



HB1995 Prohibiting Smoking in Residential Facilities

COMMITTEE ON HUMAN SERVICES & HOMELESSNESS:

- Rep. Joy San Buenaventura, Chair; Rep. Nadine Nakamura, Vice Chair
- Friday, January 31, 2020: 8:30 am
- Conference Room 329

Hawaii Substance Abuse Coalition Oppose HB1995:

GOOD MORNING CHAIR, VICE CHAIR AND DISTINGUISHED COMMITTEE MEMBERS. My name is Alan Johnson. I am the current chair of the Hawaii Substance Abuse Coalition (HSAC), a statewide organization of over 30 non-profit alcohol and drug treatment and prevention agencies.

Prohibiting smoking before admittance and without support to quit will be a barrier to accessing treatment.

- Requiring people to stop smoking before entering treatment will negatively impact people coming to treatment because they will be required to quit without supportive programming to help them quit.
- About 50% of people with behavioral health disorders smoke compared to 23% of the general population. Accessing treatment is a choice about abstinence from alcohol and drug abuse, not a means to impose other conditions.¹
- No smoking will adversely impact our existing workforce. From 30% to 35% of the behavioral healthcare workforce smokes (compared to only 1.7% of primary care physicians.) Our field is extremely short handed, having significant difficulties in recruiting, given the required higher qualifications and the non-profit lower rates of pay.

Tobacco use is a chronic condition, and like other chronic conditions, every tobacco user should be offered treatment. Once admitted to care, behavioral interventions can help with cessation.

- Healthcare providers are on the front lines to help patients understand why they use tobacco, the health effects of use, and how to assist in healthy lifestyle changes for those they serve.
- The Affordable Care Act includes the expansion of wellness services, including treatment for tobacco cessation. As healthcare reimbursement changes, now is the time to expand these services in healthcare settings. Medicaid and Medicare have started covering tobacco cessation counseling for outpatient and hospitalized beneficiaries.²

¹ Health and Human Services: SAMHSA-HRSA Center for Integrated Health Solutions: Tobacco Cessation: <https://www.integration.samhsa.gov/health-wellness/wellness-strategies/tobacco-cessation-2>

² American Lung Association (2009). State tobacco coverage database retrieved from www.lungusa.org/cessationcoverage.

Quitting smoking is a process that takes time and ongoing support.

- Prohibiting smoking as a condition to enter treatment doesn't mean that the patient is motivationally ready to be tobacco free for life.
- Multiple quit attempts are often a necessary part of the process of becoming tobacco-free; several failed quit attempts often precede successful smoking cessation. A 1998 Hazelden Foundation poll found that **the average former smoker tried to quit 10.8 times before he or she was able to abstain from smoking tobacco products.** This statistic was cited in the 2001 Surgeon General's Report. It is best to work through these multiple quit attempts while dealing with the anxiety sensitivity and trait anxiety of alcohol and drug dependent smokers.
- Despite individual's desire to quit, unaided quit attempts have poor outcomes. In some studies, as high as 62% of people who try to quit alone relapse within two weeks.³

Residential programs have tobacco cessation programs as part of treatment, but need to do more.

- The research indicates that tobacco cessation programming during treatment doesn't hinder substance use disorder treatment and therefore provides a good opportunity to quit smoking through behavioral interventions and developing support systems.
- Although healthcare providers are aware of the negative effects of tobacco use, they don't always view themselves as the agents of change to assist in ending tobacco use. There is a growing trend to consider primary care physicians as agents of change that can help.
- Certainly, residential facilities can do more. There are an increasing number of newer smoking cessation programs being developed that are tailored to substance use treatment. Resident treatment will be able to help people diagnosed with substance use disorders and mental health disorders to reduce and eventually eliminate the use of tobacco products. Moreover, developing a support system significantly helps patients remain tobacco free.

Summary

Requiring people to quit smoking as a condition for seeking help with their substance use disorders will be a barrier to accessing care, especially given that they don't get help to quit.

Receiving behavioral interventions to help patients stop smoking is a better approach. Proper screening instruments followed by a motivational enhancement model can help people quit smoking once they enter treatment.

We appreciate the opportunity to provide testimony and are available for questions.

³ Garvey, A.J., Bliss, R.E., Hitchcock, J.L, Heinold, J.W. & Rosner, B. (1992). Predictors of smoking relapse among self-quitters: A report from the Normative Aging Study. *Addictive Behaviors*. 17(4), 367-377.



HABILITAT
THE PLACE OF CHANGE

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COMMITTEE ON HUMAN SERVICES & HOMELESSNESS:

- Rep. Joy San Buenaventura, Chair; Rep. Nadine Nakamura , Vice Chair
- Friday, January 31, 2020: 8:30 am
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My name is Jeff Nash, Executive Director for Habilitat's treatment program in Kaneohe. Habilitat, founded in 1971, is licensed by ADAD and is the largest capacity treatment program in the state of Hawaii, providing 26% of all residential treatment beds in the state. I am writing today to oppose Bill HB1995.

As a former cigarette smoker, now abstinent for nearly 20 years, I applaud your efforts to address the issue of nicotine use, especially the efforts to legislate underage use. However, sometimes these well intended legislative efforts can have serious unintended consequences. 23 years ago, I arrived at Habilitat with a serious substance use problem after failing at multiple attempt at other treatments. I also stopped smoking cigarettes while in the treatment program with the help of evidenced based support.

As a layman in your field, but an expert in mine, I am very concerned about Hawaii's legislators creating barriers to treatment. Prohibiting tobacco use within the treatment setting will create yet another obstacle to getting help. It has been my experience over the past 20+ years that people respond well to cessation classes which are constantly offered in many treatment programs including Habilitat. Prohibition in a treatment setting will not stop tobacco use, but will drive it underground, causing more problems than the legislation will solve in this setting. One only need to closely examine the criminal prohibition of drugs to understand that prohibition doesn't work. However, evidenced based motivational techniques like motivational interviewing, cognitive behavioral therapy and similar interventions can and do work with all substance use, including tobacco products.

Currently we are desperate for more treatment options in Hawaii. While Habilitat works well for some, it certainly isn't the only path to recovery. Most treatment programs in the state have very long waiting lists for admission. I personally know several people who would have rejected treatment if they were forced to abstain from nicotine use while already attempting to give up their illicit dependency on street drugs. Often, when an individual becomes stable, off the street drugs and making better life choices, they become more cognizant of health issues. They begin to desire a healthier lifestyle which includes eating well, exercise and of course, quitting smoking. With the proper services and support as part of the treatment regimen, individuals make the healthy choice for themselves.

Habilitat has offered smoking cessation for decades. We partner with outside experts to conduct ongoing classes at our Kaneohe facility. We have special groups to support those who are ready to quit, and we have ongoing incentives for people to make the commitment to give up their addiction to nicotine.

Habilitat often is considered the last house on the block. People come to us when they have failed at everything else. Likewise, we often succeed with those same people. Imagine an individual, homeless, incarcerated and a total liability to our healthcare system, social services system and judicial system, being offered an opportunity to get much needed treatment but won't because they just aren't ready to give up nicotine yet. What if that person declines the treatment and dies? Or, more commonly, continues to commit crimes to support their addiction? To someone outside the treatment industry this sounds crazy. However, it's a real consideration.

Do we really want to create another barrier to treatment? Shouldn't we leave the treatment for addictions to the experts in that field? Nicotine is an addiction. I think most of us in the field of substance abuse treatment would like to see everyone abstain from all harmful drugs, including nicotine. However, there is a method to bring about that change. Imposed abstinence doesn't work. In fact, I can tell you with 100% certainty that tobacco is readily available inside the jails and prisons, although it's prohibited. In fact, it has created a criminal black market in those settings. This is the last thing we need in the treatment industry. In fact, when we enacted the most recent tobacco age restriction, we had multiple incidents with people stealing tobacco, leaving treatment early, stealing cigarette butts from public ashtrays and more. Some of those people are now serving time in prison, at huge costs to the taxpayers, all because of a nicotine addiction. They made poor choices and must live with the consequences. My point here is that people are willing to give up a great deal to use tobacco. I find that absolutely ridiculous, however, it's the truth.

Again, I applaud you for your effort to address these issues. Prohibiting tobacco use in the treatment setting is a very bad idea, only making harder, a journey that is for many, the hardest thing they will ever do in their lives. I am not suggesting we make everything easy either. Habilitat is, without a doubt, the toughest program in Hawaii. I am advocating for the legislators to allow the people with education and experience to address these issues using what we know works.

Thank you in advance for taking the time to consider my perspective and the combined perspective of Habilitat's 49 years of wisdom. Should you have any questions or concerns please feel free to reach me directly at 221-8337.

Jeff Nash
EXECUTIVE DIRECTOR



Vincent C. Marino
FOUNDER

HABILITAT
THE PLACE OF CHANGE

Aloha, Vice Chair and distinguished Committee Members.

My name is Becky Harrison. I am the Marketing Director, CSAC and CCS for Habilitat in Kaneohe. Habilitat is a Level III.5: Clinically Managed High-Intensity Residential Treatment facility. We were founded in 1971, are licensed by ADAD and are the largest capacity treatment program in the state of Hawaii.

I oppose HB1995 which prohibits smoking and the use of tobacco products on the premises of substance abuse treatment facilities. Prohibiting tobacco use within the treatment setting will create yet another barrier for people who want to get help for their substance abuse disorder. We need to make treatment easier to access and this would do the exact opposite. Prohibition is a barrier to treatment.

Nicotine is an addictive substance and it needs evidence based treatment just like any other substance. We advocate that while in treatment, we want to do move towards tobacco cessation, which SAMHSA supports.

SAMHSA has declared that tobacco is a chronic disease that needs treatment not exclusion. Tobacco use is a chronic condition, and like other chronic conditions, every tobacco user should be offered treatment. Once admitted to care, behavioral interventions can help with cessation. Evidence based motivational techniques like motivational interviewing, cognitive behavioral therapy and similar interventions can and do work with all substance use, including tobacco products.

I entered treatment when I was 23 years old. If I had been told that I wouldn't be able to smoke cigarettes while in treatment it would have been a major deterrent and I may not have gotten the chance to learn a new way of life and become the person I am today. While in treatment I learned to work towards a healthy lifestyle. I acquired the positive daily habits of exercise, eating healthy, setting goals and accomplishing them, striving for higher education, helping others and being a role model. While in treatment I quit smoking and have remained abstinent for over a decade.

We all want to help people make healthy choices and improve themselves. Prohibiting smoking as a requirement for entering treatment doesn't do that. Tobacco is a chronic disease that needs treatment not exclusion. We need to make treatment easier, not harder, to access. Nicotine cessation requires evidence based treatment that can be given to people once they're in a treatment setting.

Thank you for your time. I would like to take this opportunity to invite you to Habilitat's facility to see what we do. We are having an open house on March 27th from 4pm-7pm. I appreciate the opportunity to provide testimony and am available for questions.

Becky Harrison
B.F.A, CSAC, CCS



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Date: January 29, 2020

To: Representative Joy A. San Buenaventura, Chair
Representative Nadine K. Nakamura, Vice Chair
Members of the Human Services and Homelessness Committee

Re: Support HB 1995, Relating to Substance Abuse Treatment

Hrg: January 31, 2020 at 8:30 am at Conference Room 329

The Coalition for a Tobacco-Free Hawai'i, a program of the Hawai'i Public Health Instituteⁱ is in **Support of HB 1995** which prohibits the use of tobacco products on the premises of substance abuse treatment facilities.

Tobacco use and exposure to secondhand smoke in any form causes serious health risks such as cancer, heart disease, and respiratory illness. Restricting tobacco and e-cigarette use throughout the facility reduces these risks and promotes the health and well-being of staff and patients. In addition to prevention secondhand smoke exposure, these policies can encourage smoking cessation.

This measure also aligns with the State of Hawaii's Tobacco Use Prevention and Control Strategic plan. One the goals of the plan is to eliminate tobacco-related disparities among priority populations, which includes people with behavioral health conditions. Individuals with a mental health or substance abuse disorder have 2-4 times higher smoking rates than those without mental illness or substance abuse disordersⁱⁱ.

The Coalition also recognizes that some FDA approved cessation products, such as nicotine replacement therapies, are important and proven tools to help people quit smoking. These products, while containing nicotine, help to gradually wean people off of their nicotine dependence. We propose adding language that would make the definition of tobacco products consistent with HRS 328J-1:

"Tobacco product" does not include drugs, devices, or combination products approved for sale by the United States Food and Drug Administration, as those terms are defined in the Federal Food, Drug, and Cosmetic Act.

This would allow for continued treatment for nicotine addiction while at the treatment facility.

Thank you for the opportunity to testify. We support HB 1995 and respectfully ask you to pass this measure as is out of committee.

Mahalo,

A handwritten signature in black ink that reads "Jessica Yamauchi". The signature is written in a cursive, flowing style.

Jessica Yamauchi, MA
Executive Director

ⁱ The Coalition for a Tobacco-Free Hawai'i (Coalition) is a program of the Hawai'i Public Health Institute (HIPHI) that is dedicated to reducing tobacco use through education, policy, and advocacy. With more than two decades of history in Hawai'i, the Coalition has led several campaigns on enacting smoke-free environments, including being the first state in the nation to prohibit the sale of tobacco and electronic smoking devices to purchasers under 21 years of age.

The Hawai'i Public Health Institute is a hub for building healthy communities, providing issue-based advocacy, education, and technical assistance through partnerships with government, academia, foundations, business, and community-based organizations.

ⁱⁱ Substance Abuse and Mental Health Services Administration. National Survey on Drug use and Health – 2009-2011. 2012.

January 29th, 2020

Re: Strong support of HB1995 - Relating to Substance Abuse Treatment

Committee Chair and Members of the House Committee on Human Services and Homelessness

I strongly support HB1995, which would prohibit the use of tobacco at treatment centers.

Having worked as a substance treatment professional and with vast experiences of treatment facilities the passage of this bill is of great importance to the health and wellness of a most vulnerable population. Treating substance use disorders requires an environment that creates new life habits and opportunities for the development of positive coping skills.

Considering that within Hawai'i, 27% of adult smokers report having a diagnosed depressive disorder, and 29% report that their mental illness was "not good" in the past 30 days. 2 Among binge drinkers, 26% are current smokers, while 29% of heavy drinkers smoke. (Heavy drinking is defined as males having more than two drinks per day and females having more than one drink per day).

Requested amendment: Make the definition of Tobacco Products consistent with [HRS 712-1258](#), by adding "Tobacco product" does not include drugs, devices, or combination products approved for sale by the United States Food and Drug Administration, as those terms are defined in the Federal Food, Drug, and Cosmetic Act.

We must provide the best standard of practice possible for our community members in recovery and the elimination of tobacco use at treatment facilities would be an excellent step in achieving this ultimate goal.

Thank you,

Ashlee Klemperer Chapman, MSW
851 S Kihei Road, Apt O103
Kihei, Hawaii 96753

HB-1995

Submitted on: 1/29/2020 11:22:10 AM

Testimony for HSH on 1/31/2020 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kristin Mills	Individual	Support	No

Comments:

As a health educator for the State Health Department and a resident here in Hawaii, I am in support of HB1995 as it's important for patients with substance abuse disorders to be encouraged to become completely free of addictive substances rather than simply "replacing" one addictive substance for another. Continuing an addiction of tobacco products not only harm the body, but can further lead to additional addictions.

Data shows that individuals with a mental health and/or substance abuse disorder have smoking rates 2–4 times higher than those without a mental illness or substance abuse disorders. I concur with this data from when I worked in an outpatient mental health support center. A strong majority of the mental health patients who attended this center were addicted to tobacco products.

The use of tobacco products is not only unhealthy for the patients but also for the non-smoking staff who breathed in the substances second hand.

Finally, with the data on effects of third hand smoke, there would be additional benefits to making substance abuse treatment centers tobacco-product free

Date: January 29, 2020

To: The Honorable Joy A. San Buenaventura, Chair
The Honorable Nadine K. Nakamura, Vice Chair
Members of the House Committee on Human Services and Homelessness

Re: **Strong Support for HB1995**, Relating to Substance Abuse Treatment

Hrg: January 31, 2020 at 8:30 AM in Capitol Room 329

Aloha House Committee on Human Services and Homelessness,

I am writing in **strong support of HB1995**, which prohibits smoking and the use of tobacco products on the premises of substance abuse treatment facilities.

Individuals with substance abuse disorders have smoking rates 2–4 times higher than those without substance abuse disorders.

The Hawai'i Department of Health, Alcohol and Drug Abuse Division reports that 44% of clients that they serve are smokers.

Concurrent smoking cessation treatment for patients in substance abuse treatment programs leads to improved addiction treatment outcomes. Integrating smoking cessation into substance abuse treatment programs does not limit successful treatment for addiction to harmful substances.

Prohibiting smoking at substance abuse treatment centers and offering smoking cessation treatment will promote recovery that incorporates good health and wellness, and optimizes chances for recovery from all substances of addiction.

I request **amending HB1995** to make the definition of Tobacco Products consistent with [HRS 712-1258](#), by adding "Tobacco product" does not include drugs, devices, or combination products approved for sale by the United States Food and Drug Administration, as those terms are defined in the Federal Food, Drug, and Cosmetic Act. This will allow FDA-approved smoking cessation products to be allowed on the premises of substance abuse treatment programs and incorporated into treatment programs as medically indicated.

I **strongly support HB1995 with the noted amendment** and respectfully ask you to pass this bill out of committee.

Many thanks for your consideration,

Forrest Batz, PharmD
Kea'au, HI

LATE

HB-1995

Submitted on: 1/30/2020 9:32:15 AM
Testimony for HSH on 1/31/2020 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Cory Chun	American Cancer Society Cancer Action Network	Support	No

Comments:

HB-1995

Submitted on: 1/30/2020 11:46:14 AM

Testimony for HSH on 1/31/2020 8:30:00 AM

LATE

Submitted By	Organization	Testifier Position	Present at Hearing
John A. H. Tomoso	Individual	Support	No

Comments:

01-30-20

HB1995

I support this Bill as it aligns with at least one of the "Priority Populations" from the Tobacco Prevention and Control Strategic Plan. I would on the record ask that "Nicotine Replacement Therapies" also be included.

John A. H. Tomoso+

Member: CTFH-Maui

51 Kuula St., Kahului, HI 96732-2906

HB-1995

Submitted on: 1/30/2020 12:23:25 PM

Testimony for HSH on 1/31/2020 8:30:00 AM

LATE

Submitted By	Organization	Testifier Position	Present at Hearing
Bryan Mih	Individual	Support	No

Comments:

Aloha Representatives,

I am writing in support of HB1995. People with mental health or substance abuse issues have much higher tobacco use and need an environment free from nicotine. Nicotine rewires the brain to be more susceptible to other drugs of addiction, and the rates of smoking are 2-4 times as high in individuals with mental health or substance abuse disorders.

As a pediatrician, I have already seen the benefits of banning nicotine and tobacco in substance abuse treatment centers, as the mothers who are in smoke-free environments have commented that it really helped them quit smoking and focus on maximizing their health and the health of their babies. This results in overall better health outcomes for all involved.

Thank you,

Bryan Mih, MD MPH FAAP

Pediatrician

TO: House Committee on Human Services and Homelessness

RE: HB1995

DATE: Thursday, January 30, 2020

TESTIMONY: Laurie L. Tanner, Hawaii Resident

LATE

Aloha Committee Members,

I am writing **in support of Bill HB1995** to protect Hawaii's citizens as it pertains to our critically-important human services and the policies that govern substance abuse treatment centers.

As a former Perinatal Addiction Specialist, Author of All About Alcohol, Drugs and Babies (1997) and retired Hawaii State Highly Qualified Elementary/Middle School teacher, I can attest first-hand that **addressing nicotine dependence** while patients are receiving other health-related services **will result in increased positive outcomes** for the individual client, and for those exposed to second-hand smoke, including State employees and visiting family members, including children. Pregnant and parenting individuals also deserve to be assisted toward becoming drug-free, including free of nicotine products, for the health of the fetus and other minors. **SIDS infant deaths** are increased when mother smokes or is exposed to tobacco smoke, and is more at-risk when receiving life-giving treatment at State- and other- facilities.

Most people, whether parenting, pregnant, mentally disordered or addicted to other substances are smoking tobacco 44-46% higher than those without psychiatric issues. These hapless and often neglected individuals **deserve a nicotine-free environment to get well**. Their families look to the chemical dependency center to help their loved one become healthier, and that cannot occur without addressing smoking/vaping in treatment center environments.

Demanding more from our substance abuse centers, stopping nicotine use by addressing this harmful and severely addicting drug **while patients/clients are receiving other health services** only makes sense.

PLEASE PASS BILL HB1995 for Hawaii to be on the progressive edge of providing wholistic services, stopping and therefore treating, smokers within our struggling, often-neglected populations trying to become whole!

Thank you in advance for being responsible policymakers for a healthier Hawaii citizenry.

HB-1995

Submitted on: 1/30/2020 1:30:17 PM

Testimony for HSH on 1/31/2020 8:30:00 AM



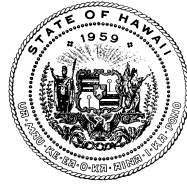
Submitted By	Organization	Testifier Position	Present at Hearing
Jen Jenkins	Individual	Oppose	No

Comments:

Substance treatment centers should be able to decide whether they allow their clients to smoke on their premises. Substance treatment facilities have a breadth of knowledge and extensive experience on how to treat their clients and what works with their various programming.

Mahalo,

Jen J.



STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. Box 3378
Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov

LATE

Testimony in SUPPORT of H.B. 1995
RELATING TO SUBSTANCE ABUSE TREATMENT

REPRESENTATIVE JOY A. SAN BUENAVENTURA, CHAIR
HOUSE COMMITTEE ON HUMAN SERVICES & HOMELESSNESS
Hearing Date: January 31, 2020 Room Number: 329

1 **Fiscal Implications:** None

2 **Department Testimony:** The Department of Health (DOH) supports House Bill 1995 (H.B.
3 1995) which proposes to amend Chapter 328J, Hawaii Revised Statutes, to make it unlawful for
4 any person to smoke or use tobacco products on the premises of any substance abuse treatment
5 facility, effective January 1, 2021.

6 Hawaii is among the states with the lowest adult smoking rate (12.8%)¹ however,
7 vulnerable populations are disproportionately affected by tobacco use. Among the groups that
8 bear the brunt of the tobacco use burden is the population diagnosed with behavioral health
9 conditions. Smoking rates are disproportionately high among individuals with a history of
10 substance use or mental health disorders. Approximately 75% of people ages 12 and older who
11 received substance abuse disorder treatment in the past year reported cigarette smoking in the
12 past year compared with 24% of the general population². People who smoke can expect to lose
13 at least 10 years of their life due to smoking³. The rate of tobacco-related deaths is higher
14 among persons with substance use problems (53.6%) compared with the general population

¹ Hawaii Behavior Risk Factor Surveillance System (2017)

² Substance Abuse and Mental Health Services Administration. (2011) Tobacco use cessation during substance abuse treatment counseling. *Advisory*. Volume 10, Issue 2.

³ Jha, P., Ramasundarahettige, C. Landsman, V. Rostron, B. Thun, M., Anderson, R.N., ...& Peto, R. (2013) 21st century hazards of smoking and benefits of cessation in the United States. *New England Journal of Medicine*, 368(4), 341-350

1 (30.7%) and are more likely to die from smoking-related diseases than complications from their
2 current drug of choice⁴.

3 Research shows that many smokers with behavioral health conditions want to quit, can
4 quit, and benefit from proven smoking cessation treatments^{5,6}. Tobacco cessation in behavioral
5 health treatment facilities improves both physical and behavioral health outcomes while
6 continued smoking worsens those outcomes⁷. Moreover, a report published by the Centers for
7 Disease Control and Prevention (CDC) stated that full integration of tobacco cessation
8 interventions into behavioral health treatment, paired with implementation of tobacco-free
9 campuses in behavioral health treatment settings has the potential to decrease tobacco use and
10 tobacco-related disease, as well as improve behavioral health outcomes among persons with
11 mental and substance use disorders⁸. Additionally, the Substance Abuse and Mental Health
12 Services Administration (SAMHSA) supports implementing tobacco-free policies and practices
13 in treatment settings, and recommends that state governments should consider mandating that
14 substance abuse treatment facilities be smoke-free^{9,10}.

15 A 2017 study, published in the journal *Addictive Behavior*¹¹, shows that smoking
16 cessation often has positive effects on decreased substance use. It encourages providers to offer
17 smoking cessation advice without hesitation to smokers who report substance use and those in
18 substance use treatment. The research also recommends broader clinician training in smoking

⁴ Bandiera, F.C., Anteneh, B., Le, T., Delucchi, K., & Guydish, J. (2015) Tobacco-related mortality among persons with mental health and substance abuse problems. *PLoS One*. Doi:10.1371/journal.pone.0120581

⁵ CDC. Vital signs: current cigarette smoking among adults aged ≥18 years with mental illness—United States, 2009–2011. *MMWR Morb Mortal Wkly Rep* 2013;62:81–7

⁶ Compton W. The need to incorporate smoking cessation into behavioral health treatment. *Am J Addict* 2018;27:42–3. 10.1111/ajad.12670

⁷ Richter, K.P., & Arnsten, J.H. (2006). A rationale and model for addressing tobacco dependence in substance abuse treatment. *Substance Abuse Treatment, Prevention, and Policy*, 1,23.

<https://substanceabusepolicy.biomedcentral.com/articles/10.1186/1747-597X-1-23>

⁸ *MMWR Morb Mortal Wkly Rep*. 2018 May 11; 67(18): 519–523. Published online 2018 May 11. doi: [10.15585/mmwr.mm6718a3](https://doi.org/10.15585/mmwr.mm6718a3)

⁹ Substance Abuse and Mental Health Services Administration. (2011) Tobacco use cessation during substance abuse treatment counseling. *Advisory*. Volume 10, Issue 2.

¹⁰ Foulds, J., Williams, J., Order-Connors, B., Edwards, N., Dwyer, M., (2006, Fall). Integrating tobacco dependence treatment and tobacco-free standards into addiction treatment: New Jersey's experience. *Alcohol Research & Health*, 29(3), 236-240.

¹¹ McKelvey, K., Thrul, J., & Ramo, D. (2017). Impact of quitting smoking and smoking cessation treatment on substance use outcomes: An updated and narrative review. *Addictive behaviors*, 65, 161–170. doi:10.1016/j.addbeh.2016.10.012: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5140700/>

1 cessation treatment and support. The Department is supportive of the integration of smoking
2 cessation practices and policies with substance use treatment since it will contribute to improving
3 the health and wellbeing of clients, their families and friends.

4 DOH supports H.B. 1995 as a public health initiative wherein tobacco-free substance
5 abuse treatment facilities could decrease tobacco-related disease and death and could improve
6 behavioral health outcomes among persons with substance abuse and mental health disorders.

7 Thank you for the opportunity to provide testimony.

8 **Offered Amendments:**

9 Replace the definition for substance abuse treatment facility on page 3, lines 10 to 12 with the
10 following definition to align with the existing definition found in section 321-16.5, Special
11 treatment facilities, HRS and Chapter 11-98 Special Treatment Facility.

12 "Special treatment facility" means a facility which
13 provides a therapeutic residential program for care, diagnoses,
14 treatment or rehabilitation services for socially or emotionally
15 distressed persons, mentally ill persons, persons suffering from
16 substance abuse, and developmentally disabled persons.

17

LATE

HB-1995

Submitted on: 1/30/2020 10:10:42 PM
Testimony for HSH on 1/31/2020 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Dennis Barger	Retired	Support	No

Comments: