

SMOKING CESSATION FOR INDIVIDUALS WITH SERIOUS MENTAL ILLNESS

More than 1 in 3 adults (33.3%) with a mental illness smoke cigarettes, compared with about 1 in 5 adults (20.7%) without mental illness.¹

Smokers with any history of mental illness had a self-reported quit rate of 38.4%, compared with smokers without mental illness (52.8%).³

In other words, people with serious mental illness are **less likely** to quit smoking without the treatments and policies that can help reduce this disparity.

31% of cigarettes smoked by adults are smoked by adults with mental illness **AND** 1 in 5 adults, or **45.7 million** people have some form of mental illness²

The rate of smoking in people with schizophrenia is at least

2-3x

that of the general population



Most began smoking before psychotic aspects of their illness appeared⁴

27%

of public assistance income abis spent on cigarettes;⁵ out the same percentage of income lenders suggest as a maximum mortgage payment⁶

3.5X

In one study, people with schizophrenia were 3.5 times more likely to have died, largely from tobacco-related complications⁷

\$37B

People with serious mental illness smoke an estimated 180 billion cigarettes, or \$37 billion in tobacco industry sales, annually⁸

DESPITE MISCONCEPTIONS:⁹

- Individuals with serious mental illness do not need to smoke to self-medicate
- Quitting smoking will not make psychiatric symptoms worse
- Those with serious mental illness do want to quit



Providers can help people with mental illness quit smoking¹⁰

Mental health providers already assist individuals with serious mental illness with helpful skills that can support smoking cessation, like:

- Problem-solving
- Coping with difficult situations or emotions
- Social skills training
- Making better choices
- Avoiding high risk situations



Mental health providers can enhance this assistance by offering:¹¹

- **supportive treatment**
- **practical counseling**
- **help setting a quit date**



supportive treatment

showing belief in individuals; communicating and concern for their health



practical counseling

providing basic information about smoking as an addiction, not a habit; helping the individual recognize high-risk situations, like stress, other smokers, or alcohol; cessation medications can increase the odds of quitting, especially when used in combination with counseling



help setting a quit date

choosing a quit date and preparing



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- [10] Ibid.
- [11] Ibid.

For information on evidence-based smoking cessation programs, visit the Smoking Cessation Leadership Center at <https://smokingcessationleadership.ucsf.edu/>