

# Welcome Pioneers for Smoking Cessation




## *Recovery, Social Rehabilitation and Living Tobacco Free*

Tuesday, July 31, 2012 - 1:00 pm ET

## During the Webinar

**Tip:** If you do not see the **“Join Teleconference”** popup box, please click on the **“Audio”** tab, then click **“Join Teleconference”**.

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- ▶ Webinar is being recorded
- ▶ Questions are encouraged throughout via the chat box

# Welcome



- ▶ **Catherine Saucedo**
  - *Moderator*
  - **Deputy Director**  
**Smoking Cessation Leadership Center**  
**University of California, San Francisco**  
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3

# Agenda

- ▶ **Welcome**
  - Catherine Saucedo, Deputy Director, SCLC, *moderator*
- ▶ **Presentation from Dori S. Hutchinson, ScD**
  - *Director of Services, Center for Psychiatric Rehabilitation at Boston University, and Associate Clinical Professor at Sargent College of Health and Rehabilitation Sciences at Boston University*
- ▶ **Questions & Answers**
- ▶ **Technical Assistance and Closing Remarks**

Disclosure: Faculty speaker, moderator, and planning committee members have disclosed no financial interest/arrangement or affiliation with any commercial companies who have provided products or services relating to their presentation or commercial support for this continuing medical education activity.

4

## Today's Presenter



- ▶ **Dori S. Hutchinson, ScD**
  - Director of Services, Center for Psychiatric Rehabilitation at Boston University

5

- RECOVERY
- Social Rehabilitation and Tobacco Free lifestyles
- DORI HUTCHINSON, SC.D
- [dorih@bu.edu](mailto:dorih@bu.edu)

## THE FIERCE URGENCY OF DEATH

## The Body Count



7



**WHERE IS THE OUTRAGE?**

8

# Recovery

A Human Process

A Guiding Framework for our Programs

A Vision for Integrated Health Care



9

## Tobacco Use among those with Serious Mental Illness

- **75% are tobacco dependent**
  - Almost half of the 438,000 tobacco-related deaths are people with SMI
  - 85% in those with schizophrenia
  - 52% in public mental health inpatients
- **60 - 95% of people with addiction disorders smoke**
- **44% of all US cigarette consumption by those with mental illness/substance abuse (SA) disorder**
- **Staff smoke at higher rates over general population.**

10



I'm lucky today to be able to take this photo from outside the cage. With privileges, psychiatric inpatients are allowed outside for a short amount of time each day to explore this generally cigarette smoke-filled, fenced-in, alarmed, humble parcel of nearly lifeless land. There are no flowers, only a tamper-resistant rodent bait station, a drainage grate, a concrete slab with a bus stop sort of shelter and a cigarette butt disposal shoot. There is nothing uplifting about this place, but it is certainly an improvement over the yellowed walls of the hospital corridor. It's too bad they don't offer a smoke free area, a garden to work in, swings, even open gates with perhaps a sign-out sheet, all of which would promote healing.

11

## Barriers To Tobacco Free lifestyles

- Lack of hope
- Failures and Fears
- Loneliness
- The Illness itself
- Lack of Skills & Knowledge & Support
- Poverty
- Low Expectations



12

## Be it Resolved!

- Motivation=Will power
- Outsource willpower to avoid relapse
- Where there is a willpower reinforced, there's a way!



13



Locks. Barricades. Alarms. Loss of Power. No sense of self. Dignity down the drain. It's funny because I actually consider myself fortunate to have been hospitalized here rather than elsewhere; at least you *can* go outside, albeit to a 20 x 30 foot smokey as hell cage. I wondered how I could heal while imprisoned, thinking it such a false representation of my life. I brought myself there because I trusted the clinicians to give me the level of care I needed; why can they not trust me? Why do professionals give up on me? It doesn't have to be that way.

14

## Program/System Barriers

- Lens of Training and Orientation of Care
- Clinician Crisis of Hope
- Our Conflicted Zones: Concerns for Increased Risk and Liability
- Lack of Integrated Care and Professional Collaboration
- Lack of Resources

15

## Assessing and Developing Readiness

- Ask : about their recovery goals.
- Assess perceived need and commitment to quit along with use.
- Advise: Connect tobacco free lifestyles to Role recovery-work, relationships-their RIGHT to a long life.
- Dispel their myths and support the feasibility of quitting.
- Assist : provide a range of wellness groups that develop readiness, functional physical and mental health, stress resiliency and health knowledge.
- Integrate care :collaborate: teach consumers to partner with you, use them as experts in their illness and recovery.

16



## The Role of Peers in Tobacco Cessation

- The most important resource we have



17

## Resist a Tyranny of Health



18

## Helping to Heal



- Hope
- Community
- Support
- START-STOP-CONTINUE?

19



This drain calls to me because of all the hurtful things people have said to me over the decades about my mental illness. In sum, I have been told that I am a drain on the nation, a drain on society and a drain on multiple individuals' resources. Over the years, I have come to believe this, which has become a drain on me. Education about mental illness, my health (and the effects of trauma, tobacco, poor nutrition and lack of activity) should be available to me as well as healthcare professionals. Knowledge and understanding can be powerful weapons in combating stigma and helping people live long healthy lives...

20

**“Our lives begin to end the day we become silent about things that matter” -Rev. Martin Luther King**

21

## Questions & Answers

- ▶ Feel free to ask questions via the **chat box.**



22

## Contact the SCLC

Visit us online:

<http://smokingcessationleadership.ucsf.edu>

Call us toll-free:

**1-877-509-3786**



23

## Closing Remarks

Please help us by completing the post-webinar survey.

Thank you for your continued efforts to combat tobacco.

**SAVE THE DATE!**

**Thursday, September 27<sup>th</sup>, 1 pm ET**

*"Second and Third Hand Smoke", with Jonathan Winickoff, MD,  
Harvard Medical School*

24

Dr. Hutchinson has worked at the Center for Psychiatric Rehabilitation at Boston University for the last 27 years. She currently serves as the Director of Services Division which serves women, men and youth with serious psychiatric illnesses who may also be homeless, at risk for homelessness and experience significant co-morbidities. She is currently the Principal Investigator of the Boston University Campus Suicide Prevention Program. She serves as an Associate Professor at Sargent College of Health and Rehabilitation Sciences at Boston University. Dr. Hutchinson was the 2000 recipient of the International Association of Psychosocial Rehabilitation Services Association's (IAPRS) Early Career Research Award for her contributions on health issues for persons with serious psychiatric disabilities and in 2010, received the Armin Loeb Award from the United States Psychiatric Rehabilitation Association (USPRA) for her work in promoting the health of people with mental illness. She served as the chairwoman of the research committee of the International Association of Psychosocial Rehabilitation Services Association (IAPRS) in 2002-2004. She is also a current Board of Director member and sitting Chair-Elect of USPRA. Dr. Hutchinson has developed and implemented recovery-oriented service initiatives that assist people who have mental illness assume their rightful roles as students, employees, residents and members of their communities. She provides training nationally to organizations and providers who wish to deliver recovery-oriented services and conduct relevant program evaluations. Over the last 25 years she has also developed health service initiatives in community rehabilitation settings, inpatient settings and educational settings that provide health promotion knowledge and skills to empower people with psychiatric disabilities to change their lifestyles and recover their functional health that has resulted from the consequences of living with a serious psychiatric illness.