

The Tobacco Epidemic Among People with Behavioral Health Disorders

Facts and Resources

Compelling Tobacco Use Statistics

- Cigarette smoking is the leading preventable cause of premature death in the U.S. There are 443,000 yearly deaths due to cigarette smoking; this number surpasses the combined death toll from alcohol, illicit drugs, guns, car accidents, and AIDS.¹
- In 2011, about 43.8 million (19%) of U.S. adults were current cigarette smokers.²
- 50,000 deaths in the U.S. are due to second-hand smoke exposure.³
- People with mental illness and/or substance use disorders smoke 40% of all cigarettes produced in the U.S, with 30.9% of all cigarettes smoked only by those with a mental illness.^{4, 6}
- Almost half (200,000) of the 443,000 annual deaths from smoking are among people with mental illness and/or substance use disorders.⁵
- Over 1 in 3 adults (36%) with mental illness smoke cigarettes, compared with around 1 in 5 adults (21%) with no mental illness.⁶
- In addition to the high prevalence of smoking among those with mental illness, those persons also smoke more cigarettes per month and are less likely to stop smoking than those without mental illness.⁶
- Persons with mental illness and/or substance use disorders die, on average, about 5 years earlier than persons without these disorders.⁷
- While smoking rates for the general U.S. adult population continue to decline from a peak of 57% in 1955 to 19.3% today⁹, this has not been the case for people with mental health and substance use disorders. Up to 75% of individuals with serious mental illnesses and/or substance use disorders smoke cigarettes.¹⁰ And, 30–35% of treatment staff smoke.⁸
- According to SAMHSA data, use of illicit drugs and alcohol was more common among current cigarette smokers than among nonsmokers in 2011, as in prior years since 2002. Among persons aged 12 or older, 22% of past month cigarette smokers reported current use of an illicit drug compared with 5% of persons who were not current cigarette smokers.¹¹
- Current cigarette smokers in the past month were more likely than those who were not nicotine dependent to have engaged in alcohol use (67% vs. 48%), binge alcohol use (43% vs. 17%), and heavy alcohol use (15% vs. 4%) in the past month.¹¹
- Despite popular opinion, persons with mental illness and/or substance use disorders want to quit smoking, want information on cessation services and resources, and most importantly they can successfully quit using tobacco. One study found that 52% of cocaine addicts, 50% of alcoholics, and 42% of heroin addicts were interested in quitting smoking at the time they started treatment for their other addictions.¹²

Tobacco Treatment is Part of Recovery

Asking, advising, and referring a client to smoking cessation resources can take as little as 30 seconds.

1. **Ask** all clients whether they smoke.
2. If they smoke, **advise** them to quit.
3. **Refer** them to resources for help, such as the national quitline, **1-800-QUIT-NOW**, [BecomeanEx.org](http://www.becomeanex.org), [Smokefree.gov](http://www.smokefree.gov), or a local **Nicotine Anonymous**, www.nicotine-anonymous.org meeting

Advise and support your clients. This action doubles the likelihood of quitting. No other clinical intervention can make such a difference in health!

Resources

The Smoking Cessation Leadership Center offers a variety of webinars by national experts. All live webinars and select recorded webinars offer CME/CEU credits. Visit <http://smokingcessationleadership.ucsf.edu/Webinars.htm> for the list of webinars with CME credits. For state-specific resources in behavioral health, refer to the SAMHSA-SCLC State Leadership Academies page: <http://smokingcessationleadership.ucsf.edu/LeadershipAcademies.htm>. SAMHSA also has an extensive resources page that contains consistently updated information on tobacco and tobacco use: <http://oas.samhsa.gov/tobacco.htm>.

Resources

Free tobacco cessation training

Clinician Assisted Tobacco Cessation Curriculum—www.rxforchange.ucsf.edu

This online comprehensive tobacco cessation education tool provides the knowledge and skills necessary to offer tobacco cessation counseling to consumers who use tobacco.

Customized curricula include the following:

- Mental health peer counselor curriculum (for peer counselors)
- Psychiatry curriculum (for providers)
- Cancer care curriculum (for providers)
- Cardiology Rx curriculum (for providers)
- Surgical care curriculum (for providers)

Free guides and toolkits

- **Tobacco Treatment for Persons with Substance Use Disorders:** A toolkit for Substance Abuse Treatment Providers, http://smokingcessationleadership.ucsf.edu/MH_Resources.htm
- **Smoking Cessation for Persons with Mental Illness:** A Toolkit for Mental Health Providers, http://smokingcessationleadership.ucsf.edu/MH_Resources.htm
- **Tobacco Free Living in Psychiatric Settings, National Association of State Mental Health Program Directors,** http://smokingcessationleadership.ucsf.edu/nasmhpd_toolkit_2010.pdf
- **Tobacco Free Toolkit: For Community Health Facilities,** http://smokingcessationleadership.ucsf.edu/tf_policy_toolkit.pdf
- **2008 U.S. Public Health Service Guideline—Treating Tobacco Use and Dependence:** visit www.surgeongeneral.gov/tobacco for free resources and best practices for tobacco intervention
- **Bringing Everyone Along Resource Guide and Summary,** www.tcln.org/bea. Assists health professionals to adapt tobacco cessation services to the unique needs of tobacco users with mental illness and/or substance use disorders

Consumer-run programs

- **Behavioral Health and Wellness Program: Peer to Peer Tobacco program,** <http://www.bhwellness.org/initiatives/peer-to-peer>
- **Choices,** www.njchoices.org: Consumer-driven program for smokers with mental illness

For answers to additional questions

If you have questions and/or would like additional resources, contact the Smoking Cessation Leadership Center (SCLC) at the University of California, San Francisco.

References:

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- 5 Grant, B. F., Hasin, D. S., Chou, P. S., Stinson, F. S., and Dawson, D. A. (2004). Nicotine dependence and psychiatric disorders in the United States: Results from the National Epidemiological Survey on Alcohol and related conditions. *Archives of General Psychiatry*, 61(11), 1107–1115.
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- 7 Druss BG, et al. Understanding Excess Mortality in Persons With Mental Illness: 17-Year Follow Up of a Nationally Representative US Survey. *Medical Care* 2011; 49(6), 599–604.
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- 9 Tobacco Control in the Wake of the 1998 Master Settlement Agreement. Schroeder SA. *New England Journal of Medicine*. 350:293–301, 2004.
- 10 Centers for Disease Control and Prevention. (2007). Cigarette Smoking Among Adults—United States, 2006. *Morbidity and Mortality Weekly Report* [serial online], 56(44), 1157–1161. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5644a2.htm>.
- 11 Substance Abuse and Mental Health Services Administration, Results from the 2011 National Survey on Drug Use and Health: Summary of National Findings, NSDUH Series H-44, HHS Publication No. (SMA) 12-4713. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2012.
- 12 Sullivan, M.A., Covey, L.S. (2002). Current perspectives on smoking cessation among substance abusers. *Current Psychiatry Reports*, 4: 388–396.

Visit <http://smokingcessationleadership.ucsf.edu>
or call (877) 509-3786 for free technical assistance.

