

Neurobiology and Recovery: Addressing Nicotine Use Among Individuals with Serious Mental Illness, co-hosted by the National Behavioral Health Network for Tobacco & Cancer Control webinar on 7/15/25

Post-webinar Q and A

Answers from Dr. Tony George:

1. Did the CAMH patients and staff who used nicotine receive behavioral support and patches / Varenicline?

Answer: Yes, we provided free NRT and behavioral supports from any patients and staff who wanted to address their tobacco use during Tobacco Free CAMH.

2. For Dr. George, I volunteer at a medical respite center in Phoenix for homeless people recently discharged from hospitals with serious medical issues and SMI. We have a smoke/vape free building policy not campus. In the heat clients and staff congregate in shade near entrances to use. It is a closed campus. How could we go to a smoke/vape free campus and not lose some of our clients and staff? We have a convenience store located next door that sells smoke/vape products. Clients have been known to elope to get these things.

Answer: We had a very similar situation at CAMH, and lots of shops across the street that sold tobacco to our clients. I think about CAMH Ambassadors were the key to making the campus tobacco free, and would direct people (including staff) to go across the street to smoke/vape. Needless to say, not everyone was happy!

3. While a patient is inpatient care for the mental health disorder, when do you start the Chantix or any other medication for quitting smoking?

Answer: A great question – my standard answer is once the underlying psychosis or mood disorder has been stabilized with effective medications.

4. I work in Pennsylvania to partner with community organizations, to increase the number of organizations that adopt tobacco-free policies. Mental health and Substance use disorder facilities are priorities on my outreach and it is difficult to find these organizations who are willing to change their policies to tobacco-

free programs, out of concern for losing program participants/clients. If you have any suggestions for me, to help me successfully increase the number of tobacco-free treatment programs I would love to hear from you! It is a very valid concern.

Answer: When we did this at CAMH, it was at large tertiary care teaching hospital in downtown Toronto, and we really didn't expect to lose many clients as we are the last option for many patients and families. But, we did try to help a private outside of Toronto do this, and this concern ultimately led to their abandoning their tobacco free initiative. I personally think the key is to message that tobacco free initiatives are consistent with health and wellness which we are trying to promote at hospitals.

Answer from Dr. Maya Vijayaraghavan

1. Suggestions to discussing with primary care providers the importance of tobacco cessation in people with SMI

Answer: My suggestion is to build awareness among primary care providers of the importance of tobacco cessation to improve mental and physical health. It is good to highlight the equity perspective that people with high rates of mental illness are also the ones who have been targeted by the industry, more likely to live in poverty, have co-occurring chronic medical conditions and substance use disorders. Addressing tobacco use saves lives. You might encourage your primary care providers to engage in trainings on how to treat tobacco use to become more confident in offering treatment (e.g., tobacco treatment specialist trainings or the many webinars available on the topic, including resources like Rx. for Change), use the time during clinic huddles to discuss tobacco use and how as a clinic or health system you can address tobacco use among your patients (e.g. quitline connections, EHR reminders etc....), highlight the importance of tobacco cessation to improve mental and physical health, and couple tobacco treatment with treatment for other chronic conditions like DM, HTN, HLD, CVD, respiratory diseases or cancer.