



April 27, 2021

The Honorable Marc Berman
California State Assembly
State Capitol, Room
Sacramento, CA 95814

Re: AB 541 (Berman) – Support with Amendments

Dear Assemblymember Berman,

On behalf of the California State Association of Psychiatrists (CSAP), I write to express support for your AB 541 (Berman) and respectfully request amendments.

According to the Centers for Disease Control and Prevention (CDC), persons with mental or substance use disorders or both are more than twice as likely to smoke cigarettes as persons without such disorders and are more likely to die from tobacco-related illness than from the behavioral health condition that brings them to treatment. Tobacco cessation reduces smoking-related disease risk and could improve mental health and drug recovery outcomes, while continued smoking worsens these outcomes. Nicotine and opioid addictions are mutually reinforcing, whereas tobacco cessation is associated with long-term abstinence after opioid treatment.

Substance use disorder facilities are an important setting for evidence-based tobacco cessation interventions, and the California Tobacco Control Program currently identifies persons with substance use disorders as a priority population. However, California ranks 41st in the United States on asking about tobacco in substance use disorder treatment and 32nd on providing tobacco treatment counseling in substance use disorder treatment.

AB 541 would require all substance use disorder treatment facilities in California to assess all patients for tobacco use; and for patients with tobacco use disorder, offer them treatment or a referral to treatment. It would also incorporate a question about tobacco use into the existing data collection system for substance use disorder programs. AB 541 will facilitate access to tobacco treatment for those in treatment for substance use disorders and address the harmful tobacco-related health disparity this population faces.

CSAP believes the assessment of tobacco use disorder is appropriate but advising precise levels of detail as to how to go about this goes well beyond any evidence that could possibly be trusted. There is evidence that when clinicians assess and educate about tobacco use, there is an improved response, but this goes well beyond that data. AB 541 asserts that there is evidence that smoking cessation is associated with better long-term abstinence from opioid addictions, which may be true. However, the best method of assessing tobacco use disorder is not established and may change in small and large

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ways over time. Just a few years ago, clinicians would not ask about vaping. Additionally, some patients only use nicotine patches. At some time in the future, we could discover that a nicotine blood level is a better evidence-based tool than any questions and all such questions, leaving AB 541 much too narrow.

CSAP would like the following amendments to be taken under consideration:

1. Remove specific language around **how** to evaluate a patient for tobacco use.
2. Require that programs inform the patient of the current knowledge of the benefits of smoking cessation for their particular substance use disorder and other general health benefits, and work with the patient to choose the best options available to achieve their goals.
3. Provide clarifying language that data reporting is de-identified and used for the aggregate understanding of disease only.

Thank you for your consideration.

Sincerely,



Paul J. Yoder
Legislative Advocate

CC: Chair & Members, Assembly Appropriations Committee