



OREGON

TOBACCO  
FREEDOM

**“Social injustice  
is killing people on a grand  
scale.”**

**World health Organization  
Commission on Social  
Determinants of Health**

- Persons with mental health issues are about twice as likely to smoke as other persons but have substantial quit rates.

- Tobacco use is one of the modifiable behaviors that adds to the fact that persons with serious mental health issues die , on average, 25 years earlier than the general population.

(National Association of State Mental Health Program Directors 2006)

“It makes little sense to expect individuals to behave differently than their peers; it is more appropriate to seek a general change in behavioral norms and in the circumstances which facilitate their adoption.”

Rose G, Khaw K-T, Marmot M.

Rose's Strategy of Preventive Medicine.

New York, NY: Oxford University Press; 2008

Smoking cessation programs increase  
quit rates;  
life expectancy among men  
who quit at age 35 is almost 7 years  
longer than for those who  
continue to smoke.

Counseling, either within or outside the clinical context, is generally less effective than other interventions; successfully inducing individual behavioral change is the exception rather than the rule.

Interventions that address social determinants of health, such as increasing a population's educational and economic status, should therefore reduce smoking rates.

Societal and personal change often requires fundamental social change, they are generally not within the traditional purview of tobacco control or public health programs.

# Societal factors for Health and Quality of Life

- Reduced poverty
- Increased education
- Improved housing
- Work and income
- Improved nutrition
- Reduced drug use
- Reduced violence

# Freedom from Tobacco & Freedom to Choose

- In accordance with the values and tenets of the mental health consumer/survivor movement, it is the right of all persons to achieve optimal health, wellness, and to make choices including freedom from addictive substances.

- The decision to quit smoking is a personal one which should be respected by peers, treatment providers, and health care practitioners. The person should be treated with respect and dignity when or if smoking cessation tools are desired. Coercive measures to encourage or mandate smoking cessation is counter to choice.

Research shows that tobacco is an addictive substance; therefore, we support patients who are involuntarily held within Oregon treatment facilities or residential programs to make the decision to become tobacco-free.

We encourage health care practitioners to support residents in all levels of publicly-financed treatment facilities to achieve tobacco freedom, and to provide affordable and accessible smoking cessation tools to peers who choose to quit.

For tobacco freedom to become a reality for those who choose it, supports must be furnished!

# Supports including but not limited to:

- tobacco replacement therapy;  
clinical treatment determined in partnership with a peer
- peer support; addiction support groups that are tobacco free
- easy access to quit lines and other telephone peer support i.e.-warmlines
- a complaint process to support peers to reach individual goals.

- We, who are mental health service recipients and others of us who are former patients, are determined to reverse the tide of disease and early death among our peers.
- quit rates.[\[1\]](#)

It is the potential of all persons to recover and achieve wellness.



# FREE to choose Recovery Wellness!

