

**Failure to Treat Tobacco Use in Mental Health and Addiction Treatment Settings:
A Form of Harm Reduction?**

In mental health and addiction treatment settings, failure to treat tobacco dependence has been rationalized by some as a clinical approach to harm reduction. That is, tobacco use is viewed as a less harmful alternative to alcohol or illicit drug use and/or other self-harm behaviors. In an article in the current issue of *“Drug and Alcohol Dependence,”* a research scientist reports on an examination of the impact of mental health and addiction treatment providers' failure to treat tobacco use on patients' alcohol and illicit drug use and associated high-risk behaviors.

Judith Prochaska, Ph.D., M.P.H., from the University of California, San Francisco, addressed this question using the weight of the evidence from the published literature which indicates: (1) tobacco use is a leading cause of death in patients with psychiatric illness or addictive disorders; (2) tobacco use is associated with worsened substance abuse treatment outcomes, whereas treatment of tobacco dependence supports long-term sobriety; (3) tobacco use is associated with increased (not decreased) depressive symptoms and suicidal risk behavior, (4) tobacco use adversely impacts psychiatric treatment; (5) tobacco use is a lethal and ineffective long-term coping strategy for managing stress; and (6) treatment of tobacco use does not harm mental health recovery.

Dr. Prochaska concludes that failure to treat tobacco dependence in mental health and addiction treatment settings is not consistent with a harm reduction model. In contrast, emerging evidence indicates treatment of tobacco dependence may even improve addiction treatment and mental health outcomes. Finally, Dr. Prochaska argues that providers in mental health and addiction treatment settings have an ethical duty to intervene on patients' tobacco use and provide available evidence based treatments.

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