



UW-CTRI

UNIVERSITY OF WISCONSIN

Center for Tobacco
Research & Intervention

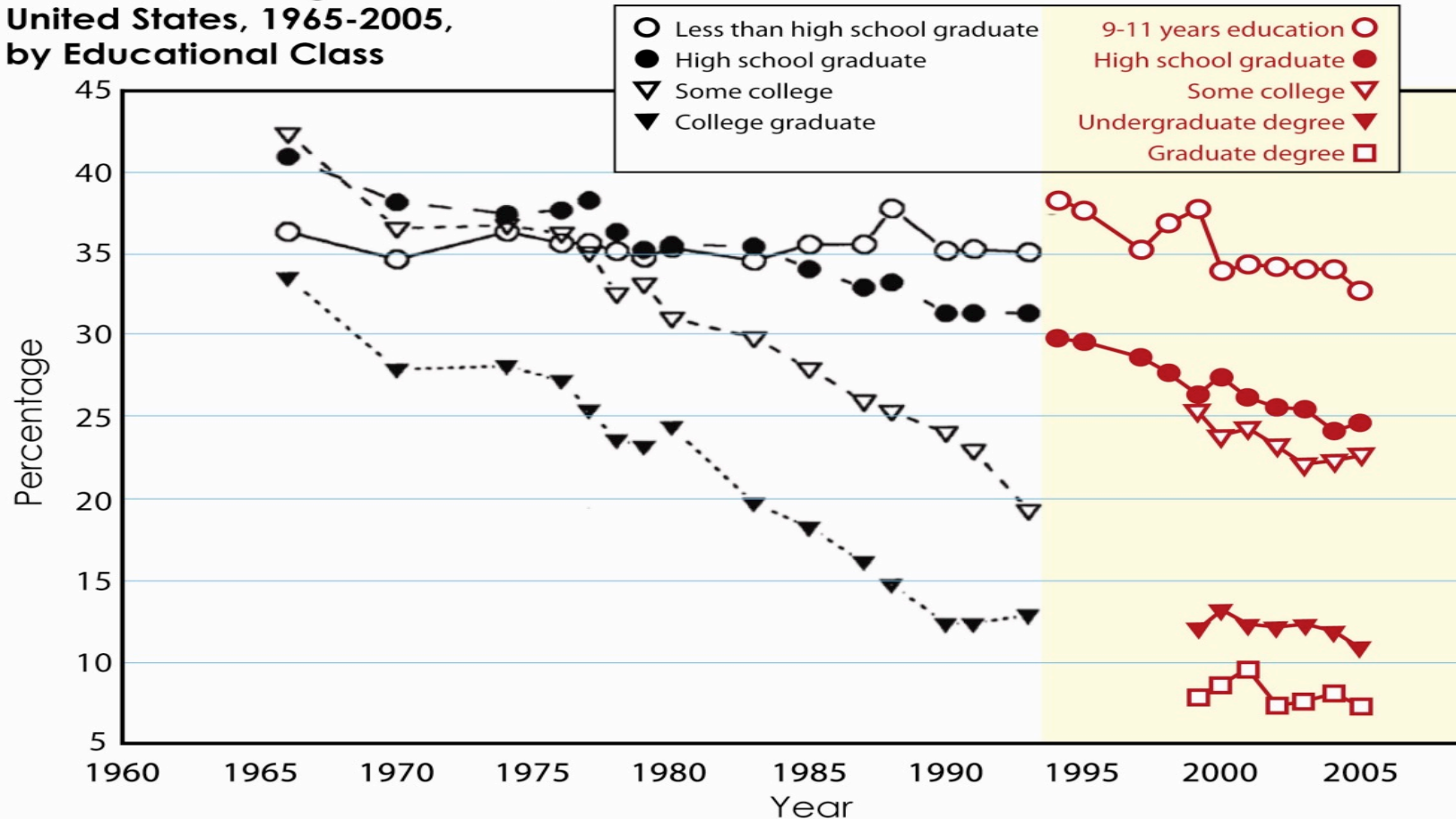
Addressing Tobacco Disparities

Four Points about Tobacco Disparities

1. Tobacco disparities have not always existed

Tobacco Disparity Populations

Trends in Smoking Prevalence, United States, 1965-2005, by Educational Class



Garfinkel, L. Trends in cigarette smoking in the United States." *Preventive medicine* 20, 447-450 (1997)

United States, National Health Interview Surveys, 1994-2004

Three Points about Tobacco Disparities

1. Tobacco disparities have not always existed
2. Disparity populations overlap

Percent of adults who smoke in US

Defined as people who smoked at all in the prior 30 days

SOME OR NO HIGH SCHOOL



HIGH SCHOOL GRADUATE



COLLEGE GRADUATE



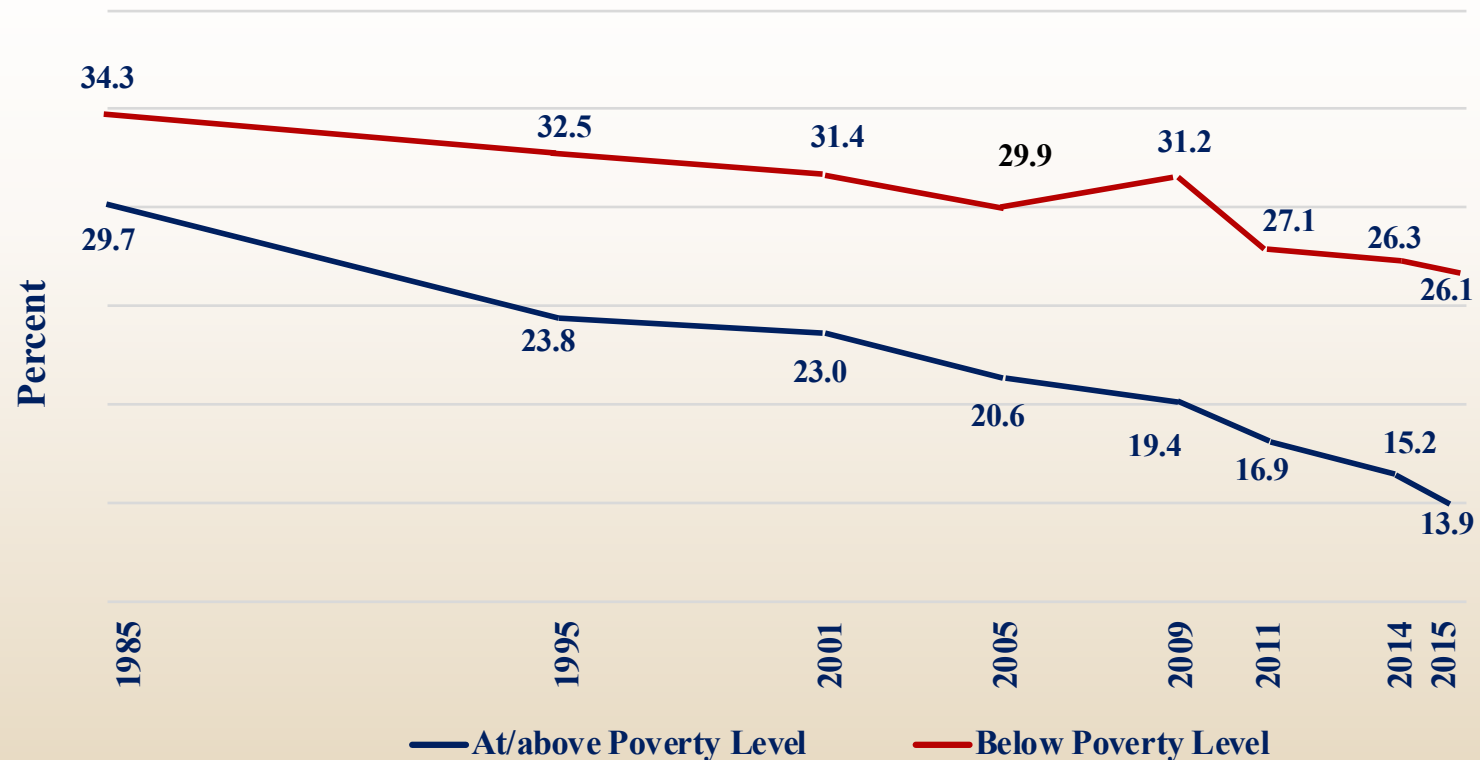
SOURCE: National Survey on Drug Use and Health, 2009-2011 Centers for Disease Control and Prevention

NOTE: Study excludes those with a substance use disorder but no mental illness.

Three Points about Tobacco Disparities

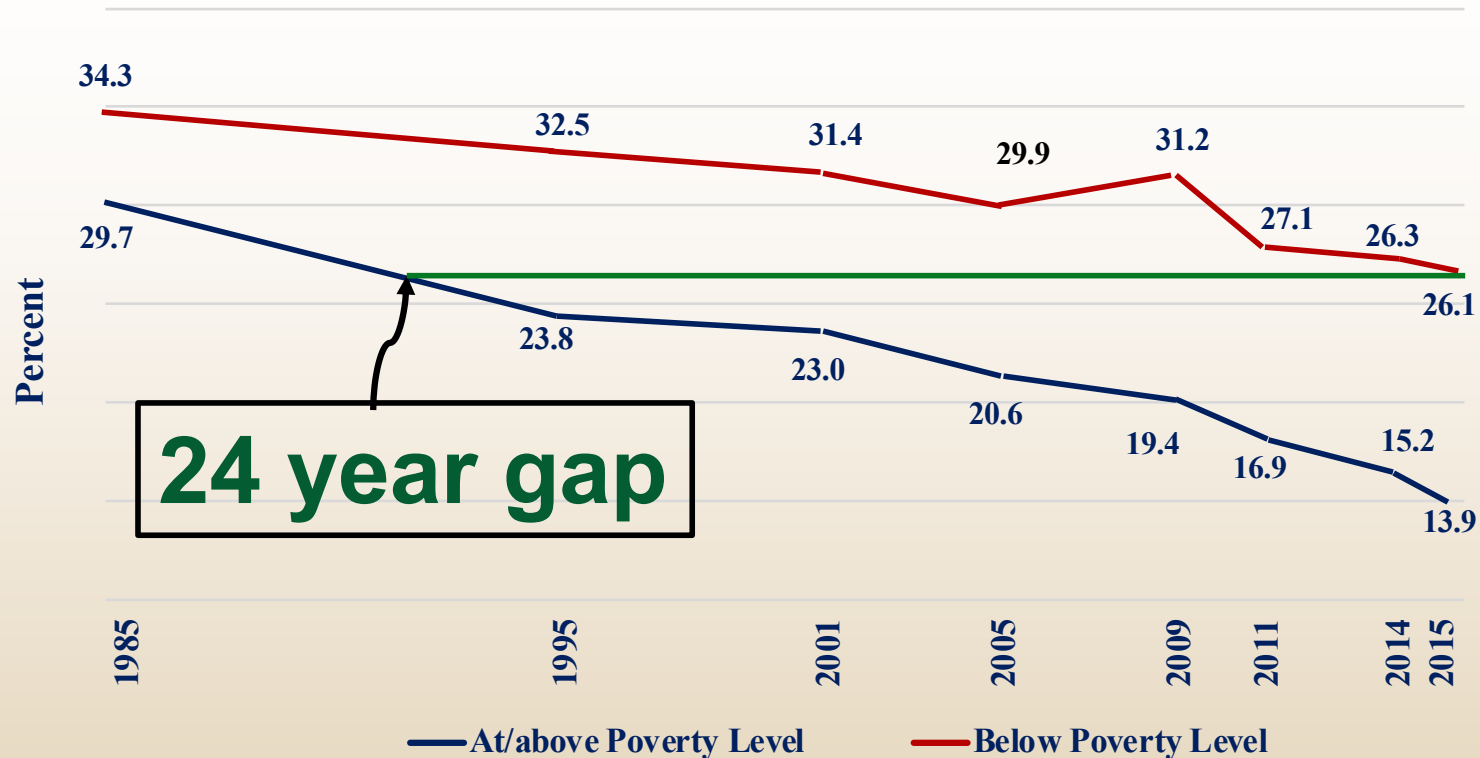
1. Tobacco disparities have not always existed
2. Disparity populations overlap
3. Disparity gaps are very, very large

Smoking Prevalence by Income



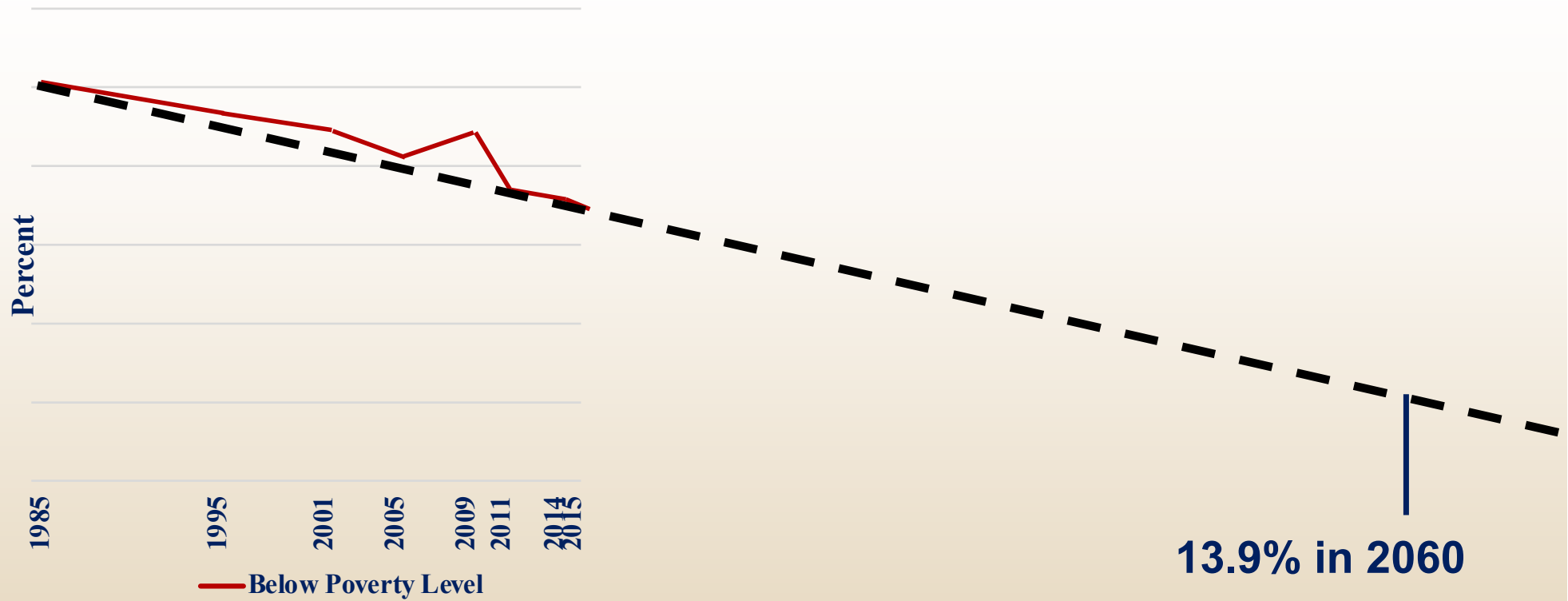
Source: National Health Interview Survey. Based on self-reported family income and poverty thresholds published by the US Census Bureau

Smoking Prevalence by Income



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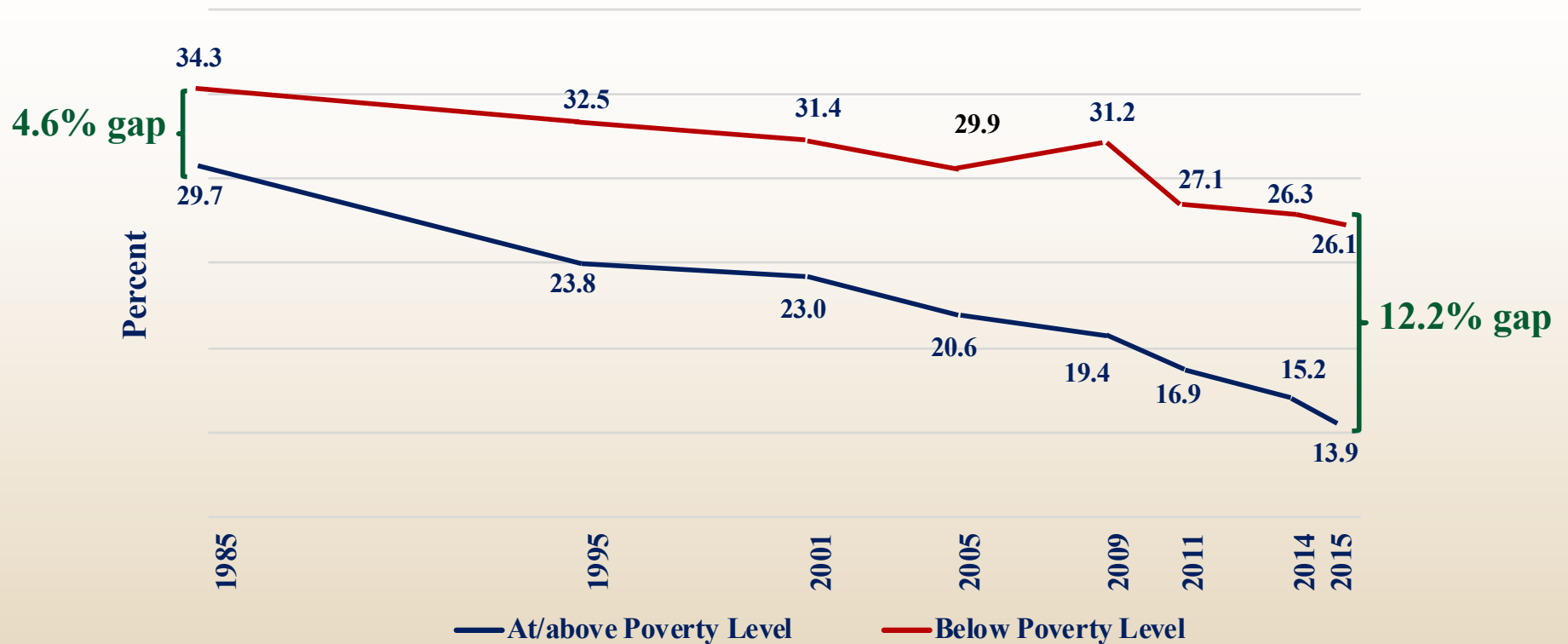
Smoking Prevalence by Income



Three Points about Tobacco Disparities

1. Tobacco disparities have not always existed
2. Disparity populations overlap
3. Disparity gaps are very, very large
4. Despite our efforts, disparity gaps are probably getting worse, not better

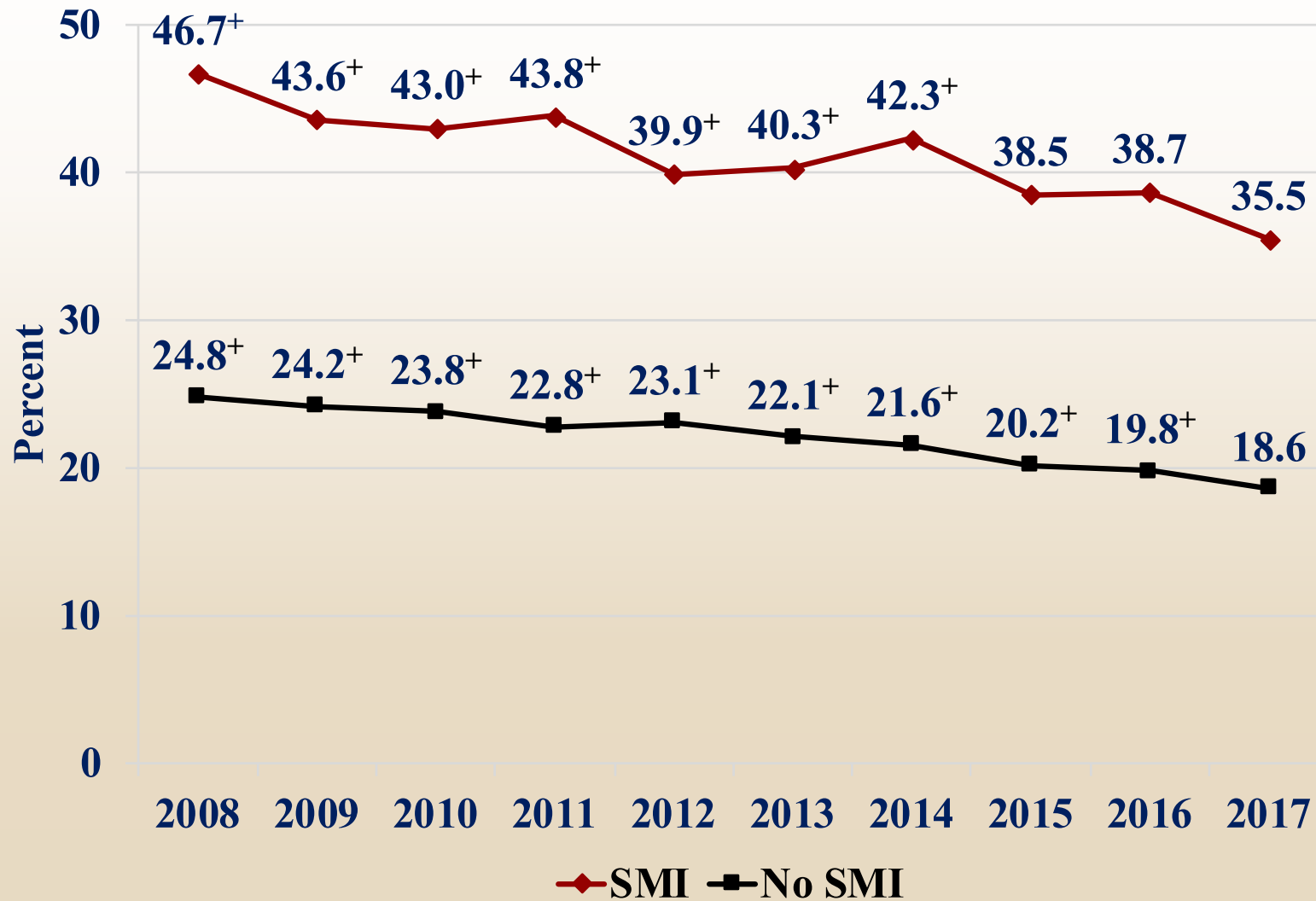
Smoking Prevalence by Income



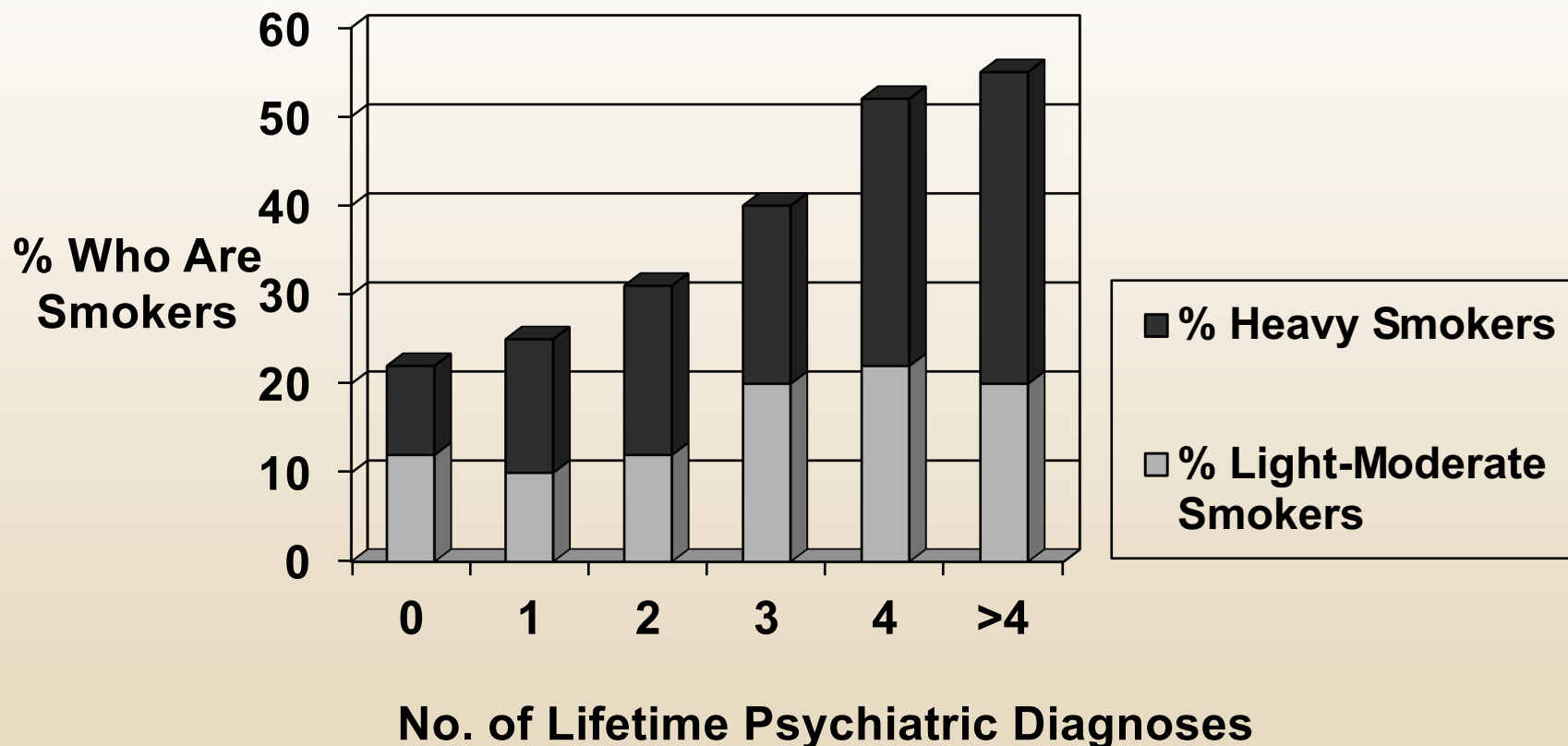
Source: National Health Interview Survey. Based on self-reported family income and poverty thresholds published by the US Census Bureau

Those with a Mental Illness and/or SUD

Current adult smoking by any serious mental illness in past year



Those with a mental illness and/or other substance use disorder



Adapted from Lasser, 2000

Figure 1. Any Mental Illness (AMI) or Substance Use Disorder (SUD) in the Past Year among Adults Aged 18 or Older: 2009 to 2011

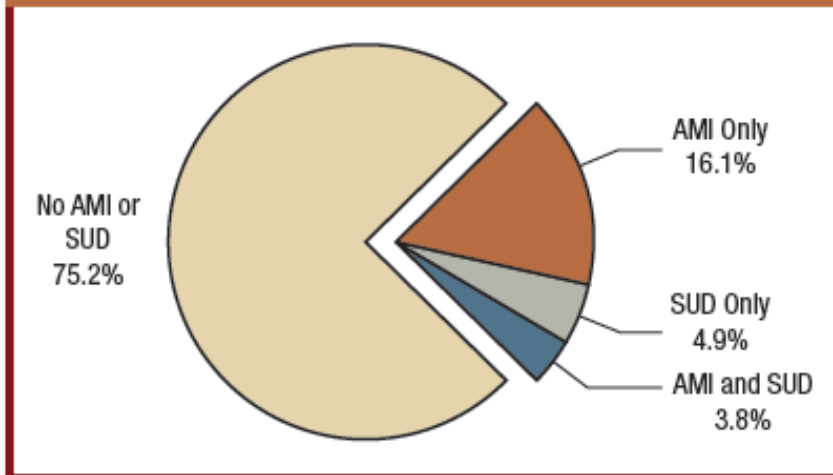
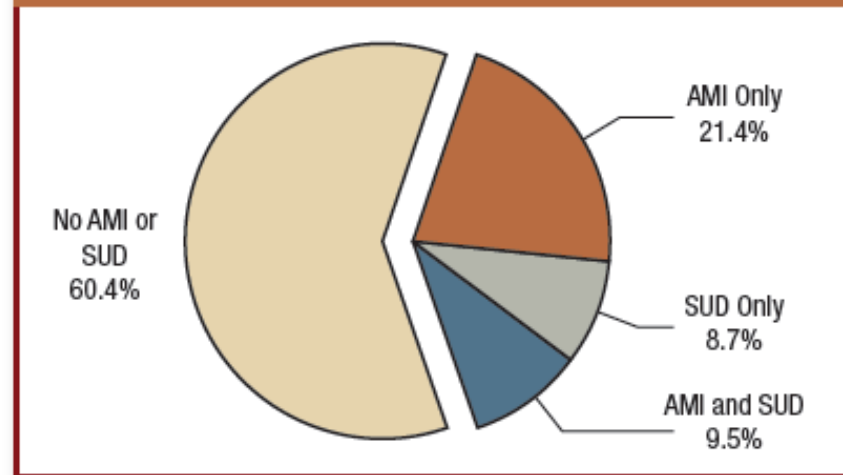


Figure 2. Percentage of Cigarettes Smoked in the Past Month among Adults Aged 18 or Older, by Any Mental Illness (AMI) or Substance Use Disorder (SUD) in the Past Year: 2009 to 2011

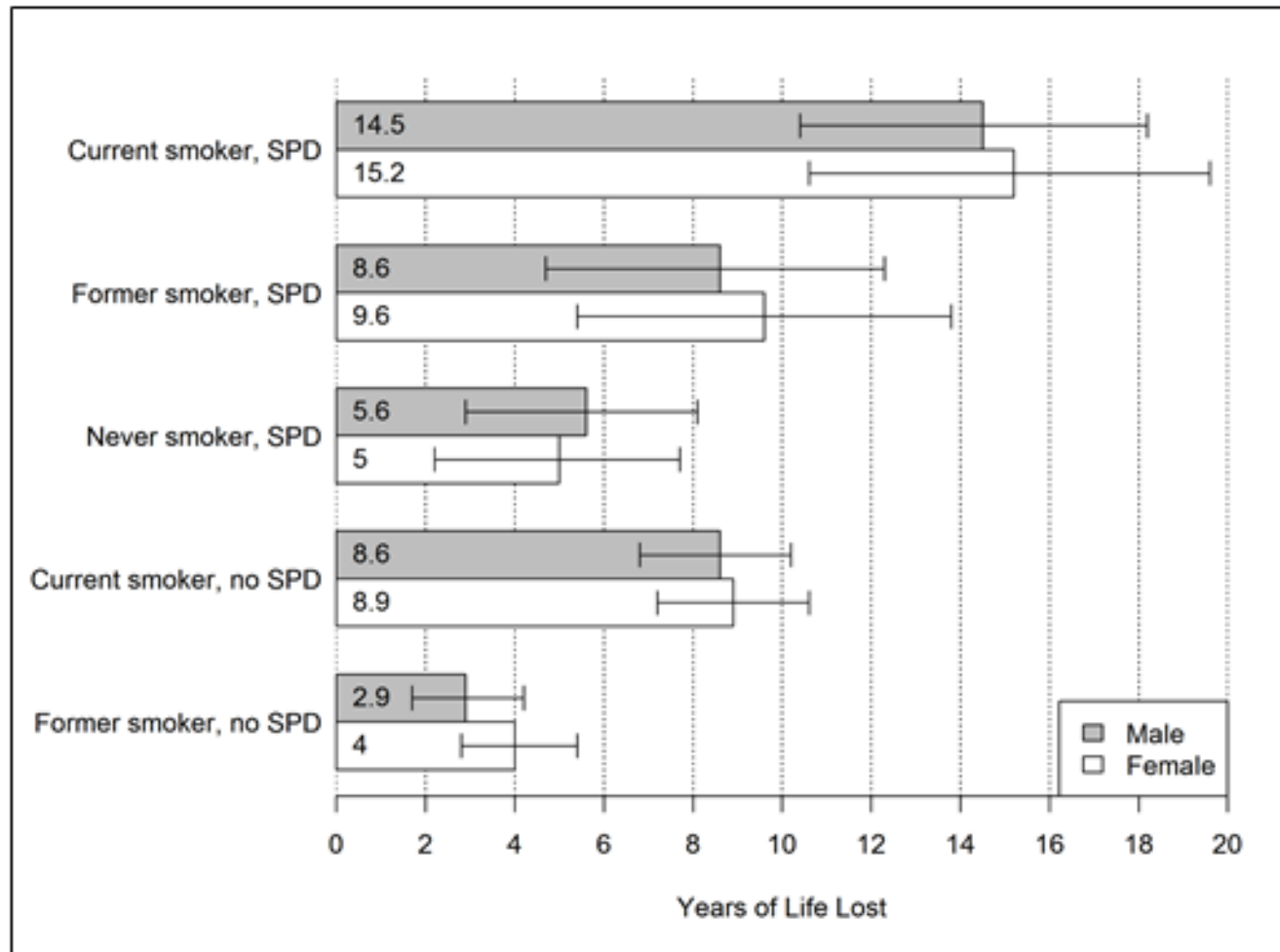


Source: 2009 to 2011 National Surveys on Drug Use and Health (NSDUHs). NSDUH is an annual survey sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). The survey collects data by administering questionnaires to a representative sample of the population through face-to-face interviews at their places of residence.

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Life expectancy reduction at Age 40 by smoking and SPD status compared to never smoker without SPD



SPD: Serious Psychological Distress, National Health Interview Survey

Smoking and mental Illness Myths as Barriers to Treatment

- **They are not interested in quitting**
 - ❑ As likely as the general population to want to quit smoking (about 70%).
- **They can't quit**
 - ❑ Can quit and benefit from integrated tailored interventions.
- **Tobacco is necessary self-medication**
 - ❑ Industry has supported this myth. Smoking is certainly not an effective treatment. Relief from withdrawal symptoms is often misinterpreted for feeling better.
- **It is a low priority problem**
 - ❑ Smoking is the biggest killer for those with mental or substance use disorders.
- **Quitting worsens recovery**
 - ❑ Not the case. Cessation is associated with improved mental health and addiction recovery outcomes.

Source: Prochaska, NEJM, July 21, 2011

National Epidemiological Survey on Alcohol and Related Conditions (NESARC)

- Quit rate among smokers with no mental illness: 22.3%
- Quit rate among smokers with any mental illness: 18.5%
- Quit rate among smokers with psychosis: 12.5%

The Bucket Approach

Assessment

You know, quitting smoking is one of the best things you can do for your physical health and, in the long run, a very good thing to do for your mental health.
So do you want to quit at this time?

No

OK, now may not be the best time for you to quit. Do you want to learn how to quit so you are ready when the time is better? Are you willing to cut down or reduce your smoking?

No

Are you at least willing to talk to me about your smoking?

No

OK, but this is so important to your health, is it OK if I ask you again, later, to see if you have changed your mind?

YES

A. Quit Now

YES

B. Change Behavior as Preparation

YES

C. Only Talk

YES

D. Not Right Now

Interventions

- Develop quit plan
- Set quit date
- Get rid of all tobacco products
- Mobilize support
- Temporary cue avoidance
- Use medicines
- Develop strategies to cope with urges

- Smoking journal
- Smoking reduction
- Practice quit attempts
- Pre-quit use of medicines

- Motivational Interviewing – the Balance Decision worksheet
- Explore beliefs about smoking and quitting
- Review previous quits
- 5 Rs

- Ask again later

For more Information

www.ctri.wisc.edu

bc1@ctri.wisc.edu

608-262-4087