

Common Myths About Tobacco Use and Clients in MHSU

“MHSU patients can’t quit smoking.”

Given the right support, clients with MHSU disorders have quit rates similar to the general population.

“MHSU clients don’t want to quit smoking.”

Just like the general population, MHSU clients are often interested in quitting. They may lack support or information on doing so.

“Quitting will worsen my client’s mental illness.”

Quitting tobacco can improve symptoms of mental illness and lead to reduced medication dosages.

“It’s more important to treat MHSU clients’ substance abuse.”

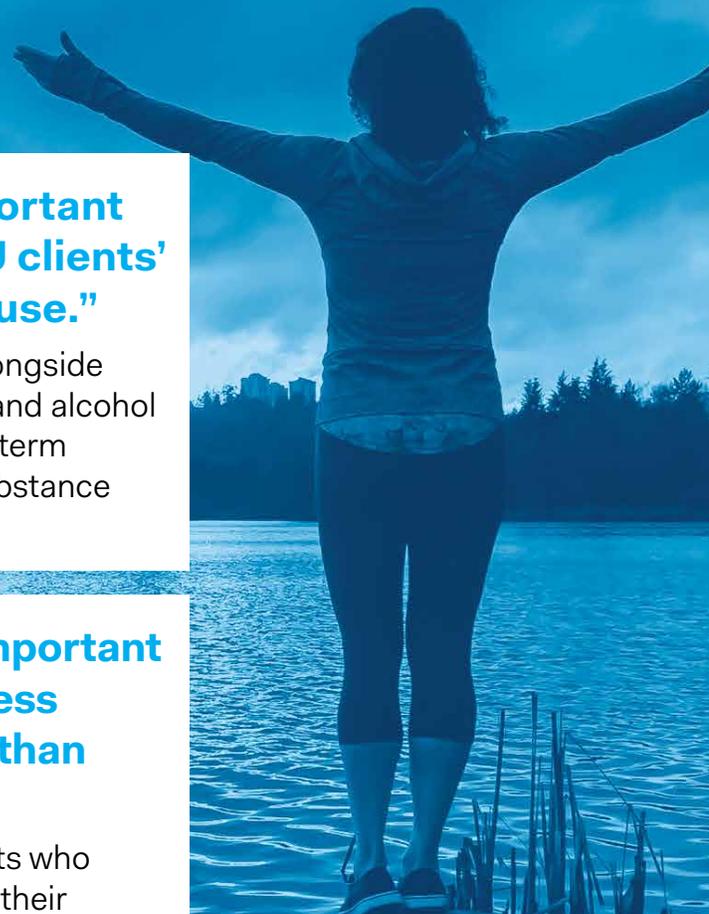
Treating tobacco alongside treatment for drug and alcohol use increases long-term abstinence from substance use by 25%.

“I have more important things to address with my client than tobacco use.”

60% of MHSU clients who smoke will die from their tobacco use, not their mental illness.

“Quitting will increase clients’ aggression.”

Tobacco bans have not led to increased client aggression and/or violent incidents.



Sources: Khara, M., & Okoli, C. T. C. (2010). The tobacco-dependence clinic: Intensive tobacco dependence treatment in addiction services outpatient setting. *The American Journal on Addictions*, 20(1), 45-55.; Solty, H., Crockford, D., White, W. D., & Currie, S. (2009). Cigarette smoking, nicotine dependence, and motivation for smoking cessation in psychiatric inpatients. *Canadian Journal of Psychiatry*, 54(1), 36-45.; Parks, J., Svendsen D., Singer, P., Foti M. E. Morbidity and Mortality in People With Serious Mental Illness. Alexandria, VA: National Association of State Mental Health Program Directors Medical Directors Council; 2006.; Hall S.M., Prochaska J. J. *Annu Rev Clin Psychol* 2009; 5:409-31.; Taylor Gemma, McNeill Ann, Girling Alan, Farley Amanda, Lindson-Hawley Nicola, Aveyard Paul et al. Change in mental health after smoking cessation: systematic review and meta-analysis *BMJ* 2014; 348: g1151.