



February 7, 2021

Dear Members of the Health Finance and Policy Committee:

NAMI Minnesota is pleased to support HF 569 to fund activities related to tobacco use and prevention. This is an important issue to NAMI Minnesota since people with mental illnesses have higher smoking rates and higher nicotine use. Due to the high rate of smoking among people with mental illnesses, tobacco is the leading cause of death and disability with over half of tobacco-attributed deaths occurring among people living with mental illnesses. According to data from the Adult Mental Health Division at the Minnesota Department of Human Services, Minnesota Health Care Program (MHCP) clients diagnosed with a serious mental illness (defined as a diagnosis of bi-polar disorder, schizophrenia, or schizoaffective disorder) were 2.7 times more likely to die from a tobacco-related disease than MHCP clients without serious mental illness over a five-year period (data shared at the Minnesota Tobacco Leadership Academy, October 2015). Nationally, people living with mental illnesses die on average 25 years earlier than the general population, largely due to their disproportionate smoking rate.

About 31.6% of adults in Minnesota who live with a mental illness smoke cigarettes, compared with about 1 in 7 adults (15.2%) who do not live with a mental illness. Adults living with mental illnesses represent almost 40% of all cigarette consumption nationally. Smoking increases the breakdown of many psychiatric medications in the body, meaning individuals who smoke may need higher doses.

It is not easy to quit. Nicotine can enter the brain within 10 seconds of inhaling tobacco smoke leading to rapid changes in the brain. Treatment programming for mental illnesses often brings people together in situations that normalize tobacco use (e.g., smoking with staff and peers). And symptoms of mental illnesses bring on different stressors and emotions that lead many to turn to smoking as a coping strategy.

In full disclosure, NAMI Minnesota has a grant from MDH to reduce smoking among people with mental illnesses by developing an online training for people working in the mental health field to learn strategies to help people with mental illness quit or reduce their nicotine intake.

While many people have quit smoking there are certain groups – such as people with mental illnesses – that continue to smoke and experience adverse health outcomes. Thank you for considering this bill.

Sincerely,

A handwritten signature in black ink, appearing to read "Sue Abderholden".

Sue Abderholden, MPH
Executive Director



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