P CLOSE WITH TOBACCO AND BEHAVIORAL HEALTH

Behavioral health refers to the presence or absence of a **mental illness**, **substance use disorder**, or **both**. Those coping with a behavioral health challenge make up about **25**% of the population, but consume **40**% of all purchased cigarettes. **Over half** of clients in Wisconsin Community Support Programs that treat people with persistent mental illness currently smoke cigarettes.

QUITTING TOBACCO IS GOOD FOR MENTAL HEALTH



Behavioral health treatment programs have historically allowed clients to use tobacco products, in part because of the **mistaken belief** that smoking alleviates symptoms of mental health conditions long term, and that quitting can interrupt treatment.

Source: Centers for Disease Control and Prevention (CDC)



More research is needed to determine why smokers are **more likely** than nonsmokers to experience **depression**, **anxiety**, and other **mental health conditions**, However, it is important to note that smoking is **not** a treatment for these conditions and is **not** a healthy way of coping with these conditions.

Sources: American Lung Association (ALA), CDC



The majority of smokers who receive behavioral health treatment **want to quit**. Helping people quit can be an integral part of treating other behavioral health concerns. Treating tobacco dependence as part of treating a substance use disorder has lead to **24% improvement** in long-term abstinence from alcohol or illicit substances. In Wisconsin, **65%** of clients at Community Support Programs or Comprehensive Community Services were able to **reduce** their smoking.

Sources: CDC, 2018 National Health Interview Survey



Quitting using tobacco has **immediate** health benefits, **supports** other behavioral health treatments, and **decreases** a person's chance of relapse. A year after quitting, anxiety, depression and stress symptoms typically **decrease**. Mental health medication can sometimes be **reduced** following cessation.

Sources: CDC



FREE QUIT SERVICES ARE AVAILABLE

Free quit services are available for all Medicaid, BadgerCare Plus, and SeniorCare members in Wisconsin by contacting a provider or calling the **Wisconsin Tobacco Quit Line** at **1-800-QUIT-NOW.**





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Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur in childhood. The stress from ACEs can **change** brain development and affect how a person responds to stress. ACEs are linked to **chronic health problems**, **mental illness**, and **substance use disorders** in adulthood. People with ACEs have an increased risk of **using** and becoming **seriously ill** from tobacco products.

Source: CDC



Working with individuals who have experienced ACEs or other kinds of trauma to **build resilience** is an important part of preventing the negative health events associated with that trauma. Creating **healthy** ways to cope with stress, like exercising or talking with a trusted friend, is one way to build resilience.

Sources: CDC



Some of the **immediate benefits** of quitting conventional tobacco include an increased sense of taste and smell, lower blood pressure, better oxygen levels, improved blood circulation, and more money to spend.



It can be hard to quit smoking when those around you also smoke. Smoking is often considered a social event. Some people fear that if they quit smoking they will lose friends and social opportunities. However, a year after quitting, social networks are **larger** than when the person was smoking.

Sources: Society for Research on Nicotine and Tobacco



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