

SEVEN TIPS MENTAL HEALTH CARE PROVIDERS CAN USE TO ADDRESS PATIENT TOBACCO USE

Approximately fifty million people living in the United States (U.S.) use tobacco. Tobacco use is the single largest preventable cause of disease and/or death in the U.S. People living with mental illness account for a disproportionate amount of tobacco use. Individuals living with mental health or substance use conditions consume almost half of all cigarettes sold in the U.S. People with schizophrenia are three to four times as likely to smoke as the general population. People living with mental illness also die prematurely compared to the general population and they have a disproportionate number of tobacco-attributable deaths. Less than two-thirds of psychiatrists ask about tobacco use and screening for tobacco use is not standard practice in many community-based services for mental health. Despite this, approximately 70% of people living with mental illness who smoke say they would like to quit smoking.



Tobacco comes in many forms including:

- Cigarettes
- Bidis (small, thin hand-rolled cigarettes) that can be flavored
- Kreteks which can be referred to as clove cigarettes
- Cigars, little cigars, cigarillos
- Pipe smoking
- E-cigarettes, vape pens, hookah pens
- Smokeless tobacco (chewing tobacco, dip, snuff, or snus)
- Waterpipes such as hookah or shisha
- Dissolvable products that can look like candy or mints such as lozenges or sticks

The following tips may be helpful in assisting people living with mental health conditions quit using tobacco products.

1 Ask about all forms of tobacco use. Someone who smokes cigarettes at a bar or vapes when they are hanging out with friends on the weekend may not see themselves as a tobacco user.

2 Use Motivational Interviewing (MI) techniques to assess motivation to change and be supportive. MI is a counseling style that is person centered, collaborative, and goal directed. MI is designed to resolve ambivalence and strengthen a person's motivation and commitment to change in a supportive environment.

3 Develop a personalized tobacco quit plan. People will have feelings about where they are regarding change. Everyone can use help and support regardless of which stage they are in. Developing a personalized tobacco quit plan can help a tobacco user that is trying to quit stay on track.

4 Strategies to deal with stress. Some people may use tobacco to deal with anxiety, stress, or tension. Nicotine withdrawal symptoms that can be confused with stress include feeling restless or not being able to sleep, being irritable, feeling depressed, being anxious, or difficulty concentrating. Identify strategies that can help tobacco users deal with stress or prevent stress.



5 Explore how tobacco use can affect different areas of a person's life in addition to their health such as employment, education, finances, housing, etc. Being able to take a job with a company that has tobacco free grounds or knowing that smoking can affect the health of a person's children and/or pets can provide addition motivation beyond knowing quitting tobacco can improve your health.

6 Be knowledgeable about supports and treatment options, including the seven [FDA medications approved](#) for tobacco cessation, counseling which can offer support and help tobacco users develop coping skills. There are also free resources such as Quit lines (1-800-QUIT-Now) or online resources such as [Tips from Former Smokers](#), [Smokefree.gov](#), [Quit.com](#), or [BecomeAnEx](#).

7 Expect relapse and be supportive. Many people will make more than one quit attempt before they stop using tobacco. Remain supportive. Identify barriers and develop strategies to address them and incorporate them into the tobacco quit plan, drawing on things that may have helped in any previous quit attempts.



Resources for Quitting:

[Addressing Tobacco through Organizational Change \(ATTOC\)](#)

<https://escholarship.umassmed.edu/cgi/viewcontent.cgi?article=1052&context=pib>

[BecomeAnEx \(https://www.becomeanex.org/\)](https://www.becomeanex.org/)

[CDC's Best Practices for Comprehensive Tobacco Control Programs—2014](#)

https://www.cdc.gov/tobacco/stateandcommunity/best_practices/index.htm

[CDC's Five Reasons Why Calling a Quitline Can Be Key to Your Success](#)

<https://www.cdc.gov/tobacco/campaign/tips/quit-smoking/quitline/index.html>

[CDC's How to Quit Smoking](#)

<https://www.cdc.gov/tobacco/campaign/tips/quit-smoking/index.html>

[The Central Massachusetts Tobacco-Free Community Partnership](#)

<https://umassmed.edu/psychiatry/resources/tobacco/tobacco-free-community-partnership/>

[Find a tobacco cessation Quitline through the North American Quitline Consortium \(NAQC\) Quitline Map](#)

<https://map.naquitline.org/default.aspx>

[Implementing Wellness into Mental Health and Addiction Recovery: The Addressing Wellness Through Organizational Change \(AWTOC\) Approach](#)

<https://escholarship.umassmed.edu/pib/vol12/iss4/1/>

[Incorporating Tobacco Cessation Activities in ICCD Clubhouses](#)

<https://escholarship.umassmed.edu/pib/vol8/iss14/1/>

[Quit.com](#)

<https://www.quit.com/>

[SAMHSA Advisory Implementing Tobacco Cessation Treatment for Individuals with Serious Mental Illness: A Quick Guide for Program Directors and Clinicians](#)

https://store.samhsa.gov/sites/default/files/d7/priv/pep19-02-00-001_0.pdf

[SAMHSA's Enhance Your State's Tobacco Cessation Efforts Among the Behavioral Health Population](#)

https://smokingcessationleadership.ucsf.edu/sites/smokingcessationleadership.ucsf.edu/files/State%20TA%20Resource%20on%20Tobacco%20Cessation%20in%20BH_June%202016_final.pdf

[Smokefree.gov](#)

<https://smokefree.gov/>

[U.S. FDA's Want to Quit Smoking? FDA-Approved Products Can Help](#)

<https://www.fda.gov/consumers/consumer-updates/want-quit-smoking-fda-approved-products-can-help>

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