



DATA SHORTS

Smoking, Tobacco Use and Health Status In the Outcomes Measurement System

Building upon calendar year analyses presented in Data Short 5.4, this current data short examines similar data for Fiscal Year 2016 and extends the analysis by looking at the relationship between smoking and general health status.

The first graph looks at the use of cigarettes and other tobacco products (grouped to include cigars, smokeless tobacco, electronic cigarettes, pipes, and any other non-cigarette tobacco product). Tobacco use is categorized as use of no tobacco products, use of only cigarettes, use of only other tobacco products, and use of both cigarette and other tobacco products. Four groups of consumers are then examined across these tobacco use categories: adolescents (ages 11 to 17) in Mental Health (MH) service, adolescents in Substance-Related Disorder (SRD) service, adults in MH service, and adults in SRD treatment.

Adolescents in MH treatment used tobacco products least with only 6% using tobacco of any kind. Adolescents in SRD treatment were more likely to use tobacco products, although only 39% did so. Of the 39% using tobacco products, this group had the highest percentage (21%) among all four groups of individuals using other tobacco products, with 12% using both other tobacco and cigarettes and 9% using only other tobacco. Similar patterns were observed in the adult population. Of those in MH treatment, 57% do not use any form of tobacco. Of adults in SRD treatment, 28% do not use tobacco products but 72% use some form of tobacco; 20% use other tobacco products, 17% use both other tobacco and cigarettes and 3% using other tobacco only. This group has the greatest percentage of cigarette smokers, 69% (52% cigarettes only, 17% both).

The next two graphs show the relationship between the individuals' cigarette smoking status and their perception of their general health status by type of treatment. The relationships are generally very similar for adolescents and adults. Across treatment types and age groups, a smaller percentage of smokers report good health status (which includes the OMS categories of Excellent, Very Good, and Good), while a greater percentage of smokers reported fair health status. Similarly, a greater percentage of smokers reported fair health status than non-smokers. For those reporting poor health status, there was a difference across treatment types. Greater percentages of smokers in MH treatment, both adolescents and adults, reported poor health. The percentage of smokers and non-smokers in SRD treatment reporting poor health were nearly equal. While the patterns are similar between adolescents and adults, it is noteworthy that, overall, adults reported fair or poor health much more than adolescents. The disparity in health tends to grow as people age. A variety of supports to assist providers in offering smoking cessation sessions and groups as well as for individuals trying to quit smoking are available. Some resources can be found at http://phpa.dhmm.maryland.gov/ohpetup/docs/Smoking_Cessation_Resources.pdf.

Additionally, the Behavioral Health Administration's Smoking Cessation initiative with MDQuit expands the capacity of substance abuse and mental health disorder treatment staff and agencies to address tobacco cessation and prevention comprehensively for the behavioral health population. More information can be found on the training submenu at www.MDQuit.org.

