

**Our Movement. Our Moment.**

**#NAMICON19**

**2019 NAMI  
National  
Convention**  
JUNE 19–22 • SEATTLE

# Welcome to 2019 NAMI National Convention

**The National Partnership for Behavioral  
Health and Tobacco Use**

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

Cliff Douglas, J.D.  
Vice President, Tobacco Control  
American Cancer Society



**CENTER FOR  
TOBACCO  
CONTROL**



## Fighting the Tobacco Epidemic: A Public Health Success Story

- From 1965 to 2012, lower smoking rates, propelled by tobacco control policy and clinical efforts, **saved 8 million lives in the U.S.**
- Average adult life expectancy increased by about 10 years, nearly a third of which – about 3 years – resulted from lower smoking rates
- This highlights why it's so important to focus on reducing tobacco use, and particularly cigarette smoking, as part of our overall health promotion efforts

Holford T., Meza R., Warner K., Meernik C., et al. (2014) Tobacco Control and the Reduction in Smoking-Related Premature Deaths in the United States, 1964-2012, JAMA;311:164-171.

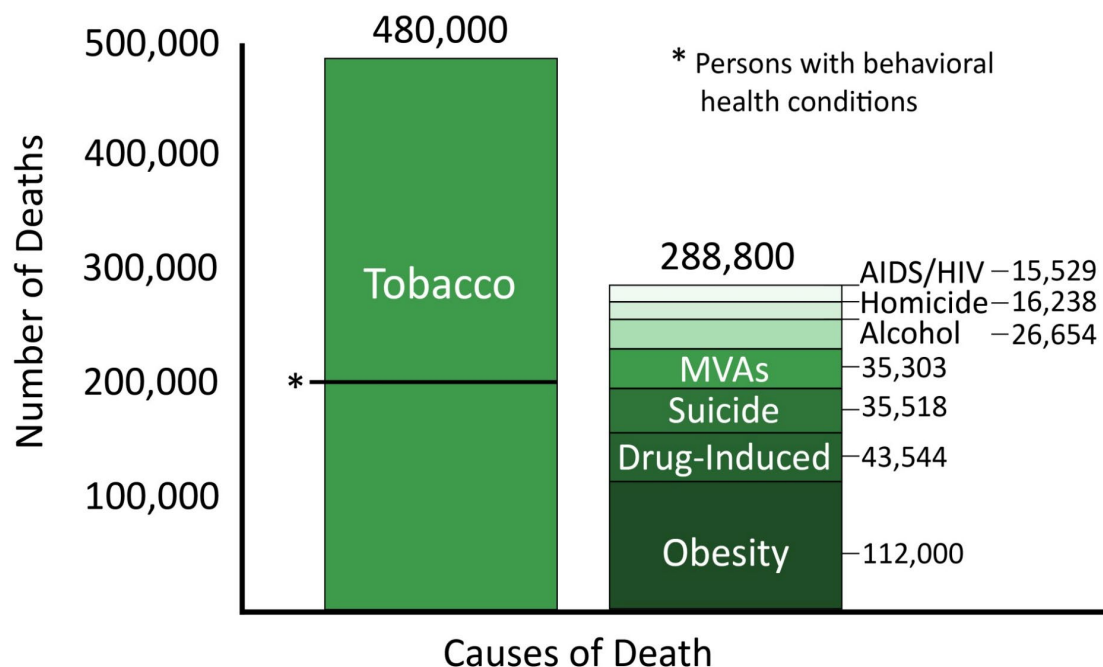
## Despite Progress, the Challenge Remains

- From 1965 to 2012, **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**



Centers for Disease Control and Prevention, Economic Trends in Tobacco,  
[https://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/economics/econ\\_facts/index.htm](https://www.cdc.gov/tobacco/data_statistics/fact_sheets/economics/econ_facts/index.htm).

## Behavioral Causes of Death in the U.S.



U.S. Department of Health and Human Services. *The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014. Printed with corrections, January 2014.



## Smoking Rates have Fallen, Most Significantly among Youth

- **Adults (18 and over):** Smoking declined from 20.9% in 2005 to 15.5% in 2016, and to a historic low of 14.0% in 2017 (a 67% decline since 1965)
- **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 increased to nearly 21% in 2018 among high school seniors, a 78% increase in one year

<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 2019?

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>

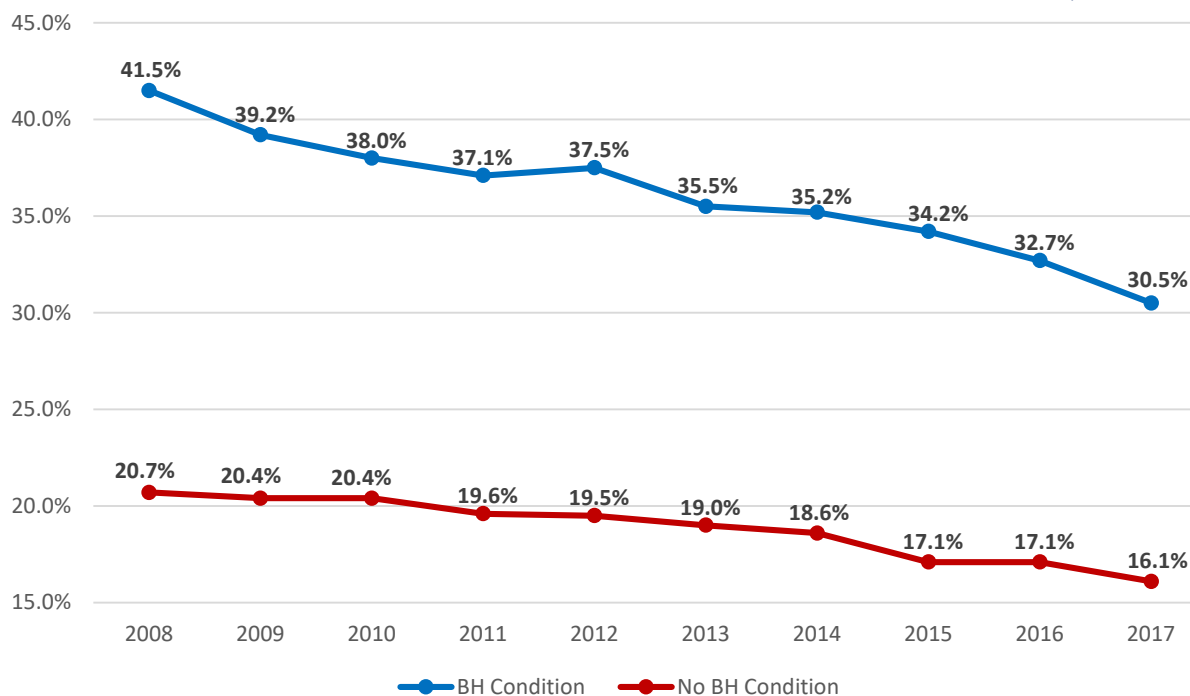
<sup>2</sup>United States Department of Health and Human Services. Substance Abuse and Mental Health Services Administration. Center for Behavioral Health Statistics and Quality. National Survey on Drug Use and Health, 2017. Research Triangle Park, NC: RTI International [distributor]

## ***From **Who's Still Smoking? Disparities in Adult Cigarette Smoking Prevalence in the United States***** **(January 2018):**

*“Tobacco use and associated disease burden is increasingly concentrated among vulnerable and frequently overlapping populations. When we incorporate disparities around access to care in this already problematic dynamic, the interaction is devastating from the standpoint of both health and equity.”*

Jeffrey Drope, Alex C. Liber, Zachary Cahn, Michal Stoklosa, Rosemary Kennedy, Clifford E. Douglas, Rosemarie Henson, Jacqui Drope. CA: A Cancer Journal for Clinicians  
doi:10.3322/caac.21444. <http://onlinelibrary.wiley.com/doi/10.3322/caac.21444/full>

### 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

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]

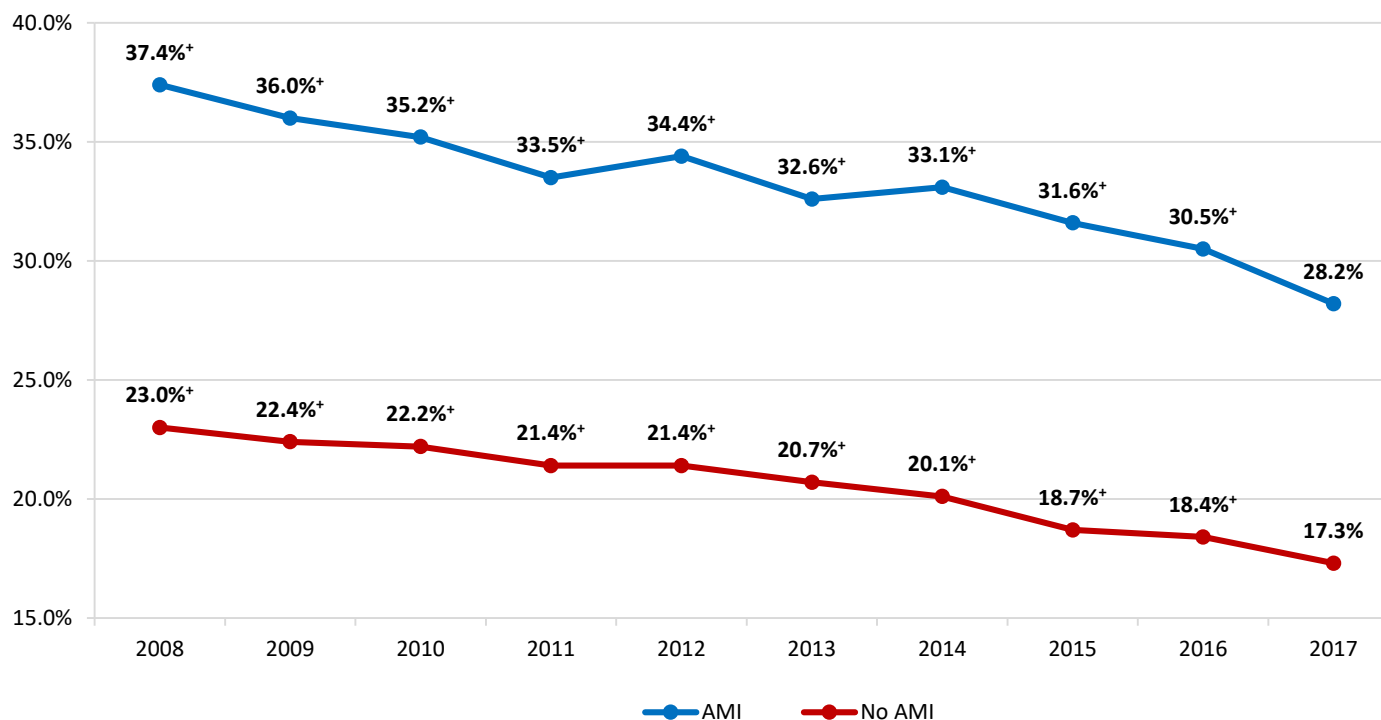


## Smoking and Behavioral Health: The Heavy Burden

- In 2017, an estimated 46.6M adults (18.9%) had any mental illness (AMI) in the last year. About 19.7 million people aged 12 or older had a substance use disorder (14.5M with alcohol use disorder, 7.5M with illicit drug use disorder, 2.1M with opioid use disorder). About 8.5 million adults (3.4%) had both a mental illness and at least one SUD in the past year<sup>1</sup>
- Those with behavioral health conditions smoke 40% of all cigarettes sold in the U.S. They also smoke more cigarettes per day and often smoke more intensely (down to the filter)
- Social isolation from smoking compounds their social stigma
- Consequence: Significant disability and at least 200,000 deaths every year

<sup>1</sup>Key Substance Use and Mental Health Indicators in the United States: Results from the 2017 National Survey on Drug Use and Health. September 2018.  
<https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHFFR2017/NSDUHFFR2017.pdf>.

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

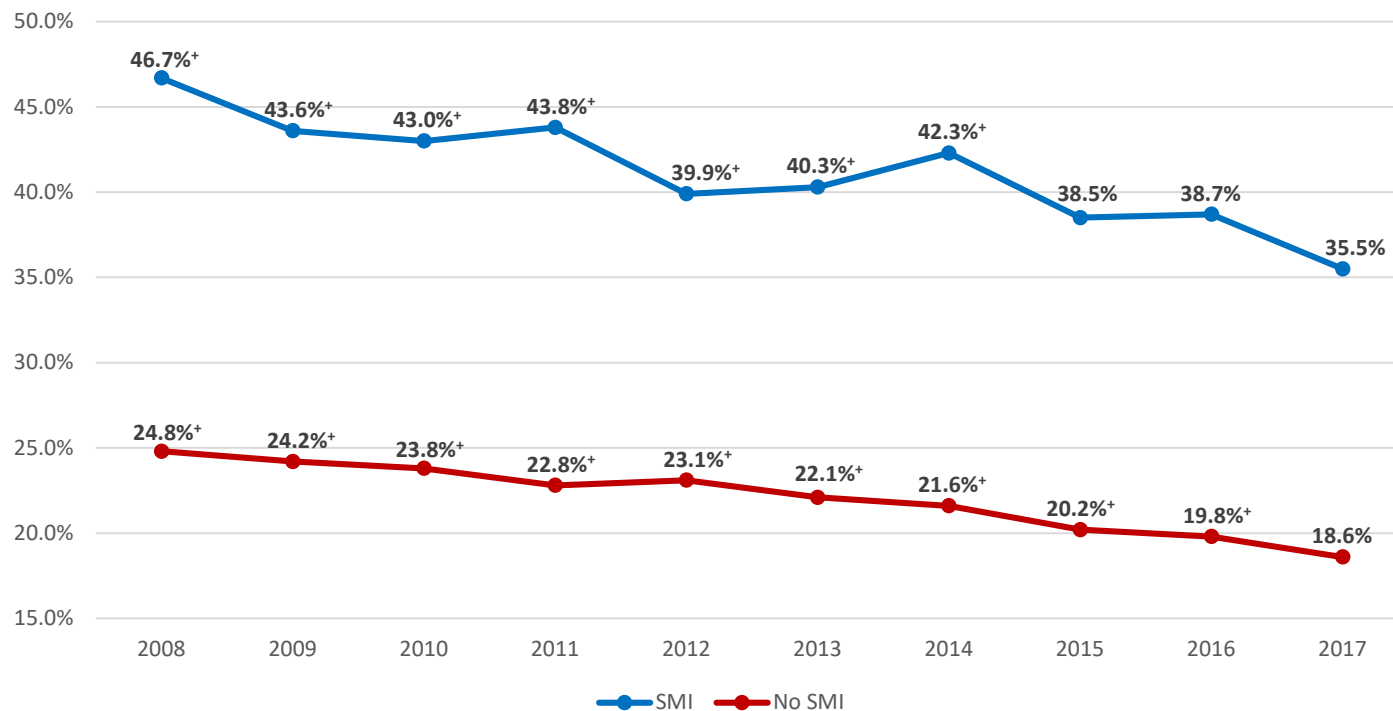


**Current Smoking** is defined as any cigarette use in the 30 days prior to the interview date.

**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

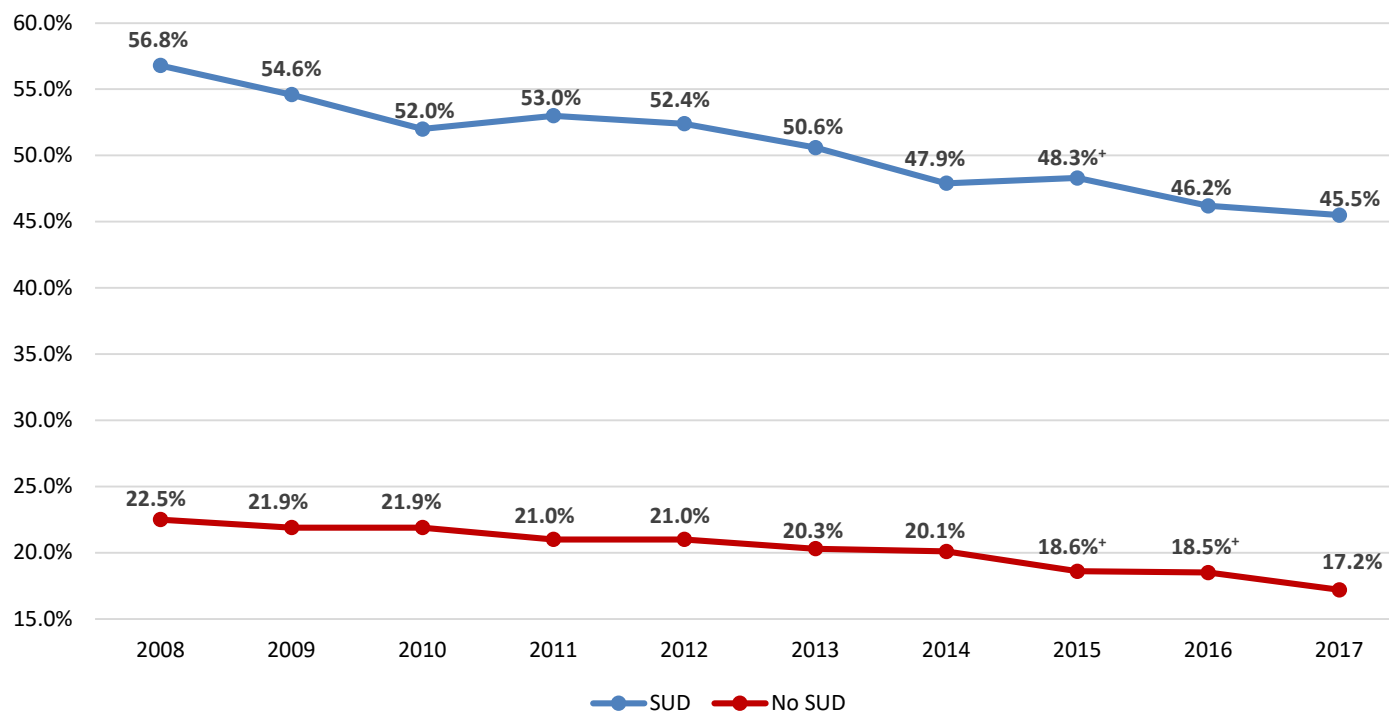


**Current Smoking** is defined as any cigarette use in the 30 days prior to the interview date.

**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, 2008-2017



**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)*.

<sup>+</sup> Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.



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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>

<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.

## Smoking and Reduced Life Expectancy of Individuals with Serious Mental Illness

- A 2016 study examined the potential contribution of smoking to reduced life expectancy among individuals with serious psychological distress (SPD)
- Conclusion: “The life expectancy difference between current smokers with SPD and never smokers without SPD is primarily due to smoking. Aiding individuals with serious mental illness to avoid smoking will translate into sizable gains in life expectancy.”

Tam J., Warner K., and Meza R. Smoking and the Reduced Life Expectancy of Individuals with Serious Mental Illness. *Am.J.Prev.Med.* 2016;51(6):958-966.

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## **It's No Coincidence**

**Business or Exploitation? | Mental Health Report  
| truth**

<https://www.youtube.com/watch?v=cREC19iv5ow>

## CDC Data Highlight the Opportunity and Challenge

- CDC Reported in May 2018 that many persons with mental or substance use disorders who smoke want to and can quit smoking
- But in 2016, among mental health facilities, 49% screened patients for tobacco use, 38% offered cessation counseling, and 49% had smoke-free campuses; corresponding estimates for substance abuse facilities were 64%, 47%, and 35%, respectively
- Only 1 in 4 behavioral health treatment facilities offered nicotine replacement therapy, and only 1 in 5 offered non-nicotine cessation medications
- **What are the implications for public health practice?**
  - Tobacco-free campus policies and integration of tobacco cessation interventions in behavioral health treatment facilities could decrease tobacco-related disease and death and could improve behavioral health outcomes among persons with mental and substance use disorders.

Marynak K, VanFrank B, Tetlow S, et al. Tobacco Cessation Interventions and Smoke-Free Policies in Mental Health and Substance Abuse Treatment Facilities — United States, 2016. *MMWR Morb Mortal Wkly Rep* 2018;67:519–523. DOI: <http://dx.doi.org/10.15585/mmwr.mm6718a3external.icon>.



## ACS and SCLC Partnered to Launch a New National Initiative to Reduce Tobacco Addiction and Death in the Behavioral Health Population

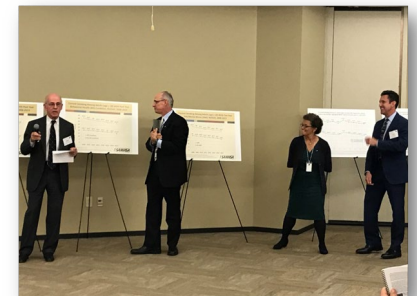
- In 2016, the American Cancer Society and the Smoking Cessation Leadership Center at the University of California, San Francisco combined forces to engage national leaders from the tobacco control/public health and the behavioral health sectors to develop a plan to expand and accelerate efforts to combat 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, Inc.
- American Cancer Society Cancer Action Network (ACS CAN)
- 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
- National Lung Cancer Roundtable (NLCRT)
- 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 the first partnership summit at ACS's Atlanta headquarters in October 2016
- Participants included senior leaders from the partner organizations/agencies
- The 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 in the behavioral health population
- Summit #2 was held in November 2018 – Expanded the partnership, updated goals, celebrated success, and set a major new target for lower smoking prevalence



## Action Areas



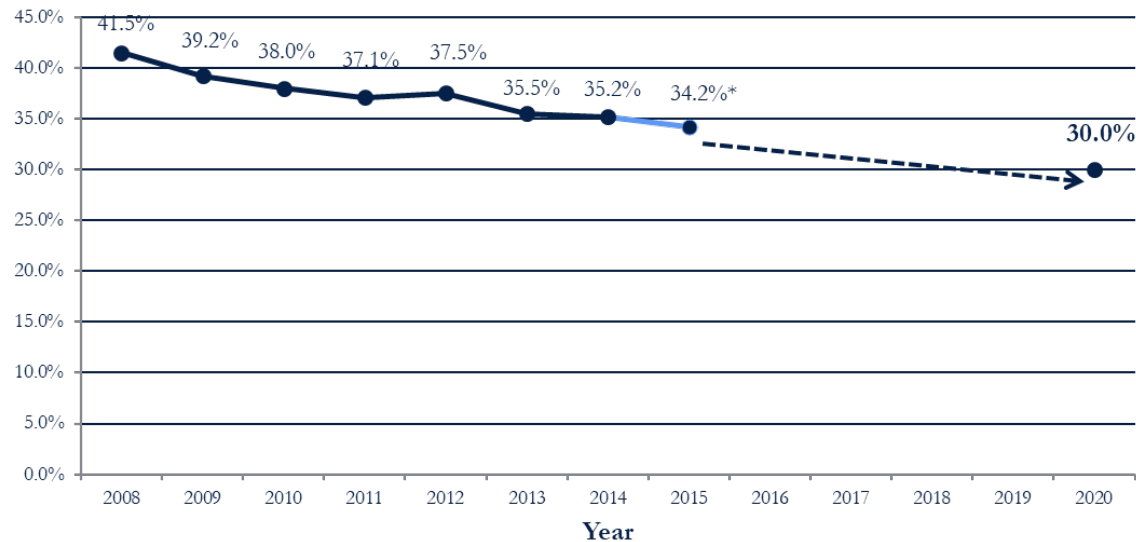


## Our Original (what we thought was!) Ambitious Target for 2020

- 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

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, 2015. Research Triangle Park, NC: RTI International [distributor]



# The Potential Impact is Enormous

- Reducing prevalence to 30% would avert hundreds of thousands of smoking-related deaths.

## 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

“

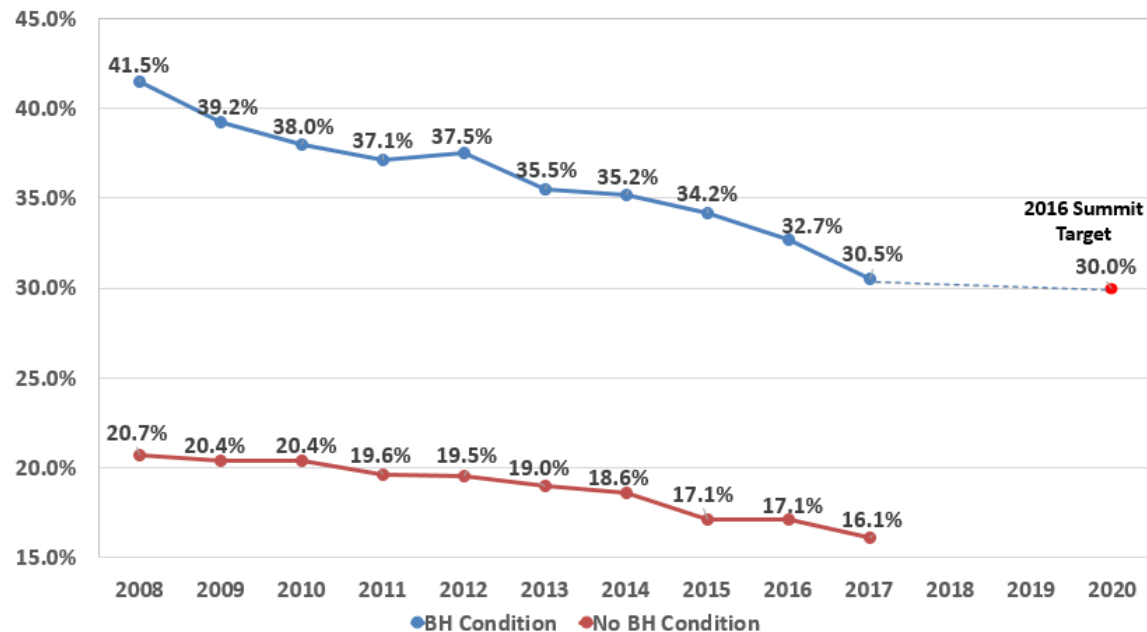
The tipping point is that magic moment when an idea, trend, or social behavior crosses a threshold, tips, and spreads like wildfire.

**Malcolm Gladwell**

Source: 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]



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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]



## Examples of the Strategic Actions Undertaken by Partners 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.

## Examples of the Strategic Actions Undertaken by Partners during the First Two Years

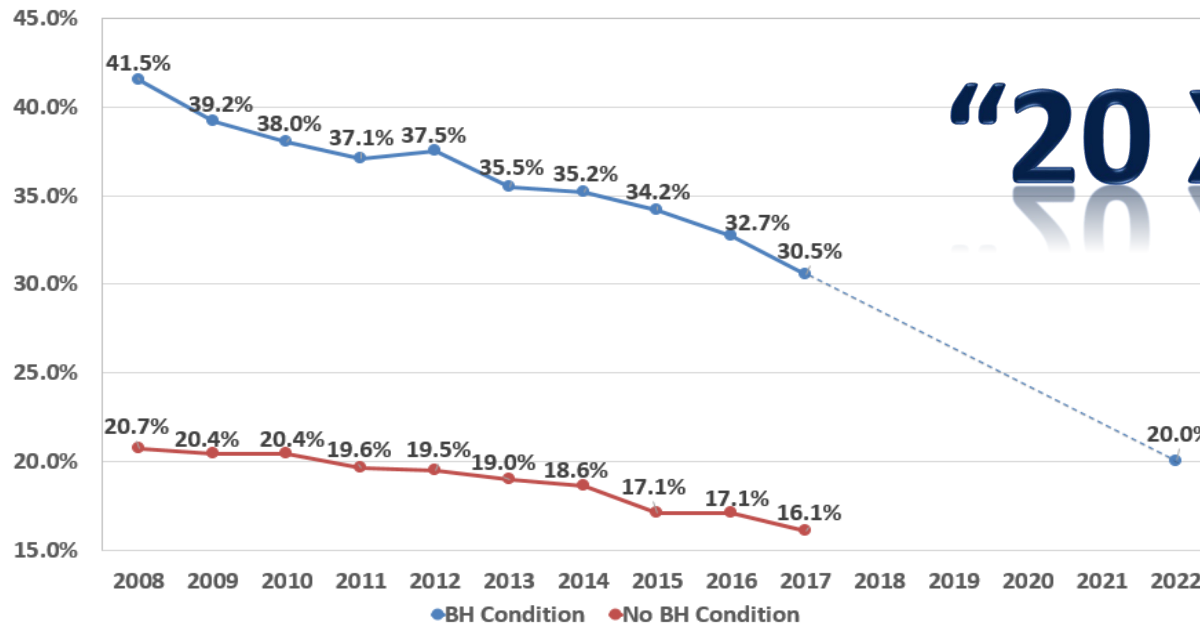
- **The National Association of State Mental Health Program Directors (NASMHPD)**
  - Adopted a groundbreaking national policy statement strongly recommending that all behavioral health settings be tobacco-free and offer smoking cessation services. The policy applies to all state mental health programs and facilities in the U.S.

## Examples of the Strategic Actions Undertaken by Partners 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 the critical 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

Marynak K, VanFrank B, Tetlow S, et al. Tobacco Cessation Interventions and Smoke-Free Policies in Mental Health and Substance Abuse Treatment Facilities — United States, 2016. *MMWR Morb Mortal Wkly Rep* 2018;67:519–523. DOI: <http://dx.doi.org/10.15585/mmwr.mm6718a3external icon>.

### 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 several million fewer smokers, averting 2-3 million smoking-related deaths!

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]

## 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 are pursuing 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)



## 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)



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