Increase Access to Tobacco Cessation Treatment

Position: It is critical that individuals with mental illness have access to meaningful tobacco dependence treatment, both behavioral and pharmacological, to help them quit using nicotine for the long term. Health insurance, both publicly and privately funded, should cover all of the services necessary for individuals to lead healthy, productive lives.

The Problem: On average, individuals with mental illness die approximately 25 years before their counterparts in the general population. Tobacco use is a huge contributing factor. "People tend to assume that people with serious mental illnesses are dying years earlier than the general population because of things like suicide or the side effects of homelessness. But that's not the case. They're dying 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," says Kim Richter, director for the tobacco cessation program at the University of Kansas Medical Center.[1] Specifically in Kansas, the reported smoking rate among adults with mental illness is more than twice the smoking rate among adults without mental illness.[2] 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."[3]

This high rate of smoking has come with a serious price tag in terms of the physical health of individuals with mental illness. More than 64% of smokers with mental illness reported poor physical health, compared with 32.2% of smokers without mental illness.[4] Tobacco use also comes with a substantial financial cost. According to the Campaign for Tobacco Free Kids, smoking among all Kansas adults is costing the state $1.2 billion annually, with $237.4 million of that being covered by Medicaid.[5]

In addition, it has been proven that 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.[6]

A recent report indicates that Kansas is among the five states that make it hardest for smokers to get anti-smoking medication.[7] This bottom tier of states provide medication support for only 1% to 6.5% of Medicaid recipients who smoke.

However, 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.[8]

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[1] (http://www.khi.org/news/article/conference-session-focuses-on-high-tobacco-use-among-adults-with-mental-ill).
[2] "Tobacco Use among Kansans with Mental Illness," RTI, April 2014.
[3] http://ntr.oxfordjournals.org/content/early/2015/12/24/ntr.ntv272.abstract?sid=b9c488b9-5540-497b-921c-c3b5f52bfe64
[4] "Tobacco Use among Kansans with Mental Illness," RTI, April 2014.
[5] "The Toll of Tobacco in Kansas," Campaign for Tobacco Free Kids, https://www.tobaccofreekids.org/facts_issues/toll_us/kansas
[6] "Partnership Between Tobacco Control Programs and Offices of Mental Health Needed to Reduce Smoking Rates in the United States," JAMA Psychiatry, October 2013.
[7] http://www.eurekalert.org/pub_releases/2016-01/gwum-mtc123015.php
[8] "Tobacco Use among Kansans with Mental Illness," RTI, April 2014.

Why This Matters: Tobacco use takes a devastating toll on individuals with mental illness. Despite this, very few states have provided comprehensive cessation treatments. While some states require Medicaid to cover some type of tobacco dependence treatment, the quality of that coverage is consistently lacking.

However, 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 both their disease and its symptoms, and contraindications and complicating factors of medications taken for mental health conditions required tailored approaches by well trained professionals. Quality cessation 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 Bottom Line: Smoking is killing individuals with mental illness. We need to provide access to meaningful evidence-based treatment that will help them quit nicotine for the long term. Building a cadre of tobacco treatment specialists in the behavioral health community must be a top priority.