

# The Facts of Tobacco and Mental Illness

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- People with serious mental illness, on average, have a 20% shorter life span and die 25 years younger than the general population – largely due to conditions caused or exacerbated by tobacco use. <sup>1</sup>
- Of all the cigarettes consumed in the U.S. , 44% are smoked by individuals with a diagnosed mental illness and/or substance abuse disorder. <sup>2</sup>
- It is crucial that the *implementation* of tobacco-free campus policies be coupled with the *integration* of tobacco treatment into client care. The two efforts will minimize staff and client resistance to tobacco-free policies, improve compliance rates, and help with relapse prevention efforts for both tobacco and other addictive drugs.
- **Smoking May Worsen Mental Illness** There is a growing evidence base that suggests smoking may worsen mental illness, in addition to the negative effects of tobacco use on one's physical health and well-being.
  - Smokers diagnosed with schizophrenia are generally more psychotic and have a greater number of hospitalizations than nonsmokers diagnosed with schizophrenia. <sup>3</sup>
  - Smokers with panic disorder report more severe and intense anxiety symptoms when compared with nonsmokers with panic disorder. <sup>4</sup>
  - Tobacco use is strongly associated with dependence on and abuse of alcohol, marijuana, and other substances. <sup>5</sup>
  - Smoking is a predictor of greater problem severity and poorer treatment responses in individuals undergoing outpatient substance abuse treatment. <sup>6</sup>
- **Benefits realized by MI/SUD consumers upon quitting tobacco:**
  - Reduced illness
  - Enhanced abstinence from other addictive substances
  - Reduced financial burden (Smokers with schizophrenia spend more than one quarter of their income on cigarettes.) <sup>7</sup>
  - Increased self-confidence
  - Improved quality of life
- A 2006 study compared state psychiatric hospitals that permit smoking to those that have comprehensive tobacco-free policies in place, and found that facilities that permitted smoking reported significantly more tobacco-related incidents of seclusion, restraint, coercion, and threats among patients. In addition, these facilities that were not tobacco-free reported up to three times as many tobacco-related health issues among patients.
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- Many MI/SUD treatment providers do not deliver even brief tobacco treatment interventions in facilities.

- There is substantial evidence that persons with mental illness and substance use disorders DO want to quit, and CAN QUIT.
- A study published in *Drug and Alcohol Dependence* documented that out of 300 depressed smokers, 79% were interested in quitting tobacco.<sup>9</sup>
- a review of clinical trials revealed that 50-77% of consumers in substance abuse treatment facilities were interested in quitting tobacco.<sup>10</sup>

### Tobacco Use Rates by Diagnosis

<b>General Population (U.S. Average)</b>	<b>(17%)</b>
<b>Anxiety Disorders</b>	<b>45-60%</b>
<b>Major Depression</b>	<b>50-60%</b>
<b>Alcohol Abuse or Dependence</b>	<b>55-65%</b>
<b>Bipolar Disorder</b>	<b>55-70%</b>
<b>Schizophrenia</b>	<b>65-85%</b>
<b>Drug Abuse or Dependence</b>	<b>65-85%</b>

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