

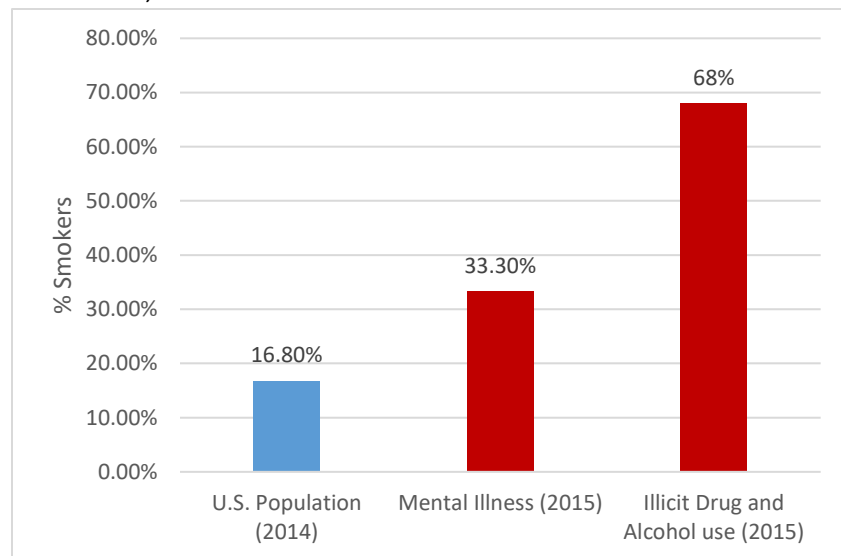
## Tobacco Treatment and its Benefits to People With Mental Illness or Substance Abuse Disorders

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Tobacco is the single greatest cause of preventable disease and premature death in the United States. It kills more people than alcohol, AIDS, car accidents, illegal drugs, murders, and suicides combined. Half of all tobacco users will die prematurely (CDC, 2018).

These chilling facts have helped reduce tobacco use across the country. According to the Centers for Disease Control and Prevention (CDC) National Health Interview Survey, since 1964 when the Surgeon General's warning first included the deadly consequences of tobacco use, rates have dropped from 42.4% in 1965 to 16.8% in 2014.

Unfortunately, tobacco use rates remain disproportionately high among people with mental illnesses and substance abuse disorders. For people with mental illnesses, rates are more than double the rates of general population (around 34%)--comparable to population rates in the late 1970's (CDC, 2015b). Meanwhile, those with substance abuse disorders and alcohol use disorders smoke at unprecedentedly



high rates (roughly 70%) (CDC, 2015b).

Why is this? There are some systemic reasons—that is, the tobacco industry has spent a good deal of money marketing tobacco to marginalized populations (CDC, 2013; CDC, 2015c). The tobacco industry has invested in research initiatives kindling the myth that quitting smoking is too stressful for people with mental illnesses or substance abuse

disorders. They have also provided discounted and free cigarettes to treatment facilities, while working to block legislation aimed at smoke free hospital policies.

Other reasons why these rates are so high include lack of tobacco intervention (as of 2013, only 42% of substance abuse treatment facilities provide any form of tobacco cessation service [SAMHSA, 2013]), high rates of tobacco use among staff and clinicians at treatment sites (about 30-35% of behavioral healthcare workers [SAMHSA, n.d.]) and myths about the dangers of combining tobacco cessation efforts with behavioral health interventions or substance abuse treatment (CDC, 2015).

The research shows, however, that integrating tobacco cessation efforts into behavioral health interventions or substance abuse treatment does not harm recovery. In fact, in some studies, this integration has been shown to improve outcomes.

In a systematic review of 26 studies, quitting smoking was associated with reductions in symptoms of depression, anxiety, and stress in people with diagnosed psychiatric disorders (Taylor et al., 2014). In

fact, the size of the effect of quitting smoking on the symptoms of generalized anxiety disorder were similar to the size of the effect of antidepressants.

A 2017 study using the National Epidemiological Survey on Alcohol and Related Conditions found people previously diagnosed with a substance use disorder who smoked were more likely to relapse than those who did not (Weinberger et al., 2017). Prochaska, Delucchi, and Hall (2004) found concurrent tobacco and non-nicotine substance abuse treatment did not jeopardize alcohol or other substance abuse outcomes. In a randomized trial, Winhusen et al. (2014) found people receiving treatment for substance abuse disorders who received smoking cessation treatment had more drug free days and longer periods of abstinence than those who did not.

Tobacco use rates are very high among people with mental illnesses and substance abuse disorders, but the good news is efforts to reduce these smoking rates not only help these populations live longer, healthier lives, but also help improve the outcomes of behavioral health and substance abuse interventions.

To learn more about tobacco services available in Florida, visit <http://www.tobaccofreeflorida.com> or call the Tobacco Free Florida (TFF) Program at Florida State University Area Health Education Center (AHEC) for assistance with tobacco policy, tobacco cessation services for staff, or to learn more about integrating tobacco cessation along with your other behavioral health services. All TFF services are free to organizations and individuals attempting to quit. For more information contact Andrée Aubrey, the AHEC Director, at [Andree.aubrey@med.fsu.edu](mailto:Andree.aubrey@med.fsu.edu)

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