

**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 managerStrategies: [ ]  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
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