



## Bibliography

**Covell NH, Foster F, Lipton N, Kingman E, Aquila S and Williams JM. Using a Self- Evaluation Tool for Behavioral Health Programs to Support Implementing Treatment for Tobacco Use Disorder. Community Mental Health Journal. 2021. <https://doi.org/10.1007/s10597-021-00890-x>**

*This report describes the construction and application of the Tobacco Integration Self-Evaluation Tool (TiSET) for behavioral health programs, a 20-item scale inspired by the DDCMHT. Completing the TiSET is an important step for behavioral health programs to evaluate their ability to effectively treat people that use tobacco.*

---

**Anthenelli RM, Benowitz NL, West R, St Aubin L, McRae T, Lawrence D, Ascher J, Russ C, Krishen A, Evins AE: Neuropsychiatric safety and efficacy of varenicline, bupropion, and nicotine patch in smokers with and without psychiatric disorders (EAGLES): a double-blind, randomised, placebo-controlled clinical trial. Lancet. 2016 Jun 18;387(10037):2507-20.**

*Controlled study of different medication treatments in large group of smokers that included half with mental illness. The study did not show a significant increase in neuropsychiatric adverse events attributable to varenicline (or bupropion) relative to nicotine patch or placebo. Varenicline was more effective than other treatments in helping smokers achieve abstinence.*

**Jasek JP, Williams JM, Mandel-Ricci J, Johns M. Trends in smoking among adults with serious psychological distress during comprehensive tobacco control in New York City, 2003-2012. Tobacco Control. doi:10.1136/tobaccocontrol-2014-052024**

*During a decade of Comprehensive Tobacco Control efforts in NYC when adult smoking declined 28% (from 19.6 to 14.4%), no reduction occurred in those with Serious Psychological Distress as measured by the K6 scale. Tobacco control efforts may have less impact on subgroups with mental illness that need more intensive support to quit smoking.*

**Lai DTC, Cahill K, Qin Y, Tang JL. Motivational interviewing for smoking cessation. Cochrane Database of Systematic Reviews 2010, Issue 1. Art. No.: CD006936.**

*A meta-analysis of motivational interviewing (MI; one to four sessions) involving over 10,000 smokers showing that MI yielded a modest but significant increase in quitting smoking and was effective when delivered by a range of health care providers.*

**Lindson N, Chepkin SC, Ye W, Fanshawe TR, Bullen C, Hartmann-Boyce J. Different doses, durations and modes of delivery of nicotine replacement therapy (NRT) for smoking cessation. Cochrane Database of Systematic Reviews 2019, Issue 4. Art. No.: CD013308. DOI: 10.1002/14651858.CD013308.**



*Meta-analysis of showing high certainty evidence that combination NRT results in higher quit rates than single NRT and that 21mg patch is more effective than 14mg. There is also minimal to no evidence that NRT is associated with cardiac adverse events, or serious adverse events.*

**Marynak K, VanFrank B, Tetlow S, Mahoney M, Phillips E, Jamal Mbbs A, Schecter A, Tipperman D, Babb S. Tobacco Cessation Interventions and Smoke-Free Policies in Mental Health and Substance Abuse Treatment Facilities - United States, 2016. MMWR Morb Mortal Wkly Rep. 2018 May 11;67(18):519-523. doi: 10.15585/mmwr.mm6718a3.PMID: 29746451**

*In 2016, among mental health treatment facilities, less than half reported screening patients for tobacco use, and even less offered treatment services. About half of these mental health facilities (48.6%) had smoke-free campus. In 2016, among substance abuse treatment facilities, 64.0% reported screening patients for tobacco use and 34.5% had smoke-free campuses. Not enough is being done to address tobacco in behavioral health treatment in the US.*

**Taylor G, McNeill A, Girling A, Farley A, Lindson-Hawley N, Aveyard P. Change in mental health after smoking cessation: systematic review and meta-analysis. BMJ 2014; 348.**

*Smoking cessation is associated with reduced depression, anxiety, and stress and improved positive mood and quality of life compared with continuing to smoke. This is seen in those with psychiatric disorders as well as those without. The effect sizes are equal or larger than those of antidepressant treatment for mood and anxiety disorders.*

**Williams JM, Miskimen T, Minsky S, Cooperman NA, Miller M, Dooley Budsock P, Cruz J and Steinberg ML. Increasing Tobacco Dependence Treatment through Continuing Education Training for Behavioral Health Professionals. Psychiatric Serv. 2015 Jan 1;66(1):21-6.**

*Training programs on evidence based treatment for tobacco use disorder have been developed for behavioral health professionals. These trainings have been shown to increase tobacco treatment by providers and improve attitudes.*

**Williams JM, Ziedonis DM, Vreeland B, Speelman-Edwards N, Zechner MR, Williams MT, Rahim R, Karimi L, Molnar M, Eilers R. A wellness approach to addressing tobacco in mental health settings: Learning about Healthy Living. Am J Psychiatr Rehabil, 12:352-369, 2009.**

*Learning about Healthy Living (LAHL) is a 20 session group treatment approach that is designed for all types of smokers with different mental health problems. The goal of the intervention is to increase individual's awareness about the risks of tobacco use, treatment options, enhance motivation to address tobacco, and to begin by making other healthy life choices. The LAHL treatment manual is publicly available and is being used sites across the country with great success.*



**Williams JM, Stroup TS, Brunette MF, Raney LE. Tobacco Use and Mental Illness: A Wake-Up Call for Psychiatrists. *Psychiatric Services*. 2014 Dec 1;65(12):1406-8.**

*Tobacco use results in numerous consequences for individuals with mental illnesses and other substance use disorders, yet it is not adequately addressed by behavioral health professionals, including psychiatrists. Psychiatrists should provide treatment for all patients with a co-occurring tobacco use disorder and provide leadership to change policies and practices in treatment centers.*