THE PROBLEM

1. People with Behavioral Health Disorders have High Levels of Tobacco Use and Dependence

Nicotine dependence is the most prevalent substance use disorder in behavioral health patients.

- Smoking rates among mental health consumers are 2 to 4 times that of the general population.
- Persons with mental illness or substance use disorders consume over 44% of all tobacco sold in the US. (Lasser et al., 2000; Grant et al., 2004)
- People with multiple co-occurring disorders smoke more heavily than those with only one diagnosis. (Lasser, 2000; NASMHPD 2006)
- Consequently, they are exposed to more toxins than the general population due to smoking a greater number of cigarettes and consuming more of each cigarette.

2. The Toll of Tobacco for People with Mental Illness is Enormous

People are more likely to die from their tobacco use than from their mental illness.

- On average, people with serious mental illness die 25 years earlier than the general population largely due to conditions caused or worsened by smoking. (Colton & Manderscheid, 2006)
- They are at a greater risk of dying from cardiovascular disease, respiratory illnesses and cancer than people without mental illness. (Dalton et at., 2002; Himelhoch et al., 2004; Lichtermann et al., 2001)
- People diagnosed with schizophrenia face two times the risk of death due to cardiovascular disease and three times the risk of respiratory disease and lung cancer, as compared with the general population (Ziedonis et al., 2008; Suellen et al., 2008; Joukamaa et al., 2001; Lichtermann et al., 2001)
- Current tobacco use is predictive of future suicidal behavior, independent of depressive symptoms, prior suicidal acts, and other substance use. (Breslau et al., 2005; Oquendo et al., 2004; Potkin et al, 2003)
- People who use tobacco experience more psychiatric symptoms and they have more hospitalizations compared to those who don't smoke. (Morris et al., 2011; Prochaska, 2011)

3. The Toll of Tobacco for People with Addictive Disorders is Enormous

People are more likely to die from their tobacco use than from their other addictions.

- Tobacco and other drug use have a synergistic effect. The health consequence of using both is 50 percent greater than the sum of each individually. (Biewn & Burge, 1990)
- Cravings for nicotine increase cravings for other drugs. (Taylor et al., 2000)
- Tobacco-related diseases account for 50 percent of deaths among individuals treated for alcohol dependence. (Hurt et al., 1996)
- Smoking appears to compound brain injury caused by alcohol; and if the person stops drinking, smoking diminishes the person's recovery from alcohol-related cognitive defects. (Durazzo et al, 2007)
- People who are dependent on alcohol are three times more likely than the general population to use tobacco. (U.S. DHHS NIAAA Alcohol Alert, 2007)

4. Tobacco Use Causes Many Problems in Addition to Damaging Health

Tobacco use interferes with recovery and integration into society.

- Individuals with mental illness who smoke face further marginalization and stigma in society
- It creates barriers to securing housing and employment.
- Smoking interferes with the effectiveness of many medications. Smoking can increase the metabolism of many of the psychiatric medications, so a person may not be getting the therapeutic benefit. Higher doses may be needed to achieve the desired effect, which in turn can cause more side effects and drain already limited finances.
- Tobacco smoking has been shown to be a predictor of greater problem severity and poorer treatment outcomes in people undergoing outpatient substance use and mental health treatment. These include: a greater number of hospitalizations; more severe and intense anxiety symptoms; higher risk for suicide; and poorer sense of wellbeing.

5. Myths that People with Behavioral Health Disorders Shouldn't Try to Quit because It will Increase Symptoms and Interfere with their Recovery

Helping people quit tobacco will improve not only their health, but also their recovery from mental illness and substance use disorders.

- Five randomized tobacco treatment studies with patients receiving mental health treatment have found that smoking cessation did not exacerbate depression or PTSD symptoms, or lead to psychiatric hospitalizations, or increased use of alcohol or illicit drugs (Hall & Prochaska 2009)
- Smoking cessation has no negative impact on psychiatric symptoms and smoking cessation may even lead to better mental health and overall functioning. (Baker et al., 2006; Lawn & Pols, 2005; Prochaska et al., 2008)
- A meta-analysis of 18 studies reported that participation in smoking cessation efforts while engaged in other substance abuse treatment has been associated with a 25% greater likelihood of long-term abstinence from alcohol and other drugs. (Bobo et al., 1995; Burling et al., 2001; Hughes, 1996; Hughes et al., 2003; Hurt et al., 1993; Pletcher, 1993; Prochaska et al., 2004; Rustin, 1998; Saxon, 2003; Taylor et al., 2000)
- Research indicates that alcohol and opiate addicts may be at increase risk of relapse if they continue to smoke after completing treatment. (NIDA Notes October, 2000)
- Alcoholics and drug addicts who also stop using tobacco products are up to eight times more likely to remain clean and sober than those who don't. (NIDA Notes October, 2000)

6. Myths that People with Behavioral Health Disorders Don't Want to Quit and Can't Quit.

People with behavioral health disorder want to quit and can be successful. It may take more targeted treatment over a longer period of time. There are many benefits to being tobacco free:

- Better health and overall quality of life
- Increased healthy years of life
- More stable effects of psychiatric medications
- Improved self-esteem and self-confidence
- Money saved by not buying tobacco
- Decreased social isolation
- Freedom from addiction
- Improved and more long lasting recovery.

THE STEPS TOWARD A SOLUTION

The Road Map to Health and Wellness - Key Components:

1. **Educate everyone** in the mental health community about the impact of tobacco on health and recovery.
    a. Train professionals.
    b. Educate clients, mental health advocates, and peer support specialists.
    c. Engage state and local policymakers.

2. **Ensure access** to adequate and appropriate tobacco dependency treatment for consumers and staff.
    a. Conduct assessments of tobacco use and dependence regularly.
    b. Provide cessation assistance for those who are ready to work towards quitting.
    c. Use targeted strategies to enhance motivation of those who are not ready to quit.
    d. Support those who have quit to help prevent relapse.

3. **Develop systems of care** that promote and support tobacco free lifestyles and provide tobacco free environments.
    a. Create tobacco policies that eliminate secondhand smoke exposure and help consumers and staff be tobacco free.
    b. Include tobacco dependence on the intake problem list.
    c. Institute treatment protocols that address tobacco use for people in all stages of behavior change.
    d. Link consumers and staff with outside resources, such as the Montana Tobacco Quit Line, local health care providers, and Medicaid.

4. **Support and advocate** for those with mental illness in their right and hope to be well in their recovery.
    a. Combat myths and discriminatory beliefs such as, *"Smoking is one of their few pleasures." "It is hopeless for them to try to quit." "Their behavioral problems will worsen without cigarettes."*
    b. Realize that this is a social justice issue. People with mental illness should have access to cessation services and healthy environments, just like the general population.

Additional funding is needed to address this critical problem in order to improve the health and recovery of people with behavioral health disorders.