

Testimony for the Interim Human Services Committee

Chairwoman Kathy Hogan

November 3, 2015

Good afternoon, I am, Pat McKone – Regional Senior Director for the American Lung Association of the Upper Midwest with offices serving North Dakota, located in Bismarck. Our mission is the prevention of lung disease and the promotion of lung health. We are a grantee of the North Dakota Center for Tobacco Prevention and Control Policy, working to reduce the harm from tobacco in ND based on CDC Best Practice.

We have been working together with partners across the state, including the Department of Human Services, health care providers, and substance abuse professionals for the past three years to raise awareness, provide skills, resources, and technical assistance to address the needs of substance abuse providers and clients related to tobacco use.

Data shows that the impact of tobacco on those with substance abuse disorders and/or mental illness is the leading cause of their early death – heart disease, stroke, cancer and COPD.

Simply stated smoking keeps consumers from achieving recovery, being financially stable, getting jobs, and securing housing. It has come to our attention in doing this work that North Dakota Century Code 43-45-01, is a barrier to the health of the consumer, as it limits tobacco/nicotine counseling during treatment.

Clinicians know how to diagnose and treat addiction and have the relationships with clients and peers to support them for success vs having to refer to primary care and/or simply offer a quit line number. With your support to insert the term “tobacco/nicotine” into the definitions section in #1. Specifically stating:

“Addiction counseling” means the provision of counseling or assessment of person regarding their use or abuse of alcohol, TOBACCO/NICOTINE or a controlled substance.” The science is clear, smoking cessation increases the likelihood of long term abstinence from alcohol and illicit drugs by 25% (Prochaska et al 2004)

The resources to continue to support this life saving effort are available. We will continue to work with partners provide professional education, including in person trainings, webinars, and consultations and with your support we can do even more to make a REAL difference in the lives of these loved ones and their families.

## Adult Smoking

### Focusing on People with Mental Illness

Cigarette smoking is the leading preventable cause of disease, disability, and death in the US. Despite overall declines in smoking, more people with mental illness smoke than people without mental illness. Because many people with mental illness smoke, many of them will get sick and die early from smoking.

Recent research has shown that, like other smokers, adults with mental illness who smoke want to quit, can quit, and benefit from proven stop-smoking treatments. Some mental health providers and facilities have made progress in this area, while others are now beginning to address tobacco use. The 2006 Surgeon General's Report (available at [www.surgeongeneral.gov](http://www.surgeongeneral.gov)) found that smoke-free policies reduce exposure to secondhand smoke and help smokers quit. Mental health facilities can benefit by making their campuses 100% smoke-free and by making stopping tobacco use part of an overall approach to treatment and wellness. It is critical that people with mental illness get the mental health services they need and are able to get help to quit smoking to improve their overall health and wellness.

\*For this report, mental illness is defined as a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance abuse disorder.

→ See page 4

Want to learn more? Visit

[www http://www.cdc.gov/vitalsigns](http://www.cdc.gov/vitalsigns)

1 in 3 

More than 1 in 3 adults (36%) with a mental illness smoke cigarettes, compared with about 1 in 5 adults (21%) with no mental illness.

 3 in 10

About 3 of every 10 cigarettes (31%) smoked by adults are smoked by adults with mental illness.

1 in 5 

Nearly 1 in 5 adults (or 45.7 million adults) have some form of mental illness.\*

# Smoking is much more common in adults with mental illness than other adults.

## Problem

### Smokers who quit have immediate health benefits.

- ◇ Risk for a heart attack drops sharply just 1 year after quitting.
- ◇ After 2 to 5 years, the chance of stroke can fall to about the same as a nonsmoker's.
- ◇ Within 5 years of quitting, the chance of cancer of the mouth, throat, esophagus, and bladder is cut in half.
- ◇ Ten years after quitting smoking, the risk for dying from lung cancer drops by half.

### Adults with mental illness who smoke want to and are able to quit.

- ◇ Like other smokers, smokers with mental illness are interested in quitting, are able to quit, and have a better chance of quitting successfully when they have access to proven stop-smoking treatments.
- ◇ With careful monitoring, quitting smoking does not interfere with treatments for mental illness and can be part of the treatment.
- ◇ People with mental illness face challenges in quitting smoking and may benefit from extra help to succeed in quitting. This can include more counseling as well as longer use or a combination of stop-smoking medicines.

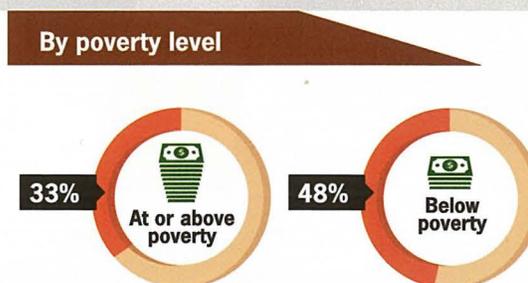
### More attention is needed to help people with mental illness quit smoking.

- ◇ Some mental health facilities still allow smoking.
- ◇ Some mental health facilities allow smoking as a reward for progress.
- ◇ Some mental health facilities now provide counseling and medicine to help smokers quit.

### Smoking and mental illness

- Nicotine has mood-altering effects that put people with mental illness at higher risk for cigarette use and nicotine addiction.
- People with mental illness are more likely to have stressful living conditions, be low income, and lack access to health insurance, health care, and help quitting. All of these factors make it more challenging to quit.
- Evidence shows that there has been direct tobacco marketing to people with mental illness and other vulnerable groups of people.

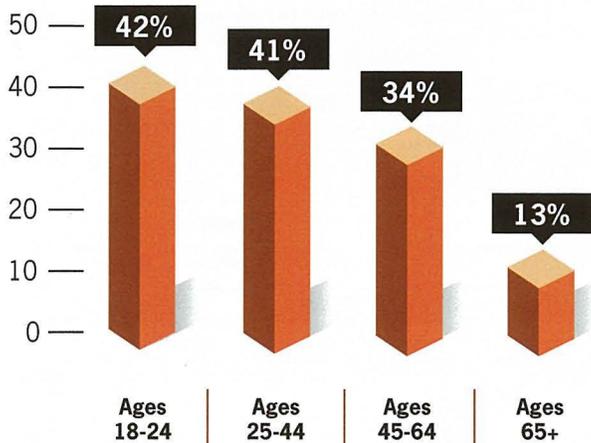
## Percent of Adults with Mental Illness Who Smoke



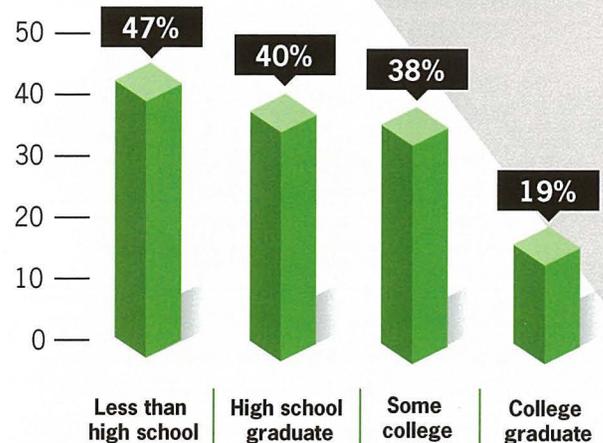
Source: National Survey on Drug Use and Health, 2009-2011, Adults ages 18 or older

# Smoking Statistics for US Adults with Mental Illness

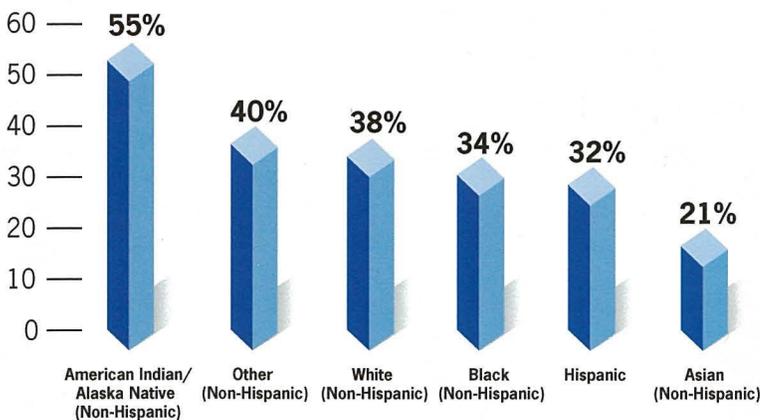
By Age



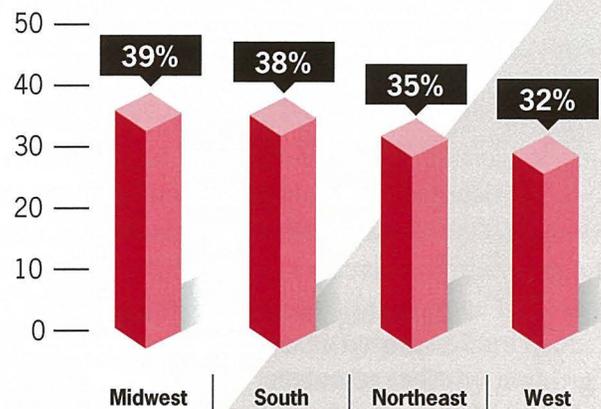
By Education \*\*



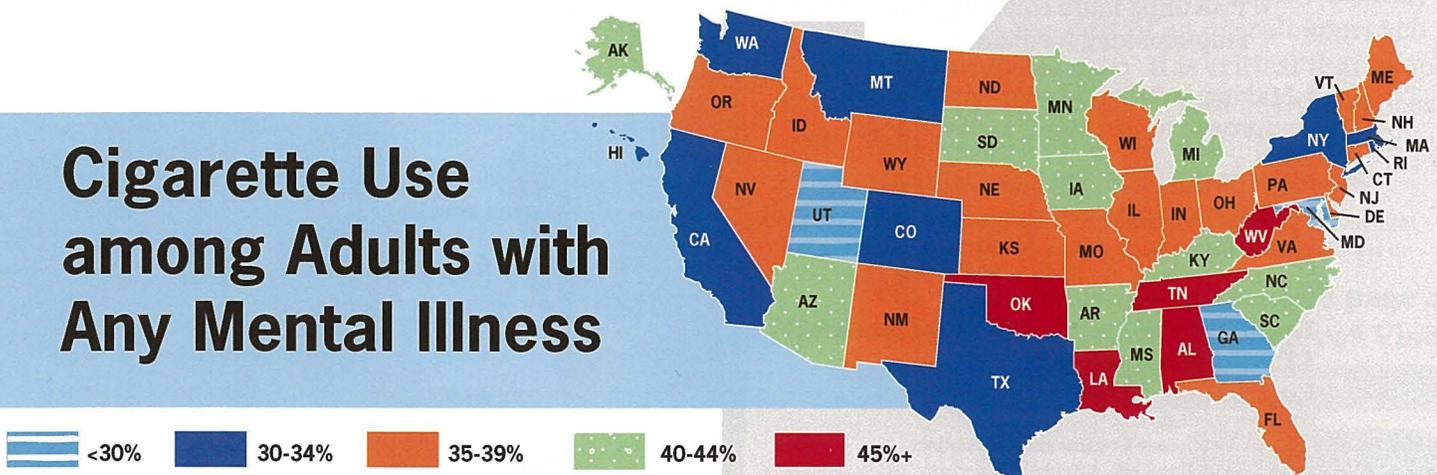
By Racial/Ethnic Groups



By Region



## Cigarette Use among Adults with Any Mental Illness



Source: National Survey on Drug Use and Health, 2009-2011, Adults ages 18 or older  
 \*\* Source: National Survey on Drug Use and Health, 2009-2011, Adults ages 25 or older

# What Can Be Done

Federal agencies and national partners are working to reduce tobacco use among people with mental illness.



## This includes:

- ◇ Helping states develop action plans to reduce smoking by people with mental illness.
- ◇ Providing funding to promising state and local programs that make stop-smoking treatment part of mental health treatment and wellness.
- ◇ Making stop-smoking treatments more available to people who want to quit.
- ◇ Conducting research focused on the health and longevity of people with mental illness.
- ◇ Providing information to mental health treatment facilities on the benefits of tobacco-free campus policies (i.e., no use of any tobacco product inside the facility or anywhere on its grounds). Several states are already putting these policies in place.

## More progress can be achieved:



### By mental health professionals

- ◇ Asking their patients if they use tobacco; if they do, helping them quit.
- ◇ Offering proven quitting treatments, including tailored quit assistance, to patients who use tobacco.
  - Referring patients interested in quitting to 1-800-QUIT-NOW, [www.smokefree.gov](http://www.smokefree.gov), or other resources.
  - Providing more counseling, support, and stop-smoking medicines.
- ◇ Making quitting tobacco part of an overall approach to treatment and wellness.
- ◇ Monitoring and adjusting mental health medicines as needed in people trying to quit using tobacco.

For more information, please contact

**Telephone: 1-800-CDC-INFO (232-4636)**

**TTY: 1-888-232-6348**

**E-mail: [cdcinfo@cdc.gov](mailto:cdcinfo@cdc.gov)**

Web: [www.cdc.gov](http://www.cdc.gov)

Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333

Publication date: 02/05/2013

### By mental health facilities



- ◇ Including quitting treatments as part of mental health treatment and wellness.
- ◇ Stopping practices that encourage tobacco use (such as not providing cigarettes to patients and not allowing staff to smoke with patients).
- ◇ Making their entire campus 100% smoke-free as noted in the 2006 Surgeon General's Report (available at [www.surgeongeneral.gov](http://www.surgeongeneral.gov)). Several states are already putting these recommendations in place.

### By state and community leaders



- ◇ Helping mental health and tobacco control programs to work together to reduce tobacco use among people with mental illness.
- ◇ Encouraging state mental health and addiction agencies to put in place tobacco quitting programs and tobacco-free campuses.
- ◇ Supporting sustained, evidence-based tobacco control programs.

### By people with mental illness



- ◇ Deciding to quit using tobacco right away. The sooner they stop, the sooner their bodies can begin to heal, and the less likely they are to get sick from tobacco use.
- ◇ Asking their doctors and mental health treatment providers for help to quit.
- ◇ Calling 1-800-QUIT-NOW for free help quitting and going to [www.smokefree.gov](http://www.smokefree.gov) for a step-by-step quit guide.
- ◇ Avoiding secondhand smoke; making their home and vehicles smoke-free.
- ◇ Supporting friends who are trying to quit.

[www <http://www.cdc.gov/vitalsigns>](http://www.cdc.gov/vitalsigns)

[www <http://www.cdc.gov/mmwr>](http://www.cdc.gov/mmwr)