January 11, 2017

Chairman Holmberg and members of the Senate Appropriations Committee,

My name is Reba Mathern-Jacobson. I am the Director for Tobacco Programs with the American Lung Association in North Dakota. For the past two years, American Lung Association has worked in collaboration with the ND Center for Tobacco Prevention and Control Policy on a project to integrate tobacco treatment into behavioral health settings, addressing the disparity of this group that purchases approximately 40% of all tobacco in our country.

People with mental illness and/or substance use disorders have traditionally been left out of tobacco treatment efforts, and have even been encouraged to smoke. While smoking rates in the general population have been on a steady downward trend, smoking rates in this population remain high, making them the largest disparity group. Three fourths of smokers have a past or present problem with mental illness or addiction. At least 65% of people in treatment for substance use disorders also smoke cigarettes.

As a consequence, smoking is the number one cause of death in people with mental illness or addiction. People with a serious mental illness die 25 years younger than the rest of the population, due to their tobacco use. People with an alcohol addiction die more often of tobacco related illnesses than from alcohol.

In general, tobacco addiction has been addressed in the primary care system. We now know that people with behavioral health disorders need, and in fact *want*, treatment opportunities and support within the context of their behavioral health care.

Tobacco Use Disorder is a behavioral health condition in the DSM-5 (Diagnostic and Statistical Manual which provides the standard definition of mental illnesses and addictions). Behavioral health professionals have great training and experience in addictions; they are experts in psychosocial treatment; they see their patients more regularly and for longer sessions. Tobacco use is inextricably related to the problems presented due to mental illness and other addictions. Quitting smoking is associated with improved mental health outcomes and even a 25% increased likelihood of long-term abstinence from alcohol and drugs.

So what needs to happen to integrate tobacco treatment into behavioral health settings? As has been happening across the nation, North Dakota's behavioral health professionals need professional education; their agencies and workplaces need technical support to implement best-practice policy and procedures.

Last year the American Lung Association collaborated with the Center to provide this professional education. We have offered webinars (Tobacco 101: A Webinar for Mental Health Professionals and Partners" and "Pharmacology Update: Nicotine Dependency Treatment for those with Mental Illness or Addiction") in a variety of sites. We provided a national speaker to the annual Addiction Counselors Association spring conference for plenary address and breakout session. We provided a two-day training "Treating Tobacco Dependence in Behavioral Health Settings" with Dr. Jill Williams and the team from Rutgers University last summer. This included free CEUs for doctors, nurses, psychologists, licensed addiction counselors and social workers.

Everyone who has attended our trainings has been offered technical assistance to implement the learnings into their work environments. I work closely with a growing number of sites. This includes review of their policies and procedures, and recommendations for improvements. One beauty is that this includes private and public systems, so that improvements can be comprehensive, sustainable and statewide.

Every time I address a group, they want more information and training. This coming spring and summer we will be providing Dr. Williams' one-day training to all Department of Human Services behavioral health professionals and their community-based counterparts. We are developing a webinar series specific to addiction professionals in North Dakota which will include technical assistance calls with a national expert. Providing CEU's for our state's professionals is a priority.

Clients and their workers will have greater success with mental health and addictions treatment when tobacco treatment is integrated into behavioral health settings. There are good strides in North Dakota but much work is yet to be done.

***This good work could not continue without the support from the ND Center for Tobacco Prevention and Control Policy. The ND Center is instrumental in this developing project – to integrate tobacco treatment into behavioral health settings to address the leading disparity group that purchases 40% of all tobacco in our country.***

Thank you,
Reba Mathern-Jacobson, MSW
Director Tobacco Control