

Smoking and Serious Mental Illness

Cigarette smoking is the number one preventable cause of death in the United States, causing approximately one out of every five deaths - more than 480,000 deaths each year. On average, smokers die 10 years earlier than nonsmokers. Nicotine, naturally present in the tobacco plant, is primarily responsible for smoking addiction. When an individual smokes a cigarette, nicotine enters the lungs, is absorbed through the bloodstream, and travels to the brain within seconds. Tobacco smoke also contains chemicals that are harmful to both the smoker and individuals that are exposed to secondhand smoke. There are over 7,000 chemicals in tobacco smoke, and at least 250 are known to be harmful.

SMOKING AND SERIOUS MENTAL ILLNESS

Individuals with serious mental illness (SMI) are more likely to smoke cigarettes than those without. Approximately one third of cigarettes in the US are smoked by adults with SMI, and over 60% of those with SMI are heavy smokers. Research indicates that smokers with SMI who successfully quit do not experience worsened symptoms. Smokers with SMI want to quit – and do – at rates similar to those of the overall population. Asking your client about smoking and advising smokers to quit is very important for promoting smoking cessation. If your client decides to quit smoking, the dose of their psychiatric medications may need to be reduced (since smoking may increase the breakdown of medicines in the body). An additional benefit to smoking cessation is that this decreased dosage may actually reduce side effects caused by some psychiatric medications. Research and experience show that coaching, prescriptions medications, and nicotine replacement therapies such as nicotine patches and gum are quite effective in helping adults with SMI to quit successfully.

BENEFITS OF QUITTING

- ✓ Lower heart rate and blood pressure
- ✓ Improved circulation and lung function
- ✓ Less coughing, wheezing, and phlegm
- ✓ Improved sense of smell and taste
- ✓ Reduced risk of cancer, particularly lung cancer
- ✓ Reduced risk for coronary heart disease, stroke, and chronic obstructive pulmonary disease
- ✓ Reduced risk of infertility in women of reproductive age
- ✓ More money! Stopping a one pack per day habit saves up to \$150 per month.
- ✓ Reduced exposure of family members and friends to secondhand smoke

NICOTINE WITHDRAWAL

When an individual stops smoking, the body has to adjust to no longer having nicotine. During this adjustment period, individuals may have withdrawal symptoms lasting a few days to a couple of weeks. Make sure that clients are aware of what they may experience during this time and that such feelings are temporary:

- Difficulty sleeping
- Feeling down or sad
- Feeling irritable, on edge, or grouchy
- Having trouble thinking clearly and concentrating
- Feeling restless, jumpy, or anxious
- Slower heart rate
- Feeling hungrier
- Headache

Be sure to monitor symptoms and refer clients to providers to adjust medications and provide additional support as needed during this adjustment period. Although withdrawal symptoms may stop after a few weeks, cravings for cigarettes may persist for longer.

SMOKING HARMS ORGANS AND AFFECTS APPEARANCE

- Smoking is a leading cause of cancer (and death from cancer), particularly cancers of the lung, esophagus, larynx, mouth, throat, kidney, bladder, pancreas, stomach, and cervix - as well as acute myeloid leukemia.
- Smoking increases the risk of heart disease, stroke, aortic aneurysm (a balloon-like bulge in an artery in the chest), hip fractures, and cataracts.
- Smokers have a higher risk of chronic bronchitis and emphysema (also called chronic obstructive pulmonary disease), asthma, pneumonia, and other airway infections.
- A pregnant smoker has a higher risk of having her baby born too early and with an abnormally low birth weight. Women who smoke during pregnancy or near their infant children increase the infant's risk of death from Sudden Infant Death Syndrome (SIDS).
- Men who smoke are at greater risk of erectile dysfunction.
- Smoking accelerates skin aging which can lead to premature wrinkles.
- Smoking may stain teeth yellow and can cause bad breath. It may also cause gum disease which could result in teeth loss.
- Smoking not only affects the smoker but can cause significant harm to family and friends that may be exposed to the cigarette smoke. Children exposed to secondhand smoke are at an increased risk of ear infections, colds, pneumonia, bronchitis, and more severe asthma. Exposure to secondhand smoke slows the growth of children's lungs and can cause them to cough, wheeze, and feel breathless. In adults, secondhand smoke can cause heart disease, stroke, and lung cancer.



IT'S NEVER TOO LATE TO QUIT



- **Quitting at age 30:** Studies have shown that smokers who quit at age 30 reduce their chance of dying prematurely from smoking-related diseases by more than 90 percent.
- **Quitting at age 50:** People who quit at age 50 reduce their risk of dying prematurely by 50 percent compared with those who continue to smoke.
- **Quitting at age 60:** Even people who quit at age 60 or older live longer than those who continue to smoke.

ADDITIONAL RESOURCES

- Tips for creating a quit plan: <https://smokefree.gov/build-your-quit-plan>
- SmokefreeTXT, a text message based program designed to help teenagers and adults stop smoking: <http://smokefree.gov/smokefreetxt>
- Helpful smartphone apps are available at <http://smokefree.gov/apps-quitstart>
- Toll-free national access number to a state-based quit-line: 1800-QUIT NOW (784-8669)
- Centers for Disease Control and Prevention (US). 2010. *How Tobacco Smoke Causes Disease: A Report of the Surgeon General*: <http://www.ncbi.nlm.nih.gov/books/NBK53017/>
- "Help For Smokers and Other Tobacco Users", a twelve-page brochure about benefits and steps to quitting: <https://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/clinicians/tearsheets/helpsmokers.html>
- SAMHSA resources on tobacco cessation and behavioral health: <http://www.integration.samhsa.gov/health-wellness/wellness-strategies/tobacco-cessation-2>
- Resources for staff and clients on tobacco cessation and behavioral health: <http://smokingcessationleadership.ucsf.edu/BehavioralHealth.htm>

SUPPORTING CLIENTS WITH SMOKING CESSATION

FREQUENCY	ACTION	CHECKLIST	NOTES
Ongoing	Ask your client – “Do you smoke?” during initial interaction.	Does client smoke? Yes <input type="checkbox"/> No <input type="checkbox"/>	<ul style="list-style-type: none"> ▪ Make smoking cessation part of your client’s wellness plan. ▪ As appropriate, continue to ask about smoking during future interactions to encourage a discussion about smoking habits and cessation.
Ongoing	Assess if your client is willing to quit – “Do you want to quit?”	Is client willing to quit smoking? Yes <input type="checkbox"/> No <input type="checkbox"/>	<ul style="list-style-type: none"> ▪ Provide resources (listed above) to support clients that are willing to quit. ▪ Refer client to a smoking cessation program if available in your area. ▪ If your client is unwilling to quit: <ul style="list-style-type: none"> - Provide a gentle reminder on the risks of smoking. - Recommend gradually reducing the number of cigarettes smoked per week. - Talk about how tobacco use impedes personal goals. - Discuss the pros and cons of smoking and quitting. - Remember to take the client’s perspective and provide supportive encouragement.
Ongoing	Advise your client to quit by providing gentle reminders.	Did you advise client to quit? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Ongoing	Assist tobacco users with establishing a “quit plan.”	Did you work with the client to establish an action plan? Yes <input type="checkbox"/> No <input type="checkbox"/>	<ul style="list-style-type: none"> ▪ Work with client to set a “quit date.” ▪ Advise clients to throw away tobacco products before or on the “quit date.” ▪ Encourage clients to reach out to friends and family members for support, or join a group or other program for added support. ▪ Assist with identifying and addressing triggers and high risk situations that may cause cravings. Common triggers include alcohol, stress, driving, and taking a work break. ▪ Assist with coping and problem solving skills to deal with cessation. ▪ Consider scheduling an appointment with your client’s primary care provider to discuss prescription medication options to assist with smoking cessation. ▪ Consider scheduling an appointment with your client’s behavioral health provider to discuss any medication adjustments that may be needed. ▪ Discuss long- and short-term goals and assist with identifying reasons to quit smoking.
Ongoing	Arrange follow-up visits to review progress and any relapses that occur.	Is client meeting smoking cessation goals? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, did you provide guidance on how they can get back on track? Yes <input type="checkbox"/> No <input type="checkbox"/>	<ul style="list-style-type: none"> ▪ Regularly check-in with your client to discuss progress. ▪ Provide client with support and encouragement to continue meeting smoking cessation goals. ▪ In the case of a relapse: <ul style="list-style-type: none"> - Encourage client to try again. - Determine what may have caused the relapse so that they can avoid it in the future. - Discuss medication use and any issues they may be having with them.



Clinical information and recommendations have been adapted from *Harms of Smoking and Health Benefits of Quitting*- <http://www.cancer.gov/cancertopics/factsheet/Tobacco/cessation>. For more information on smoking cessation, see additional resources. **You can help your client use this list as a starting point to prioritize and individualize these goals and activities.**

The Medicare-Medicaid Coordination Office (MMCO) in the Centers for Medicare & Medicaid Services (CMS) seeks to ensure that beneficiaries enrolled in both Medicare and Medicaid have access to seamless, high-quality health care that includes the full range of covered services in both programs. This document is intended to support providers in integrating and coordinating care for Medicare-Medicaid enrollees. It does not convey current or anticipated health plan or provider requirements. For additional information, please go to www.resourcesforintegratedcare.com. Please submit any feedback on this document or topic suggestions for other documents to RIC@Lewin.com.