



**National Behavioral  
Health Network**

*for Tobacco & Cancer Control*

from NATIONAL COUNCIL FOR  
MENTAL WELLBEING

# Tobacco and Mental Wellbeing: Exploring Promising and Emerging Practices

**September 7, 2022 | 2:30 – 3:30 pm ET**

*Presented by Samara Tahmid*

# Welcome!



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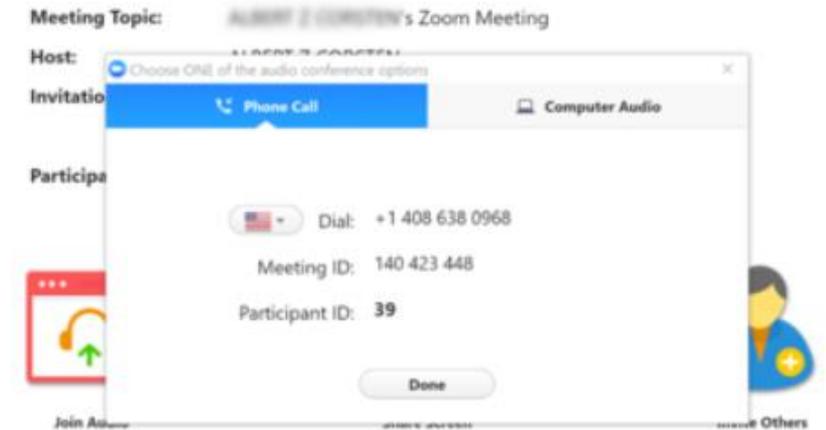
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# National Behavioral Health Network

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- 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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# A Note on Language & Terminology

- **Mental wellbeing:** thriving regardless of a mental health or substance use challenge.
- **Commercial tobacco use/tobacco use:** The use of commercial tobacco and nicotine products (including electronic nicotine devices, otherwise known as ENDS).\*
- **\*All references to smoking and tobacco use is referring to commercial tobacco and not the sacred and traditional use of tobacco by some American Indian and Alaskan Native communities.**



# Today's Learning Objectives

- Learn about emerging practices in commercial tobacco control tailored for individuals with MH/SU challenges.
- Identify ways to apply emerging practices in mental health and substance use treatment organizations.
- Discuss ways that state and local organizations have successfully implemented promising tobacco control strategies to support individuals with MH/SU challenges.



# Tobacco, Mental Health & Substance Use

## *What has caused the disparity?*

IT'S A PSYCHOLOGICAL FACT: **PLEASURE HELPS YOUR DISPOSITION**

*How's your disposition today?*

EVER YIP LIKE A TERRIER when the store sends you the wrong package? That's only natural when little annoyances like this occur. But -- it's a psychological fact that pleasure helps your disposition! That's why everyday pleasures -- like smoking, for instance -- mean so much. So if you're a smoker, it's important to smoke the most pleasure-giving cigarette -- Camel.



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

*"I've tried 'em all... but it's Camels for me!"*  
Rock Hudson



YOU CAN SEE RUGGED ROCK HUDSON STARRING IN U/F'S "NEVER SAY GOODBYE"

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

ROCK HUDSON AGREES with Camel smokers everywhere: there is more pure pleasure in Camels! More flavor, gentler mildness! Good reasons why today more people smoke Camels than any other cigarette. Remember this: pleasure helps your disposition. And for more pure pleasure -- have a Camel!

The overall rate of cigarette smoking among adults has been decreasing, but individuals with mental health challenges have been neglected in prevention efforts, environmental and clinical interventions.

This **disparity** can be attributed in part to predatorial practices by tobacco companies which included:

- Targeted advertisements
- Providing free or cheap cigarettes to psychiatric clinics
- Blocking of smoke-free policies in behavioral health facilities
- Funding research that perpetuates the myth that cessation would be too stressful and negatively impact overall behavioral health outcomes
- High rate of ACEs/Trauma
- Limited access to high quality care (delays in care, lower quality of care, and more)

The Literary Digest for February 16, 1929 47

**Do you SMOKE AWAY ANXIETY?**



... THEN YOU'LL APPRECIATE SPUD'S GREATER COOLNESS!

Do you await an important event, an important decision, lighting one cigarette from another? Then smoke Spud. Even after hours of waiting and smoking, a Spud tongue and throat are still moist and cool... tobacco enjoyment still keen, not killed... the "smoked-out" let-down to mar the good

JUDGE SPUD... Not by first puff... but by first pack. Surprise of first puff soon forgotten... continued coolness heightens enjoyment of the full tobacco flavor.

news. Spud's smoke is scientifically proved 16% cooler. This refreshing coolness heightens your enjoyment of Spud's full tobacco flavor. That's why Spud is the new freedom in old-fashioned tobacco enjoyment. At better stands, 20 for 2c. The Astor-Fisher Tobacco Co., Inc., Louisville, Ky.

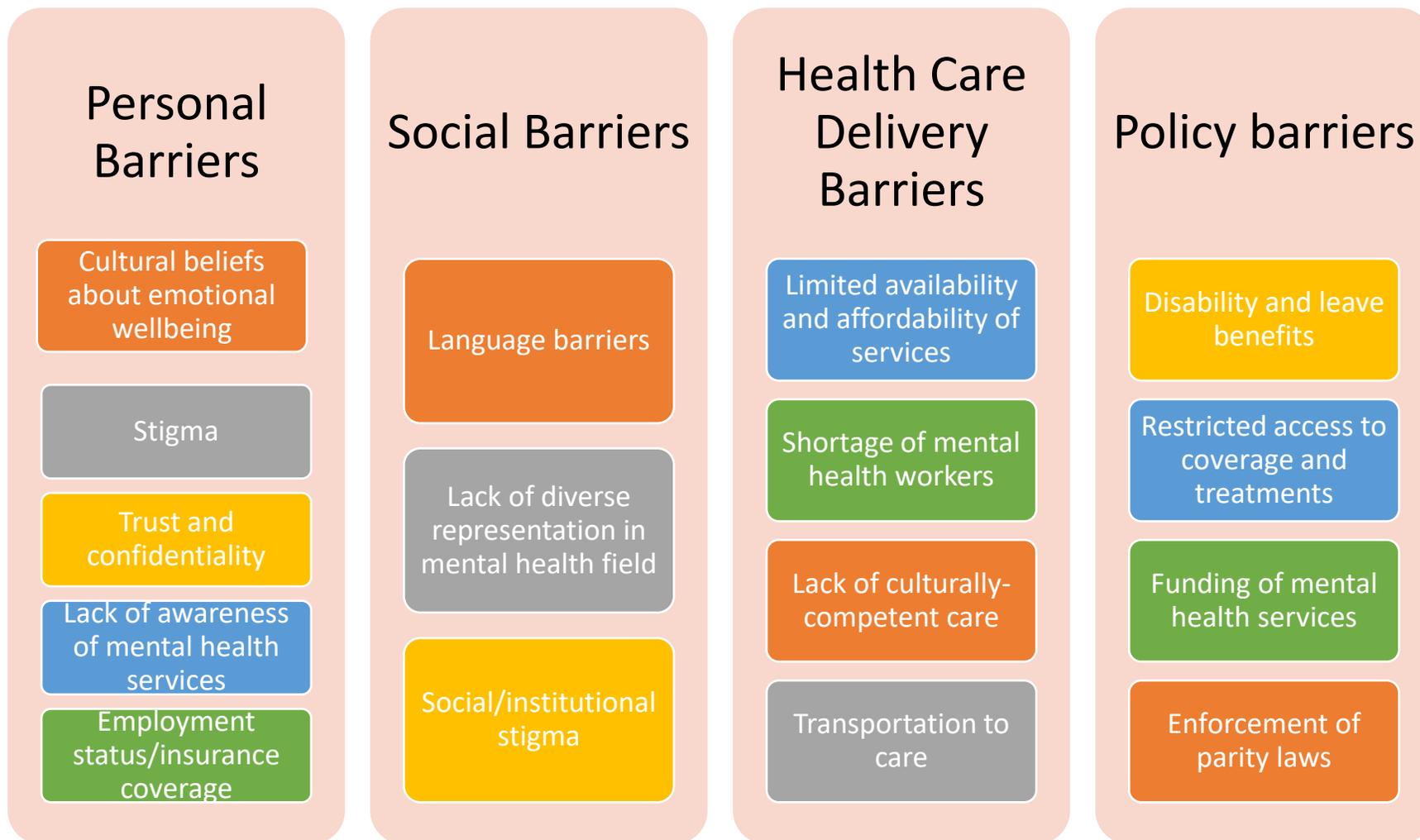
How the coolness of Spud smoke was proved scientifically, and what "Smoke 16% Cooler by Test" means to you, are told in this little book, sent gladly on request.

SMOKE 16% COOLER by TEST

MENTHOL-COOLED **SPUD** CIGARETTES

Source: Apollonio and Malone, 2005

# Barriers to Seeking Mental Health Services



# The Impact of Trauma on Mental Wellbeing

**76%**

of adults with a history of trauma experience at least one psychiatric disorder in their lifetime

The single most significant predictor that an individual will end up in the mental health system is a **history of trauma**

## What can you do?

### Think:

'What has happened to you?'  
Not: 'What is wrong with you?'

### Speak:

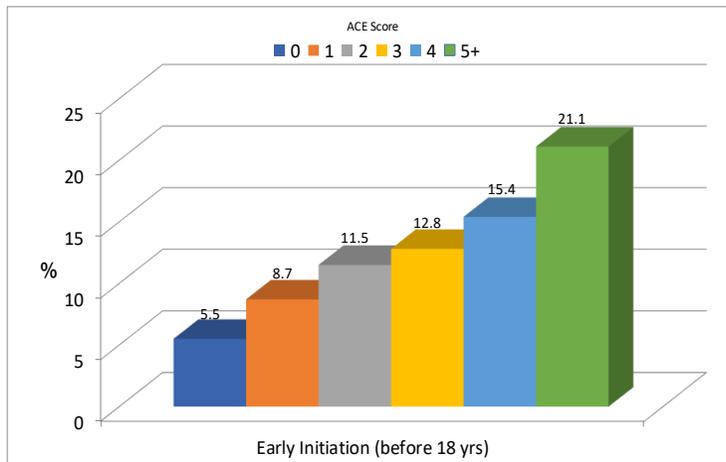
Be respectful. Avoid Jargon.  
Acknowledge alternative views.  
Portray hope. Be non-judgemental

**Trauma** is almost universal among people with lived experience of mental health and psychosocial difficulties across all communities

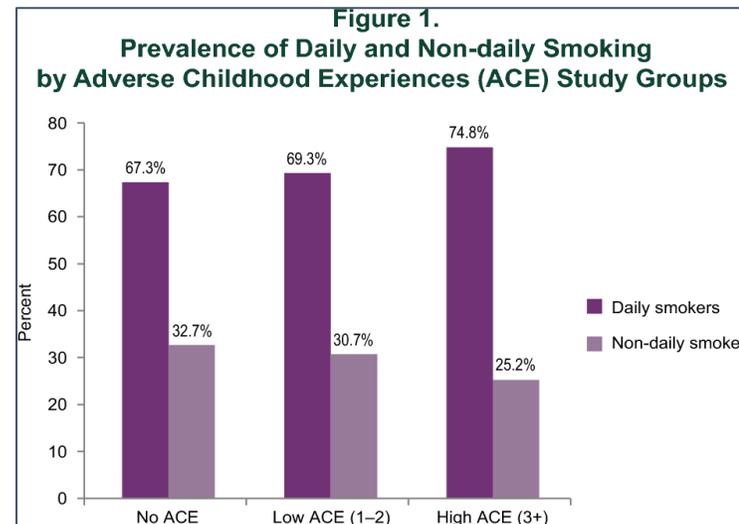


# The Impact of ACEs on Smoking Initiation and Prevalence

## Early Initiation of Smoking Prevalence by ACEs



## Higher ACEs Score= Higher Smoking Prevalence



Sources: Figure 1 and 3) Herrick, H., Austin, A. (2014). The Effect of Adverse Childhood Experiences on the Health of Current Smokers: 2012 North Carolina Behavioral Risk Factor Surveillance System Survey. *SCHS Studies*, 167. Figure 2) Anda, R. F., Croft, J. B., Felitti, V. J., Nordenberg, D., Giles, W. H., Williamson, D. F., & Giovino, G. A. (1999). Adverse childhood experiences and smoking during adolescence and adulthood. *Journal of the American Medical Association*, 282, 1652–1658.

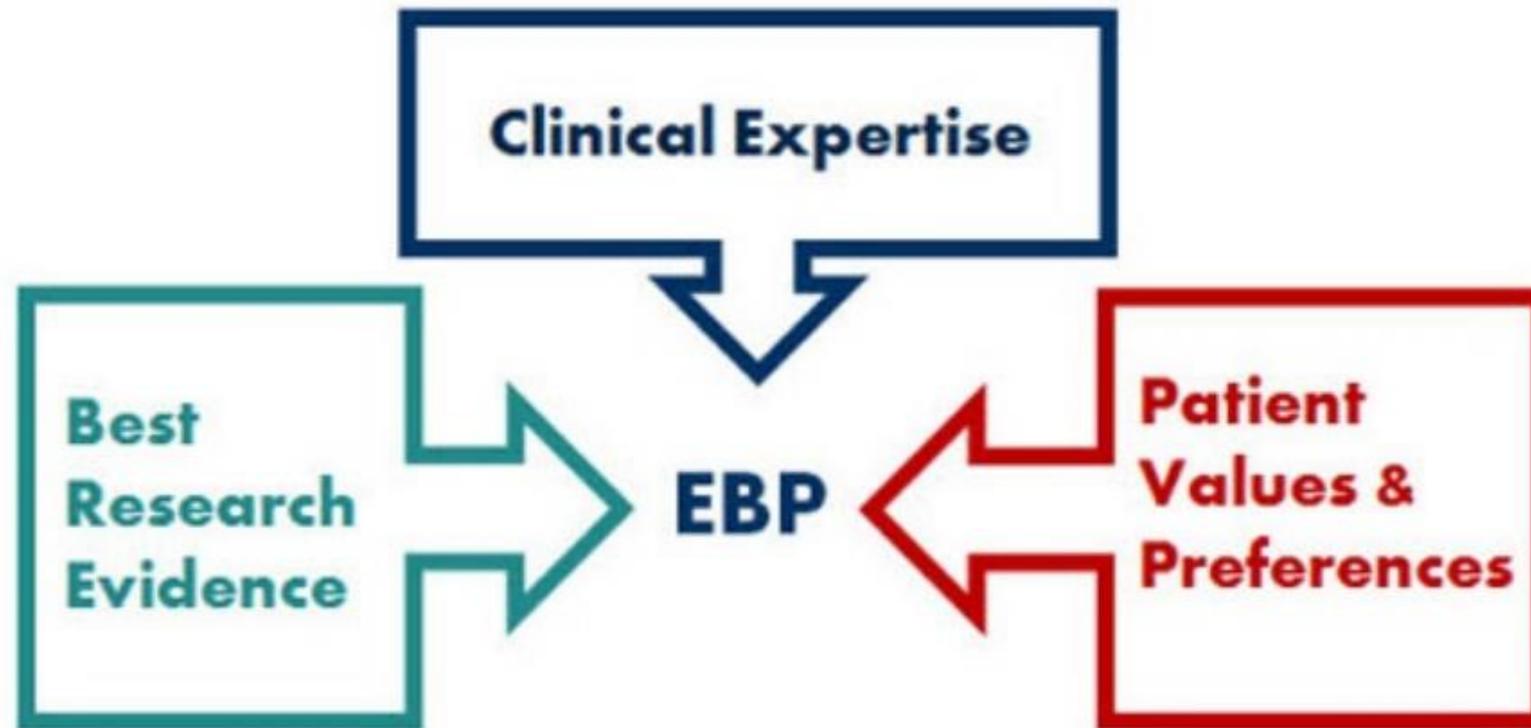
# What Has Worked So Far?

## *Evidence-Based Best Practices*

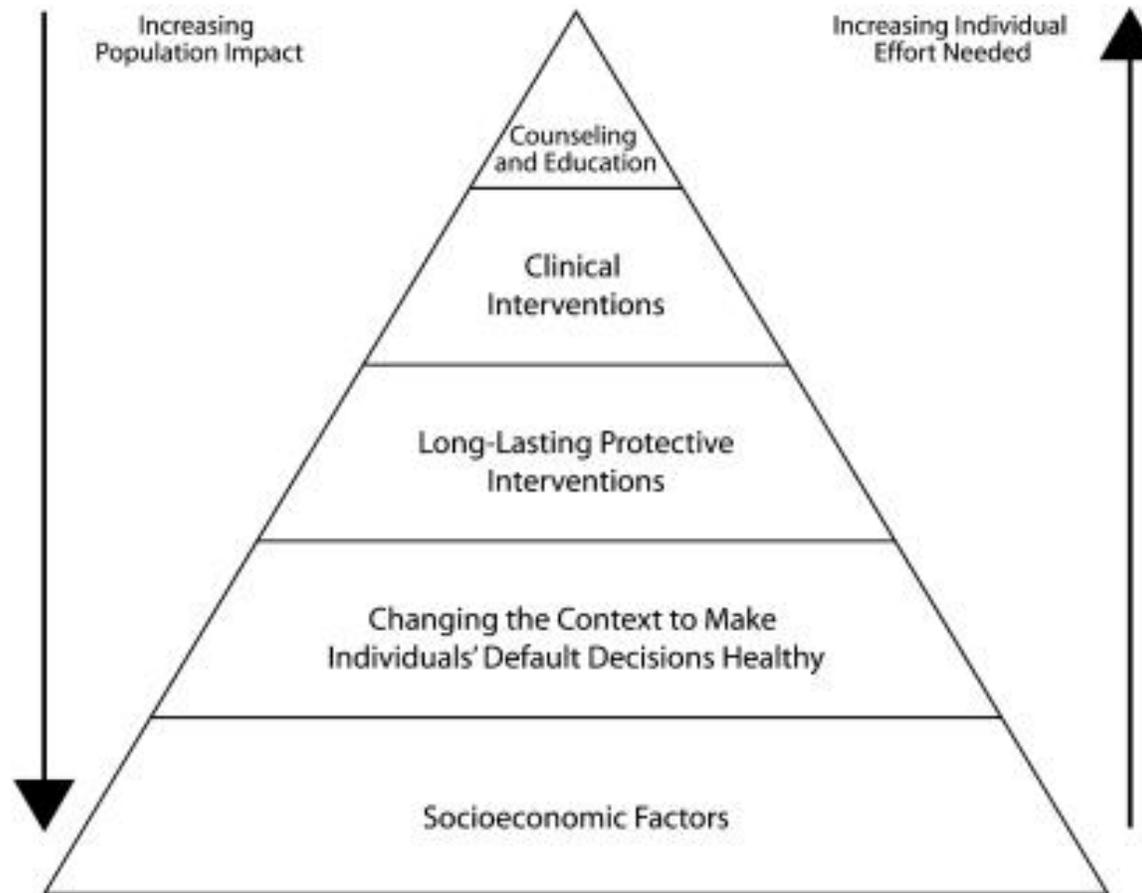
- Tobacco-free facilities and grounds
- Health promotion and communication campaigns
- Cessation interventions
  - Nicotine replacement therapy
  - Non-nicotine pharmacological aids
  - Screening e.g., 5 A's
  - Motivational interviewing and counseling
  - Quitline
- Surveillance and evaluation
- Infrastructure, administration, and management

# Evidence-Based Practice

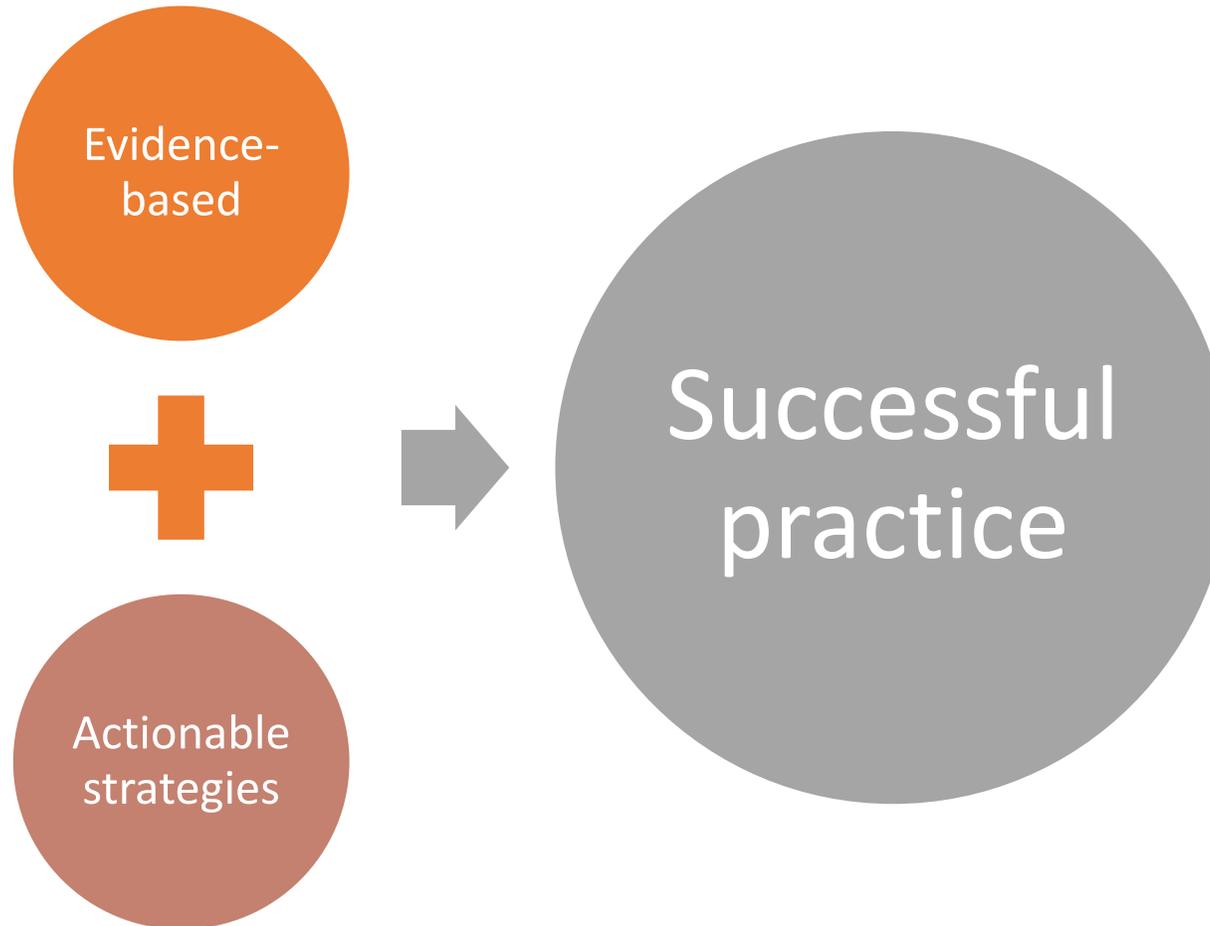
“Evidence based medicine is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence-based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research.” (Sackett et al., 1996)



# Making Practices Actionable – Health Impact Pyramid



# Translating Evidence Into Practice



# "Best" vs "Promising/Emerging" Practice

## Best Practice

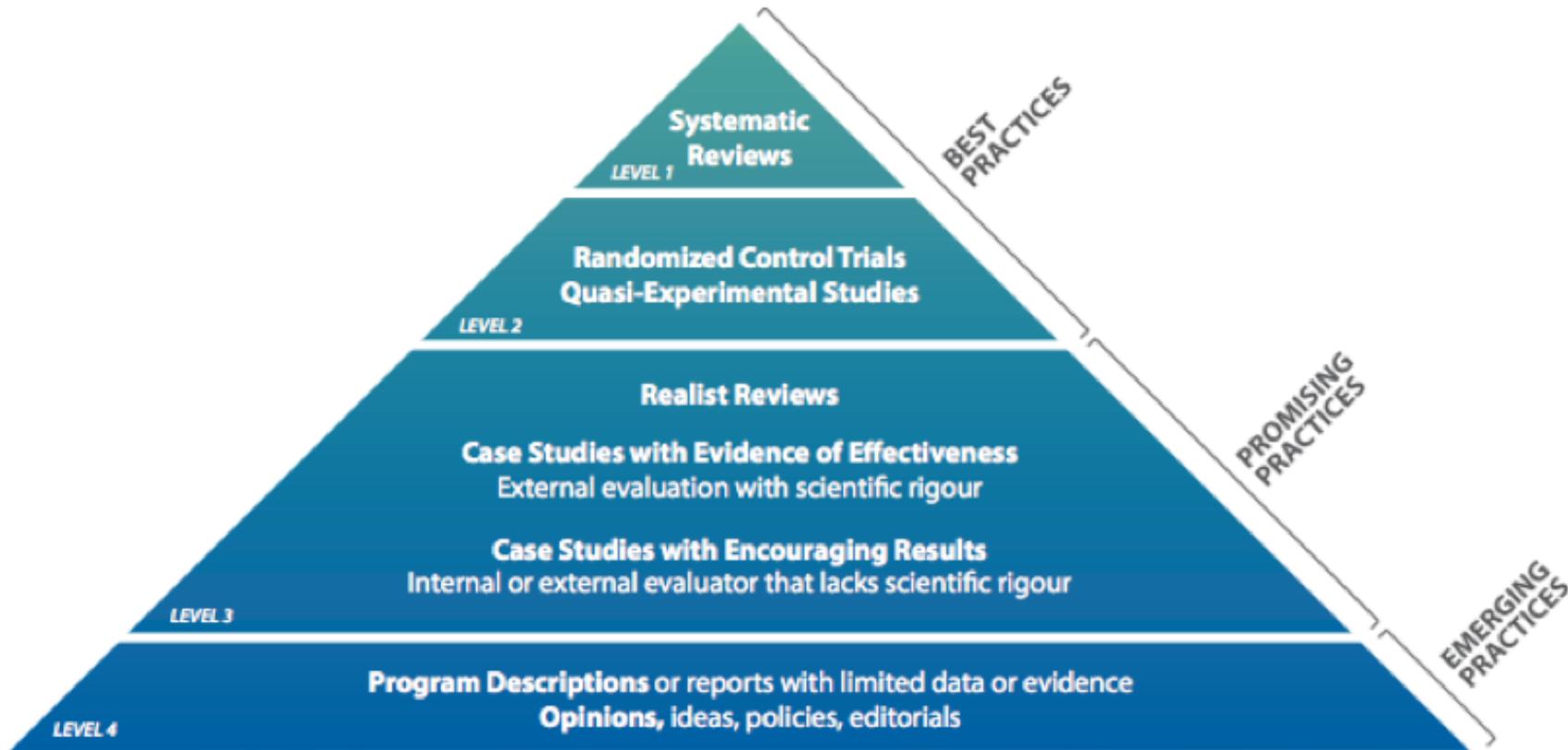
- Sufficient body of evidence making practice generalizable (scientific rigor)
- Produces better results than other approaches
- Can potentially be adapted with success in other contexts and/or scaled up to a systems-wide approach
- Tried and true

## Promising/Emerging Practice

- Sufficient evidence to claim that the practice is proven effective at achieving a specific aim or outcome, consistent with the goals and objectives of the activity or program
- Demonstrate effectiveness through the most rigorous scientific research, however there is not enough generalizable evidence to label them “best practices”
- New and innovative



# Hierarchy of Evidence



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# Why Do We Need Promising and Emerging Practices?

1. Increasing resistance to tobacco control measures
2. Emerging threats to public health by the tobacco industry
3. Limited knowledge and skills in the ability for public health workforce to address disparities among marginalized communities
4. Increasing need to consider intersectionality when addressing tobacco-related disparities
5. National momentum for “tobacco endgame”



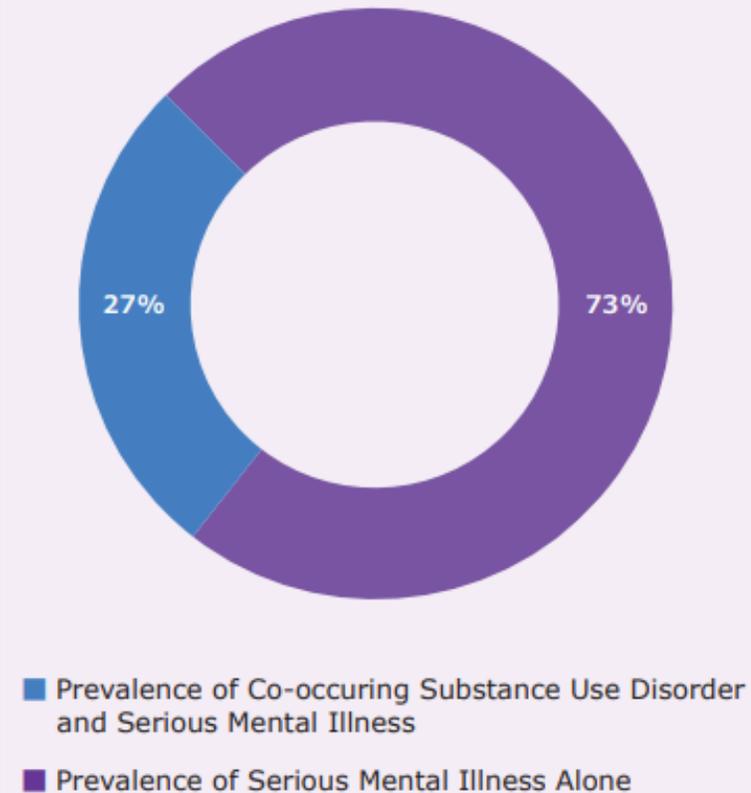
# What Are Our Promising and Emerging Practices?

- Co-treatment as the standard of care
- Nicotine harm reduction
- Trauma-informed resiliency-oriented care and cessation services
- Validation of peer support and lived experience
- Countering and reducing exposure to tobacco industry targeting via social marketing
- Health promotion via gamification and mobile apps
- Tobacco endgame strategies

# Prevalence of Co-Occurring Disorders

- According to SAMHSA's 2018 National Survey on Drug Use and Health, approximately 9.2 million adults in the United States have a co-occurring disorder.
- An estimated one in four people with a serious mental illness also struggle with a substance use disorder.
- Only 12.7% of people with co-occurring serious mental illness and substance use disorders received any treatment for both conditions in 2019.
- People with serious mental illness are more likely to smoke tobacco and misuse alcohol compared to those without mental illness.

**FIGURE 1: Prevalence of co-occurring serious mental illness and substance use disorders, 2019**



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# Prevalence of Co-Occurring Substance Use with Tobacco

- Smoking rates among individuals who also have alcohol use disorder have been estimated to be as high as 90 percent, with approximately 70 percent of people who are dependent on alcohol smoking at least one pack of cigarettes per day (National Institute on Alcohol Abuse and Alcoholism, 1998).
- Individuals who smoke are far more likely to consume alcohol than are nonsmokers, and individuals who are dependent on nicotine have a 2.7 times greater risk of becoming alcohol dependent than nonsmokers (Breslau, 1995).
- Smoking prevalence among patients using illicit opioids or who are receiving methadone maintenance treatment is between 74 and 97% (Morris & Garver-Apgar, 2020).
- Among Quitline callers, 24% reported using marijuana in the past 30 days (Carpenter et al., 2020).



# Why Co-Treatment?

- Smoking cessation while in treatment has no effect on other drug use outcomes
- Individuals who treat their addiction to tobacco and other substances simultaneously are 25% more likely to sustain their recovery, compared to individuals who do not address tobacco while in treatment from other drugs
- 44% to 80% of methadone maintenance clients wanting to quit smoking

Source: Morris, C.D., Garver-Apgar, C.E. Nicotine and Opioids: a Call for Co-treatment as the Standard of Care. *J Behav Health Serv Res* 47, 601–613 (2020). <https://doi.org/10.1007/s11414-020-09712-6>

## Where Has This Worked? Washington State Department of Health's Commercial Tobacco Prevention Program (CTPP)

### Tobacco-Free Behavioral Health Initiative (TFBHI):

To ensure that Opioid Treatment Network clients can access evidence-based tobacco use treatment, the CTPP worked with the Washington State Tobacco Quitline vendor to develop an enhanced benefit for network clients. Network providers are encouraged to refer clients interested in quitting to the state Quitline Tobacco Cessation Behavioral Health Program. Once referred, network clients are eligible for:

- Seven telephone counseling calls
- Up to 12 weeks of combination NRT (nicotine patch + nicotine gum or lozenge)

Source: Washington State Department of Health. (n.d). Tobacco-Free Behavioral Health Initiative (TFBHI). Retrieved from <https://doh.wa.gov/public-health-healthcare-providers/healthcare-professions-and-facilities/professional-resources/tobacco-use-and-dependence-treatment/tobacco-free-behavioral-health-initiative>



**CELEBRATING 20 YEARS**

**WASHINGTON STATE QUITLINE**

Since 2000, the Washington State Quitline has helped tens of thousands of Washingtonians quit smoking. Easily refer your patients at [Quitline.com](http://Quitline.com) for free one-on-one counseling from a Certified Tobacco Treatment Specialist. Your patients may also be eligible for free medication and a tailored plan to help them quit smoking, vaping, or other tobacco. No insurance required.

Scan the QR code or visit [doh.wa.gov/quitlinetraining](http://doh.wa.gov/quitlinetraining) to get the new **free Quitline resources** to help you help your clients live longer, healthier lives.

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# Harm Reduction in Tobacco Cessation Context

## What does harm reduction in tobacco cessation entail?

- Reducing the amount of nicotine consumption
- Use of tobacco products in a way that is less harmful than traditional products such as reduced nicotine cigarettes
- Use of pharmaceutical products/therapies to reduce tobacco use such as nicotine replacement therapy (NRT), varenicline, or bupropion
- Changes in behavior to reduce harms such as physical activity, controlled smoking which could be carried out along with other aids such as PREPs (potential reduced exposure products) with low number of tobacco-related nitrosamines



# Where Has This Worked? Montefiore Medical Center (New York)

- RASAR: Rapid Assertive Smoking & Alcohol Reduction
  - Patient health information and education
  - Health and cost smoking calculators
  - Online evidence-based education resources for patients and providers
- Providers modified screening questions from “Are you interested in quitting cigarettes?” to “Would you like to work on cutting down your smoking or quitting?”
- NRT plus psychiatric meds (bupropion & varenicline) may have greater adherence than NRT prescriptions alone

## RASAR: Primary Target Goals



Institute evidence-based systematic screening protocols for smoking & alcohol use



Increase utilization of NRT/psychiatric medication & alcohol MAT in settings serving patients w/ severe mental illness, & clinician/staff training in intervention implementation



Employ harm reduction approach by assessing patient interest in reducing smoking & alcohol use – not singular focus on cessation/abstinence



Tracking patient adherence to evidence-based smoking & alcohol use interventions

Source: (1) <https://www.montefiore.org/smoking-cessation-program>; (2) <https://www.bhthechange.org/resources/harm-reduction-and-quality-improvement-approaches-to-tobacco-cessation/>

# What is a Trauma-Informed, Resilience-Oriented Approach?

## Realizes

- Realizes widespread impact of trauma and understands potential paths for recovery

## Recognizes

- Recognizes signs and symptoms of trauma in clients, families, staff, and others involved with the system

## Responds

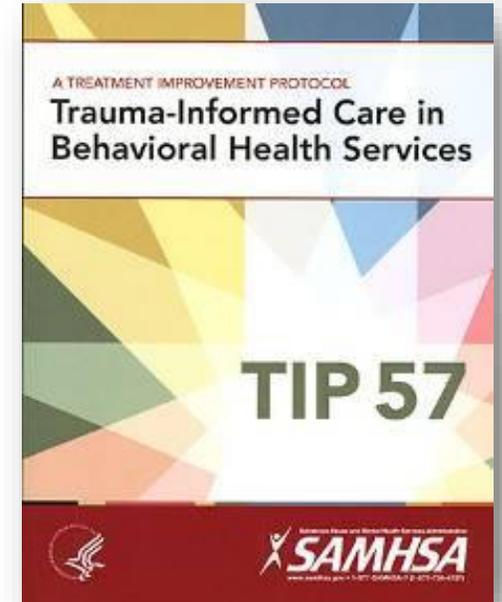
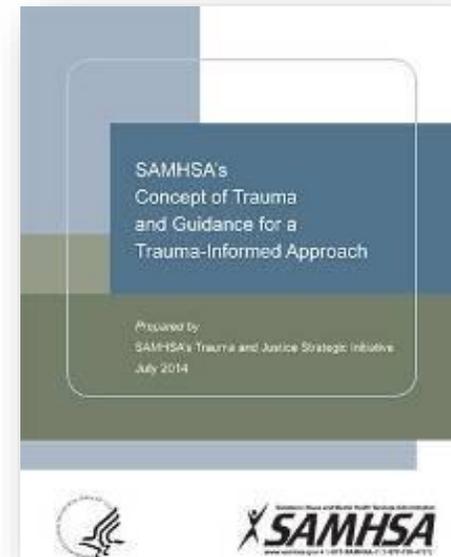
- Responds by fully integrating knowledge about trauma into policies, procedures, and practices

## Resists

- Seeks to actively resist re-traumatization

# Principles of a Trauma-Informed, Resilience-Oriented Approach

- Safety
- Trustworthiness and transparency
- Peer support
- Collaboration and mutuality
- Empowerment, voice and choice
- Consideration of cultural, historical, and gender issues



# Focus on Trauma-Informed Action Steps



Help all individuals feel safety, security and trust



Develop a trauma-informed workforce



Build compassion resilience in the workforce



Identify and respond to consumers around stress, distress and trauma



Finance and sustain trauma-informed initiatives

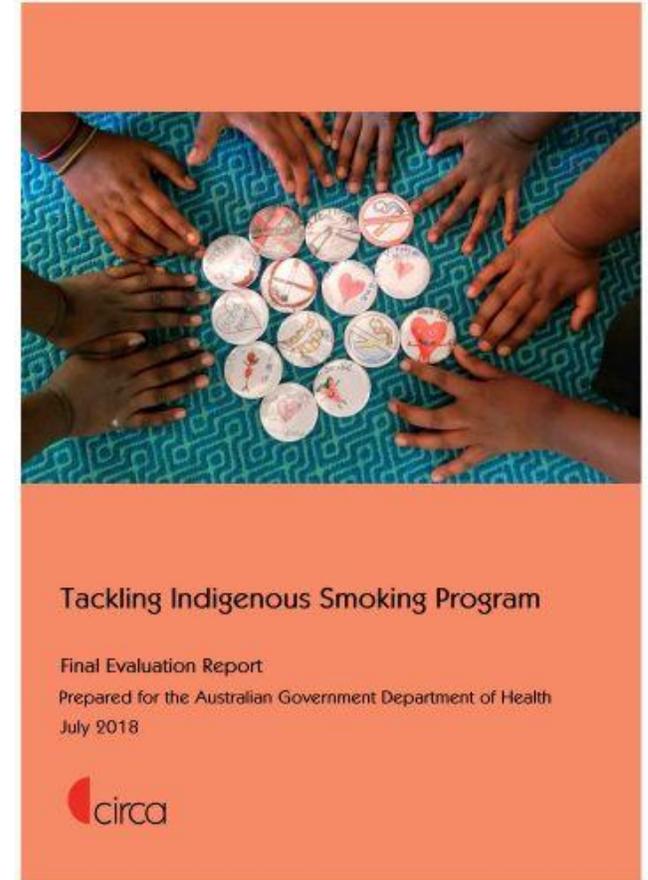


# Where Has This Worked? Tackling Indigenous Smoking (TIS) (Pilbara, Australia)

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TIS is a long-term Australian Government program that helps reduce smoking rates among Aboriginal and Torres Strait Islander peoples. Components of Tackling Indigenous Smoking program include:

- Regional tobacco control grants (RTCGs) — about 80% of the total funding
- A National Best Practice Unit (NBPU) that supports funded organizations
- Improvements to Quitline so it provides accessible and culturally appropriate services to Aboriginal and Torres Strait Islander people
- The Quitskills training program for frontline community and health workers
- A National Coordinator who provides high-level advice on policies and also supports funded organizations activities that support priority groups such as pregnant women and smokers in remote areas
- Regular evaluations to make sure best practices are being followed and activities are evidence-based and effective



# Validating Lived Experience – Peer Engagement Models

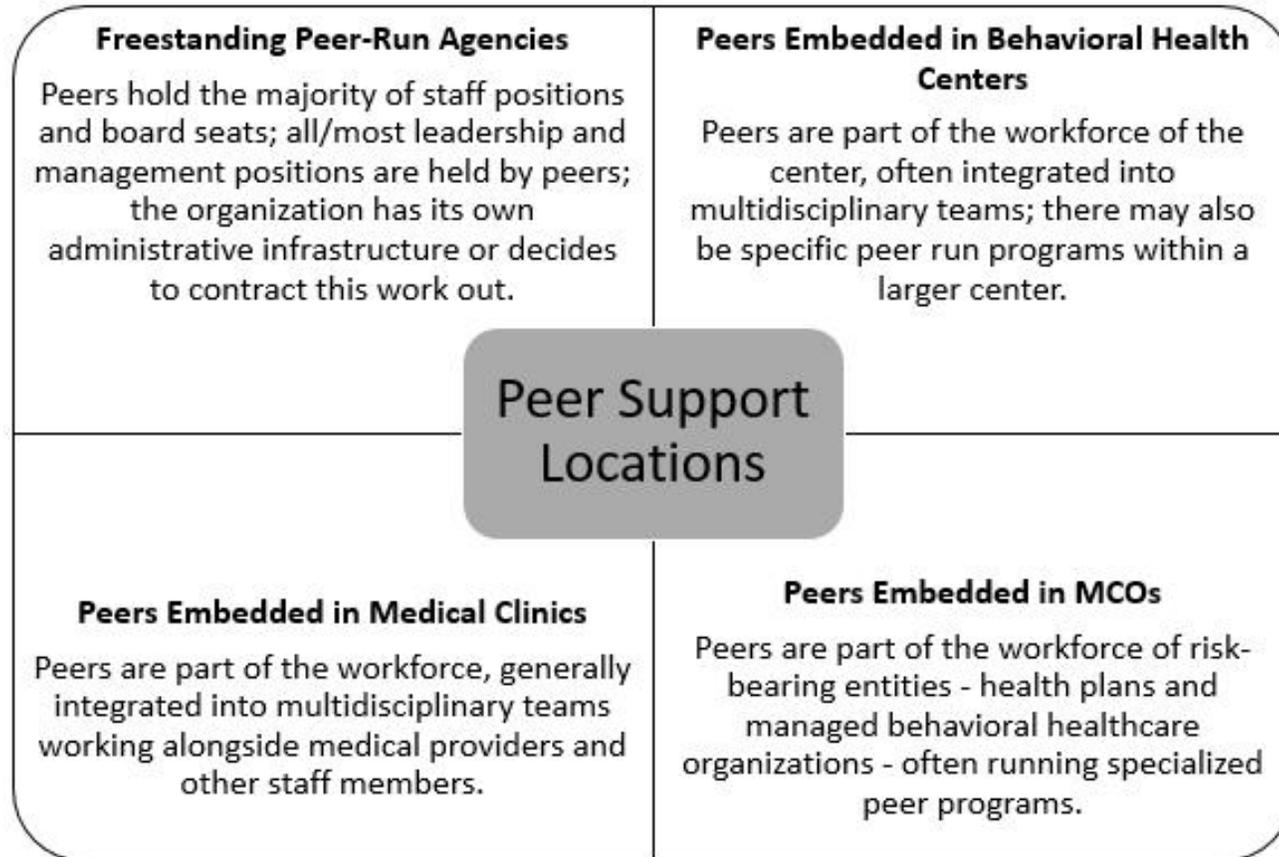
- Support Groups: Multiple individuals meet to share experiences
- Peer Mentor: Mentor meets with an individual one-on-one
- Community Health Worker: Liaison between a population and health care providers; not always a true peer
- Peer Educator: Educational course with discussion time



# Peer Support Services

- Helping peers create individual service plans and recovery goals
- Using recovery-oriented tools to help their peers address challenges
- Assisting others to build their own self-directed wellness plans
- Supporting peers in their decision-making
- Setting up and sustaining peer self-help and educational groups
- Offering a sounding board and a shoulder to lean on
- Advocating with individuals for what they need
- Working within integrated health settings
- Supporting people in crisis
- Sharing their personal stories of recovery

# Peer Support Locations



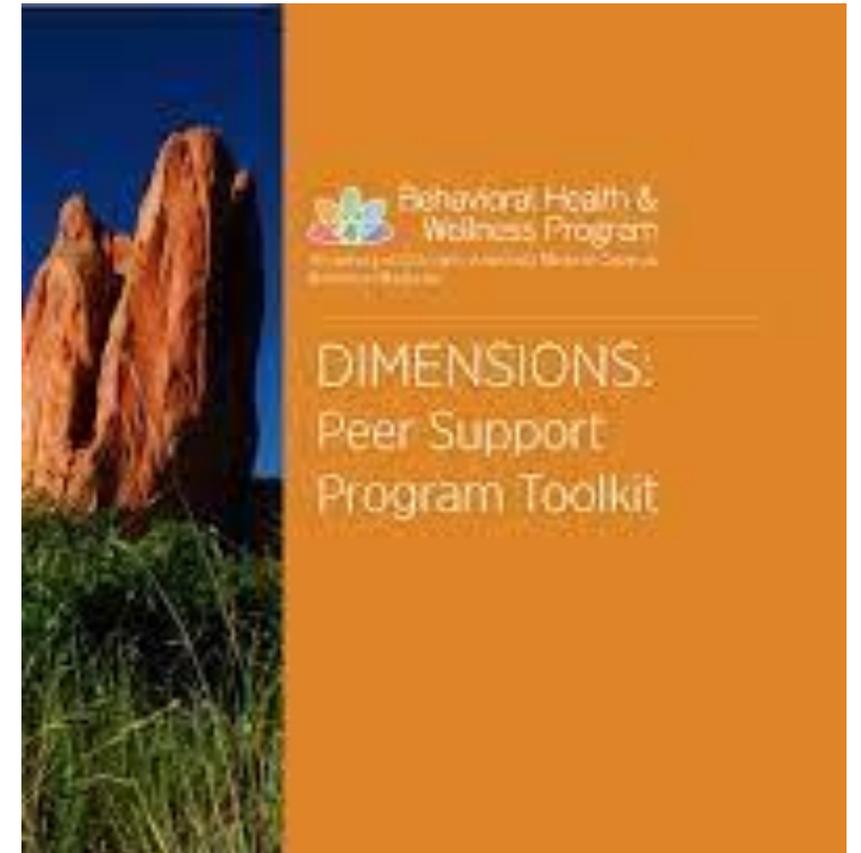
# Examples of Peer Support Incorporation in Tobacco Cessation

- Learning About Healthy Living curriculum: A 20-session group treatment intervention designed for all types of smokers with various mental health challenges
- CHOICES (Consumers Helping Others Improve their Condition by Ending Smoking) Program is a consumer-driven peer outreach program that employs consumer tobacco advocates
- Integrated health for commercial tobacco use treatment in non-traditional Settings:
  - Pharmacies (Rx for Change curriculum)
  - Dentists (Learning about Healthy Living curriculum)
  - Cancer care settings (Community health workers/Promotores de salud)



# Where Has This Worked? Oklahoma Mental Health & Substance Abuse Department

- The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) adopted the University of Colorado School of Medicine's tobacco cessation program, entitled DIMENSIONS: Tobacco Free Program.
- DIMENSIONS was developed in 2006, is now used in 17 states, and was created in response to focus group feedback highlighting the lack of tobacco cessation resources available to people with mental illness.
- The program is evidence-based, **peer-delivered**, comprises six sessions and is offered monthly. The program is based on the theory of motivational interviewing as it assesses participants' quit attempts over the course of six sessions, and quit attempts are a proxy for motivation to quit using tobacco (Rollnick & Miller, 1995).



Source: Sarfraz N, Fils-Aime Y, Brand M, Vesely S, Beebe L. Tobacco use in adults with mental illness: An overview of one state-wide tobacco cessation program. *Journal of Smoking Cessation*. 2019;14(2):132-137.

# Countering Tobacco Industry Influence With Social Marketing

Social marketing: the use of marketing to design and implement programs to promote socially beneficial behavior change (Gryer & Bryant, 2005)

Key processes in social marketing include:

- Analyzing the situation
- Selecting approaches and determining the role of marketing
- Setting goals and objectives
- Segmenting and selecting targeted audiences
- Designing public health hearings
- Planning evaluation

# The Social Marketing Wheel

Figure 8. Social Marketing Wheel

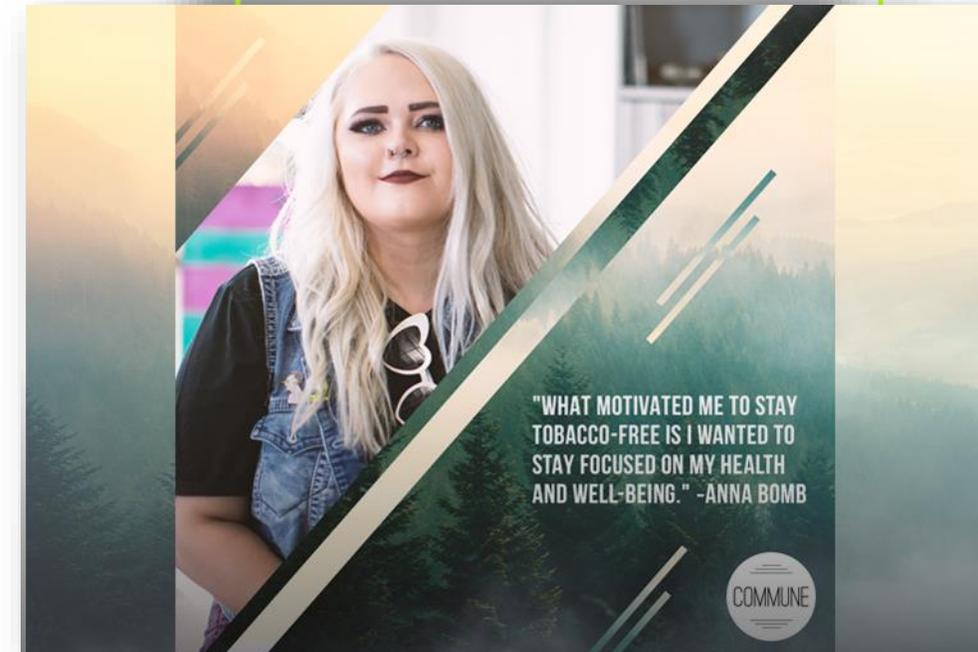


# Where Has This Worked? Commune Campaign (California)

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- During 2008 - 2011 in San Diego, California, a social branding anti-tobacco intervention was implemented for “hipster” young adults who regularly used tobacco products and engaged in binge drinking. Tobacco companies have a long history of using bars and nightclubs to reach young adults making this intervention ideal to counter industry marketing
- Youth supported local artists, bands, and designers and there was an appeal to building a movement to resist large corporations, such as tobacco companies
- The campaign company, Rescue Agency, worked with the state of California to develop the “Commune” campaign, a social branding campaign that reduced cigarette smoking among high-risk young adults by associating smoke-free living with hipster values

Source: Ling, P. M., Lee, Y. O., Hong, J., Neilands, T. B., Jordan, J. W., & Glantz, S. A. (2014). Social branding to decrease smoking among young adults in bars. *American journal of public health*, 104(4), 751–760. <https://doi.org/10.2105/AJPH.2013.301666>



# Gamification and Mobile Apps as Tools for Health Promotion

## Why gaming and mobile interventions?

- The accessibility of the platforms and tools with the widespread use of smartphones
- The interactive nature of tools used in virtual settings
- Privacy created by the virtual environment
- The enthusiasm and willingness of developers to incorporate behavioral insights into electronic interventions



# Where Has This Worked? Mobile Interventions for Tobacco Cessation

- **This is Quitting by Truth Initiative**
  - The first-of-its-kind program to help young people quit vaping, This is Quitting has helped nearly 500,000 youth and young adults on their journey to quit vaping (Graham et al., 2020).
- **SmokefreeTXT developed by the National Cancer Institute**
  - Studies on the program show change in behavior of users who reported less craving for nicotine, increased abstinence self-efficacy, and poorer perceptions of the appeal of smoking (Hoeppner et al., 2019).
- **Learning To Quit**
  - Tailored for individuals with serious mental illness (Vilardaga et al., 2019).
- **Kickit**
  - Designed for young adults with serious mental illness (Vilardaga et al., 2019)

**TIRED OF WEIRDLY CRAVING MANGOS**  
EVERY TIME YOU TRY TO LIVE YOUR LIFE?

IF YOU'VE REALIZED NEEDING YOUR JUUL ISN'T A GREAT FEELING...

...AND ALL MY MONEY IS GOING TO JUUL PODS  
(OR WHATEVER VAPE PRODUCT YOU FORMERLY LOVED)

**WE'VE GOT YOU.**

**TEXT**  
"VAPEFREEDC"  
**TO**  
**88709**  
AND GET FREE ADVICE, TIPS AND INSPIRATION FOR QUITTING.

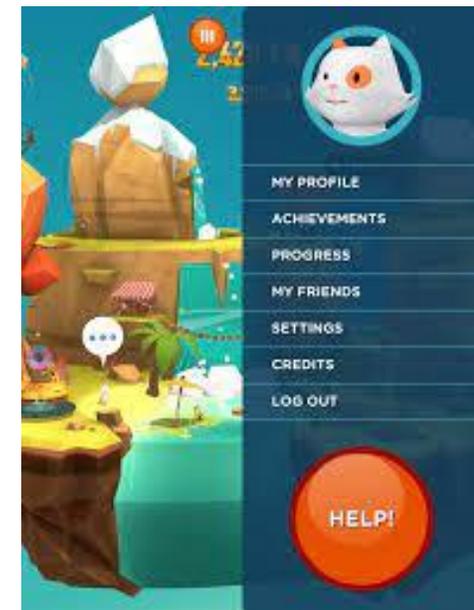
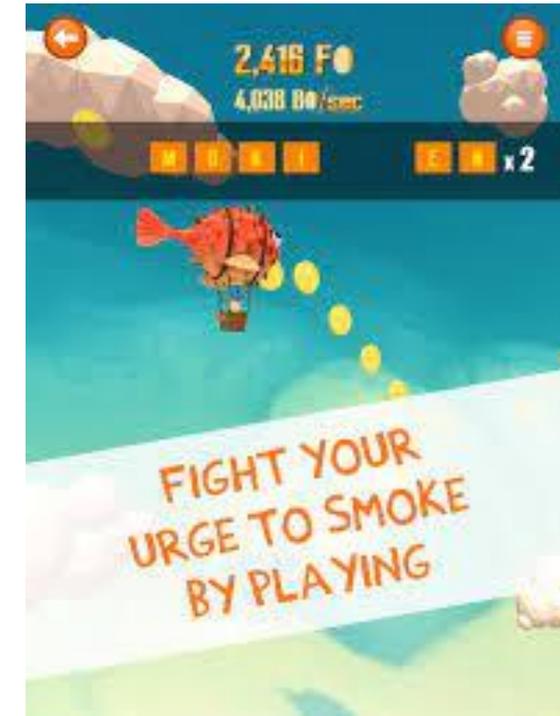
**truth** X **QUITTING**  
THIS IS QUITTING

IN PARTNERSHIP WITH  
**PUBLIC HEALTH**  
AND  
**BLUE ZONES PROJECT**

# Where Has This Worked? Games Designed for Tobacco Cessation

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- **Quittr**
  - Quittr is a mobile smoking cessation game that uses distraction and incentivization to promote quitting. The distraction games are mini games played in 1-5minute sessions to distract an individual when they are craving nicotine.
- **Smokitten**
  - Smokitten is a public health education mobile game to help individuals who smoke quit cigarettes and raise awareness among children about the dangers of tobacco.



# The Tobacco Endgame

A tobacco endgame strategy is a strategy that moves beyond a focus on tobacco control, the assumption that commercial tobacco will always be a part of our communities, and the policies associated with these perceptions toward a future free of commercial tobacco use. Endgame initiatives are designed to change and eliminate the structural, political and social dynamics that sustain our nation's commercial tobacco epidemic within a specified time. Common endgame strategies include:

- Annual tobacco tax increases
- Prohibiting the sale and supply of tobacco
- Year-specific reductions in the sale of tobacco products
- Reduction in the number of tobacco retailers available



**Tobacco companies spent**  
**\$8.4 BILLION**  
**in 2020 to target our generation.**

**That's \$23 MILLION a day to**  
**get us hooked on their**  
**deadly products.**

**TEXT ENDGAME TO 46839** to join the movement.  
**TobaccoEndgame.org** | #TobaccoEndgame



# Considerations for Endgame Strategies

- What is the impact of these policies on communities that have been historically excluded from the public health policy area, such as individuals with mental health and substance use challenges?
- How are we including representatives from marginalized communities who have been historically excluded in the change process?
- How will we prevent individuals who are heavily addicted to nicotine from experiencing the unpleasant effects of withdrawal if we remove all commercial tobacco products?
- What are the unintended consequences of such policies?

# Where Has This Worked? New Zealand

Starting in 2027 New Zealand's legal smoking age of 18 will be raised each year, allowing existing individuals who smoke to continue buying tobacco products but effectively making them off-limits for anyone born after 2008 causing future generations of tobacco-free individuals. The phased plan includes:

- Reducing the number of cigarette retailers (beginning in 2024)
- Reducing the nicotine in cigarettes (beginning in 2025)
- Gradually raising the legal age of sale for cigarettes to create a "tobacco-free generation." This means people who are 14 or younger in 2027 will never be able to buy cigarettes.

Researchers estimate that over the remaining lifespan of the New Zealand population alive in 2020, the tobacco endgame strategy will result in an extra 600,000 "health-adjusted life years" lived (The University of Melbourne and University of Otago, 2022)



Sources: 1) Counter Tools. (2021). New Zealand Endgame Goals. Retrieved from <https://countertobacco.org/new-zealand-endgame-goals/>. Blakely, T., Waa, A., Ouakrim, D. (July 26, 2022). New Zealand's 'tobacco endgame' law will be a world first for health – here's what the modelling shows us. Retrieved from [https://theconversation.com/new-zealands-tobacco-endgame-law-will-be-a-world-first-for-health-heres-what-the-modelling-shows-us-187075#:~:text=Our%20modelling%20suggests%20that%2C%20over,adjusted%20for%20quality%20of%20life\).](https://theconversation.com/new-zealands-tobacco-endgame-law-will-be-a-world-first-for-health-heres-what-the-modelling-shows-us-187075#:~:text=Our%20modelling%20suggests%20that%2C%20over,adjusted%20for%20quality%20of%20life).)

# Looking Ahead



# Recommendations

- Increase use of local data, benchmarking data, and anecdotal reports from people receiving tobacco prevention, cessation and treatment care/communities impacted by tobacco-related disparities
- Invest research efforts in supplying the information needed by those who can influence change to address gaps in literature that are usually not tailored (community leaders, local community-based organizations, local public health departments, providers, elected officials, employers)
- Partake in multisector collaboration to develop real-world sustainable solutions that have collective impact
- Identify and engage community leaders to serve as changemakers and influencers in your process (think beyond tokenization)
- Don't be afraid to have uncomfortable conversations or explore uncharted territory (remember emerging and promising practices are new ideas!)
- Spread the wealth – share your knowledge and success!



**National Behavioral  
Health Network**

*for Tobacco & Cancer Control*

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