

# Tobacco Control in Kentucky's Mental and Behavioral Health Settings

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University of Kentucky College of Nursing  
Behavioral Health Wellness Environments for Living and  
Learning (BHWELL)

October 1, 2024  
KTPC Monthly Tobacco Coordinator Call



# Thank You!

Our work is made possible by support from:



KENTUCKY  
TOBACCO  
PREVENTION  
and CESSATION  
PROGRAM



# Today's Objectives

Describe

Prevalence of tobacco use among people living with mental and behavioral health challenges in Kentucky.

Discuss

Factors associated with tobacco use among people living with mental and behavioral health challenges in Kentucky.

Discuss

Initiatives and opportunities to address tobacco use among people living with mental and behavioral health challenges in Kentucky.

# Tobacco Use



# Types of Tobacco Products

- **Combustible/Heated**

Cigarettes, Cigars,  
Cigarillos, Bidis, Pipes



Hookahs/Water pipe



Electronic Nicotine Delivery Systems



- **Non-combustible**

Snus



Chew tobacco

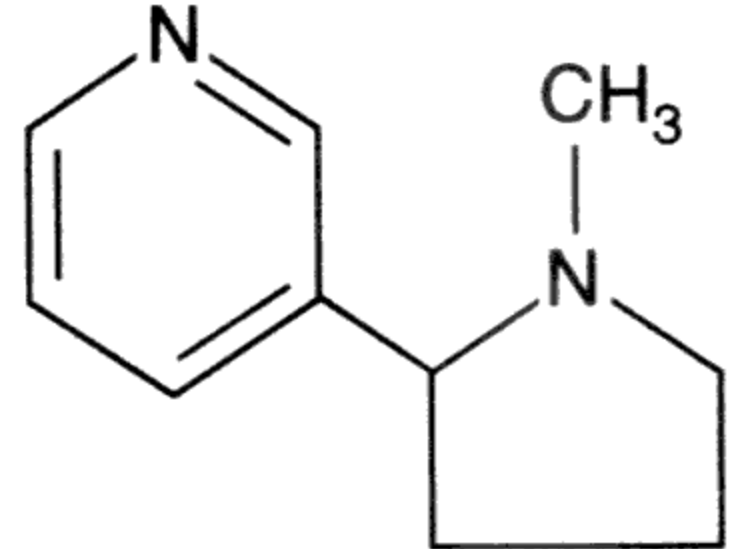


Dissolvable products



# Why is tobacco addictive?

**“Nicotine is the drug in tobacco primarily responsible for addiction. The pharmacologic and behavioral processes that determine tobacco addiction are similar to those that determine addiction to drugs such as heroin and cocaine”**



Hans & Cassady, Inc.

**Nicotine, C<sub>10</sub>H<sub>14</sub>N<sub>2</sub>**



U.S. Department of Health and Human Services. (1988). *The Health Consequences of Smoking: Nicotine Addiction. A report of the Surgeon General.* (No. DHHS Publication No (CDC) 88-8406). Retrieved from Rockville, Maryland

# Classification of Nicotine

## Opioids/Narcotics

- [Fentanyl](#)
- [Heroin](#)
- [Hydromorphone](#)
- [Methadone](#)
- [Morphine](#)
- [Opium](#)
- [Oxycodone](#)



## Hallucinogens

- [Ecstasy/MDMA](#)
- [K2/Spice](#)
- [Ketamine](#)
- [LSD](#)
- [Peyote & Mescaline](#)
- [Psilocybin](#)
- [Marijuana/Cannabis](#)
- [Steroids](#)
- [Inhalants](#)



## Stimulants

- [Amphetamines](#)
- [Cocaine](#)
- [Khat](#)
- [Methamphetamine](#)
- [Alcohol \(low dose\)](#)
- [Nicotine \(high dose\)](#)



## Depressants

- [Barbiturates](#)
- [Benzodiazepines](#)
- [GHB](#)
- [Rohypnol®](#)
- [Alcohol \(high dose\)](#)
- [Nicotine \(low dose\)](#)



## Drugs of Concern

- [Bath Salts or Designer Cathinones](#)
- [DXM](#)
- [Kratom](#)
- [Salvia Divinorum](#)



U.S. Department of Justice, Drug Enforcement Administration. (2015). Drugs of Abuse: 2015 Edition. A DEA Resource Guide. Retrieved June 23<sup>rd</sup>, 2017 from. <https://www.dea.gov/index.shtml>

# Why is tobacco use harmful?

Over 600 ingredients, producing  $\geq 7000$  chemicals when burned  
(69 are known carcinogens)



American Lung Association: <http://www.lung.org/stop-smoking/smoking-facts/whats-in-a-cigarette.html>.

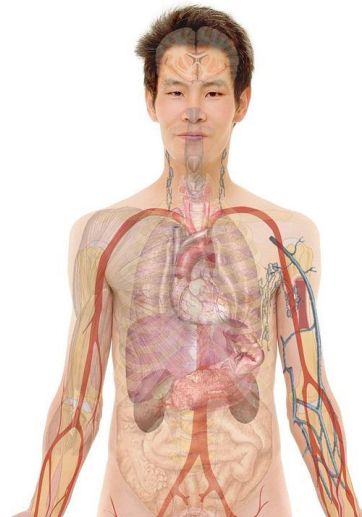


# Tobacco Use-Attributable Illnesses

<b>Cancers</b>	Lung,
Bronchus	Lip/Oral/pharynx
Esophagus	Larynx, trachea
Cervix uteri	Urinary bladder
Stomach	Colon
Leukemia	Pancreas
Kidney	Liver

## Cardiovascular disease

Ischemic heart disease  
Cerebrovascular disease  
Rheumatic heart disease  
Atherosclerosis  
Hypertension  
Aortic aneurysm  
Pulmonary heart disease  
Other arterial disease



## Respiratory disease

Chronic airways obstruction  
Asthma  
Bronchitis/emphysema  
Pneumonia/influenza  
Respiratory tuberculosis

## Pediatric disease

Low birth weight  
Respiratory conditions-newborn  
Respiratory distress syndrome  
Sudden Infant Death Syndrome

## Reproductive Problems

Reduced fertility  
Spontaneous Abortion  
Placental abruption

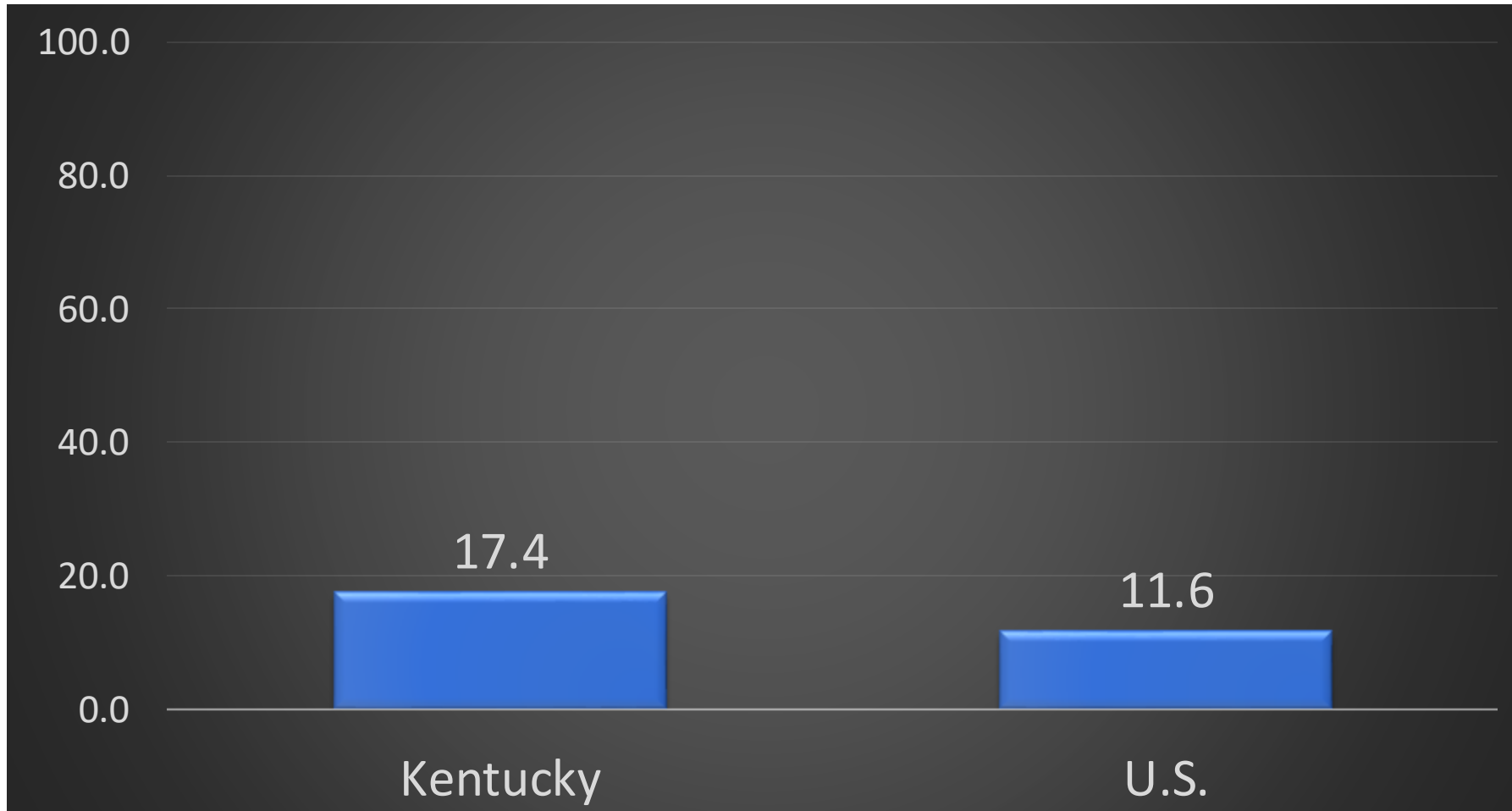
US Department of Health and Human Services. "The health consequences of smoking—50 years of progress: a report of the Surgeon General." Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health 17 (2014).

# Prevalence of tobacco use among people living with mental and behavioral health challenges in Kentucky



Source: [www.cdc.gov/vitalsigns](http://www.cdc.gov/vitalsigns)

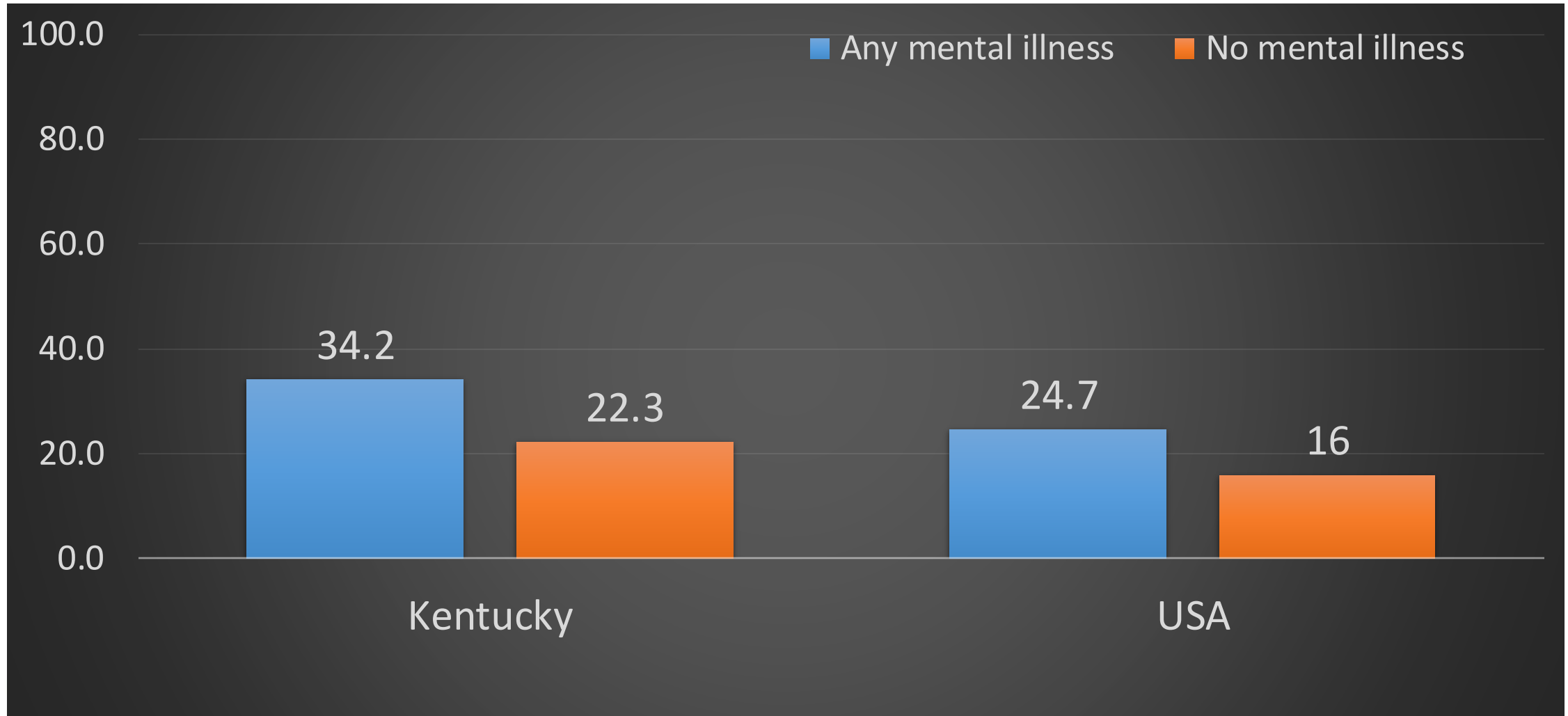
# Percentage of cigarette use among adults in the Kentucky vs. U.S. (2022)



CDC (2023). Smoking and Tobacco Use: State Fact Sheets: <https://www.cdc.gov/tobacco/stateandcommunity/state-fact-sheets/index.htm>

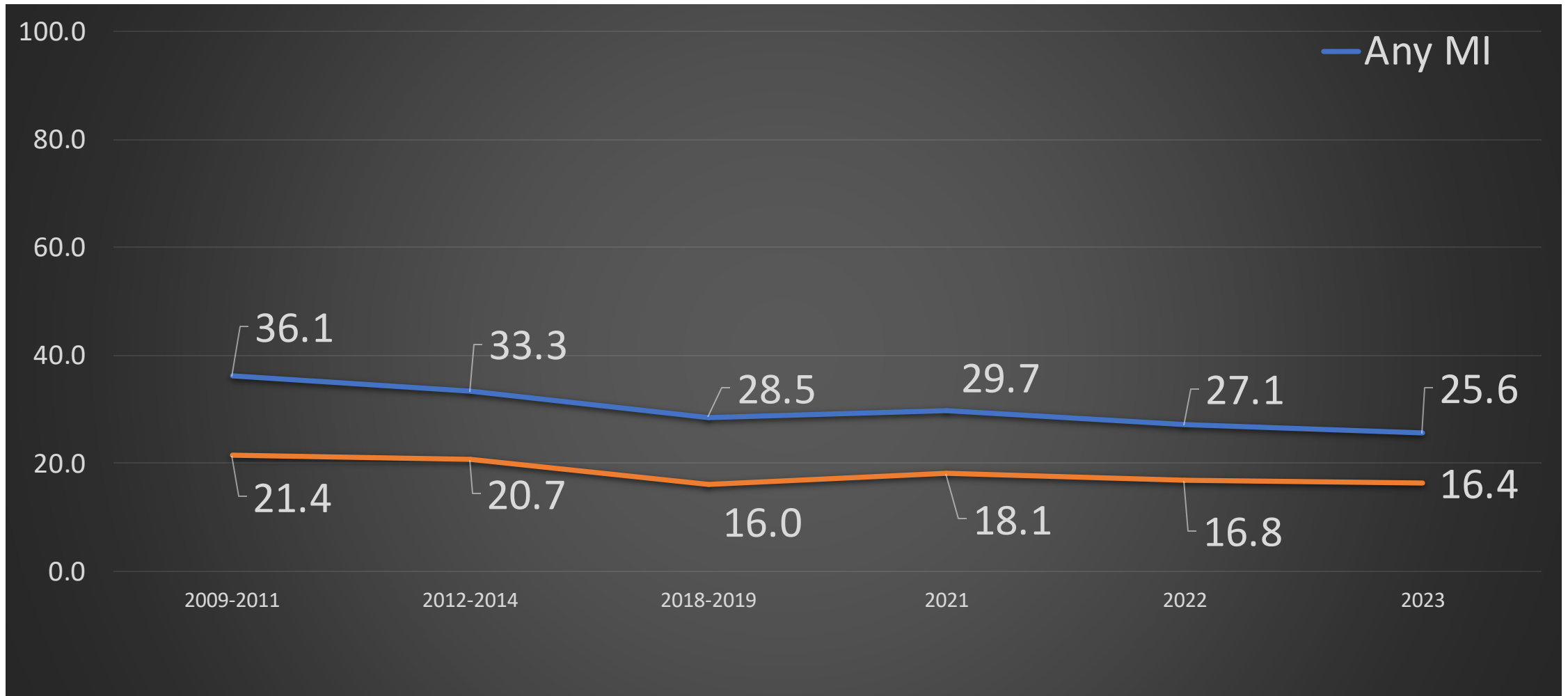
American Lung Association (2023). Overall smoking trends: <https://www.lung.org/research/trends-in-lung-disease/tobacco-trends-brief/overall-smoking-trends>

# Percentage of cigarette use among adults by MI status in Kentucky vs. U.S. (2019-2020)



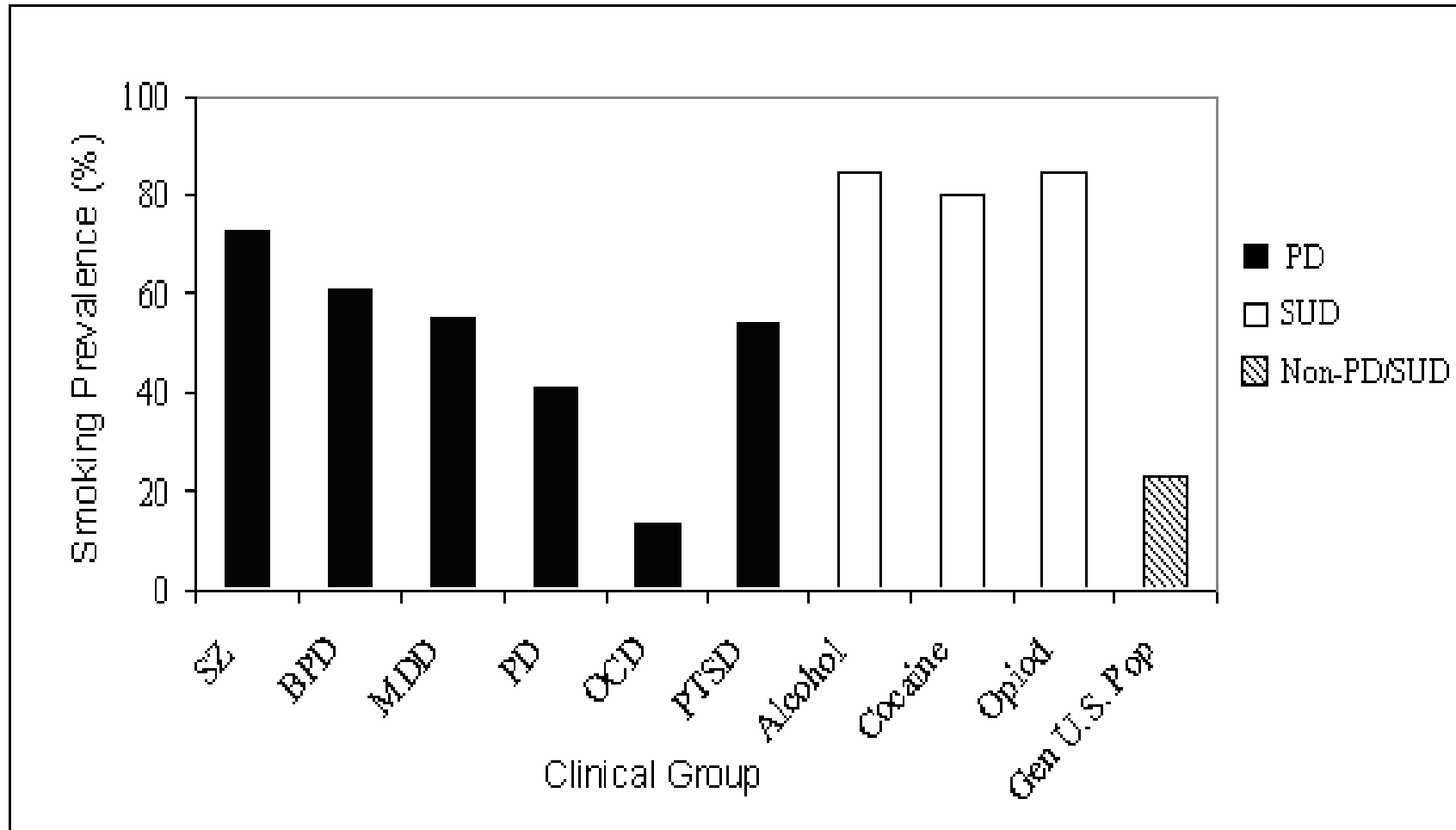
Loretan CG, Wang TW, Watson CV, Jamal A. Disparities in Current Cigarette Smoking Among US Adults With Mental Health Conditions. *Prev Chronic Dis.* 2022 Dec 22;19:E87. doi: 10.5888/pcd19.220184. PMID: 36548524; PMCID: PMC9809393.

# Percentage of past month cigarette use among adults $\geq 18$ years in the U.S. by MI status (2009-2023)

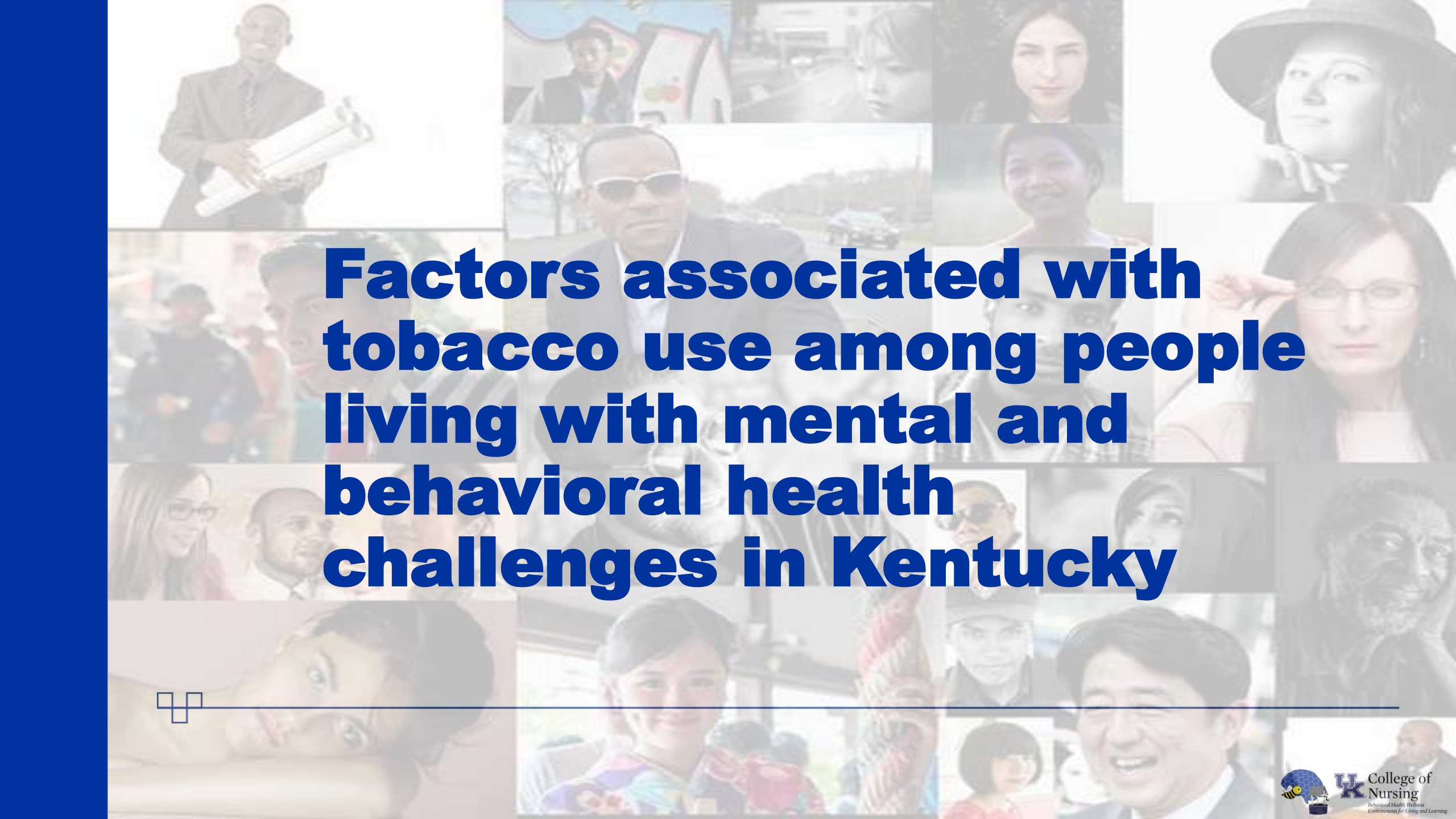


Center for Behavioral Health Statistics and Quality. (2020). Results from the 2019 National Survey on Drug Use and Health: Detailed tables. Rockville, MD: Substance Abuse and Mental Health Services Administration.  
NSDUH 2022, 2023: <https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables>

# Prevalence of Smoking by MI/SUD Disorder



Kalman, Morissette, & George. "Co-Morbidity of Smoking in Patients with Psychiatric and Substance Use Disorders." *The American journal on addictions / American Academy of Psychiatrists in Alcoholism and Addictions* 14.2 (2005): 106–123. PMC. Web. 7 Mar. 2016



# **Factors associated with tobacco use among people living with mental and behavioral health challenges in Kentucky**



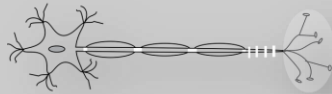
# Reasons for smoking among persons with MI

## Genetic



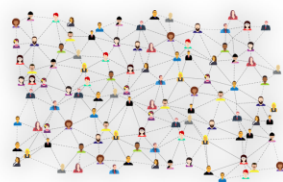
- Smoking and **major depression** <sup>1,2</sup>
- Nicotine dependence and **PTSD** <sup>3</sup>
- Smoking behaviors and **schizophrenia** <sup>4</sup>

## Bio-behavioral



- Nicotine reduces **sensorimotor gating** in schizophrenia <sup>5</sup>
- Smoking reduces brain levels of **MAO-A** (an enzyme linked to depression) <sup>6</sup>
- Nicotine may be an **anxiolytic** <sup>7</sup>

## Psychosocial



- **'Token economy'** in mental health facilities <sup>8</sup>
- Smoking encouraged as a means of **enhancing 'socialization'** among patients<sup>9</sup>

1. Kendler, et al. Smoking and Major Depression: A Causal Analysis. Archives of General Psychiatry 1993; 50:36-43

2. Lyons, et al. A twin study of smoking, nicotine dependence, and major depression in men. Nicotine & Tobacco Research 2008; 10:97 – 108

3. Koenen, et al. A Twin Registry Study of the Relationship Between Posttraumatic Stress Disorder and Nicotine Dependence in Men. Arch Gen Psych 2005; 62:1258-1265

4. Faraone, et al. (2004). A novel permutation testing method implicates sixteen nicotinic acetylcholine receptor genes as risk factors for smoking in Schizophrenia families

5. Postma, et al. (2006). Psychopharmacology, 184: 589–599

6. Fowler, et al. (1996). Proceedings of the National Academy of Sciences of the United States of America, 93:14065-14069

7. McCabe, et al. (2004). Journal of Anxiety Disorders, 18:7-18

8. Lawn S. Cigarette smoking in psychiatric settings: occupational health, safety, welfare and legal concerns. Australian and New Zealand J Psych 2005; 39:886-891

9. Kawachi I, Berkman L. Social ties and mental health. Journal of Urban Health 2001; 78:458-467



# Reasons to treat tobacco use in persons with MI

They <b>WANT</b> to quit!	Siru et al., 2009	Review study (9 studies)	<ul style="list-style-type: none"> <li>50% contemplating cessation</li> </ul>
	Stockings et al., 2013	Australia (97 inpatients)	<ul style="list-style-type: none"> <li>47% made quit attempt in previous year</li> </ul>
	Du Plooy, et al., 2016	South Africa (116 male inpatients)	<ul style="list-style-type: none"> <li>59.4% attempted to quit in the previous year</li> </ul>
They <b>ARE ABLE</b> to quit!	Anthenelli et al., 2016	RCT (8144 with & without MI)	<ul style="list-style-type: none"> <li>Pharmacotherapy (VAR, BUP, NRT) superior to placebo in both groups</li> </ul>
	Prochaska et al., 2013	RCT (224 inpatient smokers)	<ul style="list-style-type: none"> <li>Motivational counseling + NRT initiated in hospital increased quitting success</li> </ul>
Cessation <b>IMPROVES</b> Psychiatric symptoms	Taylor et al., 2021	Meta-analysis (102 studies)	<ul style="list-style-type: none"> <li>Cessation associated with improvements in depression, anxiety, stress, mood and quality of life</li> </ul>

1. Siru, R.; Hulse, G.K.; Tait, R.J. Assessing motivation to quit smoking in people with mental illness: A review. *Addiction* 2009, *104*, 719-733

2. Stockings, et al. Readiness to quit smoking and quit attempts among Australian mental health inpatients. *Nicotine & Tobacco Research* 2013, *15*, 942-949.

3. Du Plooy, et al. (2016). Cigarette smoking, nicotine dependence, and motivation to quit smoking in South African male psychiatric inpatients. *BMC psychiatry*, *16*(1), 403.

4. Anthenelli, et al. (2016). 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. *The Lancet*, *387*(10037), 2507-2520.

5. Prochaska, et al. Efficacy of initiating tobacco dependence treatment in inpatient psychiatry: A randomized controlled trial. *Am J Public Health* 2013, *104*, 1557-1565

6. Taylor, G. M., Lindson, N., Farley, A., Leinberger-Jabari, A., Sawyer, K., te Water Naudé, R., ... & Aveyard, P. (2021). Smoking cessation for improving mental health. *Cochrane Database of Systematic Reviews*, (3).

# Tobacco Treatment Challenges in Mental and Behavioral Health Services

- Paucity of tobacco treatment delivered in behavioral settings<sup>1,2</sup>
- Conventional tobacco treatment programs not addressing unique relationship between tobacco use and behavioral health in their treatment approach<sup>3</sup>
- Current evidence-based pharmacotherapy is equally efficacious for people with and without mental and behavioral health challenges, but may be ineffective as prescribed
  - Pharmacotherapy largely based on efficacy studies that excluded persons with behavioral health issues in their development<sup>4,5,6</sup>
  - Those with behavioral health may need higher doses and longer durations of pharmacotherapy to achieve equitable smoking cessation<sup>7</sup>

<sup>1</sup>Ziedonis D, Hitsman B, Beckham JC, et al. Tobacco use and cessation in psychiatric disorders: National Institute of Mental Health report. *Nicotine & Tobacco Research*. 2008;10(12):1691 - 1715.

<sup>2</sup>Prochaska JJ. Smoking and mental illness — breaking the link. *New England Journal of Medicine*. 2011;365(3):196-198

<sup>3</sup>U.S. Department of Health and Human Services. <sup>3</sup>*Eliminating Tobacco Related Health Disparities: Summary Report*. U.S. Department of Health and Human Services, National Institute of Health, National Cancer Institute;2002

<sup>4</sup> Gonzales D, Rennard SI, Nides M, et al. Varenicline, an  $\alpha$ 4 $\beta$ 2 Nicotinic Acetylcholine Receptor Partial Agonist, vs Sustained-Release Bupropion and Placebo for Smoking Cessation: A Randomized Controlled Trial. *JAMA*. 2006;296(1):47-55

<sup>5</sup>Koegelenberg CN, Noor F, Bateman ED, et al. Efficacy of varenicline combined with nicotine replacement therapy vs varenicline alone for smoking cessation: A randomized clinical trial. *JAMA*. 2014;312(2):155-161

<sup>6</sup>Tonnesen P, Paoletti P, Gustavsson G, et al. Higher dosage nicotine patches increase one-year smoking cessation rates: results from the European CEASE trial. Collaborative European Anti-Smoking Evaluation. European Respiratory Society. *European Respiratory Journal*. 1999;13(2):238-246

<sup>7</sup>Selby P, Voci SC, Zawertailo LA, George TP, Brands B. Individualized smoking cessation treatment in an outpatient setting: Predictors of outcome in a sample with psychiatric and addictions co-morbidity. *Addictive Behaviors*. 2010;35(9):811-817

# Initiatives addressing tobacco use among people living with mental and behavioral health challenges in Kentucky



# Our Responsibility

“All smokers with psychiatric disorders, including substance use disorders, should be offered tobacco dependence treatment, and clinicians must overcome their reluctance to treat this population.... Treating tobacco dependence in individuals with psychiatric disorder is made more complex by the potential for multiple psychiatric disorders and multiple psychiatric medications.”



Fiore M, Jaén C, Baker T, et al. *Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline*. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service, 2008.

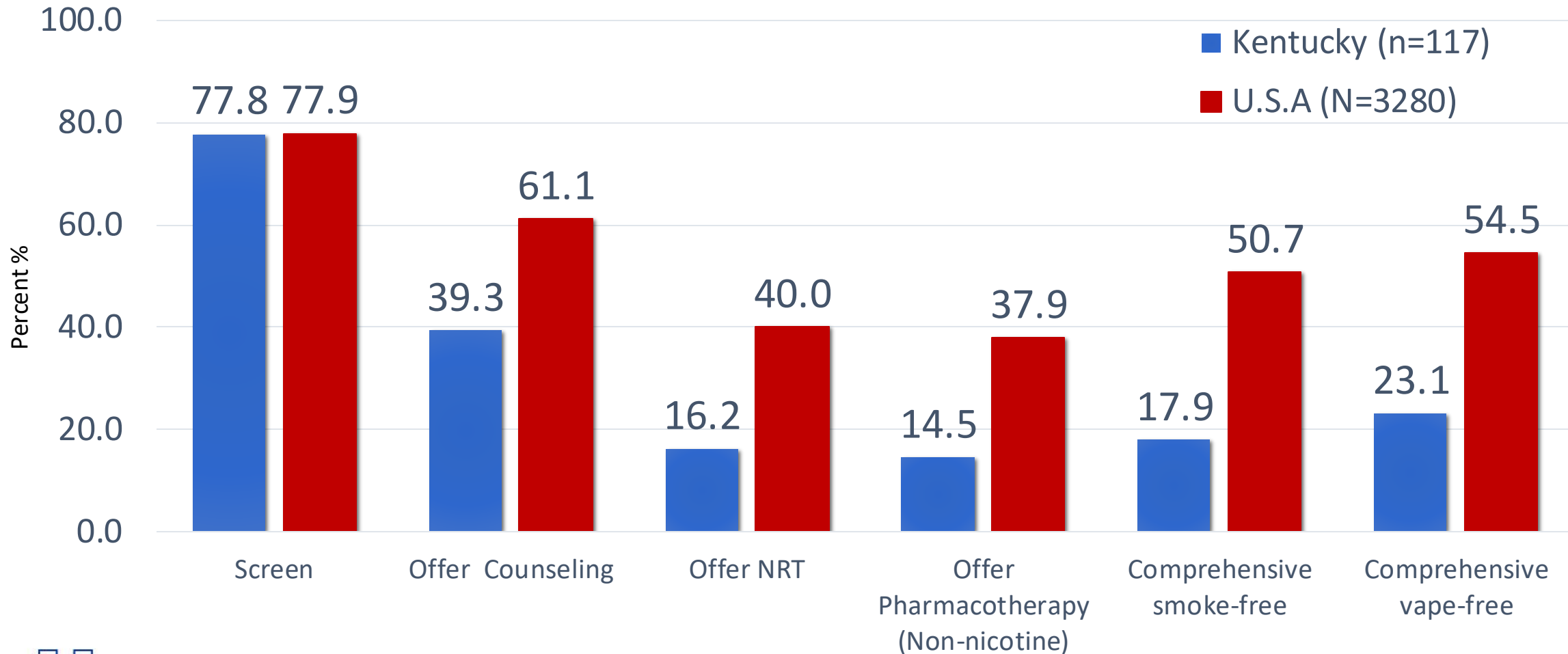
# CDC Recommendations for Behavioral Health Settings

- ✓  Stopping practices that encourage tobacco use (such as not providing cigarettes to patients and not allowing staff to smoke with patients)
- ✓  Making entire campus 100% tobacco-free
- ✓  Including tobacco treatment as part of mental health treatment and wellness



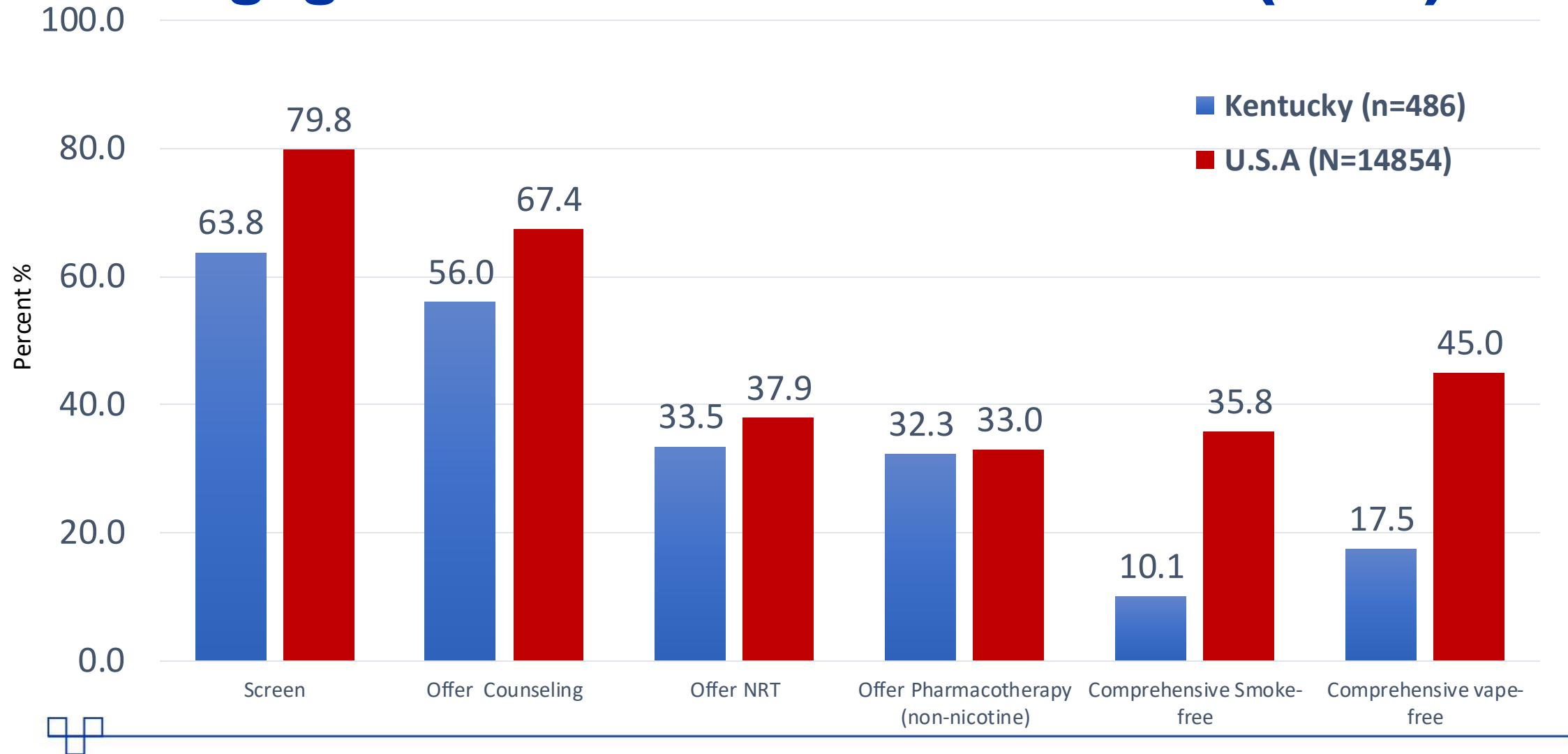
Source: <http://www.cdc.gov/vitalsigns/pdf/2013-02-vitalsigns.pdf>

# Percentage of Mental Health Treatment Facilities Engaged in Tobacco Control Efforts (2022)



National Substance Use and Mental Health Services Survey Annual Detailed Tables: <https://www.samhsa.gov/data/sites/default/files/reports/rpt42714/NSUMHSS-Annual-Detailed-Tables-22.pdf>

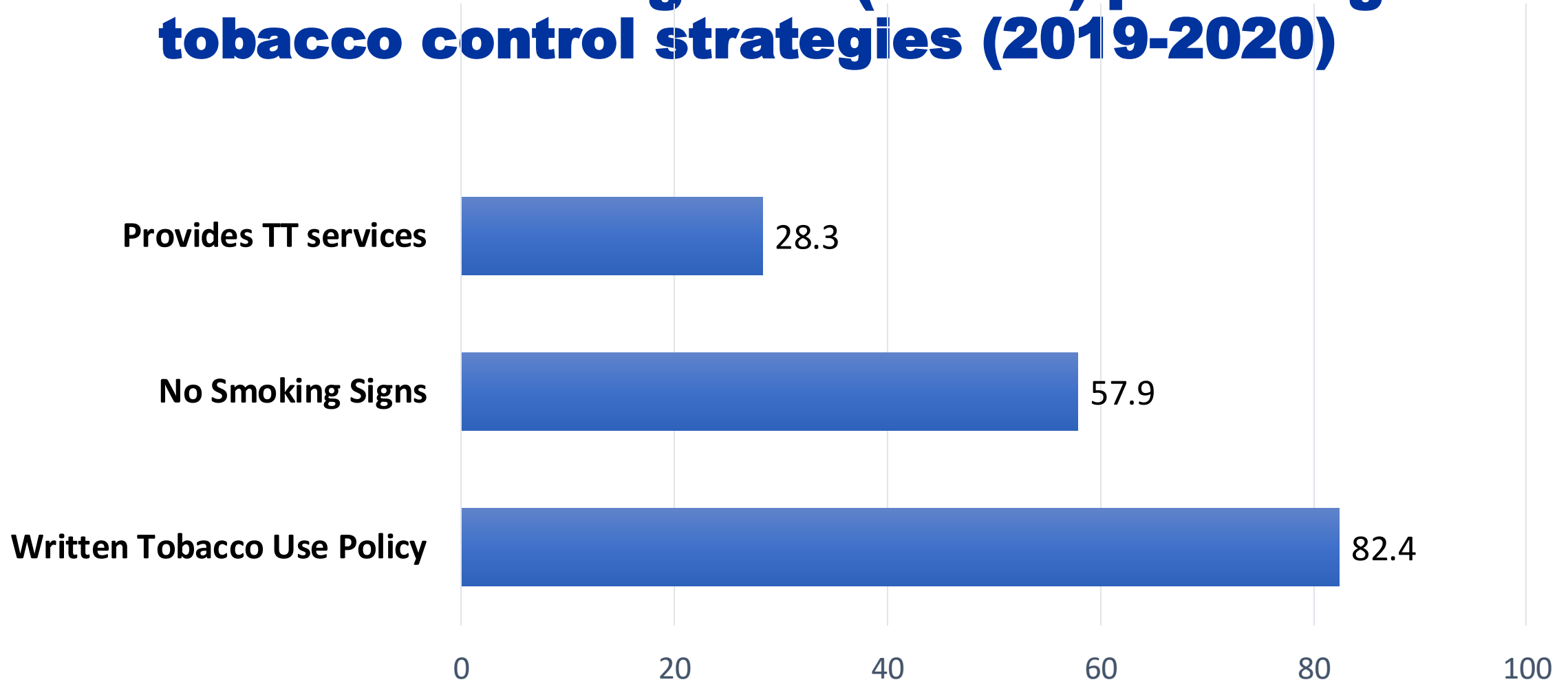
# Percentage of Substance Use Treatment Facilities Engaged in Tobacco Control Efforts (2022)



National Substance Use and Mental Health Services Survey Annual Detailed Tables:

<https://www.samhsa.gov/data/sites/default/files/reports/rpt42714/NSUMHSS-Annual-Detailed-Tables-22.pdf>

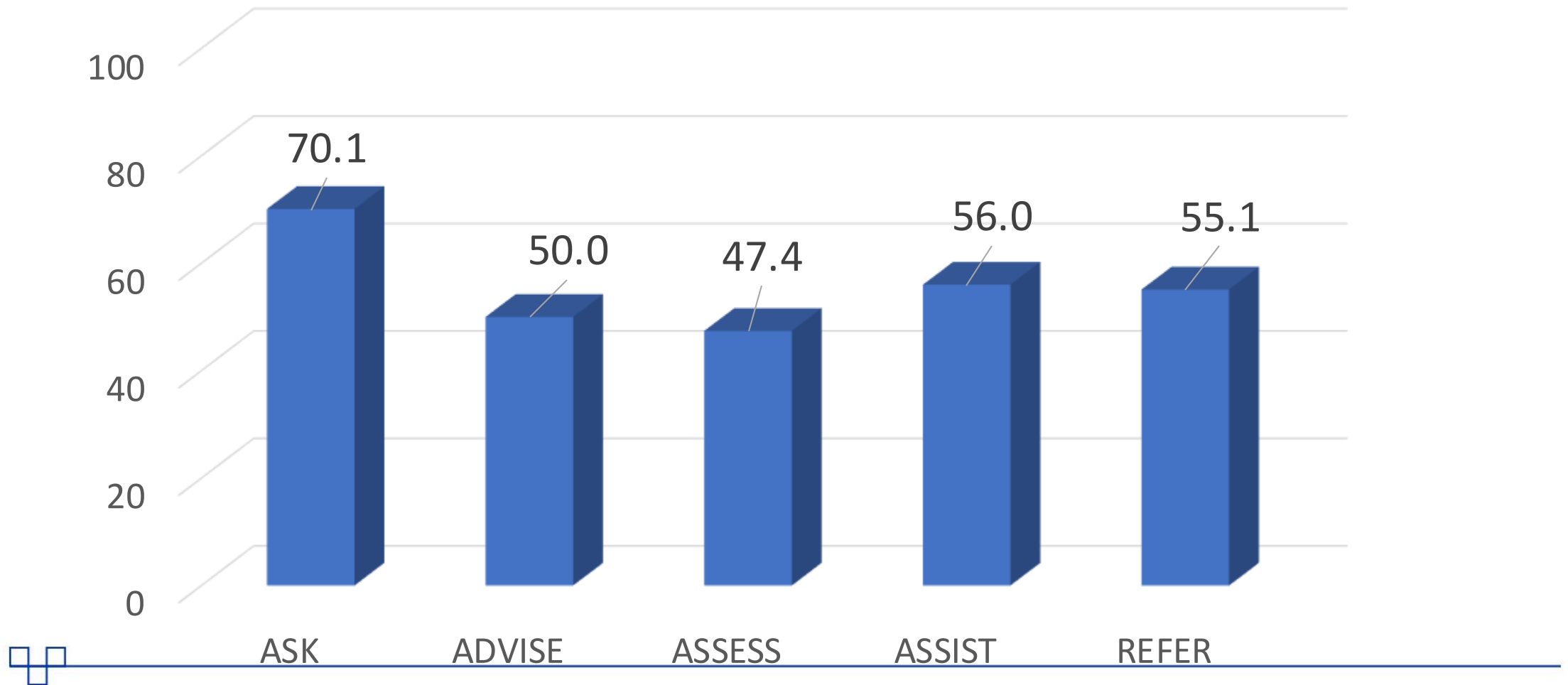
# Percentage of Kentucky Community Mental Health Center Programs (N=159) providing tobacco control strategies (2019-2020)



Funded by KY State Department of Medicaid Services



# Percentage of Kentucky Community Mental Health Center Programs (N=159) reporting that their programs provide evidence-based tobacco treatment (2019-2020)



Funded by KY State Department of Medicaid Services



**Tobacco control opportunities  
to address tobacco use for  
people living with mental and  
behavioral health challenges  
in Kentucky**

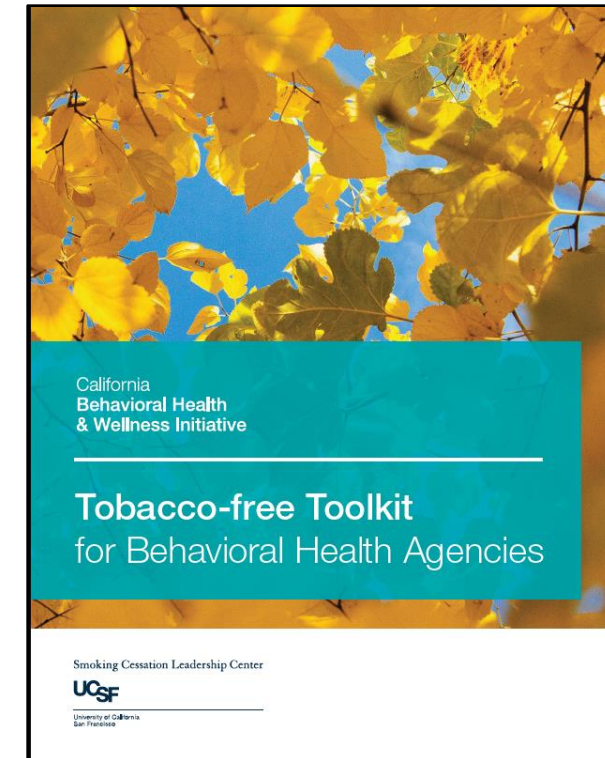
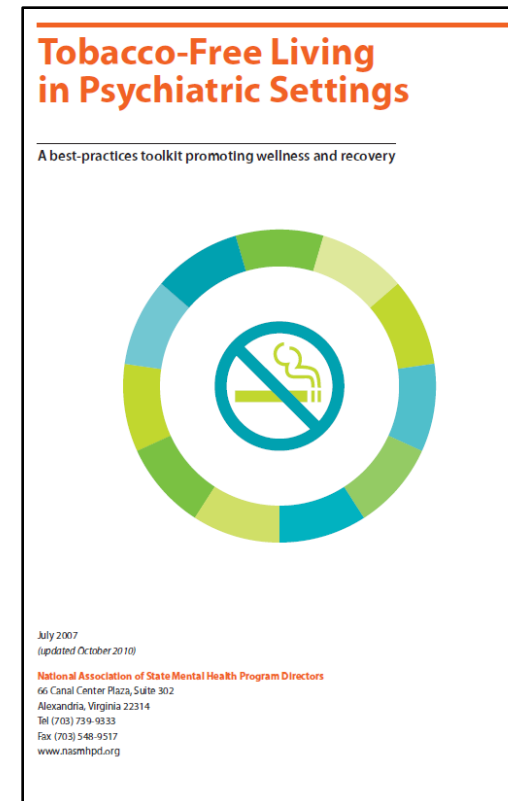
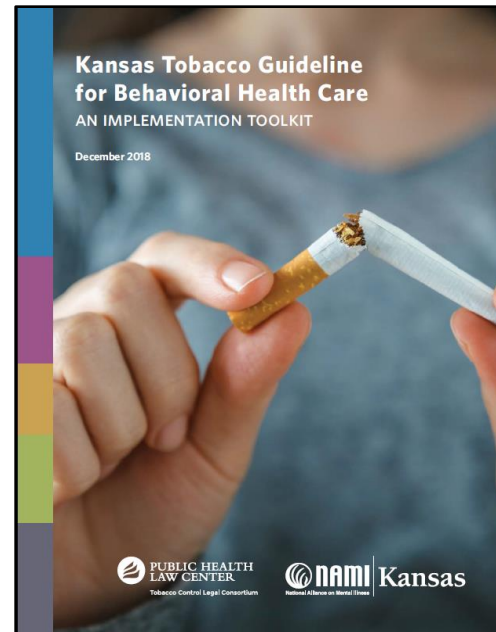
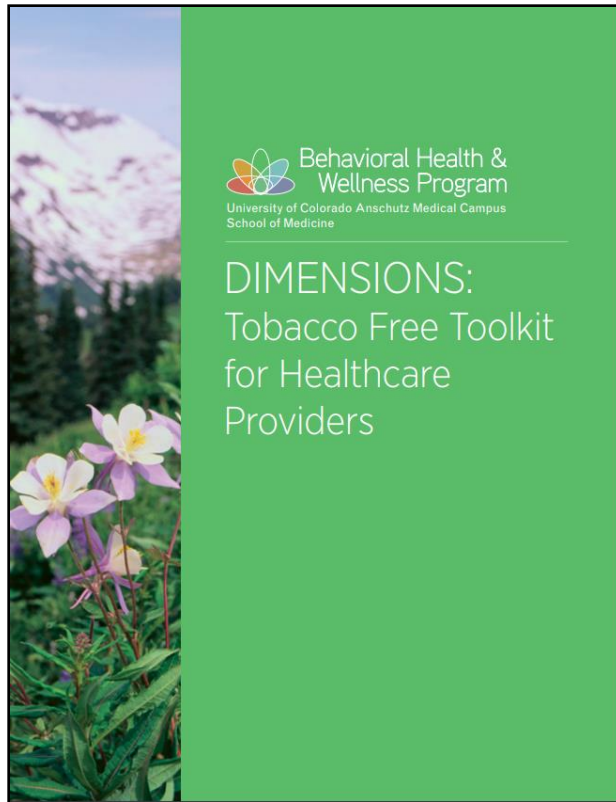


# National and State Tobacco Control Program Goals

Eliminate	Exposure to secondhand smoke
Promote	Tobacco treatment among adults and youth
Prevent	Initiation among youth and young adults
Advance	Health equity by identifying and eliminating commercial tobacco product-related inequities and disparities



# Tool-kits for tobacco-free spaces tailored to behavioral health settings



[https://smokingcessationleadership.ucsf.edu/sites/smokingcessationleadership.ucsf.edu/files/Downloads/Toolkits/nasmhpd\\_toolkit\\_updated\\_april\\_2011.pdf](https://smokingcessationleadership.ucsf.edu/sites/smokingcessationleadership.ucsf.edu/files/Downloads/Toolkits/nasmhpd_toolkit_updated_april_2011.pdf)

<https://smokingcessationleadership.ucsf.edu/sites/smokingcessationleadership.ucsf.edu/files/Downloads/Toolkits/TF-Toolkit-Supp-Behavioral-Health.pdf>

<https://www.publichealthlawcenter.org/sites/default/files/resources/Kansas-Tobacco-Guideline-Behavioral-Health-Care-Toolkit-Dec2018.pdf>

[https://www.attud.org/assets/docs/CABHWI\\_Toolkit\\_Web\\_5.30.19.pdf](https://www.attud.org/assets/docs/CABHWI_Toolkit_Web_5.30.19.pdf)

<https://store.samhsa.gov/sites/default/files/sma18-5069qg.pdf>

For those with serious mental illness: [https://store.samhsa.gov/sites/default/files/pep19-02-00-001\\_0.pdf](https://store.samhsa.gov/sites/default/files/pep19-02-00-001_0.pdf)

# Quit Now Kentucky

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English

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## Behavioral Health and Tobacco Use



Louisville Kentucky ,  
**Freedom From Smoking® Group Clinic Program**



# Freedom from Smoking Clinic Programs

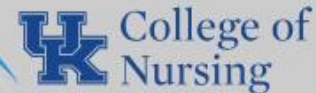


# BREATHE

Bridging Research Efforts and Advocacy  
Toward Healthy Environments

## Online Tobacco Treatment Specialist (TTS) Training

[www.breathe.uky.edu/tobacco-treatment/tobacco-treatment-specialist-training](http://www.breathe.uky.edu/tobacco-treatment/tobacco-treatment-specialist-training)



The BREATHE Tobacco Treatment Specialist (TTS) training is designed to:

- Equip you with evidence-based skills to treat tobacco dependence across a range of settings.
- Provide 27 hours of self-paced training in a convenient online platform designed to be completed over 8 weeks.

Tobacco use is the leading cause of preventable death and disease. You can help save lives by helping people quit.

# Tobacco Treatment Specialist Training for Healthcare Providers



# TOBACCO TREATMENT SPECIALISTS



What is a TTS?





# TTS SCHOLARSHIPS

Through the generous support of the Kentucky Tobacco Prevention and Cessation Program, BH WELL has been able to offer scholarships for the BREATHE Online Tobacco Treatment Specialist (TTS) Training to individuals who are working at behavioral health organizations in Kentucky.

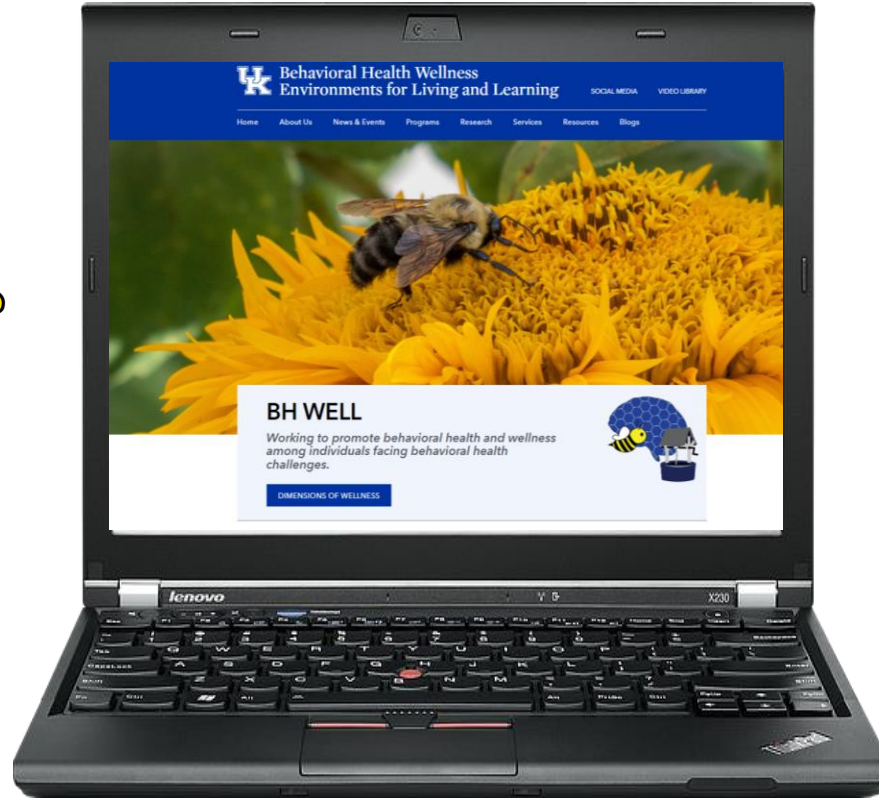
## Total Number of TTS Scholarship Completions by Year

Year	Number of Trained TTSs
2020*	20
2021	12
2022	4
2023	11
2024	4 (as of 10/1/24)
<b>TOTAL</b>	<b>51</b>

\*2020 scholarships were funded by the Kentucky Department for Medicaid Services.



# BH WELL's Resources and Initiatives



<https://bhwell.uky.edu>



# BH WELL Team

## Faculty



**Chizimuzo Okoli,**  
PhD, MPH, MSN, PMHNP-BC, APRN, NCTTP, FAAN  
*Executive Director & Professor*



**Lee Anne Walmsley,**  
PhD, EdS, MSN, RN  
*Associate Professor*



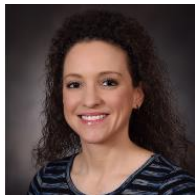
**Lovoria Williams,**  
PhD, FNP-BC, FAAN  
*Associate Professor*



**Dianna Inman,**  
DNP, APRN,  
PMHNP, CPNP  
*Adjunct Professor*



**Holly Stith,**  
DNP, APRN, PMHNP-BC,  
*Assistant Professor*



**Amanda Lykins,**  
DNP, RN-BC  
*Assistant Professor*



**Stephanie Kehler,**  
PhD, RN, CHSE  
*Assistant Professor*



**Andrew Makowski,**  
DNP, PMHNP, APRN  
*Assistant Professor*

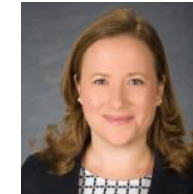


**Andrew Cooley,**  
MD  
*Associate Professor  
& Chief Medical  
Officer, Eastern  
State Hospital*

## Multi-Disciplinary Professionals



**Heather Robertson, MPA**  
*Director of Executive Operations*



**Emily Koyagi, MPA**  
*Program Manager*

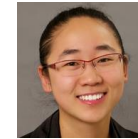


**Michele Gully, BA**  
*Graphic Artist*

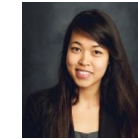


**Kylie Pemberton, MA**  
*Program Coordinator*

## Graduate Students



**Tianyi Wang, MS**  
*Statistics*



**Sarret Seng, BSN, BA**  
*Nursing*



**Claudia Robertson, BSc**  
*Occupational Therapy*



**Pooja Bhattari, MS**  
*Nursing*

## Visiting Scholar



**Qingfang Liang, PhD**  
*Visiting Scholar*

## Post-Doctoral Scholar



**Bassema Abu Farsakh, PhD**

## Scholars

## Undergraduate Students



**Meaghan Haddix**  
*Research Intern*



**Kayla Vargas**  
*Nursing Student*



**Shane Landis**  
*Nursing Student*



## 5 A's: Brief Interventions for Tobacco Treatment

The 5 A's are a 10-minute decision support tool for clinicians to assist patients to stop tobacco use. Embracing the 5 A's can help you guide patients toward tobacco treatment.

- 1 ASK ABOUT TOBACCO USE**
  - Ask each patient this question on arrival: Have you used tobacco in the last 30 days?
- 2 ADVISE ALL TOBACCO USERS TO STOP**
  - As a health professional, the best advice I can give you is to stop using tobacco.
  - Giving up tobacco is hard; however, it will help with (healing, finances, medication).
  - In the hospital, we have NRT (patches/gum) that you can try whether or not you are currently having cravings.
- 3 ASSESS PATIENT READINESS TO STOP**
  - Do you want to stop using tobacco?
  - Are you nicotine dependent?
  - When you wake up each day, when do you first use tobacco? How much do you use in a day?
  - Are you currently using medicine to help you stop?

### 4 ASSIST WITH MEDICATION AND PRACTICAL COUNSELING

It is always safer to use NRT than to continue tobacco use.

- |   |   |
|---|---|
| <b>Tobacco Treatment Medication Benefits:</b>   | <b>Do Offer:</b>  |
| <ul style="list-style-type: none"> <li>Relieves nicotine withdrawal</li> <li>Increases chances of stopping</li> </ul> | <ul style="list-style-type: none"> <li>NRT, Bupropion, and Varenicline</li> <li>Practical counseling (motivational interviewing)</li> </ul> |

### 5 ARRANGE FOR A FOLLOW-UP OR REFERRAL

- Schedule a follow-up visit within 2-4 months.



BHWELL.UKY.EDU (859) 323-6606  
Funded by the Kentucky Department for Public Health  
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- FREEDOM FROM SMOKING 1-800-LUNG-USA - Toll-free line available in Kentucky 1-800-QUIT-NOW

## TAILORED TOBACCO TREATMENT OPTIONS

A practice tool to help clinicians decide on tobacco treatment options

### NICOTINE REPLACEMENT EQUIVALENCIES

#### CIGARETTES

2 packs/day → two 21 mg patches

15 packs/day → 21 mg + 14 mg patches

1 pack/day → one 21 mg patch

0.5 pack/day → one 14 mg patch

5 or less cigarettes/day → 4 mg gum OR 4 mg lozenge

#### SNUFF

3 cans/week → two 21 mg patches + 4 mg gum

2 cans/week → two 21 mg patches

1 can/week → one 21 mg patch

#### CIGARS

1-2 cigars/day → one 7 mg patch

## Clinician Handouts

© University of Kentucky BHWELL 2019



You know what I always say! Bee healthy!

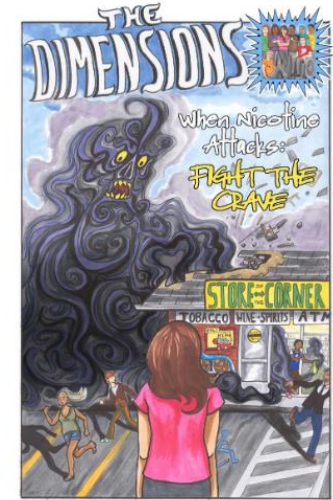


Bee Smart! Don't Start. coloring book



www.uky.edu/bhwell

## Comic Books & Coloring Books



## Events

Self-Injury Awareness: Empowerment Through Understanding



LGBTQ+ PRIDE MONTH: QUESTIONS TO ASK BEHAVIORAL HEALTH PROVIDERS

LGBTQ+ Pride Month: Questions to Ask Behavioral Health Providers

The Big Tobacco Boulder



The Big Tobacco Boulder

Recreational Therapy Month



Therapy that Activates Joy and Healing

## Vlogs & Blogs



## Community Engaged Research

# MESSAGE RESOURCE CENTER



Behavioral Health Wellness  
Environments for Living and Learning

[Home](#) [About Us >](#) [News & Events](#) [Programs >](#) [Research >](#) [Resc](#)

## Message Resource Center

[Home](#) / [Programs](#) / [Tobacco Policy and Treatment](#) / [Tailored Tobacco Treatment](#) / [TTT Media Resources](#) / [I](#)

### Welcome to BH WELL's Message Resource Center!

Free print templates tailored for behavioral health organizations and those they serve are available to help educate your community about tobacco treatment.

The advertisement templates feature:

- High quality design
- Evidence-based media messages
- The option to customize by adding your contact information and logo
- Various media formats (e.g., billboards, postcards, newspaper ads) to fit your specific needs.

### View by Media Message

Message 1: "It's okay if you're not able to stop using tobacco the first time you try. You have to keep trying. I did and it's worth it." +

Message 2: "It took several attempts but I stopped using tobacco. I am proud of myself. Every day I am getting better and healthier." +

Message 3: "I didn't want to be the next family member to suffer from lung cancer because of tobacco use. It just isn't worth the risk." +

Message 4: "When I was using tobacco, cravings controlled my life. Now I'm in control." +

Message 5: "I didn't realize how much my life was impacted by tobacco use; but since stopping, I can run further and I feel better." +

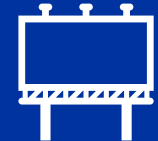
Message 6: "As a tobacco treatment specialist, I walk alongside my patients on their journey to stop tobacco use. Not everyone gets the same success at the same time. I support and celebrate every attempt to stop." +

Message 7: "As a tobacco treatment specialist, I know that every quit attempt is closer to the final quit. It is important to never give up." +

Message 8: "Stopping tobacco use supports recovery and mental well-being." +

Message 9: "A tobacco-free space provides an environment that supports wellness and empowers people who want to stop tobacco use." +

Message 10: "Stopping tobacco use is challenging but you've got this. Reach out to your health care provider for support." +



### View by Media Format

Push Card (3.66" X 8.5") +

Poster (11 X 17") +

Postcard (6" X 4.25") +

PowerPoint +

Newspaper Ads (5" X 7") +

Billboard +

Facebook (4" X 5") +



1

**“It’s okay if you’re not able to stop using tobacco the first time you try. You have to keep trying. I did and it’s worth it.”**

**-Mary McLevain**  
Owensboro, KY



2

**“It took several attempts but I stopped using tobacco. I am proud of myself. Every day I am getting better and healthier.”**

**-Mary McLevain**  
Owensboro, KY



3

**“I didn’t want to be the next family member to suffer from lung cancer because of tobacco use. It just isn’t worth the risk.”**

**-Johnny Bengé**  
Corbin, KY



4

**“When I was using tobacco, cravings controlled my life. Now I’m in control.”**

**-Johnny Bengé**  
Corbin, KY



5

**“I didn’t realize how much my life was impacted by tobacco use; but since stopping, I can run further and I feel better.”**

**-Johnny Bengé**  
Corbin, KY



6

**“As a tobacco treatment specialist, I walk alongside my patients on their journey to stop tobacco use. Not everyone gets the same success at the same time. I support and celebrate every attempt to stop.”**

**-Holly Logsdon**  
*RN and Tobacco Treatment Specialist  
Owensboro, KY*



**THINKING ABOUT STOPPING?  
TOBACCO TREATMENT SPECIALISTS ARE  
HERE TO HELP.**

Interested in stopping tobacco use?  
Contact John Doe at 555-5555



7

**“As a tobacco treatment specialist, I know that every quit attempt is closer to the final quit. It is important to never give up.”**

**-Holly Logsdon**  
*RN and Tobacco Treatment Specialist  
Owensboro, KY*



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8

**“Stopping tobacco use supports recovery and mental well-being.”**

**-Zim Okoli**  
*Psychiatric Mental Health Nurse Practitioner  
and Certified Tobacco Treatment Specialist  
Lexington, KY*



**THINKING ABOUT STOPPING?  
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9

**“A tobacco-free space provides an environment that supports wellness and empowers people who want to stop tobacco use.”**

**-Zim Okoli**  
*Psychiatric Mental Health Nurse Practitioner  
and Certified Tobacco Treatment Specialist  
Lexington, KY*



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10

**“Stopping tobacco use is challenging but you’ve got this. Reach out to your health care provider for support.”**

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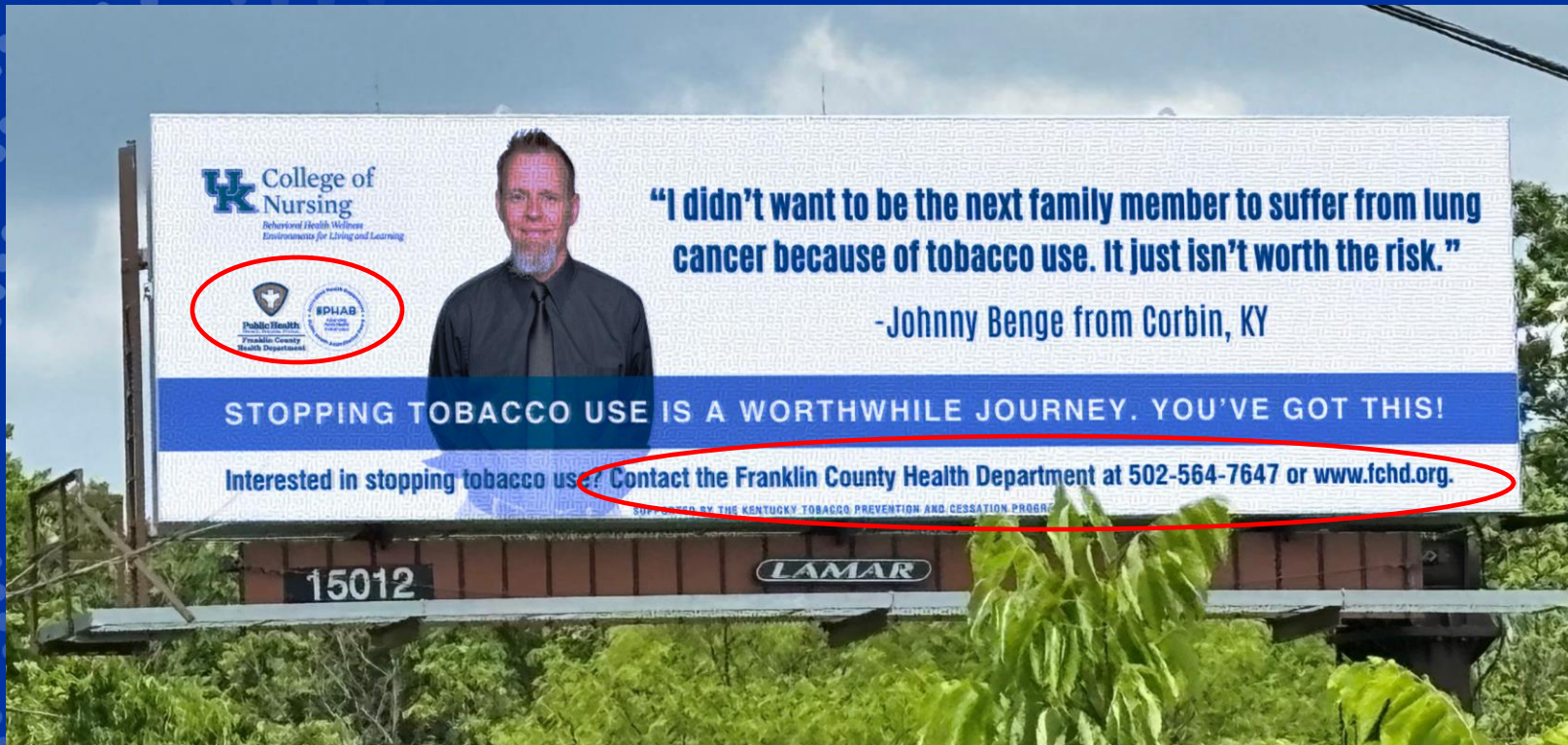


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# CUSTOMIZED MESSAGES



Franklin County Health Department  
Frankfort, KY



RiverValley Behavioral Health  
Owensboro, KY



# CE TRAINING OPPORTUNITY

KBN & KBSW Approved for 1 CE



The advertisement features a white background on the left with a stack of five white stones. On the right, a large blue circle contains the text 'STOPPING SMOKING MINDFULLY' in white, bold, uppercase letters. Below this, smaller white text reads: 'Stopping Smoking Mindfully is a FREE on-demand training course on how to use mindfulness techniques to assist patients and clients who would like to stop smoking.' At the top of the blue circle, the 'UK College of Nursing' logo is displayed, including the text 'Behavioral Health Wellness Environments for Living and Learning' and an icon of a brain with a laptop.



The video player shows a man and a woman in profile, facing each other. The video title is '11 Tips Teaching Mindfulness for Beginners'. The video progress bar shows 4:02 / 14:37. The YouTube logo and 'Share' button are visible.



<https://bit.ly/StoppingSmokingMindfully>

# CE TRAINING OPPORTUNITY

KBN & KBSW Approved for 4 CEs



[https://bit.ly/BHWELL\\_SimulatedScenarios](https://bit.ly/BHWELL_SimulatedScenarios)



ASK ADVISE ASSESS ASSIST ARRANGE

Electronic Nicotine Delivery Systems ENDS and ADHD

## Simulated Scenarios

Which patient are you most interested in learning about?

ENDS Use and ADHD +

Tobacco Use and Depressive Disorder +

Tobacco Use and Substance Use Disorder +

Tobacco Use and Schizophrenia +



ASK ADVISE ASSESS ASSIST ARRANGE

5 A's Simulated Scenario Trainings: Tobacco and Substance Use

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