



TOBACCO CESSATION FOR PERSONS WITH MENTAL ILLNESS OR SUBSTANCE USE DISORDERS

ALARMING STATISTICS

Until a few years ago, providers treating people with mental illness or substance use disorders did not typically encourage their clients to quit tobacco. Smokers with behavioral health conditions have only recently been identified by tobacco control and cessation professionals as a priority population (defined by high prevalence rates and/or targeting by the tobacco industry), even though their smoking rates are 2-4 times higher than in the general population.¹

[Morbidity and Mortality in People with Serious Mental Illness](#), a report issued by the National Association of State Mental Health Program Directors in 2006, found that persons with serious mental illness die, on average, **25 years** earlier and suffer increased medical co-morbidity. Often they die from tobacco related diseases and are more likely to die from these diseases than from alcohol use.

The need to help this clientele quit tobacco is clear. Some strongly held myths have stood in the way of progress in this area. Fortunately a growing body of research is debunking these myths, making way for new interventions.

DEBUNKING THE MYTHS

Myth: Persons with mental illness and substance use disorders don't want to quit.

Fact: The majority of persons with mental illness and substance use disorders want to quit smoking and want information on cessation services and resources.

- ▶ One study examined depressed smokers' readiness to quit and the applicability of the Stages of Change framework to a psychiatric sample. The majority (79 percent) reported intention to quit smoking with 24 percent ready to take action in the next 30 days. This study is one of the first to examine the smoking behaviors of currently depressed psychiatric outpatients.²
- ▶ Another study found that 79 percent of hospitalized psychiatric patients who smoke were not only interested in quitting, but agreed to participate in a clinical study to help them quit.³
- ▶ In a review of clinical trials, 50 - 77 percent of smokers in substance use facilities were interested in quitting.⁴

Myth: Persons with mental illness and substance use disorders are unable to quit smoking.

Fact: Persons with mental illness and substance use disorders can successfully quit using tobacco

- ▶ In a review of 24 studies, most of which combined medications and psychoeducation and/or cognitive behavioral therapy, the recorded quit rates of patients with mental illness or addictive disorders were similar to those of the general population. The studies were not uniform enough to allow a meta-analysis.⁵

Behavioral Health and Tobacco Cessation *continued*

Myth: Smoking cessation worsens psychiatric symptoms.

Fact: Smoking cessation does not worsen psychiatric symptoms, and can actually improve them.

- ▶ A randomized trial found that actively depressed smokers who quit reported a significant decline in depression symptoms and a reduction in alcohol use, compared with participants who continued smoking.⁶
- ▶ In a study with smokers with schizophrenia who quit, there was no worsening of attention, verbal learning or memory, working memory, executive function or inhibition, or clinical symptoms of schizophrenia.⁷

Myth: Smoking cessation threatens recovery for persons with substance use disorders.

Fact: Smoking cessation can enhance long-term recovery for persons with substance use disorders.

- ▶ A systematic review of 17 studies found that concurrent tobacco cessation treatment with individuals in addictions treatment was associated with **25 percent increased abstinence** from alcohol and illicit drugs six months or longer after treatment.⁸
 - Caveat – in one well done study looking at concurrent vs. delayed tobacco cessation treatment there were comparable quit rates at 18 months, but there were lower prolonged alcohol abstinence rates for the concurrent treatment group at 6 months.⁴

How To HELP

- ▶ Meet with county mental health and alcohol and drug programs and make the case for including tobacco dependence treatment in their programs and facilities. [Contact CTC](#) for technical assistance.
- ▶ Review and implement strategies from the following tool kits:
 - [Smoking Cessation for Persons with Mental Health Illness - A Toolkit for Mental Health Providers](#)
 - [Tobacco Treatment for Persons with Substance Use Disorders - A Toolkit for Substance Abuse Treatment Providers](#)
- ▶ Train health care providers on treating tobacco use and dependence. CTC offers FREE in-person and webinar trainings. All trainings can be tailored to the audience. Visit the CTC website to view a list of trainings offered: <http://centerforcessation.org/training.html>
- ▶ Refer smokers with mental illness or substance use disorders to the California Smokers' Helpline for FREE help with quitting. Visit the Helpline's website for more information and to order free promotional materials: <http://www.nobutts.org/>

¹ Lasser, K., Boyd, J. W., Woolhandler, S., Himmelstein, D. U., McCormick, D., & Bor, D. H. (November 22/29, 2000). Smoking and mental illness. *Journal of the American Medical Association*, 284(20), 2606-2610. doi:10.1001/jama.284.20.2606

² Prochaska, J. J., Rossi, J. S., Redding, C. A., Rosen, A. B., Tsoh, J. Y., Humfleet, G. L., . . . Hall, S. M. (2004). Depressed smokers and stage of change: Implications for treatment interventions. *Drug and Alcohol Dependence*, 76(2), 143-151. doi:DOI: 10.1016/j.drugalcdep.2004.04.017

³ Prochaska, J. J., Hall, S. E., & Hall, S. M. (2009). Stage-tailored tobacco cessation treatment in inpatient psychiatry. *Psychiatric Services*, 60(6), 848. doi:10.1176/appi.ps.60.6.848

⁴ Joseph, A. M., Willenbring, M. L., & Nugent, S. M. (2004). A randomized trial of concurrent versus delayed smoking intervention for patients in alcohol dependence treatment. *Journal of Studies on Alcohol*, 65(6), 681-691

⁵ el-Guebaly, N., Cathcart, J., Currie, S., Brown, D., & Gloster, S. (2002). Smoking cessation approaches for persons with mental illness or addictive disorders. *Psychiatric Services*, 53(9), 1166-1170. doi:10.1176/appi.ps.53.9.1166

⁶ Prochaska, J. J., Hall, S. M., Tsoh, J. Y., Eisendrath, S., Rossi, J. S., Redding, C. A., . . . Gorecki, J. A. (2008). Treating tobacco dependence in clinically depressed smokers: Effect of smoking cessation on mental health functioning. *American Journal of Public Health*, 98(3), 446-448. doi:10.2105/AJPH.2006.101147

⁷ Evins, A., Cather, C., Deckersbach, T., Freudenreich, O., Culhane, M., Olm-Shipman, C., . . . Rigotti, N. (2005). A double-blind placebo-controlled trial of bupropion sustained-release for smoking cessation in schizophrenia. *Journal of Clinical Psychopharmacology*, 25(3), 218-225. doi:10.1097/01.jcp.0000162802.54076.18

⁸ Prochaska, J. J., Delucchi, K., & Hall, S. M. (2004). A meta-analysis of smoking cessation interventions with individuals in substance abuse treatment or recovery. *Journal of Consulting and Clinical Psychology*, 72(6), 1144-1156. doi:10.1037/0022-006X.72.6.1144

NOTE: Some fact sheet content adapted from materials developed by *Bringing Everyone Along*, Judith Prochaska (UCSF), Smoking Cessation Leadership Center, and University of Colorado's Behavioral Health and Wellness Program.