

NASMHPD POLICY STATEMENT ON TOBACCO CESSATION IN ALL BEHAVIORAL HEALTH SETTINGS

Smoking, and tobacco use of any kind, continues to be an issue of focus due to its detriment on health and the well-being of any community. This impact can be felt throughout every facet of life up to and including the cost of healthcare as a result of tobacco use. And, despite great strides in lowering the rate of tobacco use and its health consequences, certain groups have not benefitted from this progress. Chief among them have been persons with mental illness and/or substance abuse disorders, collectively known as the behavioral health population.

Per the SAMHSA report *Smoking and Mental Illness among Adults in the United States*, adults that experienced a mental illness in the past year were more likely to smoke cigarettes than adults who did not experience a mental illness. This also includes the amount and frequency of cigarettes used by the population experiencing a mental illness.

Compounding this problem is the number of persons in the behavioral workforce, per SAMHSA, that smoke (30-35%) versus the number of primary care physicians (1.7%). And per the SAMHSA March 2013 National Survey on Drug Use and Health, adults with mental illness or substance use disorder account for 40% of all cigarettes smoked. But, as stated in the 2008 article, *Smoking Cessation During Substance Abuse Treatment: What You Need To Know*, research supports that smoking cessation during substance abuse treatment does not impair outcomes, and that it may actually enhance treatment success.

For more than a decade, NASMHPD has championed smoking cessation with a particular emphasis on having all state psychiatric hospitals tobacco free for both patients and all staff. By 2011 per NRI data, NASMHPD efforts resulted in over 80% of state psychiatric hospitals being tobacco free. Currently, almost all of the state psychiatric hospitals have accomplished this goal.

As an organization committed to supporting health, wellness, and recovery, NASMHPD is asserting that ALL behavioral health settings MUST be tobacco free. Behavioral health settings are therapeutic in nature seeking to promote health and wellness for the mind, and along with the growing effectiveness shown with integrated care, they must also promote health and wellness for the body as well through a holistic approach. This holistic approach begins and ends with engaging the consumer. NASMHPD will lead with assisting local, state, and national efforts to engage consumers in going smoke free. This will include consumer voice on how best to initiate efforts and begin the dialogue as it also coincides with meeting mental health and physical health needs. Peer and advocacy organizations will be at the forefront of this work.

As administrators, NASMHPD will work with local, state, and federal government entities to develop and incorporate strategies of a smoke-free national toolkit to bring about change in behavioral health settings under their oversight. This would also include looking at smoke free policies that would promote health and wellness for behavioral health staff as well as benefiting the consumers.

As leaders within the overall health system, NASMHPD will work to build upon national efforts to integrate healthcare that will promote smoke free environments. An all-encompassing approach to providing state of the art mental and physical healthcare will be a top priority.

Approved by the NASMHPD Membership on July 30, 2017.