

# The ReTHINK TOBACCO Program

## History

The Indiana Tobacco Use Prevention and Cessation Agency (ITPC) was created by the Indiana General Assembly in the year 2000. Each year ITPC presents state-wide requests for grant applications seeking local and state-wide partners to assist in meeting its tobacco prevention and cessation goals.

In 2008, Mental Health America of Indiana (MHAI) proposed the ReThink Tobacco program to assist in “decreasing adult smoking rates” and “decreasing exposure to second hand smoke”. The methods it proposed to accomplish these goals were 1) to increase the proportion of mental health and substance abuse (MI/SA) providers implementing the Public Health Service Guidelines for tobacco cessation and 2) to increase the number of MI/SA providers implementing tobacco-free grounds policies and practices.

The rationale was compelling. By 2008, tobacco use had emerged as “the single most preventable cause of premature death and disease in the United States”. Annually cigarette smoking causes more deaths than alcohol, AIDS, car accidents, illegal drugs, murders and suicides combined. The impact of tobacco on Indiana is staggering, costing 9,800 lives each year. MHAI’s attention was particularly drawn to the fact that 4,300 of those lost annual lives were individuals with MI/SA disorders – those whose interests we are committed to safeguard.

Culturally, we are lulled by the fact that the combined nation-wide adult smoking rate (men & women) has fallen substantially from approximately 40% in 1963 to 19.8% today. While those gains are to be celebrated, we still have 49,000,000 smokers in the U.S. and 435,000 Americans die prematurely from smoking related diseases each year. Indiana is 6<sup>th</sup> highest among all states for adult smoking rates with a combined rate of 24.1%.

While the general U.S. population has gained ground (over the past 46 years), those with MI/SA disorders have lost ground, smoking today at rates approaching 75% (2-4 times the rate of the general population). MI/SA providers have been slow to address tobacco dependence. Research has isolated the following contributing barriers which have blocked the provision of tobacco interventions and treatment in MI/SA settings:

- Erroneous belief that smoking cessation would negatively impact the patient’s primary treatment
- Attitude that smoking was the “lesser evil” for MI/SA patients
- Historic use of cigarettes as reward, distraction, coping tool in MI/SA settings
- Lack of knowledge regarding true health risks of tobacco use
- Lack of knowledge regarding “how” to provide smoking cessation treatments

The ReThink Tobacco Program understands that tobacco dependence is true addictive illness and that all MI/SA patients should be screened for tobacco use/dependence; advised of the risks of continued tobacco use and offered effective tobacco cessation treatment options.

- **Year-One** of the ReThink Tobacco program (Sept '08 thru May '09) focused on surveying, convening, educating and listening to MI/SA providers and stakeholders.
- **Year-Two** of the ReThink Tobacco program (June 1, 2009 thru May 31, 2010) and will focus on the following areas:
  1. Continuing education efforts targeted to MI/SA clinicians, clinical supervisors, administrators and other stakeholders regarding tobacco dependence in MI/SA settings
  2. Provision of consulting services to MI/SA provider administrators who wish to craft and adopt forward-thinking tobacco policies.
  3. Increase the number of Fax Referrals to the Indiana Quitline (1-800-Quit-Now) by MI/SA providers by 10% during this contract period.
  4. Work with key state-wide agencies (Indiana Division of Mental Health and Addiction and Indiana Department of Health) to encourage the adoption of an appropriate mix of incentives to bring about the implementation of forward-thinking tobacco-free grounds and tobacco dependence treatment integration policies among Indiana MI/SA providers.