SMOKING & SPECIAL POPULATIONS:

Addressing Myths & Reducing Barriers to Providing Smoke-Free Housing for Individuals With Mental Illness, Chemical Dependency or Those Who are Homeless

Live Smoke Free

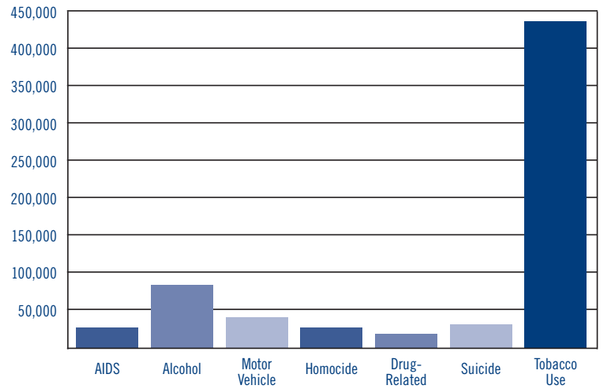
WHY IS SMOKING SO HARMFUL?

Cigarette smoke contains more than 7,000 chemicals; at least 69 are known to cause cancer. These include toxins like arsenic, benzene, benzopyrene (coal tar), carbon monoxide, formaldehyde and hydrogen cyanide.

The addictive behavior and dependency on tobacco is similar to addiction to drugs such as heroin and cocaine.

Exposure to smoke, either by smoking or secondhand, causes many cancers, cardiovascular and lung disease, increases risk of diabetes and osteoporosis, and has many other harmful effects.[1]

COMPARATIVE CAUSES OF DEATH IN THE U.S.[2]



THE BENEFITS OF QUITTING

WITHIN 20 MINUTES AFTER QUITTING:

Heart rate and blood pressure improve.

WITHIN 12 HOURS AFTER QUITTING:

Carbon monoxide level in blood drops to normal.

WITHIN 2 WEEKS TO 3 MONTHS AFTER QUITTING:

Blood circulation and lung function improve.

WITHIN 1 TO 9 MONTHS AFTER QUITTING:

Coughing and shortness of breath decrease.

WITHIN 1 YEAR AFTER QUITTING:

The risk of having a heart attack is reduced by half.

WITHIN 5 YEARS AFTER QUITTING:

The risk of having a stroke equals that of a non-smoker.

WITHIN 10 – 15 YEARS AFTER QUITTING:

The risk of dying from lung cancer is cut by half and the risk of having a heart attack is similar to a non-smoker.[3]

Sources: (AIDS) HIV/AIDS Surveillance Report, 2004; (Alcohol) CDC. (2004). MMWR, 53(37), 866-870; (Motor vehicle) National Highway Transportation Safety Administration. (2005); (Homicide) NCHS. Vital statistics, 2002; (Drug-related) Mokdad, A.H., Marks, J. et al. (2004). Actual causes of death in the U.S., 2000. JAMA, 29(10),1242; (Suicide) NIMH. (2003 [updated 2006]). In harm's way-Suicide in America

WHAT DO WE KNOW ABOUT SMOKING IN SPECIAL POPULATIONS?*

MENTAL ILLNESS

WHY DO PERSONS WITH MENTAL ILLNESS SMOKE?

Serious mental illness, as defined by the National Alliance on Mental Illness, includes major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder, panic disorder, post traumatic stress disorder and borderline personality disorder.

People with mental illness, about 7% of the U.S. population, are twice as likely to smoke than the general population. They have smoking rates of 60% to 80% and consume nearly half of the cigarettes in the U.S.[4] While overall smoking rates have declined, the proportion of mentally ill among current smokers has increased.[5]

There is a strong relationship between smoking and depression, partially explained by a strong genetic influence. Smokers may believe that smoking deters depressive feelings,[6] moderates some psychiatric symptoms,[7] and reduces other symptoms (e.g. anxiety, boredom, and poor concentration).[6] In addition, nicotine is perceived by smokers to help relieve stress.

It is critical that smokers find healthier ways to cope with these issues as individuals with mental illness have a significantly greater risk of dying from heart or lung disease than the general population.

MYTHS AND FACTS

Myth: ***Smoking helps one's body to relax.***

Fact: Nicotine is a stimulant; it does not calm the body down.

Myth: ***In mentally ill individuals, mental health issues take priority over smoking cessation.***

Fact: Certainly, mental health issues are important; however people with serious mental illness have a 2-3 times higher risk of dying from heart or lung disease and die about 25 years earlier than the general population. Much of this risk is due to preventable or treatable conditions such as tobacco use, obesity, and substance abuse. Smoking may also contribute to a worsening of mental illness. Heavy smokers have more severe psychiatric symptoms, poorer overall general wellbeing, and greater functional impairment when compared to nonsmokers and light smokers.[8]

Myth: ***People with mental illness are not interested in quitting smoking.***

Fact: Nearly 3 out of 4 people with mental illness who smoke want to quit. A recent study showed that when given the opportunity in a hospital setting, 4 out of 5 smokers who are mentally ill participated in a smoking cessation program.[9,10] The issue may not be motivation to quit but confidence by smokers and care providers that it can be done.

Myth: ***It is nearly impossible for people with mental illness to quit smoking.***

Fact: Although mental illness may make it more difficult to deal with the challenges of quitting smoking, effective treatments are available. Smokers with mental illness who want to quit should do so with the help of their health care providers because there may need to be adjustments in dosages of medications used to treat their mental illness.[11] Quitting may be a struggle, and many will likely need more time to work toward their goals. Any reduction in cigarettes smoked in a day needs to be recognized as progress. Many clients with serious mental illness are accustomed to learning and using a variety of behavioral coping and survival skills to function, which will help them achieve greater self-efficacy and hope for quitting.[11]

CHEMICALLY DEPENDENT

WHY DO PERSONS WITH CHEMICAL DEPENDENCE SMOKE?

Chemical dependence is defined as a physical and psychological habituation to a mood— or mind—altering drug, such as alcohol or cocaine.*

Similar to mental illness, genetic factors may make a person susceptible to addiction. Brain systems that respond to reward and stress are similar for multiple drugs of abuse. Persons suffering from anxiety or depression may rely on alcohol, tobacco, and other drugs to temporarily relieve their symptoms. Stress, trauma (such as physical or sexual abuse), and early exposure to drugs can lead to both addiction and mental illness.[12]

At least 7 or 8 out of 10 chemically dependent patients smoke cigarettes and tend to be heavy smokers.[13] While overall smoking rates have declined, the proportion of chemically dependent among current smokers has increased.[5]

MYTHS AND FACTS

Myth: ***Addiction to smoking is a minor problem compared to addiction to other drugs.***

Fact: The nicotine found in tobacco products is a drug and very addictive. Withdrawal from it causes symptoms such as irritability, insomnia, and nervousness. Tobacco use kills more people than all other drugs combined. Chemically dependent patients have more health risks and are more likely to die from health problems caused by smoking than from drug abuse.[13]

Myth: ***Chemically dependent patients are not interested in quitting smoking.***

Fact: Research studies have consistently shown that the majority of chemically dependent patients are interested in quitting smoking.[13]

Myth: ***Smoking cessation may interfere with recovery from other drugs.***

Fact: The vast majority of studies have shown that quitting smoking does not precipitate relapse to alcohol or other drugs. Studies have also shown that patients are more likely to participate in smoking cessation programs if they are offered during their drug treatment program compared to when smoking cessation is delayed. An extensive review found that treating tobacco use of clients improved their alcohol and other drug outcomes about 25%.[13]

Myth: ***Cessation programs don't work for chemically dependent patients.***

Fact: Counseling as well as medications have been shown to help chemically dependent patients quit smoking. People with a history of alcohol problems can be as successful at quitting tobacco as people without alcohol problems.[14] Illicit drug—user quit rates are lower, but still promising.[15]

*for purposes of this document, 'special populations' is defined as individuals with mental illness, chemical dependency, or those who are homeless

*The American Heritage-Æ Medical Dictionary Copyright -© 2007, 2004 by Houghton Mifflin Company.

THE HOMELESS POPULATION

WHY DO HOMELESS PERSONS SMOKE CIGARETTES?

Homeless smokers in a recent study reported smoking an average of nearly a pack of cigarettes per day.[16]

Stated reasons were:

- Boredom and lack of access to alternative activities
- Mood regulation and stress reduction
- Lack of daily structure and routine
- Social activity and camaraderie
- Appetite suppression for weight/hunger control
- A habit associated with behavioral triggers or to satisfy physical and psychological cravings and regulate withdrawal symptoms

MYTHS AND FACTS

Myth: ***Homeless smokers are not interested in quitting.***

Fact: Despite the many challenges faced by homeless smokers, they are as interested in quitting as non-homeless smokers.

In one study, over a third of homeless smokers reported readiness to quit within the next 6 months and 7 of 10 had tried to quit at least once in the past year. In another study that provided homeless smokers with free nicotine patches and counseling, participants rated quitting smoking as very important to them (9.1 on a 10-point scale) and were modestly confident they could quit smoking (7.3 on 10-point scale).[17-19]

Myth: ***Smoking is not a serious cause of illness for homeless smokers.***

Fact: For homeless individuals, the mortality rate is about 4 times greater than the general population. Tobacco-related illnesses, including heart disease and cancer, are two of the three leading causes of death among homeless persons.[20-22]

Myth: ***It is nearly impossible for smokers who are homeless to quit smoking.***

Fact: Although being homeless makes quitting smoking more challenging, homeless smokers are able to quit if provided with the resources and opportunity.

Most studies on smoking have excluded homeless people, but the available ones show that just as in the general population, nicotine patches and counseling can help homeless smokers quit, although the rate of success may be lower.[23,24]

WHY DO HOMELESS SMOKERS AND SMOKERS WITH MENTAL ILLNESS AND CHEMICAL DEPENDENCY WANT TO QUIT?

The reasons are similar to most other smokers who want to quit, and include the following, expressed by a group of homeless smokers.[16]

- Financial benefits and high cost of cigarettes
- Reduced health risks for self and children
- Psychological and emotional benefits
- Concerns about secondhand smoke
- Inconvenience due to indoor smoking policies and limited places where permitted
- Wanting to be a good role model for children
- Physical fitness

Myth: ***Members of these populations won't benefit from available cessation programs.***

Fact: It is important that staff and providers believe the evidence that quitting is not only possible, but that members of these vulnerable populations want and deserve cessation assistance. It is important to support and assist members in connecting with cessation counseling and support.

A telephone quitline may be a good first step for those that are more stable functionally, are in recovery, and have phone access. Free nicotine replacement is often available. Telephone counselors will refer persons to other community resources as needed.

Face-to-face counseling, medication and support are important for many with heavier levels of addiction, co-occurring problems, acute life stressors, lower levels of functioning, or are on meds for mental illness. Long term group participation can help support tobacco abstinence, especially for those in recovery settings.[11]

Healthcare providers can provide valuable help or referrals to effective cessation services.

Community resources may be helpful for tobacco cessation education and assistance with cessation referrals.

STATEMENTS OF SUPPORT FOR SMOKE-FREE LIVING FROM PROFESSIONAL ORGANIZATIONS

THE NATIONAL MENTAL HEALTH PARTNERSHIP FOR WELLNESS AND SMOKING CESSATION

(a collaboration of mental health advocacy, governmental, consumer and provider organizations, and smoking cessation experts)

"As a first and immediate focus, we commit ourselves to addressing the serious consequences of smoking and to emphasizing smoking cessation in all mental health service delivery settings."

THE BREAK FREE ALLIANCE

"Agencies serving homeless persons should voluntarily adopt tobacco non—use policies that prohibit tobacco use in the facility and on the grounds. These policies should apply to both clients and staff."

NATIONAL COALITION FOR THE HOMELESS

"Tobacco control advocates need to make the homeless a priority in order to reduce smoking and mitigate the harmful effects of tobacco within such a vulnerable population."

THE HELP TO QUIT PROGRAM FROM BEBETTER HEALTH, INC.

"Quitting tobacco is part of recovery from a mental illness or substance use disorder. Quitting tobacco won't hinder progress and might even be beneficial in ways beyond health improvement."

ASSOCIATION FOR THE TREATMENT OF TOBACCO USE AND DEPENDENCE

"Behavioral health providers can and must have an integral role in implementing tobacco—free policies, offering tobacco education, and integrating tobacco treatment within existing service settings across the lifespan and at every level of care."

HOW CAN WE HELP THESE SPECIAL POPULATIONS LIVE IN SMOKE-FREE ENVIRONMENTS?

MYTHS AND FACTS

Myth: ***Smoke-free environments aren't that important.***

Fact: Nonsmokers deserve to be protected from exposure to harmful smoke. Smoke-free environments also provide a valuable opportunity to educate smokers about the importance of cessation. Smoking, traditionally part of the culture in many mental health treatment facilities and among persons with chemical dependency, has often been associated with social activities or smoke breaks. There are many alternatives that promote healthier social relationships, teach coping and stress management skills, and instill confidence in non-smoking behavior, such as walks or other smoke-free activities and entertainment.[11]

Myth: ***People who smoke cannot live in smoke-free housing.***

Fact: Smokers can live in housing that has a smoke-free policy. They simply must abide by the policy for the building and only smoke in permitted areas.

Myth: ***Moving to smoke-free housing will be detrimental to treatment of mental illness and chemical dependency, and transitioning homeless persons to shelter.***

Fact: The transition can be customized so that residents feel comfortable. Smokers can continue to live in the building, but simply must abide by the smoking policy for the building. Smoking restrictions support both clients and staff in quitting. Although cessation certainly benefits all smokers, it is not required in smoke-free housing and other facilities.

Myth: ***Smoke-free policy enforcement should be handled in a certain way.***

Fact: The purpose of a smoke-free policy is not to evict smokers or make them homeless. While a policy must be enforced for it to be effective, an enforcement plan that includes a graduated approach to addressing violations, such as multiple warnings to residents who violate a policy, is appropriate. Evictions are rare and result only when the resident is completely unwilling to cooperate with the building management.

CESSATION RESOURCES

NATIONAL QUITLINE: ACCESS EACH STATE'S QUITLINE

- 1-800-QUIT-NOW (1-800-784-8669)
- 1-855-DEJELO-YA (1-855-335-3569)
- TTY: (888) 232—6348
- www.smokefree.gov

Information and pamphlets are also available for providers, friends and family. Quitlines provide counseling in Spanish and translation services for other languages.

A NATIONAL ASIAN SMOKERS' QUITLINE:

- Chinese (Cantonese and Mandrin): 1-800-838-8917
- Korean: 1-800-556-5564
- Vietnamese: 1-800-778-8440

AMERICAN LEGACY FOUNDATION

- www.becomeanex.org

AMERICAN LUNG ASSOCIATION

- www.lungusa.org

Freedom from Smoking classes and local resource information

FOR FURTHER INFORMATION

AMERICAN CANCER SOCIETY:

www.cancer.org

AMERICAN LEGACY FOUNDATION:

www.americanlegacy.org

ASSOCIATION FOR THE TREATMENT OF TOBACCO USE AND DEPENDENCE:

www.attud.org

BREAK FREE ALLIANCE:

www.healthedcouncil.org/breakfreealliance/

CAMPAIGN FOR TOBACCO—FREE KIDS:

www.tobaccofreekids.org

NATIONAL COALITION FOR THE HOMELESS:

www.nationalhomeless.org

THE NATIONAL MENTAL HEALTH PARTNERSHIP FOR WELLNESS AND SMOKING CESSATION:

http://smokingcessationleadership.ucsf.edu/MH_Partnership.htm

OFFICE ON SMOKING AND HEALTH AT THE CENTERS FOR DISEASE CONTROL AND PREVENTION:

www.cdc.gov/tobacco

THE HELP TO QUIT PROGRAM FROM BEBETTER HEALTH, INC.:

www.help-to-quit.com

LIVE SMOKE FREE:

www.mnsmokefreehousing.org

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This information is provided by Live Smoke Free, a program of the Association for Nonsmokers—MN.
To learn more about the benefits of smoke-free multi-unit housing:

www.mnsmokefreehousing.org

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Communities Putting Prevention to Work
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