

Continue the good.

The importance of addressing tobacco use with your behavioral health patients.



Maryland's

1-800

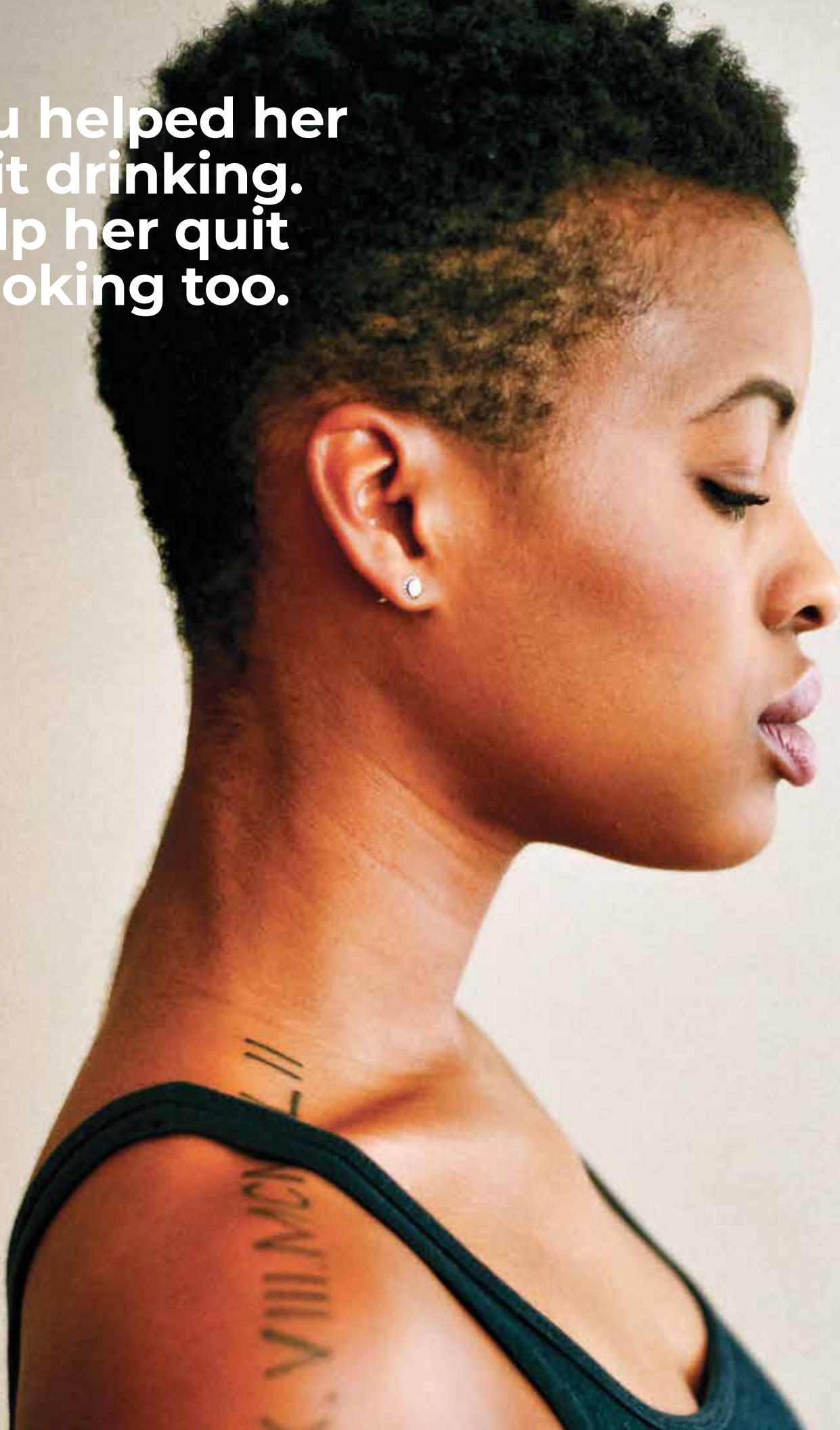


QUIT NOW

1.800.784.8669

SmokingStopsHere.com

**You helped her
quit drinking.
Help her quit
smoking too.**



"I smoked for ten years. Alcohol and cigarettes came hand in hand. I thought I was never going to stop. It was kind of hard at first, but I'm glad I did stop. I'm living a better life, saving money, and saving myself for the long run."

– Alvin, recovering from substance use

Continue the good.

You supported them on the road to recovery.
Make quitting tobacco part of the journey.

You work hard to help your patients recover. You help them deal with alcoholism, substance use, depression, anxiety and more. Yet sometimes treating tobacco use gets put on the back burner.

Studies show that helping patients quit tobacco use at the same time as you're treating other behavioral health conditions helps with long-term recovery. **And most patients really want to quit smoking and want your help to do it.**^{1,2}

FACT: People with behavioral health conditions are:

- More likely to smoke^{3,4,5}
- Smoke more often^{3,4,5}
- Account for nearly half of yearly tobacco-related deaths^{6,7}

**Her depression is
hard to overcome.
Quitting smoking
can help.**



“My boyfriend and I quit together. I feel like it’s been a good journey for me. I’ve improved my health. My boyfriend and I are able to help each other along the way. It’s great to have someone to stand by your side.”

– Clare, living with mental illness

What’s the harm?

Smoking may seem like it helps your patients get by. But it can actually make conditions worse.

Tobacco use can be undoing much of the good you’re hoping to achieve with your patients. Research shows that smoking is associated with worse symptoms and outcomes, including greater depression, greater likelihood of psychiatric hospitalization, increased suicidal behavior, and drug- and alcohol-use relapse.^{8,9}

Smoking can also interact with psychiatric medications, often resulting in the need for higher medication doses to achieve the same benefit.^{6,8,10}

Waiting to deal with tobacco use can be detrimental and dangerous to your patients’ health.

FACT: Continuing to smoke can hinder other treatments for those with behavioral health conditions.^{6,8,9,10}

Helping him to
quit smoking
while in recovery
helps more than
just him.



“My doctor said the best thing I can do for my health is to quit smoking. I want to be around to see my children get married.”

– Joann, recovering from substance use

Achieve more positive outcomes.

**Quitting smoking helps your patients feel better.
It also helps them recover better.**

Quitting smoking has been shown to improve mental health. Better yet, studies prove quitting smoking actually supports other behavioral health treatments and can aid in overall recovery.^{1,2,8,9}

Quitting smoking is associated with:

- A decrease in depression, anxiety and stress, and increase in quality of life^{6,8,9,11,12}
- An increase in long-term abstinence from alcohol and other drugs, and a reduction in substance use disorder relapse¹³
- A dramatic reduction in the risk of heart disease, stroke and cancer²
- Better outcomes for opioid-addicted patients undergoing methadone detoxification¹⁴

FACT: The National Alliance on Mental Health Illness (NAMI) encourages smoke-free environments and advocates for access to smoking cessation programs.¹⁵

“Treat tobacco independence like any other disease, and get to know the person with that disease. Once you’ve identified that then you can begin to individualize a plan with them. If you don’t have the resources, use the Quitline. Tell your patient to call 1-800-QUIT-NOW, and get on the program.”

– Dr. Galiatsatos

Continue the good.

Help your patients quit tobacco for free.

1. Talk to your patients about quitting tobacco
2. Refer patients to the free Maryland Tobacco Quitline. Call 1-800-784-8669 or visit www.smokingstopshere.com to “Refer a Patient”
3. Learn more about current research
4. Connect clients to their local health department for additional support by directing them to www.smokingstopshere.com

*For more information visit **SmokingStopsHere.com/provider-resources**.*

WHAT IS THE QUITLINE?

The Maryland Tobacco Quitline is a free phone, web and text message program funded by the Maryland Department of Health offering highly trained Quit Coaches® to work one-on-one with your patients. Services are provided in English, Spanish and additional languages.



The Maryland Tobacco Quitline:

- Is a free service provided by the Maryland Department of Health
- Provides tobacco treatment to Marylanders over age 13 to quit all tobacco, including electronic smoking devices (e-cigarettes/vapes)
- Is available 24 hours a day, 7 days a week by phone, web, and text
- Offers free Nicotine Replacement Therapy, while supplies last, for those 18 and older, and refers to all 24 Local Health Departments in Maryland for tobacco treatment services
- Links callers with a professional trained to help them quit using tobacco
- Offers specialized programs for those with behavioral health conditions, including substance use. (About half of all Quitline callers have self-reported one or more behavioral health conditions)
- Offers specialized programs for those with chronic conditions, pregnancy, and youth ages 13-17
- Has a 7x higher quit rate than quitting on your own and over a 93% satisfaction rate
- Can be easily enrolled in by texting READY to 200-400

To learn more about how the Quitline can benefit your patients, visit **SmokingStopsHere.com** or call 1-800-784-8669. To refer patients to the Quitline by fax, web, or electronic referral, visit **smokingstopshere.com**.

**There's no better
time than now
to help someone
quit smoking.**



Use the 5A's to talk to your patients about quitting tobacco.

A study showed that using the 5A's for a period of twelve months was effective at helping people with severe mental illness increase abstinence or reduce cigarettes smoked.¹⁶

Ask about tobacco use
Advice the patient to quit
Assess readiness to quit
Assist the patient in quitting
Arrange for follow up

The Maryland Department of Health offers effective tools and resources to assist you in helping your patients quit smoking. Remember, many patients want to quit smoking and want your help to do so.

For additional resources please visit [SmokingStopsHere.com/provider-resources](https://www.smokingstops.com/provider-resources).

CITATIONS

- 1 Richter KP, Arnsten JH. A rationale and model for addressing tobacco dependence in substance abuse treatment. *Substance Abuse Treatment, Prevention, and Policy*. 2006;1(1):23.
- 2 Centers for Disease Control and Prevention. Vital Signs Fact Sheet: Adult Smoking Focusing on People With Mental Illness. Accessed August 31, 2017.
- 3 Lasser K, Boyd JW, Woolhandler S, Himmelstein DU, McCormick D, Bor DH. Smoking and mental illness: a population-based prevalence study. *JAMA*. 2000;284(20):2606-2610.
- 4 Glasheen C, Hedden SL, Forman-Hoffman VL, Colpe LJ. Cigarette smoking behaviors among adults with serious mental illness in a nationally representative sample. *Ann Epidemiol*. 2014;24(10):776-780. doi:10.1016/j.annepidem.2014.07.009.
- 5 Schroeder SA, Clark B, Cheng C, Saucedo CB. Helping smokers quit: the smoking cessation leadership center engages behavioral health by challenging old myths and traditions. *Journal of Psychoactive Drugs*. 2018;50(2):151-158.
- 6 Schroeder SA, Morris CD. Confronting a neglected epidemic: tobacco cessation for persons with mental illnesses and substance abuse problems. *Annual Review of Public Health*. 2010;31:297-314.
- 7 Druss BG, Zhao L, Von Esenwein S, Morrato EH, Marcus SC. Understanding excess mortality in persons with mental illness: 17-year followup of a nationally representative US survey. *Medical Care*. 2011;49(6):599-604.
- 8 Prochaska JJ, Das S, Young-Wolff KC. Smoking, Mental Illness, and Public Health. *Ann Rev Public Health*. 2017;38:165-185. doi: 10.1146/annurev-publhealth-031816-044618.
- 9 Compton W. The need to incorporate smoking cessation into behavioral health treatment. *The American Journal on Addictions*. 2018;27(1):42-43.
- 10 Smoking Cessation Leadership Center. Fact Sheet: Drug Interactions With Tobacco Smoke. San Francisco: Smoking Cessation Leadership Center, University of California; 2015.
- 11 Taylor G, McNeill A, Girling A, Farley A, Lindson-Hawley N, Aveyard P. Change in mental health after smoking cessation: systematic review and meta-analysis. *BMJ*. 2014;348:1151.
- 12 Substance Abuse and Mental Health Services Administration. Tobacco and Behavioral Health: The Issue and Resources Cdc-pdf[PDF-247 KB]External. Maryland: SAMHSA; 2017.
- 13 Weinberger AH, Platt J, Esan H, Galea S, Erlich D, Goodwin RD. Cigarette smoking is associated with increased risk of substance use disorder relapse: a nationally representative, prospective longitudinal investigation. *The Journal of Clinical Psychiatry*. 2017;2(78):e152.
- 14 Emma Hitt, PhD, Smoking Thwarts Positive Outcomes in Opioid Addiction - Medscape - Apr 29, 2012. <https://www.medscape.com/viewarticle/762931>
- 15 <https://www.nami.org/learn-more/mental-health-public-policy/tobacco-and-smoking>
- 16 <https://mdquit.org/cessation-programs/brief-interventions-5>

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