

Benjamin K. Chu, M.D., M.P.H., M.A.C.P., Chair
President, Southern California Region
Kaiser Foundation Health Plan and Hospitals
Pasadena, CA

Susan Curry, Ph.D., Vice-Chair
Dean, College of Public Health
Distinguished Professor, Health Management and Policy
University of Iowa
Iowa City, IA

Lawrence G. Wasden, Treasurer
Attorney General of Idaho
Boise, ID

Donald K. Boswell
President & CEO
Western New York Public Broadcasting Association
Buffalo, NY

Jonathan E. Fielding, M.D., M.P.H.
Director, Health Officer, Los Angeles County Department
of Public Health
Professor of Health Services and Pediatrics,
Schools of Public Health and Medicine,
University of California, Los Angeles
Los Angeles, CA

Tom Miller
Attorney General of Iowa
Des Moines, IA

Charles K. Scott
Wyoming State Senator
Casper, WY

Leticia Van de Putte
Texas State Senator
San Antonio, TX

Cass Wheeler
Chief Executive Officer Emeritus
American Heart Association
Dallas, TX

Bethlehem Beru (Youth Board Liaison)
Temple University
Philadelphia, PA

Cheryl G. Heaton, Dr. P.H., Ex-Officio
President & CEO
American Legacy Foundation

ATTENTION: SAMHSA, Advisory Committee for Women's Services

The American Legacy Foundation ("Legacy") is pleased that the Substance Abuse and Mental Health Services Administration (SAMHSA) has placed such a large emphasis on the importance of women's services, especially in light of the health care reform debate. As the Advisory Committee for Women's Services meets this week, we urge SAMHSA to not only focus its discussions and actions on tobacco prevention and cessation services geared toward women, but how these services can also improve the lives of women who suffer from mental illness and substance abuse issues. This is an important population to focus upon as women now smoke – and may soon suffer from tobacco-related death and disease – at rates more comparable to those of men.^{i,ii,iii} Tobacco is the largest cause of preventable death and a direct cause of a wide range of serious diseases, and the smoking rates among people with mental illnesses are nearly twice that of the general population.^{iv} There is a critical need for more research into the connections between tobacco use and those dealing with mental illness, especially among women.

Legacy is a national, independent public health foundation created in 1999 out of the landmark Master Settlement Agreement ("MSA") between the tobacco industry, 46 state governments and five U.S. territories. Legacy is dedicated to helping young people reject tobacco, and providing access to tobacco prevention and cessation services. The foundation develops programs that address the health effects of tobacco use, especially among vulnerable populations disproportionately affected by the toll of tobacco, through grants, technical assistance and training, partnerships, youth activism, and counter-marketing and grassroots marketing campaigns. The foundation's programs include **truth®**, a national youth smoking prevention campaign that has been cited as contributing to significant declines in youth smoking; **EX®**, an innovative public health program designed to speak to smokers in their own language and change the way they approach quitting; research initiatives exploring the causes, consequences and approaches to reducing tobacco use; and a nationally-renowned program of outreach to priority populations, which includes those with substance abuse issues.^v

Tobacco use among women, while decreasing over time, continues to be a problem. More than one in six women is a smoker.^{vi} At the

same time, 8.2% of girls in middle school use tobacco (6.4% smoke cigarettes) and 21.2% of high school girls use tobacco (18.4% use cigarettes). Considering that 80% of smokers start before the age of 18^{vii}, these are staggering numbers. In 2002-2005, 17.3% of pregnant women smoked and 23.8% of recent mothers smoked. ^{viii} Women of reproductive age who smoke are at increased risk for multiple adverse pregnancy-related health outcomes, including difficulty conceiving, infertility, spontaneous abortion, premature rupture of membranes, low birth weight, neonatal mortality, stillbirth, preterm delivery, and sudden infant death syndrome (SIDS). In addition, women who smoke are at increased risk for adverse health outcomes, including lung and other cancers, chronic obstructive pulmonary disease, and heart disease.^{ix}

According to a Surgeon General's Report on Women and Smoking (2001), smokers are more likely to be depressed, and women are more likely to be diagnosed with depression than men.⁸ Likewise, the prevalence of smoking is higher among those with other anxiety disorders, bulimia, attention deficit disorder and alcoholism. Certainly, there is a need for more research into the connections between tobacco use and those dealing with mental illness, especially among women.

Smoking and smoking prevention should be a main concern for health care reform. In 2000, 72.2% of women reported wanting to quit and 41.9% made a quit attempt.^x Research shows that quit attempts are most successful when a smoker uses a combination of behavioral counseling, medication, and social support.^{xi} It is especially important to provide cessation treatments designed specifically for those dealing with mental illness. Free and reduced cost nicotine replacement and other therapies should be provided in conjunction with increased funding for both quit line counseling and web and other technology based quit assistance. Medicare and Medicaid should be expanded to cover behavioral counseling and both prescription and over the counter medication for all eligible smokers. We urge SAMHSA to explore and take action on these important issues at the Advisory Committee for Women's Services meeting.

ⁱ CDC. Smoking-Attributable Mortality, Years of Potential Life Lost, and Productivity Losses--United States, 2000-2004. *MMWR* 2008;57(45):1226-1228.

ⁱⁱ CDC. Cigarette Smoking-Attributable Morbidity--United States, 2000. *MMWR* 2003;52(35):842-844.

ⁱⁱⁱ CDC. Cigarette Smoking Among Adults--- United States, 2007. *MMWR* 2008;57(45):1221-1226.

^{iv} Lawrence, D; Mitrou, F; Zubrick, SR. Smoking and Mental Illnesses: results from populations surveys in Australia and the United States. *BMC Public Health*. August 7, 2009.

^v Legacy does not lobby and does not take positions on specific legislative proposals.

^{vi} CDC. Cigarette Smoking Among Adults—United States, 2007. *MMWR* 2008; 57(45): 1221-6.

^{vii} Calculated based on data in Substance Abuse and Mental Health Services Administration (SAMHSA), Results from the 2006 National Survey on Drug Use and Health (NSDUH), 2007. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

^{viii} SAMHSA. The NSDUH Report, February 2007

^{ix} US Department of Health and Human Services. Women and smoking: a report of the Surgeon General. Rockville, MD: US Department of Health and Human Services; 2001.

^x CDC. Cigarette Smoking Among Adults—United States, 2000. *MMWR* 2002; 51(29): 642-645

^{xi} Fiore MC, Jaén CR, Baker TB, et al. Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guidelines. Rockville,MD: U.S. Department of Health and Human Services. Public Health Service. May 2008 (“2008 Clinical Practice Guideline”). The Guideline is available here:<http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat2.chapter.28163>.