



Smoking Cessation Among Persons with Behavioral Health Issues?

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Presenter Disclosure

Rose Malinowski Weingartner, MPH

(1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No relationships to disclose.



The Southeastern Pennsylvania Tobacco Control Project

The Health Promotion Council of Southeastern Pennsylvania is funded to provide tobacco control services in seven counties.

Tobacco dependence treatment
Youth tobacco sales enforcement
School tobacco policy
Worksite tobacco policy
Municipal tobacco policy
Social norm change and media





“Nearly half the cigarettes smoked in the United States (44-46 percent) are consumed by people with co-occurring psychiatric or addictive disorders.”

–American Legacy Foundation

- In some behavioral health settings, tobacco use is normative.
- Some behavioral health professionals do not view tobacco use treatment as a priority.
- Behavioral health consumers may not be seen as motivated to quit



In the SEPA region, nearly half of the clients in tobacco dependence treatment have been treated for depression.



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What can we find out about smokers with co-occurring mental health/addictive disorders in our region?



PHMC's Community Health Data Base Household Health Survey

One of the largest local population health surveys in the country, conducted since 1983.

10,000 households
Random digit dial
22 minutes/average

Health status
Access to care
Health behaviors
And more





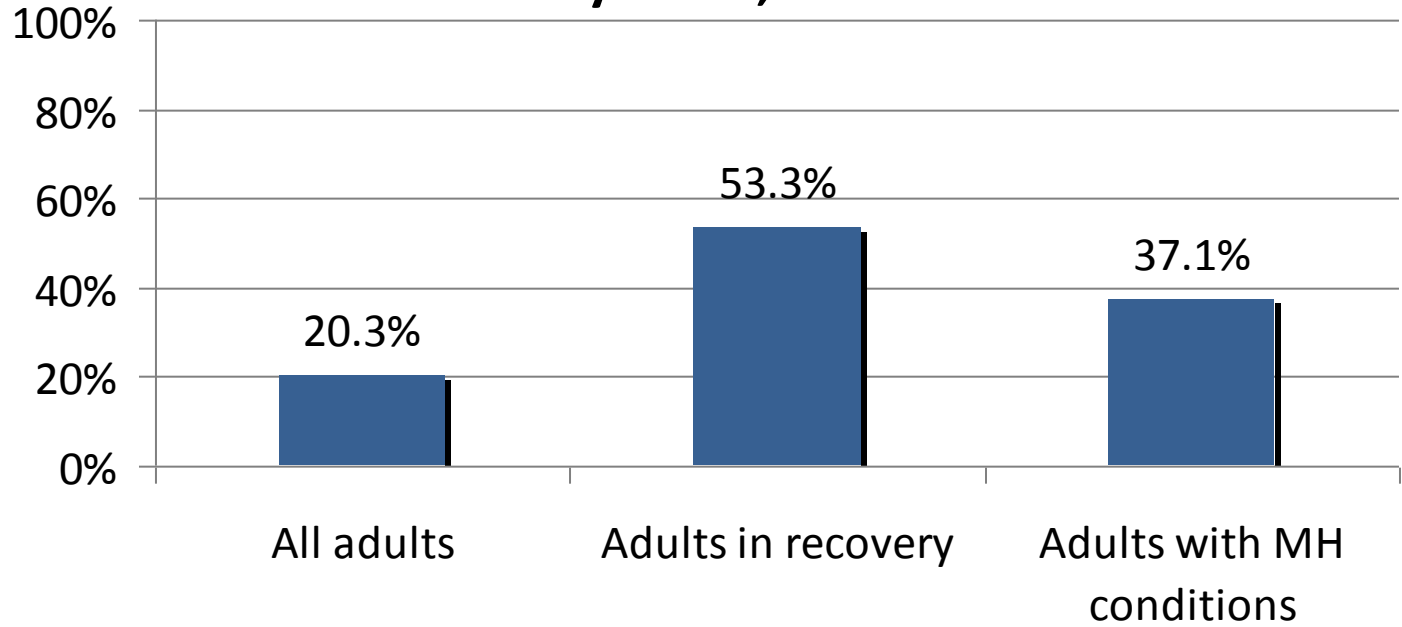
About SEPA

- 20.3% of adults smoke cigarettes - **about 608,000 adults**
“Do you now smoke every day, some days, or not at all?”
- 9% of adults are in recovery – **about 269,000 adults**
“Did you once have an alcohol or other drug problem that is no longer a problem in your life?”
- 14.6% of adults have MH conditions – **about 437,700 adults**
“Have you (has he/she) ever been diagnosed with any mental health condition, including clinical depression, anxiety disorder or bipolar disorder?”



Who smokes in SEPA?

Adult (18+) Smoking in Southeastern Pennsylvania, 2010 HHS



Adults in recovery and adults with MH conditions are significantly more likely (P<.001) to smoke than adults not in recovery, or adults without MH conditions.

Data Source: 2010 SEPA Household Health Survey. Public Health Management Corporation, Community Health Data Base.



Smokers with MH conditions

- Adults who have been diagnosed with a MH condition are **more than twice as likely** to be smokers as those who have not (37.1% versus 17.5%).
- Adults with MH conditions who are currently receiving treatment are **as likely** to smoke as those with MH conditions who are not currently receiving treatment (36.4% versus 38.4%).



Smokers in Recovery

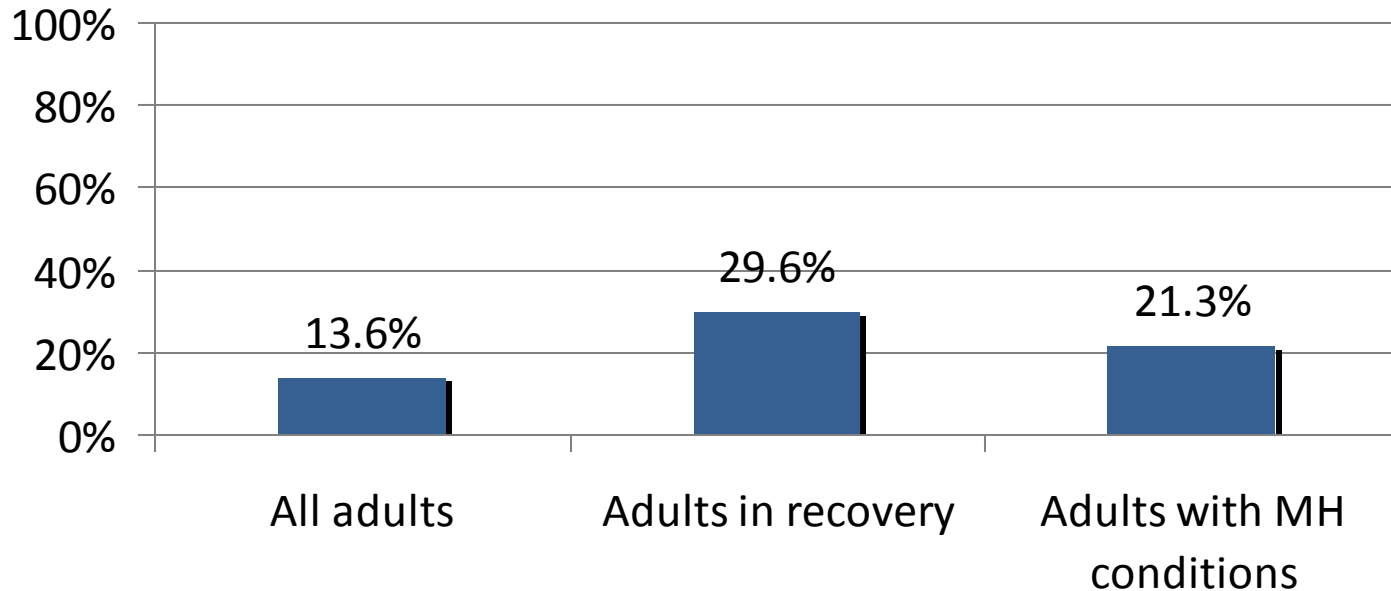
12.2% of adults in recovery smoke **some days** while 5.0% of adults in SEPA not in recovery smoke some days.

In Philadelphia, smokers in recovery are **more likely** than other smokers to smoke a pack or more per day (41.0% as compared with 32.4%).



Who is exposed to smoke at home in SEPA?

Adults (18+) Living Where Someone Smokes Indoors, 2010 HHS



Adults in recovery and adults with MH conditions are significantly more likely ($P < .001$) to be exposed to smoke at home than adults not in recovery, or adults without MH conditions.



Adults with behavioral health issues in SEPA are **more likely to smoke**, and **more likely to be exposed to smoke at home**, than adults without behavioral health issues.



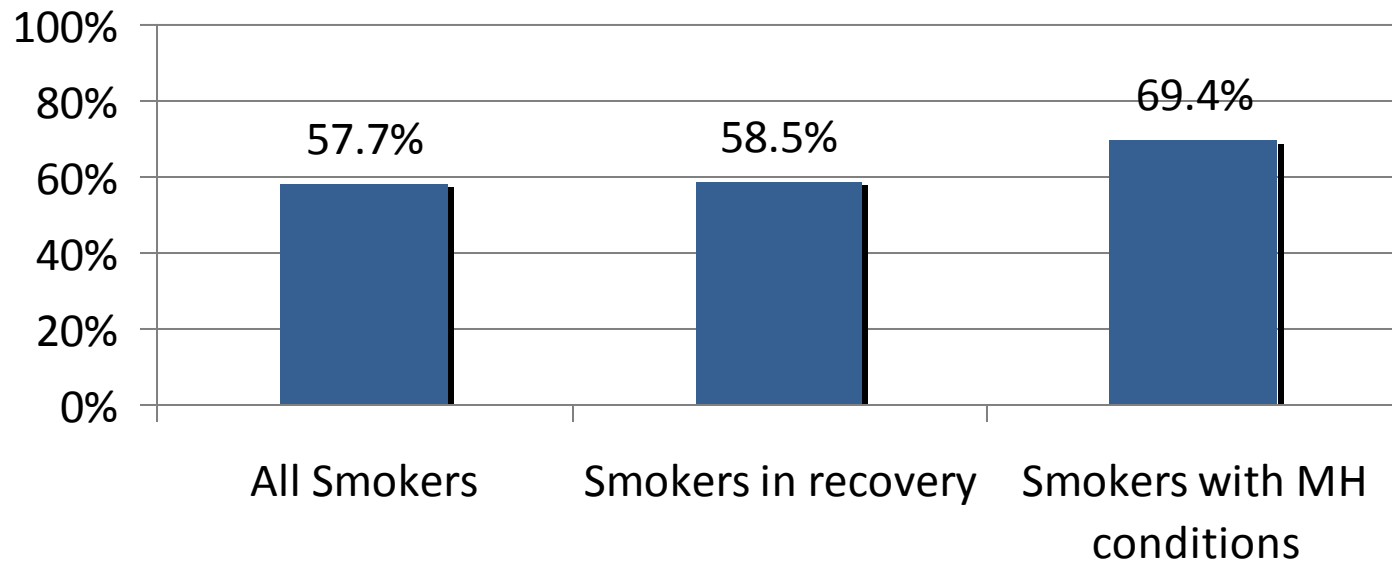
Adults with behavioral health issues in SEPA are more likely to smoke, and more likely to be exposed to smoke at home, than adults without behavioral health issues.

What about quitting?



Who tries to quit in SFPA?

Smokers (18+) Who Tried to Quit in the Past Year, 2010 HHS



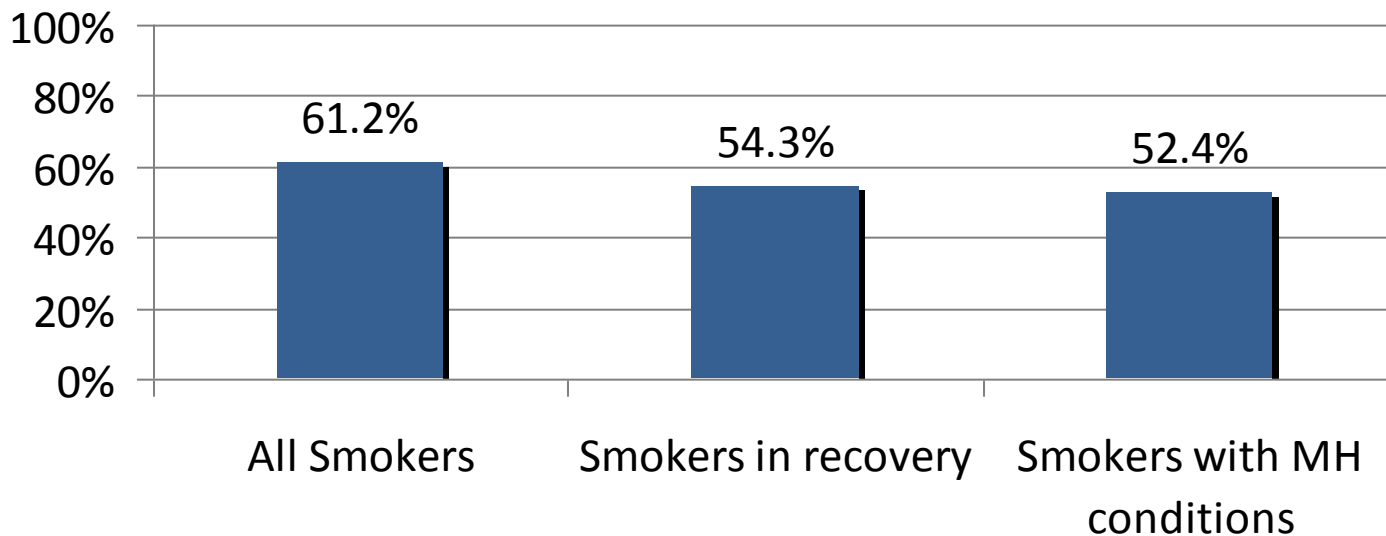
Smokers with MH conditions are significantly more likely ($P < .001$) to have tried to quit in the past year than smokers without MH conditions.

There is no significant difference between smokers in recovery and smokers not in recovery.



How do smokers try to quit in SEPA?

Smokers (18+) Who Tried to Quit Cold Turkey in the Past Year*, 2010 HHS



Smokers in recovery and smokers with MH conditions are significantly less likely ($P < .001$) to try to quit without support than adults not in recovery, or adults without MH conditions.

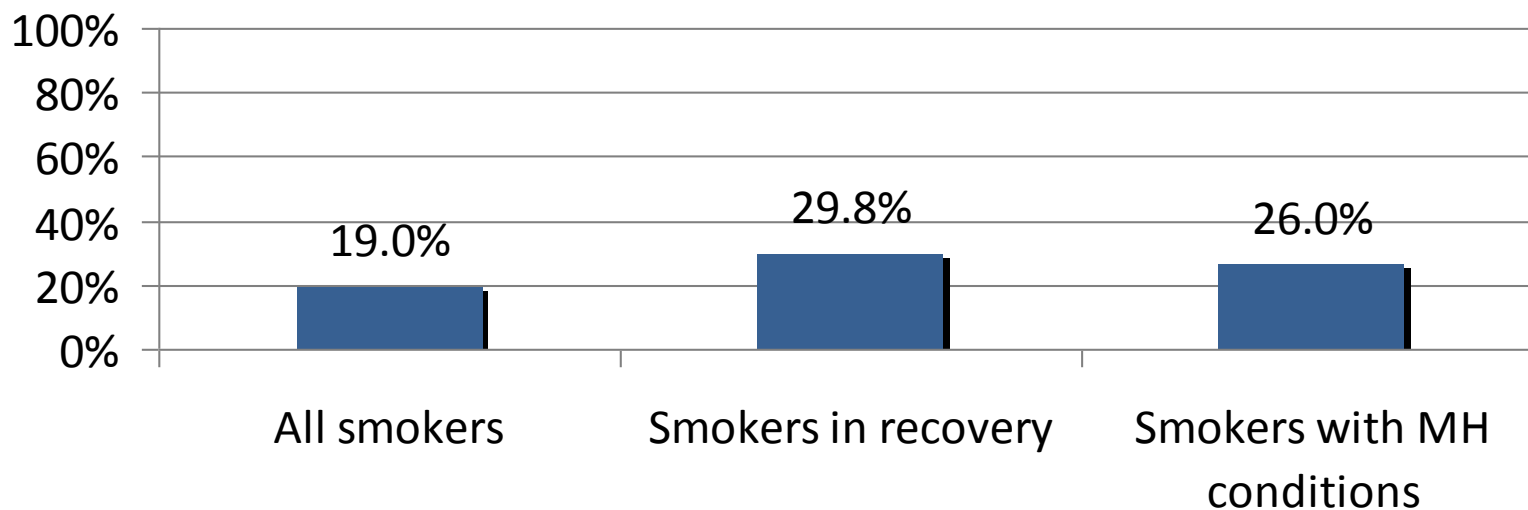
*Among those who tried to quit in the past year

Data Source: 2010 SEPA Household Health Survey. Public Health Management Corporation, Community Health Data Base.



How do smokers try to quit in SEPA?

Smokers (18+) Who Used Nicotine Replacement Therapy to Try to Quit in the Past Year, 2010 HHS



Smokers in recovery and smokers with MH conditions are significantly more likely ($P < .001$) to use NRT in their quit attempts than smokers not in recovery, or adults without MH conditions.



Smokers with behavioral health issues in SEPA are as likely or more likely than other smokers to have tried to quit in the past year.

Smokers with behavioral health issues in SEPA are more likely to use NRT to try to quit, and less likely to try to quit cold turkey than other smokers.

These are quit attempts.
What about actual quits?



Adults with MH conditions quit smoking
like adults without MH conditions.



Former Smokers in SEPA

81.5% of adults in SEPA who quit smoking did so cold turkey. Adults with MH conditions (82.1%) and adults without MH conditions (81.4%) **quit the same way**.

8.1% of adults with MH conditions quit with NRT – 7.5% of adults without MH conditions **quit the same way**.

3.8% of adults with MH conditions quit with Chantix or Zyban – 4.0% of adult without MH conditions **quit the same way**.



Adults in recovery are more likely to have used NRT or TCP to quit.



Former Smokers in SEPA

Adults in recovery are **less likely** to quit cold turkey than adults not in recovery, 70.7% as compared with 83.2%.

Adults in recovery are **three times more likely** to quit by using Chantix or Zyban, compared with other adults in SEPA, 9.5% as compared with 3.1%.

Adults in recovery are **almost twice as likely** to quit using NRT as adults not in recovery (12.3% and 6.8%, respectively).



Despite commonly held beliefs, many adults with BH issues are eager to quit smoking, and many have quit long-term.

Approaches to tobacco dependency treatment for smokers in recovery and smokers with MH conditions may differ.

Resources should be allocated to promote smoke-free lifestyles for adults with BH issues.



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