



1 in 3 adults with mental illness smokes cigarettes. This is a 70% higher rate than in the general population where 1 in 5 adults with no reported mental illness smokes.¹

40% of all consumed cigarettes in the U.S. are smoked by adults with mental illness or substance abuse.⁴



22% of Vermonters have some form of mental illness and **38%** of Vermonters with mental illness smoke.²

Of the estimated **81,000** smokers in Vermont, **40%** are impacted by depression and **25%** are classified as binge drinkers.³



28% of callers to Vermont's Quitline reported having a mental health condition from July 31, 2013 to March 31, 2014.

Of that group **35%** reported that their mental health interfered with their quit attempt.⁵

From the Substance Abuse and Mental Health Services Administration *Advisory* 2011:

“Smoking tobacco causes more deaths among clients in substance abuse treatment than the alcohol or drug use that brings them to treatment.”

Tobacco use among individuals with mental health and substance abuse problems has historically been overlooked and undertreated. Although the prevalence of smoking is higher in this group than in the general population, treatment has been underutilized. In fact, tobacco products and smoke breaks are sometimes used as a staff tool to calm patients or reward them for good behavior, thus supporting tobacco use and addiction. Smoking among staff at facilities is also common.⁶ Staff smoking normalizes tobacco use and reinforces the misperception that tobacco use is not a true substance abuse problem. Tobacco addiction impedes recovery from other substance addictions and depression.

Research shows that treatment works. The Vermont Department of Health is supporting an initiative to transition state-funded behavioral health facilities into tobacco-free environments. Evidence shows that addressing tobacco in recovery settings can lead to healthier outcomes. The Department is offering staff training and technical assistance to facilities as they move to end tobacco use on their grounds and incorporate tobacco cessation into treatment. Behavioral health centers are an ideal environment to identify and treat tobacco users since their staff are well-suited to provide addiction counseling, onsite cessation services, or make referrals to Vermont's 802Quits.

802Quits. For technical support, templates on tobacco-free policies, facility communications, and tobacco cessation implementation, please contact the Vermont Department of Health Tobacco Program at tobaccovt@state.vt.us. For more information on the Quit by Phone and Quit Online programs, free Nicotine Replacement Therapy, referral forms to 802Quits services, and to find a Quit Partner serving local areas across the state with onsite services, please visit www.802quits.org.

¹ <http://www.cdc.gov/vitalsigns/pdf/2013-02-vitalsigns.pdf>

² Centers for Disease Control and Prevention (CDC). (2013, February 5). Vital Signs: Current Cigarette Smoking Among Adults Aged ≥18 Years with Mental Illness—United States, 2009-2011. *MMWR. Morbidity and Mortality Weekly Reports*.

³ Vermont 2013 BRFSS data

⁴ SAMHSA *NSDUH Report* (2013, March 20) <http://www.samhsa.gov/data/spotlight/Spot104-cigarettes-mental-illness-substance-use-disorder.pdf>

⁵ Internal data analysis from Vermont's Quitline caller data

⁶ Toolkit: *Tobacco Treatment for Persons with Substance Use Disorders: A Toolkit for Substance Abuse Treatment Providers* <http://smokingcessationleadership.ucsf.edu/Downloads/Steppsudtoolkit.pdf>