Break: What Do YOU Think?

Food for thought -- How many of the previous myths and misperceptions did you believe to be true, before now? Can you relate to any of those items? Were any of them excuses that you used to keep smoking, or to keep from helping or encouraging others to quit? Do you still "believe the hype" despite what the research shows?

Ask yourself: Am I still skeptical? Why?

Part Three: Culture of Smoking and Staff's Role

Culture of Smoking: What's MY Role?

Food for thought -- What thoughts and feelings about smoking and quitting smoking are provoked by these videos? Are you a recovering smoker? Do you feel it is important for people in recovery to quit smoking, or do they have bigger problems to worry about? Do you think it is, or should be, a part of the role of a behavioral health/addiction professional to help their clients to quit smoking/using tobacco?

Ask yourself: Can I be a part of the solution?

Video Segment: Watch out for myths!

Business or Exploitation? | Mental Health | :30 Report | truth. https://www.youtube.com/watch?v=PiQVg1cFPlE

(run time: 30 sec)

Tobacco Free Group - Mental Illness Fellowship South Australia. https://youtu.be/1KgwTGVtv5Q

(run time: 2 min 53 sec)

Discussion Break: What's MY Role?

What thoughts and feelings about smoking and quitting smoking were provoked by these videos? Are you a recovering smoker? Do you feel it is important for people in recovery to quit smoking, or do they have bigger problems to worry about? Do you think it is, or should be, a part of the role of a behavioral health/addiction professional to help their clients to quit smoking/using tobacco?

Ask yourself: Can I be a part of the solution?

Part Four: There Is A Solution.

There Is A Solution...

- Evidence-based smoking cessation intervention - Best Practices:
  - Counseling
  - Referral to telephone quitlines
  - Nicotine replacement therapy
  - Pharmacotherapy

There Is A Solution...

- Recommended clinician tools/strategies:
  - Motivational interviewing
  - TTM-tailored interventions (stage of change)
  - Cognitive behavioral therapy
  - Support groups
- **Behavioral health providers in key position to help**

There Is A Solution...

- More points of contact = greater success
- "Brief intervention" at all visits:
  - The "5 A's"
    - *Ask, Advise, Assess, Assist, Arrange*
  - Alternative: "2 A's and R"
    - *Ask, Advise, Refer*

Introducing "Brief Intervention"

—

The "5 A's" or "2 A's & R"

Instructional Videos: The 5 A's

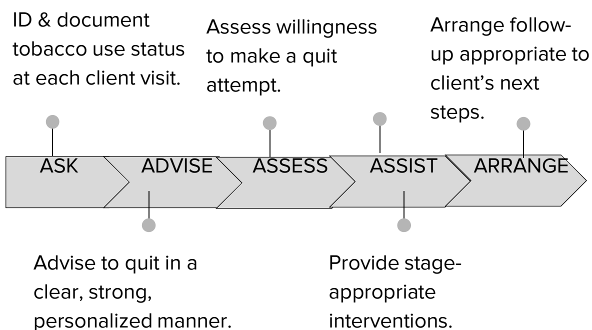
QuitNowBC - Hospital Based Cessation - The 5 A's.

https://youtu.be/Ky5P9n40eh0

(run time: 2 min 4 sec)

QuitNowBC - The 5As in Practice - Role Play of a Brief Intervention.
https://youtu.be/yzWfgjXsgr4

(run time: 3 min 10 sec)



Part Five: Resources for Quitting

Reminder: Best Practices

- Evidence-based smoking cessation Tx:
  - Counseling
  - Telephone quitlines
  - Nicotine Replacement Therapy (NRT)
  - Pharmacotherapy (medication)

Consumer Resources

- 1-800-QUIT-NOW
- BeTobaccoFree.gov
- Smokefree.gov
- thetruth.com

Clinician Resources

- CDC Office on Smoking and Health (OSH): https://www.cdc.gov/tobacco/about/osh/index.htm
- California Smokers' Helpline - How Behavioral Health Professionals Can Help Clients Quit Smoking: https://www.nobutts.org/behavioral-health-professionals-welcome
- Michigan Tobacco Control Program: www.michigan.gov/smokefreelaw
- MI-DHHS Quit Tobacco Tools & Resources: Navigate to www.michigan.gov/mdhhs > Keeping Michigan Healthy > Chronic Diseases > Tobacco)
- SAMHSA Tobacco resources: https://www.samhsa.gov/atod/tobacco

General Resources

- American Cancer Society
- American Heart Association
- American Lung Association
- TheTruth.com

Conclusion

- People in MH/SUD recovery **can and do** quit smoking.
- Being a non-smoker is associated with improved mental health AND greater success in recovery!
- **YOU** are a key part of the solution.
- There are quick and easy ways you can help, and get help.

Writing One Thing.

Food for thought -- write one key take-away from this presentation. It could be an action item you are now committed to, or a question you are going to try to answer, or an attitude that you have changed as a result of today's presentation, questions/answers, comments, and discussions.

Thank you for your participation!

Time for Questions, Comments, Discussion.

Instructor contact info: Rosemary Lowery, loweryrosieb@gmail.com

Email me for further resources, full reference list, or anything else!