House Committee on Federal & State Affairs

HB 2563

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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 local affiliates. We advocate for individuals who are living with mental illness to ensure their access to treatment and supportive services.

Our Behavioral Health Tobacco Project[1] is a collaborative effort involving many health care provider and advocacy organizations seeking to reduce the impact of tobacco and nicotine addiction among individuals living with mental illness and substance use disorders. The project has developed the Tobacco Guideline for Behavioral Health[2] which has now been endorsed by over 40 behavioral health and primary care provider agencies, associations, and advocacy organizations, along with the Kansas Departments for Aging & Disability Services and Health & Environment. One focus of the strategies outlined in the Guideline addresses engaging tobacco cessation and prevention efforts among youth. The strategies in this section call on health care providers to offer treatment for youth, especially those at high-risk and in treatment for other conditions, and to support prevention efforts, including policies such as Tobacco 21.

Our involvement in these issues is based on documented research that nicotine is harmful to the development of youth and young adults and that we should take all reasonable precautions to ensure that young people do not use tobacco products and other nicotine-delivery devices. The highly addictive nature of nicotine is well-established. Although the pharmacology of nicotine depends on the delivery route, inhaling vapor with an electronic smoking device can reach the receptor cells in the brain in 10 seconds. The latest innovations in electronic devices match both the amount and speed of nicotine delivery with a conventional cigarette.

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In addition to the flavors added to induce young people to use electronic smoking devices, chemicals ingested from the use of these products include propylene glycol, ethylene glycol, glycerin, nicotine, metals (cadmium, chromium, lead, manganese, and nickel), formaldehyde, solvents, other carcinogens, and tobacco alkaloids. A recent study documents the harmful effects of flavorings added to electronic devices.[3] While there are claims that electronic smoking is safer than cigarettes, safer does not mean safe.

Once addicted to nicotine, withdrawal symptoms can include depressed mood, insomnia, irritability, frustration, anger, anxiety, difficulty concentrating, restlessness, and increased appetite or weight gain. Clearly, with all of the challenges that youth and young adults are facing, relieving them of the burden of these symptoms warrants our attention, at the very least in terms of their ability to complete an education and be productive.

Electronic devices create a risk of re-normalizing smoking behavior after years of public education about the health risks related to tobacco use. Emerging evidence from a 2016 article in the Journal of the American Medical Association (Leventhal) and another 2017 study (Dai and Hao) indicated that electronic cigarette users are more likely to smoke cigarettes, that more frequent vaping is associated with heavier smoking, and that electronic cigarette users start at an earlier age and may be more likely to progress to marijuana and other substances. A more recent study concludes that e-cigarette use is associated with increased risk for cigarette initiation and use, particularly among low-risk youth and that the use of e-cigarettes may be a contributor to the initiation of cigarette smoking among youth.[4]

We urge you to oppose HB 2563 because it includes an inadequate flavor ban allowing an exemption for menthol while banning other e-cigarette flavors. Flavored manufactured tobacco products would also not be included in the flavor ban. Menthol products increase the number of children who experiment with cigarettes as well as the number of children who become regular smokers. Young people who use menthol products are likely to become addicted and become long-term smokers. Tobacco-related health disparities among racial and ethnic minorities, LGBT people and people with mental health conditions are accentuated given the use of menthol products among these populations.

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.[5]

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).[6] Seventy-five percent of smokers have a history of addiction or mental illness.[7]

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).[8] 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.[9] A 2015 research report concludes that "people with high levels of psychological distress continue to smoke at particularly high rates."[10]

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.

The 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.[11]

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 annually[12], with $237.4 million of that being covered by Medicaid.[13]

We believe the data is compelling regarding youth and young adult use of electronic smoking devices, especially for those individuals with behavioral health issues. We urge you to oppose the HB 2563 barring amendments which remedy the concerns addressed.

Thank you for your consideration.

[1] https://namikansas.org/resources/smoking-cessation-information/

[2] https://2n07782zqf7l2608b679dk7e-wpengine.netdna-ssl.com/wp-content/uploads/sites/93/2018/04/Tobacco-Guideline-for-Behavioral-Health-Care-Current-Revision-1.pdf

[3] Hae-Ryung Park et al, "Transcriptomic response of primary human airway epithelial cells to flavoring chemicals in electronic cigarettes," *Scientific Reports* 9, Article number 1400 (2019). https://www.nature.com/articles/s41598-018-37913-9#Sec1

[4] Berry, Kaitlyn M. et al, "Association of electronic cigarette use with subsequent initiation of tobacco cigarettes in US youths," JAMA Network Open. 2019; 2(2):e187794. doi:10.1001/jamanetworkopen.2018.7794 https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2723425

[5] "Partnership Between Tobacco Control Programs and Offices of Mental Health Needed to Reduce Smoking Rates in the United States," JAMA Psychiatry, October 2013

[6] 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.

[7] Lasser et al., 2000, Data from the National Comorbidity Study

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

[9] "Tobacco Use among Kansans with Mental Illness," RTI, April 2014.

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

[11] "Tobacco Use among Kansans with Mental Illness," RTI, April 2014.

[12] 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

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