WHAT WE KNOW

Tobacco Use and Quitting Among Individuals With Behavioral Health Conditions

DID YOU KNOW?

- Individuals with behavioral health conditions are more likely than those without such conditions to smoke and to smoke more heavily; and they account for nearly half of all tobacco-related deaths each year.[1-5]
- Smoking can exacerbate mental health symptoms and complicate treatment.[1,2,6]
- Quitting smoking can improve mental health and substance use disorder recovery outcomes.[1,2,7-10]

Nearly 25% of adults in the United States have a mental health or substance use disorder (i.e., behavioral health condition), and these adults consume almost 40% of all cigarettes smoked by adults in the United States.[11]

People with behavioral health conditions die about five years earlier than people without such conditions, more than 50% from tobacco-attributable diseases.[12]

The first step in addressing tobacco use among individuals with behavioral health conditions is understanding the current available evidence.

PEOPLE WITH BEHAVIORAL HEALTH CONDITIONS...

1) **Are more likely to smoke.**
Individuals with a behavioral health condition are more likely to smoke than people without such a condition, and smoking rates are even higher among individuals with serious mental health disorders and addictions.[1-2]

2) **Smoke more.**
Individuals with behavioral health conditions smoke more cigarettes than people who smoke and do not have these conditions.[3-5]

3) **Want to quit smoking.**
Many individuals with behavioral health conditions want to quit smoking but may face extra challenges in successfully quitting and may benefit from extra help.[13-14]

4) **Die prematurely.**
Individuals with serious mental health disorders who smoke die almost fifteen years earlier than individuals without these disorders who do not smoke.[15]

5) **Die from smoking-related illness.**
People with behavioral health conditions account for over 200,000, or nearly half, of tobacco-related deaths each year.[1,16] The most common causes of death among people with behavioral health conditions are heart disease, cancer, and lung disease, all of which can be caused by smoking.[7,12]

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SMOKING AMONG PEOPLE WITH BEHAVIORAL HEALTH CONDITIONS...

1) **Exacerbates symptoms of behavioral health conditions.**
Smoking is associated with worse symptoms and outcomes among people with behavioral health conditions, including greater depressive symptoms, greater likelihood of psychiatric hospitalization, increased suicidal behavior, and drug- and alcohol-use relapse.[1,2]

2) **Reduces effectiveness of some medications.**
Smoking can interact and interfere with psychiatric medications, often resulting in the need for higher medication doses to achieve the same therapeutic benefit.[1,6]

THE CASE FOR TOBACCO CESSATION TREATMENT

Behavioral health treatment settings have permitted tobacco use among clients, in part because of misperceptions that smoking could alleviate symptoms of mental health conditions and that cessation could interfere with treatment.[1,2] However, research has shown that smoking can worsen symptoms and behavioral health outcomes, and quitting can improve mental health and substance use disorder treatment outcomes.[1,2,10,13]

QUITTING TOBACCO...

1) **Supports behavioral health treatment.**
Growing evidence indicates that quitting smoking has positive effects on and is associated with improvements in mental health. Quitting smoking does not interfere with behavioral health treatment and does not worsen or impede recovery from substance use disorders.[1,2,7,13,14]

2) **Could improve mental health.**
Quitting smoking is associated with a decrease in depression, anxiety, and stress, and can increase quality of life.[1-2,7-8]

3) **Could make relapse less likely.**
Quitting smoking is associated with an increase in long-term abstinence from alcohol and other drugs[9] and a reduction in substance use disorder relapse.[10]

4) **Has immediate physical health benefits.**
Quitting smoking dramatically reduces the risk of heart disease, stroke, and cancer. For example, the risk for a heart attack drops sharply just one year after quitting.[14]

Rebecca started smoking at age 16. At age 33, she was diagnosed with depression. As someone who smoked for many years, Rebecca turned to cigarettes to help her cope. When she tried to quit and couldn't, she felt even more depressed and started smoking again. Rebecca talks about how quitting made her feel better – mentally and physically – in an ad from CDC's *Tips From Former Smokers*® campaign.

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