

FACTS ABOUT TOBACCO

25 YRS

On average, **an individual with mental illness** dies 25 years earlier than an individual without mental illness. Tobacco use is one of the leading risk factors to this shortened lifespan.

2.6X

Persons with mental illness are 2.6 times **more likely to have cancer** than those without mental illness. This heightened risk of cancer in persons with mental illness has been attributed, in part, to their higher rate of tobacco use.

90%

Tobacco use leads to **17 different types** of cancer and is linked to 90% of lung cancer deaths.

50%

Approximately 50% of **individuals in treatment for non-nicotine substance** use die from tobacco-related illnesses

QUITTING HAS BENEFITS

Quitting smoking is associated with a **25% increase in abstinence rates** for those with non-nicotine substance use disorders and improved mental health, lower stress, more positive mood, and better quality of life compared with continuing to smoke.

BOTTOM LINE

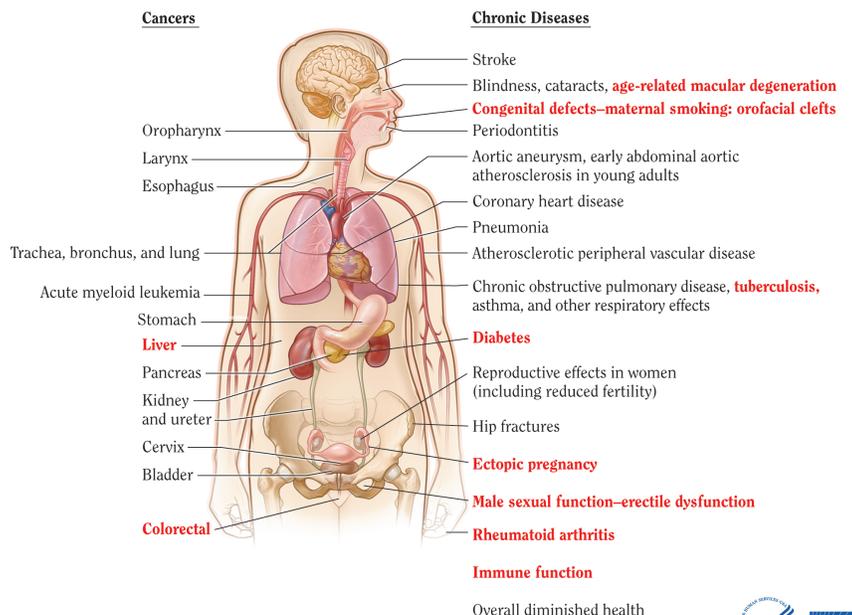
Increasing tobacco cessation is critically important to the advancement of cancer prevention in Texas, especially among subgroups of the population with higher than average tobacco use rates, including persons with mental and substance use issues and their care providers at community treatment centers.

The University of Houston and Integral Care partnered to disseminate a multi-component tobacco-free workplace program to selected Texas Local Mental Health Authorities (LMHAs) with funding from the Cancer Prevention & Research Institute of Texas. This project, called **Taking Texas Tobacco Free**, has targeted 22 LMHAs since 2013, covering hundreds of mental health clinics across Texas. In 2017, we adapted the program to work with stand-alone substance use treatment centers (SUTCs) with continued support from our funder.

The mission of *Taking Texas Tobacco Free* is promoting wellness among Texans by partnering with healthcare organizations to build capacity for system-wide, sustainable initiatives that will reduce tobacco use and secondhand smoke exposure among employees, consumers, and visitors. Such programs have been shown to reduce cancer risk and save lives.

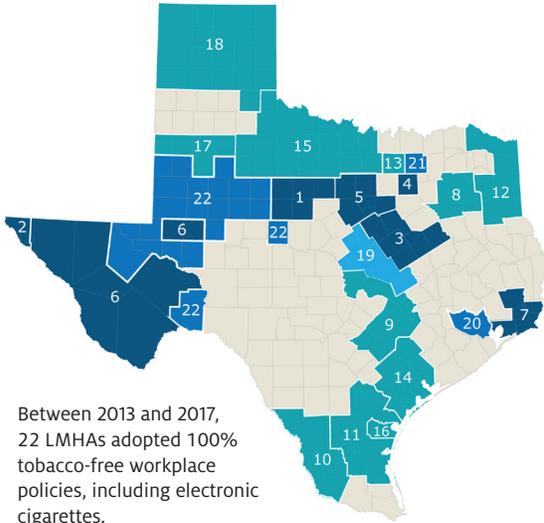
Taking Texas Tobacco Free provides employee education, clinical assessment and intervention training, consultation, policy assistance, treatment resources, and practical guidance to both implement and sustain a comprehensive tobacco-free workplace program. The program also has a community outreach component to encourage and facilitate tobacco-free living among individuals residing in the communities surrounding the participating treatment centers.

Tobacco Use has Devastating Effects Throughout the Body



To date, thousands of staff and hundreds of thousands of behavioral healthcare consumers have been protected from secondhand smoke exposure. Vendors, visitors, and community members are also free from secondhand smoke exposure.

OUR IMPACT WITHIN TEXAS LMHAS



Between 2013 and 2017, 22 LMHAs adopted 100% tobacco-free workplace policies, including electronic cigarettes.

LOCAL MENTAL HEALTH AUTHORITIES THAT WE WORKED WITH

COHORT 1

1. Betty Hardwick Center (Abilene)
2. Emergence Health Network (El Paso)
3. Heart of Texas Region (Waco)
4. Metrocare Services (Dallas)
5. Pecan Valley Centers (Granbury)
6. Permian Basin Centers (Midland/Odessa)
7. Spindletop Center (Beaumont)

COHORT 2

8. Andrews Center (Tyler)
9. Bluebonnet trails Center (Round Rock)
10. Border Region Center (Laredo)
11. Coastal Plains Center (Portland)
12. Community Healthcore (Longview)

13. Denton County (Denton)

14. Gulf Bend Center (Victoria)
15. Helen Farabee Center (Wichita Falls)
16. Nueces County (Corpus Christi)
17. Starcare Centers (Lubbock)
18. Texas Panhandle Center (Amarillo)

COHORT 3

19. Central Counties Services (Temple/Belton)

COHORT 4

20. The Harris Center for Mental Health and IDD (Houston)
21. LifePath Systems (McKinney/Plano)
22. West Texas Centers (Big Spring)

Participating Agencies:

- Adopt a 100% tobacco-free workplace policy
- Integrate a tobacco use assessment into clinical operations
- Provide cessation treatment to healthcare recipients interested in making a quit attempt
- Produce new signage to promote the new tobacco-free workplace policy

As a result of the clinical staff training and the implementation of a tobacco use assessment, pre/post implementation survey data have shown the following:

- Significant increases in receipt of training on assessing for tobacco use, pharmacotherapies to treat tobacco dependence, and the benefits of quitting smoking specific to mental health or substance use disorders
- Significant increases in clinicians asking consumers about tobacco use status
- Significant increases in clinicians advising consumers to quit tobacco use
- Significant increases in assessing consumers about their desire to quit
- Significant increases in assisting consumers with a quit attempt

Each of these interventions is known to increase consumer tobacco use quit rates.

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TO BUILD CAPACITY WITHIN THE CENTERS, OUR TEAM:

- Provided tobacco treatment and education training to over 5,000 staff members
- Facilitated an ~52% increase in knowledge gain based on pre- and post-training test comparisons
- Shipped over 15,000 individual boxes of nicotine patches and gum to participating centers for free distribution to health-care recipients and employees
- Provided Motivational Interviewing training to enhance tobacco users' readiness to quit to hundreds of clinicians
- Facilitated 2-day tobacco dependence trainings for approximately 100 prescribers and clinical staff
- Coordinated Certified Tobacco Treatment Specialist (CTTS) training for over 50 clinical staff
- Created and disseminated educational resource materials for mental and behavioral health consumers and community agencies about tobacco cessation resources and tobacco-free policy implementation

