Oregon Health Authority

Oregonians with behavioral health conditions, including mental illness and substance use disorders, experience a disproportionate impact of tobacco use on their health.

OREGON NICOTINE TREATMENT AND RECOVERY PROJECT: CESSATION SERVICES FOR PEOPLE WHO USE TOBACCO AND HAVE BEHAVIORAL HEALTH CONDITIONS

Nearly 2 of 5 adults in Oregon with a mental illness smoke cigarettes,[1] and over half (56%) of adults in the US with a substance use disorder smoke cigarettes.[2] Mental illness is associated with heavier smoking, greater nicotine dependence, greater withdrawal symptoms when quitting, and lower quit rates.[3]

These high rates of tobacco use have a devastating impact on people's lives. Almost half (200,000) of annual deaths from smoking are among people with behavioral health conditions.[3] Persons with behavioral health conditions die about 8 years earlier than persons without these disorders,[4] and the life expectancy for people with severe mental disorders is decreased by 10 to 25 years.[5]

Although people with behavioral health conditions use tobacco at a higher rate than those who don't have a behavioral health condition, they want to quit tobacco use at similar rates. Significantly, tobacco dependence treatment can improve mental health and recovery from addiction.[6] Tobacco dependence treatment is associated with decreased anxiety, depression, and stress and improvements in overall mood, regardless of psychiatric diagnosis. Tobacco cessation during treatment for other substance use disorders increased likelihood of sobriety from alcohol and other drugs by 25% compared to standard care.

WHAT'S BEEN DONE SO FAR

The Oregon Health Authority (OHA) implemented the Tobacco Freedom policy in 2013, requiring state funded and licensed residential behavioral treatment facilities to incorporate tobacco cessation treatment and maintain tobacco-free properties. In 2014, OHA conducted a survey among behavioral health providers to assess the roll out of Tobacco

Freedom. This report identified the following recommendations:
- Giving facilities consistent messages about the policy
- Exploring options for providing on-site NRT
- Convening additional tobacco-free policy implementation trainings for providers, staff and administrators

Since Tobacco Freedom began, OHA has offered several training seminars for state-licensed facilities and other behavioral health partners to implement the policy.

WHAT'S NEXT?
In order to continue the work started with Tobacco Freedom and other OHA initiatives, the Health Promotion and Chronic Disease Prevention (HPCDP) section is convening behavioral health stakeholders between October 2020 and June 2023 to assess, and design improved treatment and recovery services for people who use tobacco or nicotine and who have behavioral health conditions. The goal of this effort is to work with behavioral health and community partners, including people with lived experience, to reduce tobacco use across the state among people experiencing mental health conditions and substance use disorders. HPCDP has contracted with the Rede Group to support project activities and partner engagement.

Opportunities for engagement may include:
- Provide guidance on community-based and advocacy organizations for engagement
- Provide feedback and identify gaps in existing nicotine treatment and recovery services
- Review partner recommendations for improvements to nicotine treatment and recovery services
- Advise on implementation of system changes

For further information:

KAITLYN LYLE
Health Systems Policy Specialist
Public Health Division,
Health Promotion & Chronic Disease Prevention Section

kaitlyn.e.lyle@dhsoha.state.or.us

Mobile: 971.930.5425

[1] https://www.cdc.gov/vitalsigns/smokingandmentalillness/index.html

[2] Stanton, C., et al. (2016) Trends in tobacco use among US adults with chronic health conditions: National Survey on Drug Use and Health 2005–2013. Preventive Medicine

[3] Prochaska, J., et al. (2017) Smoking, Mental Illness, and Public Health. Annual Review of Public Health, Vol. 38:165-185

[4] Druss, B., et al. (2011) Understanding excess mortality in persons with mental illness: 17-year follow up of a nationally representative US survey. Med Care;49(6):599-604.

[5] World Health Organization. (2014) Information sheet: premature death among people with severe mental disorders. https://www.who.int/mental_health/management/info_sheet.pdf

[6] https://www.annualreviews.org/doi/10.1146/annurev-publhealth-031816-044618