



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.⁴
- **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.⁵
- **36%** of Montanans who use tobacco report binge drinking compared to **16%** of non-tobacco users.⁶
- **22%** of Montanans who use tobacco report having poor mental health compared to **13%** of non-tobacco users.⁶

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Behavioral Health & Tobacco

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

Common Myths⁷

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.





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SOURCES

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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> (accessed 11/22).
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, 2021.
7. 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.^{2,3}

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 providers 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 the Montana Tobacco Quit Line.
- Trainings on brief cessation intervention and referral mechanisms to the Quit Line.
- Free Tobacco-Free signage and Quit Line materials specific to addiction and mental health located on our on-line store <http://mtupp.allegrahelena.com/>

The Montana Tobacco Quit Line'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.
- 3-months of FREE prescription cessation medications like bupropion.
- 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.

