Enhancing Recovery through Tobacco and Nicotine Treatment Integration.

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Introduction

Mighty Crow: Business specializing in research and evaluation, project management, grants, and staff training and education. Mighty Crow began in 2011.

Prior to starting Mighty Crow, I worked for nearly 13 years in a long-term addiction treatment and recovery organization;

Developed an Integrated Tobacco Treatment Program in 2006;

- Received SAMHSA's Science to Service Award in 2008
- Assisted agencies throughout Ohio with integrating tobacco dependence treatment from 2004-2012
- Co-faculty for The Breathing Association's Tobacco Treatment Specialist Certification Program since 2008
- Helped launch Pfizer's Get Quit and Advise the Quit Programs in 2009-2010

MIGHTY CROW

Learning Objectives

Participants will understand key steps of integrating nicotine and tobacco treatment into behavioral health treatment settings in order to help staff prepare and be successful.

Participants will learn how to apply existing principles of recovery planning to the treatment of nicotine and tobacco use.

Participants will learn common pitfalls that can make the treatment of nicotine and tobacco use more challenging in behavioral health settings.

Let's Begin with What We Know

Tobacco use is the leading preventable cause of death in the United States.

Cigarette smoking is estimated to cause the following:

More than 480,000 deaths annually (including deaths from secondhand smoke)

- 278,554 deaths annually among men (including deaths from secondhand smoke)
- 201,773 deaths annually among women (including deaths from secondhand smoke)

Cigarette Smoking causes premature death:

- Life expectancy for smokers is at least 10 years shorter than for nonsmokers.
- Quitting smoking before the age of 40 reduces the risk of dying from smoking-related disease by about 90%.

U.S. Department of Health and Human Services. The Health Consequences of Smoking–50 Years of Progress. A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014 [accessed 2015 Aug 17].

Prevalence

Tobacco use is also still highly prevalent in people who have mental and/or substance use disorders. For example, 77% to 93% of people in addiction treatment settings use tobacco, a range more than triple the national average. Approximately 40% of people with a current diagnosis of a mental disorder report smoking compared with approximately 20% of people with no lifetime history of mental illness.

Tobacco Cessation Is Effective

- Tobacco cessation is a key component of patient-centered, individualized treatment planning.[7]
- Persons with behavioral health conditions want to quit tobacco and want information on cessation services and resources.[8]
- Persons with behavioral health conditions can successfully stop using tobacco.[9,10]
- Although tobacco cessation rates for individuals with mental health conditions are lower than those in the general population, these quit rates are still substantial.[11]
- Research shows that individuals who treat their addiction to tobacco and other substances at the same time are 25% more likely to sustain their recovery, compared to individuals who do not address tobacco while in recovery from other drugs.[12]

GET THE FACTS:

- With careful monitoring, delivering smoking cessation interventions does not interfere with treatments for mental illness and can actually be part of the treatment.[33]
- There is mounting evidence that clients who receive treatment for tobacco use are more likely to reduce their use of alcohol and other drugs, have less psychiatric symptoms, and enjoy better treatment outcomes overall.[34]
- Smoking cessation is associated with reduced depression, anxiety, and stress and improved positive mood and quality of life compared with individuals who continue to smoke. The effect sizes are equal or larger than those of antidepressant treatment for mood and anxiety disorders.[35]

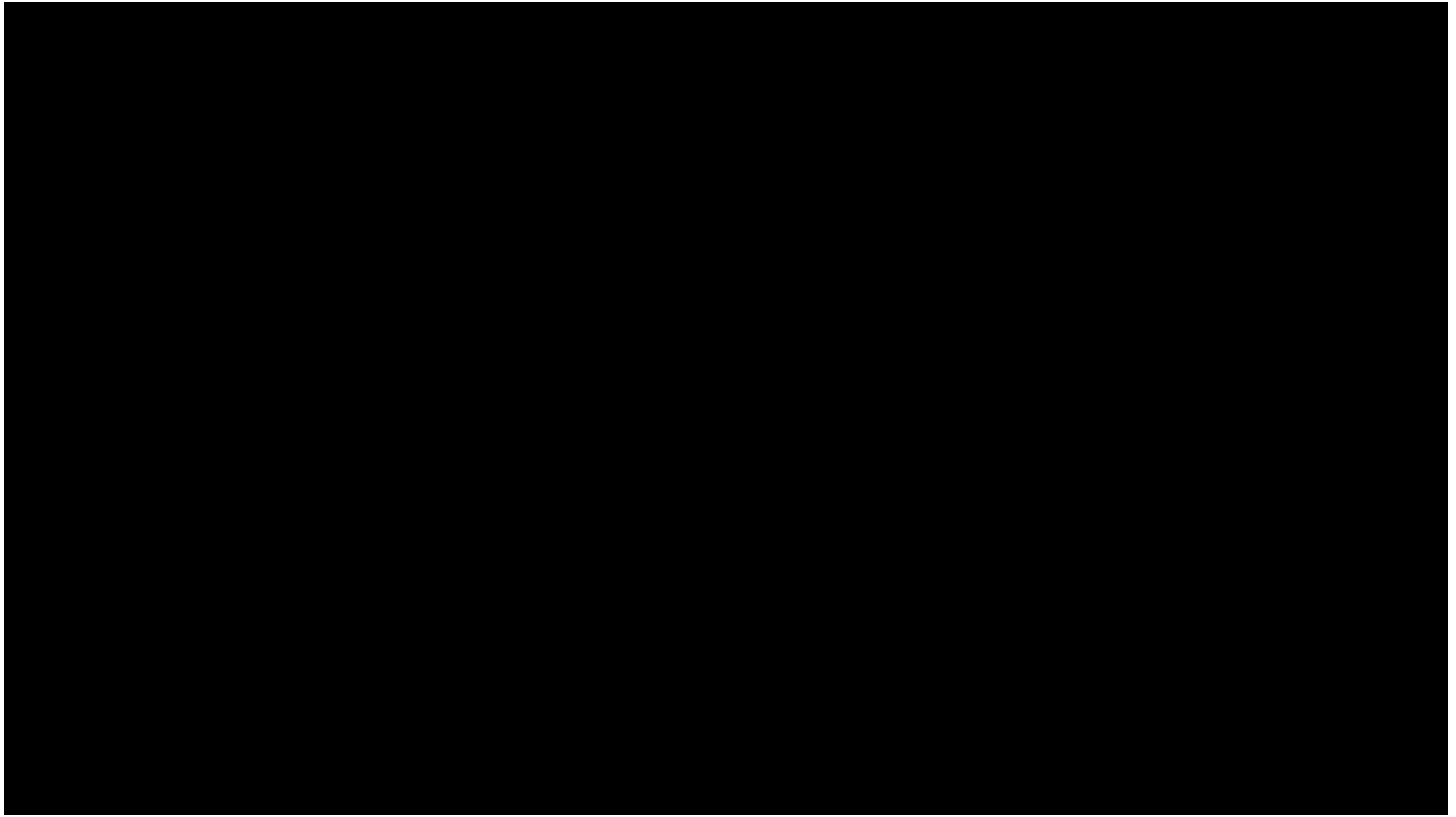
See Appendix C: "The Tobacco Epidemic Among People with Behavioral Health Disorders

IMPROVED MENTAL HEALTH WITH SMOKING CESSATION

Outcome	No. of studies included	No. of studies excluded	Effect Estimate
Positive affect	1	2	↑ 0.68
Psychological quality of life	4	4	↑ 0.17
Anxiety	4	0	↓ -0.37
Depression	9	1	↓ -0.29
Mixed Anxiety and depression	4	1	↓ -0.36
Stress	2	1	↓ -0.23

Taylor et al, BMJ

Contrary to popular beliefs, persons with behavioral health conditions want to quit smoking, want information



Cultural Shifts

THE PAST

PRESENT AND FUTURE

Attitudes of mental health staff

Despite overwhelming evidence about the dangers of tobacco use, many mental health professionals have reported feeling reluctant to engage with patients about smoking and/or having low expectations of patients' motivation or ability to stop smoking.[84 85 86] This is likely to have a direct impact on service users, as advice from health professionals has been shown to be an important driver in quit attempts among all smokers.[88] However, more recently there is some evidence that attitudes are beginning to change. A 2011 study found that 89% of mental health staff thought that addressing patients' smoking would not have an adverse effect on the therapeutic relationship and 81% did not believe quitting smoking would have a negative impact on patients' recovery.[87] Staff who smoked were more likely to have reservations about the importance of the smokefree policy and the treatment of nicotine dependence among patients.[88]

A lack of knowledge among mental health staff about tobacco dependence, treatment and its interaction with psychotic medication limits the support given to patients to quit smoking.[89] A survey of clinical staff in one NHS mental health trust found that 41% of doctors were unaware that smoking can decrease blood levels of antipsychotic drugs, and 36% were unaware that stopping smoking could reduce the dose needed.[92]

Comparing client and staff reports on tobacco-related knowledge, attitudes, beliefs and services provided in substance use treatment

Cristina Martínez[1,2,3,4,5], Nadra Lisha[6,7], Caravella McCuistian[8], Elana Straus[4], Kevin Delucchi[8], Joseph Guydish[4]

ABSTRACT

INTRODUCTION Smoking is highly prevalent in substance use disorder (SUD) programs, but few studies have explored the tobacco-related attitudes of staff and clients in the same program. The aim of this study was to compare staff and client reports on 10 tobacco-related items and associate them with tobacco measures implemented in the programs.

METHODS A cross-sectional survey was conducted in 18 residential SUD programs from 2019 to 2020. Overall, 534 clients and 183 clinical staff self-reported their tobacco use, knowledge, attitudes, beliefs, and practices/services regarding smoking cessation. Ten comparable items were asked of both clients and staff. Differences in their responses were tested using bivariate analyses. We examine the association between selected tobacco-related items on making a quit attempt and planning to quit in the next 30 days.

RESULTS In all, 63.7% of clients were current cigarette users versus 22.9% of staff. About half of clinicians (49.4%) said they had the skills to help patients quit smoking, while only 34.0% of clients thought their clinicians had these skills (p=0.003). About 28.4% of staff reported encouraging their patients to use nicotine replacement treatment (NRT), and 23.4% of patients said they had been encouraged to use these products. Client reports of planning a quit attempt were positively correlated with whether both staff and clients reported that the use of NRT was encouraged (clients: r=0.645 p=0.004; staff: r=0.524 p=0.025).

CONCLUSIONS A low level of tobacco-related services was provided by staff and received by clients. In programs where smokers were encouraged to use NRT, a higher percentage of smokers planned a quit attempt. Tobacco-related training among staff, and communication about tobacco use with clients, should be improved to make tobacco services more visible and accessible in SUD treatment.

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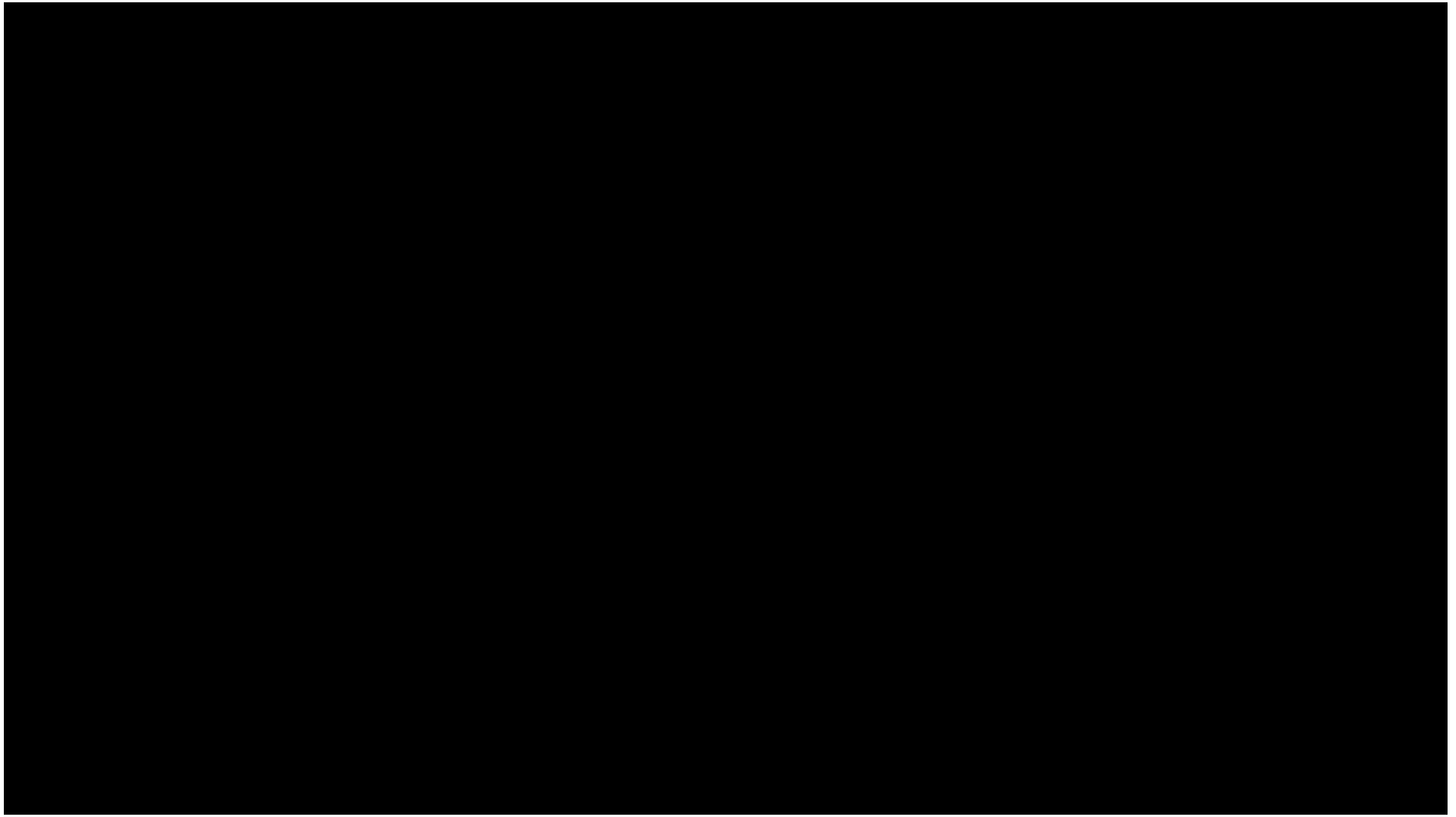


THE ASSOCIATION FOR ADDICTION PROFESSIONALS

POSITION STATEMENT: NICOTINE DEPENDENCE

NAADAC regards nicotine addiction as a primary health problem, and recognizes tobacco-caused illnesses as the direct consequence of nicotine dependence. Just as alcoholism and other drug addictions have not always been viewed as primary diseases, the health profession has traditionally viewed tobacco use as a risk factor for other diseases, but not as a primary health problem itself. This approach has impeded rather than advanced the development of optimal treatment methods for clients addicted to nicotine.

NAADAC recommends that all patients presenting for substance abuse services be screened and assessed for tobacco use and, where applicable, that a tobacco or nicotine diagnosis, using DSM-IV or ICD 9 criteria, be made in the patient's chart.

NAADAC further recommends that tobacco dependence be included in the treatment plan for every patient to whom it applies. Furthermore, discharge plans should address all unresolved problems, including the use of tobacco, identified at admission or during treatment.

NAADAC recommends that information about the desirability of participating in self-help support groups such as Nicotine Anonymous (NicA) be made available to patients and family members.

NAADAC strongly supports and encourages the provision of tobacco education within the addictions treatment milieu. At a minimum, tobacco specific didactic sessions can be added to the existing alcohol and other drug, HIV/AIDS education, and health curriculum. More appropriately, in integrating tobacco treatment on a par with alcohol and other drug dependence treatment, nicotine dependence material can be incorporated into essentially every general education topic, i.e., use of chemicals to modify and control feelings, consequences of chemical use, etc.[10]

SAMHSA publishes a Tobacco Cessation Toolkit for Substance Use Disorder Treatment Programs

Tuesday, September 25, 2018

The Substance Abuse and Mental Health Services Administration (SAMHSA) has created a tobacco cessation toolkit for substance use disorder (SUD) treatment programs. The toolkit is composed of three pieces:

- *Implementing Tobacco Cessation Programs in Substance Use Disorder Treatment Settings: A Quick Guide for Program Directors and Clinicians This guide contains an overview of the harms of tobacco use and the benefits of tobacco cessation and a smoke-free workplace. It also includes tips for SUD treatment settings to begin implementing their own tobacco cessation programs.*
- *Quitting Tobacco – Help your Clients to a Healthier Life* (for providers) This pamphlet contains reasons to combine smoking cessation and SUD treatment, client testimonials, and resources for implementing a tobacco cessation program. It also explains the benefits of tobacco cessation programs to the provider program.
- *You Can Quit Tobacco – Benefits and Tips for Quitting for Good* (for clients) This pamphlet contains information on the health benefits that come with quitting tobacco, as well as the benefits to quitting tobacco while achieving recovery from SUD.

IMPLEMENTING TOBACCO CESSATION PROGRAMS IN SUBSTANCE USE DISORDER TREATMENT SETTINGS

A QUICK GUIDE FOR PROGRAM DIRECTORS AND CLINICIANS

SAMHSA
Substance Abuse and Mental Health Services Administration

Contents

Breaking Down the Myths

Common Myths:

Quitting smoking might jeopardize recovery from alcohol and other drugs;

Quitting smoking is quite different from quitting other drugs;

Quitting smoking is harder than quitting other drugs.

(Hurt, et. al, 1994)

Myth-busting

A growing body of studies has dispelled the common notions that:

- Tobacco cessation efforts compromise the treatment and sobriety of persons who are working on recovery from alcohol or drug abuse: Tobacco cessation services have been found to be associated with a 25% increase in maintaining long-term abstinence from alcohol land other drugs.
- Clients in treatment are not interested in quitting tobacco use: 44 to 80% are interested in tobacco cessation.
- The treatment setting offers a good opportunity to introduce tobacco cessation services to clients because these services complement drug and alcohol treatment and benefit overall health.

BACA & YAHNE (2009); PROCHASKA, DELUCCHI, & HALL (2004); CDC (2004)

Concurrent Treatment is Effective

Treating nicotine dependency in conjunction with AOD treatment DECREASES risk of relapse (Hurt, et. al., 1994; Sobel, et. al, 1995; Frosch, et. al., 1995).

Stuyt (1997) found that the length of sobriety for non-tobacco users was almost TWICE that of tobacco users.

Lemon, Friedmann, & Stein (2003) examined 2,316 cigarette smokers in the Drug Abuse Treatment Outcome Study (DATOS); found that smoking cessation was "associated with greater abstinence from drug use after completion of drug abuse treatment."

Systematic review of smoking cessation interventions in SUD treatment (Thurgood, et. Al, 2015) found NRT, behavioral support, and combination approaches appear to increase smoking abstinence; some studies in the review found improved outcomes for treatment of other drugs as well.

Rationale for Integration: Using Recovery Skills

Smoking is NOT a recovery skill:

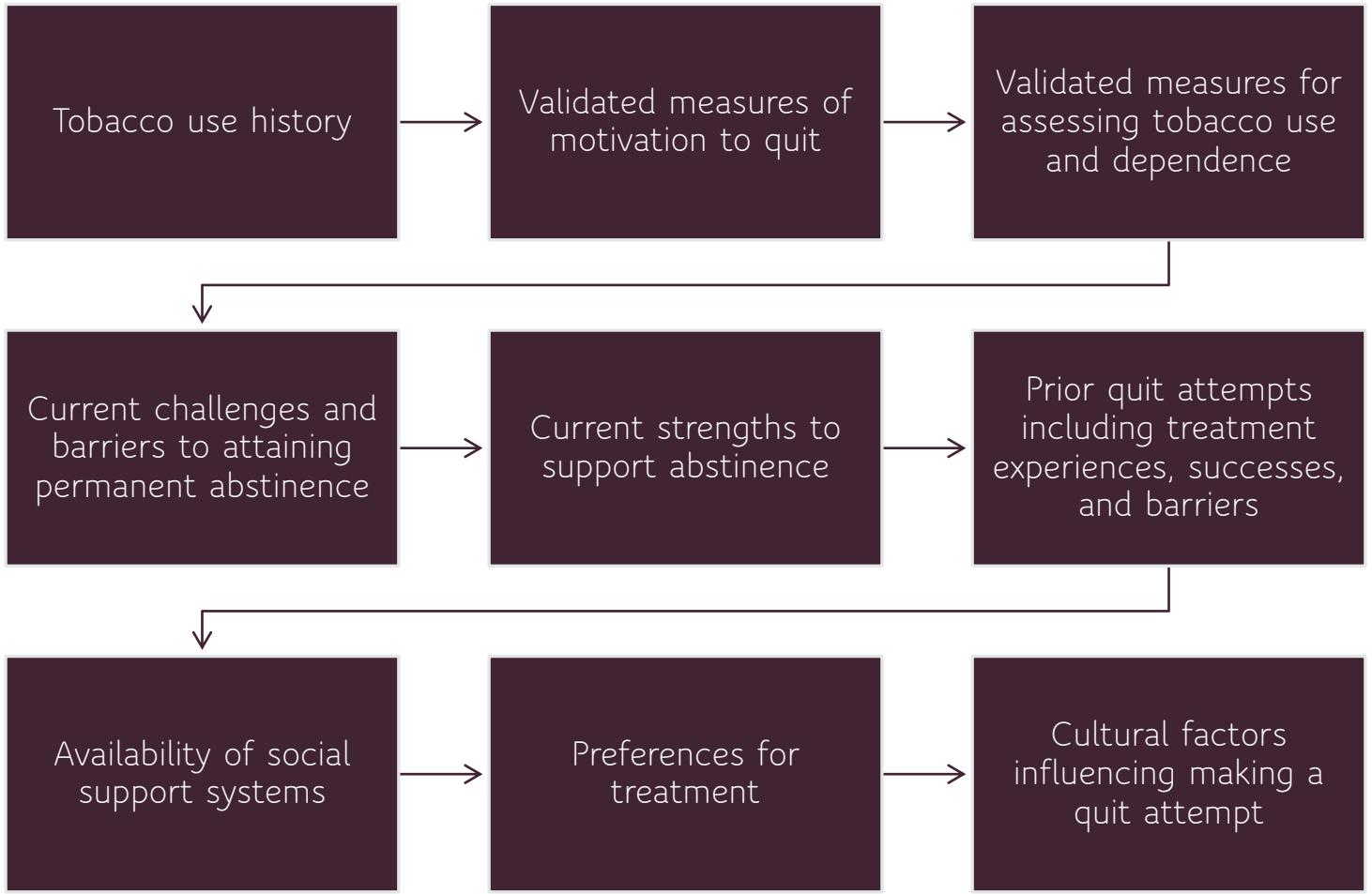
- Stuffing feelings with a cigarette, rather than talking to someone;
- Isolating with cigarettes, rather than forming sober supports;
- Drug seeking behavior around cigarettes similar to former drug use;
- Tobacco use as an unhealthy coping mechanism;
- Tobacco use as a trigger for other drug use;

Using existing recovery skills to deal with emotions is a big part of the quit process.

- Talking with a support person
- Writing about one's feelings
- Going to support meetings
- Taking care of oneself
- Spiritual practices
- Relaxation techniques

Integrated Treatment: The Components

Assessment	Diagnosis	Treatment Planning	Individual Counseling
Psycho education	Group Therapy	Relapse Prevention	Support



Assessing for Tobacco Dependence

Intensive Intervention

Assessment

Program Clinicians

Program Intensity

Program Format

Counseling and Behavioral Therapies

Pharmacotherapy

Population

Pharmacotherapy

Every smoker should be encouraged to use pharmacotherapies endorsed in 2008 USPHS guideline, except in special circumstances or when use is contraindicated.

The clinician should explain how these medications increase smoking cessation success and reduce withdrawal symptoms.

Be aware that tobacco interacted with other medications, causing the liver to process them out quickly, resulting in more or higher doses needed while smoking. Thus, when someone quits smoking, his/her medications will need to be monitored and often lowered.

Fiore MC, Jaén CR, Baker TB, et al. Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. May 2008.

Curriculum Topics

Understanding your Tobacco Dependence: Progression of the Disease
Understanding your Tobacco Dependence: Negative Effects of Tobacco Use
Understanding your Tobacco Dependence: Recovery Coping Skills
Increasing Tobacco-Free Skills
Remaining Tobacco-Free and Making Arguments for Change
Outside Support

There are Recovery Supports available:

Nicotine Anonymous

Peer Support/Support Groups

Working with a Tobacco Treatment Specialist/Coach

Wellness Programs

Final Thoughts

1. Educate yourself and don't fall for the myths.
2. Avoid mixed messages to clients: addiction is addiction is addiction. Don't confuse them.
3. Recognize that the staff are very influential on clients – if they are smoking it will be hard for clients to understand. Just like if they were using alcohol…think about it.
4. Build the program – this addiction will need attention because it is so prevalent, has been ignored for so long, and is often the one that is most integrated into a person's life.
5. Find materials that speak to recovery and build out those recovery supports.
6. Think about how you want to address relapse and keep it in line with how you address other relapses.

Questions

Resources

DIMENSIONS Tobacco free Toolkit for Healthcare Providers; Supplement: Priority Populations: Behavioral Health : http://smokingcessationleadership.ucsf.edu/sites/smokingcessationleadership.ucsf.edu/files/Downloads/Toolkits/TF-Toolkit-Supp-Behavioral-Health.pdf

Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (September 19, 2013). The N-SSATS Report: Tobacco Cessation Services. Rockville, MD

Smoking Cessation Leadership Center: http://smokingcessationleadership.ucsf.edu/behavioral-health/resources/publications

Tobacco Treatment for Persons with Substance Use Disorders: A Toolkit for Substance Abuse Treatment Providers: https://www.dshs.wa.gov/sites/default/files/BHSIA/dbh/documents/COTobaccoToolkit.pdf

Thank You!

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