

Commercial Tobacco Use is a Behavioral Health Issue

THE MOST COMMON SUBSTANCE USE DISORDER

Commercial tobacco* use is a substance use disorder driven by an addiction to nicotine. Nicotine is a highly addictive substance, activating the central nervous system and increasing blood pressure, breathing rate, and heart rate.¹ Nicotine also activates receptors in the brain to release dopamine, activating the brain's reward center.² Approximately 750,000 (13%) Washington adults use commercial tobacco products.

BEHAVIORAL HEALTH COMORBIDITIES + DISPARITIES

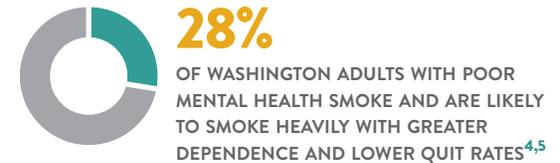
Individuals with serious mental illness or substance use disorder smoke at disproportionately high rates and represent a significant commercial tobacco-related health disparity. Life expectancy for people with severe mental disorders is decreased by 10 to 25 years due to smoking related illness.³

Treating tobacco use disorder with evidence-based cessation methods and implementing tobacco-free policies can help reduce this disparity.

**Commercial tobacco includes any product that contains tobacco and/or nicotine, such as cigarettes, cigars, electronic cigarettes, hookah, pipes, smokeless tobacco, heated tobacco, and other oral nicotine products. Commercial tobacco does not include FDA-approved nicotine replacement therapies.*

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

MENTAL ILLNESS + SMOKING



BINGE DRINKING + SMOKING



MARIJUANA + SMOKING



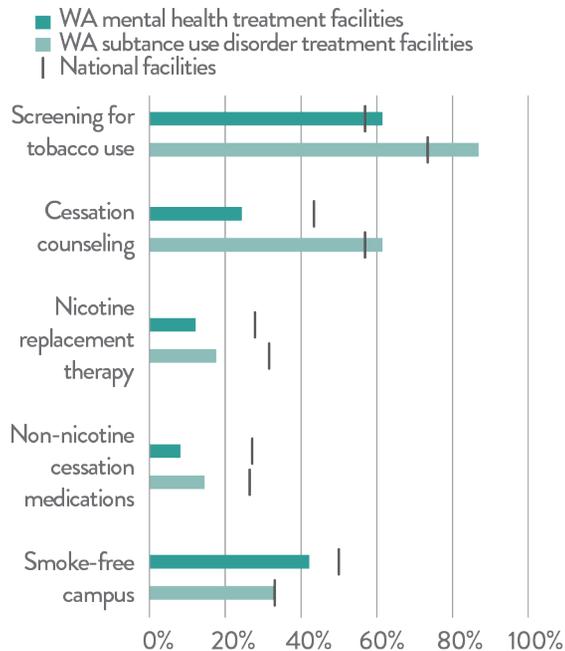
BEHAVIORAL HEALTH CONDITIONS + SMOKING



INDUSTRY INFLUENCE + TREATMENT FACILITIES

The tobacco industry has intentionally marketed products to people with mental illness, funded research to link using nicotine to alleviate symptoms among people with mental illness (especially schizophrenia), provided cheap or free cigarettes to treatment facilities, and supported blocking smoke-free policies in psychiatric hospitals.⁸

The prevalence of smoke-free behavioral health treatment facilities in Washington is below the national average, and the state has incredibly low rates of medication provision among all behavioral health treatment facilities. The chart below compares Washington facilities to national facilities.



TOBACCO DEPENDENCE TREATMENT WORKS

Evidence shows that treating tobacco dependence improves mental health and recovery from addiction. Specific to opioid recovery, people who smoke have increased withdrawal, increased cravings, and lower detox completion, so addressing tobacco dependence is critical to successful recovery.⁹ Tobacco dependence treatment is associated with decreased anxiety, depression, and stress, and improvements in overall mood, regardless of psychiatric diagnosis.¹⁰ Additionally, tobacco dependence treatment during treatment for other substance use disorders increased likelihood of sobriety from alcohol and other drugs by 25% compared to standard care.¹⁰ Research finds that, as with the broader population, the vast majority of people with behavioral health conditions want to quit.¹⁰

BEST PRACTICES FOR TREATMENT

- Integrate tobacco dependence treatment into providers' practices. This can be a brief intervention such as **ask-advise-refer**, Screening, Brief Intervention, and Referral to Treatment (SBIRT), or more in-depth treatment services.

2 A'S & R AND SBIRT INTERVENTIONS

ASK	SCREENING
ADVISE	BRIEF INTERVENTION
REFER	REFERRAL TO TREATMENT

- Refer clients to the Washington State Quitline at quitline.com or 1-800-QUIT-NOW (1-800-784-8669). The Quitline

offers a Tobacco Cessation Behavioral Health Program for participants who are receiving treatment from State Opioid Response grant-funded agencies, or who report having schizophrenia, bipolar disorder, or concerns that their mental health will inhibit their quit attempt.

- Create supportive commercial tobacco-free environments

Check out the [Tobacco-Free Behavioral Health Initiative](#) for specific training and resources.

references:

- National Institute on Drug Abuse; National Institutes of Health; U.S. Department of Health and Human Services.
- National Institute on Drug Abuse; National Institutes of Health; U.S. Department of Health and Human Services.
- World Health Organization. (2014) Information sheet: premature death among people with severe mental disorders.
- 2017 Washington BRFSS MarijuanaandTobaccoUseDashboards
- Prochaska, J., et al. (2017) Smoking, Mental Illness, and Public Health. Annual Review of Public Health, Vol. 38:165-185
- 2017 Washington BRFSS
- Campbell, B. et al. (2016) Smoking among Patients in Substance Use Disorders Treatment: Associations with Tobacco Advertising, Anti-tobacco Messages and Perceived Health Risk. Am J Drug Alcohol Abuse
- Achieving Health Equity in Tobacco Control December 8, 2015 –Version 1
- Manelli, P, MD, et al. (2013) Smoking and Opioid Detoxification: Behavioral Changes and Response to treatment. Nicotine Tob Res 15(10): 1705-1713
- Prochaska, J., et al. (2017) Smoking, Mental Illness, and Public Health. Annual Review of Public Health, Vol. 38:165-185