

Behavioral Health and Tobacco

FACT SHEET



Behavioral Health

Behavioral Health deals with individuals at risk of, or suffering from, mental, addictive, or other behavioral health disorders.

National Facts and Trends

- Rates of smoking are two to four times higher among people with psychiatric disorders and substance abuse disorders compared to the general population.
- About 44% of all cigarettes are consumed by those with a mental health or addiction disorder.¹
- Tobacco use varies by diagnosis. Among 112,000 patients in Colorado, the following is a breakdown of smoking rates by disease diagnosis:¹⁰
 - Schizophrenia 62%
 - Bipolar 5%
 - Depression 36%
 - Anxiety 32%
- In a study published in 2005, nearly 41% of smokers reported having a mental health diagnosis in the last month.
- Of current smokers, 60% report a past or current history of a mental health diagnosis in their lifetime.
- Multiple explanations have been offered for the high rate of smoking among people with mental illness: genetics; self-medication; trauma; psychological factors involving feeling that smoking reduces psychiatric symptoms; and social factors of education, poverty, unemployment, peers, and a mental health system where tobacco is tolerated.
- Persons who smoke and are experiencing a serious and persistent mental illness start smoking at an earlier age, smoke more cigarettes, and extract more tar and nicotine from each cigarette than the average smoker. It comes as no surprise that they also suffer health consequences at a higher rate.

Maine Facts and Trends

- At Riverview Psychiatric Center on September 25, 2007, 68% of those being served smoked. Additionally, 72% had a metabolic condition (diabetes or obesity), compounding the negative consequences of smoking.

The Story Behind the Facts: Why Is this Information Important

- Compared to the general population, persons with a major mental illness on average lose 25 years of normal life span.
- “Persons with mental illness are about twice as likely to smoke as other persons but have substantial quit rates.”²
- One study argued that “...we estimate that persons with a diagnosable mental disorder in the past month consume nearly half of all cigarettes smoked in the United States.”²
- Quit rates among smokers with a past history of major depression and simple phobias are similar to smokers without this history. Quit rates among smokers with any history of alcohol and substance abuse and social phobia are significantly lower than smokers without this history.¹
- In addition, smokers with psychiatric illnesses are less likely to attempt quitting without direct support and are less likely to be involved in a smoking cessation group than other smokers.

References:

- ¹ Kalman, D, SB Morissette, and TP George. “Co-Morbidity of Smoking Patients with Psychiatric and Substance Use Disorders.” *American Journal on Addictions*, 2005; 14: 106–123.
- ² Lasser, K, JW Boyd, S Woolhandler et al. “Smoking and Mental Illness: A Population-Based Prevalence Study.” *JAMA*, Nov 2005; 284: 2606–10.
- ³ Ziedonis DM, JM Williams and D Smelson. “Serious Mental Illness and Tobacco Addiction: A Model Program to Address This Common but Neglected Issue.” *Am J Med Science*, Oct 2003; 326 (4): 223–30.
- ⁴ Ziedonis , DM, and JM Williams. “Management of Smoking in People with Psychiatric Disorders.” *Current Opinion in Psychiatry*, May 2003; 16 (3): 305–15.
- ⁵ Colton CW, and RW Manderscheid. Preventing Chronic Disease (serial online) Apr 2006 from http://www.cdc.gov/PCD/issues/2006/apr/05_0180.htm.
- ⁶ Presentation by Elsie Freeman, MD, MPH et al at 24th Annual BRFSS Conference, March 27, 2007.
- ⁷ Evins et al 2005; George et al 2002.
- ⁸ NIH Conference 12-14-2006.
- ⁹ Morris et al, 2006.
- ¹⁰ New Initiatives for Reaching Smokers with Mental Illness, Tobacco Cessation Leadership Network Roundtable Discussion, March 20, 2007. Chad Morris, Presenter from University of Colorado at Denver and Health Sciences Center.



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