

# 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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# Overrepresentation Among Smokers

- Smoking rates double or more
- Staff smokes at very high rates
- Culture until recently has supported smoking
- But we know these smokers want to quit



# The Deadly Toll

- 200,000 deaths per year
- People with serious mental illness die 25 years early
- We know people with substance use disorders die early too
- A major cause of premature death: smoking



# How to Treat These Smokers?

- Behavioral Health culture sometimes antagonistic toward drugs
- Adaptations needed in approach to coaching, dosing of pharmaceuticals, and even social support
- More from our panelists on this need for tailoring



# Are These Smokers Calling Quitlines?

- We know they are, in large numbers
- In states where prevalence is low, they represent a huge bulk of remaining smokers
- How are quitlines responding?

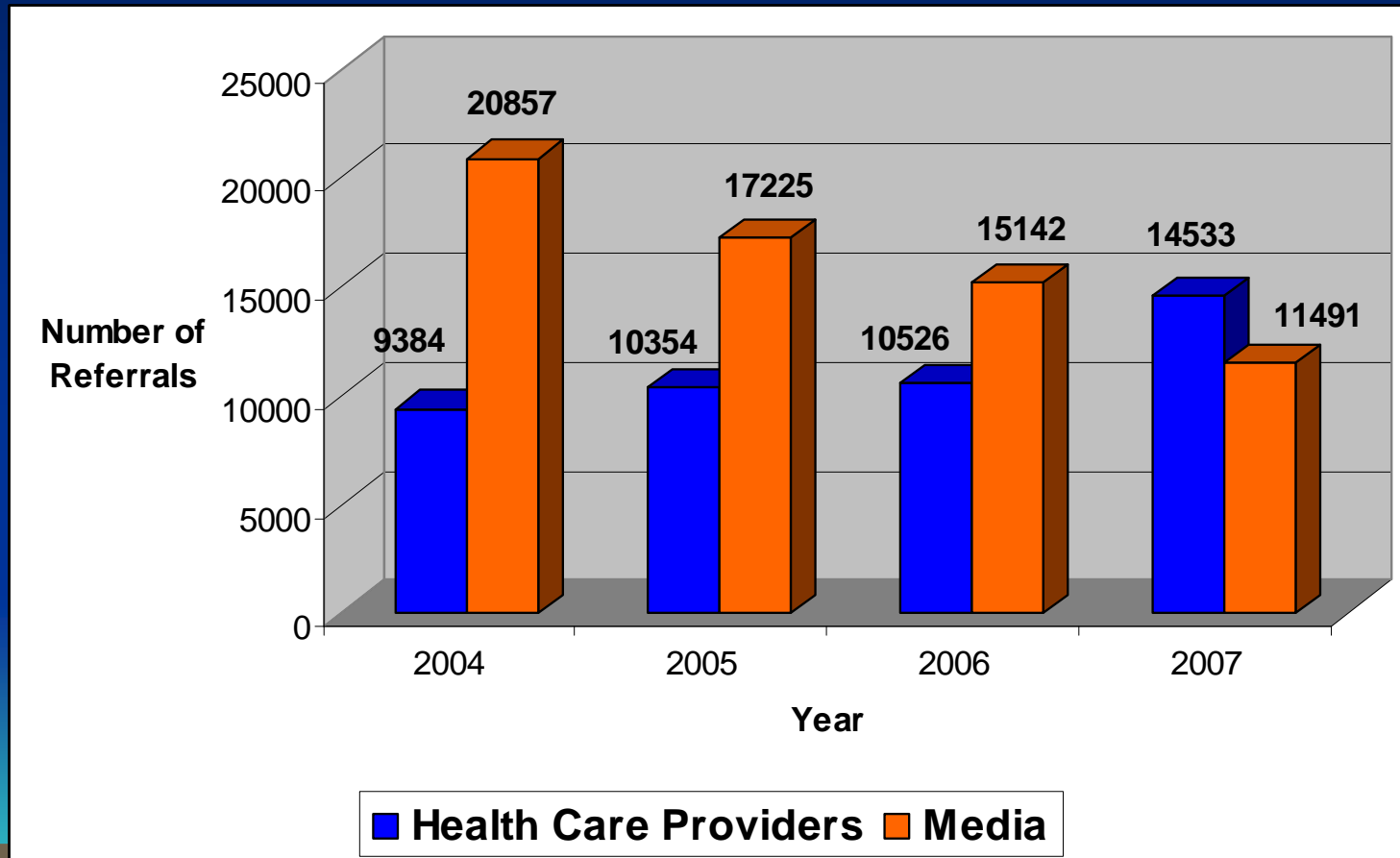


# How Do Quitlines Handle These Callers?

- We will hear from our panelists about a variety of attitudes and approaches
- We have emerging evidence that quitlines work for even seriously mentally ill smokers or those with dual diagnoses



# Referrals by Type to the California Smokers' Helpline, 2004-2007



# Late-Breaking News from California Smokers' Helpline

- Almost 50% of callers report one or more mental illnesses or substance use disorders
- No difference in quit attempts from other callers
- Comparable quitting success
- See NCTOH session entitled *"Reaching to the Core: Tailoring Quitlines for Ethnic Minority Smokers and Those with Mental Illnesses"* with Gary Tedeschi, Shu-Hong Zhu, Chris Anderson and Sharon Cummins





# Views Vary on How to Treat the Behavioral Health Population

- Let's hear from the panel
- Gail Hutchings, Tim McAfee, Chad Morris and Stephen Michael

