

Addressing Smoking

in Your Behavioral & Mental Health Treatment Plans

People with behavioral and mental health issues are a **priority**.

Tobacco use remains the leading cause of death in the United States.

Tobacco kills more people in the U.S. than AIDS, alcohol, illegal drugs, suicide, murder, and traffic accidents combined.¹

Despite overall declines in smoking rates, certain demographic groups continue to smoke at high rates. **People with behavioral and mental health disorders are much more likely to smoke than people without these disorders.**² And the health consequences of smoking take a tremendous toll on these individuals.

Individuals with mental health disorders on average die years earlier than adults without mental health disorders. And **the most common causes of these deaths are smoking-related diseases** such as cancer, lung disease, and cardiovascular disease.³



Smoking-related Disparities

Smoking causes more deaths among clients in substance use treatment than the alcohol or other drug use that brings them to treatment:

51% of deaths from tobacco-related causes.

The rate is **>2x** the rate found in the general population.

Smokers with serious mental health disorders have **increased risk for cancer, lung disease, and cardiovascular disease.**

And they **die several years sooner**, on average, than Americans without serious mental health disorders.

From 1997 through 2011, smoking rates decreased steadily among adults without serious psychological distress (SPD) (from 24.1 to 18.2%), but **remained high and steady among adults with SPD** (43.6% in 1997 and 42.1% in 2011).

From 2009 through 2011, adults with any mental health or substance use disorder represented 25% of total adults, but **used 40% of all cigarettes smoked by adults.**

[Source: Substance Abuse and Mental Health Services Administration (SAMHSA). June, 2016. Enhance your State's Tobacco Cessation Efforts Among the Behavioral Health Population.]

“The biggest myth you still hear is that folks need to keep smoking because it helps with their psychiatric symptoms.”

– Chad Morris, PhD., Professor, University of Colorado Denver, Department of Psychiatry

One common misconception is that smoking helps people cope with their mental health conditions. In fact, **Big Tobacco targeted people with mental health disorders** by funding research to support the idea that this population needed to smoke as a form of self-medication.⁴

But research has shown that this is not the case. Smoking is actually associated with **increases in depressive symptoms, hospitalization, and suicidal behavior.**^{5,6}

Clinical research has shown that given behavioral counseling, cessation medicine and monitoring, **mental health patients can quit smoking without worsening their psychiatric symptoms.**^{7,8}

Benefits of Quitting

Quitting tobacco can be challenging for someone experiencing mental health issues, but the benefits are huge:

- **Reduce dependence.** Freedom from nicotine addiction is a powerful feeling and can lay a groundwork for more positive changes.
- **Reduce medication.** Smoking accelerates the breakdown of medication in the body, so smokers need to take higher doses to get the same results as a non-smoker. Without cigarettes, people may need less medication, thereby reducing the risk of side effects.⁹
- **Improve health.** Quitting smoking reduces the risk of lung cancer, heart disease, and stroke.
- **Save money.** Smoking a pack of cigarettes a day can cost \$2,500 per year.

Many mental health facilities and organizations now recognize the value of offering smoking cessation programs to help smokers quit.

Cessation treatments work. It's important to make them available to all people who want to quit.

References

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Desire to Quit

- **50%** of callers to the California Smokers' Helpline report a history of behavioral and mental health disorders.¹⁰
- In a study of people with depression, **79%** said they were interested in quitting smoking.¹¹
- In a study that examined smoking behaviors and motivations to quit in an inpatient environment, **87%** of the patients willingly participated in the study while hospitalized.¹¹

Free help to quit is available

The California Smokers' Helpline

1-800-NO-BUTTS

(1-800-662-8887)

www.nobutts.org

