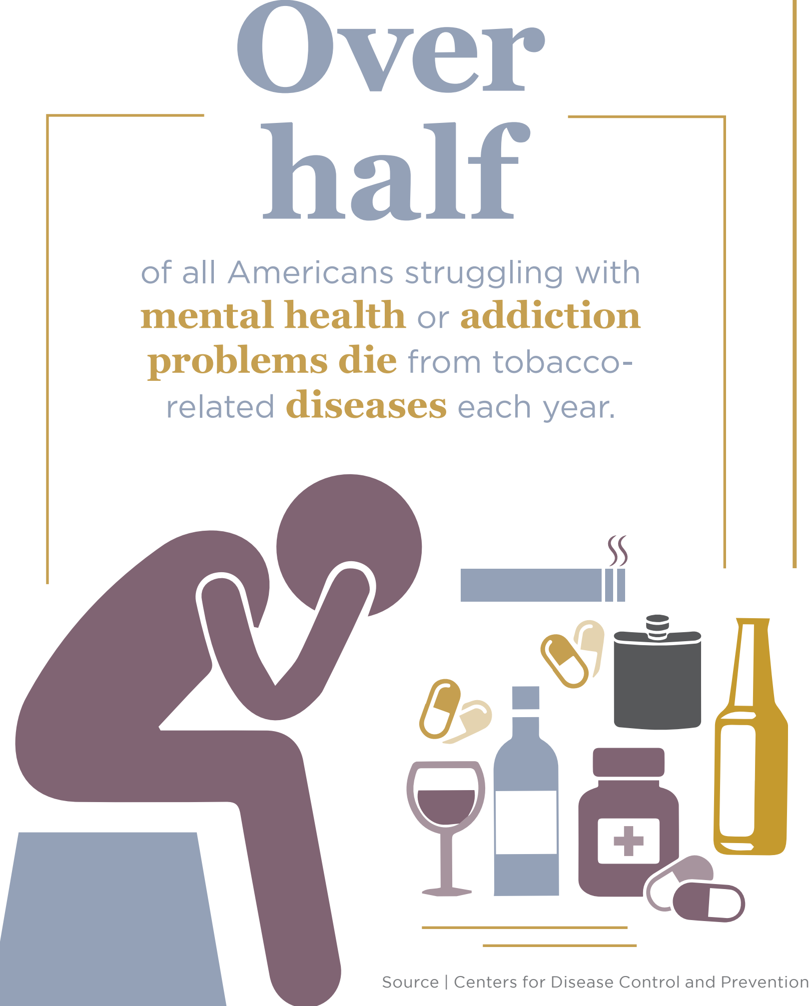
Changing the Culture: Mental Health Myths and Smoking

While the negative impacts of tobacco use on physical health are widely known, the relationship between tobacco use and mental health are less recognized. In times of mental and emotional stress, the desire to light up can be harder to overcome. During the COVID-19 pandemic, cigarette sales increased after years of decline according to a study conducted by the North American Quitline Consortium.[1] During the same period, the number of calls to smoking cessation help lines went down—to the lowest number since 2007.[1] (The 1-800-QUIT-NOW line is a national portal that directs callers to state smoking-cessation help lines.) "This has been one of the most stressful years ever, and for many people with a history of addiction, the cravings were reawakened due to stress and isolation," says Dr. Daniel Edney, the Chief Medical Officer for the Mississippi State Department of Health (MSDH). "It is often much more difficult to stop smoking after a relapse than it was before. The disease of addiction is progressive and becomes more difficult to fight."

Even before the COVID-19 pandemic, approximately one in four adults in the United States lived with some form of behavioral health condition.[2] The pandemic brought about more Americans struggling with mental health and addiction. This population is more likely to smoke and smoke more heavily than those who do not have these conditions.[3] In fact, 40% of all cigarettes sold in the United States are consumed by individuals with substance use disorders and mental illness.[1] Those individuals die about five years sooner than others on average. Over half of them die from tobacco-related diseases each year.[4]



Source | Centers for Disease Control and Prevention

> “We **don’t** want to throw people into a tailspin. We want to look at a way to be very **holistically helpful**.”

Pamela Luckett, Project Manager
Disparity Elimination Behavioral Health Program
MSDH Office of Tobacco Control

Research tells us that quitting smoking can improve mental health and addiction recovery outcomes. In 2014, a review and analysis of 26 observational studies revealed that smoking cessation is associated with reduced depression, anxiety, and stress and improved positive mood and quality of life compared with those who continued to smoke. The study also revealed that smoking cessation interventions during addiction treatment have been associated with a 25% increase in the likelihood of long-term abstinence from alcohol or drugs.[5]

Although they are a population more likely to smoke, individuals with behavioral health conditions want to quit smoking even if the challenges in doing so are harder.[6] Yet for many years, mental health professionals have used tobacco as a form of “self-medication” for their patients and even have incentivized the distribution of such products among their clientele. “There is still that attitude that smoking is just smoking—a coping mechanism for patients,” says Pamela Luckett, Project Manager for MSDH Office of Tobacco Control’s Disparity Elimination Behavioral Health Program. “It’s a lot of those old myth ideas that come up that add to the pushback. We don’t want to throw people into a tailspin. We want to look at a way to be very holistically helpful.”

DeGarrette Tureaud, the Office of Tobacco Control Deputy Bureau Director for Health Systems Change who serves as the project director, agrees that changing deeply ingrained mindsets is a slow process because it involves “actually bringing about systems change through awareness.” The overall goals of the project are two-fold: to train staff at mental health and substance use treatment facilities in Mississippi to incorporate tobacco cessation language into their patient assessment and treatment plans and to make the administrative

staff aware of the advantages of going tobacco-free on their campuses. "The people who manage the facilities have many competing issues, so they don't always put tobacco cessation assessments and tobacco-free policies as a top priority," Tureaud adds. "We are just trying to move it up the priority list to help them understand that incorporating these two issues in a synergetic approach will help decrease tobacco use among this disparate population and in the process increase their overall health and wellbeing."

> *"The people who manage [mental health] facilities have many competing issues, so they don't always put tobacco cessation assessments and tobacco-free policies as a top priority. We are just trying to move it up the priority list."*
>
> DeGarrette Tureaud, Deputy Bureau Director, Health Systems Change
> MSDH Office of Tobacco Control

The Mississippi Department of Mental Health provides services through state-operated programs and regional community mental health centers. Of the 14 regions, only one—Region 9—has implemented a tobacco-free policy. When the pandemic began, administrators at Hinds County Behavioral Health Services, the outpatient services hub for Region 9, were already engaged with Pamela Luckett in developing a tobacco-free policy. "We seized the opportunity that COVID presented us," says Karen Atkinson, Coordinator for Integrated Care Services. Although there was some initial pushback from patients, Atkinson reports that they came to realize "this is just like my other doctors' offices, so they fell in line and accepted it." The staff in the integrated care clinic embraced the "Two A's and an R" intervention, Ask, Advise, and Refer, outlined by Luckett in her staff trainings. "It's based on cognitive behavioral therapy and motivational interviewing, and it meets the standards for continuing education for health professionals," she says. "We are starting with the boots on the ground. They learn how to incorporate the tobacco language, discuss it in a way the client would understand, and then use it as a part of their treatment plan."

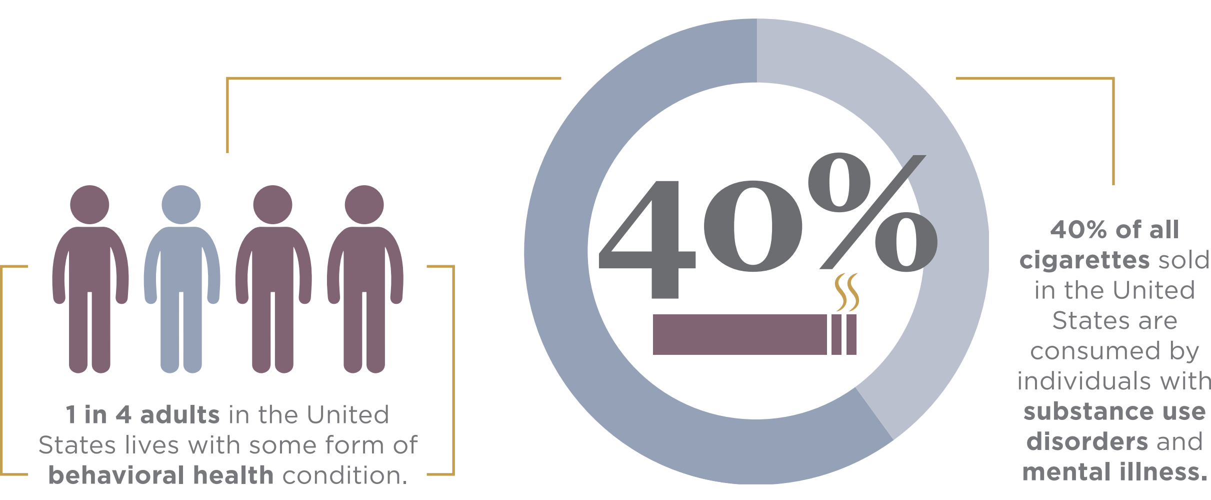
> "I believe the old philosophy of **'one thing at a time'** has led to **too much suffering** from continued **tobacco abuse** among those in **recovery** due to emphysema and cancer. I would venture to say that **most tobacco abusers** who **do not get clean** from it in the beginning **many never stop** abusing it."
>
> Dr. Daniel Edney, Chief Medical Officer | Mississippi State Department of Health

Region 9 facilities are not totally tobacco-free. An inpatient unit, a supervised living house, and a psychosocial rehabilitation program still allow smoking. "A lot of these clients smoke and are used to taking smoke breaks," says Atkinson. "It's just a different makeup in a different setting. There are more details that we have to work out." The process in changing policy for inpatient facilities is harder, but possible—and worth the effort. The belief or myth that quitting tobacco worsens recovery from mental illness or substance use is adhered to by many. Dr. Edney is not one of them. "Would it make sense for me as an addiction specialist to say to someone fighting methamphetamine and fentanyl addiction that we just need to focus on fentanyl right now as that is most likely to kill you first, but we will wait on meth to make it easier for you and deal with it later? I believe the old philosophy of 'one thing at a time' has led to too much suffering from continued tobacco abuse among those in recovery due to emphysema and cancer. I would venture to say that most tobacco abusers who do not get clean

from it in the beginning may never stop abusing it." At Region 9, Atkinson agrees. "We use cognitive behavioral therapy for depression, and we use it for smoking cessation," she says. "You can intertwine everything and make it all work together. It doesn't have to be either or."

> *"We use cognitive behavioral therapy for depression, and we use it for smoking cessation. You can intertwine everything and make it all work together. It doesn't have to be either or."*
>
> Karen Atkinson
> Coordinator for Integrated Care Services
> Hinds County Behavioral Health Services

Tureaud can attest both professionally and personally that inpatient facilities can successfully become tobacco-free with positive results. Prior to his employment at MSDH, Tureaud served as a recreational therapist in an inpatient facility. A smoker himself, Tureaud routinely purchased cigarettes for 38 men housed in his unit as incentives. The facility began a long process of becoming tobacco-free by slowly reducing the amount of smoke breaks and creating designated smoking areas that were in less-than-optimal places on campus. "I was very motivated to quit myself. I was in a place where I couldn't smoke for eight hours while at work," says Tureaud. "Then I told myself I could go a day or two without a cigarette, and eventually, I quit." And the men he supervised? "They did fine. They actually did better than we expected. Once they figured out that they couldn't smoke, some of them would hand out candy. After a while, they stopped asking about cigarettes. It wasn't the uprising that we thought it might be."



Source | Centers for Disease Control and Prevention

Luckett is available to guide facilities through the process of becoming tobacco-free. She says it takes about a year of planning before a kickoff date can be selected. Written policies must be developed or revamped. There are different considerations between community mental health centers and residential substance use programs. "In the residential facilities, the main idea is cutting back on the number of smoke breaks. When you think about the real world, employers don't let their staff have six or seven smoke breaks in a day." For mental health facilities, Luckett suggests moving smoking areas in the beginning further out to the perimeter and even making sure clients aren't going next door to smoke. "As a basic process, you look at policy, and you look at subtle changes, small changes that you can get started with." When the steps are implemented gradually and clients know what to expect, the entire process is possible. "Chaos does not ensue when it's a gradual situation, and they get used to the small steps."

>2X

Tobacco smoking causes more deaths among clients in substance use treatment than the alcohol or other drug use that brings them to treatment. 51% of deaths were the result of tobacco-related causes. That rate is >2X the rate found in the general population.

Source | Centers for Disease Control and Prevention

Screening incoming patients regarding their tobacco use can be very effective in ensuring that patients are being offered treatment and cessation services. At Region 9's behavioral health services center, the nurse practitioner asks incoming patients if they are interested in quitting. Then, they give the patient a month's supply of a nicotine replacement product such as a patch or gum and refer to the Mississippi Quitline for further treatment. In Mississippi, 31% of mental health centers offer tobacco cessation counseling compared to the national average of 38%, and 37% of substance abuse centers in Mississippi offer tobacco cessation compared to the national average of 47%.[7] Support groups also played a part prior to the start of the pandemic. Even without the formal group sessions, counselors are available to talk to and encourage their clients. Lloyd Moore is thankful for the services he receives. At age 59, Moore has had a lifetime of addiction struggles. A deeply religious man, Moore has now been sober for 17 years. "In my drug and alcohol addiction, I did things I wouldn't normally do" he says, "but, you know, when I got sober, it was a whole different world." Moore still battles mental and physical issues and addiction to nicotine and admits that staying sober takes constant work. "It's a challenge to keep my behavior in check even being sober, but I believe that God does everything for a reason."

Source | Centers for Disease Control and Prevention

Screening and nicotine treatment were not available to Moore when he first began his addiction work. Now, nearly 20 years later, he is struggling to break the addiction of nicotine. "The cigarettes is [*sic*] really the struggle today. I really don't want to stop smoking at this point, and I just don't know why." Moore had just begun to participate in a tobacco cessation support group when the pandemic forced their shut down. Today, he meets with his counselor regularly to share his struggles. "He has been like a brother to me since my mother has been gone," he says. "I can discuss anything with him, and he listens. It is hard to stop smoking. I've got to be willing to listen to him and other people who have been down the road before me."

Nearly half (49%) of the nation's mental health facilities and 64% of substance abuse facilities provide tobacco screening services for their patients.[7] In Mississippi, the numbers are lower. Less than half (40%) of state mental health facilities and 44% of substance

use facilities screen their incoming patients for tobacco use. Twenty-six percent of substance abuse centers in the state have smoke-free campuses, and 39% of mental health facilities are smoke-free. National averages are 35% and 49% respectively.[7]

The process to forge policies and practices that reduce tobacco use and improve health outcomes is extremely slow. The Disparity Elimination Behavioral Health Project has been in existence since 2016 and has overcome many of the barriers it first faced. Facilities are more open to Luckett's trainings and are slowly expressing interest in implementing tobacco-free policies. Luckett believes that patience goes a long way in ultimately seeing those who suffer from disabilities have a better life. "They are getting past all of those addictions, adding so much quality to their lives," she says. "It's healthy, it's helping the disparate population live longer, live better, and save money. All of those things are positive and mean more in this population because of what they are already having to deal with." Karen Atkinson sums it up as to why she continues the work. "In the long run, it's worth it. It's work. Sometimes it can be uncomfortable, but at the end of the day, our population dies at a higher rate because of their smoking. They deserve positive things in their lives, just like you and me."

If you or a loved one is struggling to quit tobacco, call 1-800-QUIT-NOW or go to www.quitnow.net/ms for more information.

publication team

Anne Buffington: ***Writer***
Miranda Robertson: ***Graphic Design***

references

1. Alltucker, K. Cigarettes Sales Increased During Pandemic as Fewer Smokers Sought Help Quitting. USA Today: March 12, 2021. [accessed April 6, 2021].
2. Center for Behavioral Health Statistics and Quality. The NSDUH Report: Adults with Mental Illness of Substance Use Disorder Account for 40 Percent of All Cigarettes Smoked [PDF-563 KB]. Rockville, MD: Substance Abuse and Mental Health Services Administration; 2013.
3. Prochaska JJ, Das S, Young-Wolff KC. Smoking, Mental Illness, and Public Health. Annu Rev Public Health. 2017; 38:165-185.
4. Druss BG, Zhao L,Von Esenwein S, Morrato EH, Marcus SC. Understanding excess mortality in persons with mental illness: 17-year followup of a national representative US survey. Medical Care. 2011;49(6):599-604.
5. 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 Feb 13;348:g1151. doi: 10.1136/bmj.g1151. Erratum in: BMJ. 2014;348:g2216. PMID: 24524926; PMCID: PMC3923980.
6. 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.
7. Marynak K, VanFrank B, Tetlow S, et al. Tobacco Cessation Interventions and Smoke-Free Policies in Mental Health and Substance Abuse Treatment Facilities — United States, 2016. MMWR Morb Mortal Wkly Rep 2018;67:519–523. DOI: http://dx.doi.org/10.15585/mmwr.mm6718a3

The Exhale series is funded by the Mississippi State Department of Health Office of Tobacco Control.