Smoking is the leading preventable cause of death in the U.S. It well documented that individuals with serious mental illness die on average 25 years earlier than individuals in the general population, largely due to modifiable risk factors such as smoking. November 15th marks the 37th Great American Smokeout, a day when smokers are encouraged to quit or take steps toward quitting. This Data Short will compare smoking rates among adults in the Maryland Public Mental Health System (MD PMHS) with state and national prevalence estimates. A subsequent Data Short will examine adolescent smoking behavior.

National and Maryland smoking prevalence estimates were obtained from the 2011 Behavioral Risk Factor Surveillance System (BRFSS), the largest on-going telephone survey in the United States. MD PMHS smoking prevalence data comes from calendar year 2011 interviews from the Maryland Mental Hygiene Administration’s (MHA) Outcomes Measurement System (OMS). The BRFSS is funded by the United States Centers for Disease Control and Prevention (CDC) and is a state-based system that collects information on chronic disease and injury. The BRFSS collects data on health risk behaviors (such as smoking), preventive health practices, and healthcare access, as well as basic demographics. Both the CDC and Maryland maintain interactive web sites where anyone can obtain detailed results from the BRFSS. The OMS collects data on the smoking status of individuals receiving outpatient treatment services in the MD PMHS, and MHA maintains an online Datamart where OMS data is presented.

The figure shows the national and Maryland smoking prevalence in comparison with smoking rates for adults in the MD PMHS, as well as for those adults with both mental illness and substance use disorder diagnoses. The results are striking. Nationally, slightly more than one in five adults smoke cigarettes, while in Maryland that estimate is slightly less than one in five. However, more than half of all individuals served in the MD PMHS report smoking cigarettes. Furthermore, those in the MD PMHS who also have a substance use diagnosis smoke at the highest rate; nearly three out of every four adults with co-occurring mental illness and substance use disorders in the MD PMHS report they smoke.

Although adults with mental illness are only 22.5% of the total population, they smoke approximately 44.3% of all cigarettes sold in the U.S. The consequences of the high rates of smoking among adults with mental illness is dramatic. The leading causes of death for adults with mental illness are cardiovascular disease, lung disease, and diabetes, conditions for which smoking is a known risk factor.

Even though tobacco use is a difficult habit to overcome, there are many local, state, and national resources designed to assist individuals, and the providers working with them, to quit smoking. The CDC offers helpful resources for quitting (http://www.cdc.gov/tobacco/quit_smoking), as does the American Cancer Society (www.cancer.org/healthy/stayawayfromtobacco). Maryland offers a free telephone quitline for adults interested in quitting and related resources (on the web at www.smokingstopshere.com or by calling 1-800-QUIT-NOW). Additionally, the Maryland Department of Health and Mental Hygiene (DHMH) funds the Maryland Quitting Use and Initiation of Tobacco (MDQuit) Resource Center to assist providers and programs in Maryland in reducing tobacco use and the burdens it causes across the state.

1. Morbidity and Mortality in People with Serious Mental Illness, National Association of State Mental Health Program Directors Medical Directors Council, October 2006.

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