
Smoking Cessation
Leadership Center



University of California
San Francisco

SCLC's 75th Webinar:

“Business or Exploitation?” Exposure of the tobacco industry’s exploitation of individuals with mental health conditions, co-hosted with the National Behavioral Health Network for Tobacco & Cancer Control, and the Truth Initiative

Margaret Jaco Manecke, MSSW

Jodi Prochaska, PhD, MPH

Ashley Persie

Moderator

Catherine Saucedo

Deputy Director
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catherine.saucedo@ucsf.edu



Thank you to our partners



Disclosures

This UCSF CME activity was planned and developed to uphold academic standards to ensure balance, independence, objectivity, and scientific rigor; adhere to requirements to protect health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA); and include a mechanism to inform learners when unapproved or unlabeled uses of therapeutic products or agents are discussed or referenced.

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Margaret Jaco Manecke, MSSW, Ashley Persie, Christine Cheng, Brian Clark, Jennifer Matekuare, Roxana Said, MPH, Catherine Saucedo, and Steven A. Schroeder, MD

The following faculty speaker has disclosed a financial interest/arrangement or affiliation with a commercial company who has provided products or services relating to their presentation(s) or commercial support for this continuing medical education activity. All conflicts of interest have been resolved in accordance with the ACCME Standards for Commercial Support:

Judith J. Prochaska, PhD, MPH –

- **Pfizer – Advisor or Reviewer, Consultant**
- **Carrot – Advisor or Reviewer, Consultant**
- **MD Revolution – Consultant**
- **Plaintiffs Law Firms – Lawsuits against tobacco companies, Consultant**

Thank you to our funders



Robert Wood Johnson Foundation



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- All participants will be in **listen only mode**.
- Please **make sure your speakers are on** and adjust the volume accordingly.
- If you do not have speakers, please request the dial-in via the chat box.
- **This webinar is being recorded** and will be available on SCLC's website, along with the slides.
- **Use the chat box to send questions** at any time for the presenters.

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Presenter

Jodi Prochaska, PhD, MPH

Associate Professor of Medicine

Stanford University



Presenter

Ashley Persie

Senior Brand Marketing Associate

Truth Initiative





National Behavioral Health Network for Tobacco & Cancer Control

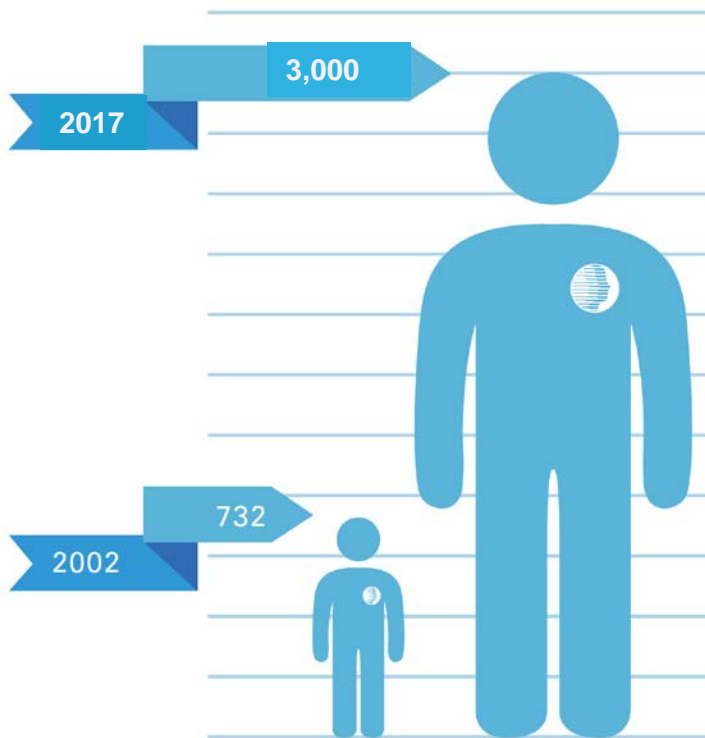


Margaret Jaco Manecke, MSSW

Project Manager, National Behavioral Health
Network for Tobacco & Cancer Control
National Council for Behavioral Health

MargaretM@TheNationalCouncil.org

National Council for Behavioral Health



- **3,000** members
- Employing **750,000** staff
- Serving **10 million** adults, children and families living with mental illnesses and addictions



Tobacco & Behavioral Health

- 25% of adults in the US have some form of mental illness or addiction, and these adults consume almost 40% of all cigarettes smoked by adults.[1]
- 200,000 of the 443,000-annual tobacco-related deaths in the US are among people with mental illnesses.[2]
- 70% of individuals who use tobacco and live with a mental illness want to quit smoking.[3]

[1] Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. [The NSDUH Report: Adults With Mental Illness or Substance Use Disorder Account for 40 Percent of All Cigarettes Smoked \[PDF-563 KB\]](#). March 20, 2013. Rockville, MD

[2] Schroeder SA, Morris CD. Confronting a neglected epidemic: tobacco cessation for persons with mental illnesses and substance abuse problems. [Annu Rev Public Health](#). 2010;31:297-314 1p following 314. doi: 10.1146/annurev.publhealth.012809.103701

[3] Centers for Disease Control and Prevention. [Vital Signs: Current Cigarette Smoking Among Adults Aged ≥18 Years With Mental Illness—United States, 2009–2011](#). Morbidity and Mortality Weekly Report 2013;62(05):81-7



National Behavioral Health Network

For Tobacco & Cancer Control

- Jointly funded by CDC's *Office on Smoking & Health & Division of Cancer Prevention & Control*
- Provides resources and tools to help organizations reduce tobacco use and cancer among people with mental illness and addictions
- 1 of 8 CDC National Networks to eliminate cancer and tobacco disparities in priority populations

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Behavioral Health & Wellness Program

Smoking Cessation
Leadership Center



University of California
San Francisco



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Join the Network

Become a member of the National Behavioral Health Network and receive access to direct training and technical assistance opportunities plus more.

LEARN MORE

Tobacco Use & Mental Illness: Industry Targeting & Treatments that Work

Jodi Prochaska, PhD, MPH

Associate Professor of Medicine
Stanford Prevention Research Center
Stanford University

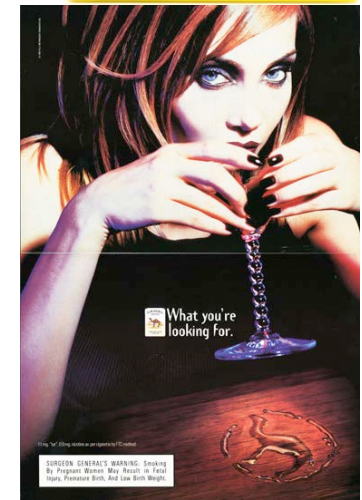
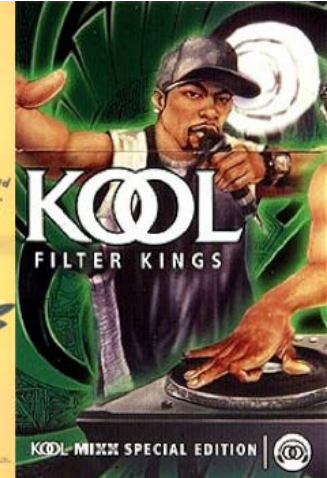
THEN... and NOW

- 1960s:

- 1 in 2 men and 1 in 3 women smoked

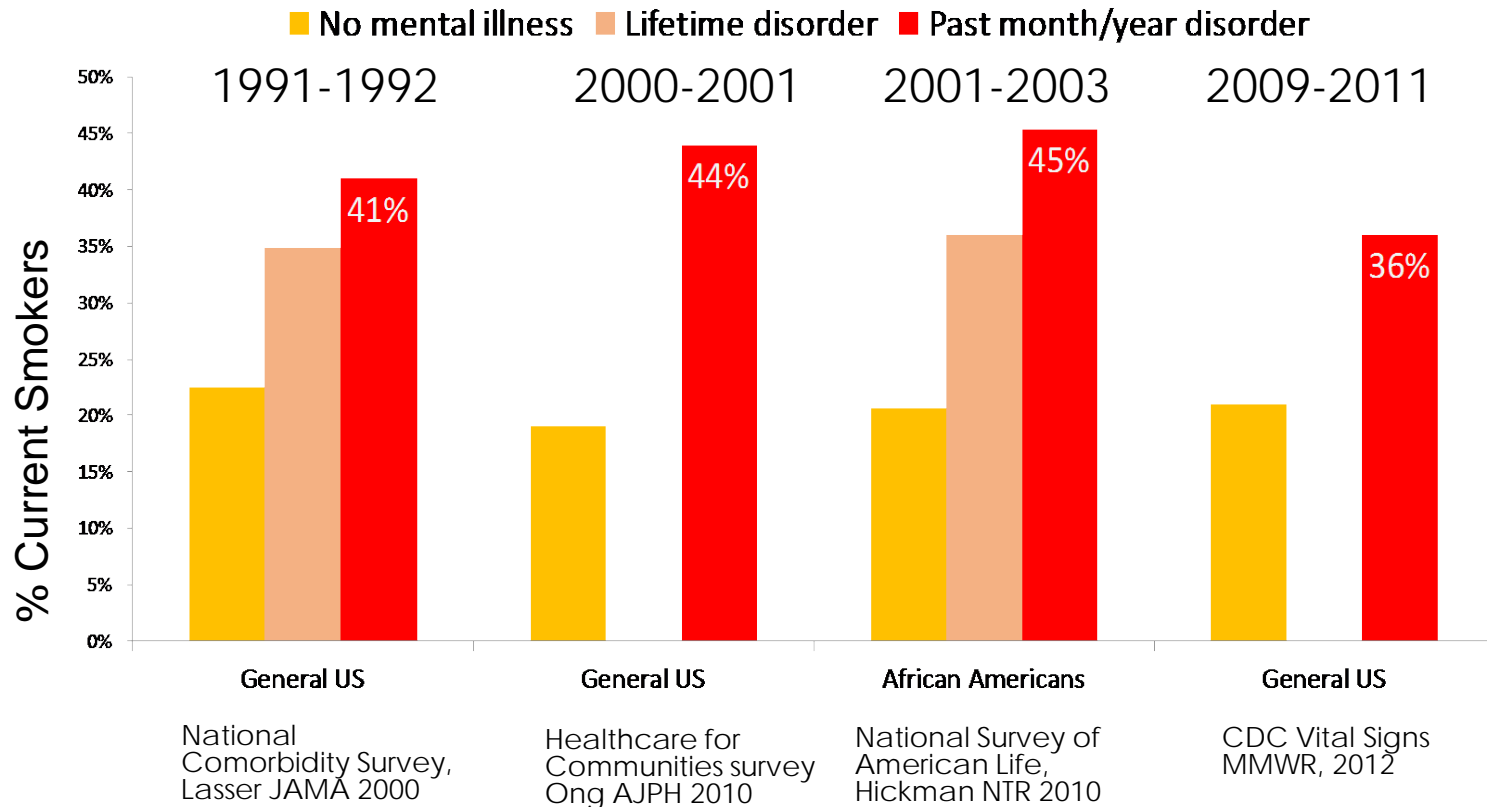
- Today's Smoker: 15% of adults

- Young: 26% ages 25-44, 24% ages 18-25 vs. 10% ages 65+
- Poor: 32% income < 20K, 26% 21-49K vs. 12% 100K+
- African American (25%), other race (33%), 21% White
 - vs. 18% Hispanic and 11% Asian
- Less educated: 50% GED, 32% no HS deg, 25% HS deg
 - vs. 10% college degree and 6% grad degree
- Sexual minority: 32% LGB vs. 21% heterosexual
- Comorbid substance use & mental illness: 40% to 80%

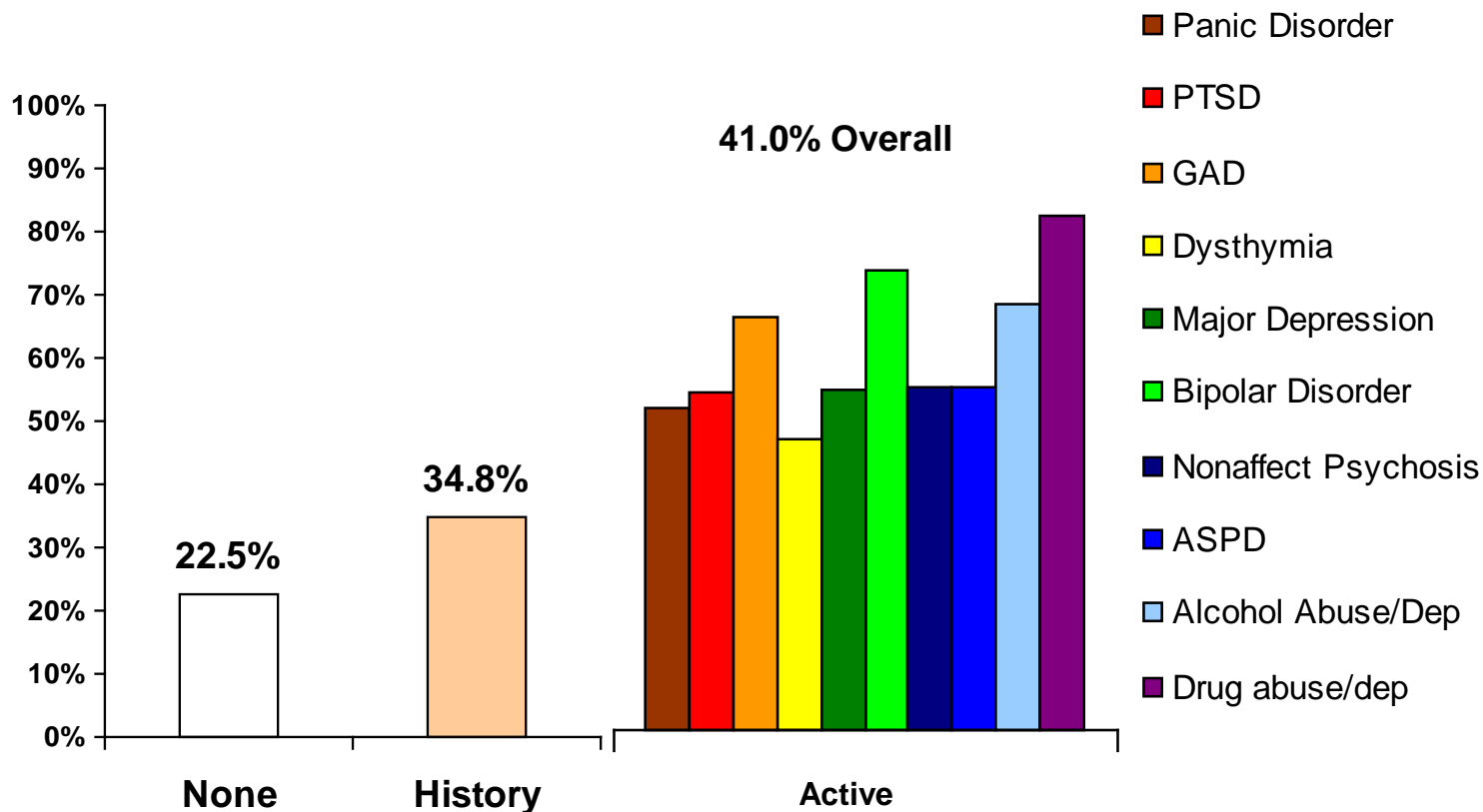


CDC 2013-2014

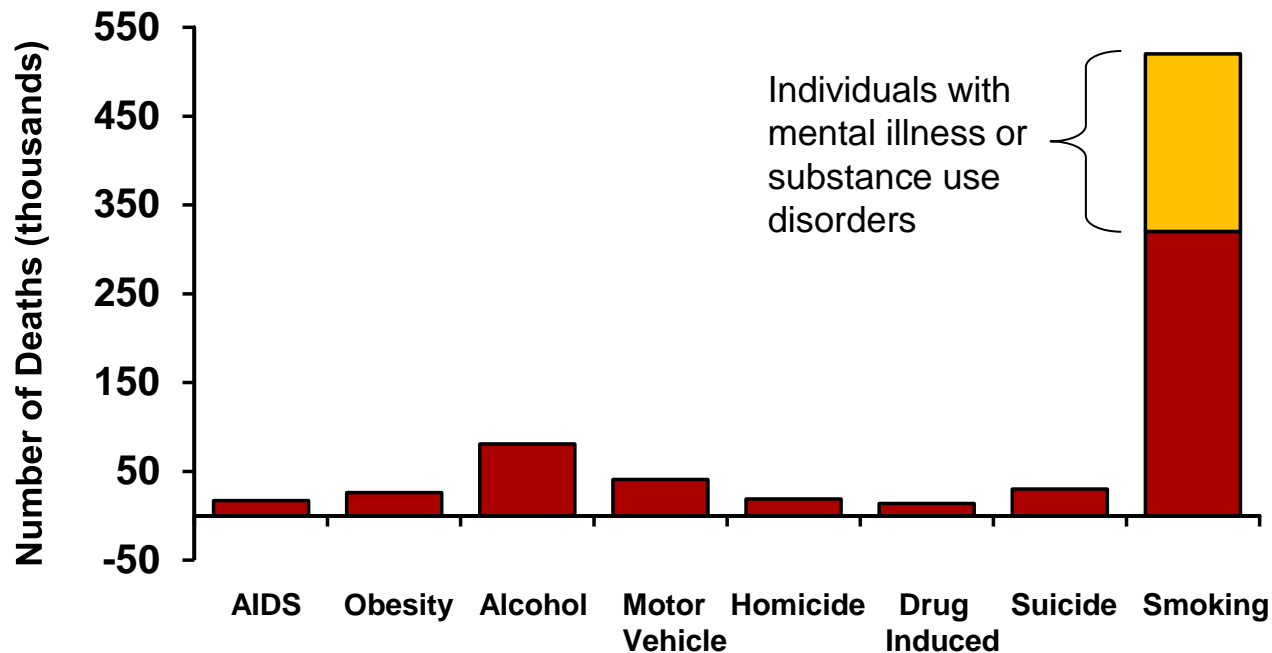
SMOKING & MENTAL ILLNESS: PREVALENCE over TIME



SMOKING PREVALENCE by PSYCHIATRIC DIAGNOSIS



COMPARATIVE CAUSES of ANNUAL DEATHS in the UNITED STATES



TOBACCO INDUSTRY'S INTERESTS

PHILIP MORRIS INCORPORATED

INTER-OFFICE CORRESPONDENCE

120 PARK AVENUE, NEW YORK, N.Y. 10017

TO: Mr. James C. Bowling

DATE: June 29, 1983

FROM: J. E. Lincoln

SUBJECT: Schizophrenics

Heavy smoking but low
lung cancer incidence

You will probably recall various anecdotal references to heavy smoking but unusually low lung cancer incidence among schizophrenics. At least one of these references found an even stronger negative correlation among a particular sub-classification of schizophrenics.

Do you think it would be practical and sensible to ask the Menningers if they would attempt to quantify these relationships?

JEL:rg

cc: A. Holtzman ✓

get.

TRUTH TOBACCO INDUSTRY DOCUMENTS

- 28 proposals to TI relating to schizophrenia
 - 7 funded
 - All on self-medicating effects
 - 21 unfunded
 - Study of the high smoking prevalence
 - Health harms (e.g., cancers, medication interactions)
 - Nicotine withdrawal effects

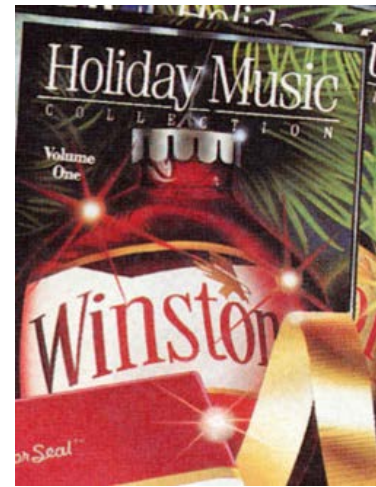
Re: Research Proposal for July/83 - June/84
"Tobacco Smoking As a Coping Mechanism in
Psychiatric Patients: Psychological, Behavioral
and Physiological Investigations"
Phase I

RJR-MACDONALD INC. Research and Development/
2455 Central Expressway, Mountain View, CA 94035

The latest request is addressing the problems that
restriction on smoking in the workplace or elsewhere may have
on inducing stress on the smoker. Once again he seems to be
looking at this from our point of view.



Interoffice Memorandum



Subject: Gratis Request
Operation Santa Claus

Date: November 16, 1984

To: Peter Allan

From: Miriam G. Adams

OK ~~POP~~

11-20

Attached is a request for cigarettes for Operation Santa Claus. This is an event we have made donation to over the years, and last year we donated 60 cartons.

This is for a worthwhile cause but would have to be charged to CPR as RJRT does not have sufficient budget.

Your comments would be appreciated.

Operation Santa Claus 60 cartons of cigarettes

to the Forsyth County Residents of
John Umstead & Murdoch Center

Corporate Public Relations

MGA:bkm

Attachment



SECRETARY
HARRIET B. PORTER
TREASURER
BOSWORTH M. TODD, JR.

WELLSPRING HOUSE

A PSYCHOSOCIAL REHABILITATION RESIDENCE

1382 SOUTH THIRD STREET
LOUISVILLE, KENTUCKY 40208
(502) 637-4361

STAFF
EXECUTIVE DIRECTOR
STEPHEN C. PERKINS, M.DIV.
PROGRAM DIRECTOR
KATHARINE DOBBINS, M.S.S.W.
CONSULTING PSYCHIATRIST
SARAH AGLAND, M.D.

April 19, 1985

Brown & Williamson Corp.
Mr. John Alar
Box 35090
Louisville, Ky. 40232

Brown & Williamson attendance at a
Schizophrenia Foundation dinner with
exposure to Kentucky lawmakers

Dear Mr. Alar:

The Board of Directors of Schizophrenia Foundation, Ky., Inc., and the staff at Wellspring House extend their deep gratitude to you for your participation in our First Annual dinner honoring Kentucky's legislators.

We felt the event was a success financially as well as educationally. Many in our community heard for the first time how important a program such as Wellspring House is for the well-being of young schizophrenics and for Louisville. We also felt our honored guests, Kentucky's lawmakers, were duly educated and impressed.

We are presently working with Seven Counties Services and the Mental Health Association and within a few weeks will send you a report on the progress of our plans. Without your support we would be making no such plans. For this, again, our thanks.

Sincerely,

Philip P. Arden

JON R. DOYLE
CRAIG H. NELSON
DOUGLAS F. JENNINGS
MICHAEL C. MILLER
ELIZABETH A. McCULLUM

MAILING ADDRESS
P.O. BOX 2709
TELEPHONE
207-623-6124
800-698-4864
FAX
207-623-1358

March 21, 1991

file name

Lawrence Tilton
Tilton's Log Cabin
P.O. Box 657
Skowhegan, ME 04976

LD 463 - An Act to Exempt Substance Abuse and Psychiatric Patients from the Prohibition against Smoking in Hospitals

Dear Larry:

This letter is to inform you that the smoking in restaurants bill (L.D. 603) is now set for hearing on Wednesday, April 3, 1991, at 9:30 a.m. at the Elks Lodge in Augusta. In fact, the following smoking bills also have been set for hearing on that day:

1. LD 16 - An Act to Ensure Smoke-free Areas in the Workplace
2. LD 463 - An Act to Exempt Substance Abuse and Psychiatric Patients from the Prohibition against Smoking in Hospitals
3. LD 542 - An Act to Ban Smoking in Laundromats
4. LD 603 - An Act to Amend the Laws Concerning Smoking in Restaurants
5. LD 1134 - An Act to Protect Citizens from the Effects of Environmental Tobacco Smoke

With the above bills all scheduled on one day, it is difficult to know exactly when each of them will be reached. It is vital that you, or a representative, attend the hearing to speak on the legislation and we would appreciate it if you would either give me a call or my paralegal, Susan Mitchell.

Thank you.

Kind regards,

JON R. DOYLE

JRD/tlm
cc: Kent Wald

50760 1208

HOSPITAL SMOKING BAN EXEMPTION for MENTAL HEALTH

THE WALL STREET JOURNAL TUESDAY, OCTOBER 11, 1994

Mental Patients Fight to Smoke When They Are in the Hospital

"It's one of the very very few pleasures that schizophrenics and people with major depression have," says Helen Konopka, a 71-year-old retired New York teacher who organized a tidal wave of letters and petitions to the Joint Commission. She says

Ms. Konopka's crusade is backed by the National Alliance for the Mentally Ill, an influential advocacy group of patients and their families. The group says it hasn't had any contact with the tobacco industry.

The New York Times

SUNDAY, FEBRUARY 19, 1995

Helen Konopka
Board of Directors



NAMI Alliance for the Mentally Ill

FAMI Friends and Advocates of the Mentally Ill
432 Park Avenue South, Suite 710, New York, New York 10016-8013

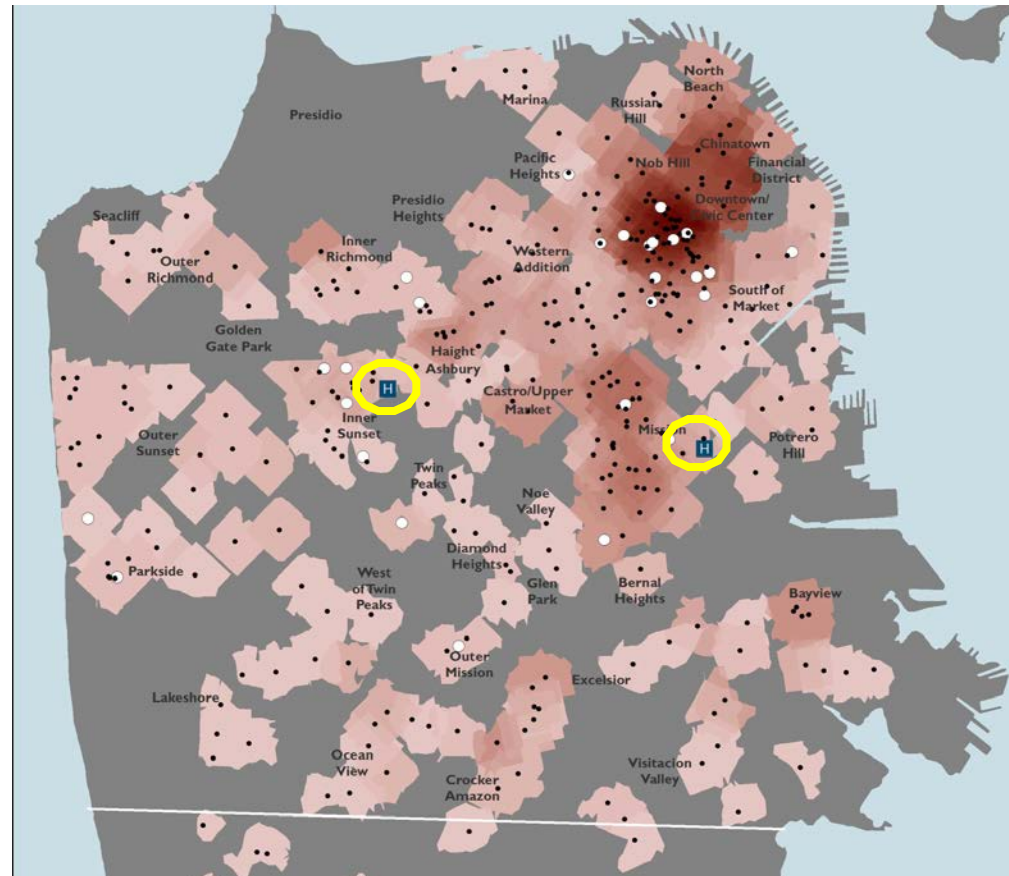
Helpline 212/684-FAMI • Business 212/684-3365 • Fax 212/684-3364

*Philip Morris:
FAMI is fighting the City, HHC
and Bellevue Hospital bureaucracy.
The patients on the psychiatric inpatient
units, emergency unit and admission
units need a discrete smoking area and
not be forced to go Cold Spring.
Helen Konopka*

JCAHO ultimately "yielded to massive pressure from mental patients and their families, relaxing a policy that called on hospitals to ban smoking."

RESIDENTIAL EXPOSURES

Tobacco retailer density near persons with Serious Mental Illness living in SF Bay Area – 2xs more dense than average



Median # of retailers within the service areas of participants' residences was: 3 (within 500m) and 12 (within 1km)

Median distance to a retailer was: 247m (IQR: 115, 527)

GREATER TOBACCO RETAILER DENSITY



- Greater:

- ↑ Psychosis 500m: $B = 2.9, p < .01$; 1km: $B = 2.5, p = .01$

- ↑ Self-harm 500m: $B = 2.6, p = .01$; 1km: $B = 2.1, p = .03$

- ↑ Interpersonal problems 500m: $B = 2.0, p = .04$

- ↑ Nicotine dependence 500m: $B = 3.0, p < .01$

- Lower:

- ↓ Self-efficacy 500m: $B = -2.1, p = .01$

- ↓ Motivation/Stage of Change: PC vs. C¹, P²

- ¹500m: $B = 1.5, p = .04$; ²1km: $B = 2.0, p = .02$

IT'S A PSYCHOLOGICAL FACT: PLEASURE HELPS YOUR DISPOSITION



How's your disposition today?

FEEL CROSS AS A BEAR? That's natural when little annoyances pile up. But the psychological fact is: pleasure helps your disposition. That's why everyday pleasures, like smoking for instance, are important. If you're a smoker, you're wise to choose the cigarette that gives you the most pleasure. That means Camel.

**For more pure pleasure...
have a
Camel**

As lovely Maureen O'Hara knows, it's wise to choose a cigarette for the pleasure it gives. Because pleasure helps your disposition. And more smokers get more pleasure from Camels than from any other brand! So — have a Camel. You'll agree — no other cigarette is so rich-tasting, yet so mild as Camel!



*"I like a real cigarette when I relax!"
Maureen O'Hara*



No other cigarette is so rich-tasting, yet so mild!

Schizophrenic.



Other low tars are pretty one-dimensional. Dull. But the New Merit is a whole other story: big new taste with lower tar. And that's exciting. In fact, the New Merit has as much taste as cigarettes with up to 57% more tar. Big taste, lower tar, all in one. For New Merit, having two sides is just normal behavior.

The New Merit. We've got flavor down to a science.

SURGEON GENERAL'S WARNING: Quitting Smoking Now Greatly Reduces Serious Risks to Your Health.

2040270976

MAJOR TARGET MARKET

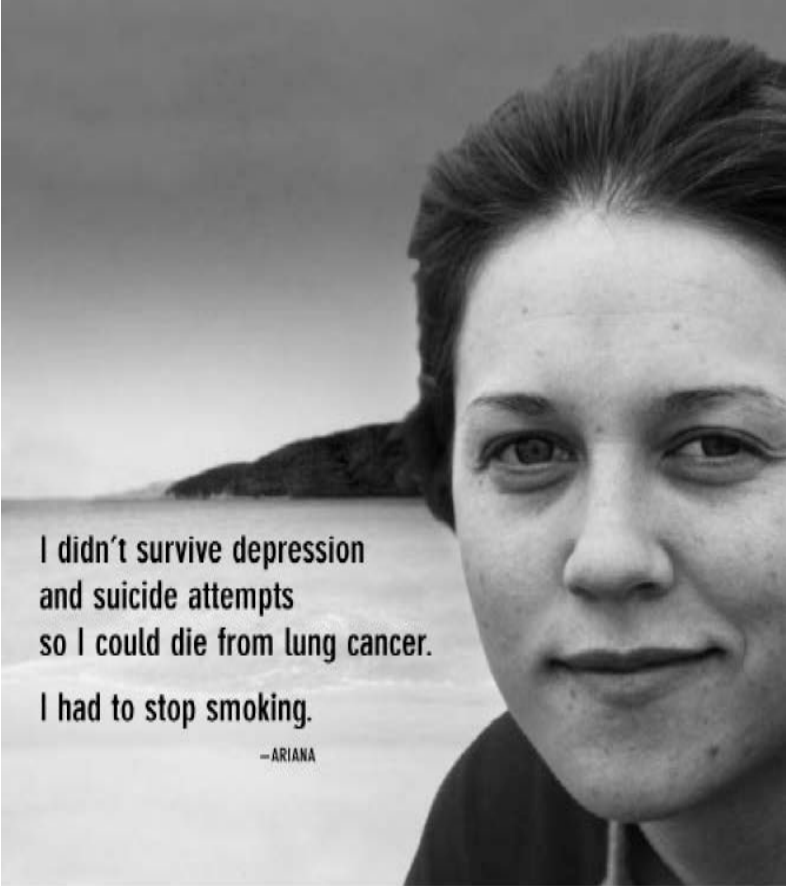
- Estimates that 44% to 46% of cigarettes consumed in US by smokers with psychiatric or addictive disorders (Lasser, 2000; Grant, 2002)
- 175 billion cigarettes and **\$39 billion** in annual tobacco sales (USDA, 2004)

COUNTER MARKETING EFFORTS

‘CIGARETTES ARE MY GREATEST ENEMY’

- Statewide social marketing campaign in California by Billy DeFrank Lesbian and Gay Community Center, the Center OC, and the American Legacy Foundation
- Real-life triumphs over adversities to quit smoking

TI outspends
the states 18:1
in marketing of
tobacco





I didn't survive depression
and suicide attempts
so I could die from lung cancer.
I had to stop smoking.

—ARIANA

CIGARETTES ARE MY GREATEST ENEMY
TOBACCO CAUSES MORE DEATHS THAN AIDS, DRUGS, BREAST CANCER AND GAY BASHING COMBINED

Funded by the American Legacy Foundation. However, this does not necessarily represent the views of the foundation, foundation staff, or its board of directors. Design: James Wood Advertising (www.socialmarketing.com)



Rebecca struggled with depression. She thought smoking would help, but it just made her more depressed. When she quit smoking it changed her life, mentally and physically. Now she runs 5Ks and hopes to live to be a hundred.

You can quit smoking.

**For free help, call
1-800-QUIT-NOW.**

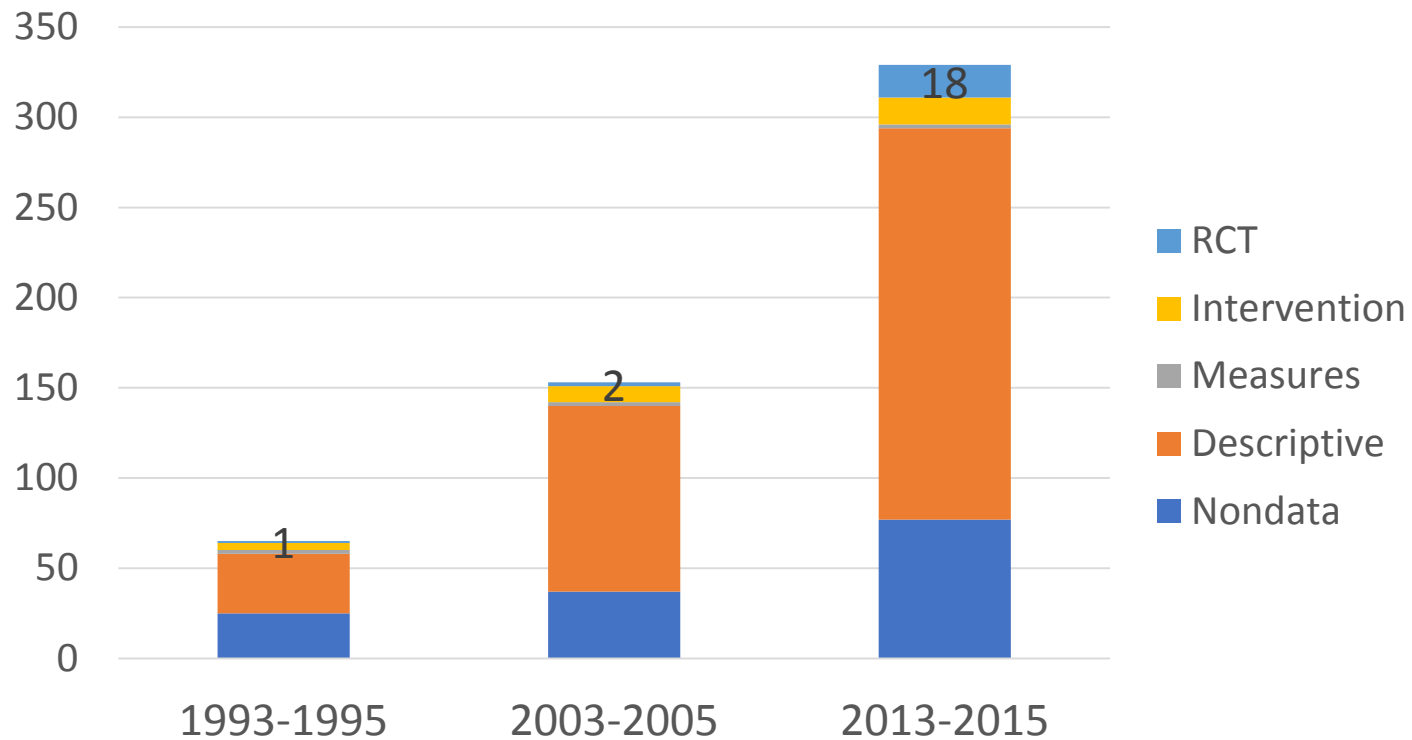


**U.S. Department of
Health and Human Services**
Centers for Disease
Control and Prevention
CDC.gov/tips



TOBACCO TREATMENT: WHAT WORKS

INCREASING RESEARCH BASE



Metse et al. (2017) NTR



CA QUITLINE

- Takes < 3 minutes to Ask, Advise, Refer
- Nearly 1 in 4 callers met criteria for current major depression
- At 2-months, those with depression much less likely to be quit (**19%**) than callers without depression (28%)

VA TeleQuitMH COORDINATION PROGRAM EVALUATION

- EMR electronic consult
- Program marketing to providers
- Proactive outreach
- Medication coordination
- Self-help materials
- Smoking cessation counseling
 - VA
 - Quitline w/ warm transfers
- Follow-up

N=577

- 26% vs. 18% quit (30-day) at 6-months follow-up
- Higher satisfaction

Rogers et al. (2013). Addict Sci Clin Practice (Study protocol); Rogers et al. (2016) AJPM

Efficacy of Initiating Tobacco Dependence Treatment in Inpatient Psychiatry: A Randomized Controlled Trial

Judith J. Prochaska, PhD, MPH, Stephen E. Hall, MD, Kevin Delucchi, PhD, and Sharon M. Hall, PhD

Tobacco use among persons with mental illness is 2 to 4 times as great as among the general US population, with costly and deadly consequences.¹⁻³ Persons with serious mental illness have an average life expectancy 25 years shorter than in the general population; the chief causes of death are chronic tobacco-related diseases such as cardiovascular disease, lung disease, and cancer.⁴ Annually, 200 000 of the 435 000 deaths in the United States attributed to smoking are believed to be among individuals with mental illness or addictive disorders.⁵

Despite the significant health effects, smoking remains ignored or—even worse—encouraged in mental health settings.^{6,7} A minority of patients with mental illness report that a mental health provider has advised them to quit smoking, and some report active discouragement of quitting.^{8,9} Staff at some psychiatric hospitals still smoke with patients, rationalized as effective for building clinician–client rapport.¹⁰

Since 1993, US hospitals have banned tobacco use under mandate of the Joint Commission on the Accreditation of Healthcare Organizations.¹¹ In response to outcry from patient advocacy groups, however, the commission permitted an exception for inpatient psychiatry; similar policy exemptions have been granted to psychiatric facilities in Europe and Australia.¹²⁻¹⁴ Nearly 20 years later, more than half of state inpatient psychiatry units in the United States permit smoking, and half sell cigarettes to patients.¹⁵ Even among hospitals that ban tobacco use, cessation advice and treatment are rare.^{15,16} Without intervention, almost all patients return to smoking after a smoke-free psychiatric hospitalization, most within minutes of hospital discharge.⁸ Integrated treatments are needed.

Nearly 8800 studies inform tobacco treatment clinical practice guidelines,¹⁷ and an extensive literature documents the efficacy of initiating treatment of tobacco dependence in hospital settings with general medical

Objectives. We evaluated the efficacy of a motivational tobacco cessation treatment combined with nicotine replacement relative to usual care initiated in inpatient psychiatry.

Methods. We randomized participants (n = 224; 79% recruitment rate) recruited from a locked acute psychiatry unit with a 100% smoking ban to intervention or usual care. Prior to hospitalization, participants averaged 19 (SD = 12) cigarettes per day; only 16% intended to quit smoking in the next 30 days.

Results. Verified smoking 7-day point prevalence abstinence was significantly higher for intervention than usual care at month 3 (13.9% vs 3.2%), 6 (14.4% vs 6.5%), 12 (19.4% vs 10.9%), and 18 (20.0% vs 7.7%); odds ratio [OR] = 3.15; 95% confidence interval [CI] = 1.22, 8.14; P = .018; retention > 80%. Psychiatric measures did not predict abstinence; measures of motivation and tobacco dependence did. The usual care group had a significantly greater likelihood than the intervention group of psychiatric rehospitalization (adjusted OR = 1.92; 95% CI = 1.06, 3.49).

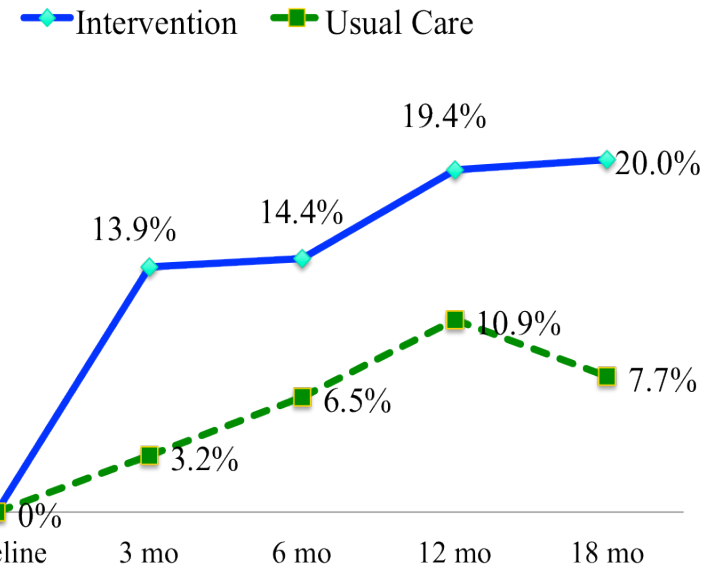
Conclusions. The findings support initiation of motivationally tailored tobacco cessation treatment during acute psychiatric hospitalization. Psychiatric severity did not moderate treatment efficacy, and cessation treatment appeared to decrease rehospitalization risk, perhaps by providing broader therapeutic benefit. (*Am J Public Health*. Published online ahead of print August 15, 2013; e1–e9. doi:10.2105/AJPH.2013.301403)

patients.¹⁸ Yet fewer than 2 dozen randomized clinical trials have treated smoking in persons with current mental illness,¹⁹ and the only published randomized trial examining inpatient psychiatry for initiating tobacco treatment was conducted with adolescents. The intervention group increased in motivation to quit, but the treatment effect on abstinence was not significant.²⁰ The American Psychiatric Association identifies psychiatric hospitalizations as an ideal opportunity to treat tobacco dependence.²¹ Hospital-based tobacco treatment trials with the seriously mentally ill are needed to inform clinical practice guidelines.

An obstacle to tobacco treatment in mental health settings has been concern that termination of cigarette smoking will increase psychiatric symptoms. Many in the clinical, research, and public arenas believe that tobacco use serves as a form of self-medication for persons with psychiatric disorders.^{22,23} If this were true, psychiatric symptoms would be expected to worsen and mental health service use to

increase following treatment of tobacco use. Tobacco treatment trials with smokers with clinical depression, posttraumatic stress disorder, and schizophrenia, however, have demonstrated no adverse effect of treating tobacco dependence or of quitting smoking on mental health recovery.²⁴⁻²⁹

Research has not examined the impact of treating tobacco dependence during an acute psychiatric hospitalization on mental health recovery. Patients for whom inpatient psychiatric care is deemed necessary typically present as suicidal, homicidal, or gravely disabled. The average length of inpatient psychiatric stay in the United States is about a week, and readmissions are common.^{30,31} Among patients hospitalized for mental illness in California in 2005 and 2006, 44% were rehospitalized within 12 months, reflecting the remitting and recurring natural course of many mental illnesses.³⁰ In the literature, predictors of psychiatric hospitalization include psychosis, race/ethnicity (higher for African Americans), low



OR=3.15, p=0.018 for condition in a GEE-based logistic regression
234 rehospitalizations: 140 (UC) vs. 94 (Tx), p=0.036

Incremental cost-effectiveness ratio: \$428 per QALY



	Private	Public
N	224	100
Recruitment Rate	79%	71%
Age in years	40 (14)	40 (11)
Female	40%	35%
Ethnicity		
White	63%	44%
African American	9%	27%
Hispanic	5%	9%
Asian American	7%	11%
Multiethnic/other	16%	9%
Education in years	14 (3)	13 (3)
Income <\$20,000	60%	81%
Homeless	5%	39%
Private/self-pay	53%	1%



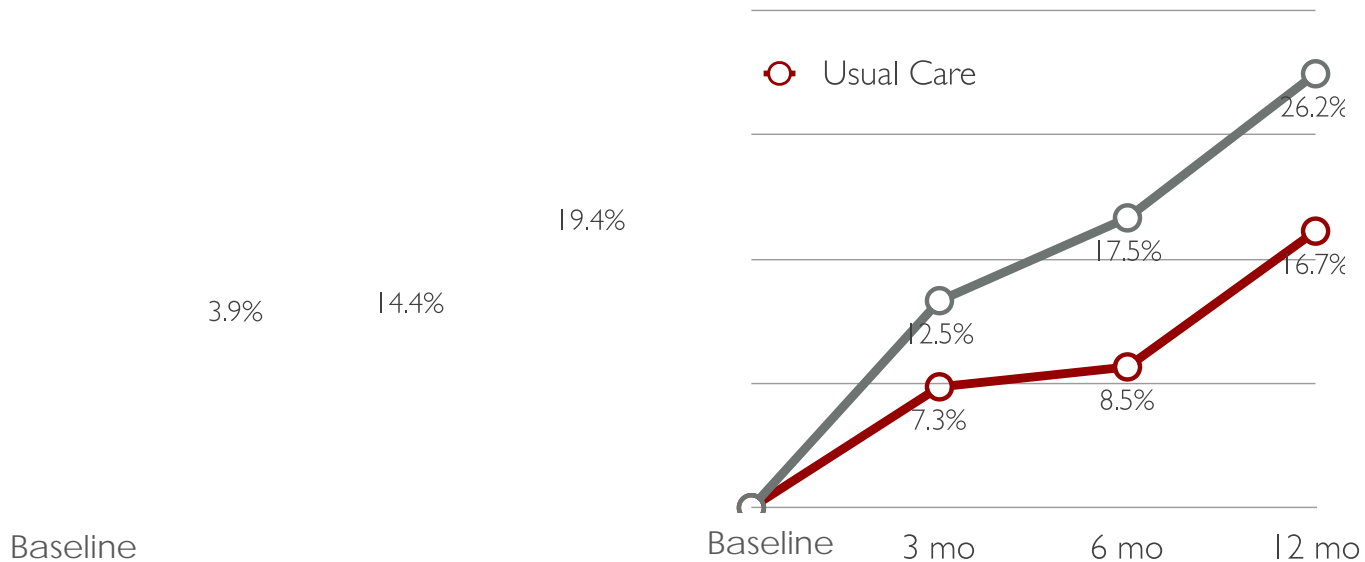
Nicotine & Tobacco Research, 2015, 1012–1021
 doi:10.1093/ntr/ntv034
 Original investigation

Original investigation

Treating Tobacco Dependence at the Intersection of Diversity, Poverty, and Mental Illness: A Randomized Feasibility and Replication Trial

Norval J. Hickman III PhD, MPH¹, Kevin L. Delucchi PhD²,
 Judith J. Prochaska PhD, MPH³

CESSATION OUTCOMES: Private & Public Hospitals

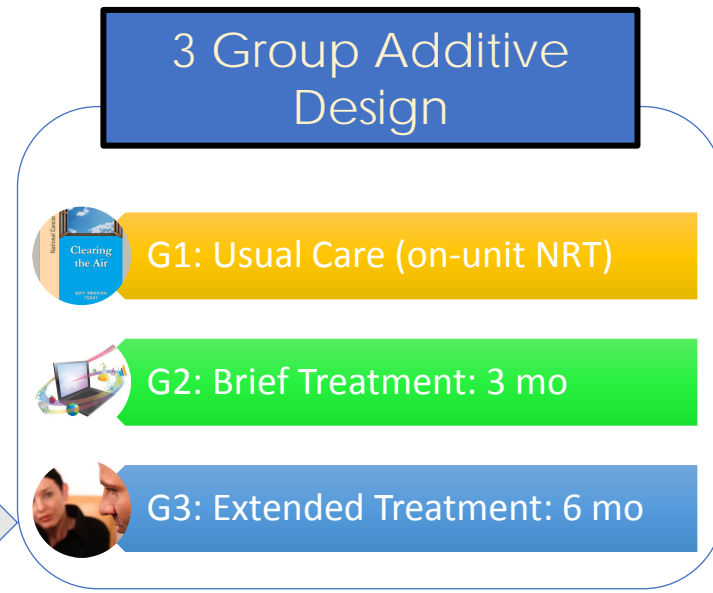


Prochaska et al. 2014 AJPH; Hickman et al. 2015 NTR

STAR Study Research Questions

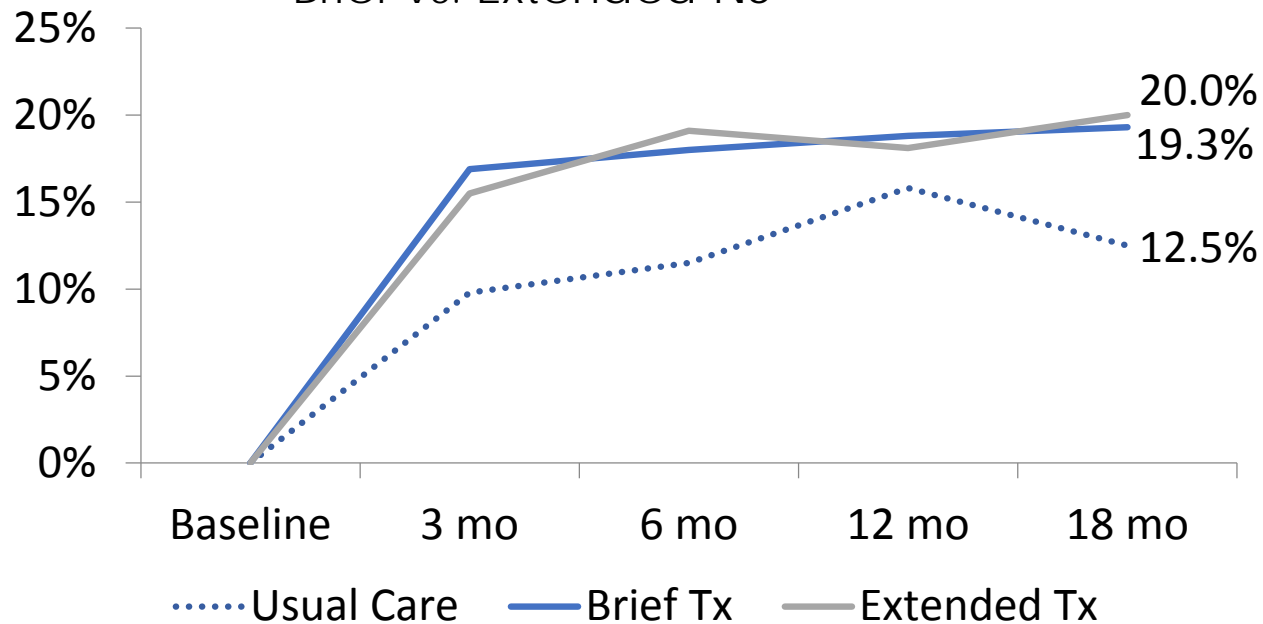
- Would 6-mo extended counseling + combination NRT (patch + gum/lozenge) be of interest and outperform our brief treatment?
- Would quit rates differ by diagnosis?
 - Unipolar
 - Bipolar
 - Psychotic Disorders
 - Other

10 CBT counseling sessions + 6-months NRT

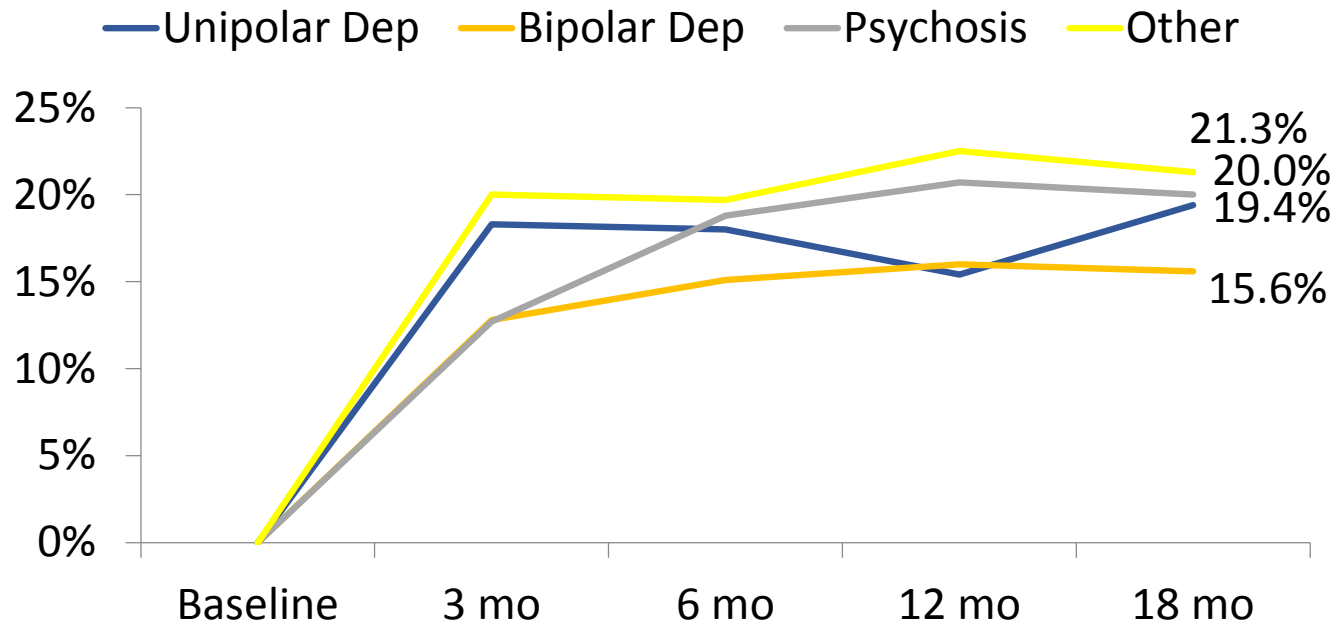


Abstinence over time by Condition

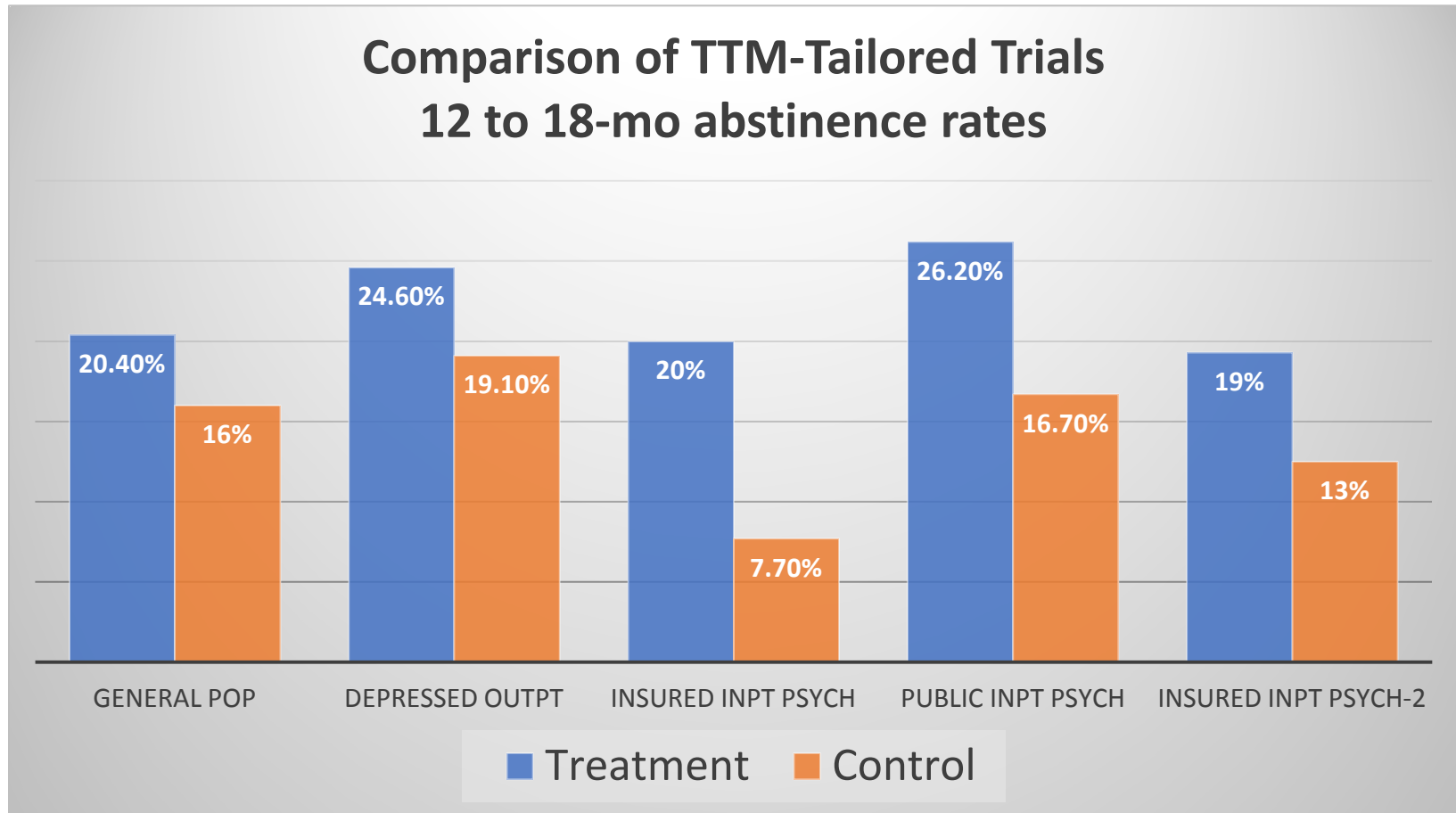
UC vs. Brief/Extended: Odds Ratio=1.66, $p=.048$
Brief vs. Extended NS



QUIT OVER TIME by DIAGNOSIS



REPLICATION of TREATMENT EFFECTS



Hall (2006) AJPH; Prochaska (2014) AJPH; Hickman (2015) NTR

INTEGRATING TOBACCO TREATMENT within PTSD SERVICES

- Cessation Medication Use
 - Integrated Intervention: 94%
 - Usual Care: 64%
- Counseling Sessions Attended
 - Integrated Intervention: M=5.5
 - Usual Care: M=2.6
- At all assessments, the odds of abstinence were **5 times greater** for integrated care vs. usual care

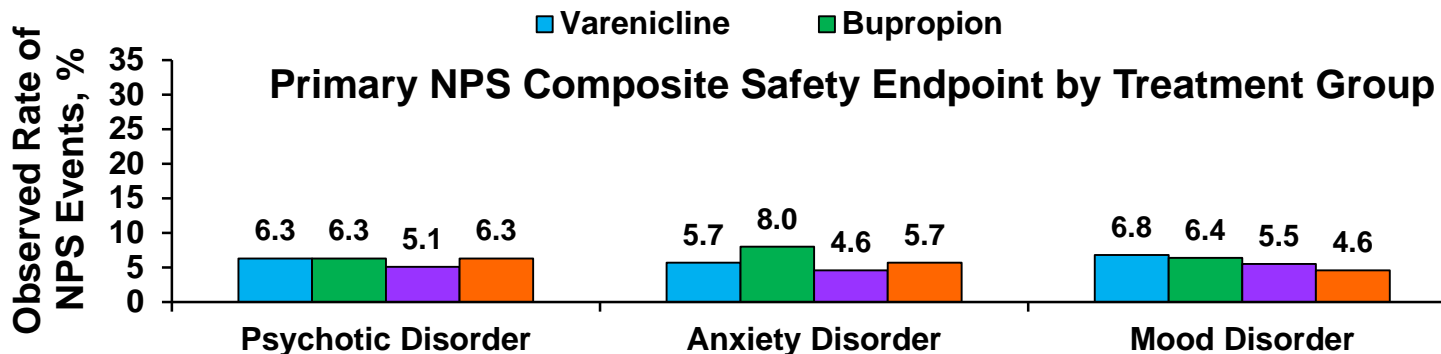
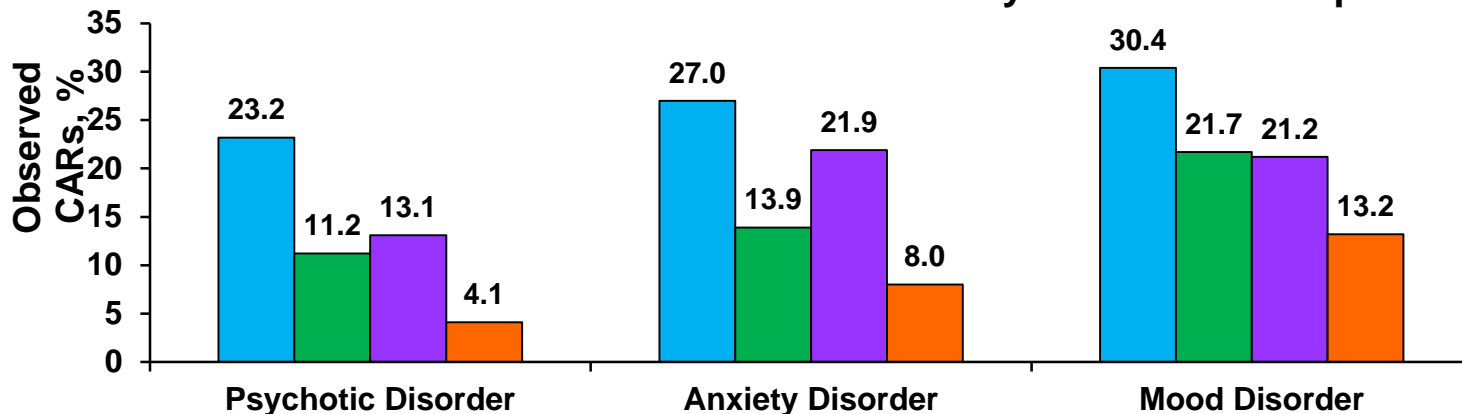
McFall et al. (2005) Am J Psychiatry

INTEGRATING TOBACCO TREATMENT within PTSD SERVICES

- Multi-site RCT with 943 clients from 10 VA Medical Centers, train-the-trainer model
- Integrated care (IC) vs. Usual care (UC)
- Cessation outcomes: **2-fold increase in quitting**
 - 18-mo 7 day PPA: IC 18.2% vs. UC 10.8%
- Strongest predictor of tx effect: # of counseling sessions received
- Quitting had no detriment on PTSD symptoms
- IC = \$1,286 and UC = \$551, for \$32,257 per QALY

Efficacy & Neuropsychiatric Safety in those with Psychotic, Anxiety & Mood Disorders: EAGLES Trial (N=8144, n=4116 psych+)

Continuous Abstinence Week 9-12 by Treatment Group



2 META-ANALYSES of BUPROPRION for QUITTING SMOKING in PERSONS with SCHIZOPHRENIA

- 6 RCTs, N = 260 total (19 – 59)
- EOT: RR = 2.57 (95% CI 1.35, 4.88)
- 6 mo FU: RR = 2.78 (95% CI 1.02, 7.58)
- Gen Pop: RR = 1.69 (95% CI 1.53, 1.85)

Bupropion for quitting smoking found to be well tolerated in patients with schizophrenia who are stabilized on an adequate antipsychotic regime

TOBACCO TREATMENTS with DEMONSTRATED EFFICACY in SMOKERS with MENTAL ILLNESS

- Quit lines: generic + **tailored**
- Counselling: motivational, cognitive-behavioral
- Medications: NRT, bupropion, varenicline
- Referral out and **integrated**

“Don’t think of it as losing a friend, think of it as gaining your freedom.”



Business or Exploitation?

TRUTH® EXPOSES BIG TOBACCO TARGETING PRACTICES AMONG INDIVIDUALS WITH MENTAL HEALTH CONDITIONS

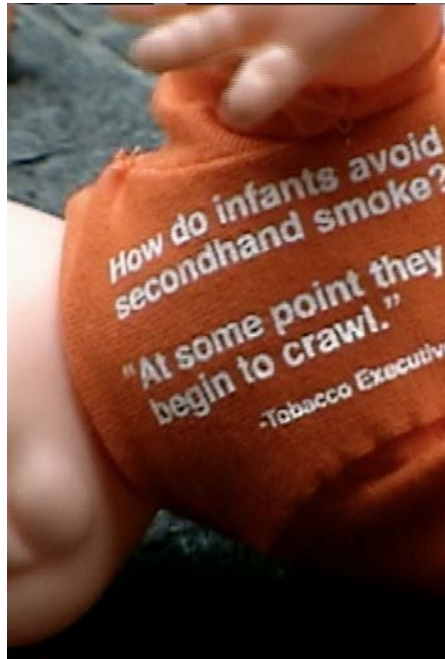
ASHLEY PERSIE

SENIOR BRAND MARKETING ASSOCIATE



truth[®] is a nationally recognized youth brand that combats smoking among teens

- **Our mission:** Reduce the teen smoking rate from 6% to 0.
- **Our challenge:** 3,800 teens smoke their first cigarette every day and 1/3 of them risk dying of a smoking-related disease.
- **Our approach:** Give our audience the tools to be the generation to end smoking. Don't preach.
- **Our style:** Have fun. Make noise. Be positive. Do it with swagger.



early truth campaign

Teen smoking
rate declines
to 9%

Media
landscape
changes

Age of
Initiation
shifts

2014

Tobacco is a
low-interest
topic

Big Tobacco's
marketing
tactics shift

Social media
is widespread



**WE CAN BE THE GENERATION
THAT ENDS SMOKING**



**UNPAID
TOBACCO
SPOKESPERSON**



**BECAUSE SMOKING
KILLS PETS TOO**



truth

PROGRESS REPORT

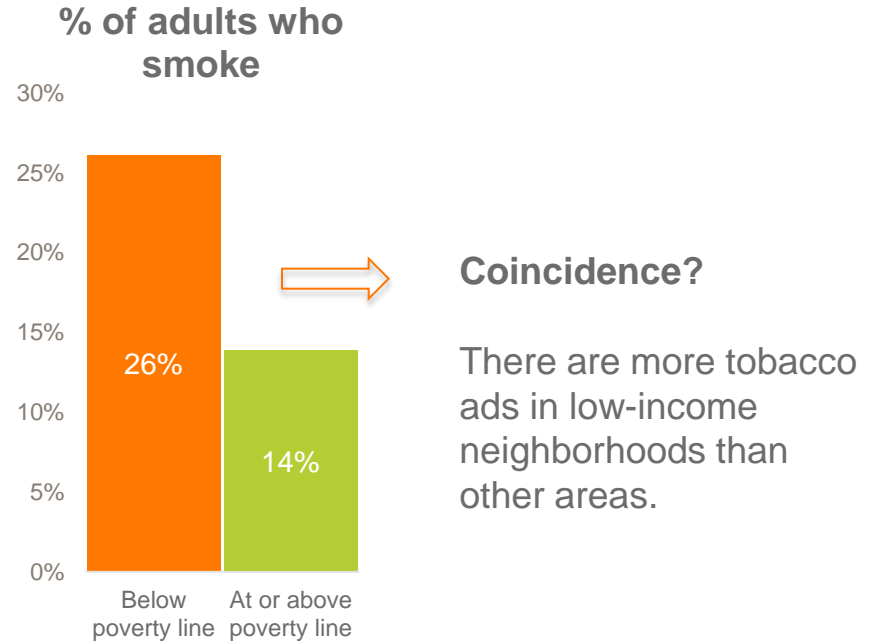
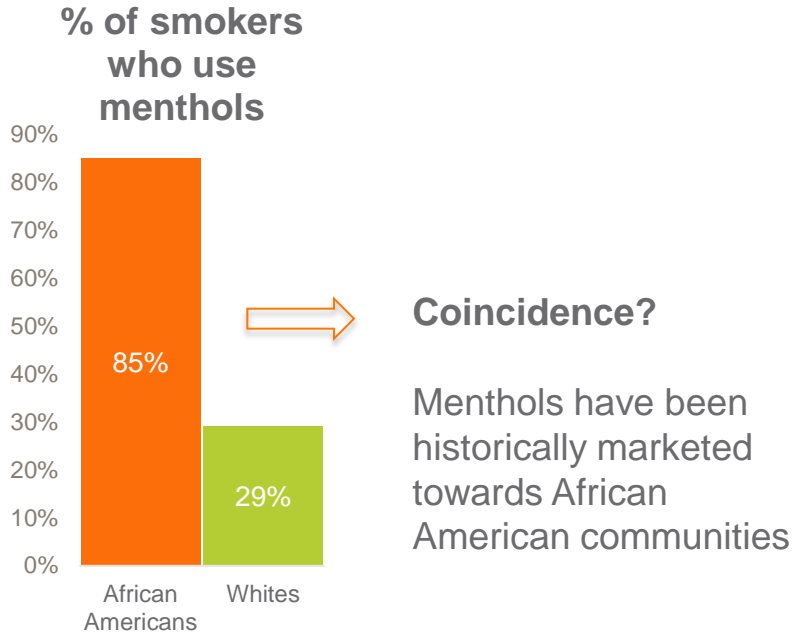


'TIS INDEED

A TRAP!

Social injustice

Smoking disproportionately affects some groups more than others.



Mental health & tobacco use

A close-up photograph of a human eye, looking directly at the camera. The iris is a light, hazy blue color. In the center of the pupil, there is a clear reflection of the Earth, showing continents and oceans. The eye is surrounded by dark, well-defined eyelashes. The background is a soft, out-of-focus skin tone.

People with depression, anxiety, and ADHD are **more likely to smoke.**

People with any mental health issues or substance abuse disorders **account for 40% of the cigarettes** smoked in the U.S.

Key Message

**IS IT REALLY JUST BUSINESS?
OR IS IT EXPLOITATION?**

People with mental illness die about 5 years earlier than those without these disorders; many of these deaths are caused by smoking cigarettes.

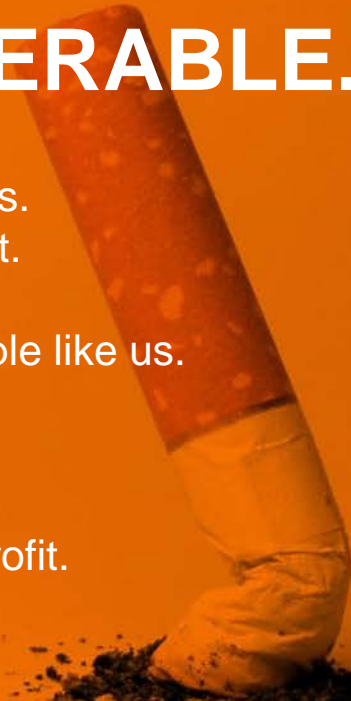
BIG TOBACCO IS TARGETING PEOPLE THEY SEE AS VULNERABLE.

People suffering from mental illnesses.
People struggling to make ends meet.

People we know. People we care about. People like us.

Big Tobacco has gone after them,
From price fixing to faux-science,
Treating them unfairly in the name of profit.

That's not a coincidence.
It's exploitation.





No one should be exploited by Big Tobacco.

**We need to unite Finishers of all kinds
against a common enemy: Big Tobacco.**

A black and white photograph of a JVC television. The screen shows a video with a large play button in the center. The text on the screen reads: "FACT: PEOPLE WITH MENTAL HEALTH OR SUBSTANCE ABUSE ISSUES SMOKE 40% OF ALL CIGARETTES". The background of the video shows a group of people in a room, with a sign that says "CENTER FOR WE" and a heart symbol. The JVC logo is visible at the bottom of the screen.

**FACT: PEOPLE WITH MENTAL HEALTH
OR SUBSTANCE ABUSE ISSUES
SMOKE 40% OF ALL CIGARETTES**

JVC



campaign
launches



truth

HOME TAKE ACTION THE FACTS TRUTH EVENTS ABOUT TRUTH THE VAULT

BUSINESS OR EXPLOITATION?

Big Tobacco targeted people with mental health issues.

CHECK IT OUT →

PASSION PIT

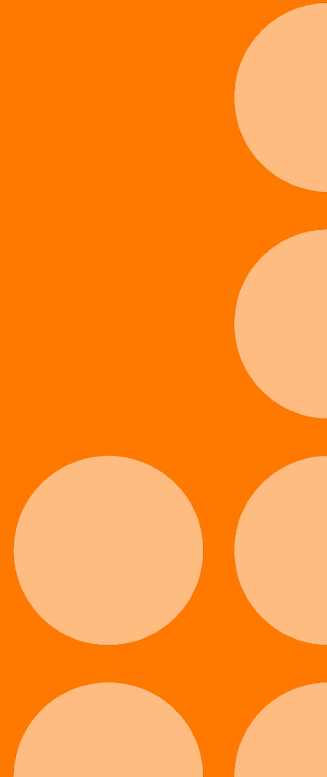
K.FLAY

truth

“FOR PEOPLE THAT LIVE WITH MENTAL ILLNESS LIKE I HAVE, SMOKING IS NOT AN ESCAPE, IT’S A TRAP.”

KAYLA, STUDENT

Results

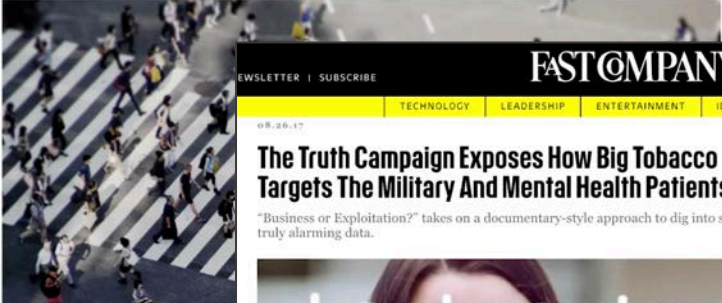


Sparked conversation

The Washington Post
Democracy Dies in Darkness

Health & Science

New ads accuse Big Tobacco of targeting soldiers and people with mental illness



NEWSLETTER | SUBSCRIBE


FAST COMPANY

TECHNOLOGY | LEADERSHIP | ENTERTAINMENT | IDEAS | VIDEO | NEWS

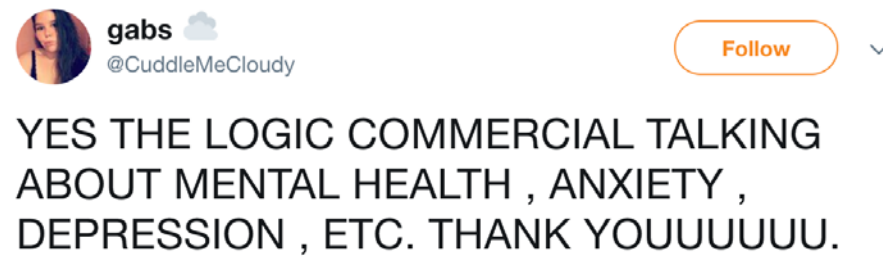
08.26.17



The Truth Campaign Exposes How Big Tobacco Targets The Military And Mental Health Patients

"Business or Exploitation?" takes on a documentary-style approach to dig into some truly alarming data.



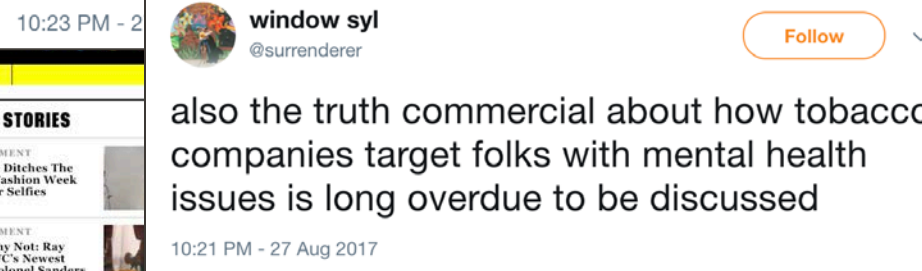
BY KC IFEANYI 2 MINUTE READ




 **gabs** 
@CuddleMeCloudy

Follow

YES THE LOGIC COMMERCIAL TALKING ABOUT MENTAL HEALTH , ANXIETY , DEPRESSION , ETC. THANK YOUUUUUU.



10:23 PM - 2

 **window syl**
@surrenderer

Follow

also the truth commercial about how tobacco companies target folks with mental health issues is long overdue to be discussed

10:21 PM - 27 Aug 2017

Changed attitudes after one month

29% increase in participants' agreement that **tobacco companies make me angry.**

23% increase in participants' agreement that they would **be part of a movement to end smoking**

20% increase in those that agree that **taking a stand against smoking is important** to them.

17% increase in **anti-tobacco industry sentiment.**

**Thank
you**

apersie@truthinitiative.org



Q&A

- Submit questions via the **chat box**



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- You will receive the webinar recording, presentation slides, information on certificates of attendance, and other resources, in our follow-up email. All of this information will be posted to our website.
- CME/CEUs of up to 1.0 credit is available to all attendees of this live session. Instructions will be emailed after the webinar.

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Accreditation:

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American Association for Respiratory Care (AARC)



- Free Continuing Respiratory Care Education credit (CRCEs) are available to Respiratory Therapists who attend this live webinar
- Instructions on how to claim credit will be included in our post-webinar email

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