

## **ALLOCATE A PORTION OF THE CIGARETTE TAX SURCHARGE FOR FUNDING TOBACCO CESSATION PROGRAMS FOR INDIVIDUALS WITH BEHAVIORAL DISORDERS**

The proposed legislation amends s. 211(10), F.S., relating to the cigarette surcharge. The legislation allocates 1% of the revenue collected by the state from the surcharge on cigarettes to provide community-based mental health and substance abuse providers the resources needed to implement tailored smoking cessation and support programs to persons with a mental illness or substance use disorder.

In FY 2010-11 the tobacco surcharge revenue was \$911.7 million. Using 1% of the tax proceeds would result in approximately \$9 million for tobacco cessation programs for individuals with behavioral health disorders. The tobacco cessation programs and materials would target cigarette and other tobacco users with a mental illness or a substance abuse disorder. Specific programs would include:

- ♦ Customized cessation programs and educational materials
- ♦ Tobacco cessation medications and aids
- ♦ Outreach and monitoring programs
- ♦ Peer specialists to support smoking cessation through education and modeling non-smoking practices

### **Rationale**

- ♦ Individuals with mental illness and substance use disorders have higher rates of chronic health problems and premature death compared to the general population due to long-term tobacco use. (Joukamaa et al., 2001; Stuyt et al., 2004)
- ♦ As the proportion of smokers decreases, in response to negative attitudes about smoking, the segment of the smoking population that has great difficulty stopping smoking is increasingly made up of smokers with psychiatric co-morbidity. (Smoking Cessation Leadership Center, accessed 2010)
- ♦ Smokers with mental and addictive disorders experience several issues with tobacco use:
  - Neurobiological factors reinforce use of nicotine
  - Smokers with mental and substance use disorders feel excluded from mainstream cessation programs
  - These smokers have lower rates of quit attempts and higher tobacco relapse rates (Tobacco Program, UMDNJ, accessed 2010)
- ♦ 85% of addicts and alcoholics are smokers; 75% of those with severe and persistent mental illness are tobacco-dependent. (Ziedonis, Rutgers accessed 2010)
- ♦ Rates of smoking are 2 to 4 times higher in the mentally ill and substance using populations than among the general population. (Ziedonis, Rutgers accessed 2010)
- ♦ Individuals with schizophrenia have extremely high rates of smoking (90%). (Ziedonis, Rutgers accessed 2010)
- ♦ 44% of all cigarettes consumed in the U.S. are consumed by individuals with a current mental disorder. (Ziedonis, Rutgers accessed 2010)
- ♦ Most mentally ill individuals smoke and die from smoking-related diseases. (Ziedonis, Rutgers accessed 2010)
- ♦ 200,000 of the 435,000 annual deaths from smoking nationally occur among patients with chronic mental illness and/or substance abuse. (Smoking Cessation Leadership Center, UCSF, March, 2009)
- ♦ People with a chronic mental illness die on average 25 years earlier than others, and smoking is a large contributor to that early mortality. (Ziedonis, Rutgers accessed 2010)

- ♦ 50% of severely and persistently mentally ill individuals are 'heavy' smokers'. (Ziedonis, UNDNJ, accessed 2010)
- ♦ Smokers have a 2-3 times greater risk for alcohol dependence than nonsmokers. (Smoking Cessation Leadership Center, 2005)
- ♦ More alcoholics die from smoking-related diseases than from alcohol-related ones. (Smoking Cessation Leadership Center, 2005)
- ♦ Quitting smoking may help with long-term abstinence from alcohol and other drugs. (Smoking Cessation Leadership Center, 2005)
- ♦ Narcotic addicts in recovery that smoke have a death rate 4 times higher than non-smokers; 51% of the mortality of alcoholics in recovery is due to a smoking-related illness. (Ziedonis, University of Massachusetts, accessed 2010)
- ♦ The severely and persistently mentally ill population has a higher rate of nicotine dependence because of genetic/biological, psychological (self-medication), social, environmental, cultural, and institutional and mental health system factors. (Smoking Cessation Leadership Center, accessed 2010)
- ♦ The system in which the SPMI population receives health care does little to change tobacco use; tobacco control programs have largely ignored this public health crisis. (Tobacco Program, UMDNJ, accessed 2010)
- ♦ The consequences and costs of not treating tobacco use in the health care system include increased mortality, increased morbidity, an increased use of health care resources, a decreased quality of life, and increased societal costs. (Tobacco Program, UMDNJ, accessed 2010)
- ♦ The perceived barriers to tobacco cessation for the SPMI population are: lack of time, patients do not want to quit, patients are not able to quit, preoccupation with other problems, low confidence in a provider's ability to help, lack of familiarity with treatment resources, and an assumption that behavioral health problems will get worse. (Hobart, UMass, 2005; Foulds, UMDNJ, accessed 2010)
- ♦ Smoking cessation is the single most effective step to lengthen and improve the lives of the SPMI population and no other health intervention could make such a difference. (Florida Council for Community Mental Health, 2010)

### **Tobacco Cessation in Florida**

- ♦ Despite being the largest single payer of tobacco taxes, there are no state-sponsored tobacco cessation programs for mentally ill and substance abusing individuals.
- ♦ In 2009, Florida adopted a \$1 surcharge on a pack of cigarettes, increasing the tax to \$1.34/pack in July 2009; the surcharge generates an estimated \$900 million in new revenues annually.
- ♦ Medicaid costs to care for tobacco users in 2004 were estimated to be \$1.1 billion in Florida. (Florida Department of Health, accessed 2010)
- ♦ In 2006, Floridians passed a constitutional amendment to fund a comprehensive tobacco education and use prevention program. (Department of Health, accessed 2009)
- ♦ The Florida Department of Health's Bureau of Tobacco Prevention Program currently operates with a total annual budget of \$65.4 million in funding allocated from two sources: state funds (\$63.5 million) and a grant from the Centers for Disease Control and Prevention (\$1.9 million). (Florida Department of Health, 2009)

### **What Will Be Achieved from a Dedicated Funding Source**

- ♦ Create a stable source of funding for smoking cessation programs for individuals with behavioral health disorders and those with the highest rates of smoking
- ♦ Enhance the health of individuals with a severe mental illness and substance abuse disorders
- ♦ Decrease state health care costs
- ♦ Improve treatment outcomes