

# **Kansas Tobacco Guideline for Behavioral Health Care**

*Revised 4/16/18*

*By endorsing this voluntary Guideline, this Program/Association affirms that:*

## **Tobacco Use Disorder is the most prevalent substance use disorder in Kansas**

- It often begins in late childhood/adolescence.
- Many, if not most individuals served by behavioral health care providers have co-morbid tobacco dependence.
- 40% of cigarettes smoked by adults in the U.S. are smoked by adults diagnosed with mental illness and substance use disorders (SUD).<sup>i</sup>
- People diagnosed with severe mental illness die 8-25 years younger than the general population largely due to conditions caused/worsened by smoking (heart disease, cancer, & lung disease).<sup>ii</sup>
- Tobacco dependence causes approximately 50% of the deaths of long-term tobacco users.

*Our Program/Association strives to provide a healthy environment for staff, clients, peers, volunteers, and visitors. Comprehensive integration of tobacco treatment into mental health and substance use treatment includes:*

## **Promoting wellness by integrating evidence-based tobacco treatment into routine clinical practice**

1. Assess tobacco use regularly and provide tobacco treatment until quit attempts are successful
2. Provide psychosocial treatment within whole person<sup>iii</sup> primary care and behavioral health care systems
3. Provide cessation medications and ensure access without barriers through state Medicaid and other third-party payers
4. Integrate tobacco treatment into assessment, treatment planning, and implementation
5. Incorporate tobacco treatment into other ongoing efforts toward wellness and recovery
6. Conduct quality improvement to define outcomes, monitor progress and improve tobacco treatment services

## **Building staff capacity to provide care**

7. Train staff how to treat and/or prevent tobacco dependence
8. Bill for reimbursement and utilize other resources to pay for tobacco treatment
9. Help staff who use tobacco to access evidence-based treatment for tobacco dependence

## **Adopting a tobacco-free environment**

10. Enact a comprehensive tobacco-free policy that includes buildings, vehicles, grounds and expectations for staff, visitors and clients

## **Engaging in tobacco cessation and prevention efforts among youth**

11. Provide and/or support tobacco treatment for youth and young adults, especially high-risk youth and/or those in treatment for other conditions.
12. Conduct and/or support tobacco prevention efforts and policies such as Tobacco “21”, school programs, community-based programs, disseminating messages to promote prevention, and other efforts.

## **Specific policies and practices may be adapted from:**

- *Tobacco-Free Living in Psychiatric Settings*, NASMHPD  
[http://www.integration.samhsa.gov/pbhci-learning-community/Tobacco-Free\\_Living\\_in\\_Psychiatric\\_Settings\\_Toolkit.pdf](http://www.integration.samhsa.gov/pbhci-learning-community/Tobacco-Free_Living_in_Psychiatric_Settings_Toolkit.pdf)
- *NY Tobacco Recovery Resource Exchange* (treating tobacco use with other addictions)  
<https://tobaccorecovery.oasas.ny.gov/>
- *Tobacco Treatment for Persons with Substance Use Disorders: A Toolkit for Substance Abuse Treatment Providers*  
<https://www.dshs.wa.gov/sites/default/files/BHSIA/dbh/documents/COTobaccoToolkit.pdf>
- Nicotine Anonymous  
<https://nicotine-anonymous.org/>
- University of Colorado Behavioral Health & Wellness Program [Dimensions]  
<https://www.bhwellness.org/resources/toolkits>
- *Efforts to Prevent and Reduce Tobacco Use Among Young People*. From: *Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General*.  
<http://www.ncbi.nlm.nih.gov/books/NBK99240/#ch6.s87>
- *Learning About Healthy Living*  
[http://rwjms.rutgers.edu/departments\\_institutes/psychiatry/divisions/addiction/community/choices.html](http://rwjms.rutgers.edu/departments_institutes/psychiatry/divisions/addiction/community/choices.html)
- *Coding for Reimbursement for Tobacco Screening and Cessation*  
<http://www.aafp.org/patient-care/public-health/tobacco-nicotine/coding-reference.html>
- Wisconsin Nicotine Treatment Integration Project – (WiNTiP)  
<http://www.ctri.wisc.edu/providers-behavioral-health.htm>
- Massachusetts Bureau of Substance Abuse Services (BSAS)  
*Practice Guidance: Integration of Tobacco and Nicotine into Substance Use Treatment Services*  
<http://www.mass.gov/eohhs/docs/dph/substance-abuse/care-principles/practice-guidance-tobacco-september-2016.pdf>
- Rural Tobacco Control and Prevention Toolkit, Rural Health Information Hub  
<https://www.ruralhealthinfo.org/community-health/tobacco>

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<sup>i</sup> Substance Abuse and Mental Health Services Administration. *The NSDUH Report: Adults with Mental Illness or Substance Use Disorder Account for 40 percent of All Cigarettes Smoked*. Rockville (MD): U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, 2013a. Available at: <http://www.samhsa.gov/data/sites/default/files/spot104-cigarettes-mental-illness-substance-use-disorder/spot104-cigarettes-mental-illness-substance-use-disorder.pdf> Accessed March 3, 2016.

<sup>i,ii</sup> Bandiera FC, Anteneh B, Le T, Delucchi K, Guydish J. Tobacco-related mortality among persons with mental health and substance abuse problems. *PLoS One*. 2015 Mar 25;10(3). PMID: PMC4373726.

<sup>iii</sup> “Whole-Person Care” is the coordination of health, behavioral health, and social services in a patient-centered manner with the goals of improved health outcomes and more efficient and effective use of resources.