Current Cigarette Smoking Among Adults ≥ 18 Years with Mental Illness

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Surveillance and Evaluation Webinar:
Adult Smoking, Focusing on People with Mental Illness
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The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

IMPACT OF SMOKING

Disease/Disability/Death

▪ 8.6 million people in the U.S. have at least one serious illness caused by smoking

▪ 443,000 premature deaths among U.S. adults annually due to smoking

▪ Smoking reduces life expectancy, on average, by ~14 years
About 443,000 U.S. Deaths per Year Attributable to Cigarette Smoking

- **Lung cancer**: 128,900
- **Ischemic Heart Disease**: 126,000
- **Chronic Obstructive Pulmonary Disease**: 92,900
- **Other diagnoses**: 44,000
- **Stoke**: 15,800
- **Other cancers**: 35,500

**EVERY YEAR:**
- $96 billion in medical costs
- $97 billion in lost productivity

Average annual number of deaths, 2000-2004.

About 443,000 U.S. Deaths per Year Attributable to Cigarette Smoking

**Four Goal Areas for the Office on Smoking and Health (OSH)**

- Prevent initiation (youth and young adult focus)
- Eliminate secondhand smoke (SHS) exposure
- Promote cessation
- Identify and eliminate tobacco related disparities
Trends in Current Cigarette Smoking Among Adults, National Health Interview Survey 2001-2011

Adults: Total population adults who were current cigarette smokers.
Source: National Health Interview Surveys, 2001-2011

Smoking and Mental Illness

Among persons with mental illness:

- 34-88% (depending on diagnosis) currently smoke cigarettes
- Those who are nicotine dependent smoke 34.2% of cigarettes smoked in the U.S.
- Smoking might be heavier and more frequent than among other smokers

More surveillance is needed to understand smoking behaviors within this population.
**Objective**

To assess most recent national and state estimates of cigarette smoking among adults ≥18 years with any mental illness

**Methods**

- Analysis: 2009-2011 National Survey on Drug Use and Health (NSDUH)
- Data: weighted to adjust for differential probability of both selection and response
- Statistical significance of observed differences: chi-square tests of independence between subgroups
- A level of .05 was used to determine significance
**Definition of Any Mental Illness**

**Kessler-6 (K-6)—Psychological Distress**
Measures symptoms of worst distress of any month of the past 12 months: feelings of a) nervousness; b) hopelessness; c) restlessness or fidgeting; d) severe depression; e) everything being an effort; and f) worthlessness.

**The World Health Organization Disability Assessment Schedule**
Measures disturbances in social adjustment and behavior including psychological difficulties that interfere with remembering, concentrating, getting out on their own, participating in familiar and unfamiliar social activities and taking care of daily responsibilities related to home, work, or school.

Scores on these two scales were used to determine AMI based on statistical model developed from clinical interviews that assessed DSM-IV disorders from a nationally representative subsample of NSDUH respondents.

[http://www.samhsa.gov/data/2k13/NSDUH093/sr093-smoking-mental-illness.htm](http://www.samhsa.gov/data/2k13/NSDUH093/sr093-smoking-mental-illness.htm)

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**Definition of Smoking Characteristics**

**Smoking status:**
- **Current** = Smoked in past 30 days
- **Ever** = Smoked at least 100 cigarettes

**Daily Smoking:**
- Smoking everyday in the past 30 days

**Cessation indicator:**
- Quit ratio = percentage of adults who had ever smoked at least 100 cigarettes and who also reported no past month cigarette use.
Findings from the Report

An estimated 19.9% of U.S. adults had any mental illness (AMI)

Smoking prevalence was 70% higher for persons with AMI --36.1% for persons with AMI and 21.4% for persons with no AMI

The prevalence of smokers with any AMI was 29.1%

Among current smokers, the average number of cigarettes smoked in the preceding month was higher (331) compared with adults who did not have AMI (310) (p < .05).

Among adults with AMI, the quit ratio was 34.7% compared with 53.4% among adults who did not have AMI (p < .05).

Findings from the Report

Among persons with mental illness, variations in smoking prevalence were observed across sociodemographic characteristics and across states and geographic regions:

Smoking prevalence was highest among:
• Men (39.6% vs. 33.8% for women)
• adults aged < 45 years
• those with less than high school education
• those living below poverty level

By U.S. region, smoking prevalence among those with AMI was lowest in the West (31.5%) and Northeast (34.7%) and highest in the Midwest (39.1%) and South (37.8%).
Smoking prevalence Among Adults with AMI by Age, NSDUH 2009-2011

- 18-24: 42%
- 25-44: 41%
- 45-64: 34%
- 65+: 13%

Smoking prevalence among adults with AMI by Education, NSDUH 2009-2011

- < high school: 47%
- High school grad: 40%
- Some college: 38%
- College grad: 19%
Smoking prevalence Among Adults with AMI by Poverty Status, NSDUH 2009-2011

- At or above Poverty status: 33.3%
- Below Poverty status: 47.9%

Smoking prevalence among adults with AMI by State, NSDUH 2009-2011

- State prevalence ranged from 18.2% in Utah to 48.7% in West Virginia
- State Median = 36.7%
- Overall Median = 36.1%

Cigarette Use among Adults with Any Mental Illness

- State prevalence ranged from 18.2% in Utah to 48.7% in West Virginia
- State Median = 36.7%
- Overall Median = 36.1%
Some Potential Explanations for the Study Findings

- Nicotine is a central nervous stimulant with mood altering effects.
- Other constituents in smoke can impact metabolism of some psychotropic medications, reducing their effects.
- Persons with AMI are uniquely vulnerable. --may lack financial resources, health insurance, information on the health effects of smoking, and access to cessation treatments --may face unstable and stressful living conditions.

Some Limitations of the Report

- AMI an overall measure of DSIV disorders, and cannot separate into specific categories.
- Does not include persons with substance use disorders.
- Cannot make causal inferences.
- Did not examine smoking among adolescents with any mental illness.
- Study does not include institutionalized persons or persons in the military.
Conclusions and Implications

Increased awareness about the high prevalence of smoking among persons with mental illness is needed.

Known effective population-based prevention strategies should be extended to persons with mental illness

- Implement tobacco-free campus policies in mental health facilities
- Primary care and mental health care professionals provide routine tobacco use screening
- Health professionals offer evidence-based cessation treatments to those who use tobacco

Persons with mental illness who smoke are at risk for multiple adverse behavioral and health outcomes. The benefits of tobacco cessation for this group should be underscored.

Addressing Health People Objectives for Health Care Systems Change

SAMHSA’s National Survey of Substance Abuse Treatment (N-SSATS) for facilities:

- 49.8% facilities screened for tobacco use
- 34% facilities did not allow smoking on the property or within any building.
- 34.2% facilities provided smoking cessation counseling
- 20.5% facilities provided nicotine replacement
- 15.5% facilities provided non-nicotine smoking/tobacco cessation medications

http://wwwdasis.samhsa.gov/dasis2/nssats.htm
Future Directions

Actively working on developmental HP 2020 objectives that would focus on:

- Percent of mental health facilities that screen for tobacco use
- Percent of mental health facilities that provide effective cessation services (counseling and approved medications)

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www.cdc.gov/tobacco

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