Approaches for Engaging Behavioral Health Populations: Strategies and Successes

NAQC Conference

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Prevention and Health Promotion Administration

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Center for Tobacco Prevention and Control

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Background

Maryland Tobacco Quitline
1-800-QUIT-NOW

- FREE evidence-based counseling program to assist Marylanders ages 13 years and older in quitting tobacco use
  - Operational seven days a week, 24 hours/day
  - Services available in English, Spanish, and other languages via translation
  - Clinical intervention
  - Confidential
  - Effective
    - 7x higher quit rate than attempting to quit without help
    - 93% satisfaction rate

Maryland Tobacco Quitline
1-800-QUIT-NOW

- Additionally, tobacco users ages 18 and older have FREE access to the following benefits:
  - As of April 2015, 12-week supply of nicotine replacement therapy like the patch, gum, or both (combination)
  - Interactive on-line support, Web Support® - accessible through www.SmokingStopsHere.com
  - Text2Quit Support Program®

NEW Pregnancy Rewards Program

A pregnant woman can earn gift cards as follows:

- A $25 reward for each group of three calls completed while pregnant (maximum of 6 calls)
- $20 for each postpartum call completed (maximum of 2 calls) (up to 6 months postpartum)
- The maximum total reward is $90 for the completion of all calls.
- Rewards are provided via email or mail.
- To participate, a pregnant woman can simply call the Quitline and register for services. No referral required.

Provider Training and Webinar

- Training (see flyer on right): Free online brief tobacco intervention training features the abbreviated AAR – Ask, Advise, and Refer – intervention, referral methods for the Quitline, and pharmacology information as well as **CME credits**. Access the training at www.helppatientsquitmd.org

- Webinar: Help Your Patients Quit webinar designed to inform providers and partners on tobacco cessation resources aired 4 times in Jan. and Feb. with 56 participants total, 52% of which were clinicians or care coordinators. Recording available here: http://smokingstopshere.com/fax-to-assist/

For Providers: Ask, Advise, REFER

✓ Benefits of Referral

- ✓ Take action with patients during the appointment
- ✓ Proactive follow-up step
- ✓ Provides an outcome report
- ✓ Eliminates patient barriers to calling the Quitline.

✓ Fax Referral

✓ Electronic Referral

Quitline Demographics (FY 14)

- ✓ 45% of all participants struggled with a mental health condition (like depression, anxiety, or bipolar disorder) and about 70% of them felt that this made it harder for them to quit tobacco.
- ✓ Female tobacco users were almost twice as likely to use the Quitline.
- ✓ African Americans made up over half of all Quitline callers.
- ✓ Those with less education were more likely to smoke.
  - ✓ 37% of Marylanders with less than a high school education smoked
  - ✓ 12% of those with more than a high school education smoked.

Quitline Evaluation Results (FY 14)

- ✓ 97% of participants would recommend the program to a friend trying to quit tobacco.
- ✓ 93% of callers were satisfied with the program.
- ✓ Participants who used patches, gum, or medication were much more satisfied with the program than those who didn't use these.
- ✓ 3 out of every 5 callers smoked less cigarettes at the end of the program than when they enrolled – the program works!

Maryland Tobacco Quitline

- Phone Counseling:
  - Offers participants who are dedicated to quitting smoking or other tobacco products up to four phone counseling sessions with Quit Coaches that last between 10-30 minutes each.
  - Many of the Quit Coaches have Master's degrees and are former smokers. All receive extensive training in cessation treatment; they are professionals in Psychology, Counseling, and other healthcare fields.
  - Follow-up calls are made to help support the participant.

The Maryland Tobacco Quitline

- Medications:
  - Free nicotine patches, gum, or both (combination) for eligible persons
  - Products are mailed to the participants house within 3-5 business days.
- Web-based Services:
  - Provides interactive tools to help participant quit.
- Text2Quit:
  - Participants opt in to receive text messages tailored to their Quitting Plan and profile
- Publications:
  - Provides free quit guides and information on the effects of tobacco use including tailored materials for pregnant woman and chronic diseases.
- Referral:
  - Provides referrals to free smoking cessation programs in the caller's local jurisdiction

The Maryland Tobacco Quitline

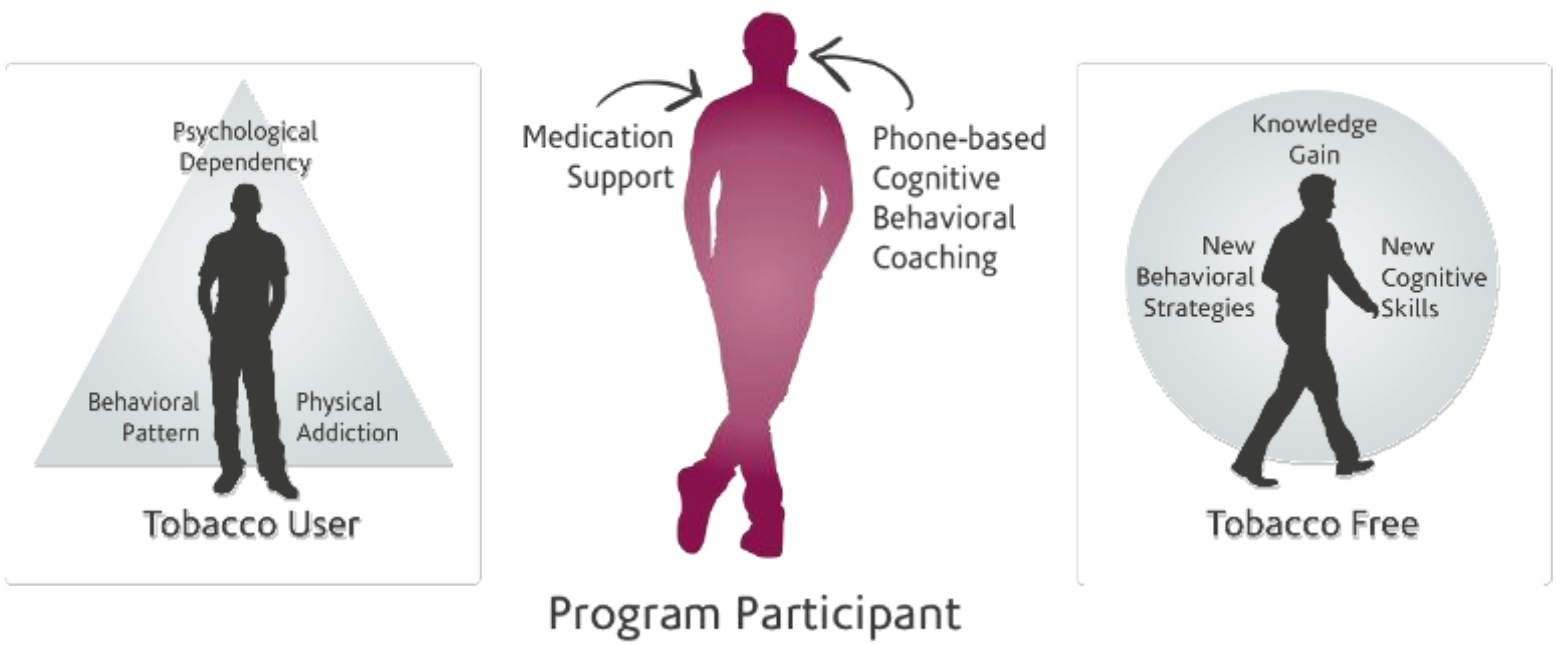
- Intake Call/Reactive
  - Register for the program
  - If interested and ready to quit within 30 days, transferred to a Quit Coach
  - Quit guide mailed within one business day
- Outgoing Proactive Calls
  - Relapse-sensitive schedule
  - Mutually agreed upon times
  - Tailored to stage-based need of participant

Tobacco Dependence has Two Parts

Treatment should address both the addiction **and** the habit.

Physical	⟷	Behavior
The addiction to nicotine ↓ Treatment Medications for cessation		The habit of using tobacco ↓ Treatment Behavior change program/ Counseling

How We Treat


Psychological Dependency
Behavioral Pattern
Physical Addiction
Tobacco User
Medication Support
Phone-based Cognitive Behavioral Coaching
Program Participant
Knowledge Gain
New Behavioral Strategies
New Cognitive Skills
Tobacco Free

The Process


Quit Date Call
on or around quit date
Quit Date Follow-up Call
about one week later
Unlimited Inbound Phone Support
Immediate Transfer
to Quit Coach
for Assessment & Planning Call
Relapse Prevention Coaching
Follow-up calls made at
relapse-sensitive intervals
Quit Guide
Text Support
Web Support
Nicotine Patch/Gum
(while supplies last)
Phone/Web
Enrollment
Tobacco
Free

Tobacco Use among Maryland Adults

- Adult cigarette use declined more than 20% since 2000.
- Less than 1% of MD adults reported starting to use tobacco during the last 12 months.
- 74% of adults who smoke cigarettes report they want to quit.
- “Never smokers” increased from 56% in 2000 to 61% in 2013.

Other Risky Behaviors

Smoking Status	Past 30 Day Use/Abuse of Alcohol	Past 30 Day Use/Abuse of Marijuana	Past 30 Day Use/Abuse of Rx Drugs	Ever Used Other Illegal Drugs
Smokers	79.4%	67%	37.9%	51.1%
Non-smokers	23.7%	12.6%	4.2%	8.9%
Increased likelihood of smokers engaging in behavior	**3 times**	**5 times**	**9 times**	**6 times**

Costs & Funding

Annual health care costs in Maryland directly caused by smoking	**$2.71 billion**
Portion covered by the state Medicaid program	**$576.5 million**
Residents' state & federal tax burden from smoking-caused government expenditures	**$824 per household**
Smoking-caused productivity losses in Maryland	**$2.22 billion**

Annual tobacco industry marketing expenditures nationwide	**$9.6 billion**
Estimated portion spent for Maryland marketing each year	**$134.4 million**

Cigarette Tax (per pack)	**$2.00** (ranked 12th)
FY15 Funding for State Tobacco Control Program	**$8.5 million** (17.7% of CDC Spending Target)

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Sources: CTFK; May 12, 2015

Tobacco and Mental Health

- Tobacco use among persons with mental illness is **2 to 4 times** as great as among the general U.S. population.
- *"In general, the more severe the psychiatric condition, the higher the smoking prevalence."*
- By some estimates, 62-90% of those with schizophrenia report tobacco use

Prochaska et al., 2013; Schroeder & Morris, p. 299, 2010

Tobacco and Substance Abuse

- Smoking rates are estimated to be as high as **74% to 88%** among individuals with substance abuse problems (and up to **85% to 98%** for individuals in Methadone-Maintenance programs).

- Individuals who abuse substances:
  - Tend to start smoking at a younger age
  - Are more likely to be heavy smokers
  - Are more nicotine dependent
  - Experience greater difficulty with quitting

(Kalman, 1998 ; Holbrook & Kaltenbach, 2011; Prochaska et al., 2004)

Smoking and Behavioral Health

- 36% of the 45.7 million US adults with a Mental Health Condition (MHC) smoke vs. 21% of those without MHCs
- 31% of all cigarettes smoked are by those with MHCs
- Mood-altering effects of nicotine
- Often, confluence of stressful living conditions: low income, limited access to healthcare, unstable housing

Tobacco Industry Marketing

- Mentally ill & Homeless populations
- “Downscale” Consumers
- Two-way Relationships with Shelters/Advocacy Groups
- Veterans’ Groups & Political Support
- Positive Media Coverage

Quitlines

Clinical and Community Interventions

- According to the U.S. Public Health Service Clinical Practice Guidelines, proactive telephone counseling is effective and should be used in tobacco cessation interventions.
- Phone counseling, such as the Quitline, has been shown to double chances of quitting.
- Phone-based programs overcome many of the barriers to traditional tobacco cessation methods – free, personalized, and convenient.
- Maryland Tobacco Quitline evaluation found Marylanders who used the Quitline were far more successful, with quit rates seven times higher than the average rates of non-assisted quits.

Quitline's Unique Position

- Attract a wide variety of clients, including those at various stages of recovery
- Overcome barriers (cost, transportation, business hours) and extend reach
- 45.8% of callers report ≥1 MHC
- Callers with MHC have greater program engagement

Quitlines & Behavioral Health

- Quit rates among this population are comparable to general population – treatment is equally effective
- Those reporting mental health issues received counseling and used NRT at higher rates
- QL + NRT led to significant reduction in number of cigarettes smoked
- Those who stated that emotional/mental health challenges would make it difficult to quit were less likely to be quit at 6 months, depression decreased this likelihood even further
- Multiple addictions – best to overcome all together and not wait for tobacco
- Bottom line – higher program engagement and comparable outcomes

Strategies and Approaches

MDQuit

- What is MDQuit?
  - Resource center for tobacco use cessation and prevention for the State of Maryland.
  - Funded by the Maryland Department of Health and Mental Hygiene (DHMH).
  - Directed by Dr. Carlo DiClemente (Stages of Change)
  - Dedicated to assisting providers and programs in reducing tobacco use among citizens across the state utilizing best practices strategies.
- Established in 2006
- Maryland Quitting Use and Initiation of Tobacco (MDQuit) Tobacco Use Cessation and Prevention Resource Center
- Links professionals and providers to state tobacco initiatives in Maryland and supports a network of tobacco prevention and cessation professionals.

MDQuit role

- Assist providers and programs in reducing tobacco use among residents across Maryland
- Link professionals and providers to state tobacco initiatives
- Provide evidence-based, effective resources and tools to local programs
- Create and support an extensive, collaborative network of tobacco prevention and cessation professionals
- Provide a forum for sharing best practices throughout Maryland

The Maryland Initiative

- Maryland was selected as the 1 of 5 states for SCLC Leadership Academy to address tobacco use among those with mental health and substance abuse issues at meeting on May 31 – June 1, 2011
- 28 leaders in public health, behavioral health and tobacco control came together to focus on reducing smoking prevalence among people with behavioral health disorders.
- Partners from DHMH (PH, ADAA, MHA), academic institutions, community & peer groups.

Classes

- In response to requests for smoking cessation training, MDQuit developed two smoking cessation group classes along with corresponding manuals. The first is a single-session group and the second has multiple sessions that address strategies, techniques, content, and barriers that have prevented behavioral health clients from getting cessation services.

- Both manuals include information about barriers to implementing cessation services, theoretical underpinnings of the interventions, epidemiological information of the behavioral health population, and integrating pharmacotherapy into cessation services.

Training projects

- MDQuit, along with members of the Leadership Academy steering committee, collaborated on a grant opportunity focused on smoking cessation sponsored by the SCLC and the Pfizer Medical Education Group.
- Applications were submitted for two competitive funding categories: Category 1 - support of existing smoking cessation training initiatives, and Category 3 - statewide projects that include healthcare provider training.
- Both grants were awarded in the fall of 2012.

Training projects

- The proposal for Category 1 focuses on developing a comprehensive training aimed at enhancing Medicaid providers' skills at reaching and intervening with current tobacco- using Medicaid recipients.
- The proposal for Category 3 focuses on creating flexible and tailored manuals and materials for behavioral health providers, and providing training and consultation to behavioral health providers to aid them in integrating smoking cessation interventions into their treatment protocol.
- Manuals were piloted, and once refined, "train-the-trainer" sessions implemented.

Fax Referral Program

MDQuit.org

- "Fax to Assist"- launched Dec. 2006
- On-line training & certification for HIPAA-covered entities
  - http://mdquit.org/fax-to-assist
- Providers can refer their patients or clients (who wish to quit, preferably within 30 days) to the Maryland Tobacco Quitline
- Tobacco users will sign the Fax Referral enrollment form during a face-to-face intervention with a provider
  - (e.g., at a doctor's office, hospital, dentist's office, clinic or agency site)
- The provider will then fax the form to the Quitline
- Within 48 hours, a Quit Coach™ makes the initial call to the tobacco user to begin the coaching process

MDQuit Training

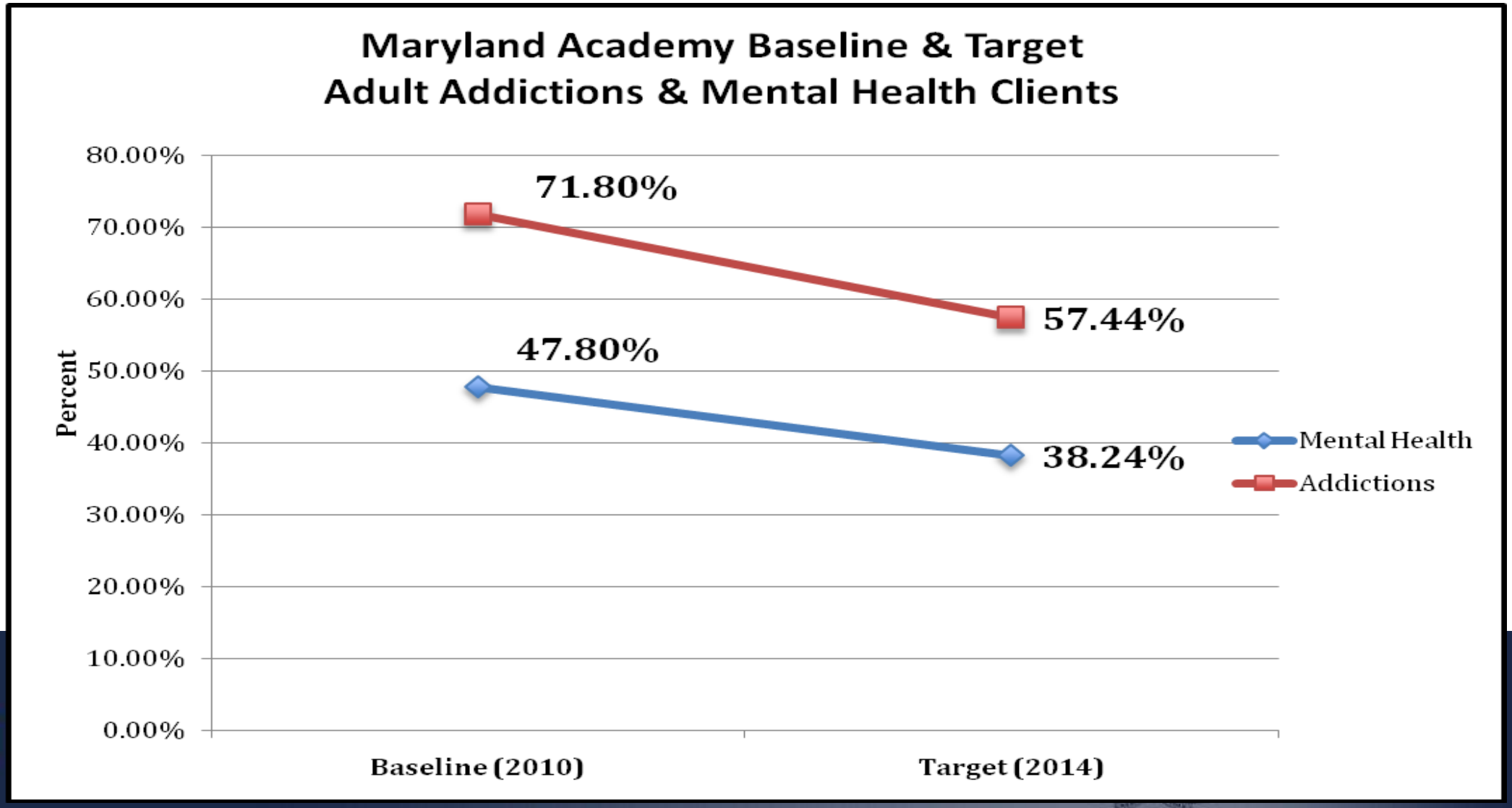
- BH2: Breaking the Habit in Behavioral Health: New Hope for Clients who Smoke
- Helps providers/organizations incorporate tobacco cessation into their current treatment settings
- Participants given tote-bags containing Fax-to-Assist kit (pictured next slide), session manual, training videos, Quitline referral cards

Fax to Assist Provider Kits

When a provider completes the certification quiz, MDQuit sends:

- Training CD-Rom with all 4 Modules
- 5A's Clipboard
- 5A's Mousepad
- MDQuit ink pen

Ambitious Goals for Smoking Reduction Rates in Maryland Addiction / Mental Health Clients



Data Sources: *Addictions data are at admissions. Mental health data are throughout treatment*

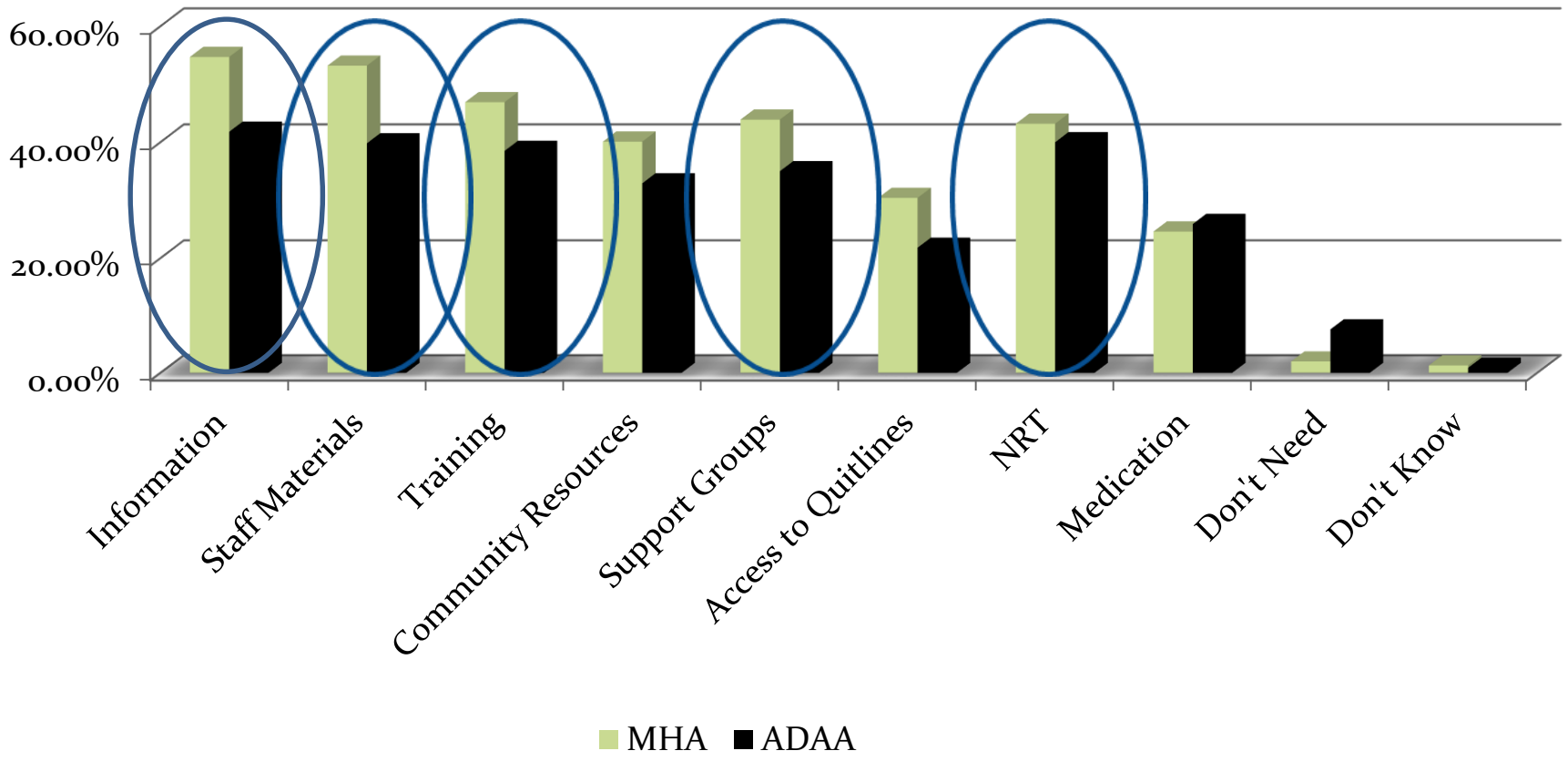
Provider Surveys

- MDQuit created an online survey assessing current cessation activities, provider attitudes, and agency culture for behavioral health providers at MHA and MD Alcohol and Drug Addiction Administration (ADAA) clinics across the State.
- Clinic Directors were contacted via phone calls to gain their buy-in and support for the survey. The MHA survey was launched on 9/20/12 and the ADAA survey on 9/25/12.

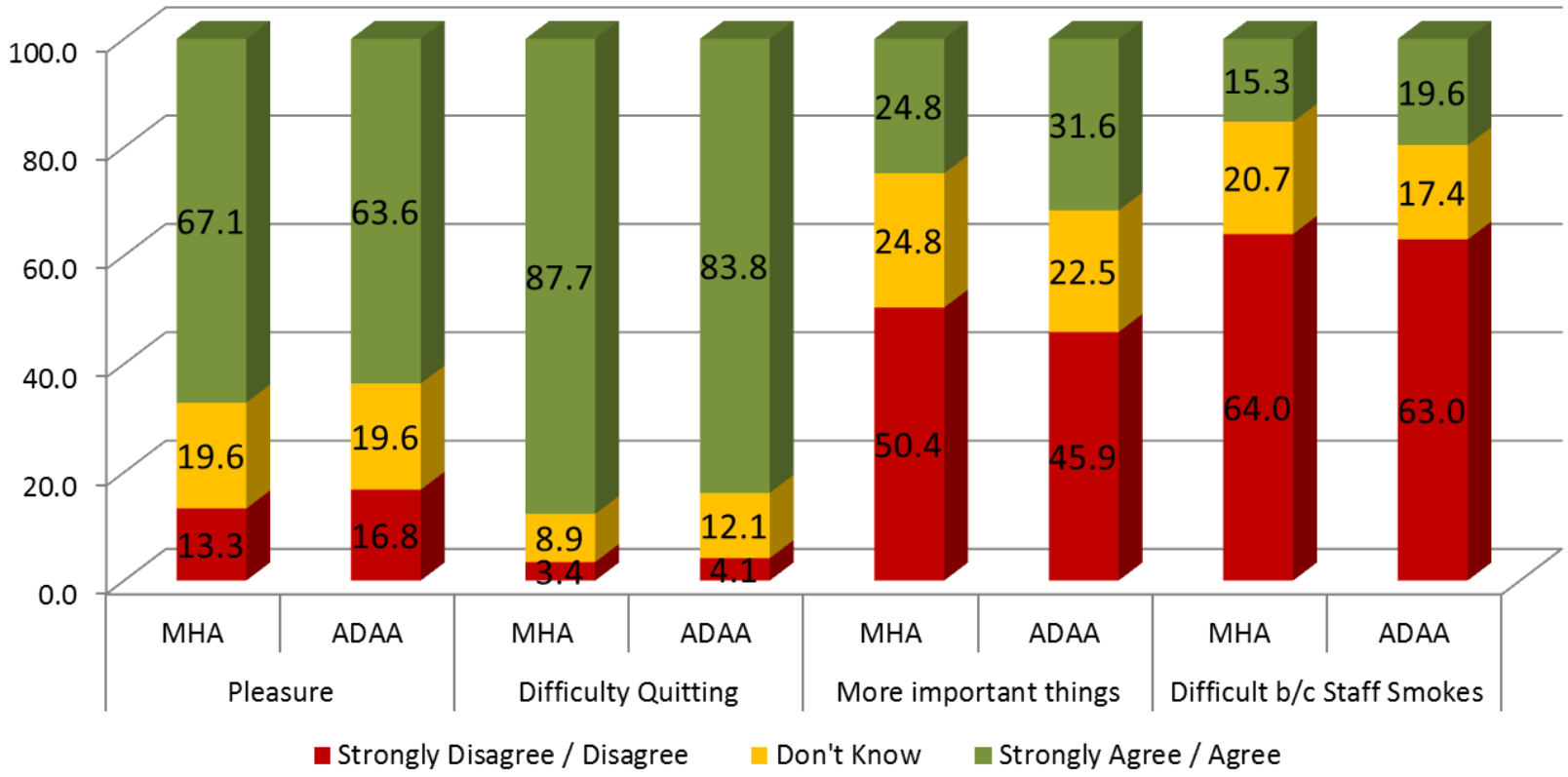
2012 Needs Assessment BH Surveys: ADAA and MHA Clinics Statewide

- Regional sampling strategy by agency type to ensure coverage across the entire state
- Selected a sampling of
  - 83 (of 160) Mental Hygiene Administration (MHA) clinics with 556 provider responses
  - 63 (of 155) Alcohol and Drug Abuse Administration (ADAA) clinics with 340 provider responses
- Examined provider knowledge of policy and programs and views of client smoking

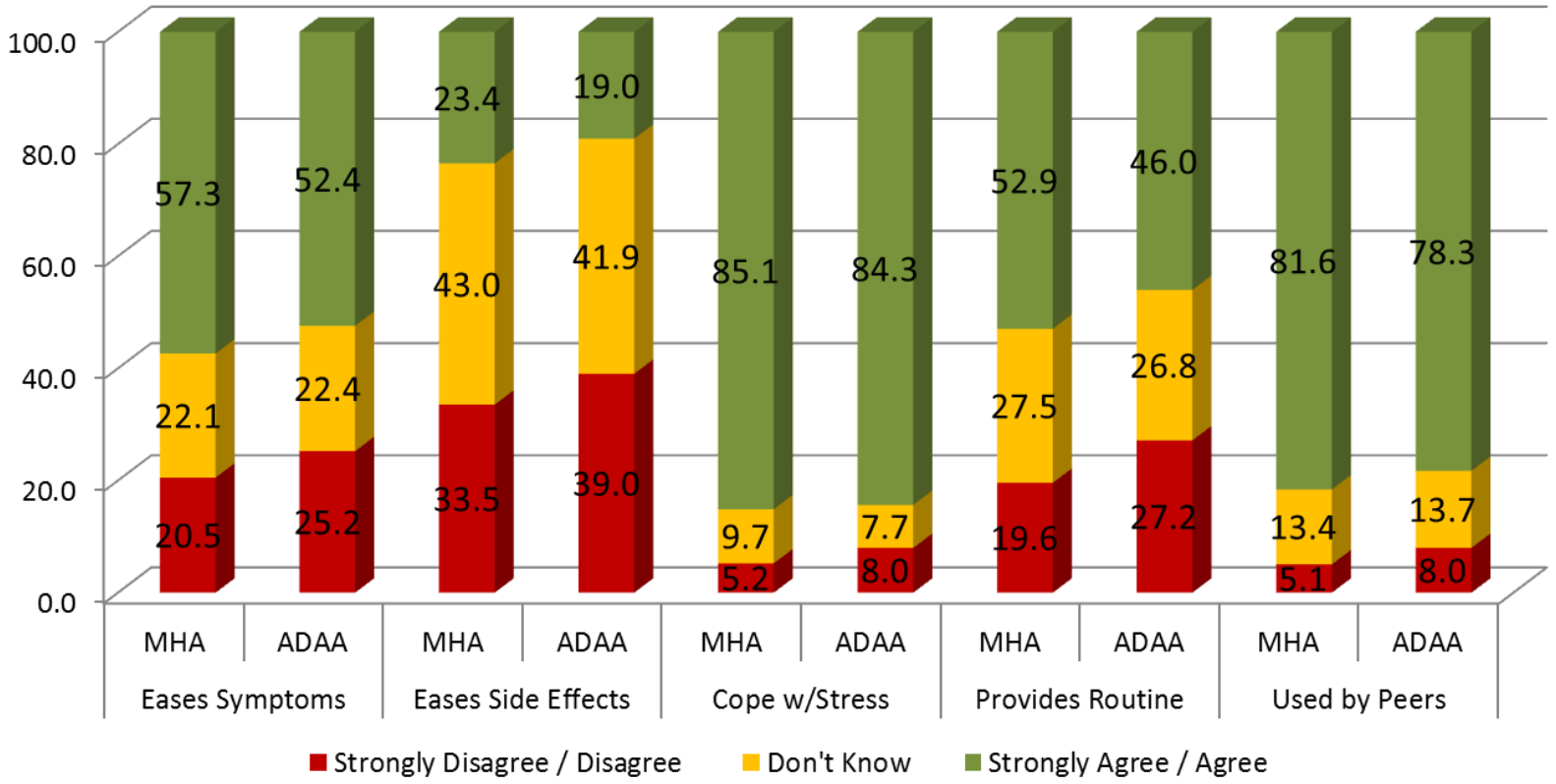
Desired Resources by Agency Type



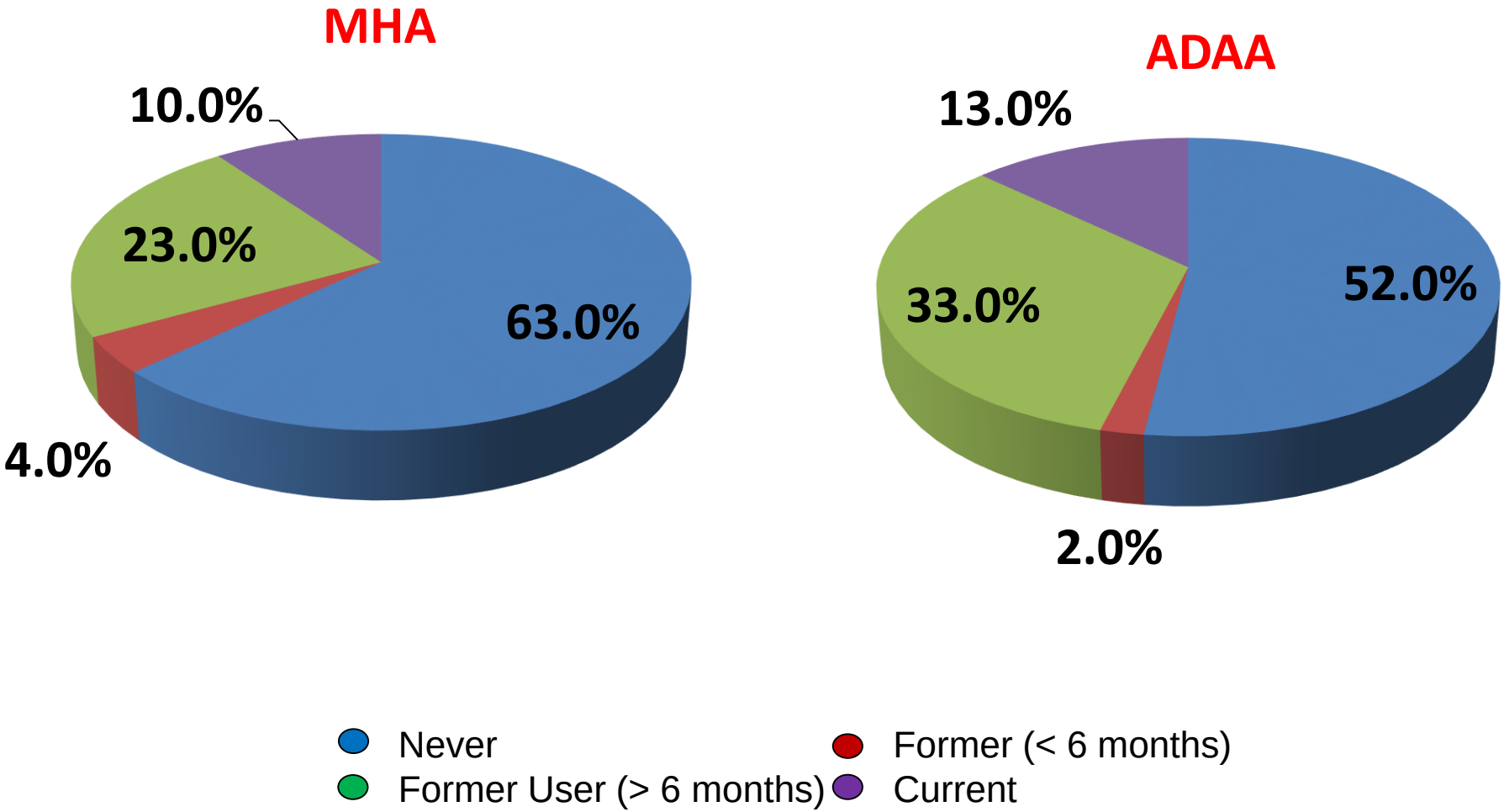
Providers' views: Reasons Consumers Use Tobacco



Providers' Views: Reasons Consumers Have Difficulty Quitting



Behavioral Health Staff Smoking



Survey Analysis

- More information and training needed for providers to effectively intervene with tobacco use among their clients.
- Hands-on, face-to-face training and guidance necessary to outline best practices for intervening with BH smokers.
- Staff smoking needed to be addressed with resources provided.

Smoking and Substance Abuse Treatment – Breaking the Link

- Common Provider Myths:
  - Individuals in substance abuse tx are not interested/less motivated/cannot quit smoking; tobacco is necessary “medication”
  - Health care professionals can help the general population quit smoking more easily than helping someone who is also quitting another substance
  - Quitting smoking interferes with recovery, eliminates a coping strategy, leads to decompensation in mental health functioning – the patient will just drop out or might have increased chance of relapse
  - Tobacco cessation is the lowest priority due to its perception of having only distal effects – if a person has substance abuse issues, their smoking is much more benign in terms of health risks and concerns and can be addressed later

Current Numbers of Smoking Cessation services in SA Treatment Facilities

- Unfortunately, there needs to be an increase in smoking cessation services offered as up to 60% of programs do not offer any formal cessation services (Knudsen, 2011).
- Studies have found that hospital affiliation, service breadth, the priority given to physical health, the availability of medication to treat addictive problems, assessment of cigarette smoking, and a greater perception of the proportion of patients who smoke were associated with the delivery of smoking cessation services (Friedman, Jiang, & Richter, 2008).

Challenges to Facilities/Providers
Smoking Cessation in Substance Abuse Treatment

1. Many clinicians smoke, and do not promote and/or implement smoking cessation interventions as much as clinicians who do not smoke (Knudsen & Studts, 2010; Rothrauff, 2011).
2. Clinicians are faced with insufficient financial reimbursement to properly administer tobacco cessation interventions to their clients (Rothrauff, 2011).
3. There is also a possible lack of access to smoking cessation services as well as insufficient training and educational tools for staff members to address tobacco dependence among patients (Knudsen, 2010; Knudsen & Studts, 2010; Williams, 2005).

Staff Smoking

- According to recent research literature, staff smoking in substance abuse treatment facilities ranges from 14-40% (Guydish, Passalacqua, Tahima, & Turcotte Manser, 2007)
- Recommendations (Williams, 2005) :
  - A smoke-free policy should be implemented on all grounds of the treatment facilities.
  - Promotes a drug-free environment for both patients in treatment and patients out of treatment.
  - Providing smoking cessation resources not only helps them quit but also provides them with essentials tools necessary to help substance abuse clients quit smoking.
  - Smoke-free policies can be successfully established by:
    - Providing tobacco education to all staff members.
    - Thoughtfully and carefully implementing the smoke-free regulations

Financial Reimbursement

- Barriers associated with financial issues faced while trying to administer proper smoking cessation interventions can be circumvented by opting for less expensive interventions such as:
  - Quitlines
  - Handouts with information on smoking cessation,
  - Referrals to nonprofit organizations that provide free services and/or Websites that provide additional information and self-help guidelines to quit smoking, etc. (SAMSHA; MDQuit; www.SmokingStopsHere.com)

Medicaid

- Coverage of medically-necessary tobacco cessation services, including both counseling and pharmacotherapy, for children and adolescents, is mandatory under Medicaid's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit.
- States may currently choose to cover prescription and/or nonprescription tobacco cessation drugs for Medicaid beneficiaries who are not pregnant.
- Tobacco cessation counseling services may be covered under a variety of Medicaid benefit categories
- **Reducing financial barriers, such as cost-sharing, can help encourage the use of effective cessation services.**

Partnerships: Maryland Medicaid

- Medicaid Match for Quitline (QL) Services
  - 50% federal matching rate.
  - ~40% of callers to the QL are insured by Medicaid.
  - Since June 2011, have submitted match revenue totaling $653,083.08.
- Worked with Maryland Medicaid to identify MCO formulary coverage for NRT, along with prescription medications (i.e., bupropion & varenicline).

Brief Intervention for Tobacco: Private Payer Benefits

- HCPCS/CPT Codes:
  - **99406**: Smoking and tobacco-use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes. *Short descriptor: Smoke/Tobacco counseling 3-10*
  - **99381-99397**: Preventive medicine services
  - **96150-96155**: Health & Behavior Assessment/Intervention (Non-physician only)
- Private payer benefits are subject to specific plan policies. Before providing service, benefit eligibility and payer coding requirements should be verified.

AAFP, 2011

Smokers With Chemical Dependence Tobacco Treatment Guidelines

- Non Current Tobacco User:
  - No past use – encourage continued abstinence
  - Past use – (Assist) with relapse prevention
- Institutional Practice and Policies
  - Eliminate practices & policies that undermine client's interest in quitting or attempts
  - Incorporate tobacco treatment systems
    - Document 5 "A"'s / 2 "A" + "R"
    - Consistent identification, treatment, follow-up

Selecting a Treatment:
Triage Guidelines

- Steer patient to most appropriate treatment
  - Patient characteristics and preference
- Minimal self-help interventions are a good place to start for many smokers
- More intensive: if patient has made many prior attempts, is high on nicotine dependence and is ready and willing
- Treatment matching
  - Tailored materials
  - Pharmacological aids

Action Steps: Development of Intervention and Training Manuals

- Creation of flexible (single and multi-session) smoking cessation group intervention manuals for behavioral health providers.
    - 1: Thinking About Quitting
    - 2: Preparing to Quit
    - 3: Quit Week
    - 4: Strengthening the Quit Attempt
- Provide training and consultation to behavioral health providers to aid them in integrating smoking cessation interventions into *existing* treatment protocol.
- Train the Trainer model implemented.

Medications

- Bupropion SR
  - Approximately doubles the likelihood of long term (>5 month) abstinence from tobacco use as compared to placebo treatment
  - Prescription only
- Varenicline
  - Not recommended in combination with NRT
  - 2 mg dose triples the likelihood of a long term abstinence from tobacco use
  - Prescription only
- Encouraging all patients attempting to quit to use effective medications for tobacco dependence treatment except where contraindicated or for special populations in which there is insufficient evidence of effectiveness

Nicotine Replacement Therapy

- **Nicotine Gum**
  - **Increases likelihood of long term (>5 month) abstinence by about 50% as compared to placebo treatment.**
- Nicotine Inhaler
  - Approximately doubles likelihood of long term abstinence.
- Nicotine Lozenge
  - For highly dependent smokers, approximately tripled the odds of abstinence 6 months postquit.
- Nicotine Nasal Spray
  - Approximately doubles likelihood of long term abstinence.
- **Nicotine Patch**
  - **Approximately doubles likelihood of long term abstinence.**

“State Stat” Initiative

- Provides for transparency and accountability by/from all state agencies
- Highlights issues of importance
- Tobacco measures were modified to include behavioral health measures – initial measures only included services provided by the Maryland Tobacco Quitline
- 2013 – 2015 Trends
  - Increasing QL registrations, including pregnant callers
  - Decreasing % of adolescents/adults receiving mental health treatment who report smoking during their most recent interview
- Data reported monthly with 30-(MH) or 90-(SA) day lag

Media contract

- 2014: CTPC awarded a contract to develop and place ads for a health communication campaign that promotes quitting tobacco use among residents recovering from mental health and addictions and empowers behavioral health professionals and family members of those in recovery to encourage quitting tobacco use.

Focus Group Testing (July 2014)

- 3 types of groups (6 groups total)
  - Individuals in recovery (both smokers and non-smokers)
  - Family members of those is recovery
  - Professionals in the fields of mental health/substance abuse
- Total of 34 participants

Focus Group Testing

- Age range: 19-60s
- Race: 33 African American, 1 Caucasian
- 17 women, 16 men, 1 transgender person
- Most from Baltimore City, a few from Baltimore County

Focus Group Testing

- Of all participants:
  - 57.9% were in recovery
  - 47.4% had family members in recovery
  - 40.5% were MH/SA professionals
  - 60.5% were current smokers
  - 72.9% extremely comfortable in group settings
  - 63.2% had at least some college education
  - 71.1% had annual household income <$25,000

Focus Group: Themes

- Reasons for smoking/barriers to quitting:
  - Addiction
  - Changes in temperament
  - Fear of weight gain
- Reasons for not smoking
  - Eating habits
  - Gateway to use of other drugs
  - Odor
  - Greater social interaction

Focus Group: themes

- Views on health concerns/ability to quit
  - Those uninterested in quitting, were least likely to mention smoking-related health concerns
  - Downplaying/denying
  - “I know I should quit”
  - Resignation about power of addiction
- Strategies for Quitting
  - Information
  - Sustained support
  - Pharmacologic therapies
  - Motivation

People with a mental illness or a substance abuse disorder smoke half the cigarettes in America.

Most want to Quit.
Many have Quit.
We can help.

YOU CAN QUIT!

1. Call the Maryland Tobacco Quitline for **FREE** counseling at **1-800-784-8669** or visit **smokingstopshere.com**
2. Set a quit date. Quitting can help improve recovery.
3. Smoking is as harmful to your health as other drugs.
4. Ask your counselor for help on quitting.
5. Even if your sponsor smokes, or smoking occurs at recovery meetings, it is important to stay away from smoking. Talk to people who do not smoke during breaks.
6. Use the 5 D's (**D**elay, **D**istract, **D**rink water, **D**eep Breaths, **D**iscuss) to help you cope with quitting.

Call the Maryland Tobacco Quitline at 1-800-784-8669

It's FREE. It's confidential. It works.
SmokingStopsHere.com

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MARYLAND
Department of Health and Mental Hygiene

MARYLAND
DEPARTMENT OF
HEALTH AND MENTAL HYGIENE

If you are a tobacco user being treated for mental health issues or alcohol or drug addiction, you may think you should wait until later to treat your tobacco addiction. But don't wait. Tobacco use causes serious health problems and slows down your recovery.

Tobacco use causes more deaths each year than all these combined:

- car accidents
- AIDS
- murders
- alcohol and drugs.

Quitting now will improve your health and support your complete and long-term recovery.

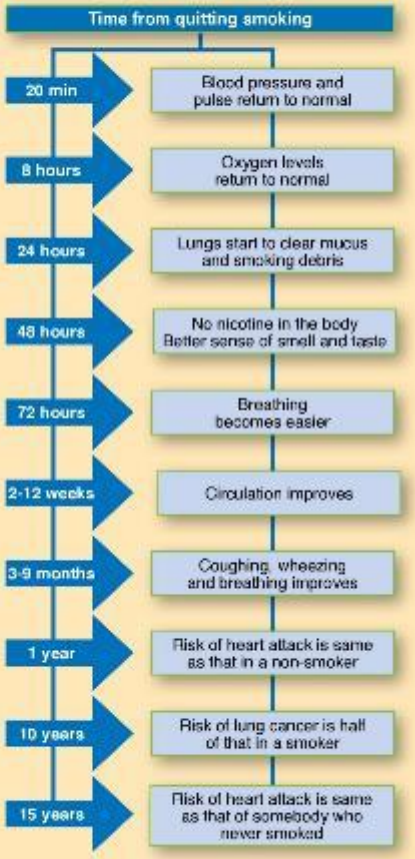
Call The Maryland Tobacco Quitline at 1-800-784-8669. It's FREE.

COST OF SMOKING

In addition to causing health problems, smoking is hard on your wallet. The chart below shows how much money you could save when you stop smoking.

HEALTH BENEFITS OF QUITTING TOBACCO

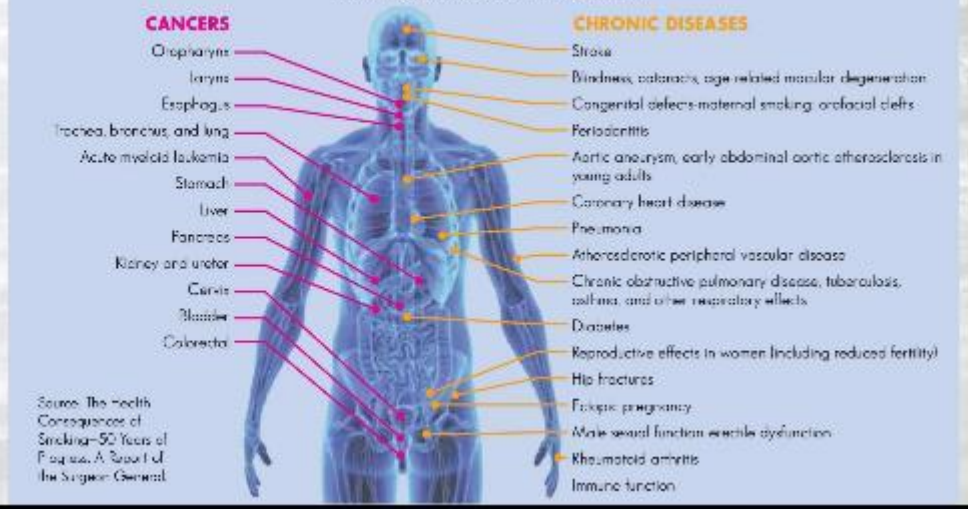
Your health starts to improve almost as soon as you stop smoking and continues to improve for many years.



Maryland's 1-800 QUIT NOW
1 800 784 8669 SmokingStopsHere.com

SMOKING CAUSES DISEASE IN NEARLY EVERY ORGAN.

When you smoke, you risk getting:



Source: The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General

MARYLAND
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HEALTH AND MENTAL HYGIENE

Focus Group: campaign materials

- Most cited having seen CDC Tips ads
- At least 1 participant in each group had heard of MDQL 1-800-QUIT-NOW
- Brochure perceived as informative, especially tables on cost/savings and health

Focus Group: Header Messaging

- Header preference:
  - ~~"The question isn't how hard will it be to quit smoking; it's do you know how much I want to?"~~
  - **"The question isn't how will I ever quit smoking; it's who is going to help me"**
- Simpler, solution-oriented messaging preferred

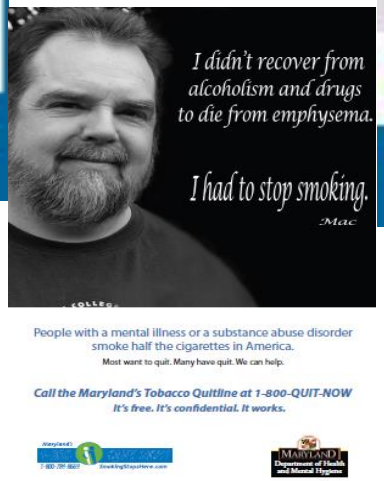
Focus Group: Text Box Messaging

- "Treating tobacco use improves alcohol and other drug treatment outcomes by an average of 25%. Tobacco causes more deaths than drugs, alcoholism, and depression combined. Quit all addictions upfront, don't wait with nicotine until later."
- "Tobacco causes more deaths than drugs, depression and alcoholism combined. I want to stop smoking. With your help, and help from the Maryland Quitline, I can."
- "People with mental illness or a substance abuse disorder smoke half the cigarettes in America. Most want to quit. Many have to quit. We can help."

Focus groups

- Cityscape preferable to beachscape – more relatable for residents who had always lived in Baltimore City
- Tagline preference
  - **A smoke-free life is just a phone call away**
  - ~~A tobacco-free life is just a phone call away~~
  - ~~A nicotine-free life is just a phone call away~~

Action Steps: Development and Distribution of Behavioral Health Posters



Focus Group: Poster

- Receptive, although noted that smoking is “lesser of two evils” (Perception of smoking as less harmful)
- Appreciated visual cue of children – someone to “live for”/”be a role model for” & secondhand smoke
- Other eye-catching elements: names on image (Mac/Teona), placement of messages (on face/basketball court)

Focus Group: Ad location preferences

- Billboards
- Buses/public transport (inside/out)
- Bus stops/metro stops
- Doctor's clinics/waiting rooms
- Liquor stores
- Drug stores
- Schools
- Recovery houses/treatment centers
- Pop up ads in smartphones/websites

Focus Group: Conclusions

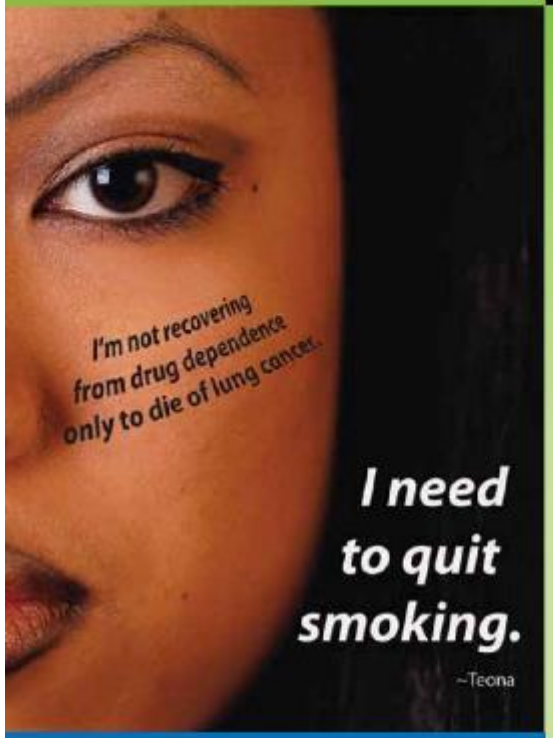
- Issues/needs specific to smokers who use mental health services must be addressed in development of smoking prevention/cessation programs
- Clients receive massages from program rules and staff
- Perceived regulation of stress provided by tobacco use especially important for people experiencing psychiatric symptoms

Media

- :15, :30, :60 ads
- TV, transit, Internet, and print media (poster and toolkits)
- First person narration - focus group tested
- Variety of conditions presented
- Increase in callers who reported mental health challenges

Behavioral Health Toolkit

- Toolkits sent to 365 Behavioral Health providers in the state
- Toolkit included brochures promoting the Quitline and MDQuit training, new recovery brochure, table tents, a magnet, and posters.



People with a mental illness or a substance abuse disorder smoke half the cigarettes in America.

Most want to Quit.
Many have Quit.
We can help.

YOU CAN QUIT!

1. Call the Maryland Tobacco Quitline for **FREE** counseling at **1-800-784-8669** or visit **smokingstopshere.com**
2. Set a quit date. Quitting can help improve recovery.
3. Smoking is as harmful to your health as other drugs.
4. Ask your counselor for help on quitting.
5. Even if your sponsor smokes, or smoking occurs at recovery meetings, it is important to stay away from smoking. Talk to people who do not smoke during breaks.
6. Use the 5 D's (**D**elay, **D**istract, **D**rink water, **D**eep Breaths, **D**iscuss) to help you cope with quitting.

Call the Maryland Tobacco Quitline at 1-800-784-8669

It's FREE. It's confidential. It works.
SmokingStopsHere.com

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MARYLAND
Department of Health and Mental Hygiene

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DEPARTMENT OF
HEALTH AND MENTAL HYGIENE

If you are a tobacco user being treated for mental health issues or alcohol or drug addiction, you may think you should wait until later to treat your tobacco addiction. But don't wait. Tobacco use causes serious health problems and slows down your recovery.

Tobacco use causes more deaths each year than all these combined:

- car accidents
- AIDS
- murders
- alcohol and drugs.

Quitting now will improve your health and support your complete and long-term recovery.

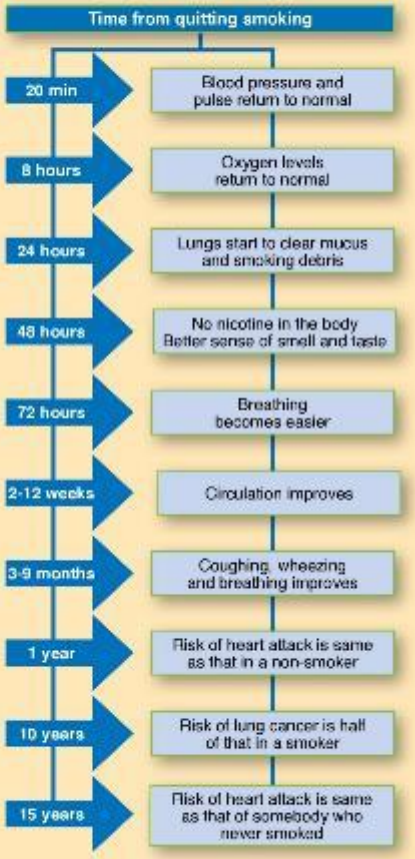
Call The Maryland Tobacco Quitline at 1-800-784-8669. It's FREE.

COST OF SMOKING

In addition to causing health problems, smoking is hard on your wallet. The chart below shows how much money you could save when you stop smoking.

HEALTH BENEFITS OF QUITTING TOBACCO

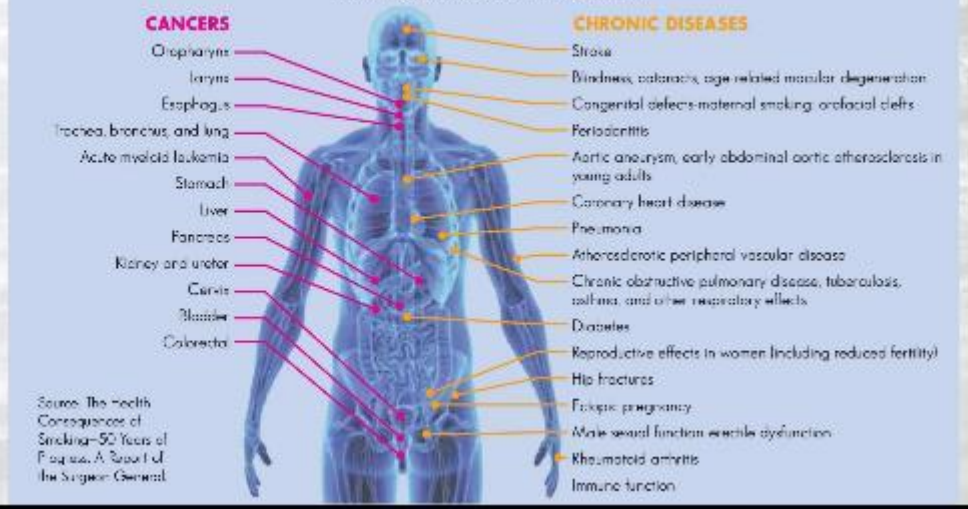
Your health starts to improve almost as soon as you stop smoking and continues to improve for many years.



Maryland's 1-800 QUIT NOW
1 800 784 8669 SmokingStopsHere.com

SMOKING CAUSES DISEASE IN NEARLY EVERY ORGAN.

When you smoke, you risk getting:



Source: The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General

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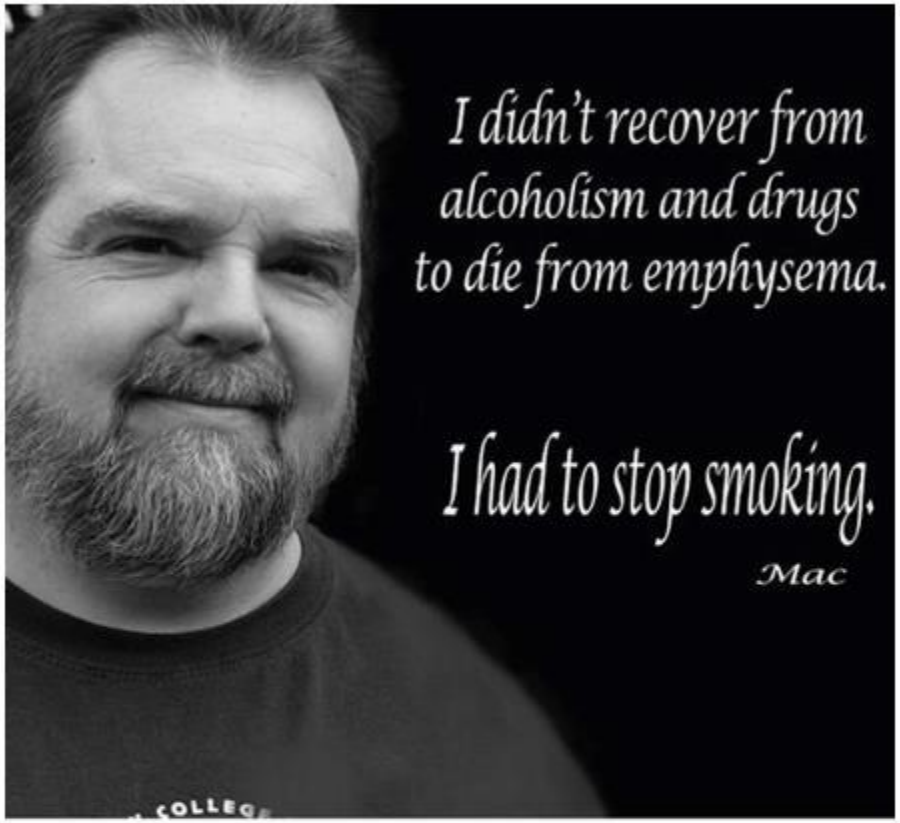
Posters

- November 2013: MDQuit coordinated the printing of posters branded with the Maryland Quitline's logo that encouraged smoking cessation among persons with behavioral health issues (both substance use and mental health), as well as among pregnant women
- March 2014: a set of these five posters (based on posters originally used in Wisconsin) was sent to approximately 300 ADAA and MHA clinics that had been invited to participate in a behavioral health online survey launched by MDQuit in September 2012. (This online survey assessed current cessation activities, provider attitudes, and agency culture of behavioral health providers at the targeted clinics.)
- The remaining posters were distributed and made available upon request through DHMH and MDQuit, and were also featured as materials for providers to order on the www.smokingstopshere.com website.



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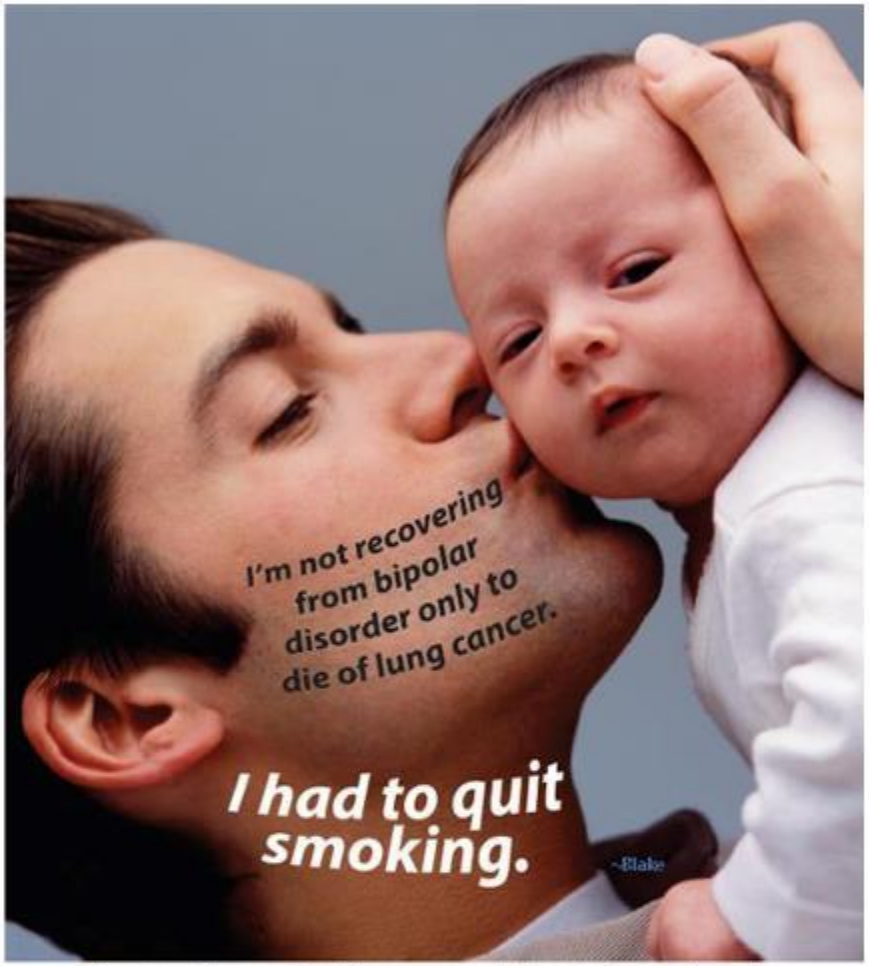

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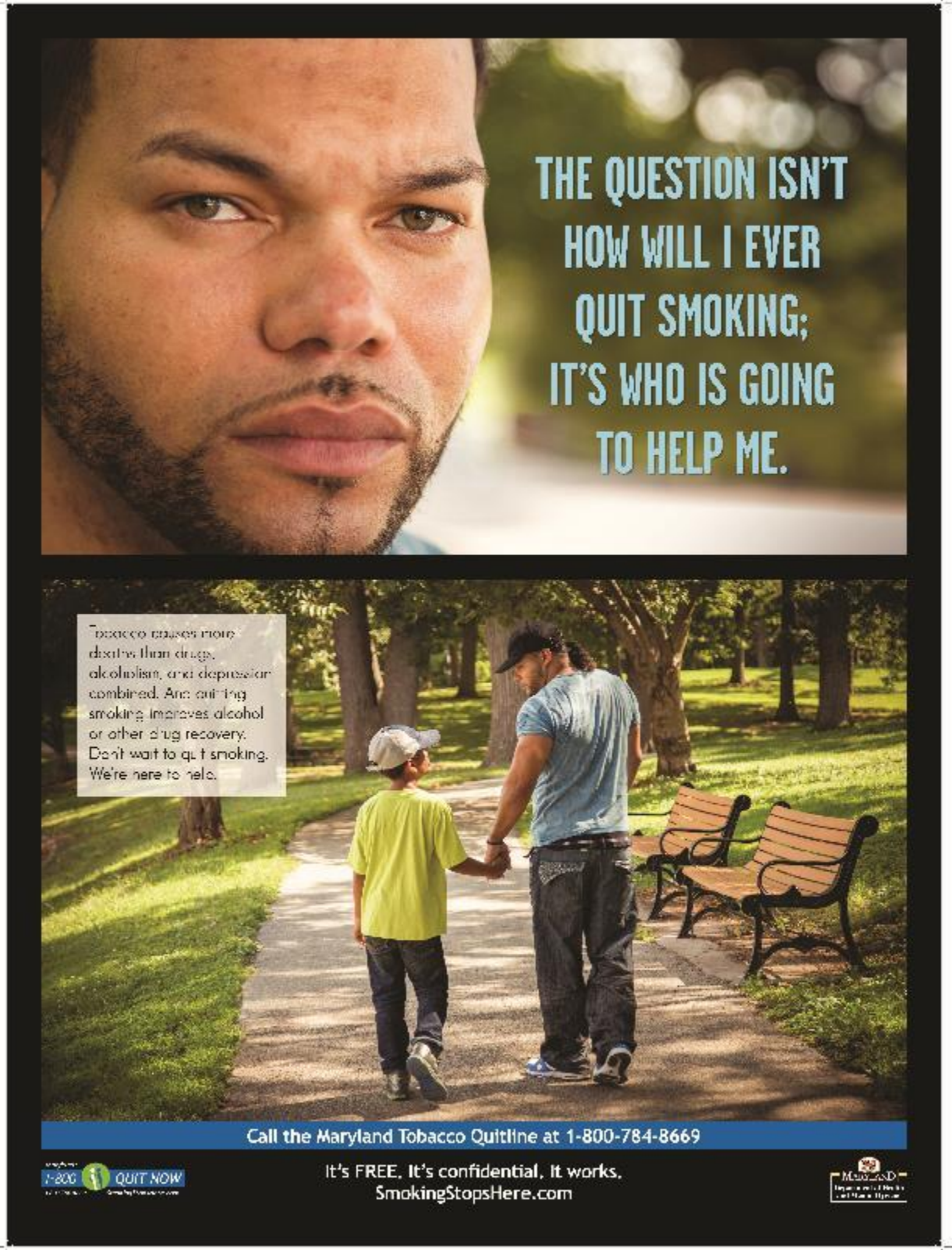

THE QUESTION ISN'T
HOW WILL I EVER
QUIT SMOKING;
IT'S WHO IS GOING
TO HELP ME.
Tobacco causes more deaths than drugs, alcoholism, and depression combined. And quitting smoking improves alcohol or other drug recovery. Don't wait to quit smoking. We're here to help.
Call the Maryland Tobacco Quitline at 1-800-784-8669
1-800 QUIT NOW
It's FREE. It's confidential. It works.
SmokingStopsHere.com

Impact & Outcomes

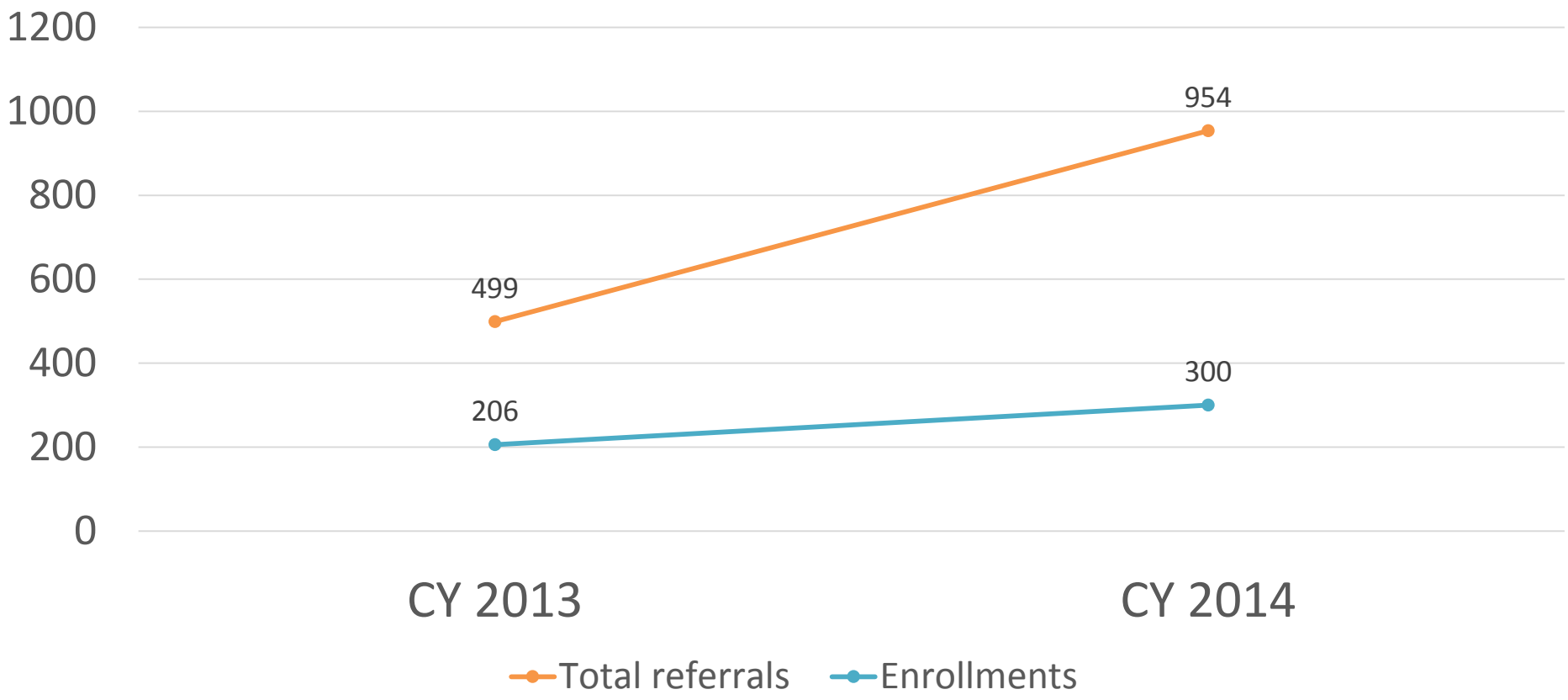
Media Impact

- TV, transit, and internet ads aired January - October 2014.
- The accompanying toolkit was sent to behavioral health professionals at 365 provider sites.
- During the first week the TV ads aired, the QL saw a 37% increase in call volume.
- From August - September 2014, the QL saw an increase in callers reporting ADHD (from 4.1% to 4.9%) and bipolar disorder (from 10.4% to 11.4%).

Coordination with MDQuit

- To date, 522 providers and staff trained in smoking cessation
- One of the target measures is an increase in number of behavioral health consumers who call and accept Quitline services
- Since FY 2013, the number of callers to the quitline for behavioral health and substance users has increased 9% from 6,778 to 7,479. The number of behavioral health callers (without substance use callers) has increased 11%, from 6,144 to 6,917.

Overall Referrals



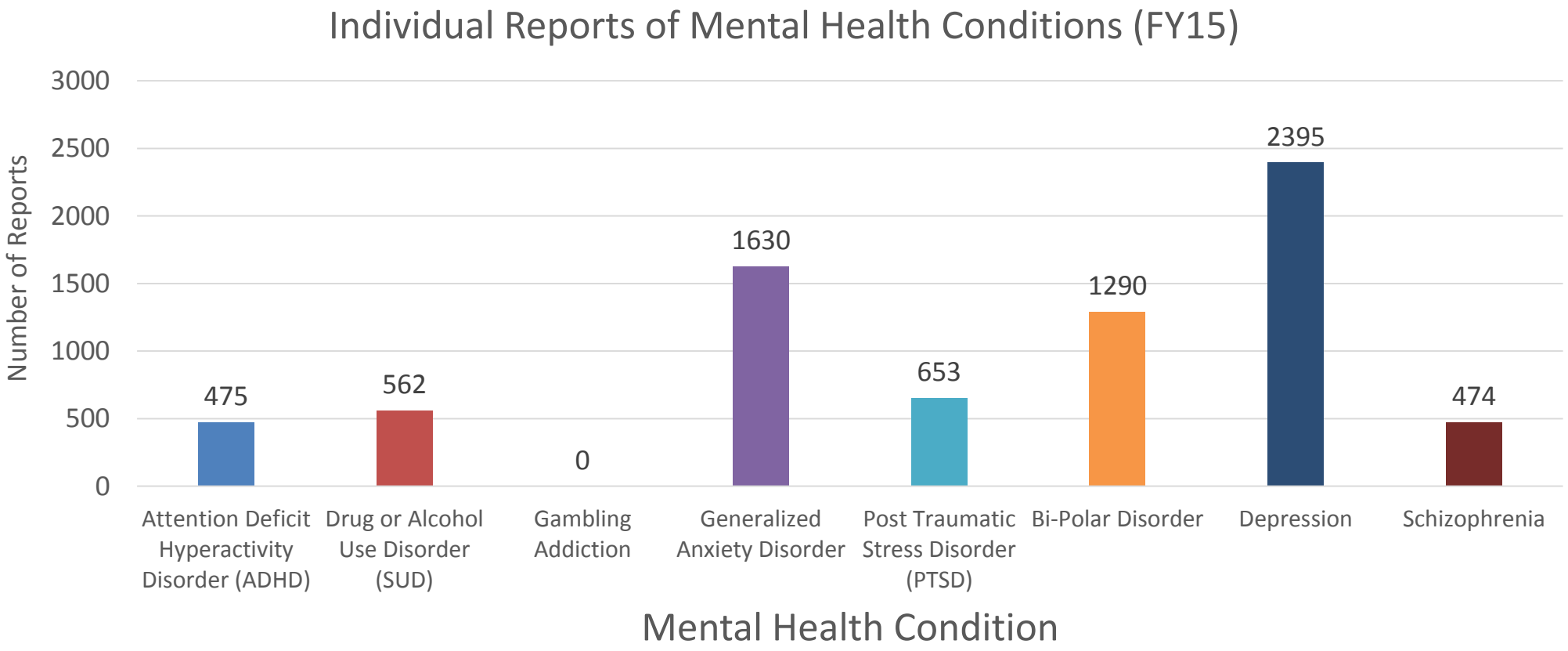
Continued partnership

- CTPC and MDQuit staff continue to participate in several workgroups that were established to support initiatives that resulted from the MD Mental Health Administration (MHA) SAMHSA/SCLC leadership academy for wellness and smoking cessation among those with mental health/substance abuse issues.

Partnerships:
Maryland Tobacco Quitline
1-800-QUIT-NOW

- Added registration question that captures tobacco users who report being diagnosed or receiving treatment for a mental health condition or substance abuse (December 2012).
- Quitline Evaluations now include survey modules for mental health conditions, self-efficacy in a quit attempt/staying quit, combination therapy, and NRT adherence.

Maryland Quitline: Mental Health Reports



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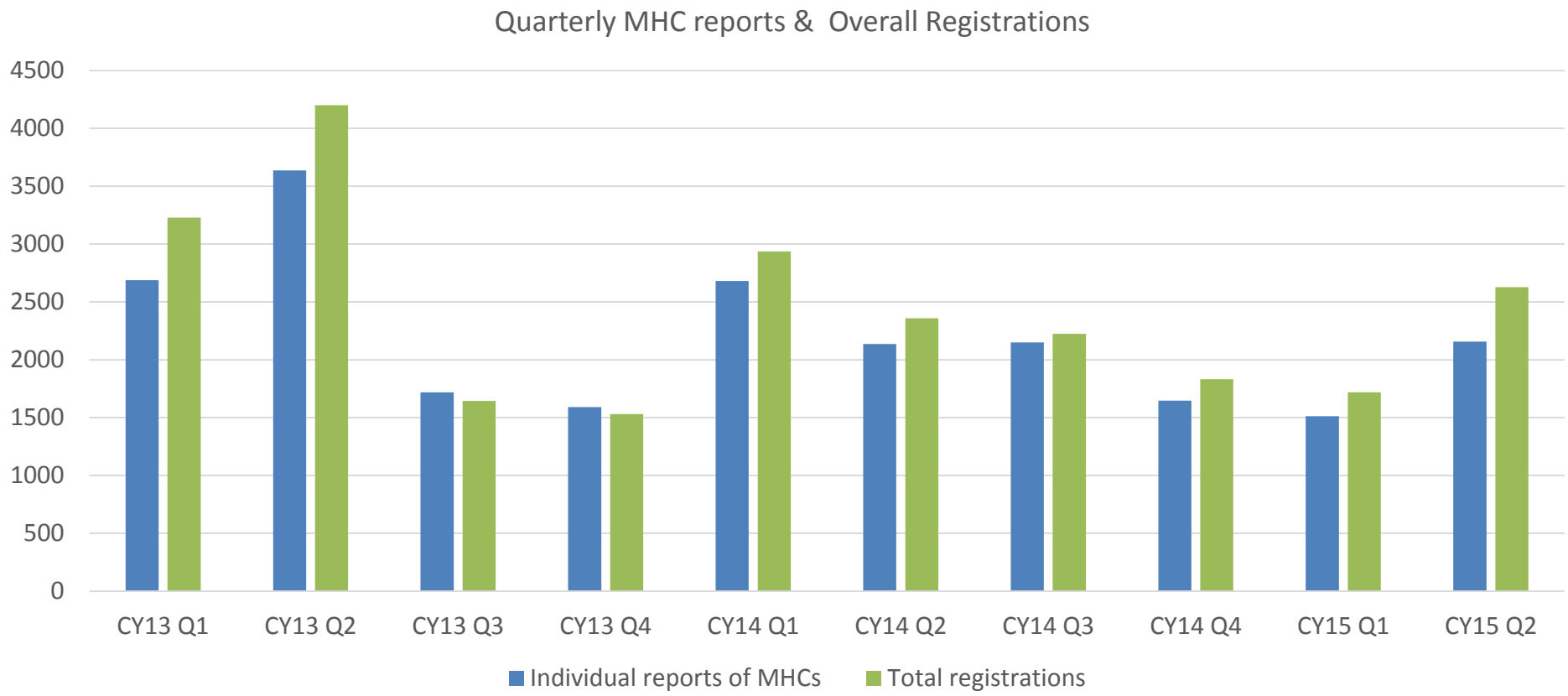
Maryland Quitline MHCs: 2013 - 2015



Questions?

Sana.Hashim@Maryland.gov