



## 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.*

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**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.*

**Cook BL, Wayne GF, Kafali EN, Liu Z, Shu C, Flores M. Trends in smoking among adults with mental illness and association between mental health treatment and smoking cessation. JAMA. 2014 Jan 8;311(2):172-82.**

*Between 2004 and 2011, the decline in smoking among individuals with mental illness was significantly less than among those without mental illness, although quit rates were greater among those receiving mental health treatment. This suggests that tobacco control policies and cessation interventions targeting the general population have not worked as effectively for persons with mental illness.*

**Das S, Prochaska JJ. Innovative approaches to support smoking cessation for individuals with mental illness and co-occurring substance use disorders. Expert Rev Respir Med. 2017 Oct;11(10):841-850.**

*This review highlights the epidemiology, contributing factors, and evidence-base for intervening upon tobacco use in those with mental illness and addictive disorders.*

**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.*

**Peckham E, Brabyn S, Cook L, Tew G, Gilbody S. Smoking cessation in severe mental ill health: what works? an updated systematic review and meta-analysis. BMC Psychiatry. 2017 Jul 14;17(1):252.**

*A meta-analysis of 26 trials of pharmacological and/or behavioral interventions. Bupropion and varenicline, which have been shown to be effective in the general population, also work for people with severe mental ill health and their use in patients with stable psychiatric conditions. Despite good evidence for the effectiveness of smoking cessation interventions for people with severe mental ill health, the percentage of people with severe mental ill health who smoke remains higher than that for the general population.*

**Roberts E, Evins AE, McNeill A, Robson D. Efficacy and tolerability of pharmacotherapy for smoking cessation in adults with serious mental illness: a systematic review and network meta-analysis. Addiction. 2016 Apr;111(4):599-612.**

*A meta-analysis of 17 studies confirming that bupropion and varenicline are effective and well tolerated in adults with serious mental illness. .*

**Taylor GM, Lindson N, Farley A, Leinberger-Jabari A, Sawyer K, Te Water Naudé R, Theodoulou A, King N, Burke C, Aveyard P. Smoking cessation for improving mental health. Cochrane Database Syst Rev. 2021 Mar 9;3(3):CD013522**

*Comprehensive review showing that smoking cessation was associated with improvement in mental health symptoms of depression and anxiety compared to continuing to smoke. This is evidence that mental health does not worsen as a result of quitting smoking.*

**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.*

**Wu Q, Gilbody S, Peckham E, Brabyn S, Parrott S. Varenicline for smoking cessation and reduction in people with severe mental illnesses: systematic review and meta-analysis. Addiction. 2016 Sep;111(9):1554-67.**

*Systematic review of studies showing that varenicline is more effective than placebo in smoking cessation and reduced smoking in people with serious mental illness. There is also no evidence that varenicline is associated with increased risk of neuropsychiatric or other adverse effects compared to placebo.*