



FOR MISSISSIPPIANS  
WITH DISABILITIES

- ▶ Planning
- ▶ Cessation
- ▶ Cancer Screening



INSTITUTE FOR DISABILITY STUDIES  
THE UNIVERSITY OF SOUTHERN MISSISSIPPI

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# TCS News

Tobacco Cessation Information for All Mississippians, Including People with Disabilities

## The Best Time to Quit Tobacco—Now

Overindulgences in food, drink, tobacco and spending at Thanksgiving and Christmas are usually followed by holiday remorse in January, hence the constant popularity of making New Year's resolutions.

But researchers say 80% of New Year's resolutions fail by February, leaving most individuals disappointed.

**Planning** provides the best solution for successfully quitting tobacco. Being prepared can make cessation a win-win result.

When making a plan, be sure to include a specific list of reasons for quitting. More importantly, set a specific quit date.

<https://smokefree.gov/build-your-quit-plan>

Make use of supports available in Mississippi: the Mississippi Tobacco Quitline and the ACT Center for Tobacco Treatment, Education and Research. These agencies provide counseling and treatment.

<https://www.quitlinems.com>

<http://act2quit.org/>

## For Providers

### Assisting Clients in Substance Use Disorder Treatment with Quitting Tobacco

*The woman looked at the tobacco cessation posters on the table. She quietly said she had quit smoking while she was in treatment for substance use disorder. She shared that quitting while in treatment is not the typical choice. Her quitting smoking was important to her children. It was probably the hardest thing she had ever done in her life, but she had done it. She said she has vowed she will never go back to either alcohol or cigarettes ever again, and she hasn't.*

Cigarette smoking often seems to go hand-in-hand with substance use disorder (SUD). Research shows a marked prevalence for tobacco use among people with SUD. The 2016 National Survey on Drug Use and Health reported that 63.5% of adult smokers

also use alcohol. This same survey reports that 25.3% of adult smokers currently use illicit drugs such as marijuana.

There are also persistent myths about individuals with SUD and quitting tobacco. Individuals with SUD:

- Don't want to quit tobacco.
- Can't quit.
- Think quitting tobacco will interfere with their treatment.
- Think quitting is just too stressful during treatment.
- Think tobacco is not as harmful as other substances.

## Five Steps to Integrating Tobacco Cessation Treatment into an SUD Program\*

- 1. Ask** – Identify and document tobacco use status for every client during every visit to the treatment facility.
- 2. Advise** – In a clear, strong, and personalized manner, urge all clients who use tobacco to quit.
- 3. Assess** – Ask clients whether they are willing to make a quit attempt at this time.
- 4. Assist** – For clients who are willing to make a quit attempt, offer cessation medication (unless contraindicated) and provide counseling to help them quit.
- 5. Arrange** – For clients willing to make a quit attempt, arrange for follow-up contacts, beginning within the first week after the quit date.

*\*Adapted from Fiore et al., 2009.*

Five Steps list from *Implementing Tobacco Cessation Programs in Substance Use Disorder Treatment Setting: A Quick Guide for Program Directors and Clinicians*, August 2018, Substance Abuse and Mental Health Services Administration.

For years, providers who worked with individuals in treatment for SUD tended to look the other way if the client used tobacco. Why burden someone already in treatment the additional perceived stress of quitting tobacco.

But increasing research on SUD treatment and tobacco cessation indicates individuals in treatment for SUD who quit tobacco as well are 25% more likely to abstain from alcohol or drugs after treatment.

Information from *“Implementing Tobacco Cessation Programs in Substance Use Disorder Treatment Settings: A Quick Guide for Program Directors and Clinicians”* published by the Substance Abuse and Mental Health Services Administration (SAMHSA), August 2018.

<https://www.samhsa.gov/atod/tobacco>

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

<https://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/clinicians/references/quickref/index.html>



## Be Smart—“Never Start”

In a recent *Chit Chat Thursday with Taylor* interview on smoking cessation, former smoker Doug Harford, above left, with program host Taylor Carley, right, shared that he encourages people that the easiest way to quit tobacco is to never start. He started smoking as a young soldier because of his peers and admits it led to other addictions. He tried multiple times and methods to quit tobacco before eventually becoming tobacco free. “Addiction is something that will follow you around for a long, long time.”

[https://www.youtube.com/watch?v=QEciHO0Lv1E&fbclid=IwAR2\\_a9cNQVktYO\\_7KL3agzU-wLTKPvzqybTqGmxrbiaPR\\_fbar2AR64OYw](https://www.youtube.com/watch?v=QEciHO0Lv1E&fbclid=IwAR2_a9cNQVktYO_7KL3agzU-wLTKPvzqybTqGmxrbiaPR_fbar2AR64OYw)

## Lung Cancer Screening in Mississippi

Lung cancer is the leading cause of cancer deaths for both men and women in the U.S. The article, “Surveillance for Cancers Associated with Tobacco Use—United States, 2010–2014,” released by the Centers for Disease Control (CDC) on November 2, 2018, in the *Morbidity and Mortality Weekly Report*, reports 1,070,504 new cases of lung, bronchus, and trachea cancer were diagnosed nationally from 2010 to 2014.

The American Lung Association says an estimated 2,690 new lung cancer diagnoses have been made to date this year in Mississippi. The state ranks in the top quartile in lung cancer incidence rates for men (84.7–116.3) and only one quartile below for incidence rates for women (53.7–58.9).

During Lung Cancer Awareness Month in November, the American Lung Association (ALA) released the Lung Force campaign to raise awareness for a new lung cancer screening for current and former smokers. Screening is recommended for individuals age 55 to 80 who currently smoke, or quit in the past 15 years, who smoke(d) the equivalent of 30 “pack years,” i.e. one pack a day for 30 years, two packs for 15 years. An online quiz is provided on the ALA website, with a step-by-step process to getting screened. The ALA worked with the American Thoracic Society to provide an online facilities finder for screening locations. There are 15 accredited facilities in Mississippi available to provide the low-dose CT scans for lung cancer screening.

For more information, contact the ALA in Flowood at 601.206.5810.

[https://www.cdc.gov/mmwr/volumes/67/ss/ss6712a1.htm?s\\_cid=ss6712a1\\_e#contribAff](https://www.cdc.gov/mmwr/volumes/67/ss/ss6712a1.htm?s_cid=ss6712a1_e#contribAff)

[https://www.lung.org/our-initiatives/saved-by-the-scan/?utm\\_source=domain&utm\\_medium=redirect&utm\\_campaign=saved\\_by\\_the\\_scan](https://www.lung.org/our-initiatives/saved-by-the-scan/?utm_source=domain&utm_medium=redirect&utm_campaign=saved_by_the_scan)

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<https://www.usm.edu/disability-studies/tobacco-control-strategies-mississippians-disabilities>



<https://www.facebook.com/msusmids>