

ADDRESSING AN OVERLOOKED DISPARITY: TREATING SMOKERS WITH MENTAL ILLNESS

The [New York Times](#)¹ reported this year that the Director of the Centers for Disease Control and Prevention (CDC), Dr. Thomas Frieden, called the current situation with smoking and mental illness, “a very serious health issue that needs more attention.”

Noting that people with mental illness are at greater risk of dying early from smoking than of dying from their mental health conditions, Dr. Frieden said, “we need to do more to help smokers with mental illness quit.” He then urged primary care and mental health-care providers to, “routinely screen patients for tobacco use and offer evidence-based cessation treatments.”

In response to the CDC's public request of health care providers, the MA Department of Public Health, through its partners, offers free technical assistance to providers who would like to support Dr. Frieden's call to action. In addition, the Department highlights below the [mounting evidence](#)² that dispels long held myths about quitting smoking among people with mental health diagnoses.

For information or assistance on clinical training or improving health systems and policy for tobacco interventions, contact UMass Medical School, Center for Tobacco Treatment Research and Training, at cttrt@umassmed.edu or 508-856-4427.

1. [Belluck, Pam. "People with Mental Illness More Likely to be Smokers, Study Finds." New York Times 5 Feb. 2013: A15.](#)
2. [Prochaska JJ. N Engl J Med. 2011 Jul 21; 365\(3\):196-8.](#)

SORTING OUT THE MYTHS & FACTS

Myth #1: People with mental health disorders do not want to quit.

Fact: Those with mental health disorders express a desire to quit at a rate similar to the general population.³

Myth #2: People with mental health disorders cannot quit successfully.

Fact: People with mental health disorders can quit successfully and at rates similar to the general population.⁴

Myth #3: Quitting smoking worsens psychiatric symptoms.

Fact: Cessation does not worsen psychiatric symptoms and in some cases may lessen them. Two separate studies found that depressed patients and schizophrenic patients who quit smoking had no increase in suicidality or psychiatric hospitalizations.

However, quitting smoking can change the metabolism of some medications, therefore the dosing of these medications may need to be monitored.^{5, 6}

Myth #4: Tobacco cessation options available to the general public are not suitable for those with mental health conditions.

Fact: The most effective cessation strategies for the general public, a combination of medication and counseling including quit lines, also apply to people with mental health conditions. However, due to higher levels of nicotine dependence, this population may need greater intensity and duration of services, along with increased social support systems.^{7, 8, 9}

3. [Prochaska JJ et al. Drug Alcohol Depend. 2004 Nov 11; 76\(2\): 143-51.](#)
4. [El-Guebaly N et al. Psychiatry Serv. 2002 Sep; 53\(9\): 1166-71.](#)
5. [Prochaska JJ et al. Am J Public Health. 2008 Mar; 98\(3\): 446-8.](#)
6. [Eden-Evins A et al. J Clin Psychiatry 2005; 66: 1184-90.](#)
7. [Ziedonis et al. Nicotine Tob Res. 2008 Dec; 10\(12\):1691-715.](#)
8. [Kisely S & Campbell LA. CNS Drugs 2008; 22\(4\): 263-73.](#)
9. [Hebert K et al. Am J Prev Med 2011 Jan; 40\(1\): 47-53.](#)

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