Facts and Statistics about Smoking

Smoking and Mental Health:

- While 21% of the general U.S. population smoke cigarettes (CDC, 2010b), this rate is 2 to 4 times higher among substance addicted and mental health patients. Up to 80% of people with substance abuse and mental illness are smokers (Kalman, Marissette, & George, 2005).
- 44.3% of all cigarettes in America smoked by individuals with a mental illness and substance abuse addiction.
- Genetics, self-medication, and environmental factors contribute to the higher proportion of substance abusers and the mentally ill who smoke (Kalman, Marissette & George, 2005).
- More than 25% of staff members working in addiction and mental health facilities are smokers (Ratschen, 2009; Teater & Hammond, 2009). The tendency of staff to encourage smoking cessation among clients is directly related to their smoking status. Current smokers are less likely to recommend clients consider cessation (Babo & Davis, 1995).
- 4.4% of the U.S. population (almost 10 million individuals) aged 18 and over have a serious mental illness.
- 25.2% of the U.S. population aged 18 and over with a severe mental illness (2.5 million individuals) were also classified with substance abuse or dependence.

Smoking and Substance Abuse

- Cigarette smoking is associated with greater levels of substance abuse.
- The combined effect of smoking and drinking is more harmful than either action alone.
- 70% to 80% of patients in treatment for drug abuse smoke cigarettes (Centers for Disease Control and Prevention, 2007). Although tobacco use is very common among this population, only 30 -- 40% of substance-abuse treatment facilities offer smoking cessation resources.
- Tobacco cessation during substance-abuse treatment is often avoided because providers incorrectly believe patients cannot quit tobacco successfully or that concurrent treatment will negatively impact their recovery goals.
- Recent research has proven that smoking cessation during substance abuse treatment does not negatively impact treatment goals and can, in fact, enhance recovery and abstinence rates.
- The high prevalence of client and staff smoking in substance-abuse treatment facilities means that individuals are commonly exposed to second-hand smoke, and tobacco-free policies promote clean air in the workplace.
• Tobacco cessation during recovery has been associated with a 25% increase in long-term sobriety (Prochaska et al., 2004).

• Smoking cessation during treatment has been shown to enhance recovery and abstinence rates (Reid 2005; Baca & Yahne, 2009).

• 8% of the U.S. population (more than 20 million individuals) aged 12 and over have used illicit drugs within the past year.

• 8.9% of the U.S. population (more than 22 million individuals) aged 12 and over were classified with substance dependence or substance abuse within the past year.

**Risks to Health from Smoking**

• One in three smokers who do not stop will eventually die because of smoking.

• Smokers will die 10 to 15 years earlier than they would have died from other causes.

• Tobacco kills more people than any other addiction in the United States.

• Each year approximately 100,000 people die from alcohol dependency, but each year between 450,000 and 500,000 people die as a result of their cigarette addiction!

• Substance-addicted and mentally ill populations have higher rates of tobacco-related illnesses and death than the general population (Baca & Yahne, 2009).

• Tobacco use is the leading cause of preventable death in America, causing more deaths than alcohol, cocaine, crack, heroin, homicide, suicide, HIV, and motor-vehicle accidents combined.

**Health Benefits of Quitting Smoking**

• All individuals who quit tobacco experience health benefits immediately.

• If you stop smoking before or during middle age (age 35 to 50), you will avoid about 90 percent of the lung cancer risk.