Despite the national cigarette smoking rate being 14 percent overall among adults, it is 23 percent for individuals with a mental health disorder.\(^1\)

The nicotine dependency rate for individuals with mental health and substance use disorders is 2-3 times higher than the general population.\(^2\)

It is estimated that 35 percent of cigarette smokers have a mental health disorder and account for 38 percent of all U.S. adult cigarette consumption.\(^1\)

Smoking rates are greater among those with more co-occurring mental health diagnoses.\(^3\)

One study reported smoking rates of 37 percent among those with bipolar disorder and 62 percent among those with schizophrenia.\(^4\)

Smoking rates are higher in those ever diagnosed with major depression (34%), generalized anxiety disorder (35%), mania/hypomaniac (44%) or a psychotic disorder or episode (50%).\(^5\)

Among current smokers with a lifetime history of depression, anxiety, anxiety with depression or major depression, they smoke more cigarettes, smoke more frequently and have a higher level of dependence.\(^7\)
Individuals with a diagnosis of post-traumatic stress disorder (PTSD) have higher rates of smoking (36.1%) when compared to individuals with no mental health diagnosis (19.9%). They are about 22 percent more likely to be a current smoker than individuals without PTSD.\(^7\)

Individuals with social anxiety, generalized anxiety, or PTSD are more likely to have unsuccessfully tried to quit than those without these conditions. Those with generalized anxiety or PTSD are also more likely to smoke heavily and be nicotine dependent than those without either condition.\(^8\)

### Morbidity and Mortality

Individuals with serious mental illness who smoke die about 15 years earlier than individuals without serious mental illness who never smoke.\(^9\)

Smokers with serious mental illness have increased risk of dying from cancer, lung disease, and cardiovascular disease compared to the general population.\(^10\)

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