

» Behavioral Health & Tobacco Cessation: Work Group Meeting

March 31, 2021

» Agenda

- Welcome/Introductions
- Project background
- Project goal
- Workgroup roles
- Cessation needs dialogue
- Brief discussion about work group function

» **Virtual meeting expectations**

- Try (super hard) to be on camera
- Speak up or Raise your hand
- Only chat if you are asked to or if you have tech issues
- Use mute

» Introductions

- Name
- Pronouns
(if you choose to share)
- Organization



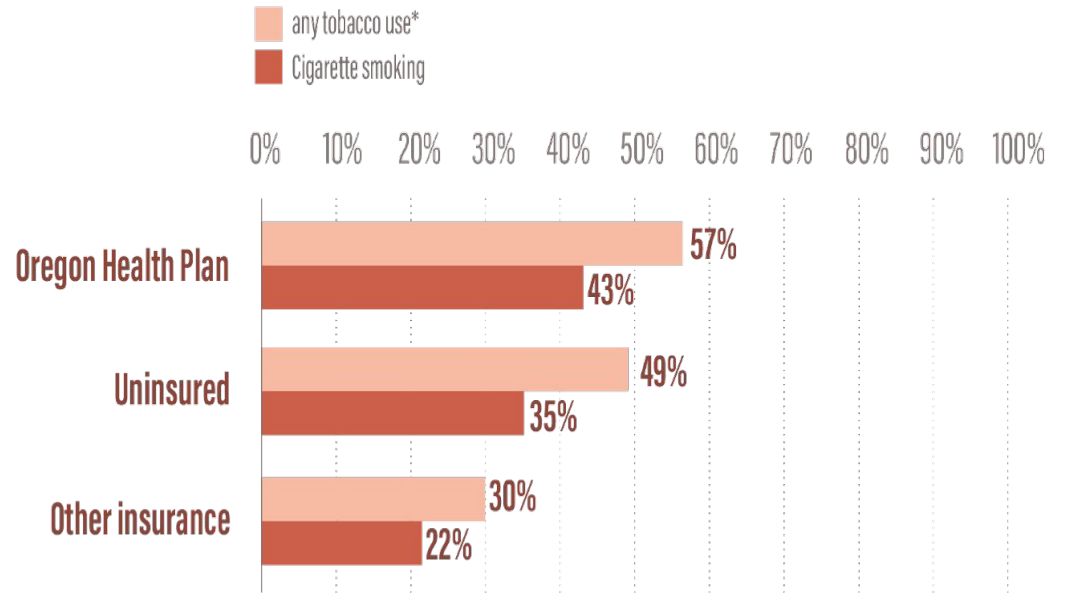
» Background

Nearly 2 of 5 adults in Oregon with a mental illness smoke cigarettes, and over half (56%) of adults in the US with a substance use disorder smoke cigarettes.

Almost half (200,000) of annual deaths from smoking are among people with behavioral health conditions.

The Oregon Health Authority (public health and behavioral health) and partner organizations have been working to address these disparities. This particular initiative is a part of that long-standing effort.

Percent of cigarette smoking or any tobacco use* among people poor mental health** by insurance type, 2018



* Any tobacco use includes cigarettes, little cigars, large cigars, hookah, electronic cigarettes or smokeless tobacco use.

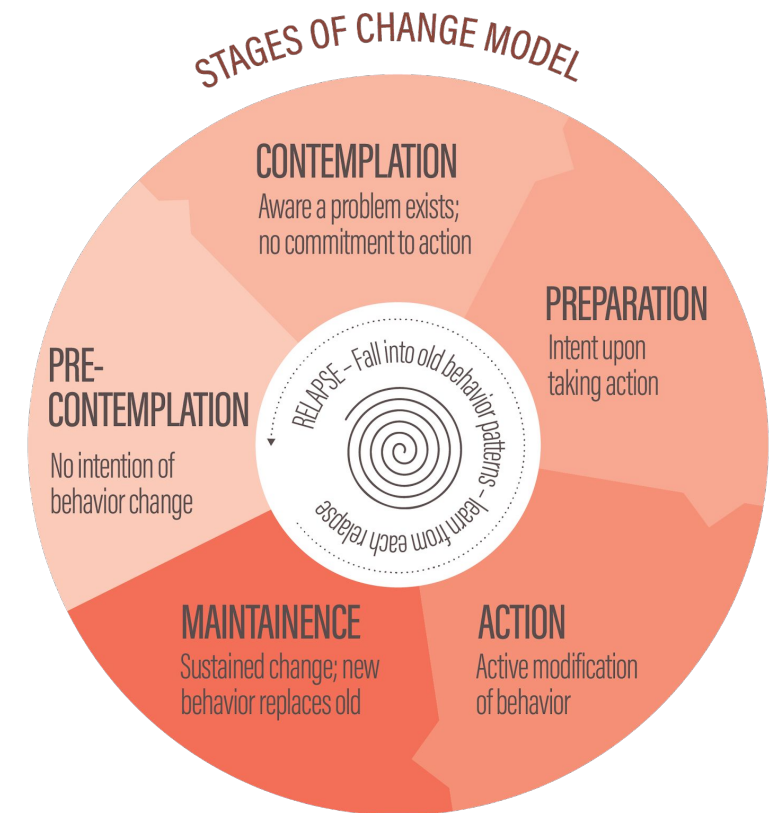
** Poor mental health is having 14 or more days in the past 30 days where mental health was not good.

Estimates reflect the self-reported experiences of those surveyed and are not generalizable to the Oregon population.

Data source: Oregon Behavioral Risk Factors Surveillance System

» Project Goal

To work with behavioral health and community partners, including people with lived experience, to improve nicotine dependence treatment across the state among people experiencing mental health conditions and substance use disorders.

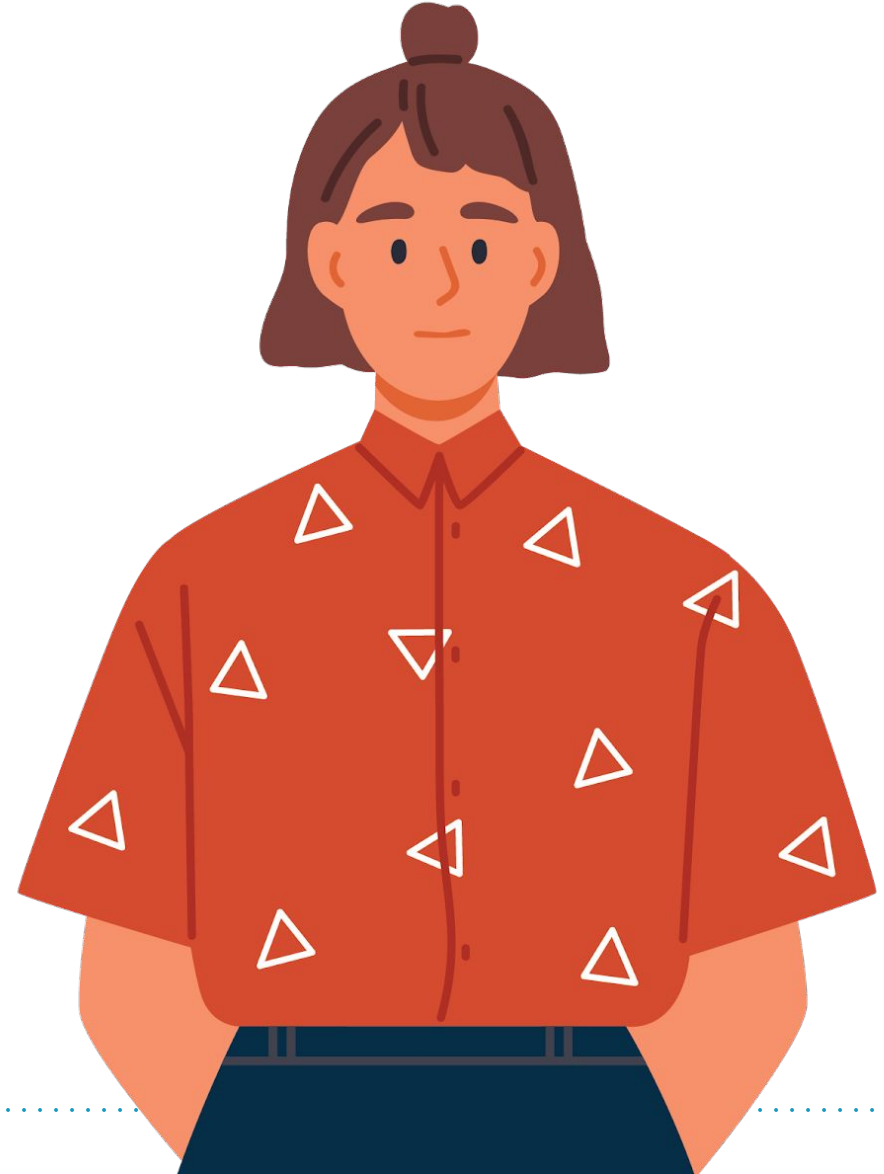


» **Workgroup role**

- Support assessment activities to identify opportunities and gaps in nicotine dependence treatment for populations who use tobacco/nicotine and have behavioral health diagnoses/conditions
- Provide connections to other stakeholders, including people with lived experiences
- Collaborate to develop a plan for improving comprehensive nicotine dependence treatment

» Question of the day

If there was one thing you could change in Oregon's system or in your organization to make it easier for people with nicotine addiction and behavioral health conditions to quit tobacco, what would that be?



» **Workgroup function**

Composition?

Meetings?

Contributions?

Stipends?

Next steps: What, if any, additional information would you like to review as we start to look at the systems + opportunities for treating nicotine dependence with these consumers.

A SOCIAL-ECOLOGICAL APPROACH

PUBLIC POLICY

ORGANIZATIONAL

INDIVIDUAL 

Focused on health care systems, this model describes the knowledge, skills, attitudes, policies, and laws that need to be in place at the individual level, organizational level, and public policy level in order to support nicotine dependence treatment for people with mental or behavioral health conditions. This model considers the complex interplay between the individual and the larger health care/health policy system, increasing understanding of factors that influence successful nicotine dependence treatment within and across these levels. Besides helping to clarify these factors, the model also suggests that in order to nicotine dependence treatment, it is necessary to act across multiple levels of the model at the same time. This approach is more likely to sustain cessation efforts over time and achieve population-level impact.

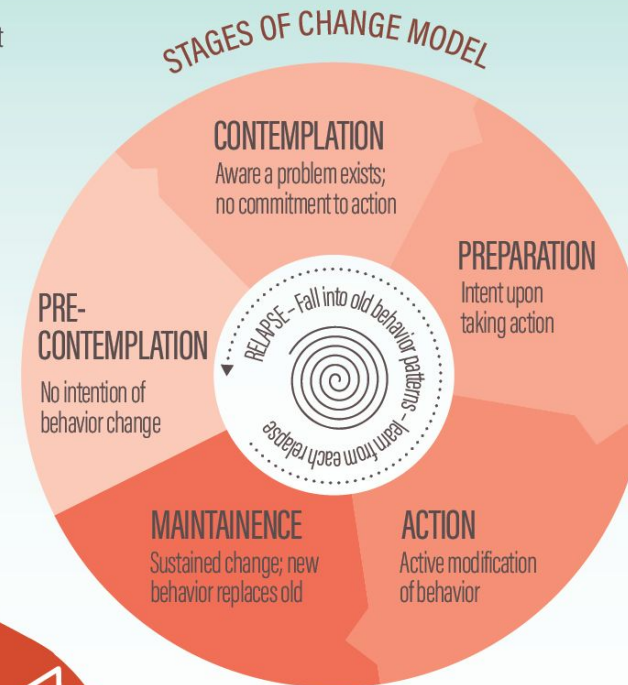
--DRAFT--

INDIVIDUAL-LEVEL

To quit tobacco a consumer needs to:

- Believe that nicotine dependence is harmful
- Understand that nicotine effects other BH conditions
- Know that nicotine dependence support is available
- Be at the “contemplation stage” or beyond (TTM)
- Live, work, and recreate in environments that support tobacco-free living
- Overcome misconceptions and be aware of barriers, such as:

- | | |
|------------------------|-----------------------|
| Stress management | Autonomy |
| Enjoyment | Low confidence |
| Addiction | Cognitive benefits |
| Habit | Loneliness |
| Mental health benefits | Low risk of harm |
| Weight gain | Low motivation |
| Competing priorities | Past failed attempts |
| Rationalizations | Positive smoker image |
| Other substance use | |



ACRONYMS:
 BH: Behavioral Health
 CDC: Centers for Disease Control and Prevention
 OHP: Oregon Health Plan
 PCP: Primary Care Provider
 NIH: National Institutes of Health
 SAMHSA: Substance Abuse and Mental Health Services Administration
 TTM: Transtheoretical Model (Stages of Change Model)



PUBLIC POLICY-LEVEL

National Policy needs to :

- Support NIH, CDC, SAMHSA, and other nicotine dependence research and programs
- Living wage for mental health and behavioral health employees

MEDICAID, OHP, PUBLIC HEALTH POLICY-LEVEL

State programs, policy, and advocates need to:

- Maintain, study, and improve the Oregon Tobacco Quitline
- Collect and disseminate data about disparities in tobacco use and nicotine dependence treatment
- De-stigmatize nicotine dependence treatment around behavioral health through mass-reach communication and education
- Establish Billing /reimbursement parity
- Educate about billing for nicotine dependence treatment
- Monitor tobacco-free policies system-wide
- Identify and eliminate barriers to accessing nicotine dependence treatment (especially for OHP consumers) such as... (pending further research)

ORGANIZATIONAL-LEVEL: BH ADMINISTRATION

Provider organizations need to:

- Create an culture that supports tobacco free living for staff and consumers
- Establish a 100% tobacco-free environment policy
- Educate staff on how to support individuals in quitting
- Lead with a focus on wellness of the individual including support for nicotine dependence treatment
- Establish internal processes/workflows for systematic diagnosis, treatment (including pharm such as Bupropion and Varenicline), billing, and payment
- Support staff in quitting and staying quit through medical benefits, internal programs, and work culture
- Advocate for elimination of barriers to accessing nicotine dependence treatment

ORGANIZATIONAL-LEVEL: BH STAFF + PCPs

To motivate and support quitting, individual staff/providers need to:

- Understand the interplay between quitting tobacco and other addictions/mental health conditions
- Believe that nicotine dependence treatment is necessary for a full, healthy life
- Screen all patients for tobacco use and use motivational techniques to encourage quitting- Ask, advise, assess, assist, arrange; address barriers
- Believe that their consumers can quit
- Understand that multiple interventions per consumer are necessary
- Have the training and knowledge to provide or arrange nicotine dependence treatment including prescribing medicines