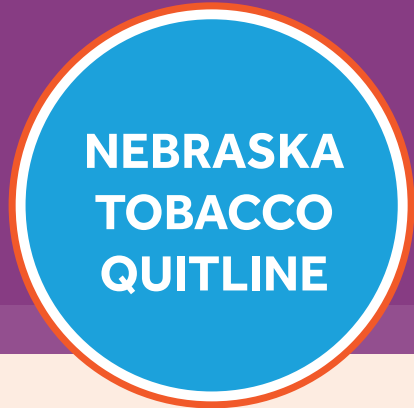
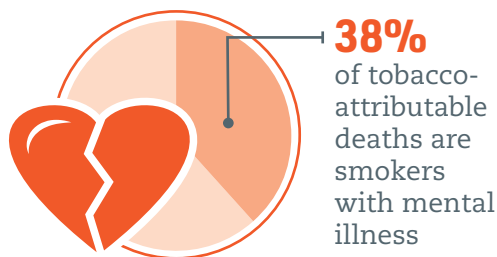


TOBACCO AND BEHAVIORAL HEALTH: Break the Cycle to Improve Treatment Outcomes



Make tobacco cessation an important part of behavioral health treatment.

A HEAVY TOLL



In the United States, smokers with mental illness account for more than **200,000 of the 520,000 tobacco-attributable deaths annually** and are dying on average **25 YEARS PREMATURELY** due to tobacco-related diseases.^{1,6}



THE VICIOUS CYCLE



THE IMPORTANCE OF COMPREHENSIVE CARE

Tobacco use not only diminishes the effectiveness of psychiatric medication but also contributes to increased stress, substance use and other significant concerns.³

A patient quitting tobacco while being treated for other behavioral health conditions can:^{2,4}




Increase chance of **successfully quitting**.


Increase chance of **long-term sobriety**.


Reduce chance of **substance use disorder relapse**.


Reduce **symptoms** of mental illness.

BEST PRACTICE:
Adopt comprehensive tobacco-free campus policies.

Where Nebraska is now:
More than a third (39%) of behavioral health treatment facilities in Nebraska have completely smoke-free campuses.⁸



BEST PRACTICE:
Integrate clinical screening and treatment for commercial tobacco use in all healthcare settings and with all types of patients.

Where Nebraska is now:
Almost a third (31%) of Nebraska behavioral health facilities do not screen for tobacco use.⁹



BEST PRACTICE:
Increase tobacco cessation screening and referrals to the Quitline.

Where Nebraska is now:
Over half (51%) of behavioral health facilities do not offer tobacco cessation counseling.⁹



For free quit support, refer patients to the Nebraska Tobacco Quitline:

1-800-QUIT-NOW (784-8669) | 1-855-DÉJELO-YA (335-3569)

Text **QUITNOW** to 333888 | Text **DÉJELOYA** to 333888

Visit QuitNow.ne.gov

Every Patient. Every Time.

PRACTICE "THE 5 A'S"



1 ASK about tobacco use: "Do you currently smoke or use other forms of tobacco, such as e-cigarettes?"



2 ADVISE the patient to quit: "Quitting is one of the best things you can do for your health. I strongly encourage you to quit."



3 ASSESS readiness to quit: "Are you interested in quitting tobacco?"



4 ASSIST the patient in quitting: If the patient is ready to quit, provide brief counseling and medication (if appropriate); refer to support services that can complement care. If not ready, strongly encourage using motivational messages. Let them know you are there to help when they are ready.



5 ARRANGE for follow-up: Follow up regularly with patients trying to quit.⁵

To refer patients to the Quitline for free help quitting tobacco, visit [QuitNow.ne.gov/providers](https://quitnow.ne.gov/providers).

To make a live referral or for a patient to register, call **1-800-QUIT-NOW** (784-8669)

..... **OR**

To speak with a Spanish-speaking coach, call **1-855-DÈJELO-YA** (335-3569).

REFERENCES

1. Annual Review of Public Health. (n.d.). Tobacco and Behavioral Health. <https://www.annualreviews.org/doi/10.1146/annurev-publhealth-031816-044618>
2. Centers for Disease Control and Prevention. Behavioral Health Conditions and Tobacco Use Disparities: A Resource Guide. CDC, Sept. 2021. Retrieved from: www.cdc.gov/tobacco/disparities/what-we-know/behavioral-health-conditions/pdfs/behavioral-health-p.pdf.
3. Centers for Disease Control and Prevention (CDC). (n.d.). Behavioral health conditions: What we know. <https://www.cdc.gov/tobacco/disparities/what-we-know/behavioral-health-conditions/pdfs/behavioral-health-p.pdf>
4. Centers for Disease Control and Prevention. Interactions Between Tobacco, Behavioral Health, and Health Equity. CDC, 7 Sept. 2021. Retrieved from: www.cdc.gov/tobacco/health-equity/behavioral-health/interactions.html.
5. Centers for Disease Control and Prevention. (n.d.). TWYD 5A/2A Tobacco Intervention Pocket Card. Retrieved from <https://www.cdc.gov/tobacco/campaign/tips/partners/health/materials/twyd-5a-2a-tobacco-intervention-pocket-card.pdf>.
6. National Library of Medicine. (2021). The impact of cigarette smoking on life expectancy in schizophrenia, schizoaffective disorder and bipolar affective disorder: An electronic case register cohort study. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8653908/>.
7. Smith, J. D. (2019). Why people with behavioral health conditions are more likely to use tobacco. Annual Review of Public Health. Retrieved from <https://www.annualreviews.org/doi/10.1146/annurev-publhealth-031816-044618#>.
8. Substance Abuse and Mental Health Services Administration (SAMHSA). (2020). The National Survey of Substance Abuse Treatment Services (N-SSATS):2020. https://www.samhsa.gov/data/sites/default/files/reports/rpt35313/2020_NSSATS_FINAL.pdf.
9. Substance Abuse and Mental Health Services Administration (SAMHSA). (2020). The National Mental Health Services Survey (N-MHSS): 2020. https://www.samhsa.gov/data/sites/default/files/reports/rpt35336/2020_NMHSS_final.pdf.

Visit [QuitNow.ne.gov](https://quitnow.ne.gov)

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QUITLINE

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