

**North Dakota Center for Tobacco Prevention**

**and Control Policy State Work Plan 2016–2018**

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| Initiative: Mental Health Organization  Date Completed  Goal 3: Promote Quitting |
| Objective 3: By June 30, 2017, ensure that providers in behavioral treatment programs provide clients with evidence-based nicotine dependence interventions.    Rationale: “The National Survey on Drug Use and Health reports during 2009-2011, an annual average of 19.9% of adults aged 18 and older had mental illness defined as having a mental, behavioral or emotional disorder, excluding developmental and substance use disorders. One in 3 adults (36%) with a mental illness smoke cigarettes which is significantly higher than the national of 1 in 5 adults (21%) with no mental illness. Smoking prevalence among US adults with mental illness or serious psychological distress range from 34.3% (phobias or fears) to 88% (schizophrenia) compared to 18.3% with no such illness. In clinical settings, screening for tobacco use and offering effective cessation treatments would likely further reduce tobacco use prevalence and result in a substantial reduction in tobacco-related morbidity and mortality.” (MMWR, 2013, Vol. 62, p1-3).  Baseline: Based on an RTI survey conducted in August 2014, with a 60% response rate from 75 mental health and substance abuse treatment organizations; 50% of the respondents indicated a written policy, protocol or guideline regarding interventions to address tobacco use.  Evaluation: Increase in behavioral treatment programs written policy, protocol or guideline evidence-based nicotine dependence interventions.  Lead: ND Center for Tobacco Prevention and Control Policy Statewide Programs manager  Strategies:  1. Assess current interventions used during the treatment period and develop a database.   * Assessment completed * Database completed   2. Provide and document educational opportunities for licensed mental health practitioners, addiction counselors, and students about treating tobacco use during the treatment process.   * Educational opportunity developed and implemented – date * Attendance documented * Feedback evaluated   3. Work with providers to integrate clients quitting, offer addiction counseling related to nicotine/tobacco dependence and provide recommended FDA approved tobacco cessation therapies into standards of practice during behavioral health treatment.   * Meeting set up * Meeting completed * Number of private providers implementing more than previously documented   4. Promote tobacco-free campuses for all half-way houses, transitional living, homeless shelters, human service centers, and addiction treatment facilities.   * Research on venues completed * List developed * Contacts made and meetings scheduled * Meetings completed * Number of venues with tobacco-free campuses |