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ScienceDirect
Addictive Behaviors 33 (2008) 582–592
ADDICTIVE BEHAVIORS

Tobacco use among those with serious psychological distress: Results from the national survey of drug use and health, 2002 ☆

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Abstract

There have been relatively few population-based studies that have documented the extent of tobacco use among those with mental health disorders. Recently, the K6 scale, designed to assess serious psychological distress (SPD) at the population level, has been incorporated into a number of population-based health behavior surveys. The present study documented the prevalence of tobacco use products, dependence, and quit behavior among those with and without SPD utilizing the 2002 National Survey of Drug Use and Health. Results from the current study indicated that adults with SPD had greater odds of lifetime, past month, and daily use of cigarettes, cigars and pipes than adults without SPD. Common measures of nicotine dependence (e.g., Nicotine Dependence Syndrome Scale) indicated that a greater percentage of those with SPD were nicotine dependent compared to those without SPD. Lastly, quit ratios differed notably by SPD status. Among those with SPD, 29% quit or were former smokers compared to 49% of those without SPD. Findings highlight the importance of continuing to enhance public health efforts towards smoking cessation among those with mental health disorders, extensive tobacco surveillance and monitoring of tobacco trends among this group, and evaluating the extent to which this group of smokers may contribute to a hardening of the population.

Keywords: Mental health; Serious psychological distress; Tobacco use; Tobacco control

☆ Parts of this manuscript were presented at the 2007 Society for Research on Nicotine and Tobacco's (SRNT) Annual Conference in Austin, Texas. The current study was funded by grants from the Robert Wood Johnson Foundation Substance Abuse Policy Research Program (Grant #56397) and from the National Institute of Mental Health (NIMH: Grant #1R03MH077273-01A1).
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doi:10.1016/j.addbeh.2007.11.007

1. Introduction

Despite the continued decline of tobacco use over the past few decades, certain sub-populations continue to have high rates of smoking. Previous clinical research has consistently documented elevated rates of cigarette use among those with specific mental health disorders in comparison to the general population (Hughes, Hatsukami, Mitchell, & Dahlgren, 1986; Prochaska, Gill & Hall, 2004; Vanable, Carey, Carey & Maisto, 2003). Overall, the prevalence rates for current cigarette use among clinical samples have been shown to vary depending upon the type of disorder ranging from approximately 40% to 85% for those with schizophrenia, major depression, bipolar disorder and other serious mental health disorders (Kalman, Baker-Morissette, & George, 2005). Also, individuals with the most severe forms of mental illnesses (e.g., schizophrenics) are more addicted to tobacco, with heavier smoking and elevated scores on clinical measures of nicotine dependence (Gonzalez-Pinto et al., 1998; Hughes et al., 1986; Tidey, Rohsenow, Kaplan & Swift, 2005; de Leon, Becona, Gurpegui, Gonzalez-Pinto & Diaz, 2002).

At this time, there is a paucity of research that has examined rates of cigarette use among those with mental health disorders using a nationally representative sample. Lasser, Boyd, Woolhandler, Himmelstein, McCormick, and Bor (2000), using data from the National Comorbidity Study (NCS), documented that persons with specific past month mental health disorders were twice as likely to smoke and consumed nearly half (44.3%) of all cigarettes sold in the U.S. Additionally, quit rates for those smokers with mental health problems ranged from 27–34%, which were lower compared to smokers who did not have any history of a mental health disorder (i.e., 43%). More recently, Grant, Hasin, Chou, Stinson and Dawson (2004), examined results from the 2001–2002 National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) and found that individuals with a current psychiatric disorder made up 30.3% of the population and consumed 46.3% of all cigarettes consumed in the United States.

The ability to assess tobacco use among those with mental health disorders at the population level is complicated by the intended purpose and scope of the specific population-based health survey. At this time, there are no publicly available population surveys that comprehensively assess both mental health disorders and tobacco use. For example, the National Comorbidity Study (NCS) was chiefly designed to document the prevalence of specific mental health disorders, while the specific tobacco use indicators within this survey are limited to examining only cigarette consumption (Lasser et al., 2000). Alternatively, other population based health surveys, such as the National Survey of Drug Use and Health (NSDUH), and the National Health Interview Survey (NHIS) provide more extensive coverage of tobacco use, including other tobacco products, nicotine dependence indicators, and the economic and financial implications of smoking, but they do not incorporate extensive assessment of specific psychological disorders.

Recently, there has been an increased effort to incorporate brief psychological screening tools in population-based surveys in order to measure an individual's current mental health status. The K6 scale, a brief psychological screening instrument, was developed by Kessler et al. (2002) to screen at the population level for individuals with possible severe mental illness. Specifically, the K6 scale consists of six questions, which ask respondents to report how frequently they experience symptoms of serious psychological distress (SPD) within a particular reference period. Although the K6 focuses on non-specific psychological distress, the scale has been clinically validated. Because of its high specificity, the majority of cases detected by the K6 would meet DSM-IV criteria for certain mental health disorders (Kessler et al., 2002; Kessler et al., 2003). In sum, its brevity, strong item response characteristics, and ability to discriminate DSM-IV cases from non-cases make the K6 ideal for general population-based health surveys.