

# **Smoking Addiction and Mental Health Care: A Consensus Statement From the American Lung Association, Mental Health America, the National Alliance on Mental Illness, and Pfizer Inc.**

## **Introduction**

In the United States, smoking remains one of the leading causes of preventable disease and death.<sup>1</sup> Nearly 38 million people currently smoke cigarettes and more than 16 million are living with a smoking-related disease.<sup>1,2</sup> Every year, more than 480,000 people die because of smoking.<sup>2</sup>

The burden of smoking may be even higher among people who also experience mental illness. People with mental illness who smoke face greater nicotine dependence, more withdrawal symptoms, and lower quit rates than other smokers.<sup>3,4</sup> Contrary to some myths and beliefs, smokers with mental illness want to quit.<sup>5,6</sup> Yet with only one in four mental health treatment facilities offering tobacco cessation services,<sup>7</sup> there has been little emphasis on and few resources to help these patients quit.

To address this gap, the American Lung Association and Pfizer Inc. partnered to develop an online quit smoking community and app called Quitter's Circle® – and along with Mental Health America (MHA) and the National Alliance on Mental Illness (NAMI) have recently combined their collective expertise to identify the key issues and pose some solutions for promoting smoking cessation in the mental health community.

## **Smokers with Mental Illness: An Underserved Population**

Health experts agree that quitting smoking can have a profound and positive impact. The health benefits of quitting smoking begin within minutes.<sup>8</sup> Within 20 minutes of quitting smoking, the heart rate drops. A person's risk for coronary heart disease decreases over time as well.<sup>8</sup>

The challenge, of course, is breaking people free of nicotine addiction. People with mental illness are more likely to smoke than the general population<sup>9</sup> and the lifetime rates of smoking are even higher for people with major depressive disorder (13.2%), bipolar disorder (20.9%), or schizophrenia and other psychotic disorders (20.9%).<sup>10</sup> Persons with a mental disorder consume nearly half of all cigarettes smoked in the U.S.<sup>11</sup>

Beyond the risk of death and smoking-related medical issues, the continued use of tobacco can impact the course of treatment for mental illness. Research has shown that smoking causes psychiatric medicines to break down in the body faster.<sup>3,12</sup> For that reason, smokers with mental illness often need to take larger doses of their medicine just to get the same effect as another patient who does not smoke.<sup>3,12</sup> Quitting, therefore, could potentially allow patients to take lower doses of psychiatric medicine while getting the same treatment results.<sup>13</sup>

Unfortunately, there are many barriers that delay or prevent patients with mental illness from getting the help they need to quit smoking. For example, some patients incorrectly believe that smoking alleviates some of the symptoms of mental illness, and often fear that quitting might make symptoms worse.<sup>5,6</sup> Moreover, patients who have difficulty with structure often find it more challenging to break unhealthy behavior and develop healthier ones – a challenge that can be addressed through a smoking cessation plan.

Compounding these myths is the somewhat tolerant attitude toward smoking within many mental health care facilities. While we have seen a rise in smokefree restaurants and bars across the United States, half of mental health facilities and nearly two-thirds of substance abuse treatment centers still allow smoking, according to a report from the Centers for Disease Control and Prevention (CDC) and the Substance Abuse and Mental Health Services Administration (SAMHSA).<sup>14</sup> Other staff members have used cigarettes as an incentive for these patients.<sup>15</sup> These perceptions may be why few mental health facilities offer smoking cessation programs and services.

According to a report from SAMHSA, 24 percent of the more than 9,000 mental health treatment facilities in the U.S. offer any services to quit smoking. Additionally, 21 percent of substance abuse treatment

facilities offered nicotine replacement therapy; about 16 percent offered non-nicotine cessation medication.<sup>16</sup> A key issue may be the lack of training among mental health professionals. In a survey of psychiatric residency training programs, only half reported that they had a smoking cessation curriculum, and even then, the median time spent on the topic was about one hour.<sup>17</sup> Among facilities with inpatient smoking cessation programs, there often is a lack of continuation of these programs once the patient has been discharged from the facility.

### **Addressing Smoking Addiction in People with Mental Illness: A Call to Action**

There is much work to be done to improve the treatment and care of patients experiencing mental health disorders and smoking addiction. Some initiatives are in place, but more research, support, and programs must be created to improve the care for this underserved population. The following are four key areas that we believe are critical for addressing this important issue:

**1. *Increase educational efforts on the critical importance of smoking cessation among both patients with mental illness and healthcare providers.***

Beyond the physical advantages of quitting, we need to stress the benefits to overall mental well-being. We need to underscore the importance of smoking cessation, helping psychiatrists and primary care physicians (PCPs) understand that smoking cessation can lead to more integrated treatment plans. Moreover, healthcare providers (HCPs) – especially those within mental health facilities – need to appreciate that smoking cessation efforts are cost effective and could have a positive impact on overall healthcare costs.<sup>3</sup>

**2. *Build consensus/alignment around smoking cessation within mental healthcare.***

We need to create an environment in which smoking cessation is encouraged among mental health professionals and institutions. A specific focus will be on the importance of integrating quit-smoking programs as an integral part of mental health care. It is important for primary care physicians (PCPs) to be integrated within the overarching care model. Receiving PCP input and speaking to those needs may help ensure the community is moving towards integrated care that speaks to patients' needs. Treatment facilities and HCPs also should incorporate existing guidelines. These include the *Treating Tobacco Use and Dependence: 2008 Update U.S. Public Health Service Clinical Practice Guideline Executive Summary* from the U.S. Department of Health and Human Services and Psychiatry RxforChange (<http://rxforchange.ucsf.edu>). The American Psychiatric Association hosts informative webinars related to evidence-based treatments of tobacco use addiction and mental well-being.

**3. *Encourage mental health facilities to embrace smokefree environments.***

There has been progress, but more work is needed in mental health facilities where smoking appears to persist as a method of emotional bonding with patients and a tool for achieving adherence, compliance, and desired behavior.

**4. *Explore additional methods of support for patients with mental illness and smoking addiction.***

There are many ways to support patients with mental illness to break free of smoking addiction. This may include encouraging professionals and facilities to build treatment programs that include individual and group counseling, as well as smoking cessation treatment, when appropriate. Supportive resources that patients can access on their own, such as web-based interventions and quit lines, have been proven helpful.

People with mental illness typically have better cessation rates when they are encouraged to use approved nicotine replacement therapy or other appropriate medicines in combination with counseling.<sup>18</sup> Additionally, having a strong support system in place and keeping reminders on the potential rewards of quitting smoking (improved health, financial benefits) top of mind, have proven to assist patients with mental illness quit smoking.<sup>18</sup>

### **For additional Resources and Further Information:**

- **Quitter's Circle®:** [www.quitterscircle.com](http://www.quitterscircle.com)

- **American Lung Association:** [www.lung.org/local-content/content-items/our-initiatives/current-initiatives/tobacco-amongst-individuals-with-mental-illness.html](http://www.lung.org/local-content/content-items/our-initiatives/current-initiatives/tobacco-amongst-individuals-with-mental-illness.html)
- **National Alliance on Mental Illness:** [www.nami.org/learn-more/mental-health-public-policy/tobacco-and-smoking](http://www.nami.org/learn-more/mental-health-public-policy/tobacco-and-smoking)
- **Mental Health America:** [www.mentalhealthamerica.net/conditions/infographic-smoking-and-mental-illness-case-quitting](http://www.mentalhealthamerica.net/conditions/infographic-smoking-and-mental-illness-case-quitting)

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