# KANSAS MENTAL HEALTH COALITION

*.....Speaking with one voice to meet the critical needs of people with mental illness*

## Increase Access to Tobacco Dependence Treatment

**Position:** It is critical that adolescents with or at high risk of emotional disabilities and adults with mental illness and substance abuse disorders have access to meaningful tobacco prevention and dependence treatment which should include both behavioral and pharmacological interventions to help Kansans stay free from and quit tobacco use. Health insurance, both publicly and privately funded, should cover all of the services necessary for individuals to lead healthy, productive lives.

**The Problem:** Tobacco addiction and smoke exposure are among the leading causes of preventable and premature death and disability worldwide. According to the Surgeon General, "The vast majority of Americans who begin daily smoking during adolescence are addicted to nicotine by young adulthood."[i]

On average, individuals with mental illness die up to 25 years before their counterparts in the general population. Tobacco use is a huge contributing factor. People with serious mental illnesses are dying years earlier than the general population because of chronic conditions like diabetes, heart attacks, strokes, chronic obstructive pulmonary disease, or cancer, all of which are a direct result of tobacco use. Specifically, in Kansas, the reported smoking rate among adults with mental illness is more than twice the smoking rate among adults without mental illness.[ii]

A 2015 research report concludes that "people with high levels of psychological distress continue to smoke at particularly high rates and may benefit less from existing tobacco control measures."[iii] Kansas is among the five states that make it hardest for smokers to get anti-smoking medication.[iv] This bottom tier of states provides medication support for only 1% to 6.5% of Medicaid recipients who smoke.

The expansion of smoking cessation benefits in KanCare beginning in FY 2019 is limited by the appropriation of $350,000 to support new counseling and pharmacy benefits and the extent to which providers of all health care services integrate tobacco cessation treatment for their patients. KDADS, KDHE and the MCOs most now focus on utilization of the new benefit and as needed provide additional resources for all KanCare members who choose to quit tobacco.

Kansas' state quit line invests $0.57 per smoker; the national average investment per smoker is $3.65.[v] Kansas does not have a private insurance mandate provision for cessation.[vi]

**Why This Matters:** Tobacco use takes a devastating toll on individuals with mental illness and substance abuse disorders. Prinary care and behavioral health providers are at an early stage of adopting and integrating tobacco cessation in their service array. Robust efforts are needed to ensure that individuals in this population experience significant declines in their smoking rates.

**The Bottom Line:** Smoking is killing Kansans with mental illness. We need to provide access to meaningful evidence-based treatment that will help Kansas consumers across the life span quit nicotine for the long term. Health insurance plans should provide coverage for such treatment. Behavioral health providers should have access to obtain comprehensive training to enable them to offer tobacco dependence treatment.

**Need more information?** Drill deeper into this issue on the back of this page.

# The rest of the story about Tobacco Dependence Treatment

Prevention and/or treatment for youth is virtually non-existent. Recently Howard University completed a project funded by the district of Columbia Department of Health to develop ad teach a curriculum for medical and nursing students, residents, and physician and nursing staff. The youth interviewed in developing the curriculum reported that they had never received counseling by health professionals during their preventive health care visits.[vii]

The high rate of smoking has come with a serious price tag in terms of the physical health of adolescents and adults with mental illness. More than 64% of smokers with mental illness reported poor physical health, compared with 32.2% of smokers without mental illness.[viii] Tobacco use also comes with a substantial financial cost. According to the Campaign for Tobacco Free Kids, smoking among all Kansans is costing the state $1.2 billion annually[ix], with only $237.4 million of that being covered by Medicaid.[x]

Tobacco companies are marketing specifically to individuals with a mental health disorder. This targeting, combined with the fact that traditional tobacco control approaches are ineffective with this population, has meant that while tobacco use within the general population has gone down, rates of use among individuals with mental illness has remained virtually unchanged.[xi]

Kansans with mental illness want to quit. A report done in 2014 found that "Among smokers, adults with mental illness were more likely to have tried to quit in the past 12 months than those without mental illness. Among Kansas smokers, only 55.3% without mental illness made a quit attempt in the past 30 days. By contrast with 64.7% of Kansas smokers with mental illness and 66.5% of Kansas smokers with serious mental illness made a quit attempt in the same time period.[xii]

Research shows that treatment works. For individuals with a mental illness, the success rate of going "cold turkey" is between zero and three percent, but success rates rise dramatically when counseling and medication are added to the equation. Counseling for smoking cessation is most effective when provided by persons trained in tobacco treatment. This is particularly important when providing tobacco cessation counseling to persons with mental illness, as elements of their mental health condition and symptoms, and contraindications and complicating factors of medications taken for mental health conditions, require tailored approaches by well trained professionals. Quality dependence treatment includes medication, peer support, and counseling. It is also critical that individuals who are trying to quit are supported by environmental restrictions related to access to tobacco products.

The Tobacco Guideline for Behavioral Health[xiii] has been developed as a set of strategies for health care providers to move the needle on tobacco use by persons with mental illnesses and substance use disorders. Information about the Guideline and the organizations which have endorsed the Guideline along with other tobacco cessation resources can be found at www.namikansas.org at the Tobacco Dependence tab on the navigation bar.

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[i] Surgeon General's Report, Preventing Tobacco Use Among Youth and Young Adults, 2012.
[ii] Kimber Richter, PhD, director for the tobacco cessation program at the University of Kansas Medical Center (http://www.khi.org/news/article/conference-session-focuses-on-high-tobacco-use-among-adults-with-mental-ill).
[iii] http://ntr.oxfordjournals.org/content/early/2015/12/24/ntr.ntv272.abstract?sid=b9c488b9-5540-497b-921c-c3b5f52bfe64
[iv] http://www.eurekalert.org/pub_releases/2016-01/gwum-mtc123015.php
[v] American Lung Association, State of Tobacco Control, 2015
[vi] American Lung Association, State of Tobacco Control, 2015
[vii] Pediatrics 2014 Sep: 134(3): 600-1.
[viii] "Tobacco Use among Kansans with Mental Illness," RTI, April 2014.

[ix] Campaign for Tobacco-Free Kids, Broken Promises to Our Children: a State-by-State Look at the 1998 State Tobacco Settlement 16 Years Later FY2015, 2014

[x] Campaign for Tobacco-Free Kids, State Tobacco-Related Costs and Revenues, 2014, https://www.tobaccofreekids.org/facts_issues/toll_us/kansas

[xi] "Partnership Between Tobacco Control Programs and Offices of Mental Health Needed to Reduce Smoking Rates in the United States," JAMA Psychiatry, October 2013.

[xii] "Tobacco Use among Kansans with Mental Illness," RTI, April 2014.

[xiii] https://namikansas.org/resources/smoking-cessation-information/