EDITORIAL

Wondering about the psychiatrist’s role in smoking cessation from inpatients to whole populations

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Given an interest in population health, I was delighted that Dr. Scott Patten agreed to provide us, within this issue of the Journal, an epidemiological snapshot of vaping in young people in Canada, raising important and related mental health questions (Patten, 2021). In this same issue, we have a report from a study of a psychiatric inpatient sample of youth in Finland in which Lantto and colleagues (2021) examined the relationship between nicotine dependence and violent offending after hospital discharge.

In addition to Patten’s and Lantto et al.’s recommendations for the need for follow-up research to further understand the interactions between smoking and mental health, both these contributions prompted me to wonder what is the psychiatrist’s non-research role and responsibility in light of this and related work. Thinking about inpatient clinical settings, our focus is primarily on the acute mental health crisis; perhaps as a temporary measure, a nicotine patch is provided to help a young person avoid nicotine withdrawal while we try to address the suicidality, the psychosis, the family breakdown. Perhaps we see tackling an addiction to nicotine as a luxury for which we don’t have time or resources. Potentially we are more worried about a youth’s recent methamphetamine use. But then when, and how, and by whom, will the nicotine addiction be addressed to prevent concerning adverse health and mental health impacts?

We might hope that nicotine addiction will be addressed in primary care, but that assumes that the youth has and follows up with a primary care provider, and that the primary care provider will tackle the issue and offer evidence-based interventions (perhaps a naïve abdication on our part). Does then a follow-up outpatient mental health provider or team have a responsibility to put, or keep, nicotine addiction treatment options on the table?

I also wonder about the role of child and adolescent psychiatrists in addressing population health patterns, in general and in this instance related to nicotine use and addiction. Unfortunately, there can be significant gaps in psychiatric training when it comes to epidemiology and population-level interventions. Exposure to epidemiology training may be limited to learning some prevalence values for common mental disorders and a list of associated risk factors. Rarer would be any exposure to the evidence-base and nuances of population level interventions and the development and impact of different policies. It is unlikely that most of us keep abreast of say the variability of the impact on different subgroups from different regulatory and taxation policies on nicotine product use under various conditions. Notwithstanding such gaps in training, some mental health clinicians seem to be comfortable pivoting from their clinical care expertise to making questionable extrapolations from the bedside to the population (perhaps reflected in some covid-19 recommendations) with seeming limited connection with expertise from fields such as behavioural economics, social psychology, health education, etc.

Other highlights in this issue include our Recommended Academic Reading column which this time focuses on psychopharmacology with a number of interesting papers suggested by our contributors. See also the Arts & Literature and Nature (ALAN) section which includes Dr. Guzder’s recommendation of the very short, but powerful, YouTube video “Centrifugal”. As a reminder, we are open to submissions from the readership for future offerings of ALAN. Finally, I congratulate the 2020 CACAP award winners who are profiled in this issue.

I look forward to any feedback as we continue to evolve the Journal into 2021.

References