**Myth:** Persons with mental illness and substance abuse disorders don’t want to quit.

**Fact:** The majority of persons with mental illness and substance use disorders want to quit smoking and want information on cessation services and resources. [2,3] Smokers are more than 2x likely to quit for good with the help of tobacco cessation medications and counseling services.

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**Myth:** Persons with mental illness and substance abuse disorders can’t quit smoking.

**Fact:** Persons with mental illness and substance abuse disorders can successfully quit using tobacco at rates similar to the general population.[10]

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**Myth:** Tobacco is necessary for self-medication. Residents need to smoke to manage their mental illness.

**Fact:** Tobacco is the number one cause of death. Nicotine has powerful mood-altering effects that can change how people living with mental illness think and feel. Behavioral health populations who smoke can have more severe symptoms, poorer well-being and functioning, increased hospitalizations and are at greater risk of suicide.[10]

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**Myth:** Smoking cessation will threaten recovery for persons with substance use disorders.

**Fact:** Smoking cessation can enhance long-term recovery for persons with substance use disorders. For example, if someone quit smoking at the same time they are quitting drinking, they can have a 25% greater chance of staying clean and sober.[11]

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