



FACTS ABOUT TOBACCO 025 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.



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.



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



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



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.

In 2013, the University of Houston and Integral Care partnered to disseminate a multi-component tobacco-free workplace program called *Taking Texas Tobacco* Free (TTTF) to selected Texas Local Mental Health Authorities (LMHAs) with funding from the Cancer Prevention & Research Institute of Texas (CPRIT). This program was adapted in 2017 to work with standalone substance use treatment centers (SUTCs) and community agencies with continued support from our funder.

The mission of *Taking Texas Tobacco Free* is to promote 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.

Taking Texas Tobacco Free provides partnering organizations with:

- Policy assistance
- Employee education
- · Clinical assessment and intervention training
- Treatment resources
- · Consultation and practical guidance

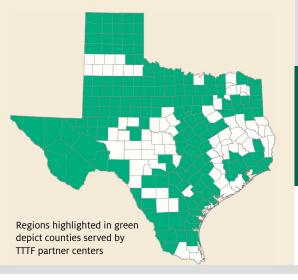
Overall, this project has worked with 23 LMHAs, 18 standalone substance use treatment centers (SUTCs), and 9 community service agencies. Our current SUTCs include those that serve individuals experiencing homelessness, members of the LGBTQ community, residents in subsidized housing, and those with an opioid use disorder.

Our program has recently been expanded through a new CPRIT grant (PP200051) that allows us to work on creating a sustainable education/training program for those personnel who are on the front lines of addressing tobacco control in behavioral health settings.

TTTF Resources

TTTF provides a number of resources on our website to assist in reaching and facilitating tobacco cessation efforts for vulnerable populations, including:

- Brochures, Posters, and Rack Cards tailored to different populations and available in multiple languages
- Various educational videos on Addiction and the Brain
- Smoking Cessation Guides and Quit Plan examples to guide quit attempts for patients
- Interactive online training module on addressing tobacco use for individuals living with mental illness. Available for free on our website and created by the Learning and Development Team at Integral Care, funded in part by CPRIT.
- Presentations addressing tobacco use among various vulnerable populations, such as sexual minorities and individuals experiencing homelessness.
- Step-by-Step Implementation Guides for mental health and substance use treatment centers, respectively, that wish to implement a Comprehensive Tobacco-free Workplace Program.
- · A variety of instructional videos in English and Spanish regarding NRT use, educational videos on tobacco cessation prescription medications as well as addressing common questions tobacco users may have about quitting. These are also accessible through our YouTube Channel, Taking Texas Tobacco Free.



OVERALL IMPACT OF TTTF





EDUCATION MATERIAL REACH



PARTICIPATING AGENCIES



453,784

11,364

Professionals

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

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FEEDBACK FROM PARTNER CENTERS

🚺 I am so happy Gulf Coast Center has become tobacco free. I have an allergy to tobacco – more of an intolerance [to it that] my body can't handle so I abhor cigarette smoking. Besides I have an uncle who got throat cancer from years of smoking and had to have surgery, [and] now has a hole in his throat and can only speak with whispers. It's just not worth it. Thank you for the added resources I can use to talk to my clients that smoke.

- Employee, Gulf Coast Center

Why not give up the cigarettes too? Let's just stop smoking everything at the same time and just go through it. That's how I'm trying to look at it. And then what my counselor has told me is that it's easier for me to stop everything, because smoking cigarettes, that's an addiction. And so I'm gonna give them up - crack, weed, alcohol, I wanna give it all up. I have been through treatment way too many times; I never gave up cigarettes. And I always end up smoking crack. But I'm going try something different this time. So, I'm giving up the cigarettes too.

- Client, Santa Maria Hostel

[I, Twila Gilman, want to thank you for your interest, concern and thoughtfulness to want to help people that want to better their life, health and appearance by stop[ping] smoking. Your caring and generosity is making it possible for people like me that want to stop, but don't have money to purchase the patch. I never thought I would ever want to stop smoking. The opportunity is here and I'm trying, thanks to you.

- Twila Gilman, Client, Billy T. Cattan Recovery Outreach

When we started the initiative, it was amazing how wrong we were as mental health professionals because many of us have been in this field a long time and we always assumed that our clients didn't want to stop smoking because they couldn't or if they did, their symptoms would get worse. We never thought to ask them, and once we realized our clients [were open to quitting] we really just asked them and they did not want to continue smoking. And once we became an instrument to help them, a lot of the clients were quite successful.

- Debra Shedrick, Program Manager, Spindletop Center









