

# Connecticut Department of Public Health

## Tobacco Control Program | May 2024

### TOBACCO AND MENTAL HEALTH FACT SHEET

#### Burden

People with behavioral health conditions are disproportionately affected by commercial tobacco. In the United States, over 25% of adults with a mental health condition reported smoking cigarettes in the past month compared to 15% of adults with no reported mental health condition.<sup>1</sup> The most common cause of mortality among adults experiencing mental health conditions are heart disease, cancer, and lung disease, which can all be caused by smoking.<sup>1</sup>

In Connecticut, the rate of current tobacco use among high school students who reported poor mental health, including stress, anxiety, and depression, in the past 30 days was nearly 2.5 times higher than it was among those who did not report poor mental health.<sup>2</sup> Over 1/3 of adults in Connecticut who currently use tobacco products, report poor mental health. This is significantly different than those who report no poor mental health.<sup>3</sup>



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#### Tobacco Use and Mental Health

Nicotine, the addictive chemical found in commercial tobacco, has mood changing effects and acts as both a stimulant and a depressant. In the short term, nicotine can make it feel like symptoms of a behavioral health condition are weakened, but in the long term, nicotine has the potential to cause dependency and result in long-term health consequences.<sup>4</sup> In fact, people with mental health conditions who smoke have two times the risk of premature death than people with behavioral health conditions who do not smoke.<sup>1</sup>

Smoking is associated with worse symptoms and outcomes among people with behavioral health conditions. These can include greater depressive symptoms, greater likelihood of hospitalization, increased self-harm behavior, and substance use relapse.<sup>5</sup> Commercial tobacco may also interfere with certain medications, decreasing medication potency or requiring more medication to treat the behavioral health condition.<sup>5</sup>

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#### Cessation Benefits

Quitting commercial tobacco use supports behavioral health treatment. Quitting is associated with decreases in depression, anxiety, and other mental health symptoms. Individuals who use tobacco and are experiencing a substance use disorder are more likely to improve their recovery outcomes and make relapse less likely when they quit commercial tobacco.<sup>5</sup>

Adults with behavioral health conditions who want to quit, improve their chances of success when they have access to behavioral counseling and approved tobacco cessation medications.<sup>6</sup>

In Connecticut, the [CT Quitline](#) offers free nicotine replacement therapy in addition to 24/7 online chat and phone support. Additionally, CT Medicaid has expanded tobacco treatment coverage to include treatment counseling and all seven FDA-approved cessation medications.

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## Promising Policies and Practices

- **Implement tobacco-free behavioral health care settings** – tobacco-free spaces support individuals who want to quit, reduce exposure to secondhand smoke, and change norms around tobacco use over time. Workplace practices that restrict employee tobacco use with clients and change “smoking break” language can also be beneficial. [Read this 2011 SAMHSA Advisory](#).
- **Integrate screening into behavioral health treatment** – brief intervention models like asking about tobacco use, advising on quitting benefits and supports available, and referring to treatment is a cessation best-practice. Implementing screening protocols in a clinical setting ensures that everyone who needs quitting support can receive it. [Read more promising policies and practices](#) and [access additional clinical cessation tools](#).
- **Increase access to culturally-tailored cessation services** – those experiencing a mental health condition and using commercial tobacco may need more intensive cessation treatment or treatment for a longer duration to quit tobacco use. Find a local cessation program: [CTCommunityCessationProgramDirectorypdf.pdf](#).

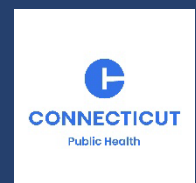
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## References

- <sup>1</sup>People with Behavioral Health Conditions Experience a Health Burden from Commercial Tobacco. National Center for Chronic Disease Prevention and Health Promotion; Office on Smoking and Health. Last reviewed May 15, 2024.
- <sup>2</sup>State of Connecticut Department of Public Health; Connecticut School Health Survey, 2021.
- <sup>3</sup>State of Connecticut Department of Public Health; Connecticut Behavioral Risk Factor Surveillance System Survey, 2022.
- <sup>4</sup>Commercial Tobacco Product Use and Behavioral Health Conditions Can Affect Each Other. National Center for Chronic Disease Prevention and Health Promotion; Office on Smoking and Health. Last reviewed April 15, 2024.
- <sup>5</sup>What We Know: tobacco use and quitting among individuals with behavioral health conditions. National Center for Chronic Disease Prevention and Health. Office of Smoking and Health. Centers for Disease Control and Prevention. November 2018.
- <sup>6</sup>People with Behavioral Health Conditions Encounter Barriers to Quitting Successfully. National Center for Chronic Disease Prevention and Health Promotion; Office on Smoking and Health. Last reviewed May 15, 2024.

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