

Understanding the Impact of Tobacco Use on Behavioral Health Issues

OCTOBER 2022

SPOTLIGHT FACTSHEET

- **Tobacco use is an obstacle for people living with behavioral health issues.** People with behavioral health issues (substance use or mental health disorders) experience barriers to screening, referral, and treatment for tobacco dependence. They have less access to tobacco treatment services across the healthcare spectrum. Yet, studies have shown that as many as 80% of clients in behavioral health treatment are interested in tobacco cessation.² When mental health centers and their staff make tobacco treatment part of their routine clinical approach by offering counseling and medications, they increase a patient's chances for quitting.
- **Nicotine is highly addictive and leads to dependency.** Nearly one third of people who start smoking become dependent - which is higher than addiction to heroin, cocaine and alcohol.³
- **Tobacco Use Disorder is a behavioral health condition** in the *Diagnostic and Statistical Manual of Mental Disorders-5 (DSM)*.
- **Everyone deserves a fair and just opportunity to be free from the harm that tobacco use causes.** People who use substances and those with a mental illness experience higher use, exposure and health harms related to tobacco.⁴
- **Data show that individuals with a substance use disorder (SUD) or mental health issue die between five to 25 years earlier** than those without these behavioral health issues. These deaths are caused by smoking.⁵
- **Individuals dealing with SUD or mental health issues also smoke at higher rates** - consuming 40% of all cigarettes smoked by adults while representing only 25% of the population.⁶
- **Multiple studies show when people quit tobacco while in treatment for alcohol or other substances, they are more successful in their recovery and less likely to relapse.**⁷ When you quit smoking and other forms of tobacco use while getting treatment for a SUD, you are more successful in your long-term recovery from alcohol and other substances.
- **Quitting tobacco can improve your mental health.** Several studies suggest that quitting smoking is linked with lower levels of anxiety, depression, and stress, as well as improved positive mood and quality of life compared with continuing to smoke.⁸ Nicotine can worsen anxiety symptoms and amplify feelings of depression.⁹
- **Cigarette smoking can negatively interact with some psychiatric and other medications.**¹⁰
- **Using one of the five types of nicotine replacement medications approved by the Federal Drug Administration can help you quit.** You can get nicotine replacement therapy (NRT) in the form of the patch, gum and lozenge without a doctor's prescription. The inhaler and nasal spray need a prescription. Many commercial insurance plans and Medicaid cover the cost of NRT.¹¹

Nicotine affects the same part of the brain as alcohol, opioids, cocaine and cannabis.¹

For support, resources and coaching to quit any form of nicotine, call: **1-800-QUIT-NOW (1-800-784-8669)** or visit **QuitNowNH.org**.

1. Pierce, R.C. & Kumaresan, V. (2005). The mesolimbic dopamine system: The final common pathway for the reinforcing effect of drugs of abuse. Boston: Boston University School of Medicine
2. Prochaska JJ. Smoking and Mental Illness—Breaking the Link. *New England Journal of Medicine*, 2011;365:196-8.
3. FrameWorks Institute. (2020). *Justice in the Air: Framing Tobacco-Related Health Disparities*. Washington, DC: FrameWorks Institute.
4. A Toolkit to Address Tobacco Use in Behavioral Health Setting: a Guide for Mental Health and Substance Use Dependency, American Lung Association.
5. A Toolkit to Address Tobacco Use in Behavioral Health Setting: a Guide for Mental Health and Substance Use Dependency, American Lung Association.
6. Centers for Disease Control and Prevention. *Best Practices User Guide: Health Equity in Tobacco Prevention and Control*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2015.
7. Burling, T.A, Salvio, M.A., Seidner, A.L., & Ramsey, T.G. (1996). Cigarette smoking in alcohol and cocaine abusers. *Journal of Substance Abuse*, 8(4), 445-452.
8. Taylor G, McNeill A, Girling A, et al. Change in mental health after smoking cessation: systematic review and meta-analysis. *British Medical Journal* 2014;348
9. Lechner WV, Janssen T, Kahler CW, et al. Bi-directional associations of electronic and combustible cigarette use onset patterns with depressive symptoms in adolescents. *Preventive Medicine* 2017;96:73-78.
10. A Toolkit to Address Tobacco Use in Behavioral Health Setting: a Guide for Mental Health and Substance Use Dependency, American Lung Association.
11. <https://www.fda.gov/consumers/consumer-updates/want-quit-smoking-fda-approved-products-can-help>

RESOURCES AND SUPPORT

The Partnership @drugfreeNH

drugfreenh.org: A safe place to gather and learn about local strategies and activities to prevent substance misuse.

QuitNow-NH

Call 1-800-QUIT-NOW (1-800- 784-8669) or visit quitnownh.org for free quit coaching and resources.

The Doorway NH

thedorway.nh.gov or call 2-1-1 (or 1-866-444-4211): A statewide service that supports any NH resident, of any age, with a substance or alcohol concern or issue including free fentanyl test strips and naloxone.



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