

WASHINGTON STATE: Understanding tobacco use and behavioral health

BACKGROUND

MENTAL ILLNESS + SMOKING



BINGE DRINKING + SMOKING



MARIJUANA + SMOKING



BEHAVIORAL HEALTH CONDITIONS + SMOKING



Nicotine addiction in the United States disproportionately affects adults with behavioral health conditions.

Tobacco use in behavioral health populations

- An estimated 35% of adults who smoke cigarettes have a behavioral health disorder and account for nearly 40% of all U.S. adult cigarette consumption.³
- Nearly 18 million people with mental illness currently use tobacco products, and adults with mental illness use cigarettes at higher rates than those without a mental illness.⁴
- Adults with behavioral health conditions died about 5 to 15 years earlier than those without these conditions; many of these deaths are caused by smoking cigarettes.⁵
- Adults with mental illness are four times more likely to die prematurely if they smoke cigarettes, and people with behavioral health issues who use tobacco are more likely to die from heart disease, cancer, and lung disease than their diagnosis.⁶

People living with behavioral health conditions such as depression and anxiety are twice as likely to have tried e-cigarettes and three times as likely to be consistent users compared to those without behavioral health conditions.⁷ Individuals with mental illness often use e-cigarettes alongside traditional cigarettes, increasing the risk of nicotine addiction.⁸ Individuals with behavioral health conditions are also more likely to believe that using e-cigarettes will help them quit smoking, even though the FDA does not recognize electronic nicotine devices as smoking cessation aids.⁹

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Economic toll of tobacco

The American Lung Association estimated that Washington state would save \$76.3 million in Medicaid costs if just one percent of current smokers in the state quit.¹⁰ Each year, \$2.2 billion is lost by employers from lost productivity and an estimated \$2.81 billion in state health care costs are caused by smoking alone.¹¹ The state and federal tax burden from smoking related government expenditures averages \$720 per household.¹²

Role of the tobacco industry

The tobacco industry has a long history of targeted marketing and research that perpetuate high rates of tobacco use among people with behavioral health conditions. They have provided free cigarettes to behavioral health facilities, fought against tobacco free policies, and funded research to perpetuate misconceptions that cigarettes have a therapeutic effect and quitting will make mental health symptoms worse.¹³

Nicotine dependence treatment

People with behavioral health conditions want to quit tobacco use at the same rates as the general population, and there are evidence based treatments that work to treat nicotine dependence.¹⁴ There is a 25% increased likelihood of a long-term recovery from substances when tobacco cessation is addressed in tandem with SUD. Additionally, treating nicotine dependence contributes to decreased anxiety, depression, and stress, regardless of psychiatric diagnosis.¹⁵ Brief interventions such as Screening, Brief Intervention, and Referral to Treatment (SBIRT), the 5As, and the 2As and R have been shown to be effective, as well as more in depth interventions combining medications with behavioral therapy.

CURRENT POLICY LANDSCAPE

Facility policies and practices

In order to identify improvements for nicotine dependence treatment in behavioral health facilities in Washington, it's important to understand what the current policies and practices are. The Substance Abuse and Mental Health Services Administration (SAMHSA) has an online facility locator that provides searchable information on facilities across the country, including location, populations served, and services provided.¹⁶ Given capacity limitations on behavioral health facilities due to responding to the Covid-19 pandemic and a workforce shortage, this data source was identified as the best way to understand the current landscape without further burdening facility staff to respond to requests for information. There were a total of 620 facilities listed in the facility locator.

There are differences between facilities that provide mental health vs. substance use treatment services. Substance use treatment facilities appear to do better at providing nicotine dependence treatment (see Figure 1), while mental health facilities are more likely to have a smoke-free policy (see Figure 2).

State cessation laws and policies

The Affordable Care Act requires health plans to provide access to nicotine dependence treatment, including screening, counseling, and FDA approved medications. However, in Washington, what this coverage includes depends on the type of insurance coverage (See Figure 3). Medicaid covers nicotine dependence treatment services via the Washington State Quitline for all clients. Fee-for-service Medicaid covers nicotine and non-nicotine medications, and Managed Care Organizations provide medications depending on the organization. Pregnant people with Medicaid are eligible for face-to-face counseling and nicotine and non-nicotine medications.

FIGURE 1: NICOTINE DEPENDENCE TREATMENT OFFERED

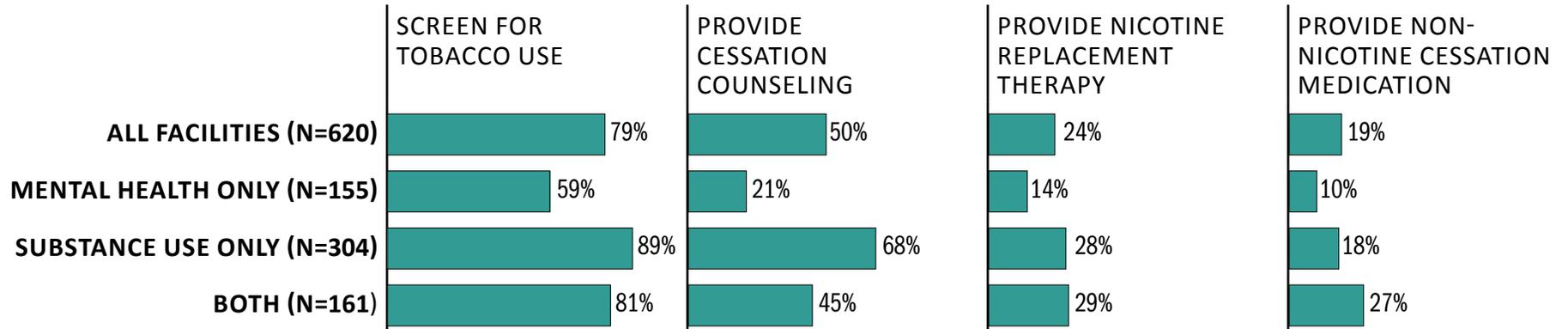


FIGURE 2: SMOKING POLICIES

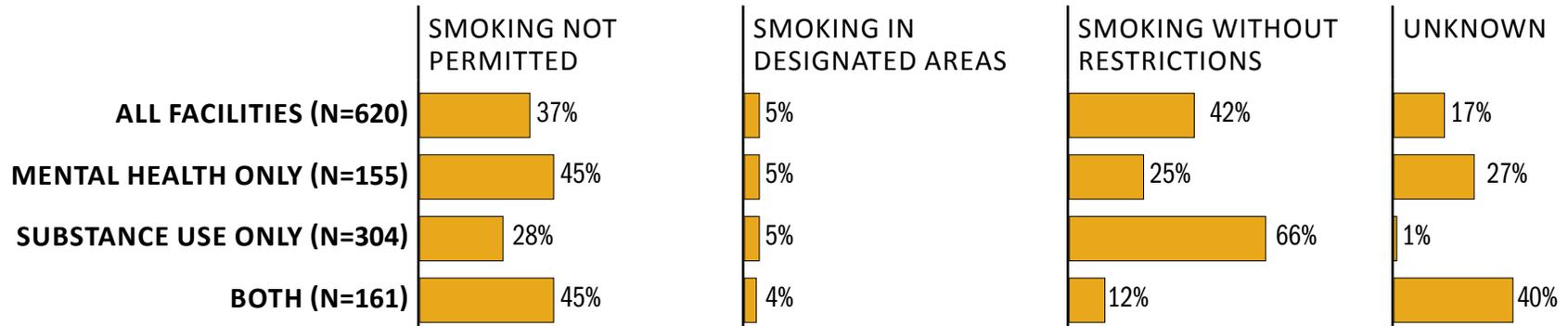


FIGURE 3: PATCHWORK OF COVERAGE IN WASHINGTON STATE

		MEDICARE	MEDICAID	PRIVATE PLAN	UNINSURED
COUNSELING	INDIVIDUAL	Y	V - Y, IF PREGNANT	V	N
	GROUP	N	N	V	N
	PHONE	N*	Y	V*	Y*
MEDICATION	OTC NRT	N*	Y - W/BARRIERS	V*	Y*
	RX NRT	Y	Y - W/BARRIERS	V	N
	RX NON-NICOTINE	Y	Y - W/BARRIERS	V	N

Y=YES
 N=NO
 V=VARIES BY PLAN
 * = WAQL ELIGIBLE

RECOMMENDATIONS

- Develop an ongoing tracking mechanism to gather data from behavioral health facilities on current tobacco/nicotine policies and practices
- Implement statutory requirements for behavioral health facilities to screen and treat nicotine dependence
- Expand Medicaid coverage of nicotine dependence counseling to all members, not just during pregnancy
- Capitalize on the integration of physical and behavioral health to increase access to nicotine dependence treatment in behavioral health settings
- Increase the number of behavioral health settings that have a comprehensive tobacco and vape free campus policy to create environments to support nicotine dependence treatment
- Increase the number of behavioral health facilities that follow-up nicotine dependence screening with counseling and medications
- Incentivise behavioral health facilities to treat nicotine dependence through providing NRT onsite, training, and other supports

ENDNOTES

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