

# Ending the Tobacco Epidemic for People with Mental Health and Substance Use Disorders

*Know the Facts and Resources*

## Why focus on tobacco? *Alarming Statistics*

- People with mental illness smoke 44% of all cigarettes produced in the U.S.<sup>1</sup>
- Tobacco is the second most commonly used substance in the United States next to alcohol.<sup>2</sup>
- Almost half (200,000) of the 435,000 deaths that occur each year from smoking are among people with mental illness and/or substance use disorders.<sup>3</sup>
- While smoking rates for the general U.S. population continue to decline dramatically from a peak of 57% in 1955 to 19% today<sup>4</sup>, this has not been the case for people with mental health and substance use disorders. Up to 75% of individuals with serious mental illnesses or addictions smoke cigarettes.<sup>5</sup> And, 30-35% of treatment staff smoke.
- According to SAMHSA data, use of illicit drugs and alcohol was more common among current cigarette smokers than among nonsmokers in 2006, as in 2002 through 2005. Among persons aged 12 or older, 20.4 percent of past month cigarette smokers reported current use of an illicit drug compared with 4.2 percent of persons who were not current cigarette smokers.<sup>6</sup>
- Persons aged 12 or older who were dependent on nicotine in the past month were more likely than those who were not nicotine dependent to have engaged in alcohol use (61.7% vs. 49.1%), binge alcohol use (40.1% vs. 20.1%), and heavy alcohol use (14.9% vs. 5.5%) in the past month.
- Despite popular belief, persons with mental illness and addictions 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 the cocaine addicts, 50% of the alcoholics, and 42% of the heroin addicts were interested in quitting smoking at the time they started treatment for their other addictions.<sup>7</sup>
- Federal Medicaid policy states that smoking cessation benefits, such as counseling and drug therapy, are OPTIONAL benefits under Medicaid (except for children covered under Early Periodic Screening, Diagnosis and Treatment). Smoking cessation-counseling services may be provided under a variety of Medicaid benefit categories. However, smoking cessation medications are specifically classified as those drugs that may be excluded.<sup>8</sup>

## What can you do? *Help to make tobacco cessation part of the recovery process*

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, Smokefree.gov or your local Nicotine Anonymous (www.nicotine-anonymous.org).**

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

## Where can you find more information?

The Smoking Cessation Leadership Center offers a free guide to low-cost or no-cost cessation resources. Visit <http://smokingcessationleadership.ucsf.edu> and download the Catalogue of Tools.

**TOBACCO FREE FOR RECOVERY**

## Available Resources

### Free tobacco cessation training:

**Clinician Assisted Tobacco Cessation Curriculum** -- [www.rxforchange.ucsf.edu](http://www.rxforchange.ucsf.edu)

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

o Customized curriculums include the following:

- ✦ Peer to peer curriculum
- ✦ Psychiatry curriculum

**2008 U.S. Public Health Service Guideline -- Treating Tobacco Use and Dependence:** visit [www.surgeongeneral.gov/tobacco](http://www.surgeongeneral.gov/tobacco) for free resources and best practices for tobacco intervention.

### Free resource guides and toolkits:

**Bringing Everyone Along Resource Guide and Summary** -- [www.tcln.org/bea](http://www.tcln.org/bea)

Developed by the Tobacco Cessation Leadership Network, this guide and summary assists an array of health professionals to adapt tobacco cessation services to the unique needs of tobacco users with mental illness and/or substance use disorders.

**Smoking Cessation for Persons with Mental Illness: A Toolkit for Mental Health Providers** --

[http://smokingcessationleadership.ucsf.edu/MH\\_Resources.html](http://smokingcessationleadership.ucsf.edu/MH_Resources.html).

**Tobacco Free Living in Psychiatric Settings**, National Association of State Mental Health Program Directors -- [www.nasmhpd.org/publicationsmisc.cfm](http://www.nasmhpd.org/publicationsmisc.cfm).

### Consumer-run programs:

**Choices** -- [www.njchoices.org](http://www.njchoices.org): Consumer driven program for smokers with mental illness.

**Peer to Peer -- A Tobacco Cessation Curriculum:**

Peers are a powerful motivator! This curriculum offers step by step instructions for consumers to help their peers quit tobacco. Available for download at <http://rxforchange.ucsf.edu>.

## Where can you go if you have additional questions?

*Challenged by policy implementation strategies? Interested in more facts about medication? Want to know of other referral options?* If you have questions and/or would like additional information, contact the [Smoking Cessation Leadership Center](http://www.smokingcessationleadership.ucsf.edu) (SCLC) at the University of California, San Francisco at [reason.reyes@ucsf.edu](mailto:reason.reyes@ucsf.edu) or call 415.502.3786.

### References:

- <sup>1</sup> Lasser, K., Boyd, J. W., Woolhandler, S., Himmelstein, D. U., McCormick, D., & Bor, D. H. (2000). Smoking and mental illness: A population-based prevalence study. *Journal of the American Medical Association*, 284(20), 2606-2610.
- <sup>2</sup> Substance Abuse and Mental Health Services Administration. (2007). *Results from the 2006 National Survey on Drug Use and Health: National Findings* (Office of Applied Studies, NSDUH Series H-32, DHHS Publication No. SMA 07-4293). Rockville, MD.
- <sup>3</sup> 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.
- <sup>4</sup> Tobacco Control in the Wake of the 1998 Master Settlement Agreement. Schroeder SA. *New England Journal of Medicine*. 350:293-301, 2004.
- <sup>5</sup> 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>.
- <sup>6</sup> SAMHSA (2007).
- <sup>7</sup> Sullivan, M.A., Covey, L.S. (2002). Current perspectives on smoking cessation among substance abusers. *Current Psychiatry Reports*, 4: 388-396.
- <sup>8</sup> North American Quitline Consortium. NAQC 2006 Medicaid Information Survey (U.S.). Fact Sheet; March 2007.

**Visit <http://smokingcessationleadership.ucsf.edu> for more resources and valuable information**