



Resolution in Support of Tobacco Treatment in Behavioral Health Settings

Whereas, smoking rates have declined steadily among the general population, rates have remained high among those with mental illness and substance use disorders;ⁱ and

Whereas, these populations have been encouraged to use tobacco;ⁱⁱ and

Whereas, adults with mental illness are 70% more likely to smoke than adults with no mental illness and nearly 1 in 5 adults (or 45.7 million adults) have some form of mental illness;ⁱⁱⁱ and

Whereas, individuals with mental illness suffer many consequences of tobacco use with 25 years of life expectancy lost with excess mortality particularly from cardiovascular disease;^{iv} and

Whereas, people treated for substance use disorders die from tobacco related diseases more often than as a consequence of their other chemical dependencies;^v and

Whereas, smokers with mental illness and substance use disorders are interested in quitting^{vi} and have a better mental health^{viii} and increased long term abstinence from alcohol and illicit drugs^{ix} when they have access to proven stop-smoking treatments; and

Whereas, tobacco use disorder has been in the Diagnostic Statistical Manual of Mental Disorders (DSM) since 1980 and meets criteria as a behavioral syndrome associated with distress and disability, it necessitates formal diagnosis and treatment;^x and

Whereas, people with mental illness and substance use disorders need and deserve easy access to comprehensive treatment services;

Whereas, this resolution addresses commercial tobacco, which is different from traditional tobacco used in American Indian spiritual practices;

Therefore, be it resolved that the North Dakota Public Health Association supports policy and professional education that will equip professionals serving those with mental health and/or substance use disorders to incorporate tobacco treatment services into behavioral health settings.

References

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