Government Affairs Dept.
Mental Health Association in New Jersey

President & CEO: Carolyn Beauchamp Director of Advocacy: Barbara Johnston

PUBLIC POLICY STATEMENT
REGARDING USE OF TOBACCO AMONG MENTAL HEALTH CONSUMERS

STATEMENT OF THE PROBLEM

Almost half of all of the tobacco consumed in the United States is by people who have a mental health disorder. Conversely, smoking is the number one cause of premature death among people with chronic mental illnesses—with rates even higher than suicide or symptoms related to their illnesses.

Despite these startling statistics, New Jersey's public health system pays very little attention to these critical issues related to the long-term recovery of and quality of life for people with mental illnesses who are addicted to tobacco.

Addressing tobacco use among individuals with mental health disorders is important, not only for health reasons, but also because it may improve abstinence from other substances and result in further improvement in mental health recovery. Unfortunately, numerous barriers including stigma, misperception and time constraints prevent providers of mental health services from screening for or offering treatment for tobacco-cessation.

Many professionals believe that mental health consumers are unable or unwilling to quit. Some believe that nicotine serves as form of tranquilizer for people with severe and persistent mental illness. And in some settings, cigarettes are used as a form of reward or punishment. In fact, research has shown that nicotine actually interferes with the pharmaceutical benefits of some mental health drugs by reducing serum drug levels. And many consumers, when asked, say that they smoke to break up the monotony of treatment settings where very little therapeutic activity takes place. But once consumers learn about the health risks of tobacco and the mortality and morbidity rates of individuals with mental illness, many of them make decisions to quit and succeed at doing so.

For mental health consumers who smoke and who are on public assistance, the problem goes beyond neglect of these serious health issues. These people spend, on average, 27% of their public assistance income on cigarettes, yet are virtually ignored in public health policy regarding tobacco and nicotine cessation. Each year that New Jersey raises taxes on cigarettes as a way to raise revenue, consumers are further ignored and put more seriously at risk.

Despite the volume of cigarettes smoked by people with mental illnesses, this population received virtually no dedicated monies when New Jersey received its share of the Master Settlement Agreement and the Department of Health and Senior Services established the state's Comprehensive Tobacco Control Program (CTIP). No portion of tax revenue generated in New Jersey form the sale of cigarettes goes towards treatment form mentally ill smokers. On average, a smoker who spends $2000/ year on cigarettes pays about $100/year, or half of this cost in taxes, for which they receive no direct benefit.

88 Pompton Avenue, Verona, New Jersey 07044
voice: 973.571.4100 ■ fax: 973.857.1777 ■ e-mail: info@mhanj.org ■ website: www.mhanj.org

BACKGROUND

In 1964, the first Surgeon General's Report on Smoking and Health was released and motivated a "wide variety of private and public sector activities intended to reduce the disease burden of tobacco use." IN the years following the report, many tobacco control polices were instituted to reduce tobacco use in the general public, including information and education, economic incentives, and direct restraints on tobacco use, such as "smoke-free" areas of public buildings.

Broader behavioral health system changes began in 1992, when the Joint Commission on the Accreditation of Health Organizations (JCAHO) developed a standard that restricted smoking in hospitals, which as been implemented to varying degrees in psychiatric units. Only very recently, in 2002, has the Substance Abuse and Mental Health Services Administration (SAMHSA) included tobacco in its definition of co-occurring disorders and included tobacco treatment and prevention programs in its registry of effective programs.

IN addition, the Robert Wood Johnson Foundation initiative "Addressing Tobacco Dependence among Individuals with Mental Illness or an Addiction" has helped create a national strategic plan on this topic with the participation of researchers and experts from the National Institutes of Health, other federal an state agencies, including the Mental Health Association in New Jersey, and the community. Specific grant requests from the National Cancer Institute, the National Institute on Drug Abuse, the National Institute of Mental Health, and the National Institute on Alcohol Abuse and Alcoholism have targeted projects targeted to tobacco dependence with behavioral health.

The Center for Substance Abuse Prevention has targeted high-risk adolescents with mental health or substance abuse disorders. The American Psychiatric Association has integrated tobacco dependence into its Substance Abuse Disorders Practice guidelines. Some managed care organizations have worked to add nicotine dependence treatment as a covered pharmacy and treatment benefit. In some states, Medicaid has authorized the use of over-the-counter nicotine replacement for covered individuals.

In New Jersey, our Comprehensive Tobacco Control Program include the UMDNJ Tobacco Dependence Program, which as been funded through the state's Department of Health and Senior Services. This project has included a small Mental Health Consultative Service, which as developed a model of 12 Steps for Addressing Tobacco within Mental Health Treatment Programs and has begun to provide education on this issue statewide. But the program receives no funding from the Department of Human Services and contracted agencies are not required to screen for or treat nicotine addictions, nor are they required to offer smoke-free settings.

To date, the only state psychiatric hospital that has become a smoke-free facility is the Ann Klein forensic hospital, which did so in January 2002. Other state mental health hospitals are considering becoming smoke-free. However, due to budget constraints, it is unclear whether they will be able to access the services of the UMDNJ Tobacco Dependence Program, which remained in the Department of Health and Senior Services when the Division of Addiction Services moved into the Department of Human Services in April 2004.

POSITION

MHANJ believes that treatment for mental illness must include a holistic, wellness-centered approach to all health – mental and otherwise – that leads consumers back to full and productive lives of the longest duration possible. While it's true that tobacco addictions are deep-seated in many of the people we advocate for, and some would suspect that consumers **couldn't** quit, we believe that consumers deserve the full choice to attempt such wellness-oriented treatments and he necessary supports to succeed. Our education and advocacy program have shown consistently that, when presented with accurate, clear information, consumers often are capable of far more than others have thought possible.

Therefore, the MHANJ supports the following initiatives and recommends that they be instituted across the state in all regions:

- Education for consumers on the health risk of nicotine dependence, the effect on medication, the increased research into support for people with mental illness, and the reality of their personal choice on this issue

- Education for treatment professionals on how to screen, assess, and treat tobacco dependence, based on current Public Health System and/or American Psychiatric Association Practice Guidelines

- Public forums designed to learn, from consumers' firsthand, what the obstacles are to recovering from nicotine addiction and funding for a consumer advocate position to address this issue

- Universal, statewide no-smoking policies in all treatment settings with provisions for choice fro those people who are involuntarily committed

- Provisions fro tobacco-dependence medications in community settings, such as screening centers, where consumers must wait for long periods of time before being treated

- Adequate resources for state hospitals considering becoming tobacco-free, including hospital formularies that include tobacco dependence medications

- Universal, statewide policies preventing the sale of, or advertising about, tobacco products in treatment settings

- Insurance reimbursement for all tobacco-cessation products, including Medicaid, Family Care, and General Assistance

- Funding in the Department of Human Services budget dedicated to nicotine addiction screening and treatment fro mental health consumers, including technical assistance to treatment programs and facilities

- Assessment in all mental health settings of tobacco use through the Unified Services Transaction From (USTF)

- Ongoing research into the treatments necessary to help people with mental health illnesses succeed in quitting smoking.