



Senate Committee on Assessment & Taxation

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Presented by:
Rick Cagan
Executive Director

NAMI Kansas is the state organization of the National Alliance on Mental Illness, a grassroots organization whose members are individuals living with mental illnesses and their family members who provide care and support. NAMI Kansas provides programs of peer support and education by and for our members through a statewide network of 14 local affiliates. We advocate for individuals who are living with mental illness to ensure their access to treatment and supportive services.

We support SB 376 to increase the tax on cigarettes and other tobacco products and the dedication of \$5 million of this revenue increase for tobacco cessation and prevention programs.

It has been established 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.¹

Many individuals served by behavioral health care providers have co-morbid tobacco dependence. 2013 data indicate that 34.9% of Medicaid beneficiaries in Kansas smoke compared to a national average of 30.1%. 40% of cigarettes smoked by adults in the U.S. are smoked by adults with mental illness and substance use disorders (SUD).²

People with severe mental illness die up to 25 years younger than the general population largely due to conditions caused or worsened by smoking (heart disease, cancer, & lung disease).³ Tobacco addiction and smoke exposure are among the leading causes of preventable and premature death and disability worldwide.

Specifically, in Kansas the reported smoking rate among adults with mental illness is more than twice the smoking rate among adults without mental illness.⁴ A 2015 research report concludes that “people with high levels of psychological distress continue to smoke at particularly high rates.”⁵

Tobacco use reduces the efficacy of psychiatric medications. Individuals with mental illness can take less medication and achieve better symptom reduction by taking less medication when they quit tobacco. This represents better health and quality of life outcomes for individuals as well as savings to health care systems.

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.⁶

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 annually⁷, with \$237.4 million of that being covered by Medicaid.⁸

We believe the data is compelling for individuals with behavioral health issues. We urge you to move forward with tax increases on tobacco products to generate needed revenue and to address a major public health issue for all Kansans. We urge you as well to dedicate a portion of this new revenue for tobacco prevention and cessation programs.

Thank you for your consideration.

¹ “Partnership Between Tobacco Control Programs and Offices of Mental Health Needed to Reduce Smoking Rates in the United States,” JAMA Psychiatry, October 2013

² Substance Abuse and Mental Health Services Administration. *The NSDUH Report: Adults with Mental Illness or Substance Use Disorder Account for 40 percent of All Cigarettes Smoked*. Rockville (MD): U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, 2013a Available at: <http://www.samhsa.gov/data/sites/default/files/spot104-cigarettes-mental-illness-substance-use-disorder/spot104-cigarettes-mental-illness-substance-use-disorder.pdf> Accessed March 3, 2016.

³ (<http://www.khi.org/news/article/conference-session-focuses-on-high-tobacco-use-among-adults-with-mental-ill>).

⁴ “Tobacco Use among Kansans with Mental Illness,” RTI, April 2014.

⁵ <http://ntr.oxfordjournals.org/content/early/2015/12/24/ntr.ntv272.abstract?sid=b9c488b9-5540-497b-921c-c3b5f52bfe64>

⁶ “Tobacco Use among Kansans with Mental Illness,” RTI, April 2014.

⁷ 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

⁸ Campaign for Tobacco-Free Kids, State Tobacco-Related Costs and Revenues, 2014, https://www.tobaccofreekids.org/facts_issues/toll_us/kansas