



March 12, 2013

Dear Members of the Committee on Public Health:

Good afternoon to Senators Gerratana, Slossberg and Welch, and Representatives Johnson, Miller and Srinivasan along with all members of the Committee on Public Health. Please accept my apologies for not being able to attend and present these views in person. I am John O'Rourke, LCSW, Program Coordinator for CommuniCare's tobacco cessation program. CommuniCare is a unique and dynamic behavioral healthcare partnership between BHcare and Bridges... A Community Support System, providing comprehensive services for 19 Connecticut cities and towns.

As a professional working in tobacco treatment, I support the Raised Bill No. 990 (LCO No. 3605).

Since October 2009, CommuniCare, Inc. (CCI) has been implementing tobacco use cessation services that has over 1,700 enrollments in numerous behavioral health settings in Connecticut with funding from The Department of Public Health (DPH) and the CT Tobacco and Health Trust Fund. CCI has contracted with nine agencies and provided services and training to five other agencies across the state to integrate tobacco cessation counseling, nicotine replacement (NRT's) and medicine as a core component of their behavioral health services to a population that has historically been underserved.

The program's philosophy is based on research that found that rates of tobacco use among those with mental illness and addiction are far greater than those of the general population. This increased rate of tobacco use relates to a shorter life expectancy among people with mental illness and addiction. Providing tobacco cessation services catered to their needs will work to improve their health and wellness. The model we employed called for massive cultural change surrounding tobacco use within the mental health community. Through this change, we are better able to support those looking to quit smoking and maintain a tobacco-free lifestyle.

In recent years, we have been learning more and more about the electronic cigarette, or electronic nicotine delivery device. Working with lead researchers in addressing tobacco, we have had access to knowledge bases that have been exploring the effects of electronic cigarettes. As we learn more about these devices, the more concerned we become.

Currently, our concerns are focused on the quality control, the false claims by manufacturers, accessibility to youth and young adults, and the effect increased use of the electronic cigarette would have on those looking to quit smoking or maintain a tobacco-free lifestyle.

Partner Agencies:

BHcare, Inc. - Shoreline
(203) 483-2630

- Bridges...a Community Support System, Inc. -
(203) 878-6365

BHcare - Valley
(203) 736-2601

Administrative Office: 435 East Main Street, Ansonia, Connecticut 06401

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Most electronic cigarettes are currently manufactured overseas. The FDA has conducted testing of these devices on the market and has found that, among other things, the amount of nicotine claimed to be in these devices is far from correct. More specifically, cartridges that were labeled as containing no nicotine had low levels of nicotine in all cartridges tested, except one. In addition, many cartridges in the study delivered significantly more nicotine than was stated on the packaging. This mislabeling is cause for major concern to the public, and specifically people struggling with nicotine dependence.

In spite of quality control issues, we are seeing an increase in prevalence of use of the electronic cigarette. This has a lot to do with increased marketing of these products and increased access in mall kiosks along with pharmacies and convenience stores. This increase in prevalence is a disturbing trend. To the spectator, there is no difference in appearance of someone smoking a cigarette and someone using an electronic cigarette. There had been a huge cultural shift in the last decade where seeing cigarette use had become increasingly rare. For a person in recovery from tobacco, simply seeing a person smoking a cigarette in person, on television or in a theater can be a very big trigger for relapse. If the prevalence of electronic cigarette use grows and is permitted in areas where smoking is prohibited, it could have a very detrimental effect on those in recovery. In addition, seeing people smoking normalizes the behavior in the eyes of a child, and can increase the possibility of their development in to a tobacco user themselves.

In addition, CCI supports the proposal to redefine the areas where tobacco use would be permitted. Moving tobacco use 25 feet away from all doorways and windows of properties defined as tobacco-free helps to protect the health and wellbeing of anyone entering/exiting these establishments. A large part of the organizational change that CCI has worked on was creating tobacco-free campuses to further accomplish this goal at behavioral healthcare providers across the state of Connecticut. Studies have shown that a person with an acute heart disorder is at increased risk of a cardiac event with minimal exposure to secondhand smoke. By moving tobacco use further away from buildings, we improve the health of everyone.

CCI's programming has had a broad reach throughout the state and within all involved agencies/programming. This program has had a strong impact on the organizations' staff and clients through awareness, actual cessation (clients and staff), effects of secondhand smoke (clients, staff and visitors) and integration into all agency programs.

Thank you so very much for your time and continued support in addressing this important issue.

Sincerely,

A handwritten signature in black ink, appearing to read "John O'Rourke". The signature is fluid and cursive, with the first name "John" being the most prominent.

John O'Rourke, LCSW
Program Coordinator
Tobacco Cessation Program
CommuniCare, Inc.