



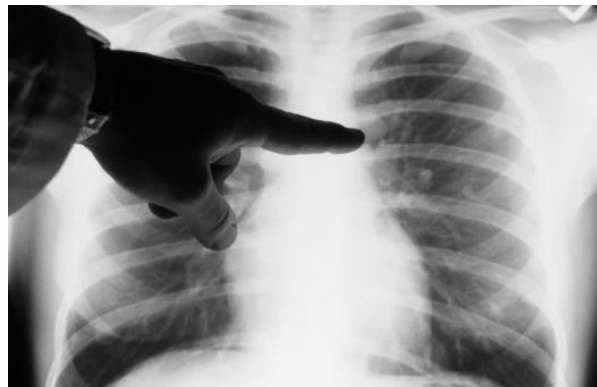
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The National Partnership on Behavioral Health and Tobacco Use

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American Cancer Society and Smoking Cessation Leadership Center Launched New Initiative

- In 2016, ACS and SCLC agreed that national leaders from the tobacco control/public health and the behavioral health sectors should be brought together to develop a plan to expand and accelerate efforts to combat disparities in smoking prevalence and promote treatment for those with mental health and substance use disorders

Smoking Cessation
Leadership Center

UCSF

University of California
San Francisco



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Participating NGOs and Federal Agencies



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Smoking Cessation Leadership Center



University of California San Francisco



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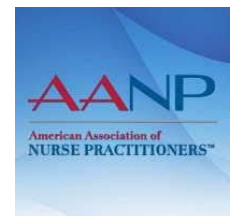
National Partnership on Behavioral Health & Tobacco Use



Tobacco Control Legal Consortium

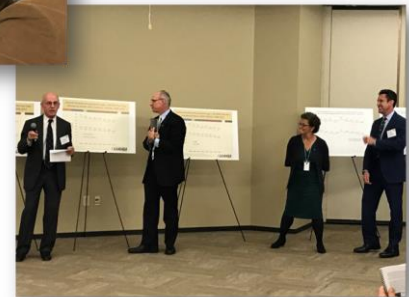


UW-CTRI
UW Center for Tobacco Research and Intervention



Two National Summits, 2016 and 2018

- ACS and SCLC co-hosted the first multi-sectorial summit at ACS's Atlanta headquarters in October 2016, and the second one in November 2018
- Participants included senior leaders of health professional organizations, federal agencies, not-for-profit health organizations, and experts in behavioral health and tobacco prevention and cessation
- Summit #1 produced a national action plan setting forth practical strategies in the areas of networking, education and clinical guidance to strengthen tobacco use prevention, increase cessation, and ultimately reduce prevalence among the behavioral health population
- Summit #2 celebrated our success and adopted a more ambitious goal for 2022



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Despite Progress, the Challenge Remains

- Since 1964, **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. **\$132.5 billion** in health care expenditures and **\$156.4 billion** in lost productivity (\$150.7 billion for smokers; \$5.7 billion from secondhand smoke exposure), for **total economic impact of \$288.9 billion per year**



Sources: Centers for Disease Control and Prevention, Tobacco Product Use Among Adults — United States, 2017, <http://dx.doi.org/10.15585/mmwr.mm6744a2>; U.S. Surgeon General's Report, 2014, <http://www.surgeongeneral.gov/library/reports/50-years-ofprogress/full-report.pdf>.



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Smoking Still Kills More Americans than All of these Combined



AIDS



Car crashes



Heroin



Homicide



Alcohol



Fires



Cocaine



Suicide



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Three Populations Smoke at Some of the Highest Rates

- Cigarette smoking rates among **adults who have not received a college degree** (23.1%) are much higher than those who received a college degree (6.5%).
- Cigarette smoking rates among **adults living below the poverty level** is higher (25%) than those living at or above the federal poverty level (10%).
- Cigarette smoking rates among **adults with mental health or addictive disorders** (30.5%) are also far higher than those of adults who do not suffer from behavioral health disorders (under 13%).



Smoking and Behavioral Health: The Heavy Burden

- 44 million Americans with chronic mental illness, plus 20 million with substance use disorders; estimated 54 million people have one or more of these two conditions (source: <https://www.nami.org/Learn-More/Mental-Health-By-the-Numbers>)
- Those with BH conditions constitute roughly half of all smokers in U.S.
 - * Also smoke more intensely; likelier to smoke down to the filter
- Social isolation from smoking compounds their social stigma
- Consequence: Estimated 240,000 annual deaths from smoking among individuals with chronic mental illness and/or substance use disorders
- **BUT THERE IS ALSO ENCOURAGING NEWS: BH smoking prevalence fell from 34.2% in 2015 to 30.5% in 2017, an 11% decrease in individuals with BH conditions (about 2 million fewer smokers)**



To Begin, A Successful Campaign for a Million Lives

- With about 18.5 million smokers in the BH population in 2015, reducing prevalence to 30.5% – or to 16.5 million smokers – resulted in 2 million fewer smokers, thus averting *as many as 1 million smoking-related deaths*

“

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

Malcolm Gladwell



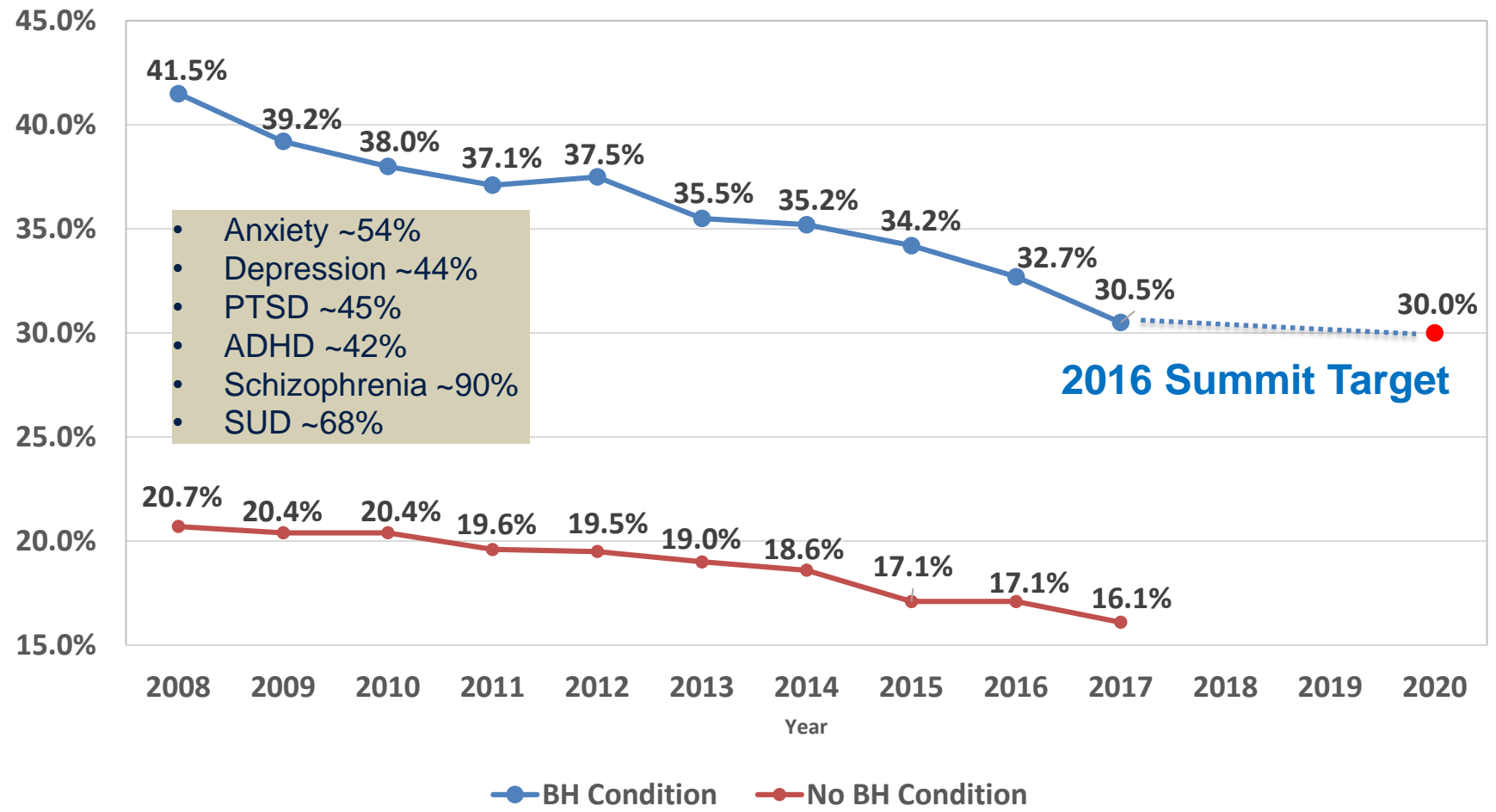
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An Ambitious Target for 2020 has been Transformed into a Much More Ambitious Target for 2022

- Summit #1 adopted the goal of reducing smoking prevalence among persons with BH conditions from 34.2% in 2015 to 30% by 2020 in the U.S. Having essentially reached that goal early, Summit #2 adopted the more ambitious goal of **reducing prevalence to 20% by 2022**



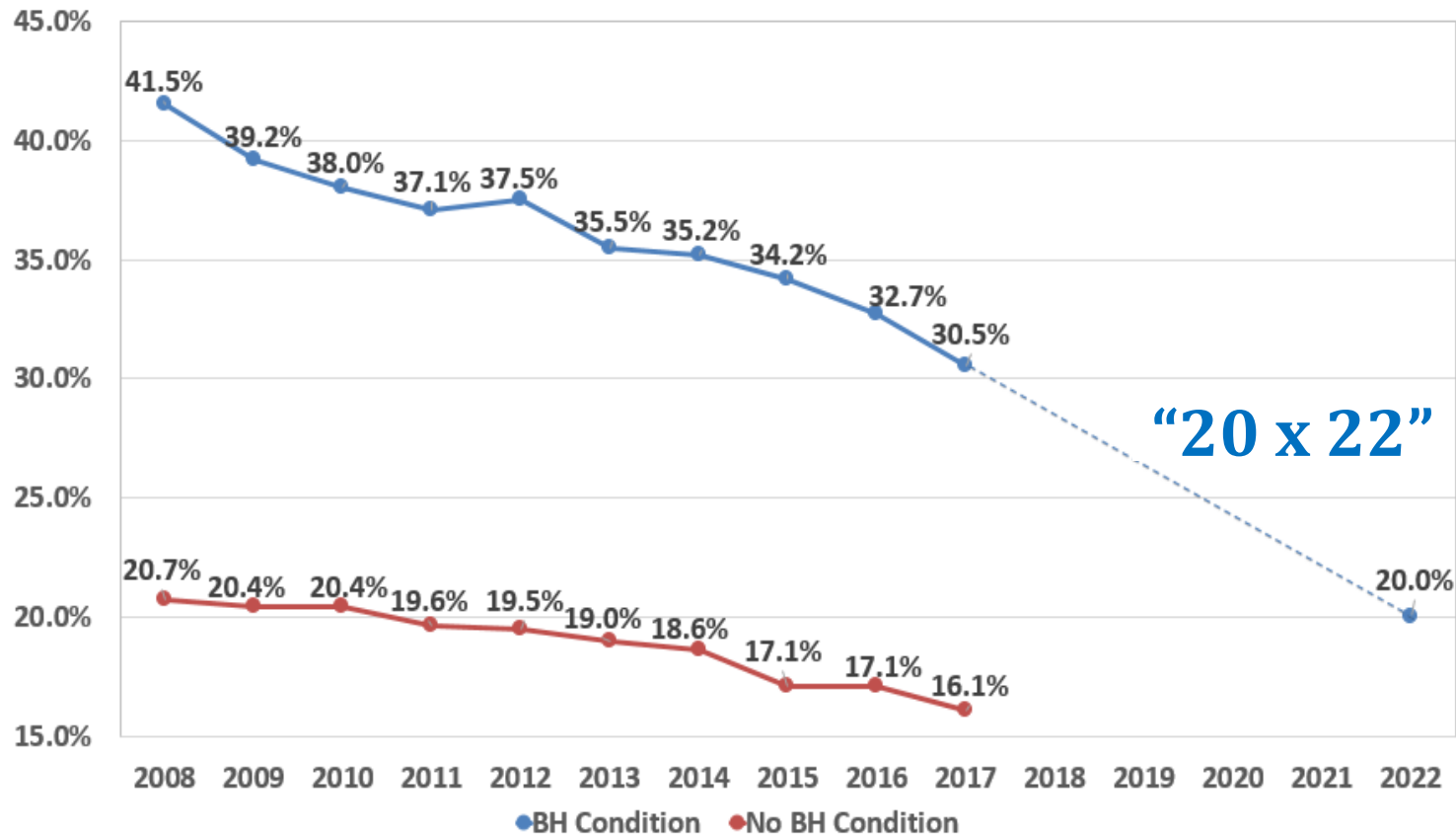
Current Smoking Among Adults (age > 18) With Past Year Behavioral Health (BH) Condition: NSDUH, 2008-2017



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

2018 Summit Target - Current Smoking Among Adults (age > 18) With Past Year Behavioral Health (BH) Condition: NSDUH, 2008-2017



Actions Taken to Accelerate Progress (1/3)

- **National Association of State Mental Health Program Directors**
 - Issued [NASMHPD Policy Statement on Tobacco Cessation in All Behavioral Health Settings](#), calling on all behavioral health facilities in the U.S. to go tobacco-free and provide cessation services to their clients
- **Optum**
 - Finalized development of Tobacco Cessation Behavioral Health Program, supporting ~1300 participants with reported behavioral health conditions
 - Following successful evaluation, partnered with four states to offer program to state quitline callers who report a behavioral health condition
- **U.S. Department of Veterans Affairs**
 - Executed a collaborative agreement with the **American Cancer Society** to further cessation efforts in the behavioral health population
- **National Alliance on Mental Illness**
 - Added smoking cessation to peer education curriculum
 - Offered 2,000 1-800-QUIT-NOW cards for the NAMI annual conference June 28- July 1, in Washington, DC
- **American Lung Association**
 - Working with Easter Seals to promote cessation for staff and clients at eleven local affiliates, four of which specifically focused on the behavioral health population
- **American Academy of Family Physicians**
 - Disseminated new educational materials on tobacco use and behavioral health



Actions Taken to Accelerate Progress (2/3)

- **Substance Abuse and Mental Health Services Administration**
 - Made presentations on tobacco use and behavioral health to Health Resources and Services Administration, HHS Tobacco Control Steering Committee, HHS Tobacco Cessation Workgroup, CDC Office on Smoking and Health's National Partner meeting, and new Assistant Secretary for Mental Health and Substance Use
 - Funding the creation of a Center of Excellence for Tobacco-Free Recovery (first time ever)
- **American Psychological Association**
 - Developing promotional materials, including video on eliminating smoking in mental health facilities and programs, for dissemination across all APA channels
- **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 recent [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
- **Pfizer**
 - Worked with American Lung Association and National Alliance on Mental Illness to adapt language in messaging in Quitter's Circle campaign for behavioral health population



Actions Taken to Accelerate Progress (3/3)

- **Smoking Cessation Leadership Center**
 - Hosted statewide summits in Michigan, New Jersey and Pennsylvania that brought together state leaders in tobacco control, behavioral health and vulnerable populations to strategize on reducing smoking prevalence in behavioral health population in those states
- **North American Quitline Consortium**
 - Conducted webinar on new protocols for treating the behavioral health population, and added question to annual survey of quitlines to monitor number of callers reporting behavioral health conditions who were treated
- **National Council for Behavioral Health**
 - Conducted six education sessions highlighting CDC's Tips from Former Smokers, Bring Your Brave, and Inside Knowledge Campaigns, which were attended by more than 100 staff and clients at four different organizations
- **American Cancer Society**
 - Maintained financial and staffing commitment to sustain the National Partnership on Behavioral Health and Tobacco Use
 - Received \$1.3 million grant from Robert Wood Johnson Foundation to support ACS, in partnership with North American Quitline Consortium and Smoking Cessation Leadership Center, to increase access to tobacco-cessation services to residents of public housing (with large behavioral health population) in California, Texas, Florida, Kentucky, New York and Pennsylvania



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 successful roundtables coordinated by the American Cancer Society (e.g., National Lung Cancer Roundtable, National Colorectal Cancer Roundtable, National HPV Roundtable, National Survivorship Roundtable)



