



Our Health

Examining Topics from 'Our Health is in Our Hands'

Tobacco Addiction Prevention and Recovery in Ingham County



September is National Recovery Month. This month we take time to understand and recognize that addiction can be avoided and, if it does occur, it need not define a person for the rest of their lives. The theme for Recovery Month 2011 is, "Prevention Works; Treatment is Effective; and People Recover."¹ This edition of 'Our Health' will look at how this theme is realized in tobacco addiction in our local community .

Prevention Works

A new social norming intervention is helping teens resist risky behaviors in Clinton, Eaton, and Ingham Counties. *Most Teens Don't* is a campaign that



seeks to educate teens and correct the

misperception that most of their peers engage in risky behavior. What individuals perceive as acceptable behavior among the majority of their peers influences their own behavior, regardless of whether that perception is actually true or not.² *Most Teens Don't* was first developed and used in Jackson County, Michigan to counteract tobacco use initiation

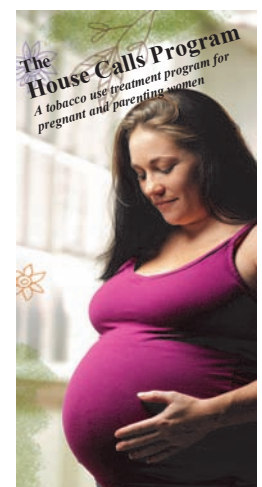
among teens. They evaluated student awareness of tobacco use among their peers before and after their *Most Teens Don't* intervention. Preliminary findings from data from the 2010 *Most Teens Don't* post-test survey indicate that prior to the intervention only 44% correctly estimated the prevalence of tobacco use among their peers. After the intervention the number of teens that correctly estimated the percentage of their peers that use tobacco increased to 71%.* This social norming intervention succeeded in bringing students' perception of their peers' smoking more in line with reality.

Norms are the unwritten and often unspoken rules for how we should behave.

Treatment is Effective

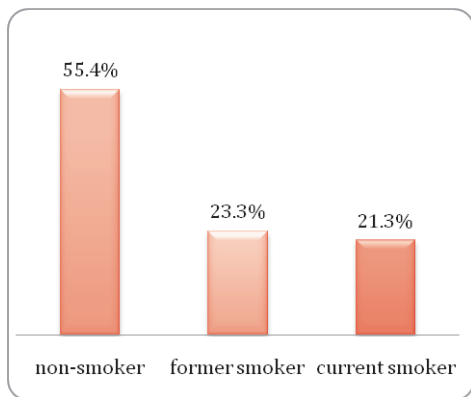
The Ingham County Health Department (ICHHD) has provided tobacco cessation services to smokers for over twenty years. One group the Department struggled to engage in these services were pregnant women and women parenting young children. This was of concern because exposure to nicotine and other chemicals produced by smoking tobacco is particularly harmful to rapidly developing fetuses and infants. In response to this concern, ICHHD with support from the American Legacy Foundation, developed the *House Calls* program. The *House Calls* program is unique to other tobacco cessation services for pregnant and parenting women in several ways, it:

- is a home-based intervention;
- uses carbon monoxide monitors;
- recognizes the clients as experts in their own smoking behavior;
- views smoking cessation as a process and emphasizes the small achievements along the way;



*NOTE: Information on the impact of this intervention on the smoking rate was not available at the time of publication.

Figure 1. Smoking status among adults in Ingham County, 2008-2010 Capital Area BRF&SC Survey



Evaluation of the *House Calls* program revealed that:

- 47.3% of clients reduced their carbon monoxide levels by 50% or more compared to their initial levels; and
- 28.0% of clients reduced their carbon monoxide levels to that of a non-smoker during the follow-up period.

The *House Calls* program has since been integrated into the routine activities of public health in ICHD.

People Recover

In the Capital Area Behavioral Risk Factor Survey adults are grouped into three categories based on their smoking status: non-smokers, former smokers and current smokers. In Ingham County, 23.3% of adults are former smokers (an estimated 50,991 adults) (Figure 1).

Persons who quit smoking experience benefits almost immediately. The level of carbon monoxide exhaled by a former smoker drops to the level of a non-smoker 12 hours after the last cigarette.³ Also the longer that former smokers do not smoke, the greater the benefits. The risk of heart disease between a non-smoker and a former smoker who quite 15 or more years ago is the same.³

What is National Recovery Month?

Celebrated each September, National Recovery Month observance aims to educate the public on the fact that addiction treatment and mental health services can enable those with a substance use or mental disorder to live a healthy and rewarding life.

Recovery Month began in 1989 as *TreatmentWorks! Month* to honor substance abuse treatment and recovery efforts. It evolved into *National Alcohol and Drug Addiction Recovery Month* in 1998 to include accomplishments in recovery efforts for all substance use disorders. In 2011 it underwent another change to, simply National Recovery Month to acknowledge the gains in all aspects of behavioral health: substance abuse and mental disorder.



References

1. Substance Abuse & Mental Health Services Administration. National Recovery Month 2011. U.S. Department of Health and Human Services, n.d. Web. 25 Aug. 2011. <<http://recoverymonth.gov/>>.
2. Blanton, H, A Köblitz, and K McCaul. "Misperceptions about Norm Misperceptions: Descriptive, Injunctive, and Affective 'Social Norming' Efforts to Change Health Behaviors." *Social and Personality Psychology Compass* 3.23 Apr. (2008): 1379-99. Wiley Online Library. Web. 1 Sept. 2011
3. U.S. Department of Health and Human Services. *The Health Consequences of Smoking: A Report of the Surgeon General*. Atlanta, GA: U.S. 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, 2004.

Published in 2004, **Our Health is in Our Hands** is a report of the health status of the residents of Ingham County. Not only does it document the traditional topics and behaviors related to health (i.e. physical activity, substance abuse, tobacco use, etc.), but it includes a review of the social determinants of health. Social determinants of health are factors in the social environment that contribute to or detract from the health of individuals and communities. Examples of social determinants of health, discussed in *Our Health is in Our Hands* are social connection, population shifts, and environmental quality. Copies of this document are available at <http://hd.ingham.org/publications.aspx>.

The **Capital Area Behavioral Risk Factor & Social Capital Survey** is a telephone health survey of households that collects information on health behaviors, preventive health practices, health care access, social cohesion and interactions. Modeled after the Michigan Behavioral Risk Factor Survey and the national Behavioral Risk Factor Surveillance System, information gathered from this survey is used to identify emerging health obstacles, monitor health objectives, and develop and evaluate public health policies/programs in Ingham and surrounding counties in the Capital Area.

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