

## Behavioral Health and Commercial Tobacco

### 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>

### CONTACT

#### Montana Tobacco Use Prevention Program

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**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.

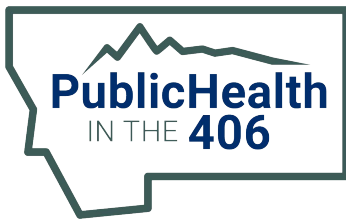
**Myth #4:** Smoking is a coping strategy. Quitting interferes with recovery from mental illness and leads to decompensation.

**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.





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### SOURCES

1. Prochaska, J.J., et al. (2004). A metaanalysis 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.
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.
4. National Alliance on Mental Illness. Smoking. <https://www.nami.org/About-Mental-Illness/Common-with-Mental-Illness/Smoking> (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, 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
- 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 [online store](#)

### QUIT NOW MONTANA’S BEHAVIORAL HEALTH PROGRAM

The behavioral health program provides participants the following benefits:

- Seven 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
- Eight weeks of FREE Nicotine Replacement Therapies (NRT) with combinations of patch, gum, or lozenge; or,
- Three 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

