

Tobacco Cessation for Persons with Mental Illness or Substance Use Disorders



Debunking the Myths



MYTHS:

FACTS:

Persons with mental illness or substance use disorders don't want to quit.



Most people with mental illness or substance use disorders want to quit smoking and want information on cessation services.

Persons with mental illness or substance use disorders are unable to quit smoking.



Persons with mental illness or substance use disorders can successfully quit using tobacco.

Smoking cessation threatens recovery for persons with substance use disorders.



Smoking cessation can enhance long-term recovery for persons with substance use disorders.

Smoking cessation worsens psychiatric symptoms.



Smoking cessation can improve psychiatric symptoms.

MYTHS:

Quitting smoking is a low-priority problem; medical providers have more important things to worry about.



FACTS:

Smoking is a leading cause of death and disability in behavioral health populations.

Smoking calms down mental health consumers. Without smoking, facilities will be complete mayhem.



Banning smoking in psychiatric hospitals actually reduces mayhem.

Tobacco is necessary for self-medication. Consumers need to smoke to manage their mental illness.



Tobacco use can worsen mental illness. Mental health populations who smoke can have more severe symptoms.

Tobacco treatment is the consumer's primary care provider's responsibility.



Those with mental illness experience barriers in accessing healthcare, including primary care settings.



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NOTE: Fact sheet content adapted from materials developed by University of Colorado's Behavioral Health and Wellness Program and California Smokers' Helpline