



Response to August 18 LA Times article: “Smoking Issue a Quandary for Psychiatric Facilities”

The article sheds light on the dilemma facing health care providers and public health advocates who work to improve the health of some of California’s most challenging patients. However, smoking should not be, de facto, considered part of a therapeutic treatment for patients with mental or psychiatric disorders. Tones of research regarding the fatal and long-term effects of nicotine use must be factored into decisions regarding permissive smoking policies in or around psychiatric facilities. While some research has suggested that nicotine may reduce anxiety in disorders such as schizophrenia, research has also shown that nicotine use may actually reduce the effectiveness of medications that are provided to patients for the very purpose of helping treat their disorders. Individuals with psychiatric or mental illnesses often have smoking rates twice as high as the general population. To be sure, the demand to smoke from a patient who is in a facility involuntarily or with a severe psychiatric illness may be overwhelming to staff charged with an already-demanding caseload. However, the opportunity to help patients quit using an addictive, toxic product should not be dismissed or neglected in psychiatric facilities. Tobacco dependence treatments that include cessation medications and counseling can be effective for these patients and should be integrated with treatments for their mental illnesses and psychiatric disorders. Patients should not be abandoned to the illnesses and addictions caused by long-term smoking and health care systems, staff, advocates and agencies serving those populations should be on the front lines in helping them quit.

Traci Verardo
Executive Director, *Next Generation California Tobacco Control Alliance*

Gary A. Jaeger, MD
President, *California Society of Addiction Medicine*

CONTACT INFORMATION:

Traci Verardo
traci.verardo@tobaccofreealliance.org
Sacramento, CA
916-554-0390