

ADDRESSING TOBACCO IN BEHAVIORAL HEALTH: PRACTICAL STRATEGIES FOR TREATMENT AND POLICY

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TOPICS FOR TODAY

- **Facts about tobacco**
- **Clinical Practice Guidelines Brief Intervention for Smokers**
- **Pharmacotherapy**
- **Tobacco Free Living in Community Health Facilities**
- **Resources**
- **Discussion**

WHAT IS SCLC?

- National Program Office of the Robert Wood Johnson Foundation
- Additional funding from VA, CDC, SAMHSA and Legacy
- Started at UCSF in 2003
- In last 4 years have moved into addictions and mental health
- Partners with NAADAC, CADCA, FAVOR, NASADAD, and others

SCLC AIM

- Increase the number of quit attempts
- Aims to normalize tobacco treatment among health professionals
- Broaden access to cessation tools and resources



PARTNERSHIP WITH LOS ANGELES



- Project TRUST goal: to address nicotine addiction, help recovery and treatment agencies go smoke-free and provide smoking cessation services to behavioral health care consumers and workers

ONE STRATEGY

- Make cessation intervention simpler, more concrete and easier to do, as embodied in Ask Advise Refer
- “Take 30 seconds to save a life”

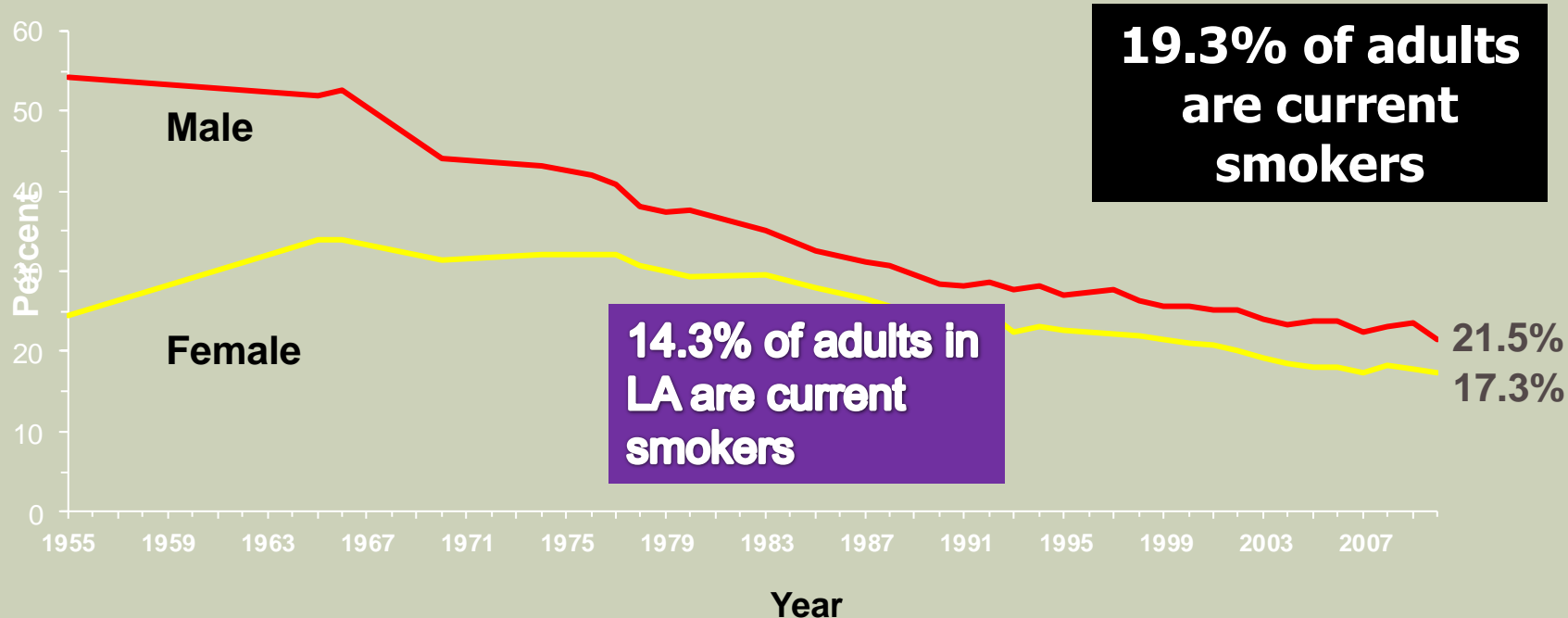


FACTS ABOUT SMOKING



TRENDS IN ADULT SMOKING, BY SEX— U.S., 1955–2010

Trends in cigarette current smoking among persons aged 18 or older

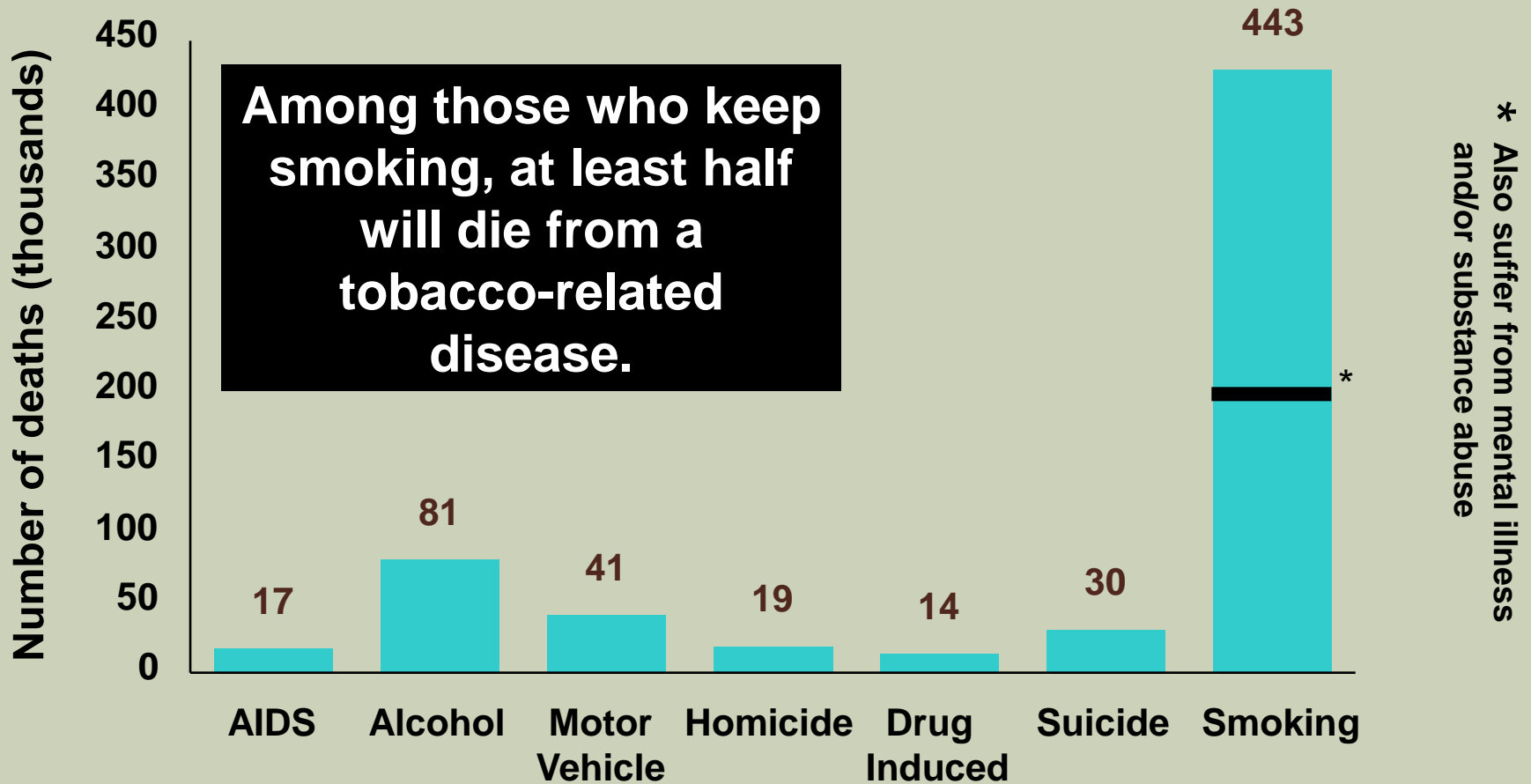


Graph provided by the Centers for Disease Control and Prevention. 1955 Current Population Survey; 1965–2005 NHIS. Estimates since 1992 include some-day smoking.

TOBACCO'S DEADLY TOLL

- 443,000 deaths in the U.S. each year
- 4.8 million deaths world wide each year
- 10 million deaths estimated by year 2030
- 50,000 deaths in the U.S. due to second-hand smoke exposure
- Another 8.6 million live with a serious illness caused by smoking

Comparative Causes of Annual Deaths in the U.S.

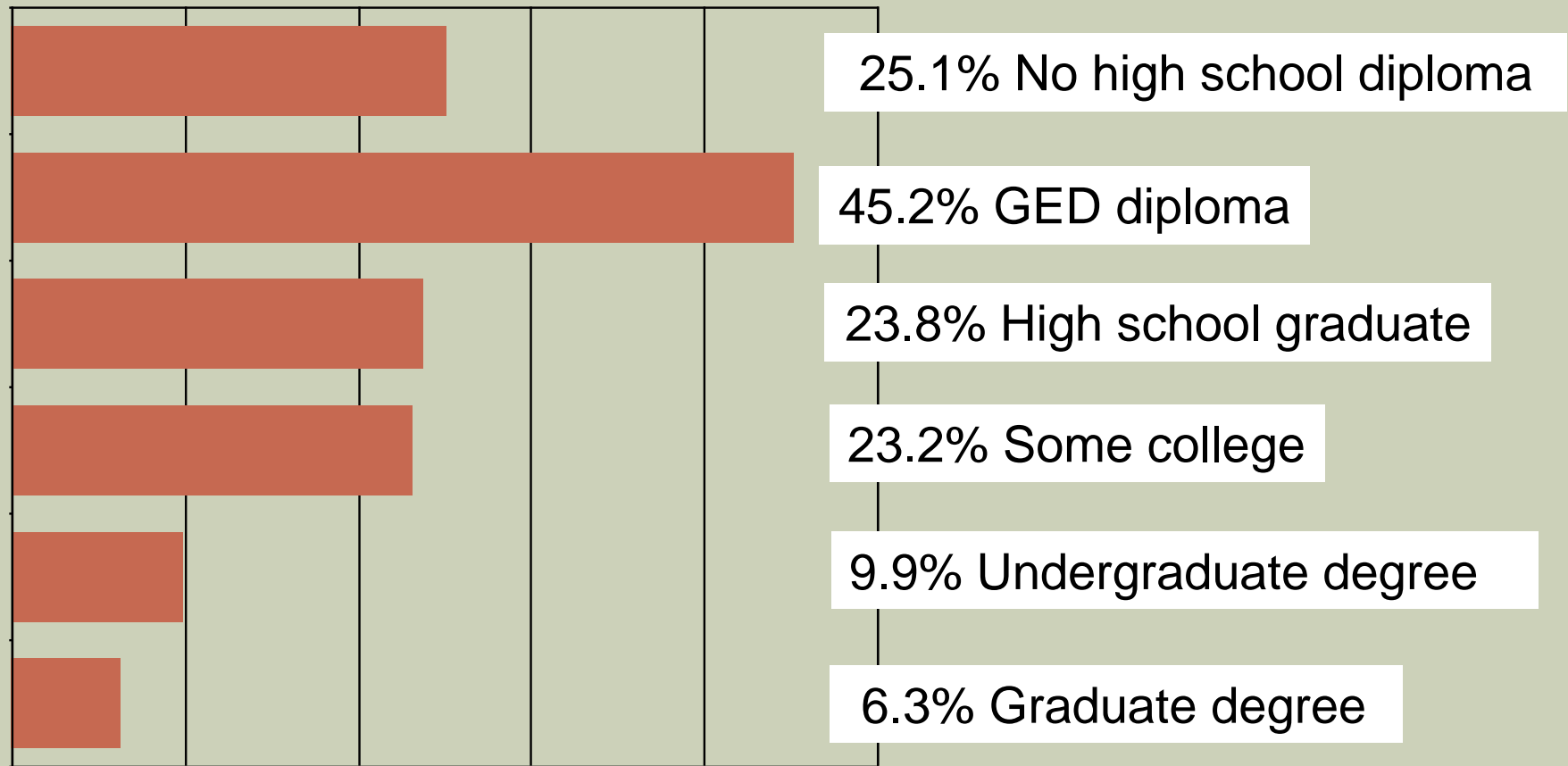


Mokdad et al. (2004). *JAMA* 291:1238–1245.
Flegal et al., (2005). *JAMA* 293:1861–1867.

HEALTH CONSEQUENCES OF SMOKING

- **Cancers**
 - Acute myeloid leukemia
 - Bladder and kidney
 - Cervical
 - Esophageal
 - Gastric
 - Laryngeal
 - Lung
 - Oral cavity and pharyngeal
 - Pancreatic
- **Pulmonary diseases**
 - Acute (e.g., pneumonia)
 - Chronic (e.g., COPD)
- **Cardiovascular diseases**
 - Abdominal aortic aneurysm
 - Coronary heart disease
 - Cerebrovascular disease
 - Peripheral arterial disease
- **Reproductive effects**
 - Reduced fertility in women
 - Poor pregnancy outcomes (e.g., low birth weight, preterm delivery)
 - Infant mortality
- **Other effects: cataract, osteoporosis, periodontitis, poor surgical outcomes**

PREVALENCE OF ADULT SMOKING, BY EDUCATION—U.S., 2010



0% 10% 20% 30% 40% 50%

Centers for Disease Control and Prevention
(CDC). (2011). *MMWR* 60:1207-1212

THE REAL CULPRIT

- It is the smoke, tar, and additives that cause people to sicken and die, not nicotine
- Nicotine is dangerous because it leads to addiction, and increased exposure to tobacco constituents
- Therefore, nicotine replacement therapy is helpful, not harmful. It is a “clean” form of nicotine.



QUITTING: HEALTH BENEFITS

Time Since Quit Date

Circulation improves,
walking becomes easier
Lung function increases
up to 30%

2 weeks
to

Lung cilia regain normal
function

Ability to clear lungs of mucus
increases

Excess risk of CHD
decreases to half that of a
continuing smoker

1
year

Coughing, fatigue, shortness of
breath decrease

Lung cancer death rate
drops to half that of a
continuing smoker

5
years

Risk of stroke is reduced to that
of people who have never
smoked

Risk of cancer of mouth,
throat, esophagus,
bladder, kidney, pancreas
decrease

10
years

after
15 years

Risk of CHD is similar to that of
people who have never smoked

SMOKING AND BEHAVIORAL HEALTH



WHY THE FOCUS ON BEHAVIORAL HEALTH?

- As smoking prevalence declines, a greater proportion of smokers are in this disparate population
- Go where the smokers are...

IT'S ABOUT THE DISPARITY

■ Smoking Rates

■ General population smoking rates

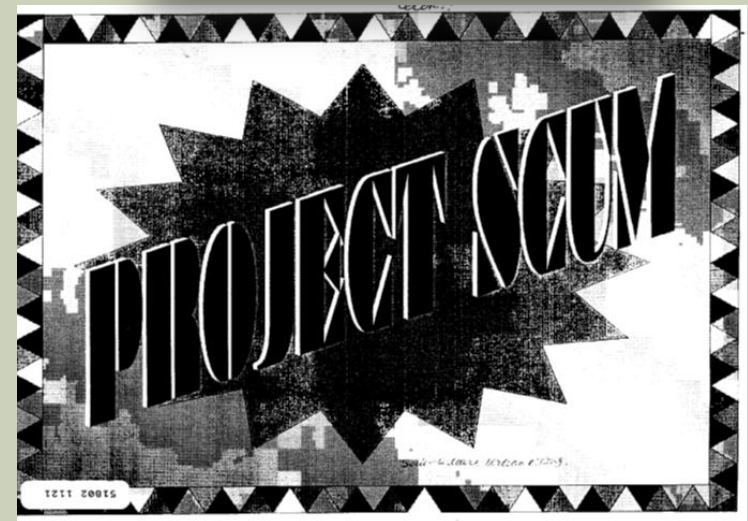
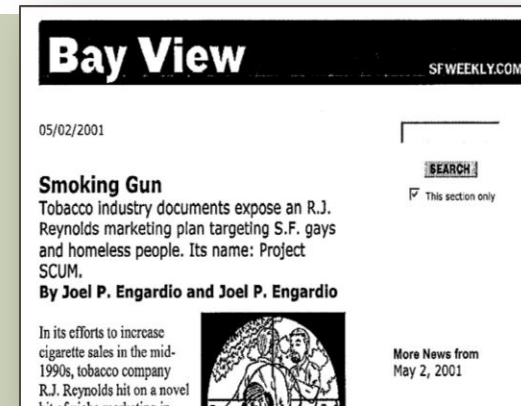
- *Nationally: 19.3% (NHIS)*

■ Behavioral health pop. smoking rates

- Ranges from 32% - 98% depending upon diagnosis

A TARGETED POPULATION

- Tobacco companies actively target the mentally ill and substance abusers
- Pushed discount brand Doral to low-income neighborhoods, homeless shelters, and psychiatric facilities
- R .J. Reynolds "consumer subcultures," including "alternative lifestyle (gay/Castro)" and "street people (Tenderloin)"



Sub Culture Urban Marketing



- Study analyzed previously secret tobacco industry documents (280 records)
- Monitored or directly funded research supporting the idea that individuals with schizophrenia were:
 - less susceptible to the harms of tobacco and
 - that they needed tobacco as self-medication
- Promoted smoking in psychiatric settings by:
 - providing cigarettes and
 - supporting efforts to block hospital smoking bans



THE HEAVY BURDEN

- 200,000 annual deaths from smoking occur among patients with CMI and/or substance abuse
- consume 44% of all cigarettes sold in the US
- 53-91% of people in addiction treatment settings use tobacco
- Among clients in treatment for substance use disorders who smoked, 51 percent died of tobacco-related causes – a rate double that of the general population
- People with CMI die on average 25 years earlier than general population

SMOKING PREVALENCE RATES BY DIAGNOSTIC CATEGORY ACROSS STUDIES

■ Major depression	■ 36-80 %
■ Bipolar disorder	■ 51-70 %
■ Schizophrenia	■ 62-90 %
■ Anxiety disorders	■ 32-60 %
■ PTSD	■ 45-60 %
■ ADHD	■ 38-42 %
■ Alcohol abuse	■ 34-93 %
■ Other drug abuse	■ 49- 98 %

ADDICTION

- Nicotine is a pervasive, legal addiction (43 million users, a third to a half will die from using)
- Nationally 77-93% of people in addiction treatment settings use tobacco, more than triple the national average

Source: Richter et al., 2001

- Tobacco use may increase the pleasure experienced when drinking alcohol

Source: US DHHS NIDA Alcohol Alert, 2007

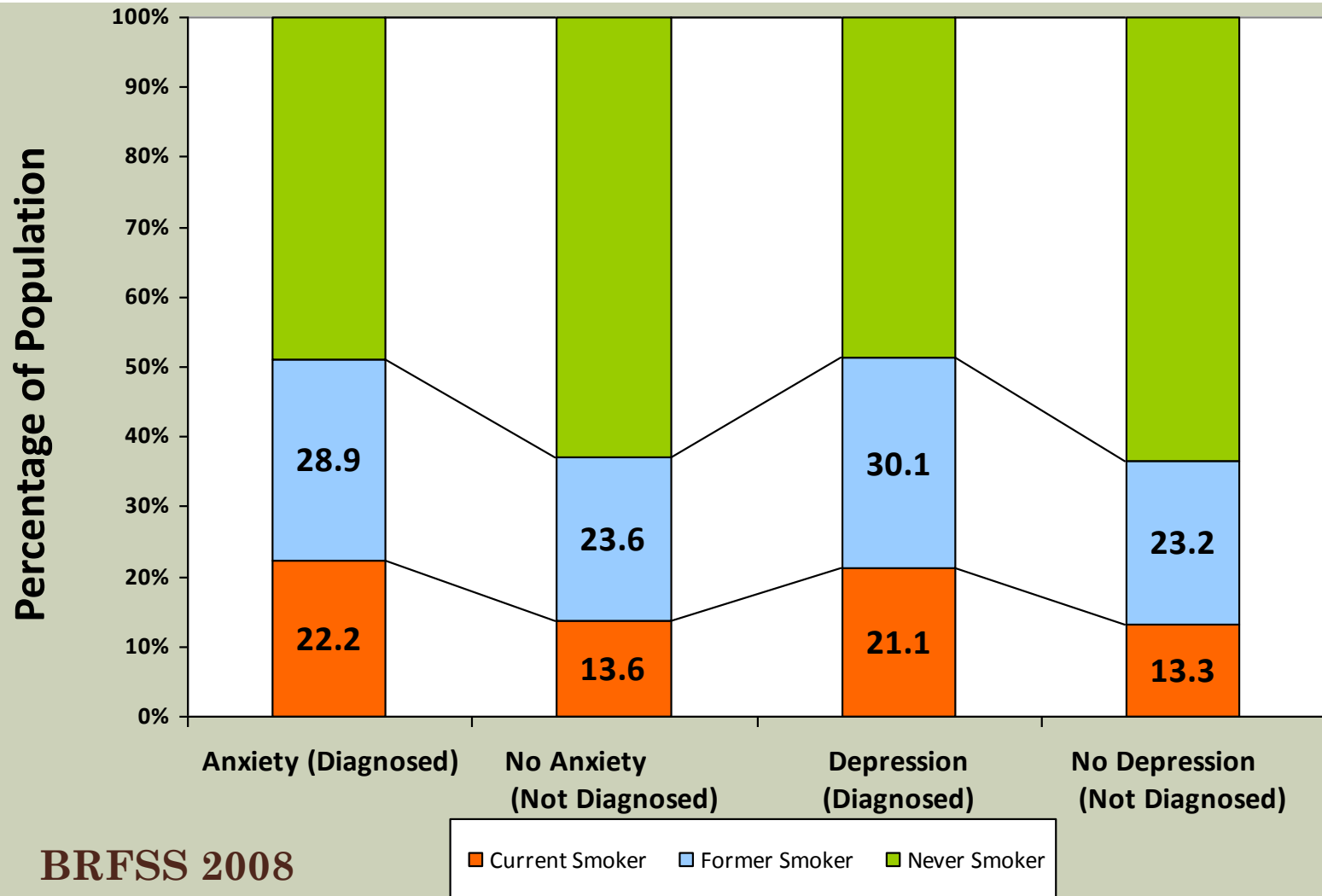
- Heavy smoking may contribute to increased use of cocaine and heroin

Source: US DHHS NIDA Notes, 2000

- Heavy smokers have other, more severe addictions than non-smokers and moderate smokers

Source: Marks et al., 1997; Krejci, Steinberg, and Ziedonis; 2003

Smoking Prevalence by Diagnosed Mental Health Disorders in California



BRFSS 2008

ANGELINOS

- 64.9% of heavy alcohol drinkers are current smokers compared to 16.4% of non-heavy drinkers
- 48.1% of methamphetamine users are current smokers compared to 18.2% of non-meth users
- Approximately 70% of smokers diagnosed as being depressed reported wanting to quit smoking
- Tobacco-related diseases cost Los Angeles County \$4.3 billion per year; of which \$2.3 billion is for direct healthcare expenditures



SMOKING AND THE INCARCERATED

- 70 - 80% of men smoke; 3-4 times higher than the general population
- 44 - 91% of women smoke; 2-4 times higher than the general population
- Prisoners who smoke have greater number of heart, circulatory, respiratory, kidney and liver problems
- Prisoners have greater number of comorbidities, including MI and SA issues.
- 97% of incarcerated in a smoke-free prison usually return to smoking within six months of their release

FINANCIAL IMPACT

- People with mental illnesses and/or addictions may spend up to **1/3** their income on cigarettes*
- A pack a day smoker spends on average...
 - \$5.00 per day
 - \$35.00 per week
 - \$152.10 per month
 - \$1,825.00 per year
 - \$18,250.00 per 10 years**

*Steinberg, 2004



BEHAVIORAL HEALTH STAFF SMOKING RATES

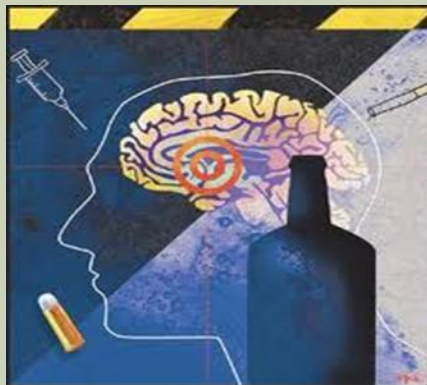
- Smoking prevalence among substance abuse counselors* ranged from **14%-40%**
- Lowest staff smoking rates (**14%**) included staff with higher educational and professional training
- Rates of smoking among treatment staff in MH and SA facilities higher than general population, approximately **30- 40% vs. 22%**

(Source: Bernstein & Stoduto 1999; Bobo & Hoffman 1995; Bobo & Davis 1993; Bobo & Gilchrist 1983; Williams et al in press)

*based on estimates reported in **11** papers

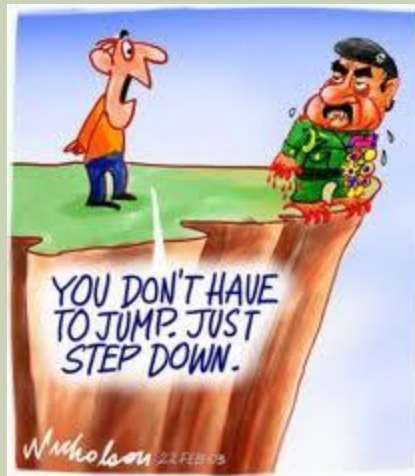
BENEFITS ABOUT QUITTING TOBACCO

- Reduced morbidity
- Enhanced abstinence from substance use
- Reduced financial burden
- Increased self-confidence
- Increased focus on mental health and wellness
- Reduced stigma



CESSATION IN SMOKERS WHO WANT TO QUIT

- There are two schedules to stop smoking with people in recovery: immediate cessation vs. gradual reduction. As of now, there is no clear evidence supporting one over the other.
- Giving smokers a choice as to whether they would prefer to abruptly quit or gradually reduce is an acceptable strategy.
- The risks from lower intensity smoking are not much less than higher intensity.



TRUE OR FALSE?

- Question: Is tobacco necessary self-medication?
- FALSE: It is not. The tobacco industry has supported this myth.
- Question: People with mental health and/or addiction issues aren't interested in quitting.
- FALSE: The same percentage wishes to quit as in the general population.
- QUESTION: People with mental health/addictions can't quit.
- FALSE: The quit rates are the same or slightly lower than the general population.
- QUESTION: Quitting worsens recovery from the mental illness.
- FALSE: Quitting does not hurt recovery.
- QUESTION: Tobacco is a low-priority problem.
- FALSE: Smoking is the biggest killer for those with mental and/or substance abuse disorders.

Source: Prochaska, J. J. (2011). *New England Journal of Medicine*. July 21, 2011.

TAKE HOME MESSAGE

- Tobacco industry has targeted this population (Project SCUM)
- Consume nearly 50% of all cigarettes sold in U.S.
- Of the 443,000 preventable causes of death, 200,000 are persons with mental illness and/or substance abuse
- Die 25 years earlier than general population from chronic illness related to tobacco use
- It is never too late for *anyone* to quit tobacco use
- Want to quit, they can quit and *you* can help them quit

**TAKING COMMUNITY
HEALTH FACILITIES
TOBACCO FREE**

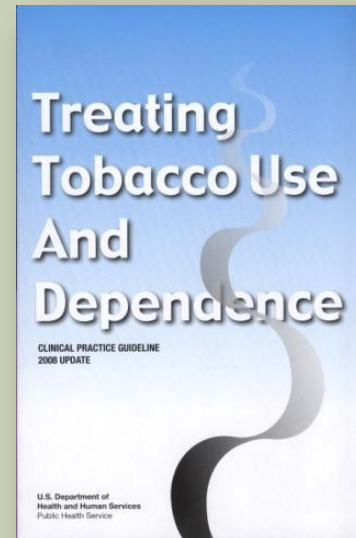


What is killing the majority of us is not infectious disease, but our chronic and modifiable behaviors



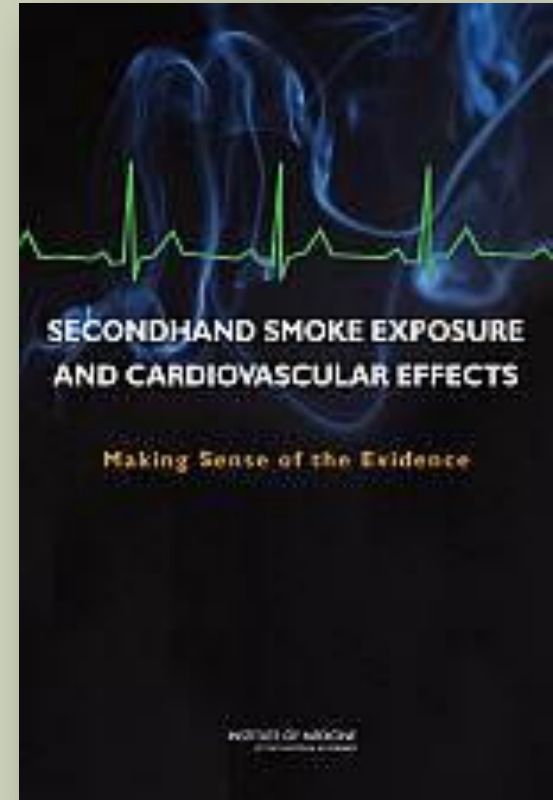
2008 TOBACCO DEPENDENCE CLINICAL PRACTICE GUIDELINE

- “All smokers with psychiatric disorders, including substance use disorders, should be offered tobacco dependence treatment, and clinicians must overcome their reluctance to treat this population” (Fiore et al., 2008, p. 154).



Secondhand Smoke

- Nonsmokers who are exposed to secondhand smoke at home or work increase their heart disease risk by 25–30% and their lung cancer risk by 20–30%
- 3rd leading cause of preventable death in the U.S.



CAUSAL ASSOCIATIONS WITH SECOND-HAND SMOKE

- Developmental
 - Low birthweight
 - Sudden infant death syndrome (SIDS)
 - Pre-term delivery
 - Childhood depression
- Respiratory
 - Asthma induction and exacerbation
 - Eye and nasal irritation
 - Bronchitis, pneumonia, otitis media in children
 - Decreased hearing in teens
- Carcinogenic
 - Lung cancer
 - Nasal sinus cancer
 - Breast cancer (younger, premenopausal women)
- Cardiovascular
 - Heart disease mortality
 - Acute and chronic coronary heart disease morbidity
 - Altered vascular properties

There is no safe level of second-hand smoke.

THIRD-HAND SMOKE

- Residual tobacco smoke contamination that remains after the cigarette is extinguished
 - Visible 'second-hand smoke' is gone but toxins remain.
 - highly toxic particles cling to clothing, hair, furniture, and carpeting
- Carcinogens in 3rd hand smoke are a health and cancer risk for anyone who comes into contact.
- Infants and children are at greater risk because they are closer surfaces that cling to residue. Babies receive as much as 20x the exposure adults due



CA SMOKE FREE POLICY



1995: AB 13- Enclosed public places and workplaces went smoke-free



1998: Inside restaurants and bars



2010 Cigarettes taken out of San Francisco pharmacies in by Mitch Katz, now in LA



2011: Smoke-free outdoor dining in the Los Angeles



LA PIONEERS

- Partnership to address nicotine addiction, help recovery and treatment agencies go smoke-free and provide smoking cessation services to behavioral health care consumers and workers.
- Provide training and technical assistance to 77 LA Pioneer grantees to raise awareness of the benefits smoking cessation efforts, increase understanding of effective smoking cessation strategies, create tobacco-free community health organizations
- New Champions project coming soon



NAADAC POSITION STATEMENT

- NAADAC...advocates and supports the development of policies and programs that promote the prevention and treatment of nicotine dependence on a par with alcoholism and drug dependence.
- NAADAC recommends that tobacco dependence be included in the treatment plan for every patient to whom it applies.... Discharge plans should address all unresolved problems, including the use of tobacco....



AT LEAST 34 STATES BAN SMOKING IN SUD TREATMENT FACILITIES

- In 34 States, Clean Air Acts and Statewide indoor smoking bans have led to a ban on smoking inside SUD treatment facilities.
- 5 SSAs are working to develop a policy that bans smoking in SUD treatment facilities.
- In more than half of the States (26), the SSA has administered resources for tobacco cessation including:
 - TA/training/toolkits for providers (26 States)
 - Online resources/Quitlines(19 States)
 - NRTs/counseling (10 States)

NAMI POSITION STATEMENT

- ...NAMI recognizes that cigarette and other tobacco use is a dangerous form of addiction. Such addiction creates more significant health problems for people with mental illness and in recovery
- People w/ MI and in recovery have the right to be smoke free and tobacco free.
- Effective prevention & treatment, including treatment of the effects of withdrawal.. should be part of effective mental health care treatment and recovery.
- People w/ MI must be given education and support to make healthy choices in their lives.

PSYCHIATRIC HOSPITAL OUTCOMES

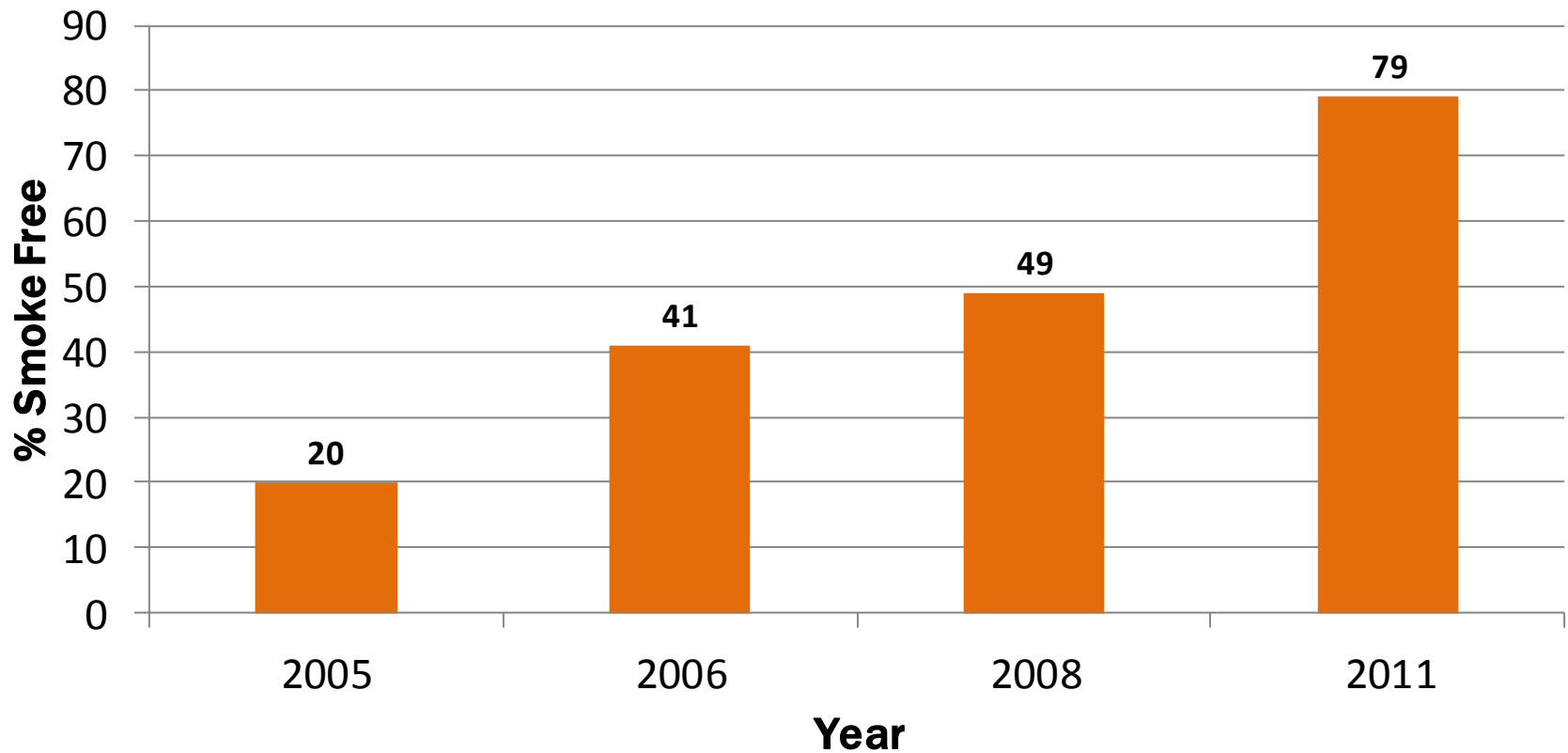
- Improved health of patients,
- Cleaner grounds/environment,
- Reduced seclusion and restraint,
- Decreased coercion and threats among patients and staff,
- Increased availability of tobacco cessation medication,
- Increased staff satisfaction

(NASMHPD, 2007)



NATIONAL RESEARCH INSTITUTE

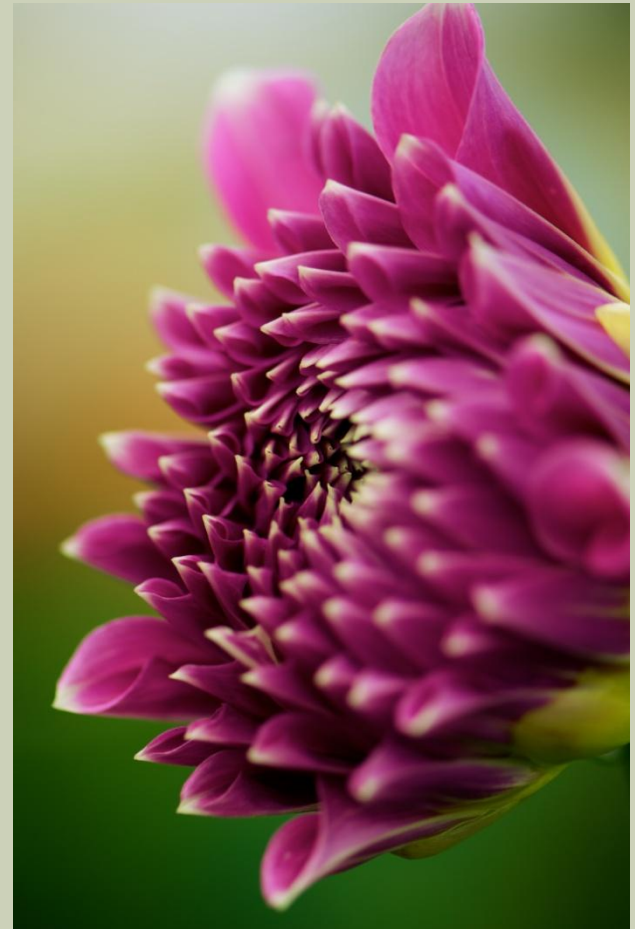
Percent of Smoke Free State Psychiatric Hospitals



*Response rates: 2005 – 55%, 2006 – 82%, 2008 – 75%, 2011 – 80%

RETURN ON INVESTMENT

- **For Facilities:**
 - Reduced maintenance and cleaning costs
 - Decreased accidents and fires
 - Decreased health insurance costs
 - Decreased worker's compensation payments



RETURN ON INVESTMENT

■ For Staff:

- Decreased hospital admissions
- Decreased absenteeism
- Increased productivity
- Increased satisfaction

■ For Clients:

- Decreased disease and death
- Decreased hospital admissions
- Increased quality of life



A Tobacco-Free Toolkit for Community Health Facilities



Project TRUST Edition

*Made possible by funding from the Department of Health and Human Services
through the Los Angeles County Department of Public Health*

**TOOLKIT
AVAILABLE
ONLINE**

http://smokingcessationleadership.ucsf.edu/tf_policy_toolkit.pdf

TEN STEPS TOWARD SUCCESS

- 1. Convene a tobacco-free committee**
- 2. Create a timeline**
- 3. Craft the message**
- 4. Draft the policy**
- 5. Clearly communicate your intentions**
- 6. Educate staff and clients**
- 7. Provide tobacco cessation services**
- 8. Build community support**
- 9. Launch the policy**
- 10. Monitor the policy & respond to challenges**

ST CONVENE A TOBACCO-FREE COMMITTEE

- Key members of the committee are:
 - The human resources director
 - Facilities director
 - Environmental services
 - The clinical and/or medical director
 - Key employee groups
 - Key client groups
 - Security
 - Pharmacy
 - Health education
 - Public affairs
 - Neighbors

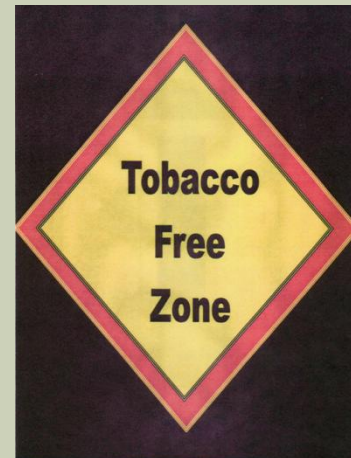


CRAFT THE MESSAGE

“We are developing this policy to provide a healthy and safe environment for employees, clients, and visitors and to promote positive health behaviors.”

“Tobacco acts as a cue for other drug use and maintains a drug-related coping style.”

“We are not saying you must quit smoking. But we are saying you cannot use tobacco while you are at work. If you are ready to quit, we want to support your efforts.”



DRAFT THE POLICY

- Provide a clear rationale that cites the documented health risks that tobacco use poses to clients and staff.
- Create in consultation with staff and clients.
- Acknowledge the right of employees to work in a tobacco-free environment.

CLEARLY COMMUNICATE YOUR INTENTIONS

- **Inform Outside Providers and Agencies**
 - **Mental health and addictions providers**
 - **Primary care clinics**
 - **Criminal justice**
 - **Public health**
 - **School systems**
 - **Mayor's office**
 - **HMOs**
 - **Medicaid office**
 - **Homeless shelters**



PROVIDE TOBACCO CESSATION SERVICES EARLY ON THE TIMELINE

- Counseling
- Quitlines
- Peers
- Nicotine replacement therapies (NRT)
- Bupropion SR (Wellbutrin, Zyban)
- Varenicline (Chantix)



FUNDING

- Private health plans
- State Medicaid/Medical
- Centers for Medicare and Medicaid Services (CMS)
- Employee health plans
- Employee wellness programs



IT IS ALL IN THE BREAK

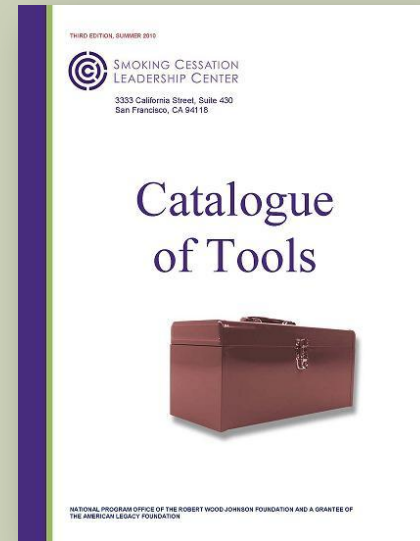


RESOURCES



LOW COST AND NO COST RESOURCES

- SCLC Catalogue of Tools
 - Behavioral health resources:
http://smokingcessationleadership.ucsf.edu/MH_Resources.htm
 - Smoking Cessation curriculum:
<http://rxforchange.ucsf.edu>
 - BecomeanEx.org



LOS ANGELES COUNTY RESOURCES

- It's Quitting Time L.A!
<http://www.laquits.com>
- LA County Tobacco Control and Prevention Program
<http://www.lapublichealth.org/tob/>
- County Listings <http://www.nobutts.org/CountyListings.aspx>
- To add resources to the list contact Donna Sze
dsze@ph.lacounty.gov





Your Tobacco Cessation Resource Center



About Us

- ▶ Trainings
- ▶ Information & Materials
- ▶ Calendar
- ▶ Request Technical Assistance
- ▶ Stories from the Field

NEW!

["Treating Tobacco Use and Dependence in Smokers with Substance Use Disorders"- Webinar Recording and Slides](#)

Welcome to the Center for Tobacco Cessation, a statewide project funded by the California Department of Public Health Tobacco Control Program (CTCP) and located at the University of California San Diego, Moores Cancer Center.

Tobacco Cessation in the News

[Struggling to quit? Inhale less smokers told](#)

by BBC Online - Oct 24, 2012

Smokers who struggle to quit should inhale less or stop during set points of

CTC provides training and technical assistance to organizations statewide to increase their capacity in tobacco cessation.

<http://centerforcessation.org/> 1- 858-300-1012

1-800 NO-BUTTS

Community Referral

- Quitlines are most effective when working in coordination with other providers
- Create formal partnerships and referral mechanisms
- May decrease client ambivalence
 - Give clinicians more confidence in clients' follow through



CALIFORNIA SMOKERS' HELPLINE

Website: www.nobutts.org

English	1-800-NO-BUTTS or 1-800-662-8887
Spanish	1-800-45-NO-FUME or 1-800-456-6386
Chinese	1-800-838-8917 (Mandarin and Cantonese)
Korean	1-800-556-5564
Vietnamese	1-800-778-8440
TDD/TYY	1-800-933-4TDD
Tobacco Chew	1-800-844-CHEW or 1-800-844-2439

Offers self-help materials, referral to local resources, and telephone counseling.

All Helpline services are FREE of charge to anyone in California.

FOR PROVIDERS, FAMILIES, SMOKERS



California
Smokers'
Helpline

Home

Language Services
Available

Client Processing

Coverage

Promotional
Materials

Newsletter

Local Tobacco
Cessation Resources

Links

Partnerships

1-800-NO-BUTTS

Local Resources

Select the name of a county below to print out a list of local cessation resources.

If you are interested in having your cessation program listed, please contact your local health department.

Local Lead Agencies are responsible for updating the list of tobacco cessation resources in their county. To update your resources, please [log in to manage your resources](#). If you do not know your user name and password, please email the [Communications and Partner Relations Department](#).

Select a County:

County Listings for Los Angeles County - [Printable PDF](#)

AcuHope

<http://www.acuhope.com/>

Dr. Santana Kwan



NATIONAL RESOURCES

- **Behavioral Health and Wellness Program**
<http://www.bhwellness.org>
- **Americans for Non-Smokers' Rights**
<http://www.no-smoke.org>
- **National Association of State Mental Health Program Directors**
<http://www.nasmhpd.org>
- **Tobacco Recovery Resource Exchange**
<http://www.tobaccorecovery.org>



- Online, interactive, educational initiative promoting the idea of wellness in both mind and body
- Healthy eating, exercise, smoking & substance abuse
- Consumer success stories



The screenshot shows the NAMI website interface. At the top, there is a navigation bar with links for 'About NAMI', 'Contact Us', 'NAMI Resources', 'NAMI Locations', 'Get Involved', 'Information Request', and '2022-03-02 AM'. Below this is a search bar and buttons for 'JOIN NAMI' and 'DONATE'. The main content area features a large banner for 'NAMI Hearts & Minds' with a sub-header 'National Alliance on Mental Illness'. Below the banner, there are several article teasers:

- Smoking Cessation and Addressing Alcohol & Drug Addiction**: A section with a sub-header 'Smoking and Mental Illness'. The text discusses a study from *The Journal of the American Medical Association* showing that 14.1 percent of individuals with mental illness also have substance abuse disorders. It mentions that people with mental illness are about twice as likely to smoke as other patients. A quote from a person with mental illness states: 'A positive role is that people who live with mental illness have successful quit rates, which were almost as high as the group without mental illness. That may be that change in our mental health system—getting people in the 'how to quit' program to be able to express the goals and points of the program had a real additive benefit.'
- Substance Abuse/Co-occurring Disorders**: A section with a sub-header 'Substance Abuse/Co-occurring Disorders'. The text states that according to *The Journal of the American Medical Association*, approximately 13 percent of individuals diagnosed with serious mental illness are affected by substance abuse. About 27 percent of individuals with substance use disorders and 13 percent of individuals with drug addictions have at least one serious mental illness. It notes that individuals living with mental illness are sensitive to the effects of alcohol and other drugs, and that some people with mental illness may have trouble with self-medication or manage certain symptoms. Self-medication is counterproductive in the long term, and if the substance abuse keeps a person charged up, they feel in the present. It concludes that it is sometimes hard to know which came first—the mental illness or the substance abuse—interactions, and that substance abuse treatment centers and the mental health care system have had difficulty helping people manage both conditions at the same time. There are also no clear ways to describe the best treatment approach.

On the right side of the page, there is a video player showing a man speaking, with the name 'Lenny Taylor' below it. Below the video is a 'Meet Ray' section featuring a photo of a man and a testimonial: 'I have been diagnosed with major depression, but for the last 10 years, I have been in a good place. My only thing holding me back and hindering me is the nicotine patch. I have been from the national institute of mental health. Thanks to you, I have found some help for my stomach and the patch is working again for my own. I quit smoking three times, but I never lasted. In one year, I was hospitalized for an operation and I set a goal of going for three without a cigarette at all. I failed. When I got home, I wanted to give up myself, but when I realized that you had a patch for me, I was able to quit.'

POWER OF PEERS

- Peer to Peer Tobacco Recovery Program
- Education and Awareness Building
- One-on-One Motivational Interviews
- Tobacco Dependence Support Group

For more info- email:

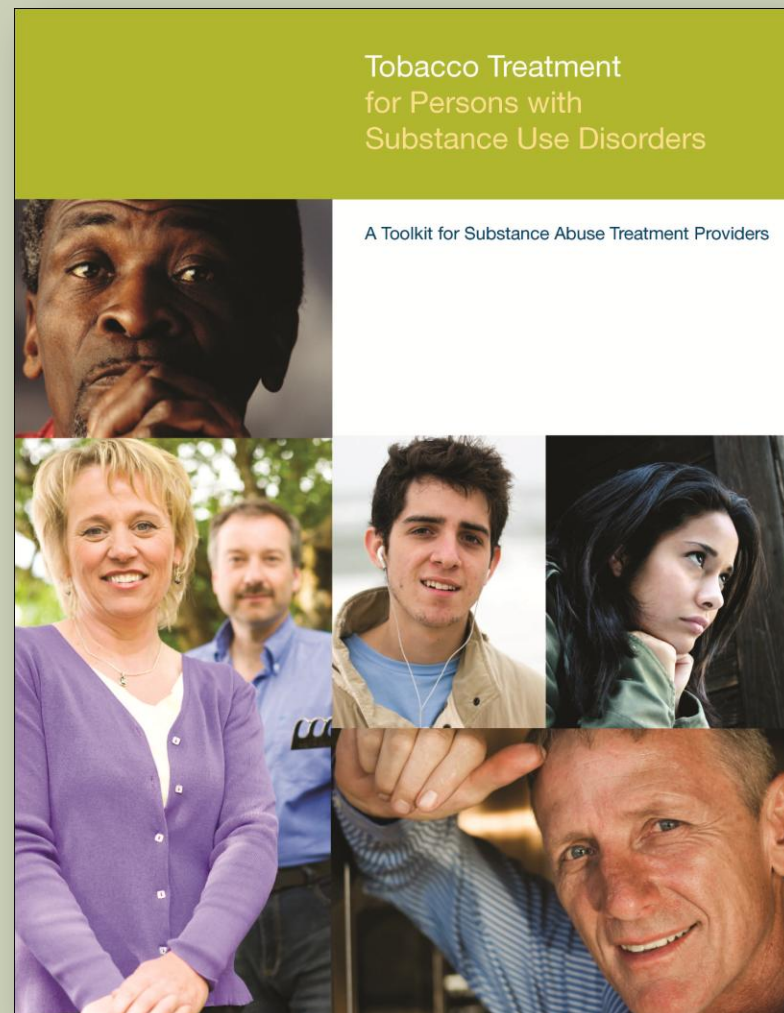
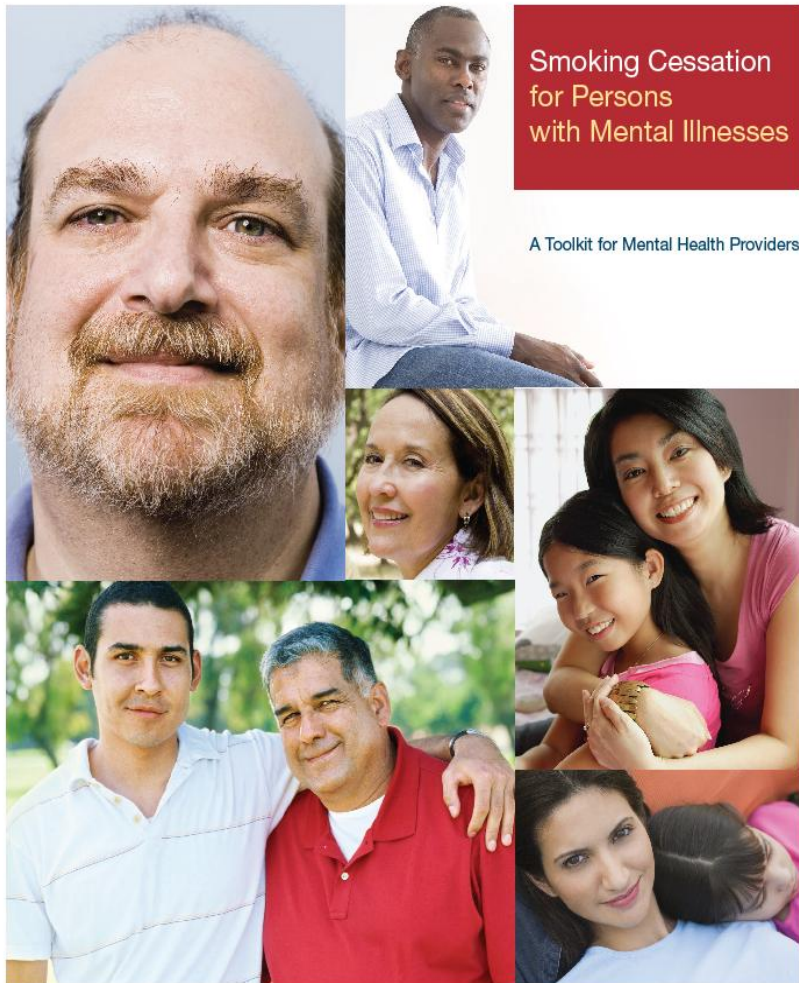
tobacco1@ph.lacounty.gov

Visit the L.A. County website:

www.publichealth.lacounty.gov/tob



TOOLKITS FOR PERSONS WITH MENTAL ILLNESSES AND SUBSTANCE USE DISORDERS



WEBINARS

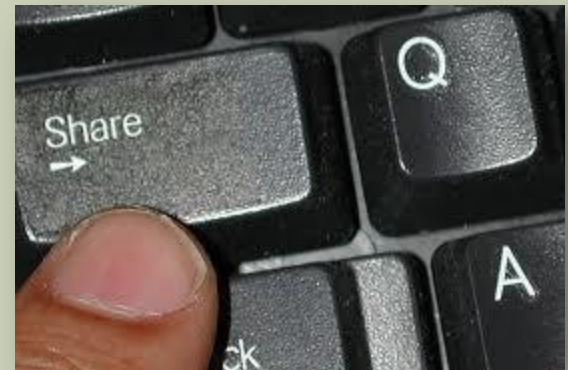


- Most webinars available on our website <http://smokingcessationleadership.ucsf.edu>
- 29 and counting
- Topics ranging from Cessation 101 to Smoking and Schizophrenia
- Renowned experts
- **“Emerging Tobacco Products,” on November 8, 2012 at 2pm Eastern Time (90 minutes).**

ONLINE NETWORK

100Pioneers@listsrv.ucsf.edu

- Members include national behavioral health leaders, clinicians, researchers, consumers, tobacco experts



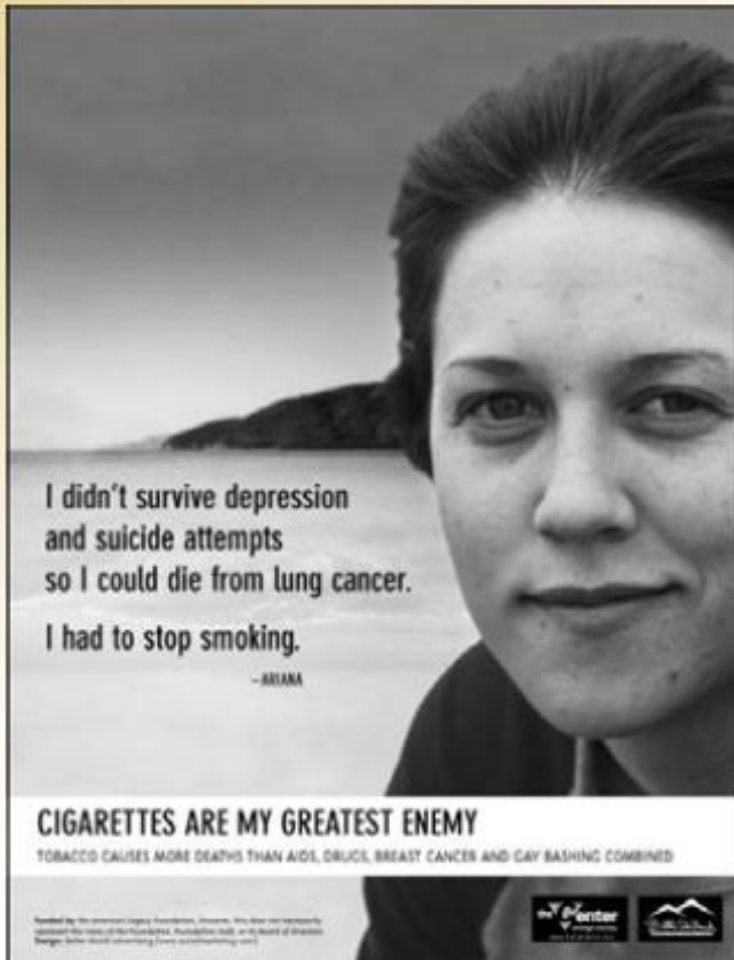
PREVENTION

Evolving
Definitions



- In tobacco control, it once meant focus on youth
- Now it includes preventing chronic disease by quitting smoking
- In behavioral health, it means both preventing those illnesses and also not dying 25 years early



CIGARETTES ARE MY GREATEST ENEMY



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

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To assist people to
lead meaningful lives
in their communities,
we need to promote
behaviors that lead to
health

SCLC

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