

Position Statement on Tobacco Use Disorder

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Approved by the Assembly, November 2015

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ISSUE:

As one of the most addictive substances, tobacco has the highest prevalence of all psychiatric and substance-related disorders in the United States; tobacco is also the most common preventable cause of mortality in the United States, causing 480,000 premature deaths, 200,000 of which are among persons with mental illnesses and substance use disorders. Approximately 18% of the U.S. population are cigarette smokers; while smoking rates have declined steadily overall in the US since 1965, prevalence remains high among adults with mental health and substance use disorders, with recent estimates ranging from 50% to 85%. People with mental illness consume about half of all cigarettes sold in the US and carry a disproportionate share of the medical burden, including cardiovascular and pulmonary diseases and cancer associated with smoking. Accruing evidence indicates that tobacco use worsens the course of psychiatric disorders and that quitting tobacco decreases anxiety and improves mood. National practice guidelines recommend providing evidence-based tobacco cessation treatment to all smokers, and given the high prevalence, morbidity and mortality in psychiatric and behavioral health settings, treatment is even more essential.

APA Position:

APA advocates and supports the development of policies and programs that promote prevention, treatment, and research activities in the area of tobacco use disorder. It urges:

1. All mental health providers to ask, advise, assess, assist and arrange follow up on tobacco use disorder at initial intake and as clinically indicated thereafter;
2. Appropriate diagnosis and treatment of tobacco use disorder as a comorbid condition with other psychiatric disorders while recognizing the possible role of tobacco and underlying neurochemical mechanisms in the understanding, diagnosis, and treatment of other psychiatric disorders, including comorbid substance use;
3. Psychiatrists to address the prevention of tobacco use, as patients with other mental disorders are especially vulnerable to developing tobacco use disorder; and
4. Psychiatrists to be active in research, prevention, and advocacy related to reducing tobacco use; and
5. Expanded teaching about the nature of tobacco use disorder and its treatment in medical schools, psychiatry residency training programs, addiction fellowship training programs, and continuing professional education programs to a level comparable to levels for other substance-related disorders.

Additionally the APA supports and advocates for:

1. Policies that aid in the prevention and reduction of tobacco use;
2. Development of tobacco-free policies in all health care facilities and in society at large, and the development provision of treatments for tobacco use disorder for institutionalized patients.
3. Adequate health insurance coverage of both pharmacological and behavioral treatments of tobacco use disorder by qualified health professionals, especially via third party payers or government supported insurance who can provide reimbursement; and
4. Public education to reduce and prevent tobacco use.

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