

THE MYTH

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

THE FACTS

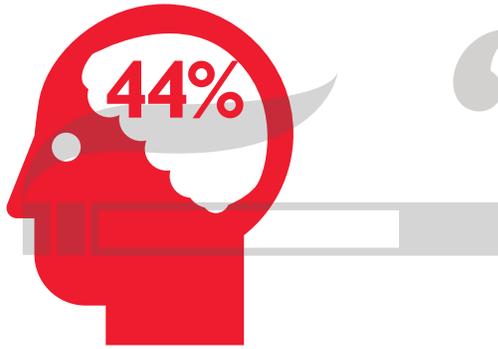
Adopting a commercial tobacco* free policy and providing cessation treatments in mental health and substance use facilities can decrease behavioral incidents and increase long-term drug and alcohol abstinence rates.

*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

44% OF THE US TOBACCO MARKET IS CONSUMED BY PEOPLE WITH MENTAL ILLNESS AND SUBSTANCE USE DISORDERS



“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.”

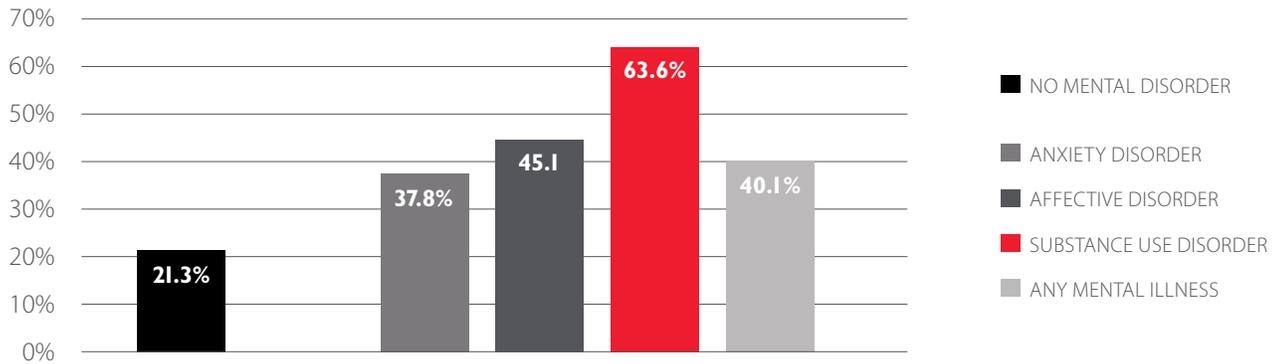
~ Katie O’Brien, Vice President of Operations at People Incorporated

“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

IN 3 PEOPLE WHO SMOKE IN THE U.S. HAVE BEEN DIAGNOSED WITH MENTAL ILLNESS

U.S. SMOKING PREVALENCE



32 years

ADULTS WITH SERIOUS MENTAL ILLNESS & A TOBACCO-RELATED DIAGNOSIS HAD A MEDIAN AGE AT **DEATH 32 YEARS EARLIER** THAN ADULTS WITHOUT SMI AND WITHOUT A TOBACCO-RELATED DIAGNOSIS.

75%

OF PEOPLE WHO SMOKE **HAVE A PAST OR PRESENT PROBLEM** WITH MENTAL ILLNESS OR ADDICTION



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

ONLY 1 IN 4 MENTAL TREATMENT FACILITIES OFFER TOBACCO CESSATION SERVICES.

THE IMPORTANCE OF ADDRESSING TOBACCO USE

They **NEED** to quit.

IT'S THE **#1** CAUSE OF DEATH IN PEOPLE WITH **MENTAL ILLNESS**

They **WANT** to quit.

75% WANT TO QUIT COMPARED TO **60%** OF THE GENERAL POPULATION.

They **CAN** quit.

SMOKING CESSATION + ADDICTION TREATMENT = 25% INCREASED LIKELIHOOD OF **LONG-TERM ABSTINENCE** FROM ALCOHOL & ILLICIT DRUGS

BEHAVIORAL HEALTH can take the lead.

- » THERE IS A **HIGH PREVALENCE OF TOBACCO USE** & PATIENT NEED
- » PROVIDERS ARE **TRAINED IN TREATING ADDICTIONS**
- » TOBACCO INTERACTS **NEGATIVELY WITH SOME PSYCHIATRIC MEDS**
- » **TOBACCO USE DISORDER IS A BEHAVIORAL HEALTH CONDITION IN THE DSM-5**



= **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, MARRCH

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, www.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 not allowing staff to smoke with patients).
- » **Develop a comprehensive tobacco free policy, making your entire campus 100% 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, snus.

References available at the American Lung Association in Minnesota by calling 651-268-7612.

If your organization is interested in learning how to create policies, systems, and environmental changes in addressing commercial tobacco use, contact the American Lung Association in Minnesota at 651-268-7612 for more information.