

# Clear the Smoke-Filled Ceiling

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# Costs of Tobacco Use in KS

One-in-five (20%) of Kansas adults smokes cigarettes.

In 2012, 3,619 Kansas adults died from a smoking-related illness.

61,000 Kansas children (under age 18) will ultimately die prematurely from smoking.

**\$927 million in annual Kansas health care costs**

- \$196 million covered by KanCare.



# The State of Tobacco Control in Kansas



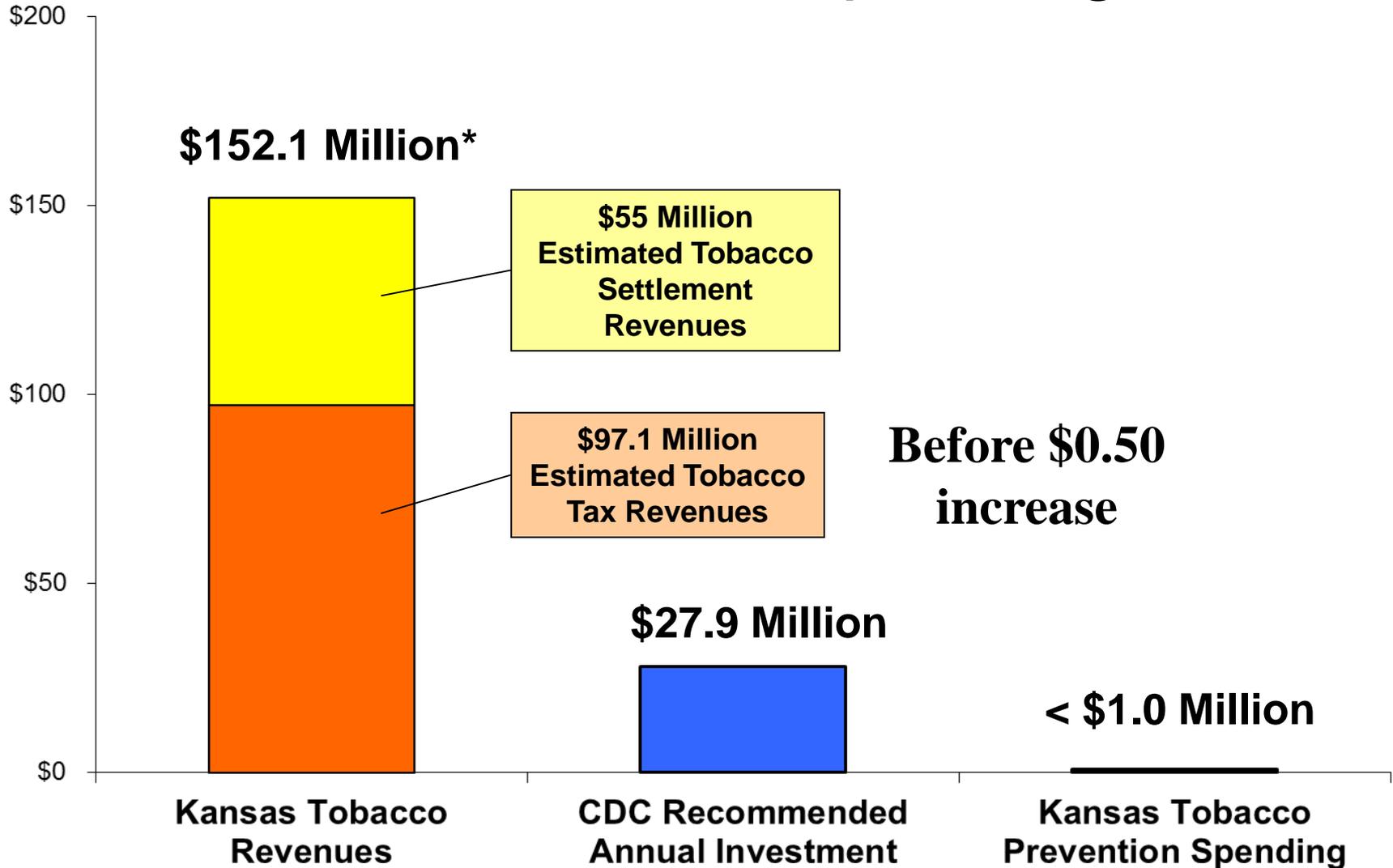
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# Core Tobacco Control Strategies

- **Smoke-Free Air Laws**
  - 2010 Kansas Indoor Clean Air Act
  - Successful and popular!
- **Raising the Retail Price of Tobacco Products**
  - KS cigarette excise tax = \$1.29
    - 31<sup>st</sup> in nation
    - National average = \$1.60
- **Funding Comprehensive Tobacco Control Programs**
  - KS state funding = \$946,671
    - 41<sup>st</sup> in nation based on per capita funding
  - CDC recommendation = \$27.9 million



# Kansas Tobacco Revenue and Tobacco Prevention Spending – FY14



\*Source: Kansas Division of Budget; Kansas Legislative Research Department

# Quit Attempts in the Past Year

Quit attempts among adult smokers:

- **Kansas: 46.6%**
- Nationally: 55.7%

**Kansas ranked  
48<sup>th</sup> among states**

## Population Impact:

Kansas vs. National Average: **-39,494** Kansans making quit attempts

Kansas vs. Best in Nation: **-84,196** Kansans making quit attempts



# Change in Adult Smoking Prevalence

	1995 Rate	2013 Rate	Improvement	Rank
Texas	23.7	15.9	-32.9%	1st
Rhode Island	24.7	17.4	-29.6%	2nd
Arizona	22.9	16.3	-28.8%	3rd
Florida	23.2	16.8	-27.6%	4th
Nevada	26.4	19.4	-26.5%	5th
<b>Kansas</b>	22.0	20.0	-9.1%	<b>38th</b>

# Mental Health and Smoking Prevalence in Kansas



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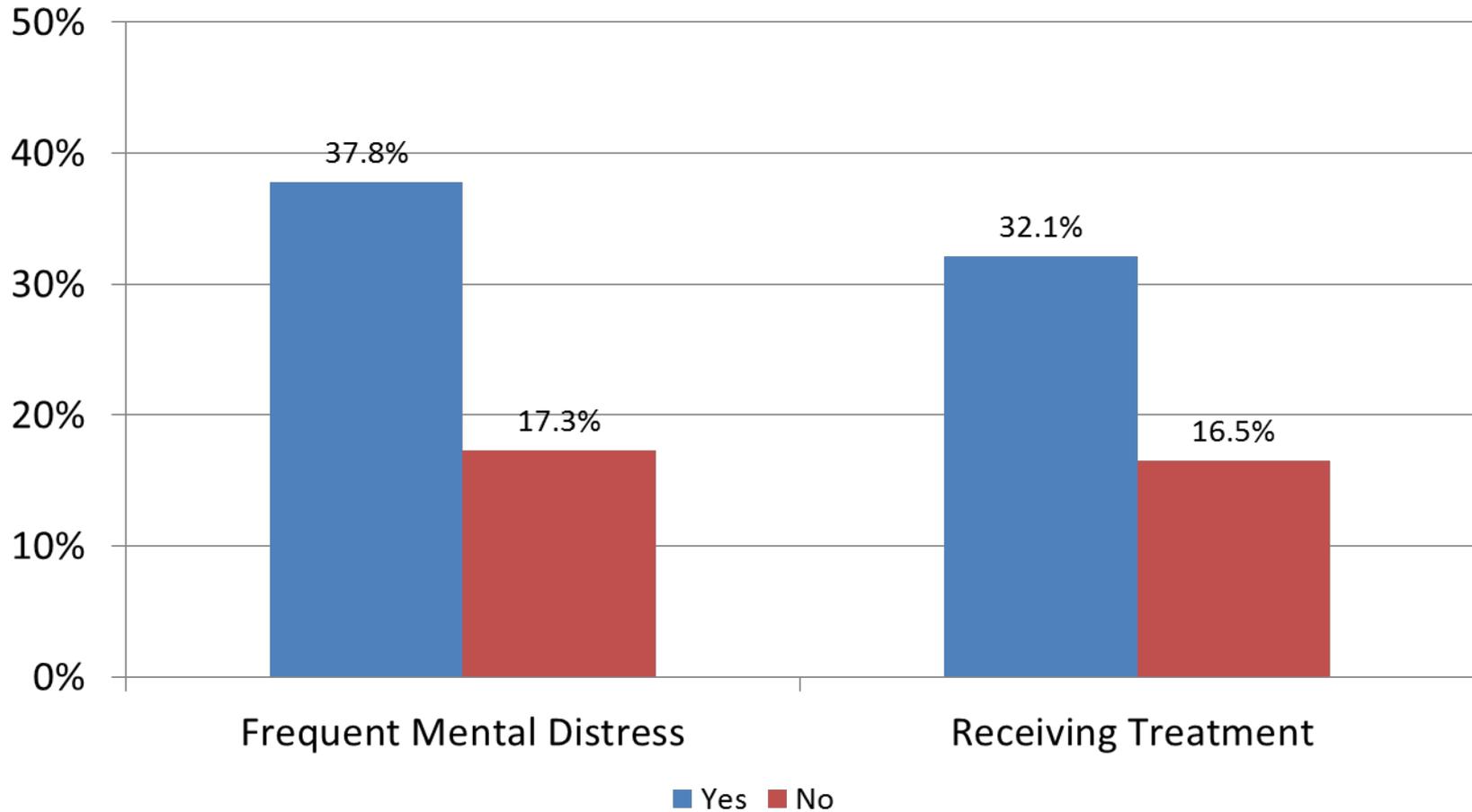
# Smoking and Mental Health - Adults

Two measures of mental health in the 2012 KS Behavioral Risk Factor Surveillance System.

- Frequent Mental Distress - Report that mental health was “not good” on 14+ days in last month
  - 10.2% of Kansas adults reported frequent mental distress.
- Receiving Treatment – taking medication or receiving treatment for mental health condition or emotional problem
  - 12.1% of Kansas adults reported receiving treatment for a mental health condition or emotional problem.

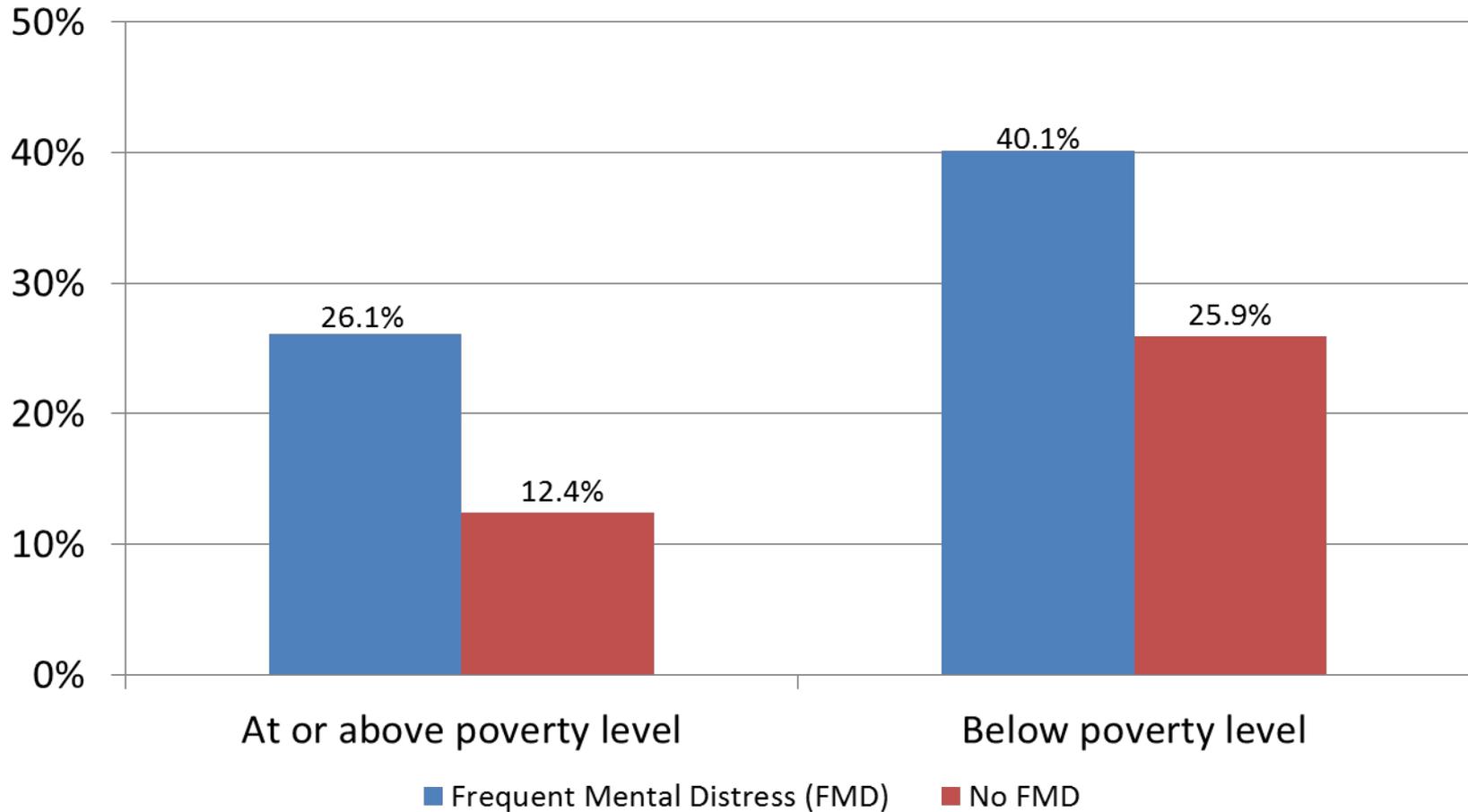


# Current Smoking By Mental Health, Kansas Adults (2012)



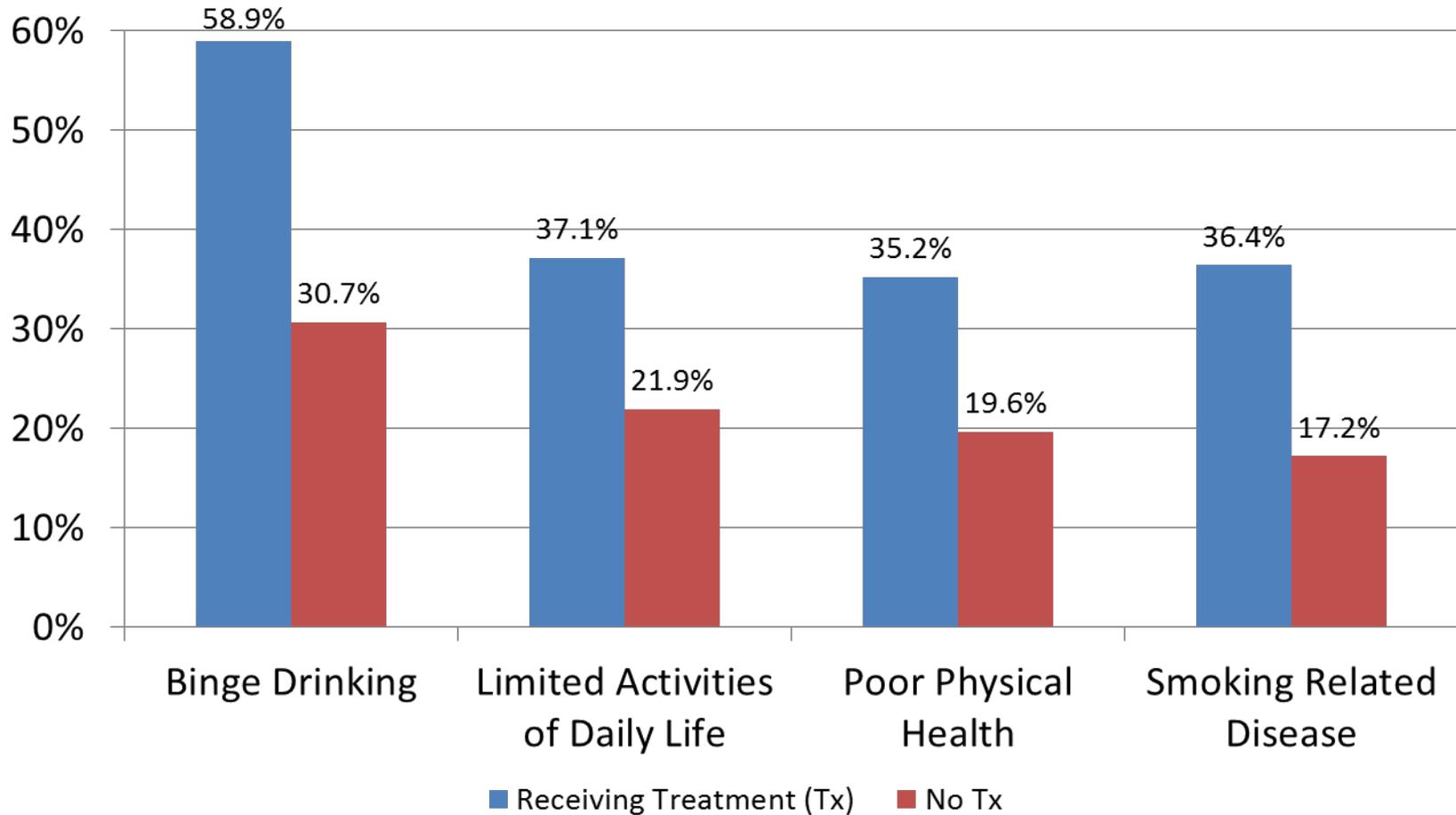
Source: Behavioral Risk Factor Surveillance System

# Current Smoking By Poverty Status and Frequent Mental Distress, Kansas Adults (2012)



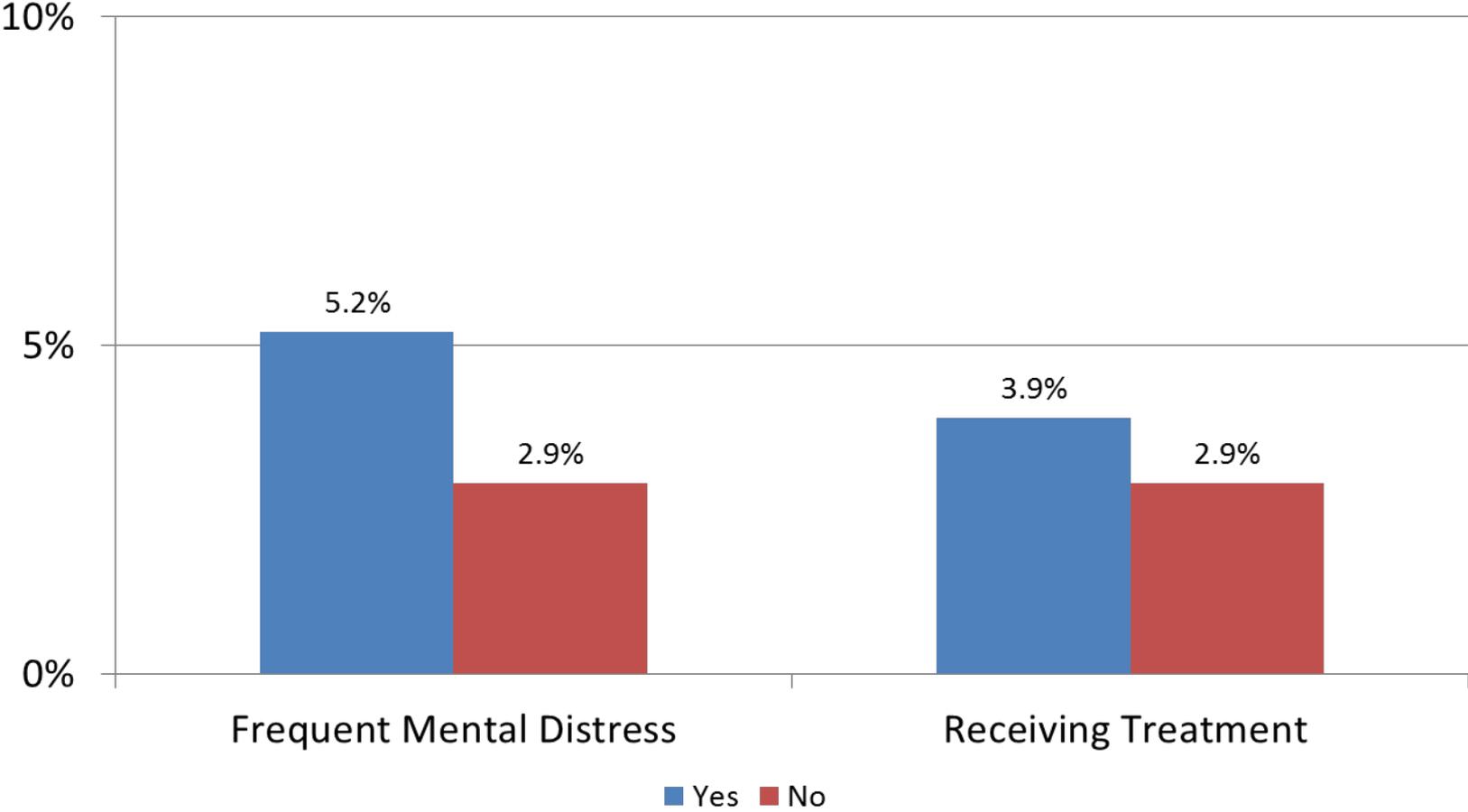
Source: Behavioral Risk Factor Surveillance System

# Smoking, Mental Health and Other Risk Factors, Kansas Adults (2012)



Source: Behavioral Risk Factor Surveillance System

# Recent Quitters, Kansas Adults (2012)



Source: Behavioral Risk Factor Surveillance System

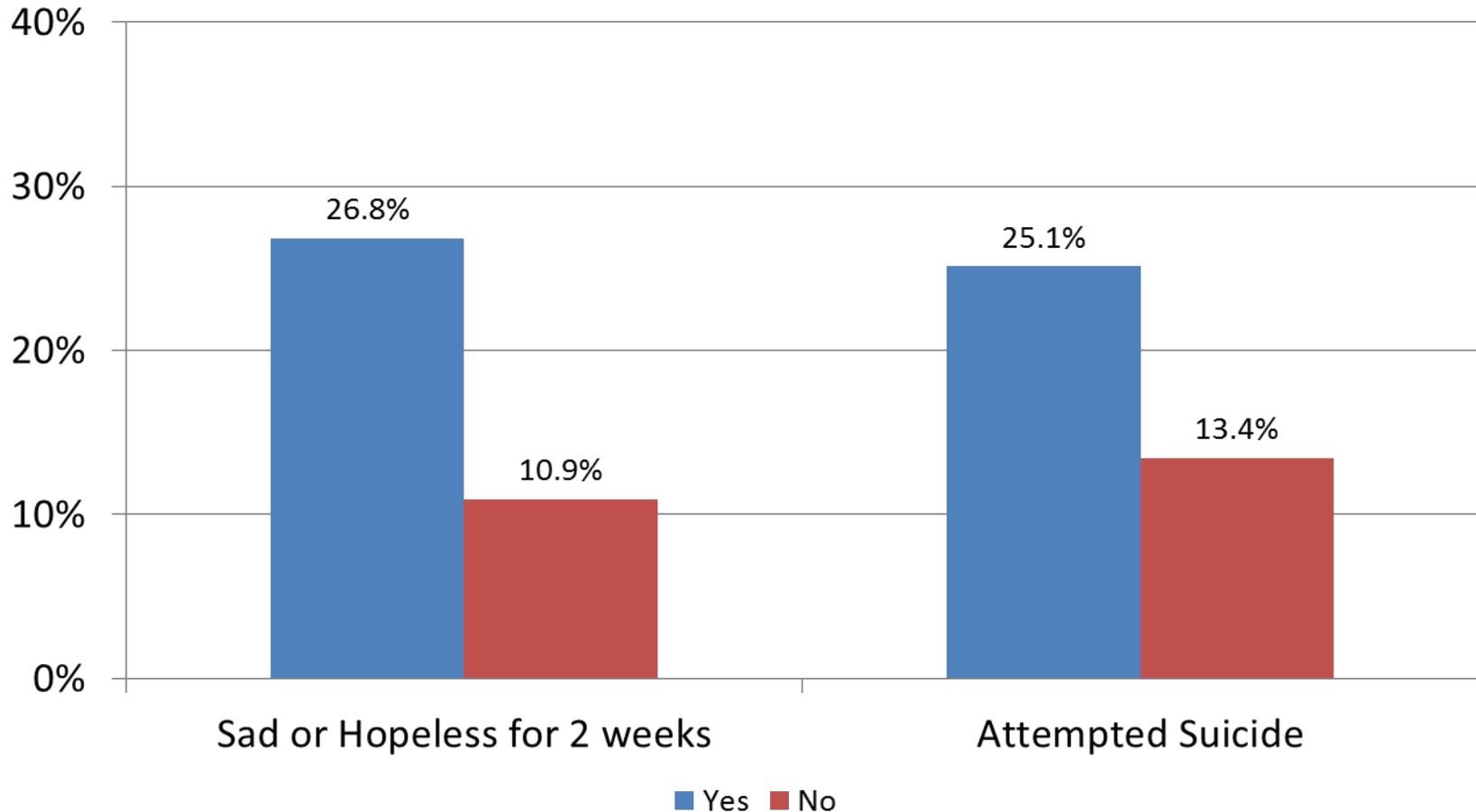
# Smoking and Mental Health - Youth

## Measures of mental health in the 2011 KS Youth Risk Behavior Surveillance System.

- Sad or hopeless every day for two weeks.
  - 21.9% of Kansas high school students
- Seriously considered committing suicide.
  - 11.8% of Kansas high school students
- Had at least one suicide attempt in past year.
  - 5.9% of Kansas high school students



# Current Smoking By Mental Health, Kansas Youth (2011)



Source: Youth Risk Behavior Surveillance System

# Mental Health and Smoking Health Impact



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- People with SMI die, on average, 25 years earlier than the general population.
- The odds of cardiac-related death was increased by 12X in smokers vs. nonsmokers for Patients with Psychosis (aged 35-54 years)
- 50% of deaths in schizophrenia, depression and bipolar disorder are attributed to tobacco
- More alcoholics die from smoking-related diseases than from alcohol-related diseases

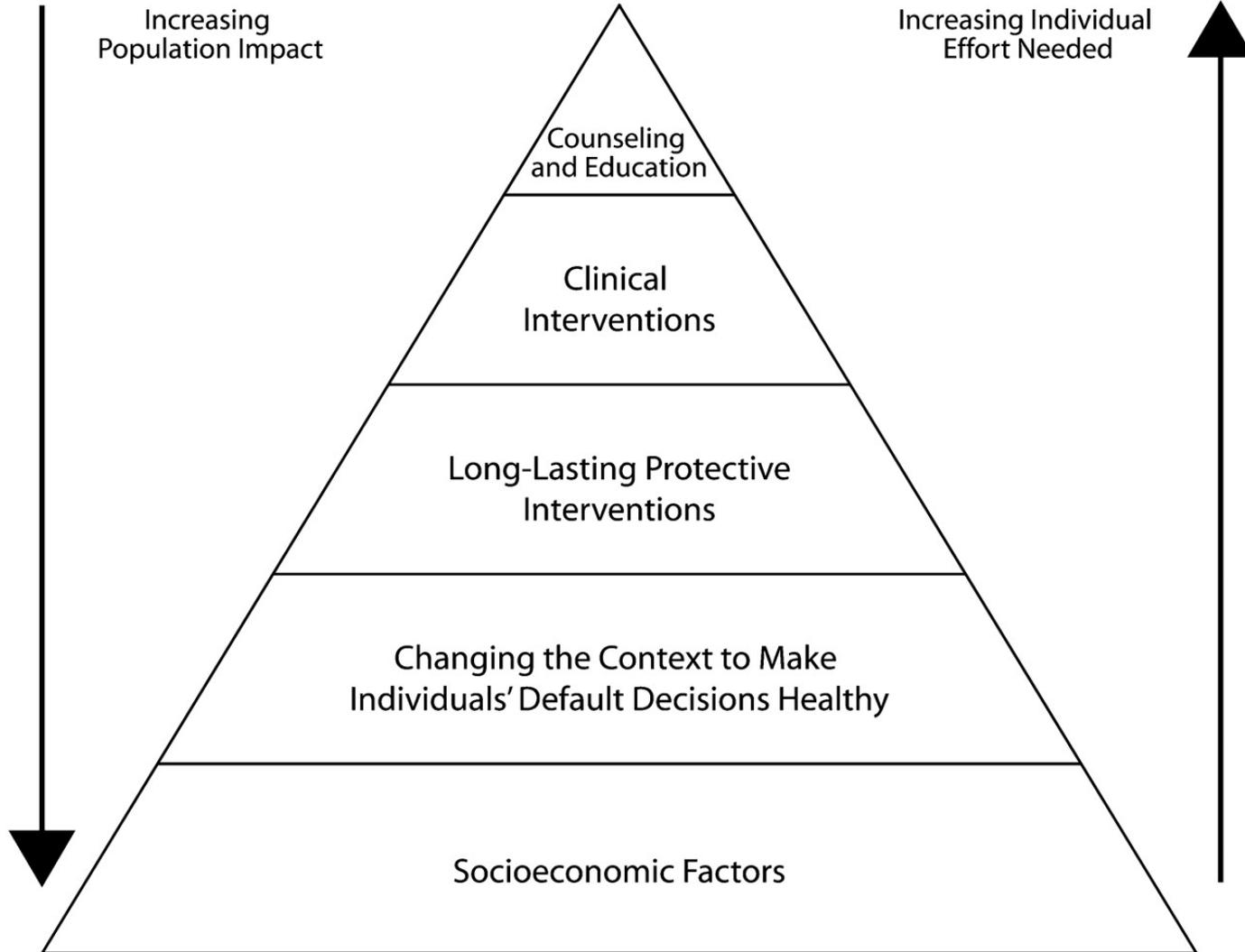
- Mental Health recipients on public assistance spend 27% of their total income on cigarettes.
- Persons with a mental disorder or SUD purchase & consume 30-44% of cigarettes sold in the US

# Conversation about why people smoke.



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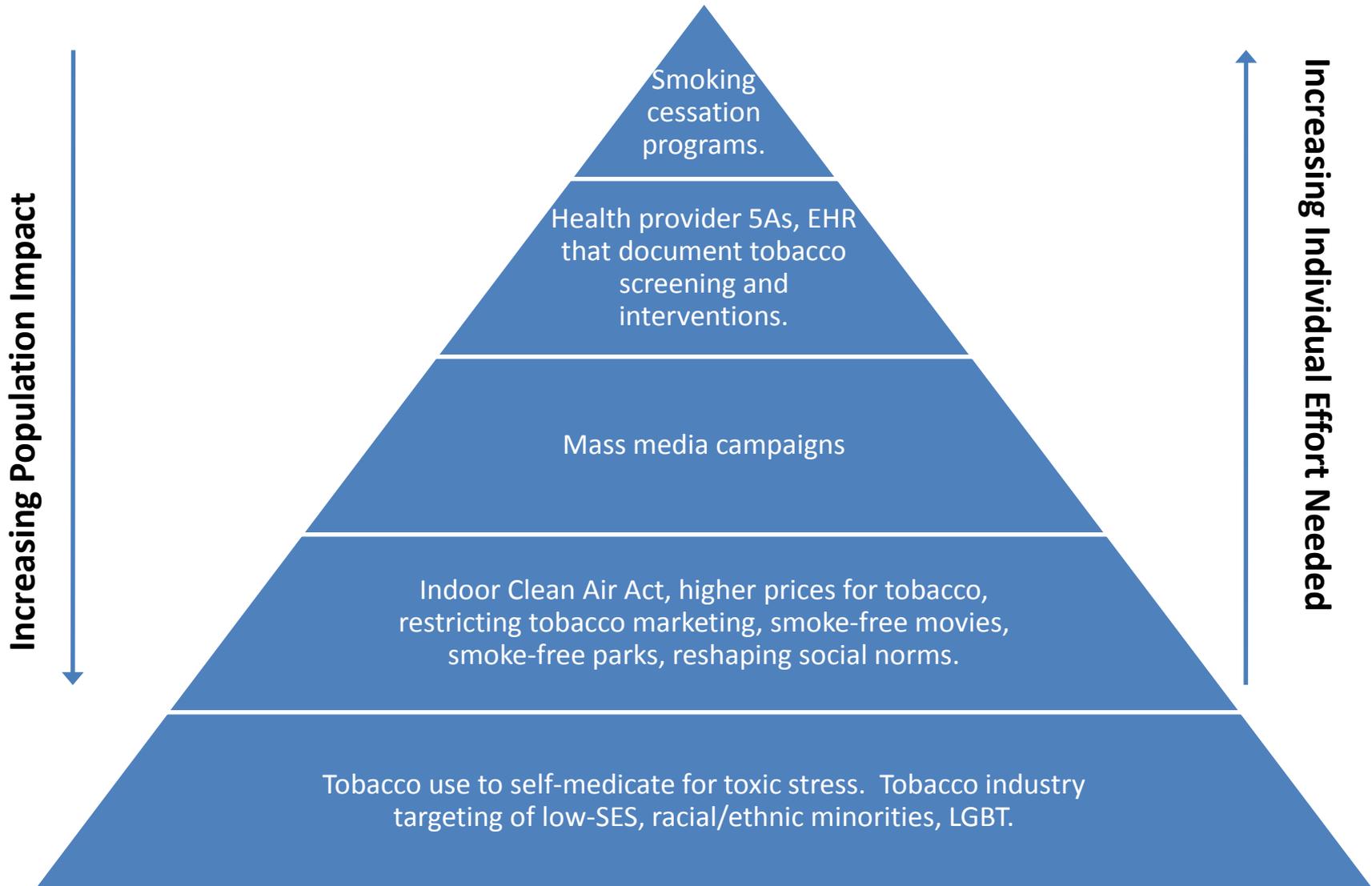
# The health impact pyramid



Frieden, T. R. Am J Public Health 2010;100:590-595



# Tobacco Control health impact pyramid



# Mental Health and Smoking what can we do?



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# Tobacco Use and Mental Health

- Adaptive challenges without easy solutions.
  - In the past, the culture of the mental health system used tobacco as a reward.
  - Eliminating/reducing nicotine from a heavy smoker can affect the efficacy of other medications.
  - Smoking may be perceived as a “pleasure” that should not be taken away.
  - Staff of mental health treatment programs may use tobacco.



# Behavioral Health Should Take a Lead in Tobacco Treatment

- High prevalence of tobacco use/ patient need
- Nicotine Dependence in DSM-IV
- Trained in addictions
- Tobacco interactions with psych meds
- Longer and more treatment sessions
- Experts in psychosocial treatment
- Relationship to mental symptoms



# Benefits of Linking Public and Behavioral Health Professionals

Tobacco Control  
Public Health



Behavioral Health  
Human Services

Effective in  
health  
communication  
Coalition building  
Tobacco  
regulations

Large clinical  
workforce  
Relationships  
with insurers  
Close to target  
populations



# What is being done in Kansas?



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# KHF Fellows Program

**To improve the health of Kansans with serious and persistent mental illness by reducing their use of tobacco products.**

**The 23 Fellows are Kansans committed to this purpose and believe progress can be made.**



# Tobacco Use and Mental Health: Factions and Values



# KHF Fellows Planning

## Policy Objectives:

- Expand coverage for smoking cessation
  - KanCare and private insurance
- Expand organizational policies in behavioral health settings
  - Integrate tobacco dependence treatment
  - Establish tobacco-free policies



# KHF Fellows Planning

## Education Objectives:

- Increase number of certified tobacco dependence treatment specialists in Kansas.
- Integrate tobacco cessation/prevention into peer programs.
- Training for behavioral health providers and staff.



# KHF Fellows Planning

## Communication Objectives:

- Use social marketing to build support among providers, policymakers, consumers and advocates regarding need to address tobacco dependence.



**Tobacco is a winnable battle!**



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# Tobacco Use and Mental Health

Our work in this area is driven by three beliefs:

1. Most smokers want to quit.
2. Nicotine delivery through cigarette smoking is deadly and offsets gains in behavioral health.
3. Together, we will identify ways to make greater progress.



Thank you!



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