

The Tobacco Epidemic Among People with Behavioral Health Disorders

Facts and Resources

Compelling Statistics

- Cigarette smoking is responsible for more than 520,000 deaths per year in the United States^{1,5}, including an estimated 41,000 deaths resulting from secondhand smoke exposure.²
- In 2021, the percentage of adults aged 18 and over who currently smoke cigarettes was 11.5%.³
- It is estimated that secondhand smoke causes 7,333 annual deaths from lung cancer and 33,951 annual deaths from heart disease.²
- People with mental illness and/or substance use disorders smoke 40% of all cigarettes produced in the U.S., with over 21% of all cigarettes smoked only by those with a mental illness.⁴
- Almost half (200,000) of annual deaths from smoking are among people with mental illness and/or substance use disorders.⁵
- Nearly 1 in 4 adults (23.1%) diagnosed with any mental illness smoke cigarettes, compared with less than 1 in 5 adults without any mental illness (14.5%).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.⁵
- Persons with mental illness and/or substance use disorders can die, on average, up to about 10 years earlier than persons without these disorders.⁷
- Up to 75% of individuals with serious mental illnesses and/or substance use disorders smoke cigarettes.⁸ And, 30–35% of treatment staff smoke.⁸
- Just over half of mental health treatment centers in the U.S. offer cessation counseling services, 53.2%.⁹
- 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, 26.1% of past month cigarette smokers reported current use of an illicit drug compared with 5% of persons who did not currently smoke cigarettes.¹⁰
- Adults who smoked cigarettes in the past month were more likely than those who were not nicotine dependent to have engaged in alcohol use (65.2% vs. 48.7%), binge alcohol use (42.9% vs. 17.5%) and heavy alcohol use (15.7% vs. 3.8%) in the past month.¹⁰
- Adults receiving both mental health and substance abuse treatment had close to double the odds of dying from a tobacco-related disease compared to the general population.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 users, 50% of alcohol-dependent individuals, and 42% of heroin users were interested in quitting smoking at the time they started treatment for their other addictions.¹²
- Treating tobacco use during addictions treatment increases likelihood of abstinence from alcohol and illicit drugs by 25%.¹³
- More than 50% of patients with terminal cancer have at least one psychiatric disorder.¹⁴
- Individuals with a mental illness may develop cancer at a 2.6 times higher rate on account of late stage diagnosis and inadequate treatment and screenings.¹⁵
- Individuals with a mental illness have a higher rate of fatality due to cancer.¹⁶

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](https://www.becomeanex.org), [Smokefree.gov](https://www.smokefree.gov), or a local **Nicotine Anonymous**, www.nicotine-anonymous.org meeting

Resources

The Smoking Cessation Leadership Center (SCLC) offers a variety of webinars by national experts. All live webinars and select recorded webinars offer CME/CE credit.

Visit smokingcessationleadership.ucsf.edu/webinars/cme for the list of webinars with CME/CE credit.

National Behavioral Health Network for Tobacco and Cancer Control—www.bhthechange.org

The National Council for Behavioral Health, in collaboration with SCLC, the Behavioral Health and Wellness Program, and Centerstone Research Institute, has launched a program to provide organizations with information to help individuals with mental illness and addictions quit smoking.

Free tobacco cessation training

Clinician-Assisted Tobacco Cessation Curriculum—www.rxfchange.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.

The following versions are available:

- The 5 A's curriculum
- Ask-Advise-Refer curriculum
- Psychiatry curriculum
- Cardiology provider curriculum
- Mental Health peer counselor curriculum
- Respiratory care curriculum
- Surgical provider curriculum

Free guides and toolkits

- **The following are available at <http://smokingcessationleadership.ucsf.edu>**
 - **DIMENSIONS: Tobacco Free Toolkit for Healthcare Providers, with Behavioral Health Supplement**
 - **Tobacco Treatment for Persons with Substance Use Disorders: A toolkit for Substance Abuse Treatment Providers**
 - **Tobacco Free Living in Psychiatric Settings, National Association of State Mental Health Program Directors**
 - **Tobacco Free Toolkit: For Community Health Facilities**
- **2008 U.S. Public Health Service Guideline—Treating Tobacco Use and Dependence:** visit <http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/index.html>

Consumer-run programs

- **Behavioral Health and Wellness Program: DIMENSIONS: Tobacco Free Program,** <https://www.bhwellness.org/programs/tobaccofree/>
- **Choices, www.njchoices.org:** Consumer-driven program for smokers with mental illness

References:

1. Carter BD, Abnet CC, Feskanich D, et al. Smoking and Mortality — Beyond Established Causes. *N Engl J Med* 2015; 372:631-640
2. U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress. A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014
3. Cornelius ME, Loretan CG, Jamal A, et al. Tobacco Product Use Among Adults – United States, 2021. *MMWR Morb Mortal Wkly Rep* 2023;72:475–483. DOI: <http://dx.doi.org/10.15585/mmwr.mm7218a1>
4. Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (March 20, 2013). The NSDUH Report: Data Spotlight: Adults with Mental Illness or Substance Use Disorder Account for 40 Percent of All Cigarettes Smoked. Rockville, MD.
5. Prochaska JJ, Das S, Young-Wolff KC. Smoking, Mental Illness, and Public Health. *Annu Rev Public Health*. 2017;38:165-185. doi:10.1146/annurev-publhealth-031816-044618
6. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (2021). National Survey on Drug Use and Health 2020 (NSDUH-2020-DS0001). Retrieved from <https://datafiles.samhsa.gov>
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.
8. Parks, J., Svendsen, D., Singer, P., & Foti, M.E. (2006). Morbidity and mortality in people with serious mental illness. Alexandria, VA: National Association of State Mental Health Program Directors.
9. Data from the National Directory of Mental Health Treatment Facilities, based on responses to SAMHSA's National Mental Health Services Survey (data collected 2/20/2024).
10. Center for Behavioral Health Statistics and Quality. 2015 National Survey on Drug Use and Health: Detailed Tables. Rockville, MD: Substance Abuse and Mental Health Services Administration; 2016: 1789. Available at <https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015.pdf>.
11. Bandiera FC, Anteneh B, Le T, Delucchi K, Guydish J (2015) Tobacco-Related Mortality among Persons with Mental Health and Substance Abuse Problems. *PLoS ONE* 10(3): e0120581. doi:10.1371/journal.pone.0120581
12. Sullivan, M.A., Covey, L.S. (2002). Current perspectives on smoking cessation among substance abusers. *Current Psychiatry Reports*, 4: 388–396.
13. Prochaska JJ, Delucchi K, Hall SM. A meta-analysis of smoking cessation interventions with individuals in substance abuse treatment or recovery. *J Consult Clin Psychol*. 2004 Dec;72(6):1144-56.
14. Sampson D. (2007, 09 10). Oncologists are critical in managing psychiatric disorders in patients with advanced cancer. Retrieved from <http://pressroom.cancer.org/index.php?s=43&item=58>
15. McGinty EE, et al. (2012). Cancer incidence in a sample of Maryland residents with serious mental illness. *Psychiatric Services*, 63(7), 714-717.
16. Kiselty S, et al. (2013). Cancer-related mortality in people with mental illness. *JAMA Psychiatry*, 70(2), 209-17.

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

Smoking Cessation
Leadership Center

UCSF

University of California
San Francisco