

The Myth:

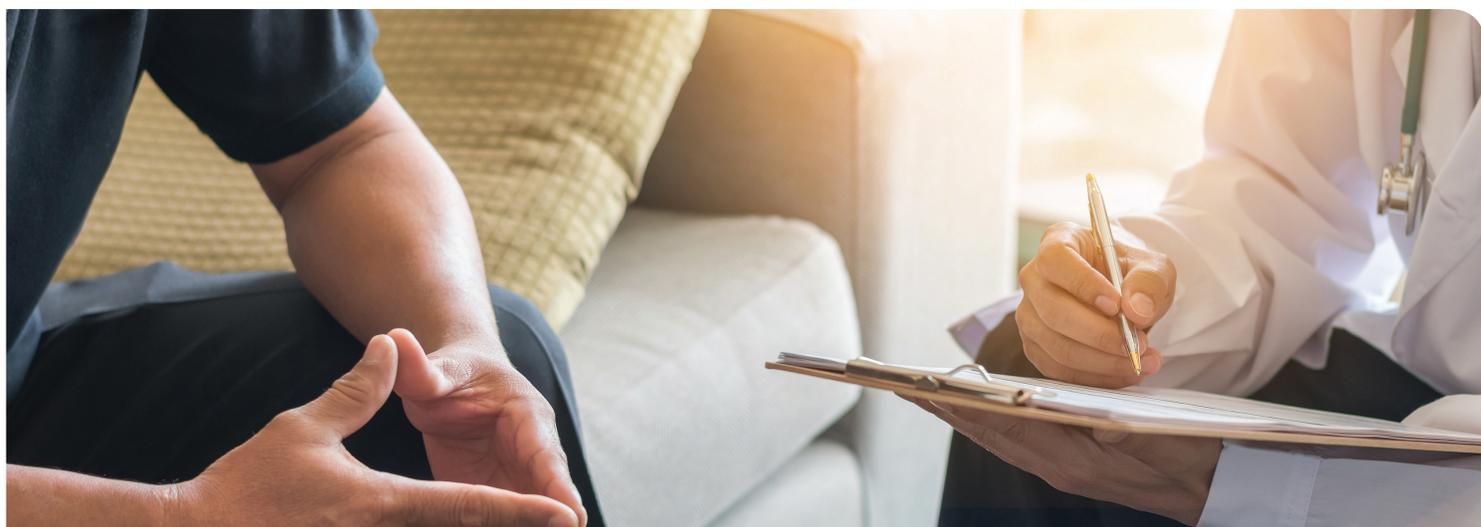
“Someone with mental illness or substance use disorders has more important things to worry about than their tobacco use.”

The Facts:

Adopting a commercial tobacco-free* policy and providing cessation treatments in mental health and substance use facilities can decrease behavioral incidents and increase long-term drug and alcohol abstinence rates.

*Tobacco in this document refers specifically to the use of manufactured, commercial tobacco products, and not to the sacred, medicinal and traditional use of tobacco by American Indians and other groups.

Contrary to the belief that many health professionals have related to tobacco use among those with behavioral health disorders using smoking as a coping mechanism, a meta-analysis of 26 studies showed improved mental health with quitting smoking and found that anxiety, depression, mixed anxiety and depression, and stress significantly decreased between baseline and follow-up in those who quit smoking compared with continuing smoking.



The Tobacco Impact

38% of all cigarettes in the U.S. are consumed by people with mental illness.



“Tobacco treatment isn’t only about treating tobacco, it is a core service that significantly impacts the overall health and quality of life of the individuals we serve.”

— Katie O’Brien,
Vice President of Operations at People Incorporated

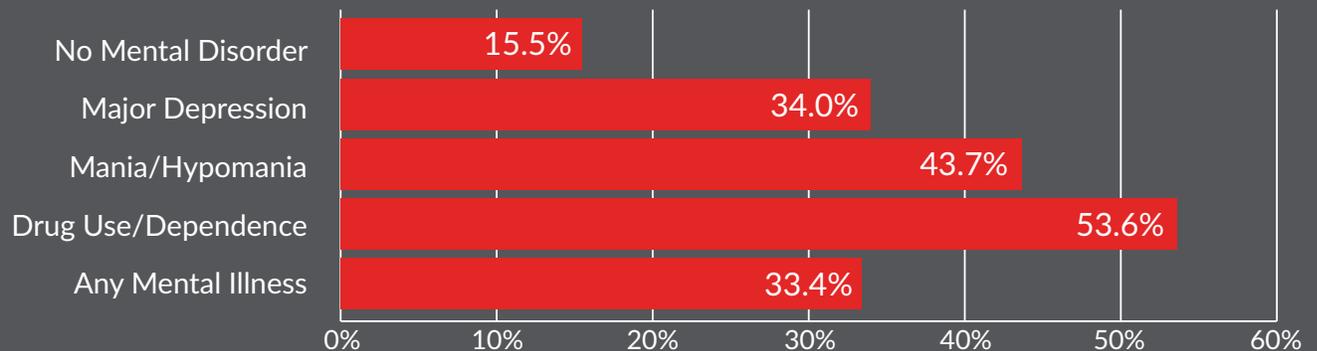
“We see, first-hand, the health disparities experienced by our clients. Tobacco treatment plays a significant role in treating the whole person—a key part of our mission and promise to our clients, staff, and communities.”

— Jill West,
CEO at People Incorporated



1 in 3 adults who smoke in the U.S. have mental illness

U.S. Smoking Rates



15 YEARS

Adults with serious mental illness who smoke die **15 years earlier** than adults without serious mental illness who do not smoke.

ONLY 1 IN 4

mental treatment facilities offer tobacco cessation services.



“Simply put, offering tobacco treatment therapy and resources to our clients is not only best practice, but also our duty and privilege as mental health professionals.”

— Jamie Andycha,
Health and Wellness Project Manager at People Incorporated

The Importance of Addressing Tobacco Use

They **NEED** to Quit

and it's a leading cause of death in anyone who smokes.

They **WANT** to Quit

About 75 percent of the mental health population wants to quit.

75%

Behavioral Health can **TAKE THE LEAD**

- There is a high prevalence of tobacco use and patient need
- Providers are trained in treating addictions
- Tobacco interacts negatively with some psychiatric medication
- Tobacco use disorder is a behavioral health condition in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5)

Quitting **CAN** Help

Smoking cessation and addiction treatment can lead to a 25 percent increased likelihood of long-term abstinence from alcohol and illicit drugs.



= 25%

Higher Success Rate

TREATMENT WORKS.

“Nicotine addiction, as with any addiction, requires a consistent response from those of us employed in healthcare settings. As healthcare professionals, we must address the impact of nicotine addiction with the same sense of urgency applied to other addictions posing significant risk to individual and community health.”

— Bob Rohret, MPH,
Executive Director, MARCH

The Action Plan

For Mental Health & Substance Use **PROFESSIONALS**

- Make addressing tobacco part of an overall approach to treatment and wellness.
- Ask your patients if they use tobacco; if they do, engage in a conversation about how it might be impacting their life.
- Offer proven cessation treatments, including tailored quit assistance, to patients who use tobacco.
 - Refer patients interested in quitting to 1-800-LUNGUSA, Lung.org/stop-smoking or other resources.
 - Provide counseling, support and stop-smoking medicines.
- Monitor and adjust mental health medicines as needed in people trying to stop their tobacco use.

“Addressing tobacco has to be a priority. It’s a social justice issue. We as a culture have not prioritized the health of this population, to disastrous consequences.”

— Ann Henderson,
Vice President of Clinical Services, Mental Health Resources

For Mental Health & Substance Use **FACILITIES**

- Include tobacco as part of overall mental health and substance use treatment and wellness options.
- Stop practices that encourage tobacco use (do not provide cigarettes to patients and do not allow staff to smoke with patients).
- Develop a comprehensive tobacco-free policy, making your entire campus 100 percent tobacco-free. Tobacco and tobacco-like products that should be listed as prohibited substances include, but are not limited to cigarettes, electronic cigarettes, cigars, chewing tobacco, snuff, pipes, dissolvable tobacco products and snus.