

Smoke Screen is Clouding the Truth about Smoking & Mental Illness

by Jill Williams, MD

There has been a lot of recent controversy across the country about whether or not all smoking should be banned in psychiatric hospitals. Psychiatric hospitals and clinics may be the only remaining parts of the American health care system that often don't treat smoking. At state funded psychiatric hospitals, administrators are trying to pass policies that restrict all tobacco use in these facilities-not only in buildings but on all adjacent outdoor areas or "grounds". Tobacco-free hospital policies are intended to create a healthy environment for everyone who comes there to receive care, visit a patient or work. These policies can help people in the hospital "detox" from smoking and receive necessary treatment for tobacco addiction. People with serious mental illness are dying 25 years earlier than other people in the US and often their deaths are from tobacco-caused illnesses like heart disease. Not enough is being done to help.

It is important to keep in mind that smoking is already highly restricted in the hospital setting. This means that there are a lot of rules about who, when and where patients are allowed to smoke. From what I've seen from visiting hospitals across the country, I'm not sure that the way that people are allowed to smoke now in psychiatric hospitals is really helping anyone or giving patients that much control over their environment. Smoking is often used as a reward for patients who have been cooperative. For example, patients earn "privileges" to go outside to smoke. That usually means that the first few days of the hospital stay when patients are having the most nicotine withdrawal, they are not allowed to smoke. Furthermore, most hospitals do not allow anyone to smoke indoors. Facilities often allow only a certain number of smoke-breaks per day (usually 3 or 4) or restrict the number of cigarettes allowed to be smoked to less than 10 per day. Smokers are at risk for having nicotine withdrawal symptoms if they smoked much more before coming to the hospital. Since patients are not allowed to hold onto their tobacco and lighters, staff (usually nursing or rehabilitation

techs) must give out and then take away these things for smoke breaks. There can be a lot of arguing and conflicts between patients and staff about tobacco products and smoking. Studies of psychiatric hospitals that have gone tobacco-free report fewer behavior problems and less violence after the policies took effect. Staff also say there is more time to provide treatments when hospitals go tobacco-free.

Many other places in this country are becoming smoke-free. Fourteen states have already banned smoking in public places such as restaurants and bars. Smoking is often banned in many workplaces, including government buildings, and schools. Smoking is often banned in train and bus stations, and on airplanes. Smoking is banned in movie theaters, museums, bowling alleys, libraries, stores, bingo halls and churches. As people with mental illnesses try to live in the community it will be harder for them to fit in if they are still smoking. Smokers have a harder time finding jobs and housing. Smoking is not allowed at most general medical hospitals. Therefore, if psychiatric hospitals and clinics become the only part of health care that continues to have smoking that may cause people with mental illnesses to be further removed from society. On the other hand, if we use the hospital as a treatment site, we can give smokers a better chance at quitting. That means providing access to all the tobacco treatment medications and having group and counseling available in the hospitals for all smokers. No one should have to suffer when they give up smoking- medications lessen the craving and withdrawal associated with quitting cold turkey.

Given what we know about the negative effects of smoking, both in the hospital and in the real world, it seems clear that making psychiatric hospitals and clinics smoke-free will have tremendous benefit for patients, in the short and the long-term.

Reprinted with permission. Originally appeared in the CHOICES newsletter Fall 2007, Vol 2 Issue5. www.njchoices.org

A Student's Perspective

by Hannah Kim, BS

I began my internship at the Tobacco Dependence Program as a senior at Rutgers University, pursuing a dual degree in Public Health and Sociology. Now recently graduated (May 2008), I hope to soon have a job in a public health-related field. I have been assisting Dr. Jonathan Foulds, PhD by creating consumer-friendly brochures for smokers on the use of nicotine replacement therapy, which is designed for distribution to smokers both in and outside of the Tobacco Dependence Program office. Additionally, I have created charts for inclusion in a report advocating policy change on Nicotine Replacement Therapy Labels.

Working at the Tobacco Dependence program has been an incredible experience. I have learned so much about tobacco dependence and the use of nicotine replacement therapy. Attending the 5 day certified tobacco treatment specialist program and working with staff members who are dedicated to helping people quit smoking has helped me realize that I would enjoy working with educators to help people quit. I began my internship feeling unsure about my post-graduation future, but my experience at the Tobacco Dependence Program has uncovered a desire to pursue a career in public health program coordination, and I hope to one day organize programs that teach and motivate today's youth about the effects and consequences of drug addiction.

New Staff at the Tobacco Dependence Program

Erin M. Bunger, BS

Research Assistant

Erin Bunger joined the Tobacco Dependence Program as a part-time Research Assistant at the end of 2007. She is responsible for completing follow-up phone interviews with Clinic clients and assists with the organization of Clinic follow-up data that is included in monthly, quarterly, and annual reports to New Jersey's Comprehensive Tobacco Control Program. Erin is also a Project Assistant/Coordinator at the Bloustein Center for Survey Research within Rutgers University. In this capacity, she manages substance use survey projects in New Jersey middle and high schools. Erin earned her B.S. in Psychology with minors in Women's and Diversity Studies, from Susquehanna University in Selinsgrove, Pennsylvania, and will begin her Master of Public Health degree at the University of North Carolina, Chapel Hill, this fall.