NAATP NATIONAL 2023

NATIONAL ASSOCIATION OF ADDICTION TREATMENT PROVIDERS

Voice. Vision. Leadership.

Tobacco and the SUD Patient

Taslim van Hattum

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The National Council for Mental Wellbeing

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Meharry Medical College

Why did we do this

- Recovery Focus
- Social
- Fire Risk
- Health Benefits
- Recovery Focus
- Wellness
- Environment of Care
- Mission

Census

REVENUE

OUTCOMES-
REIMBURSEMENTS

ALUMNI & REFERENT
FEEDBACK

Preparing

- Hurdles
  - Staff who smoke
- Training- always back to the why
- Physical plant challenges
- Messaging- internally and externally
- Adjusted the client schedule-access to snack food
- Smoking Cessation groups

What did we learn

- Flexibility and patience
- Training and communication is key
- Lessons
  - Tobacco delivered, smoking tea, luggage searches
- Advantages
  - Cleaner campus, better group attendance, us/them
- It was easier than we thought it would be

National Behavioral Health Network for Tobacco & Cancer Control

- Jointly funded by CDC's *Office on Smoking & Health & Division of Cancer Prevention & Control*
- Provides resources and tools to help organizations reduce tobacco use and cancer among individuals experiencing mental health and substance use challenged
- 1 of 8 CDC National Networks to eliminate cancer and tobacco disparities in priority populations

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Webinars & Presentations

State Strategy Sessions

Communities of Practice

#BHthechange

National Behavioral Health Network for Tobacco & Cancer Control from National Council for Mental Wellbeing

Tobacco, Mental Health & Substance Use

What has caused the disparity?

The overall rate of cigarette smoking among adults has been decreasing, but individuals with mental health challenges have been neglected in prevention efforts, environmental and clinical interventions.

This disparity can be attributed in part to predatorial practices by tobacco companies which included:

- Targeted advertisements
- Providing free or cheap cigarettes to psychiatric clinics
- Blocking of smoke-free policies in behavioral health facilities
- Funding research that perpetuates the myth that cessation would be too stressful and negatively impact overall behavioral health outcomes

- **High rate of ACEs/Trauma**
- **Limited access to high quality care (delays in care, lower quality of care, and more)**

National Behavioral Health Network for Tobacco & Cancer Control

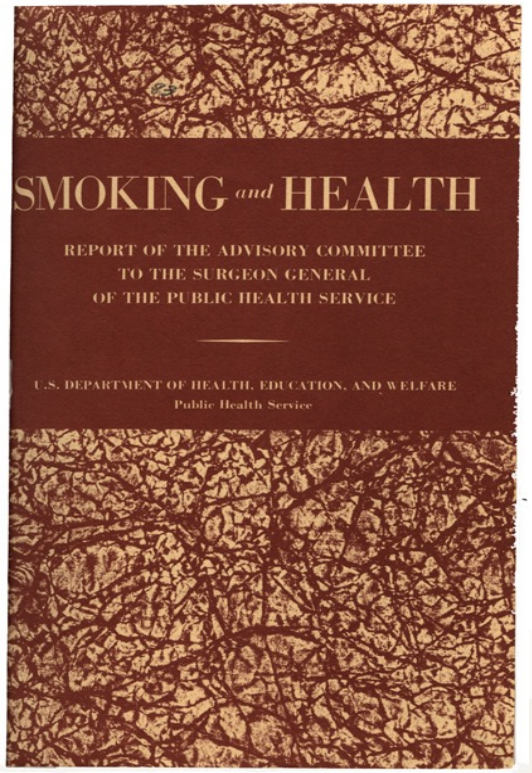
from NATIONAL COUNCIL FOR MENTAL WELLBEING

What Has Changed In The General Population?

The 1964 the U.S. Surgeon General released the first report to examine the health consequences of tobacco use. This report changed the American perception, health care and public health attitudes towards tobacco use. From this report tobacco use was found to be…

- The most important cause of chronic bronchitis
- A cause of lung cancer and laryngeal cancer in men
- A probable cause of lung cancer in women

ACCESS
EDUCATION
SOCIAL NORMS
POLICIES
FUNDING



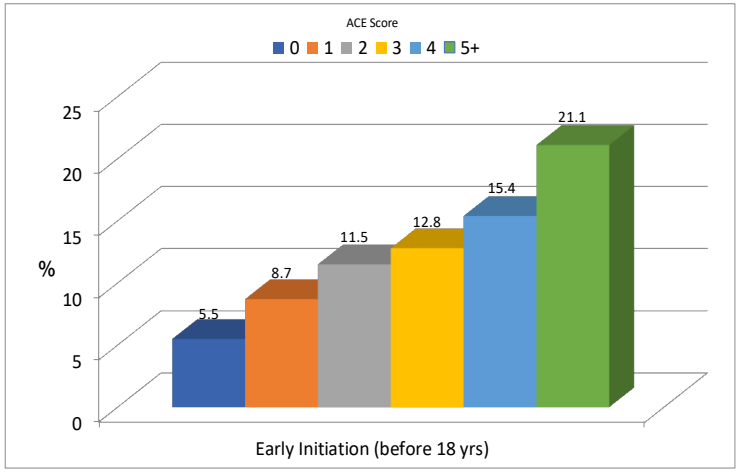
National Behavioral Health Network
for Tobacco & Cancer Control
from NATIONAL COUNCIL FOR MENTAL WELLBEING

Let's Talk About Why People Start Smoking

- Targeted and Predatorial Marketing
- High rate of ACEs/Trauma
  - High risk behaviors
- Limited access to high quality care
- Delays in care
- Lower quality of care
- *Anything else?*

The Impact of ACEs on Smoking Initiation and Prevalence

Early Initiation of Smoking Prevalence by ACEs



Higher ACEs Score= Higher Smoking Prevalence

Sources: Figure 1 and 3) Herrick, H., Austin, A. (2014). The Effect of Adverse Childhood Experiences on the Health of Current Smokers: 2012 North Carolina Behavioral Risk Factor Surveillance System Survey. *SCHS Studies,* 167. Figure 2) Anda, R. F., Croft, J. B., Felitti, V. J., Nordenberg, D., Giles, W. H., Williamson, D. F., Giovino, G. A. (1999). Adverse childhood experiences and smoking during adolescence and adulthood. *Journal of the American Medical Association*, 282, 1652–1658.

Let’s Finish the Sentence

People with mental illness die on average 5 to 25 years earlier than those without mental illness...

due to complications from smoking-related illnesses.

Sources: 1) Centers for Disease Control and Prevention. Vital Signs Fact Sheet: Adult Smoking Focusing on People With Mental Illness, February 2013. National Center for Chronic Disease and Health Promotion, Office on Smoking and Health, 2013. 2) Bandiera, F., et al..”Tobacco-Related Mortality among Persons with Mental Health and Substance Abuse Problems”. PLOS ONE (2015). 3) Hurt, R. D., Offord, K. P., Croghan, I. T., Gomez-Dahl, L., Kottke, T. E., Morse, R. M., & Melton, L. J. (1996). Mortality following inpatient addictions treatment: Role of tobacco use in a community-based cohort. JAMA, 275(14), 1097-1103.

National Behavioral Health Network
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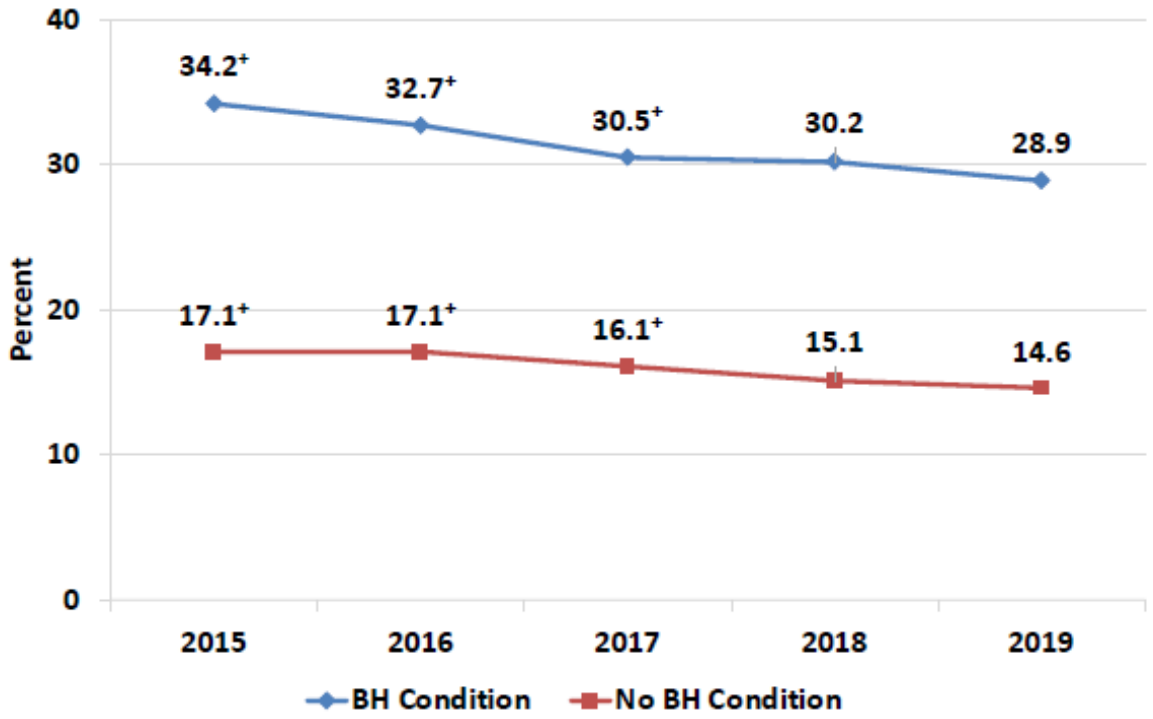
from NATIONAL COUNCIL FOR MENTAL WELLBEING

Current Smoking among Adults (Age ≥ 18) with a Past Year Behavioral Health (BH) Condition: NSDUH, 2015-2019

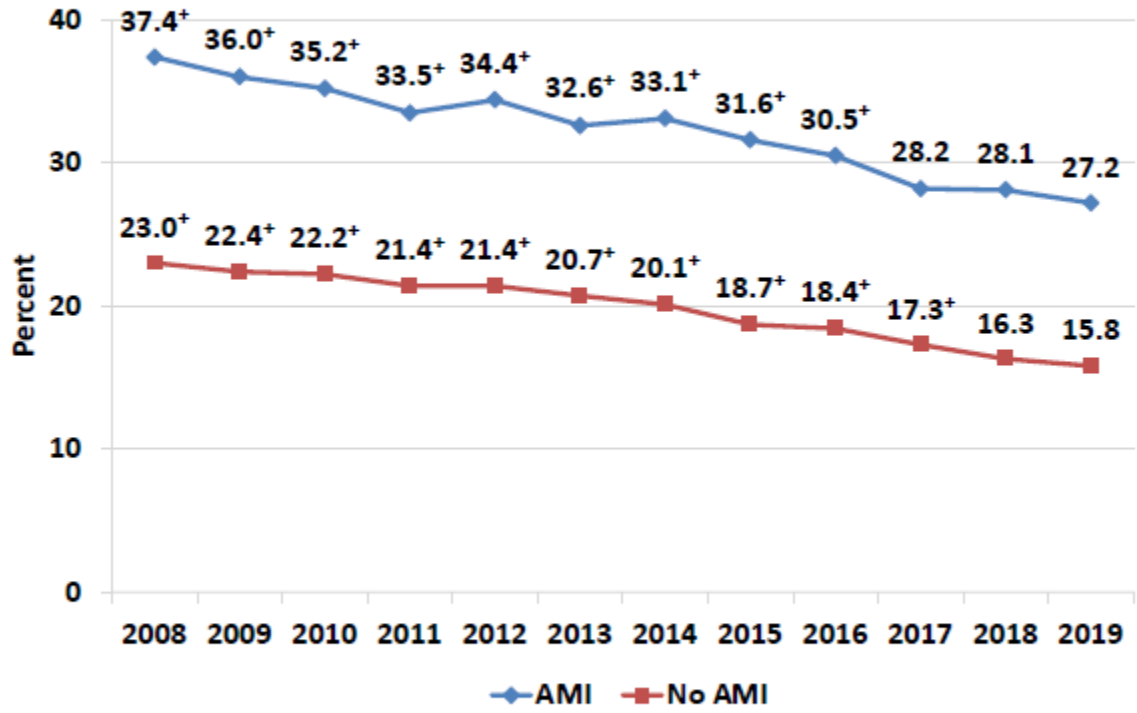


Current Smoking is defined as any cigarette use in the 30 days prior to the interview date.
Behavioral Health Condition includes Any Mental Illness (AMI) and/or Substance Use Disorder (SUD).
+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

SAMHSA
Substance Abuse and Mental Health Services Administration

National Behavioral Health Network
for Tobacco & Cancer Control
from NATIONAL COUNCIL FOR MENTAL WELLBEING

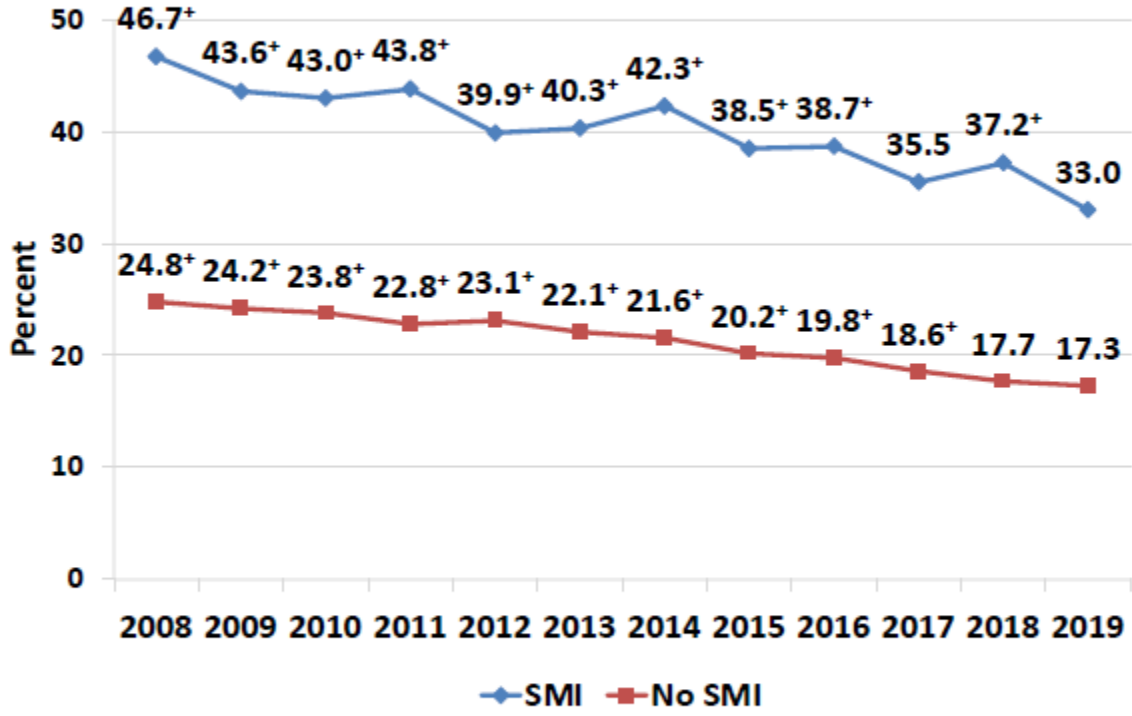
Current Smoking among Adults (Age ≥ 18) with Past Year Any Mental Illness (AMI): NSDUH, 2008-2019



Current Smoking is defined as any cigarette use in the 30 days prior to the interview date.
Any Mental Illness is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder, based on the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV).
+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

SAMHSA
Substance Abuse and Mental Health Services Administration

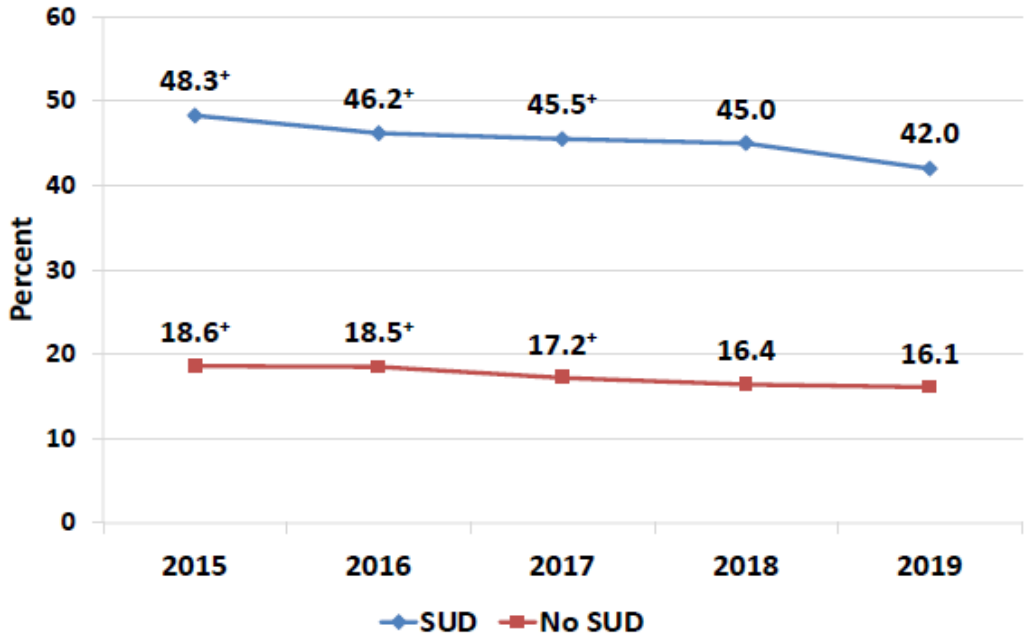
Current Smoking among Adults (Age ≥ 18) with Past Year Serious Mental Illness (SMI): NSDUH, 2008-2019



Current Smoking is defined as any cigarette use in the 30 days prior to the interview date.
Serious Mental Illness is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder resulting in serious functional impairment, based on the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV).
+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

SAMHSA
Substance Abuse and Mental Health Services Administration

Current Smoking among Adults (Age ≥ 18) with a Past Year Substance Use Disorder (SUD): NSDUH, 2015-2019



Current Smoking is defined as any cigarette use in the 30 days prior to the interview date.
Substance Use Disorder is defined as meeting criteria for illicit drug or alcohol dependence or abuse. Dependence or abuse is based on definitions found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV).
+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

SAMHSA
Substance Abuse and Mental Health Services Administration

Tobacco Interventions by Behavioral Health Facilities

Intervention	Mental Health Tx Facilities	Substance Abuse Tx Facilities
	2020	2020
Tobacco Use Screening	61.6%	76.0%
Cessation Counseling	47.4%	62.0%
Nicotine Replacement Therapy	30.3%	35.0%
Non-nicotine Cessation Medications	29.7%	29.0%
Smoke-free Building/Grounds	55%	36%

Sources: *National Mental Health Services Survey (N-MHSS): 2020. Data on Mental Health Treatment Facilities*; *National Survey of Substance Abuse Treatment Services (N-SSATS): 2020. Data on Substance Abuse Treatment Facilities*.

Recommendations on Addressing Tobacco Use in Behavioral Health Populations

- ✓ Adopt tobacco-free facility/grounds policies.
- ✓ Integrate tobacco treatment into behavioral healthcare.
  - ✓ 5 A's
  - ✓ NRTs
  - ✓ Pharmacological supports
- ✓ Utilize the Quitline and other evidence-based interventions
- ✓ Engage peer models
- ✓ Think beyond cessation to RECOVERY

Source Slide Courtesy of SAMHSA: Substance Abuse and Mental Health Services Administration." Tobacco and Behavioral Health: The Issue and Resources," https://www.samhsa.gov/sites/default/files/topics/alcohol_tobacco_drugs/tobacco-behavioral-health-issue-resources.pdf [accessed 2018 May 11].

Addressing Assumptions

- Most people (clinicians and clients) assume/perceive that it is overwhelming to quit more than one substance at a time, and as a result, many clinicians believe going tobacco-free at a treatment facility, or co-treatment is unfeasible.
    - Addressing tobacco use during substance use treatment can increase abstinence and long-term rates from both smoking and substances of treatment.
- Perceived barriers among staff include fear of causing patients to leave early. This is unfounded, and there is no evidence of this. (Amansama et al., 2019)

Wins that are Possible

- Comprehensive tobacco control policy interventions within inpatient addiction treatment hospitals *promote* tobacco cessation. Patients exposed to a more comprehensive tobacco control environment:
  - Were over 80% less likely to report having used tobacco during treatment, compared to patients exposed to usual care
  - Receiving treatment in this setting also contributed to a 35% decrease in the average number of days patients used tobacco compared to usual care
  - Reported a 27% decrease in the average number of cigarettes used per day compared to usual care (Romano, 2019)

I hear your concerns and fears. Let's talk through them.

- Client census levels and completion rates have NOT been shown to decrease in treatment facilities that go tobacco free
    - Studies show no decrease in census data, and in fact the rates of treatment increased in facilities studies (Richney et al., 2017)
    - Studies show that no individuals report leaving treatment prematurely after a tobacco-free policy was implemented Richney et al., 2017)
    - Eliminating tobacco use in a residential treatment program leads to NO decline in patient interest and program utilization (Conrad et al., 2018)
- Tobacco users ARE still just as likely to seek addictions treatment and are interested in tobacco cessation
    - Up to 75% of dual tobacco and substance users report wanting to quit both tobacco and other substances (Flach & Diener, 2004).

I hear your concerns and fears. Let's talk through them.

- Clients ARE able to successfully quit tobacco
  - Tobacco dependence treatment in substance abuse treatment centers has led to cessation rates ranging from 5% to 23% (Baca & Yahne, 2009).
  - This is similar to the rates reported for the general population (Fiore et al., 2008).
- Client relapse rates ARE REDUCED for alcohol or drug use if they attempted to quit tobacco simultaneously
  - Treatment of tobacco dependence and other addictions produces better long-term abstinence for the primary addiction for which patients sought treatment (Baca & Yahne, 2009; Prochaska et al., 2004).

I hear your concerns and fears. Let's talk through them.

- Tobacco-free policies are not difficult to enforce.
    - Compliance approaches work in every other healthcare and social service sector, as well as general spaces and place in society, from hospitals to clinics to airplanes, airports and restaurants.
- Your staff are not required to quit, but this can help them, and you see reduced costs on health coverage AND productivity increases
    - Staff have heightened workplace health risks due to secondhand smoke exposure that you reduce by going tobacco free.
    - Staff time calculation show a decrease in non-labor law compliant smoke breaks which increases overall productivity and creates equity approach that doesn't exclude nonsmokers from breaks.
    - Overall healthcare costs can decrease tremendously for an organization.
    - No healthcare facility has reported reduction in staff quitting owing to an organization becoming tobacco free. Hospital, schools, and many other sectors have these requirements and it's a compliance issue not a protected right.
- Staff can be very effectively trained to provide evidence-based interventions to the top of their license or role.
    - Training staff and the peer workforce on verbal & nonverbal compliance methods can be effective.

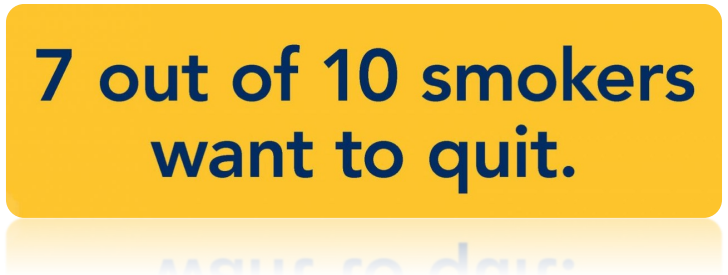
Sources: Friedmann, Jiang, & Richter, 2008; Guydish et al., 2011; Schroeder & Morris, 2009)

Continuing the Good

- Provide the best clinical care to the best of your ability
  - Administering evidence-based interventions at recommended times every time regardless of preconceived notion of outcomes
- Work with health equity in mind
  - Tobacco is the number one cause and contributor to death amongst individuals with a mental health or substance use condition
  - Individuals with a mental health or substance use condition smoke at 2X the rate of the general population (Evins, Cather & Laffer, 2015).

Continuing the Good

- Ensure client centered care
  - Supporting those clients who want to quit
  - The good news: 7 out of 10 smokers want to quit smoking
- Ensuring no clients increase tobacco use while in your care
  - 27% of the tobacco users reported increased tobacco use during treatment.
- Ensuring no client initiate use while in your care
  - Of the nontobacco users admitted, 5% reported initiating tobacco use while in treatment (Prochaska, 2010).



10 Steps to Implement a Comprehensive Tobacco-Free Policy

- Step 1: Convene a Tobacco-Free Committee
- Step 2: Create a Timeline
- Step 3: Craft the Message
- Step 4: Draft the Policy
- Step 5: Clearly Communicate your Intentions
- Step 6: Educate Staff and Clients
- Step 7: Provide Tobacco Cessation Services
- Step 8: Build Community Support
- Step 9: Launch the Policy
- Step 10: Monitor the Policy and Respond to Challenges

Takeaways

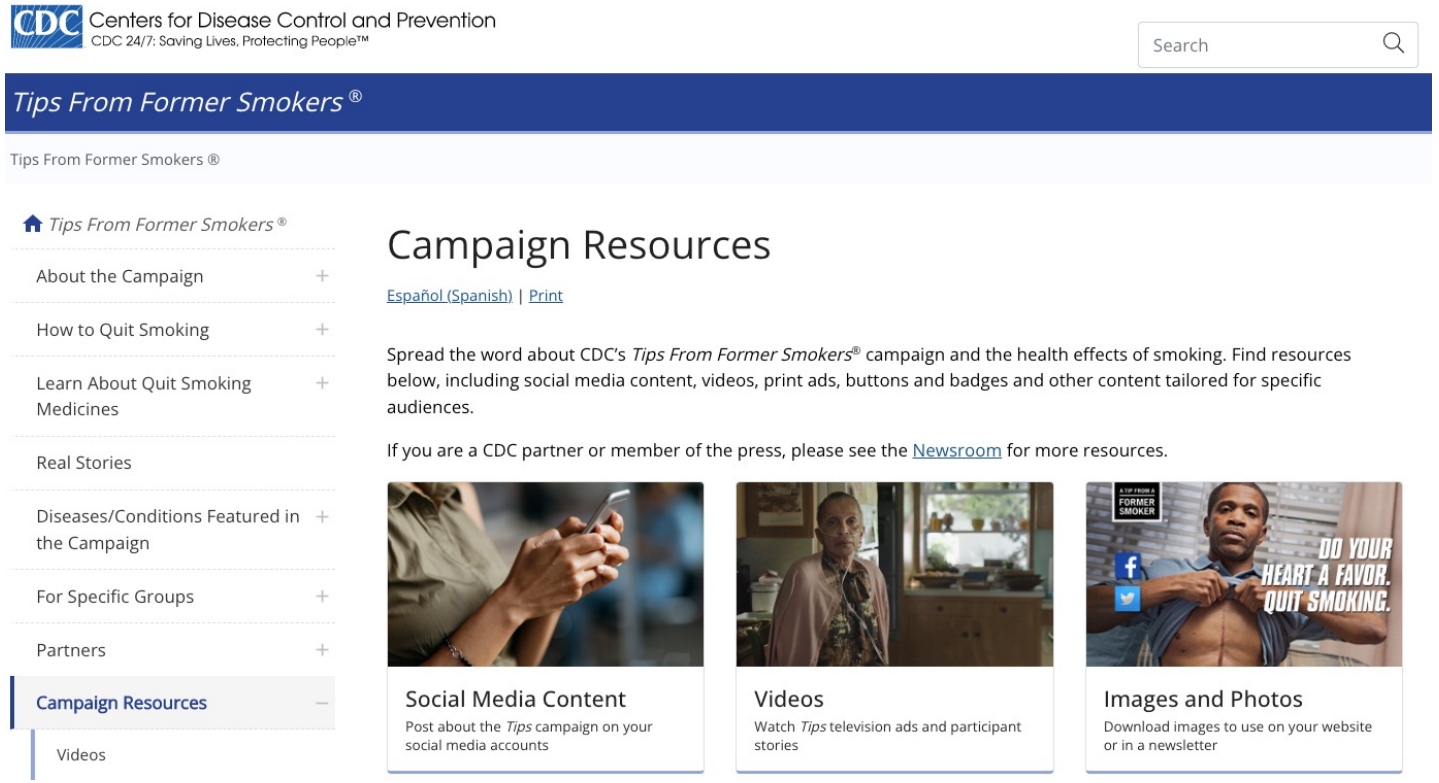
- Individuals with mental health and substance use challenges have disproportionately higher rates of tobacco use.
- Individuals with mental health and substance use challenges are less likely to stop smoking than those without such conditions; however, **many smokers with mental health and substance use challenges want to quit.**
- **We Know What Works**. Proven interventions, including counseling, FDA-approved medication, and tobacco-free policies, can help reduce tobacco use among behavioral health populations.

Join TODAY at BHtheChange.org!

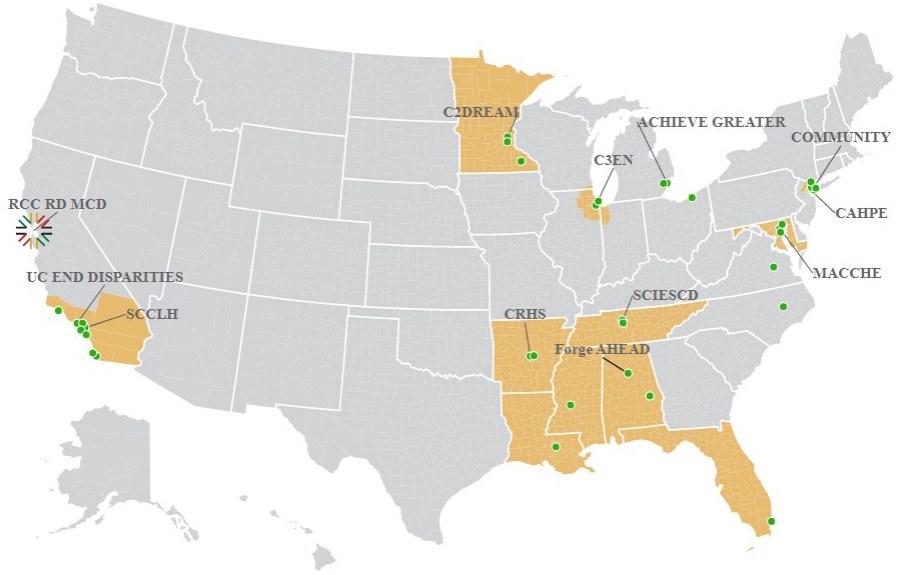
NAATP & CDC *Tips From Former Smokers®* Campaign

Second Year Partnership Goals

- Provide information about evidence-based quitting resources, including counseling and medication to our members
- Encourage patients to quit using tobacco products
- Promote smoke-free treatment centers



SOUTHEAST COLLABORATIVE FOR INNOVATIVE AND EQUITABLE SOLUTIONS TO CHRONIC DISEASE DISPARITIES



HEALTH EQUITY ACTION NETWORK

QuitBuddy

Accelerating Health Equity via Just-In-Time Adaptive Interventions (JITAIs): **Scalable and High Impact** mHealth Precision Smoking Relapse Prevention

(Project 1 PI: Dr. Bryan W. Heckman)

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UHealth UNIVERSITY OF MIAMI HEALTH SYSTEM

MEHARRY MEDICAL COLLEGE

Overarching Goals

Provide free resources to enhance health and quality of life for adult smokers and their families:

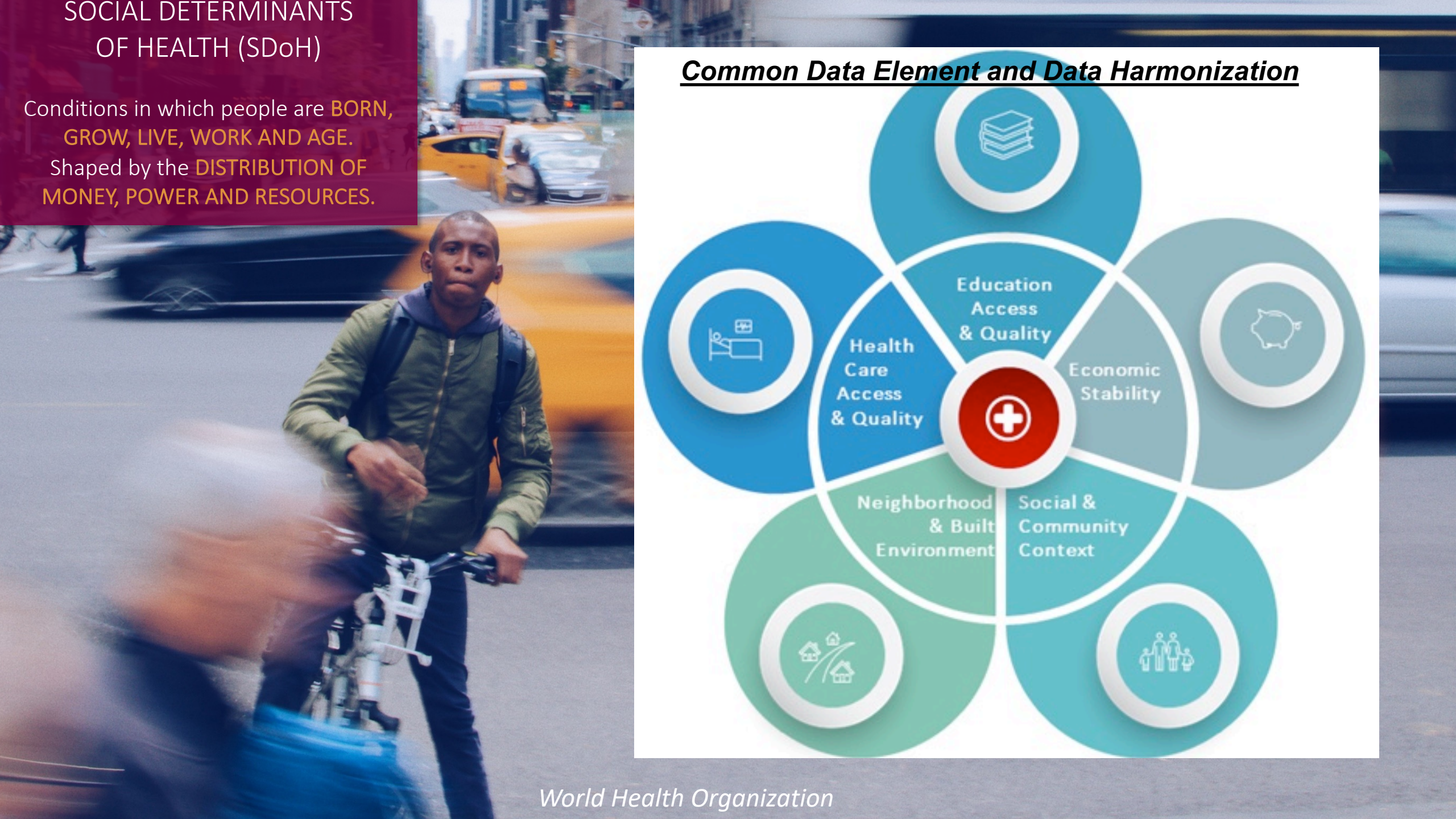
a. *Enhance access to quality care to **help quit smoking and stay quit***
b. *Enhance access to services that **address social determinants of health (SDoH)***

Guiding principles for how:

a. *Meet patient partners where they are (real-world) and provide easy-to-use resources*
b. *Provide meaningful data/results to patient/provider partners (and reduce burden)*

SOCIAL DETERMINANTS OF HEALTH (SDoH)

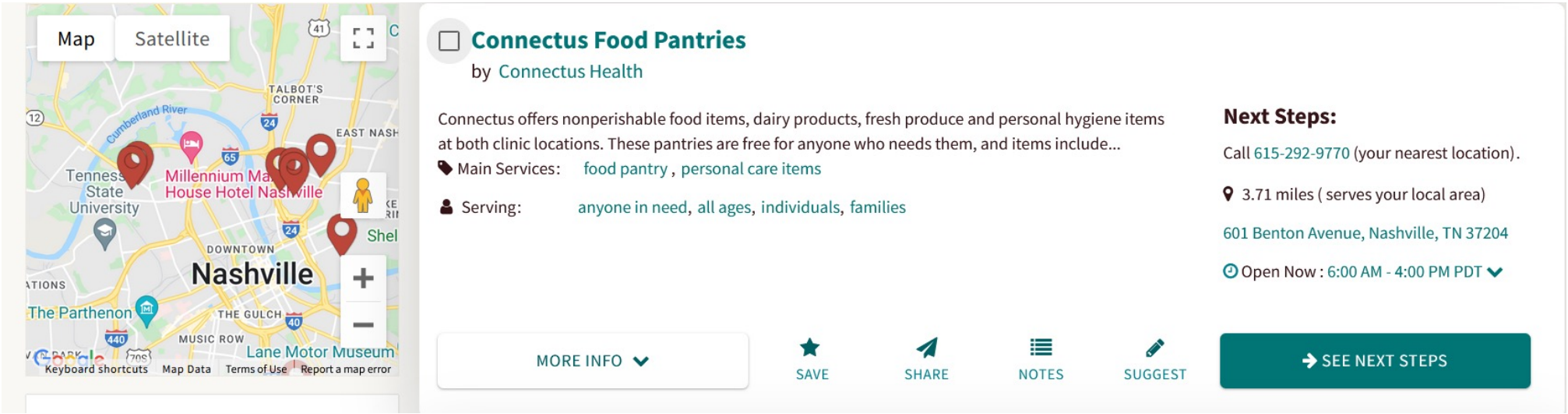
Conditions in which people are BORN, GROW, LIVE, WORK AND AGE.
Shaped by the DISTRIBUTION OF MONEY, POWER AND RESOURCES.



Common Data Element and Data Harmonization

World Health Organization

MEET PATIENT PARTNER NEEDS/PRIORITIES:
Digital SDoH Integrations



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TOO MUCH FUEL

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BEHAVIOR | OPINION

How to Reduce Racial Disparities in Smoking Deaths

African Americans die at a higher rate than other groups and have a harder time quitting. But new evidence-based approaches can change that

By Bryan W. Heckman, Anne Davis, James E.K. Hildreth on August 26, 2021

Credit: Andrey Popov *Getty Images*

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Having Their Fallopian Tubes Re
Will Spare a Large Number of Wo
from Ovarian Cancer

Joseph V. Salkran, Kara Long Roche and Rebecca
Opinion

PUBLIC HEALTH

It's OK Not to Breastfeed

Kavin Senapathy | Opinion

CULTURE

Readers Respond to the January
Issue

WHAT IS NEEDED: JUST-IN-TIME ADAPTIVE INTERVENTIONS (JITAIS)

- Evidence-based
- Personalized
- Automated
- Dynamic
- REAL-TIME

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FORBES > INNOVATION > HEALTHCARE

How Digital Health Can Help Address Issues Of Equity And Access In Behavioral Health

QuitBuddy TO THE RESCUE

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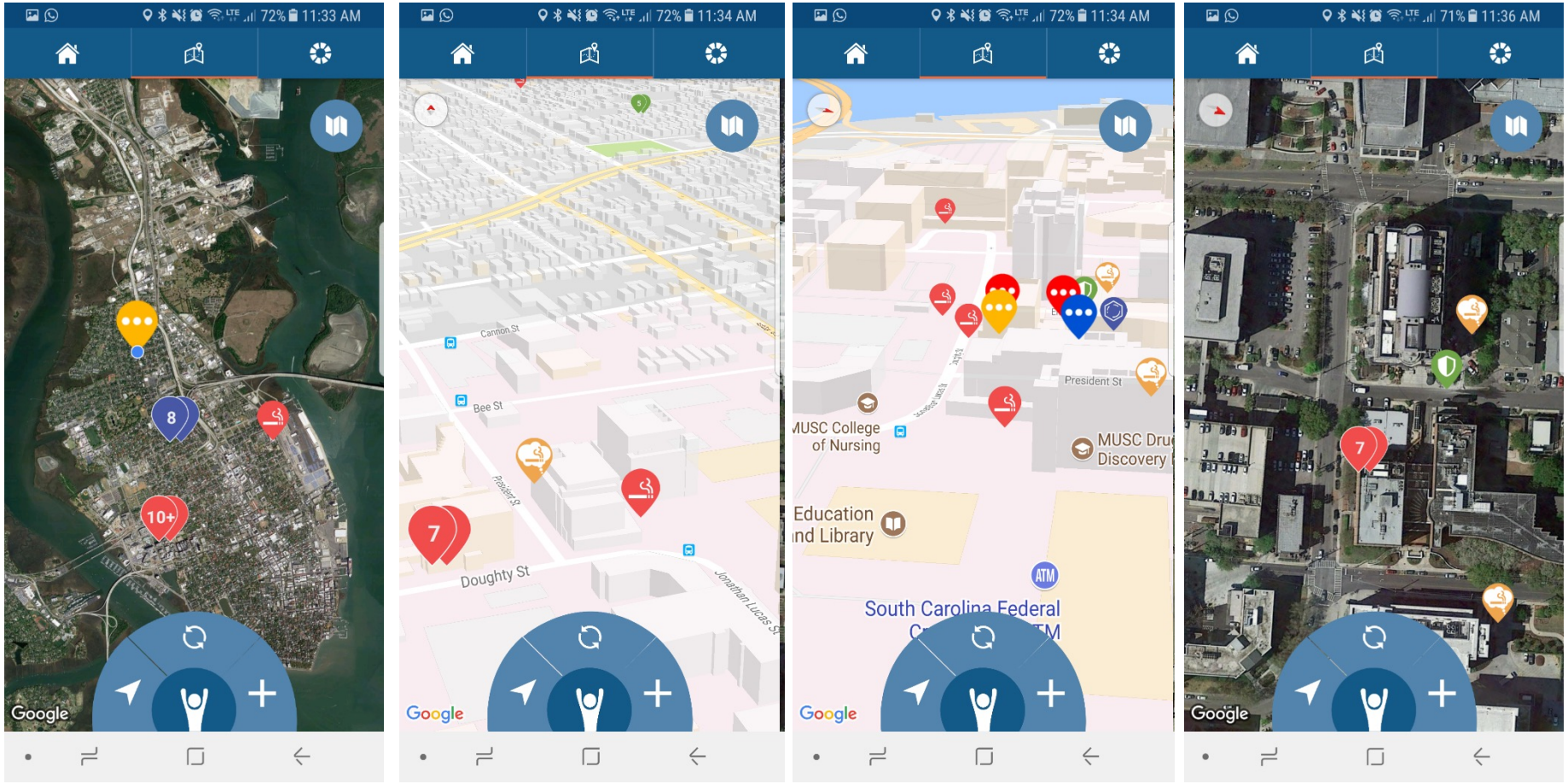
QuitBuddy

EASY to USE, INTERACTIVE, & USEFUL



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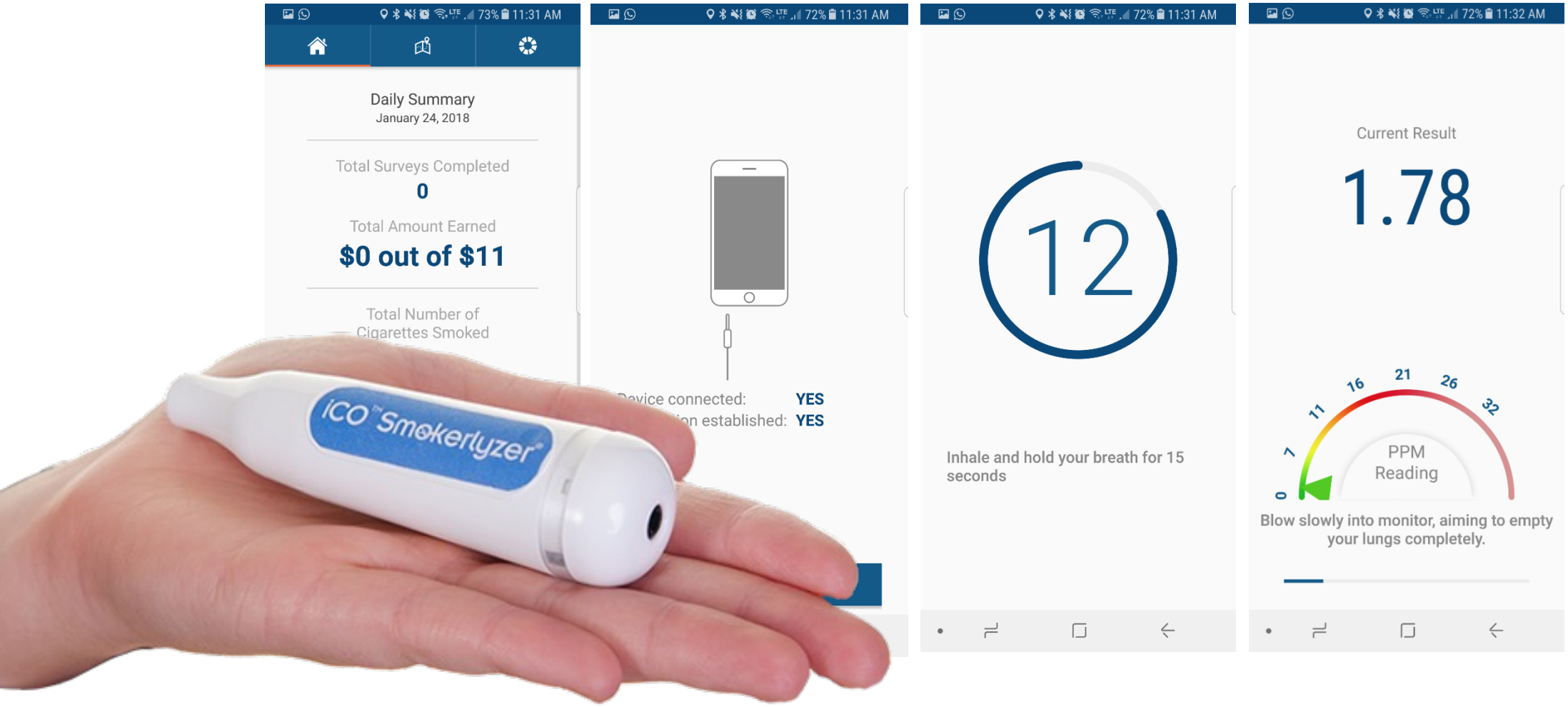
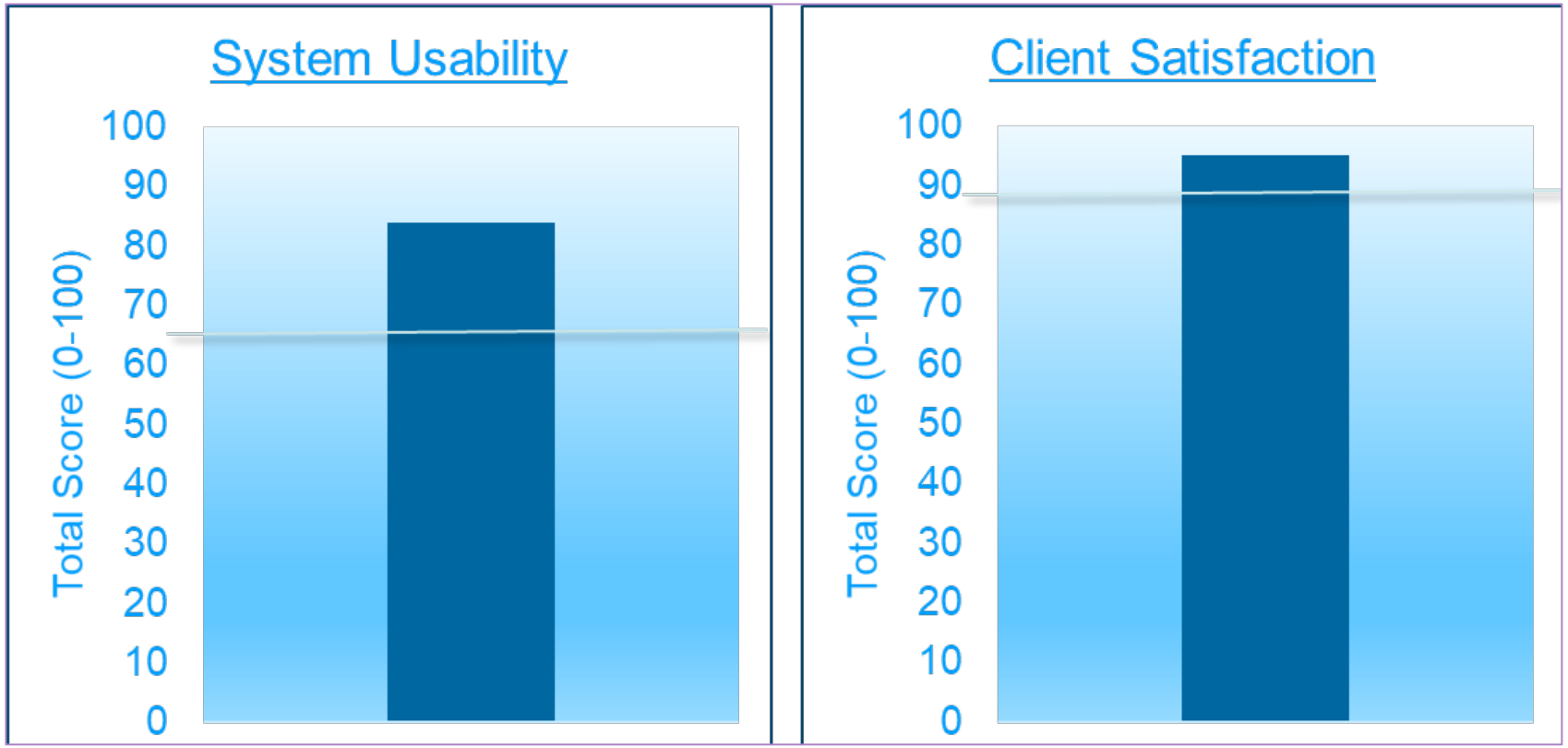
QuitBuddy

IMMEDIATE FEEDBACK and REWARD



QuitBuddy

FEASIBILITY: PILOT RESULTS



Davina Sassoon, MD
Psychiatry Resident, PGY IV

- University of Texas at Arlington: Honors BS in Biology, Minors: Chemistry and English
- University of Texas Medical Branch - Received MD; Physician Healer Scholar
- Current: UCLA-VA Addiction Psychiatry

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Project 1 Team: Accelerating Health Equity via Just-In-Time Adaptive Interventions (JITAIs)

EQUITY FOCUSED TRANSDISCIPLINARY TEAM

CONSORTIUM REPRESENTATION
Dr. Hilary Tindle
Dr. Guillermo "Willy" Prado
Dr. R. Lyle Cooper
Dr. Paul Juarez

REGIONAL AND NATIONAL REPRESENTATION
Dr. Matthew Carpenter
Dr. Warren Bickel
Dr. David Gustafson
Dr. Marta Jankowska
Dr. Joseph Ditre

COMMUNITY PARTNERS
CAB (Thanks)
Housing Authorities
CBOs
Suggestions and colloaborators welcome

PROJECT 1 LEAD
Dr. Bryan Heckman
- Director, **Center for the Study of Social Determinants of Health**

MEHARRY MEDICAL COLLEGE

Community Engagement Core

DATA & TECHNOLOGY PARTNERS

findhelp.org
- The largest and most widely used social care network in the country

2A SOLUTIONS
- User centered mobile app and location based services development team (support NFL, NBA, MLB, F500)

CARROT
- FDA Approved Breath Sensor for Objective Smoking Status Outcomes collected remotely

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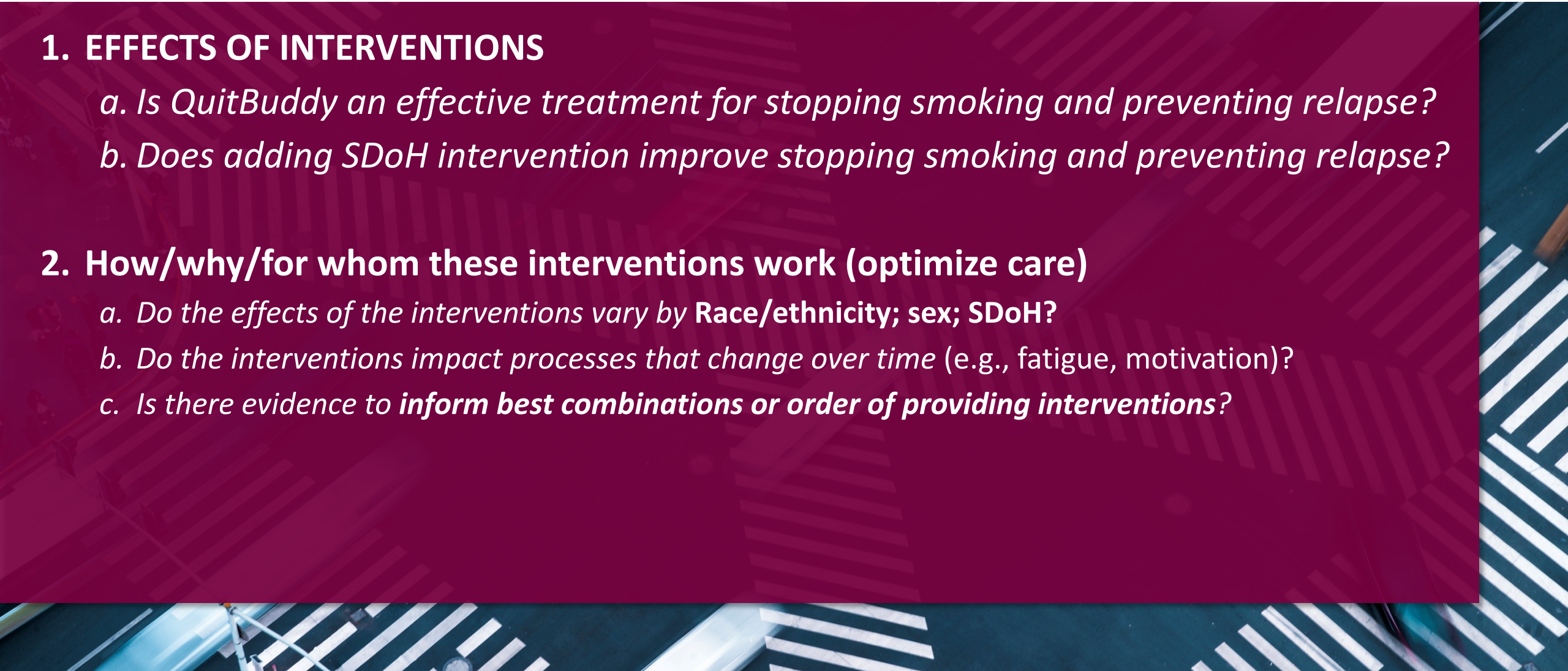
Specific Aims

1. **EFFECTS OF INTERVENTIONS**
   a. *Is QuitBuddy an effective treatment for stopping smoking and preventing relapse?*
   b. *Does adding SDoH intervention improve stopping smoking and preventing relapse?*

2. **How/why/for whom these interventions work (optimize care)**
   a. *Do the effects of the interventions vary by* **Race/ethnicity; sex; SDoH?**
   b. *Do the interventions impact processes that change over time* (e.g., fatigue, motivation)?
   c. *Is there evidence to* ***inform best combinations or order of providing interventions****?*



More HOLISTIC and Patient-Guided Approach:
Primary Outcomes & Non-Traditional Outcomes

HOW TO ENHANCE INITIAL IMPRESSION, ENGAGEMENT, AND IMPACT:

UPTAKE

TRUST

RETENTION

SUSTAINED ENGAGEMENT

REGISTRATION PARTICIPATION

CITIZEN SCIENCE

DIGITAL TOOLS DEVELOPMENT

PEER-TO-PEER NETWORKS

COMMUNITY CHAMPIONS

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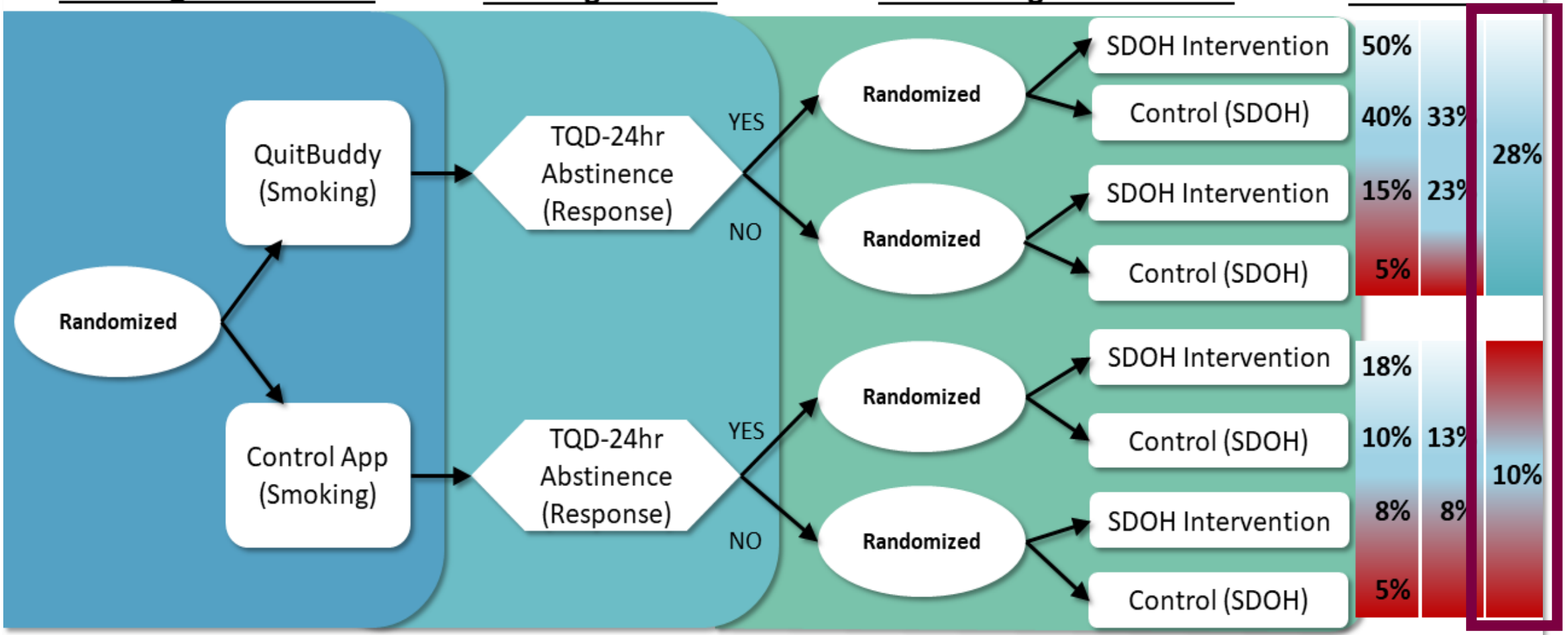
Sequential Multiple Assignment Randomized Trial (SMART)



8 Embedded Dynamic Treatment Regimes

Estimates

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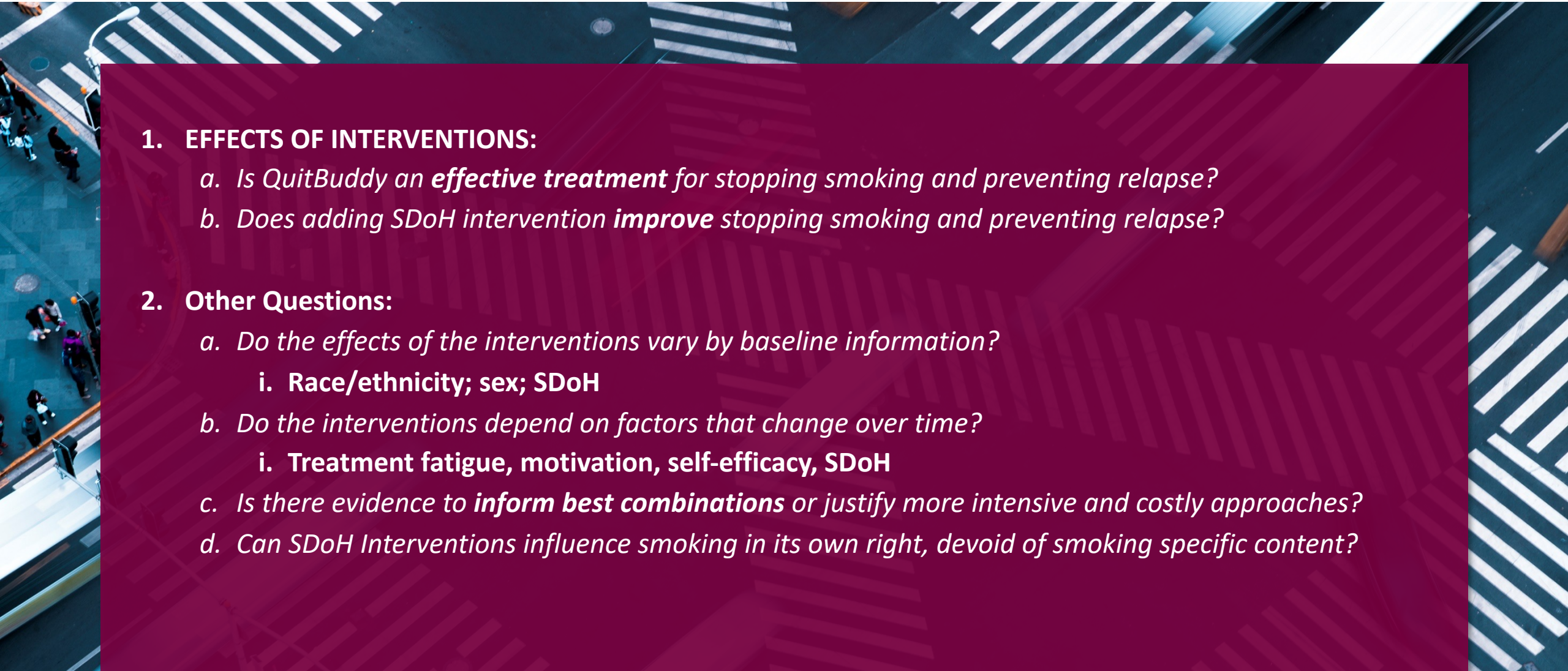
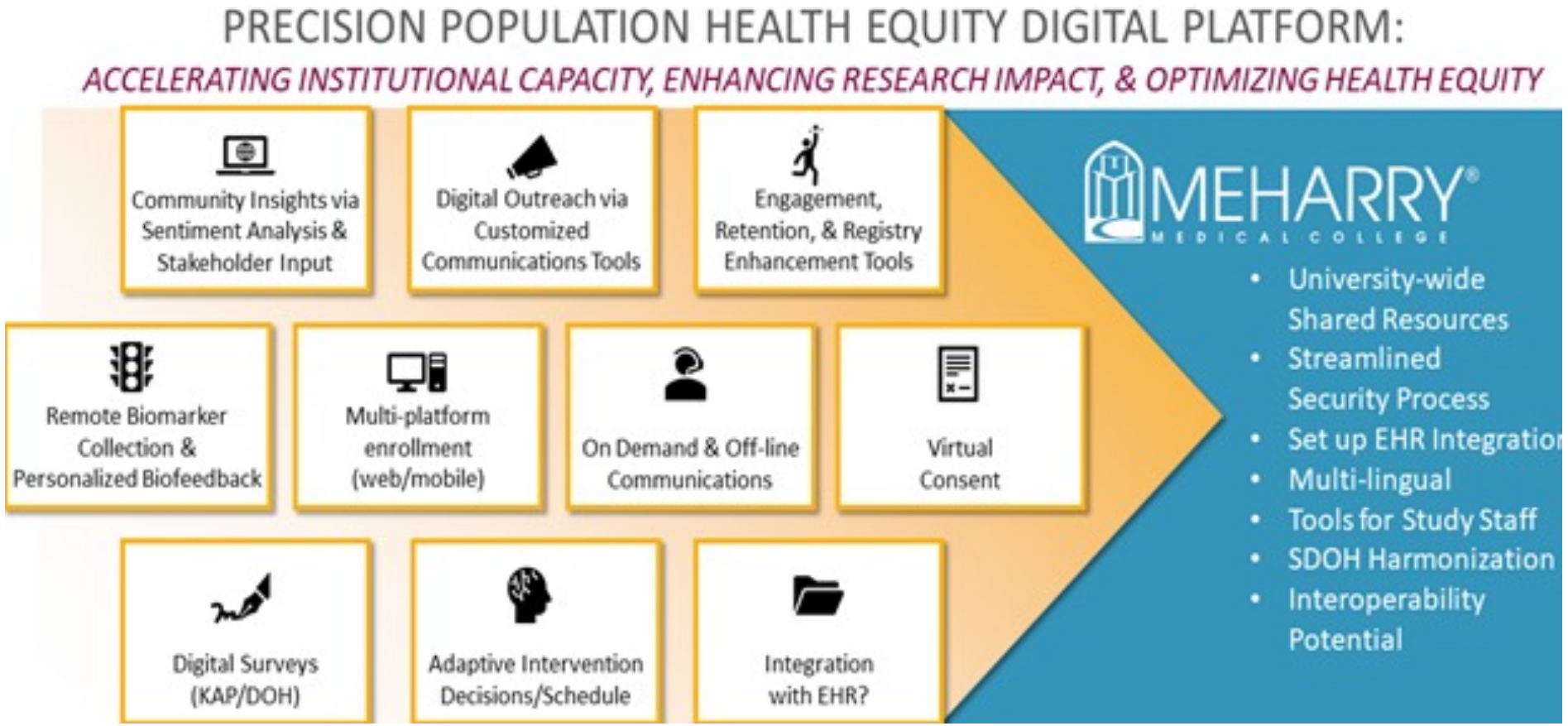
Robust SMART design to Efficiently Answer:



1. **EFFECTS OF INTERVENTIONS:**
    a. *Is QuitBuddy an **effective treatment** for stopping smoking and preventing relapse?*
    b. *Does adding SDoH intervention **improve** stopping smoking and preventing relapse?*

2. **Other Questions:**
    a. *Do the effects of the interventions vary by baseline information?*
        i. **Race/ethnicity; sex; SDoH**
    b. *Do the interventions depend on factors that change over time?*
        i. **Treatment fatigue, motivation, self-efficacy, SDoH**
    c. *Is there evidence to **inform best combinations** or justify more intensive and costly approaches?*
    d. *Can SDoH Interventions influence smoking in its own right, devoid of smoking specific content?*

Significance for health equity research?



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Institutional Equity: Capacity-Building

Pilots

Other Study

Other Study

ACCELERATING RESEARCH & OPTIMIZING HEALTH EQUITY

Precision Population Health Platform

Win Grants

Attract Top Talent

Easier to Stand Up Studies

Data for the Medical College


ENHANCED
REPRESENTATION
EQUITY
EMPOWERMENT
Community Engagement, Technology & AI
To amplify reach, matching, remote clinical trials, algorithms, measurement, innovation, precision TX delivery, peer-peer, access, trust, sustainability, population health
AdvaMed
Advanced Medical Technology Association
MEHARRY
MEDICAL COLLEGE
Improving Diversity in Clinical Trials
Defining the Gaps and Identifying Opportunities

Prioritizing Diversity

Private, Government, Public Partnerships

Clinical Trials

- Developing consortiums and AI/ML technologies for efficient and culturally-sensitive recruitment for virtual and on-site clinical trials.

Workforce

- Establishing a school of public health at Meharry
- ResilienSeed Underserved Incubator

Training

Creating SDoH Certification programs for healthcare, companies, and governments

THE CENTER FOR THE STUDY OF SOCIAL DETERMINANTS OF HEALTH

MEHARRY® MEDICAL COLLEGE

RESEARCH & DEVELOPMENT PIPELINES

APRIL 28, 2022 AT THE GALLUP BUILDING'S GREAT HALL

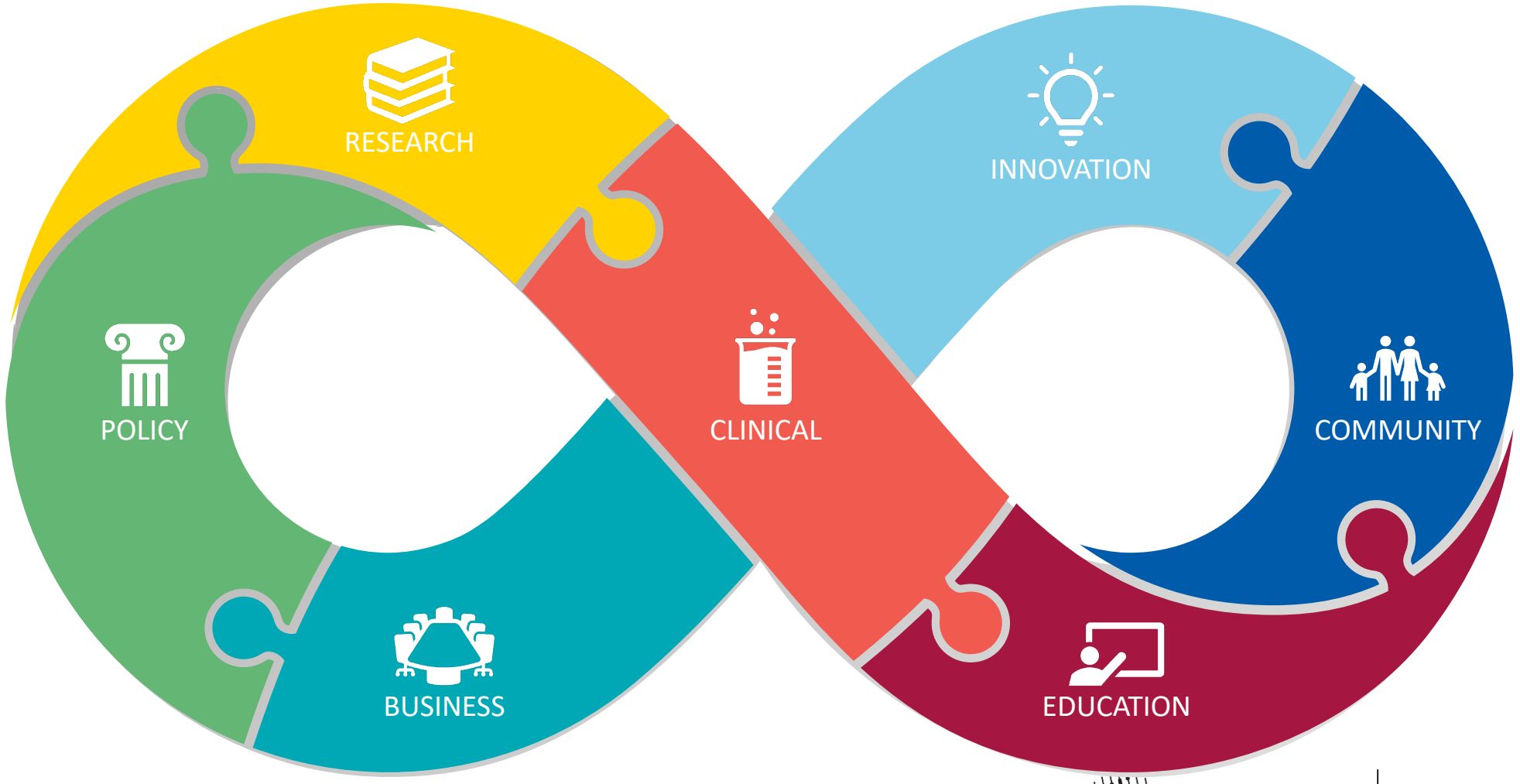
The Payne Center's Inaugural Convening

Health Equity, Race, & the Social Determinants of Health Panel:

- Thurgood Marshall College Fund (TMCF) created the Dr. N. Joyce Payne Center for Social Justice (CSJ)
  - Dr. Patrice Matchaba – President of the Novartis US Foundation
  - Mohamed Younis – Senior Advisor to the Gallup Center on Black Voices (Moderator)

EQUITY Model through Collective Impact:

Accelerating Scalable and Sustainable Change



THE CENTER FOR THE STUDY OF SOCIAL DETERMINANTS OF HEALTH

MEHARRY® MEDICAL COLLEGE

BUILDING EQUITABLE ECOSYSTEMS

5,626 Attendees

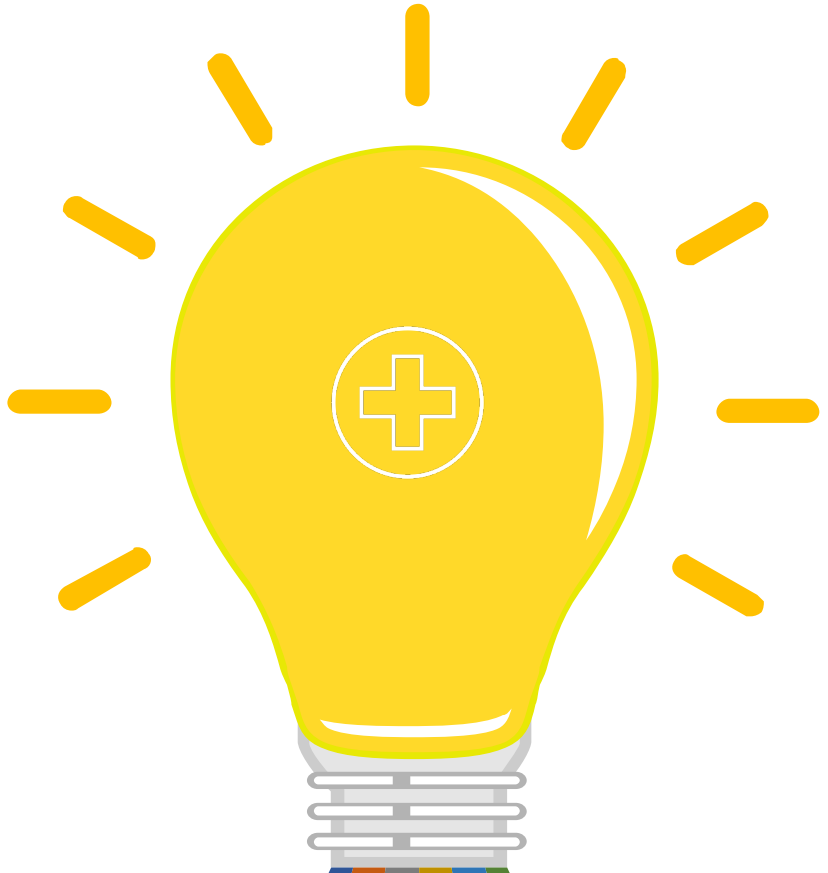
GOING DIGITAL: BEHAVIORAL HEALTH TECH

Keynote Roundtable: Going Digital Behavioral Health Conference (virtual)

- Participants: Former Surgeon General, Dr. Jerome Adams, Marta Jankowska, City of Hope, Mary R. Grealy, President Healthcare Leadership Council, Matt McMahon, Director, NIH SEED

Sustainable Impact

Community-Centered



- Government
- Corporations
- Foundations
- Academia
- Technology
- Policy

Together We Can Make A Change


H E A L T H
Equity

Thank you for attending

Upcoming Event:

4:30 – 5:30 Member Reception

- The Value of Membership: Maximizing you Member Benefits

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