

**Up in Smoke: Tobacco Use and Smoking
Behaviours in Individuals with Severe
Mental Illness who are Homeless or
Vulnerably Housed**

Why should we care about tobacco?

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?? Tobacco use has an inequitable impact on vulnerable populations

Up to 85% of individuals with severe mental illness continue to use tobacco products

Individuals with severe mental illness die **25 years** earlier than the general population with 60% of premature deaths due to *cardiovascular, respiratory and infectious diseases*.

Coronary heart disease is the primary cause of premature death for individuals with **Schizophrenia** resulting in a **20%** reduced life expectancy

Approximately 75% of homeless people smoke

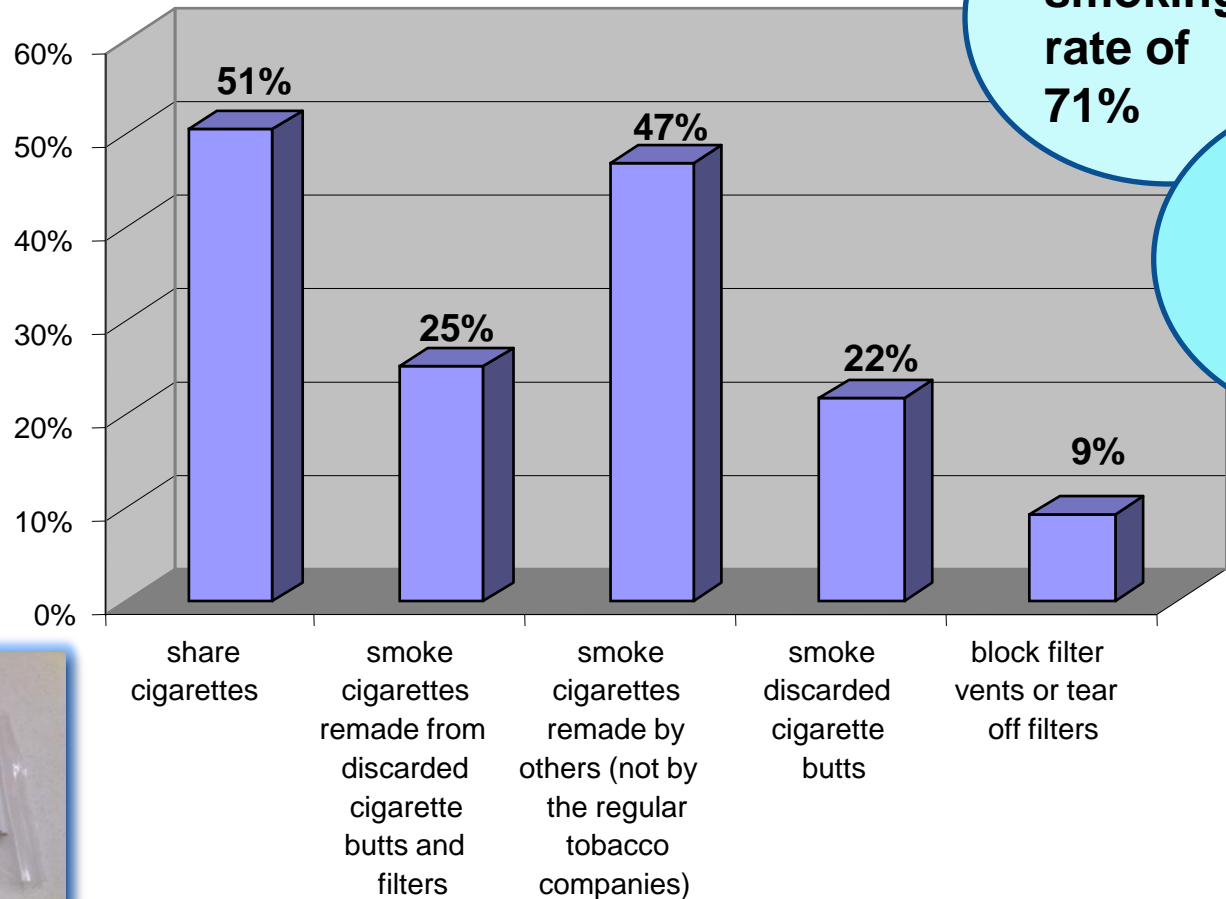
(A prevalence 4-fold higher than in the general population)

A recent study of **mortality causes in homeless adults** living in Boston Massachusetts found **the leading cause of death in 45 to 64 year olds to be cancer and heart disease** representing a two and three fold higher mortality rate for these diseases than in the general population

CMHA Direct Service - Smoking Survey

Smoking Practices

n=331



Overall smoking rate of 71%

62% had 'high' or 'very high' levels of dependency



Who was more likely to engage in these practices?

- Tended to have a co-occurring substance use disorder
- Tended to have lower MCAS scores (lower functioning)

Implications for Practice when considering rates & patterns of smoking.....



Who was more likely to smoke?

- Had a co-occurring substance use disorder (smokers were 9x more likely to have a CD)
- Lower MCAS scores (measure of global community functioning)
- Age, chronic illness, diagnosis of schizophrenia or mood disorder did not impact likelihood
- Less likely if there was a dual diagnosis

- ➔ Specific smoking practices may impact on your ability to accurately monitor amount smoked (need to be aware if your clients engage in these or perhaps other practices)
- ➔ Dependency scores may also be impacted if clients are living in environments that restrict their smoking (like shelters, hospitals, jails, supportive housing)
 - 34% of clients in our survey identified living in a restrictive environment
- ➔ Given high co-occurrence of substance use disorders/lower MCAS scores, treatment needs to be integrated and comprehensive: people can and do want to quit/reduce their use of tobacco

