



National Substance Use and Mental Health Services Survey – Tobacco Related Questions

The Substance Abuse and Mental Health Services Administration has decided to combine its N-SSATS and N-MHSS surveys into the National Substance Use and Mental Health Services Survey (N-SUMHSS). This decision offers a great opportunity to examine the existing tobacco-related questions and consider the inclusion of electronic nicotine delivery systems (ENDS) use when collecting information from participating behavioral health treatment facilities.

Many tobacco control organizations and partnerships, like the National Partnership on Behavioral Health and Tobacco Use, analyze the data from the N-MHSS and N-SSATS surveys in order to identify gaps in screening for tobacco use, offering tobacco cessation counseling, offering NRT or non-nicotine cessation medication, and having a tobacco-free policy. This data helps drive strategies, both on a state and national level, on ultimately reducing smoking prevalence among the adult behavioral health population in the United States.

To ensure that this important data is not lost during this survey transition and to ensure that the most useful data is collected regarding tobacco/nicotine cessation activities in treatment facilities, we ask that SAMHSA does the following:

1. Ensure that tobacco-related questions from the N-MHSS and N-SSATS surveys are at the least retained for the N-SUMHSS combined survey.
2. Modify question regarding screening for tobacco use to “screening for use of any tobacco product, which include electronic nicotine delivery systems (ENDS)”
3. Modify question regarding not permitting smoking to “not permitting use of any tobacco product, which include electronic nicotine delivery systems (ENDS)”

An increasing number of behavioral health treatment facilities are screening for use of any tobacco product, including ENDS; in addition, more mental health and substance abuse treatment facilities in the U.S. are implementing tobacco-free campus policies that include use of ENDS, so making the recommended modifications would bring N-SUMHSS into alignment with the trend nationally.

We also recommend that within the survey, where NRT is addressed, it should be specifically stated that it be provided in combination therapy (short-acting plus long-acting) and in adequate dosages to quell cravings. As well, varenicline should be present and listed first in the survey region where non-nicotine cessation medications are listed. The American Thoracic Society recently issued a treatment guideline suggesting that varenicline should be the first line non-nicotine cessation treatment medication including among patients with co-occurring psychiatric disorders.¹ The associated Mayo Clinic link in the survey region should also be replaced with the more accurate version:

<https://www.mayo.edu/research/documents/treating-tobacco-dependencepdf/doc-10027347>.



We also believe this is an opportunity to include sexual orientation and gender identity (SOGI) measures in this survey. In 2015, the NSDUH added a question on sexual orientation; a similar measure can be included in this survey. This is particularly relevant for tobacco use, because sexual orientation and gender identity disparities exist in tobacco use.

Individuals with mental illness and/or substance use disorders (behavioral health conditions) represent 25% of the Nation's population, yet they consume 40% of all cigarettes sold in the US. Half a million Americans die each year due to tobacco use – half of whom are individuals with a behavioral health condition. These telling statistics make clear the importance of reducing tobacco product use among the adult behavioral health population, and ensuring that the above-mentioned tobacco-related data is collected to see if we are moving in the right direction.

The National Partnership on Behavioral Health & Tobacco Use is pleased to maintain its strong relationship with SAMHSA and will continue to encourage the agency to maintain its focus on addressing the health needs of those who suffer from tobacco use, particularly those with mental health and/or substance abuse conditions. For more information on the National Partnership on Behavioral Health and Tobacco Use, please contact Brian Clark at Brian.Clark@ucsf.edu. The partnership website can also be accessed at bh4tobaccofree.org.

This comment is provided on behalf of the National Partnership on Behavioral Health & Tobacco Use and is endorsed by the following organizations:

- American Lung Association
- American Psychiatric Association
- National Association of Social Workers
- National Association of State Mental Health Program Directors
- National Council for Behavioral Health
- Smoking Cessation Leadership Center

¹ Leone FT, Zhang Y, Evers-Casey S, et al. Initiating Pharmacologic Treatment in Tobacco-Dependent Adults. An Official American Thoracic Society Clinical Practice Guideline. *Am J Respir Crit Care Med*. 2020;202(2):e5-e31. doi:10.1164/rccm.202005-1982ST