

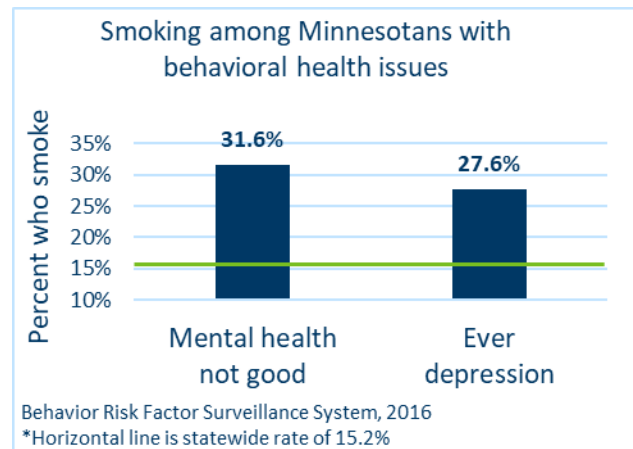
Behavioral Health and Tobacco Use in Minnesota

Despite overall declines in adult cigarette use, some populations still smoke at higher rates, including people with behavioral health issues such as mental illness and substance use disorders. For people in substance abuse treatment, quitting can increase long-term abstinence from alcohol and other drugs.[1]

Smoking is higher among Minnesotans with behavioral health issues.

Smoking rates are higher for Minnesota adults with depression and serious psychological distress, and adults who are currently taking medications or receiving treatment for mental or emotional health problems.[2]

Minnesotans with psychological distress smoke at more than twice the overall statewide rate.[2]



Tobacco-related death and disease is higher among smokers with behavioral health issues.[3, 4]

Nationally, people with mental illness die about 10 years earlier than those without mental illness,[5] and half of smoking-related deaths each year (200,000) are among people with mental illnesses.[6]

Compared to people without serious mental illness, Minnesota adults with serious mental illness and a tobacco-related disease die approximately 32 years sooner.[7]

Quitting can improve the success of addiction treatment.

People with behavioral health issues are interested in quitting, can quit, and benefit from quitting.[8-13] Quitting smoking more than doubles the likelihood of successful treatment for substance abuse.[14]

However, people with mental illness may face challenges in quitting and need additional counseling and longer use of smoking cessation medications. In-person or telephone counseling and smoking cessation medications, including nicotine replacement therapies, greatly improve the chances that a person will be successful in their quit attempt.[15, 16]

Free quitting help is available to all Minnesotans. QUITPLAN® Services offers a variety of tools, including coaching, quit guides, and starter kits with patches, gum, or lozenges. Minnesota residents with Medical Assistance or MinnesotaCare also have free access to tobacco cessation counseling and medications with a prescription.

Learn more at www.health.mn.gov/quit.

Communities can help reduce tobacco use among people with behavioral health issues.

Efforts to reduce tobacco use among people with behavioral health issues include policy strategies to increase tobacco-free environments and encourage cessation. The *Minnesota Comprehensive Tobacco Control Framework: 2016-2021* states that helping individuals break free from tobacco addiction requires multiple levels of intervention, including developing and implementing strategies to integrate tobacco dependence treatment within mental illness and substance use disorder treatment.

Change norms around tobacco treatment for people with behavioral health issues.

It is important to engage behavioral health professionals and raise awareness of the harms of nicotine addiction and tobacco use, as well as the benefits of tobacco treatment.

Integrate tobacco screening and treatment referral.

Providers should ask, advise and provide treatment or refer people interested in quitting to tobacco cessation resources. A tobacco cessation counselor can assist individuals in quitting. Tobacco cessation resources and services are available to help people quit using tobacco.

Implement comprehensive tobacco-free grounds policies.

In Minnesota, mental health and substance use facilities are adopting tobacco-free grounds policies and encouraging quitting among both clients, staff, and visitors. In 2018, three large behavioral (or mental) health facilities will go smoke free, protecting over 40,000 clients from secondhand smoke exposure.

Learn more at www.health.mn.gov/tobacco.

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11/28/2017

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