

Do People with Mental Illnesses and Substance Use Disorders Have Equal Access to Quitlines and Other Smoking Cessation Resources? Should They?

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Making the Case...

- + General population smoking prevalence rates vs. behavioral health population rates
- + Documented marketing focus of tobacco industry
- + Resources for Quitlines and other services: Tobacco Settlement Funds and public dollars
- + Mutual mission re: health, wellness & recovery
- = **Obligation/responsibility to serve people with mental and substance use disorders**

Who Are We Talking About?

- Prevalence of mental health and substance use disorders in the U.S.
 - Combining mental health and substance use problems and illnesses, more than 20% of U.S. adults age 18-54 received behavioral health services in a 12 month period 2002 and 2003 (Kessler, et al., 2005)
 - **1 in 5 adults**

Severity

- In 2007, an estimated 24.3 million adults age 18 years and older experienced **serious** psychological distress in the last year, approximately **10.9 percent of all adults** in the U.S.
- An estimated 22.3 million Americans (**9 percent of the population age 12 years and older**) were classified with substance abuse or dependence in the last year
- Despite this high incidence, only 10.4 percent of those who needed treatment for substance abuse or dependence, 44.6 percent for serious psychological distress, and 64.5 percent for major depressive episode actually received it.

(Substance Abuse and Mental Health Services Administration's *National Survey on Drug Use and Health*)

It's About the Disparity

- Smoking Rates
 - General population smoking rates
 - Nationally: 19.2% (CDC)
 - Behavioral health pop. smoking rates
 - Ranges from 32% - 98% depending upon diagnosis
 - Staff: 3-4 times higher than other healthcare staff

Smoking prevalence rates by diagnostic category across studies

- Major depression ● 36-80 %
- Bipolar disorder ● 51-70 %
- Schizophrenia ● 62-90 %
- Anxiety disorders ● 32-60 %
- PTSD ● 45-60 %
- ADHD ● 38-42 %
- Alcohol abuse ● 34-93 %
- Other drug abuse ● 49- 98 %

(Morris et al., 2009)

Historical Context

- Discrimination and maltreatment
 - Stigma, unnecessary institutionalization
 - Smoking impedes recovery and social integration
- Refusal/lack of access to mainstream resources
 - Health care: 25 years earlier mortality
 - Housing: NIMBY
 - Employment

Tobacco Industry Targeting

- Project S.C.U.M.
 - Sub-Culture Urban Marketing
 - Targets
 - People with mental illness and/or addictions
 - Homeless populations
 - Communities of color

Resources

- For Quitlines: Tobacco Settlement Funds
 - Follows that monies from the companies who specifically targeted people with behavioral health disorders should now pay to help them quit smoking
- Other cessation services: Public dollars
 - Barring access to services by one specific disabled group is discrimination

Understanding

- Not asking for Quitline staff to become behavioral health treatment staff
 - Suicide hotline: 1-800-273-TALK
- Some processes and services may have to be modified
- Collaborations with local/state behavioral health administrators & providers are essential
- Referral network must be robust

Mutual Mission

- + Improve health and wellness
... benefits of smoking cessation
- + Focus on recovery
... people can and do recover from mental illness and addictions
- = Opportunities for education, collaboration and success



Thank you.

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