



## BURDEN FACTS

### Disparities among people with behavioral health conditions:

- Persons with mental illness or substance use disorder represent **25%** of the adult population yet consume **40%** of all cigarettes.<sup>4</sup>
- **51%** of deaths among clients in addictions treatment were the result of tobacco related causes, which is **double** the rate found in the general population.<sup>5</sup>
- **32%** of Montanans who use tobacco report binge drinking compared to **16%** of non-tobacco users.<sup>6</sup>
- **29%** of Montanans who use tobacco report having poor mental health compared to **15%** of non-tobacco users.<sup>6</sup>
- Over **half** of participants in Quit Now Montana reported having a behavioral health condition.<sup>7</sup>

Patients are **25% more likely to maintain long term abstinence from alcohol and illicit drugs if they also quit nicotine.**<sup>1</sup>

## COMMON MYTHS<sup>8</sup>

**Myth #1:** Tobacco is a necessary self-medication for people with mental illness.

**Fact:** Not only is tobacco ineffective as a treatment for mental disorders, but psychiatric disease makes the brain more susceptible to addiction.

**Myth #2:** People with mental illness are not interested in quitting smoking.

**Fact:** Patients in outpatient and inpatient psychiatric settings are about as likely as the general population to want to quit smoking.

**Myth #3:** People with mental illness cannot quit smoking.

**Fact:** Randomized treatment trials and systematic reviews involving smokers with mental illness document that success is possible.

**Myth #4:** Smoking is a coping strategy. Quitting interferes with recovery from mental illness and leads to decompensation.

**Fact:** Smoking cessation does not exacerbate depression or PTSD symptoms or lead to psychiatric hospitalization or increased use of alcohol or illicit drugs.

**Myth #5:** Smoking is the lowest priority concern for patients with acute psychiatric symptoms.

**Fact:** People with psychiatric disorders are far more likely to die from tobacco-related disease than from mental illness.

## CONTACT

### Montana Tobacco Use Prevention Program

Phone: (866) 787-5247

E-mail: [infotobaccofree@mt.gov](mailto:infotobaccofree@mt.gov)

Website: [tobaccofree.mt.gov](http://tobaccofree.mt.gov)





## SOURCES

1. Prochaska, J.J., et.al. (2004). A meta-analysis of smoking cessation interventions with individuals in substance abuse treatment or recovery. *Journal of Consulting and Clinical Psychology*, 72(6):1144-1156.)
2. Taylor, G., Girling, A., McNeill, A., & Aveyard, P. (2015). Does smoking cessation result in improved mental health? A comparison of regression modelling and propensity score matching. *BMJ Open* 5(10), e008774. Retrieved October 29, 2015, from <http://bmjopen.bmj.com/content/5/10/e008774.full>
3. Taylor, G., McNeill, A., Girling, A., Farley, A., Lindson-Hawley, N., & Aveyard, P. (2014). Change in mental health after smoking cessation: Systematic review and meta-analysis. *BMJ*, 348, g1151. Retrieved October 29, 2015, from <http://www.bmj.com/content/348/bmj.g1151>
4. National Alliance on Mental Illness. Smoking. [https://www.nami.org/About-Mental-Illness/Common-with-Mental-Illness/Smoking#:~:text=People%20with%20mental%20illness%20or%20a%20substance%20use,month%20than%20people%20without%20a%20mental%20health%20condition\(accessed11/22\)](https://www.nami.org/About-Mental-Illness/Common-with-Mental-Illness/Smoking#:~:text=People%20with%20mental%20illness%20or%20a%20substance%20use,month%20than%20people%20without%20a%20mental%20health%20condition(accessed11/22)).
5. American Lung Association. Behavioral Health & Tobacco Use <https://www.lung.org/quit-smoking/smoking-facts/impact-of-tobacco-use/behavioral-health-tobacco-use> (accessed 11/22).
6. Montana Behavioral Risk Factor Surveillance System, 2023.
7. Quit Now Montana Outcomes Report, 2023.
8. SAMHSA (2016). Enhance your states tobacco cessation efforts among the behavioral health population: A behavioral health resource.

**When compared with smoking, smoking cessation was associated with reduced depression, anxiety, and stress—and it improved mood and quality of life.<sup>2,3</sup>**

## HOW THE MONTANA TOBACCO USE PREVENTION PROGRAM CAN HELP:

- Model tobacco-free campus policy language
- Provide a “Toolkit to Integrate Tobacco Treatment and Policies into Montana’s Behavioral Health System” which offers information on:
  - Understanding the Toll of Tobacco
  - Implementing Organizational Change
  - Integrating Tobacco Dependence Treatment for clients into Routine Systems of Care
  - Enhancing Employee Knowledge and Offering Cessation Assistance
  - Creating a Tobacco-Free Policy to Support Tobacco-Free Living
- Free cessation medications and free individual counseling from Quit Now Montana.
- Trainings on brief cessation intervention and referral mechanisms to Quit Now Montana.
- Free tobacco-free signage and Quit Now Montana materials specific to addiction and mental health located on our on-line store: <https://mthhspromotions.rocsoft.com>.

## QUIT NOW MONTANA’S BEHAVIORAL HEALTH PROGRAM:

The behavioral health program provides participants the following benefits:

- 7 scheduled telephone coaching sessions that focus on developing and practicing coping skills to manage stress while quitting.
- Specially trained tobacco treatment coaches who understand behavioral health conditions.
- 8-weeks of FREE Nicotine Replacement Therapies (NRT) with combinations of patch, gum, or lozenge; or,
- 3-months of FREE prescription cessation medications like Bupropion or Varenicline.
- A personalized Welcome Package including educational materials and the My Quit Journey© workbook.
- Added services including customized email and text messages, online chat, and interactive online resources.

