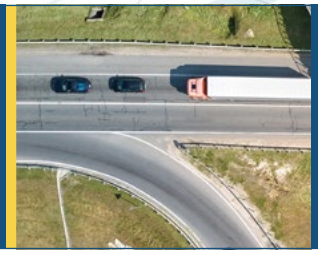

Tobacco Use Treatment and Mental Health: A Provider's Guide

Addressing tobacco and nicotine use may be one of the most important things you can do to improve your patients' health and well-being. Tobacco use is prevalent in active-duty service members and veterans and ranks as the top preventable cause of death in the United States. It also impacts mental health. Understanding the associations between tobacco use and mental health and implementing evidence-based treatments included in the VA/DOD Clinical Practice Guidelines (CPG) for Tobacco Use Treatment can help to improve a range of patient outcomes. **Mental health conditions are not a barrier to tobacco use treatment.**

Tobacco Use and Mental Health: It's a Two-Way Street

- Smoking is linked to both depression and anxiety.
- People with a mental health diagnosis exhibited 2–4 times higher rates of smoking than the general population.

Screening Can Move Patients to the Off Ramp

- Screening for tobacco use in all healthcare settings and use of motivational interviewing can get patients on a path to quit.
- Quitting does not worsen mental health and people with mental health conditions are not less likely to want to quit. You can be a bridge to treatment, whatever your specialty.
- Substance use disorders (SUD) are not a barrier to tobacco treatment, but tobacco use can complicate treatment of substance use. Addressing both can improve patients' physical health and promote recovery.

Keep in mind: Patients on certain psychiatric medications such as clozapine, olanzapine, and fluvoxamine who stop smoking may require additional monitoring by their prescriber, since cessation can alter metabolism.

Planning Treatment? CPG Recommendations Can Inform Your Approach

- CPG Recommendation: In patients with stable mental health conditions, we suggest treating tobacco use with pharmacotherapy.

  Patients may be reluctant to take a medication due to possible side effects after achieving a stable treatment regimen. Use clinical judgment to assess stability and use shared decision making with patients when planning treatment with the goal of achieving and maintaining abstinence.

- CPG Recommendation: In patients with stable mental health conditions, we recommend varenicline over single agent nicotine replacement therapy (NRT) or bupropion sustained release to improve continuous abstinence.

  Research reviewed for the CPG demonstrated varenicline's superiority over other treatment options for patients with stable mental health conditions. Consider varenicline as a first line treatment for these patients.

Remember: The difference between a **suggestion** and **recommendation** in the CPG relates to the strength of the guidance offered. This distinction is made based on weighting of potential outcomes (i.e., pros and cons), the quality of related research, clinical considerations like patient values or preference, and other considerations, as appropriate.

Recommendations (continued)

- CPG Recommendation: We suggest counseling be adapted to address both tobacco use and co-occurring serious mental illness (e.g., bipolar disorder, schizophrenia, other psychotic disorder).

  Providers adapting interventions should ensure they are comprehensive and tailored to patients' needs. Sample adaptations include:
  - Eight to 24 sessions lasting 30 to 60 minutes
  - Skills training and peer support
  - Social and financial reinforcement of abstinence
  - Home visits

- CPG Recommendation: In patients being treated for alcohol use disorder/substance use disorder, we suggest concurrently treating tobacco use with behavioral counseling and pharmacotherapy.

  Though most research reviewed for the CPG was done in inpatient settings, studies have found concurrent treatment of tobacco use and other substance disorders to be efficient and associated with better cessation outcomes and no decrease in the effectiveness of treatment for other substances.

Resources for Your Patients

YouCanQuit2 (ycq2.org) is a Department of War supported education program for service members that offers coaching, online tools, and in-person support locators to help you quit tobacco.

1-855-QUIT-VET (1-855-784-8838) is a free telephone quit line that offers tobacco cessation counseling to any veteran who receives their healthcare through VA. Quit coaches can help throughout the tobacco cessation journey, from thinking about quitting or when ready to quit. More information can be found here: mentalhealth.va.gov/quit-tobacco/quit-vet.asp

Military OneSource provides 24/7 support and information on housing, financial, legal, medical, and psychological services.
– CONUS: 800-342-9647
– OCONUS and collect options available at: militaryonesource.mil

Military/Veterans Crisis Line provides free, confidential resource for those in crisis that is available 24/7. Dial 988, then press 1 to talk with a counselor or text 838255 for live chat. OCONUS options available. militarycrisisline.net

988 provides free and confidential support for individuals in crisis. If you or someone you know is struggling or in crisis, call or text 988. 988lifeline.org

Real Warriors Campaign provides resources to decrease stigma, increase psychological health literacy, and open doors to access to care. health.mil/RealWarriors

Reference

1. Veterans Affairs and Department of Defense. (2026). *VA/DOD clinical practice guideline for tobacco use treatment.* Version 3.0. https://www.healthquality.va.gov/HEALTHQUALITY/guidelines/CD/tobacco/Tobacco-Cessation-CPG_2026-Guideline_final_20260109.pdf

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