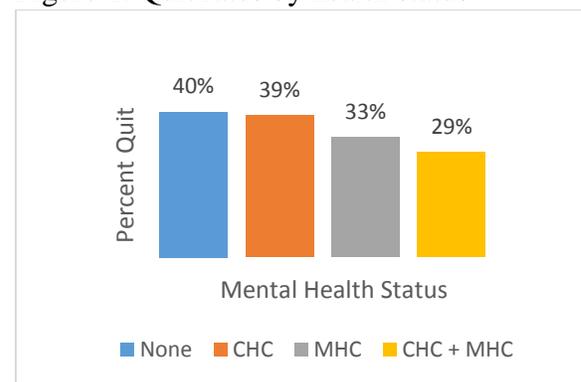


Smoking is known to contribute to the onset and progression of many chronic health conditions (CHCs), including asthma, chronic obstructive pulmonary disease (COPD), and diabetes.<sup>1</sup> Likewise, tobacco users are disproportionately more likely to have a mental health condition (MHC) compared to the general population.<sup>2</sup> In the previous brief, we examined associations between CHCs and MHCs, clients' tendency to make a quit attempt, and whether they were abstinent or relapsed at the time they stopped using ASHLine's services. Contrary to expectations, the findings showed that having a CHC alone did not influence quit success during program participation. To further explore this finding, we conclude this data series by comparing clients with chronic and/or mental health conditions in terms of quit rates at seven month follow-up.

**Methods.** Our sample included 15,772 clients who enrolled and completed a 7-month follow-up survey between January 2011 and April 2015. Clients were grouped into four categories based on self-reported chronic condition status measured at baseline—CHC only (30%), MHC only (13%), both CHC and MHC (24%), and no health condition (32%). CHCs included having asthma, hypertension, cancer, COPD, diabetes, and heart disease; MHCs included having or being in treatment for anxiety disorders, depression, bipolar disorders, alcohol/drug abuse, or schizophrenia. Using a regression model, we compared the odds of being quit at 7-months and controlled for other influential variables, such as age, nicotine dependence, cessation medication use, and gender.

**Results.** In keeping with the existing literature, a majority of clients with MHC had a co-existing CHC (64%) and this group was the least likely to be quit at 7-month follow-up (34% less likely to quit). Having a chronic health condition alone did not adversely affect quit rates. Compared to those without any health condition, those with a MHC were 18% less likely to be quit. The 7-month quit rates for the groups are shown in Figure 1.

Figure 1. Quit rates by health status



**Discussion.** Contrary to previous findings,<sup>3</sup> having a chronic condition is not a barrier to quitting smoking. However, clients who had a mental health condition only or a co-existing chronic health condition had the lowest quit rates, suggesting the need for more intensive smoking cessation treatment programs for this high-risk group. Thus, we recognize the need to develop more effective and intensive strategies to better serve clients with mental health conditions and are currently developing procedures to provide these services. This includes (a) on-going trainings among providers working within mental health clinics to 'Ask' and 'Advise' smokers with mental health conditions on the benefits of quitting, and 'Referring' them to the ASHLine

and (b) training quit smoking coaches on specialized and tailored counseling protocols to better assist smokers with mental health conditions.

**NOTE:** These findings were presented at the 2015 North American Quitline Consortium conference. We are currently in process of submitting our findings to a peer-reviewed journal for publication.

### **References**

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