



SB2440 Mandating Tobacco Cessation for Behavioral Health Treatment

COMMITTEE ON HEALTH

Senator Jarrett Keohokalole, Chair

Senator Rosalyn H. Baker, Vice Chair

Friday, Feb 4 2022: 1:00 pm : Videoconference

Hawaii Substance Abuse Coalition opposes SB2440:

ALOHA 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 for substance use disorder and co-occurring mental health disorder treatment and prevention agencies.

Here are our summary points:

1. **Mandating clients to attend tobacco cessation is a barrier to treatment. We prefer voluntary.**

2. **Providers want their patients to quit smoking and employ motivation to quit.**


3. **Because treatment is “voluntary,” patients must be motivated to voluntarily stop smoking, not forced.**

4. **The trend is that states are reversing their smoke-free policies** because patients stop coming. Smoke-free is a barrier so the states reversed their laws. Only Arkansas is remaining that has smoke-free for SUD grounds.

5. **Science says that patients can receive treatment for both behavioral health and tobacco cessation – BUT that is only if the patient is motivated to do both, otherwise forced tobacco cessation is a barrier to treatment. Patients stop all treatment.**

6. **Currently, HSAC is a member of the tobacco coalition.**

7. **Currently, HSAC providers do everything already on a volunteer basis..**



Clients come to treatment to quit using because they are motivated. They are not motivated to stop smoking. They must be motivated voluntarily. It’s a barrier if forced.

8. If the language changed to “voluntary”, we would support.

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



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HIPHI Initiatives

Coalition for a
Tobacco-Free Hawai'i

Community Health
Worker Initiative

COVID-19 Response

Hawai'i Drug & Alcohol Free
Coalitions

Hawai'i Farm to School Hui

Hawai'i Oral Health Coalition

Hawai'i Public Health Training Hui

Healthy Eating + Active Living

Kūpuna Food Security Coalition

Date: February 3, 2022

To: Senator Jarrett Keohokalole, Chair
Senator Rosalyn H. Baker, Vice Chair
Members of the Senate Committee on Health

Re: Support for SB 2440, Relating to Tobacco Use Disorder
Treatment

Hrg: February 4, 2022 at 1:00 PM via Videoconference

The Coalition for a Tobacco-Free Hawai'i, a program of the Hawai'i Public Health Instituteⁱ, is in **support of SB 2440**, which would require facilities providing treatment for substance use disorders to assess a patient or client for tobacco use upon intake. Patients or clients with identified tobacco use would be provided with information, recommended treatment, and offered treatment or a referral to tobacco cessation services.

While Hawai'i's adult smoking rate is at an all-time low of 11.6% among the general populationⁱⁱ, the rates of cigarette use remain high in some populations, including those with substance use disorders. Individuals with a mental health or substance abuse disorder have 2-4 times higher smoking rates than those without mental illness or substance abuse disordersⁱⁱⁱ. Recognizing this disparity, the Department of Health has made reducing tobacco use among people with behavioral health conditions a priority in their strategic plan^{iv}.

Integrating tobacco cessation interventions in substance use treatment facilities could decrease tobacco-related disease and death and contribute to the success of substance use treatment. Providing smoking cessation to clients during substance use treatment is associated with a 25% increased likelihood of long-term abstinence from alcohol and illicit drugs.^v

A 2021 review of behavioral health settings in Hawai'i found that 88% of substance use facilities screen for tobacco use and 69% offer tobacco cessation counseling, less than a quarter offer nicotine replacement therapies (16.7%) or non-nicotine smoking/tobacco cessation medications (12%).^{vi} It is promising that many of these facilities already offer tobacco cessation services, but people with behavioral health conditions may need additional support to be successful.

As the Coalition works to eliminate the burden of tobacco in our state, targeted strategies are necessary to achieve our vision of a tobacco-free Hawai'i. We believe this measure is an important step to eliminate the disproportionate health and economic burden tobacco has in people with substance use disorders, one of our priority populations.

Thank you for the opportunity to testify in support of SB 2440.

Mahalo,



Amanda Fernandes, JD
Policy and Advocacy Director

ⁱ The Coalition for a Tobacco-Free Hawai'i (Coalition) is a program of the Hawai'i Public Health Institute (HIPHI) 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.

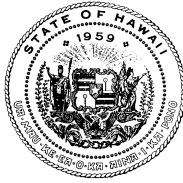
ⁱⁱ Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2019.

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

^{iv} Hawai'i State Department of Health. (2021, June). *Hawai'i Tobacco Prevention and Control Plan 2030*. https://hhsp.hawaii.gov/assets/pdf/HHSP_Tobacco_Plan_WEB.pdf

^v Prochaska, J. J., Delucchi, K., & Hall, S. M. (2004). A meta-analysis of smoking cessation interventions with individuals in substance abuse treatment or recovery. *Journal of consulting and clinical psychology*, 72(6), 1144-1156. <https://doi.org/10.1037/0022-006X.72.6.1144>

^{vi} Hawaii State Department of Health. (2021, May 2). *Addressing tobacco use within behavioral health settings in Hawai'i*. http://manoa.hawaii.edu/publichealth/sites/manoa.hawaii.edu/publichealth/files/downloads/2021_project_7_fact_sheet.pdf



STATE OF HAWAII
DEPARTMENT OF HEALTH
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WRITTEN
TESTIMONY ONLY

**Testimony in SUPPORT of SB 2440
RELATING TO TOBACCO USE DISORDER TREATMENT**

SENATOR JARRETT KEOHOKALOLE, CHAIR
SENATE COMMITTEE ON HEALTH

Hearing Date: 2/4/2022

Room Number: Videoconference

1 **Fiscal Implications:** Undetermined

2 **Department Testimony:** The Department supports the intent of this measure. It combines
3 smoking cessation and substance abuse disorder treatment and acknowledges that quitting
4 smoking increases the odds of long-term recovery, whereas continued smoking following
5 treatment increases the likelihood of relapse to substance use. According to an [August 2018](#)
6 [SAMHSA guide for program directors and clinicians](#), SAMHSA actively promotes use of
7 tobacco cessation programs in substance use disorder treatment settings.

8 The activities required in the bill are already occurring. Substance use providers contracted with
9 the Alcohol and Drug Abuse Division are required to use assessments that ask about tobacco use
10 at initial intake, and work to motivate clients to stay with their treatment regimen. Some special
11 treatment facilities licensed by the Office of Healthcare Assurance ask clients upon admission
12 screening about their tobacco use and if they would like information and treatment options to
13 quit, even though current administrative rules do not require licensees to screen for tobacco use.

14 The Department supports these efforts to educate patients and promote wider utilization of
15 available tobacco cessation opportunities. However, there are concerns that mandating Tobacco
16 Use Disorder (TUD) screening and treatment could create a barrier to treatment. Clients attend
17 substance use disorder treatment to quit using substances because they are motivated. They may
18 not be motivated enough to stop tobacco use as well. This could have a negative impact on

- 1 admissions and treatment success. For this reason, the Department recommends continuing the
- 2 practice of letting the client decide whether to participate in TUD treatment.
- 3 **Offered Amendments:** None
- 4 Thank you for the opportunity to testify on this measure.



American Cancer Society
Cancer Action Network
2370 Nu'uau Avenue
Honolulu, Hi 96817
808.460.6109
www.fightcancer.org

Senate Committee on Health
Senator Jarrett Keohokalole, Chair
Senator Rosalyn H. Baker, Vice Chair

Hearing: February 4, 2022

ACS CAN SUPPORTS SB2440: Relating to Tobacco Use Disorder Treatment

Cynthia Au, Government Relations Director – Hawaii Pacific
American Cancer Society Cancer Action Network

Thank you for the opportunity to provide testimony in **SUPPORT** of SB 2440, which would require facilities providing treatment for substance abuse disorders to assess a patient or client for use of all tobacco products at the time of their initial intake and take certain actions if the patient or client is determined to have a tobacco use disorder.

While progress has been made to reduce tobacco use, it remains the leading cause of preventable death and disease in the United States. It is estimated that over 7,730 people in Hawaii will be diagnosed with cancer in 2022.ⁱ Lung cancer remains the leading cause of cancer deaths in the state with an estimation of 1,400 adults will die from smoking every year.ⁱⁱ In Hawaii, of the 180 behavioral health treatment facilities in Hawaii, 150 are substance use treatment facilities.

According to a report by the Center for Disease Control and Prevention (CDC), individuals with mental or substance use disorders are more than twice as likely to smoke cigarettes as those without such disorders and are more likely to die from smoking-related illnesses than they are from their pre-existing behavioral health conditions. Tobacco cessation reduces smoking-related disease risk and could improve mental health and drug and recovery outcomes, while continued smoking worsens these outcomes.

The American Cancer Society Cancer Action Network (ACS CAN), the nonprofit non-partisan advocacy affiliate of the American Cancer Society, advocates for public policies that reduce death and suffering from cancer which include policies targeted at reducing tobacco use ensuring that the people of Hawaii have access to comprehensive cessation services. Thank you for the opportunity to provide testimony in support on this important matter.

ⁱ American Cancer Society. Cancer Facts & Figures 2022
<https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2022/2022-cancer-facts-and-figures.pdf>

ⁱⁱ Campaign for Tobacco-Free Kids. The Toll of Tobacco in Hawaii. Updated January 21.2022.

COMMITTEE ON HEALTH

Senator Jarrett Keohokalole, Chair

Senator Rosalyn H. Baker, Vice Chair

Friday, February 4, 2022 - 1:00PM

**TESTIMONY IN SUPPORT OF SB 2440
RELATING TO TOBACCO USE DISORDER TREATMENT**

The American Lung Association is the leading organization working to save lives by improving lung health and preventing lung disease, through research, education, and advocacy. The work of the American Lung Association in Hawai‘i and across the nation is focused on four strategic imperatives: to defeat lung cancer; to improve the air we breathe; to reduce the burden of lung disease on individuals and their families; and to eliminate tobacco use and tobacco-related diseases.

The American Lung Association strongly supports SB 2440, which would require facilities providing treatment for substance use disorders to assess a patient or client for use of all tobacco products at the time of their initial intake and take certain actions if the patient or client is determined to have a tobacco use disorder.

Hawai‘i residents with substance use disorders (SUDs) deserve evidence-based care, which includes treating tobacco use disorder concurrently with other substance abuse disorders. Unfortunately, that does not happen consistently across our state.

Best practices from the Substance Abuse and Mental Health Services Administration recommend policies that prohibit tobacco use in behavioral health setting. These policies can increase improved health outcomes and create supportive environments for people to make a quit attempt and end their nicotine addiction¹.

Individuals with behavioral health conditions want to and are able to quit smoking.^{2,3} The relationship between cigarette smoking and SUDs presents an opportunity to integrate treatments for opioid and tobacco dependence. Research suggests that incorporating smoking cessation into treatment programs for SUDs could improve substance use recovery outcomes and may increase

¹ Substance Abuse and Mental Health Services Administration. (2011, June 23.) The NSDUH Report: Nicotine dependence among persons who received substance use treatment. Rockville, MD: Substance Abuse and Mental Health Services Administration.

² Marynak K, VanFrank B, Tetlow S, et al. Tobacco Cessation Interventions and Smoke-Free Policies in Mental Health and Substance Abuse Treatment Facilities — United States, 2016. MMWR Morb Mortal Wkly Rep 2018;67:519–523. DOI: <http://dx.doi.org/10.15585/mmwr.mm6718a3>

³ Compton W. The need to incorporate smoking cessation into behavioral health treatment. Am J Addict 2018;27:42–3.; Cavazos-Rehg PA, Breslau N, Hatsukami D, et al. Smoking cessation is associated with lower rates of mood/anxiety and alcohol use disorders. Psychol Med 2014;44:2523–35.

long-term abstinence from substances, including opioids.^{4,5,6} It is important that behavioral health treatment centers and substance abuse treatment centers in Hawai‘i provide this evidence-based treatment.

The American Lung Association in Hawai‘i strongly supports SB 2440 to elevate the care of substance use disorder and bring parity to traditionally disadvantaged communities.

Sincerely,
Pedro Haro
Executive Director
American Lung Association in Hawai‘i
Pedro.haro@lung.org

⁴ Prochaska, J.J., Das, S., Young-Wolff, K.C. (2017, March 20). Smoking, Mental Illness, and Public Health. *Annu Rev Public Health*. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/27992725>

⁵ Mannelli P, Wu, L., Peindl, K.S., Gorelick, D.A. (2013, April 9). Smoking and Opioid Detoxification: Behavioral Changes and Response to Treatment. *Nicotine Tob Res*. Retrieved from <https://academic.oup.com/ntr/article-abstract/15/10/1705/1182054>

⁶ Pakhale, S., Kaur, T., Charron, C., et al. (2018, January 25). Management and Point-of-Care for Tobacco Dependence (PROMPT): a feasibility mixed methods community-based participatory action research project in Ottawa, Canada. (p7). *BMJ Open*. Retrieved from <http://bmjopen.bmj.com/content/bmjopen/8/1/e018416.full.pdf>



Hawaii COPD Coalition
700 Richards St., Suite 2410
Honolulu, HI 96813
hicopd@gmail.com
(808)699-9839

January 30, 2022

Honorable Chair Senator Jarrett Keohokalole
Honorable Vice-Chair Senator Rosalyn Baker
Members of the Health Committee

RE: **Strong Support of SB2440 Relating to Tobacco Use Disorder Treatment**

Dear Senators Keohokalole, Baker, and members of the Health Committee,

This measure is extremely critical to the health of the children of our state and our entire state as well. **Please vote in favor of SB2440**, which will require facilities that provide treatment for substance abuse disorders to access patients/clients for tobacco use disorders at initial intake and take appropriate action.

I am Executive Director of the Hawaii COPD Coalition and serve over 45,000 Hawaii adults diagnosed with COPD in Hawaii (with an estimated equal number still undiagnosed). Chronic Obstructive Pulmonary Disease or COPD is an umbrella of diseases which include emphysema, chronic bronchitis and chronic asthma. Since 2007, I have worked in Hawaii, nationally and internationally with countless people who have had their lungs and lives horribly affected by tobacco and nicotine. Many of these people have become disabled and unable to perform jobs and hobbies they enjoyed, spending a lot more time and resources with healthcare providers and requiring support from society than they or any of us would like.

The BRFSS has repeatedly shown that people with substance use disorders are hugely over-represented among the tobacco addicted population. It is very important that they be properly assessed and provided appropriate resources to quit their tobacco addiction as part of their treatment.

Please help protect the lungs and lives of Hawaii's people—especially the most vulnerable. We urge you to please vote in favor of SB2440 and pass it out of committee so it can become law. The Hawaii COPD Coalition thanks you very much for your careful consideration of this most important and timely bill.

Very truly yours,

Valerie Chang

Valerie Chang
Executive Director

Helping Hawai'i Live Well

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Testimony to the Committee on Health Friday, February 4th, 2022, 1:00 p.m.

In Support of SB 2440 Relating to Tobacco use Disorder Treatment

Aloha Chair Keohokalole, Vice Chair Baker, and members of the House Committee on Health:

My name is Bryan Talisayan and I'm the Executive Director of Mental Health America of Hawaii. I would like to express our **support for Senate Bill 2440**, which would require facilities providing treatment for substance abuse disorders to assess a patient or client for use of all tobacco products at the time of their initial intake and take certain actions if the patient or client is determined to have a tobacco use disorder.

Despite the overall declines in tobacco product use, some populations still smoke at higher rates. This includes people with behavioral health issues such as mental illness and substance use disorders. Cigarette smoking is very common among people with substance use problems. Past-month smoking was reported by 74 percent of people ages 12 and older who received Substance abuse treatment in the past year—a rate approximately three times higher than that for people who did not receive treatment in the same period.¹

People with behavioral health issues are interested in quitting, can quit, and benefit from quitting. Tobacco use dependency treatment more than doubles the likelihood of successful treatment for other substance abuse disorders, which is associated with positive mental health outcomes and can increase a person's sense of mastery, helping them focus on taking additional steps toward a more positive and healthy life.²

Helping Hawai'i Live Well

While there is a strong evidence base for safety, efficacy and outcomes, behavioral health settings have been slow to prioritize the implementation of comprehensive tobacco use dependency treatment. This is why it is more important than ever for public health professionals to be equipped with resources, strategies and tools to address the unique and challenging barriers to making tobacco dependence treatment part of behavioral health treatment.

We urge you to please support Senate Bill 2440 to ensure that all tobacco users, particularly those with substance abuse disorder, have the ability and support to quit tobacco properly.

Mahalo,



Bryan L. Talisayan
Executive Director

¹ Substance Abuse and Mental Health Services Administration. (2011, June 23.) The NSDUH Report: Nicotine dependence among persons who received substance use treatment. Rockville, MD: Substance Abuse and Mental Health Services Administration.

² Knudsen, H. K., Studts, C. R., & Studts, J. L. (2012). The implementation of smoking cessation counseling in substance abuse treatment. *Journal of Behavioral Health Services and Research*, 39(1), 28-41.

Date: February 1, 2022

To: The Honorable Jarrett Keohokalole, Chair
The Honorable Rosalyn H. Baker, Vice Chair
Members of the Senate Committee on Health

Re: **Support for SB2440**, Relating to Tobacco Use Disorder Treatment

Hrg: Friday February 4, 2022 at 1:00pm via Videoconference

Aloha Senate Committee on Health,

As a parent, community member and healthcare professional I am writing in **strong support of SB2440**, which requires facilities providing treatment for substance abuse disorders to assess a patient or client for use of all tobacco products at the time of their initial intake and take certain actions if the patient or client is determined to have a tobacco use disorder.

People experiencing a mental health issue, substance abuse disorder, or both, are more likely to use tobacco than those without these behavioral health conditions and are more likely to die from a smoking-related illness than from the behavioral health condition(s).

Smoking cessation reduces smoking-related disease risk and may improve mental health and substance use disorder recovery outcomes. The Centers for Disease Control and Prevention (CDC) research finds that patients who are simultaneously treated for tobacco use disorder while receiving addiction treatment have a 25% increase in the likelihood of substance use abstinence one year after treatment compared to those not treated for tobacco use disorder. Despite this, the CDC has found that 64% of substance abuse treatment facilities screened patients for tobacco use, 47% offered tobacco cessation counseling, and only 35% had smoke-free campuses.

Screening for and treating tobacco use disorders will improve substance abuse treatment outcomes and reduce health risks associated with tobacco use, saving lives and lowering the overall cost of healthcare in our community.

I **strongly support SB2440**, respectfully ask you to pass it out of committee.

Many thanks for your consideration,

Forrest Batz, PharmD
Keaau, HI

SB-2440

Submitted on: 2/2/2022 10:41:24 AM

Testimony for HTH on 2/4/2022 1:00:00 PM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Brittany Dayton	Individual	Support	No

Comments:

I support!