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

Steven A. Schroeder, MD
Gail Hutchings, MPA
Tim McAfee, MD
Chad Morris, PhD
Stephen S. Michael, MS
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

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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