Denormalizing and Treating Tobacco in Addiction Services

NYS Cessation Center Collaborative Statewide Conference Call
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Disclosure & Learning Objectives

Disclosure Statement:

I have no real or perceived vested interests that relate to this presentation nor do I have any relationships with pharmaceutical companies, and/or other corporations whose products or services are related to pertinent therapeutic areas.

Objectives:

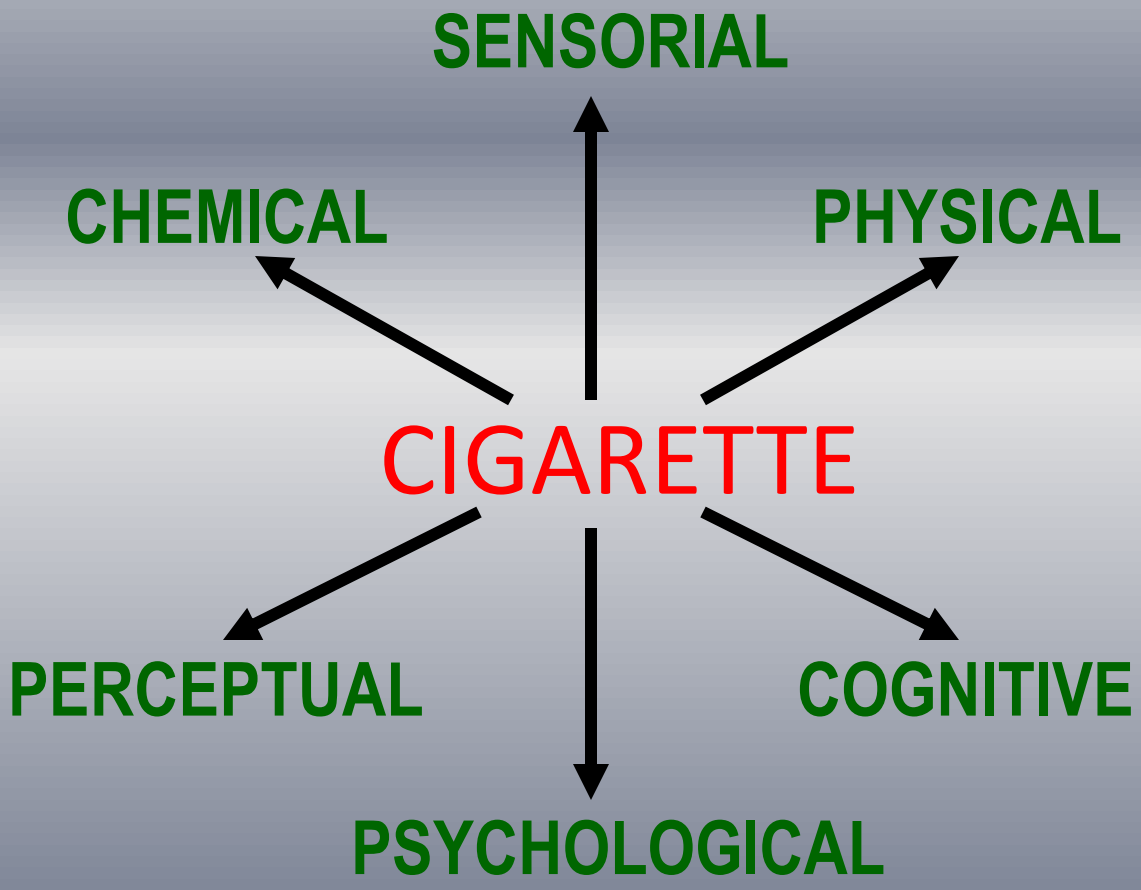
At the end of the presentation, participants will be able to:

1. Describe the neurobiological and behavioral associations of tobacco use to other drugs of addiction.
2. Cite at least three barriers and solutions to effectively integrate tobacco interventions into existing addiction services.
3. Discuss two fundamental aspects of evidence-based tobacco dependence treatment.

Discussion

- Individuals with SUD/COD are more vulnerable to tobacco use disorder.
- Tobacco use behavior is most often fundamental to the use rituals of other substances.
- Fully integrated tobacco interventions in addiction services improves treatment outcomes.
- Effective implementation strategy must include provision to denormalize tobacco use in the treatment and recovery culture.
- Behavioral Health providers have highly developed clinical competencies to treat tobacco addiction.

Tobacco Industry Research



Philip Morris Sensory Technology Operation Plans, 1991

Tobacco Industry Research

Philip Morris Behavioral Research Lab Project 1620

"…to study the basic dimensions of the cigarette as they relate to cigarette acceptability…[and] to record and interpret changes in smoke inhalation patterns [and nicotine retention] in response to changes in smoke composition", and "to develop a better understanding of the actions of nicotine and other smoke compounds, especially those which reinforce the smoking act."

Nicotine & Tobacco Research, Volume 6, Number 6, December 2004

Tobacco Use Prevalence

USA Adult Smoking Rate = 19% (Median)
NYS Adult Smoking Rate 16.2%

Center for Disease Control and Prevention Fact Sheet, 2011
AmericanHealthRankings.org, December 2013

Addiction Treatment = 60 to 95%
Serious Mental Illness = 36 to 90%

Professional Development Program, Rockefeller College, SUNY at Albany,
The Foundation: Integrating Tobacco Use Interventions into Chemical Dependence Services, 2008
Morris et al., 2009

Tobacco Use Prevalence

Nearly half of all cigarettes in the United States are consumed by individuals with an addiction or mental illness.

Grant, 2004; Lasser, 2000

Tobacco Use Prevalence

Why Individuals With COD Have Higher Rates of Tobacco Dependence

- The pathophysiology of these disorders increases vulnerability to nicotine dependence.
- Individuals with are self-medicating affective and cognitive deficits associated with these disorders.
- Social factors (e.g., peer modeling, settings).

Kalman, Morrissete and George, 2005. Am. J. Addict. 14: 106-123

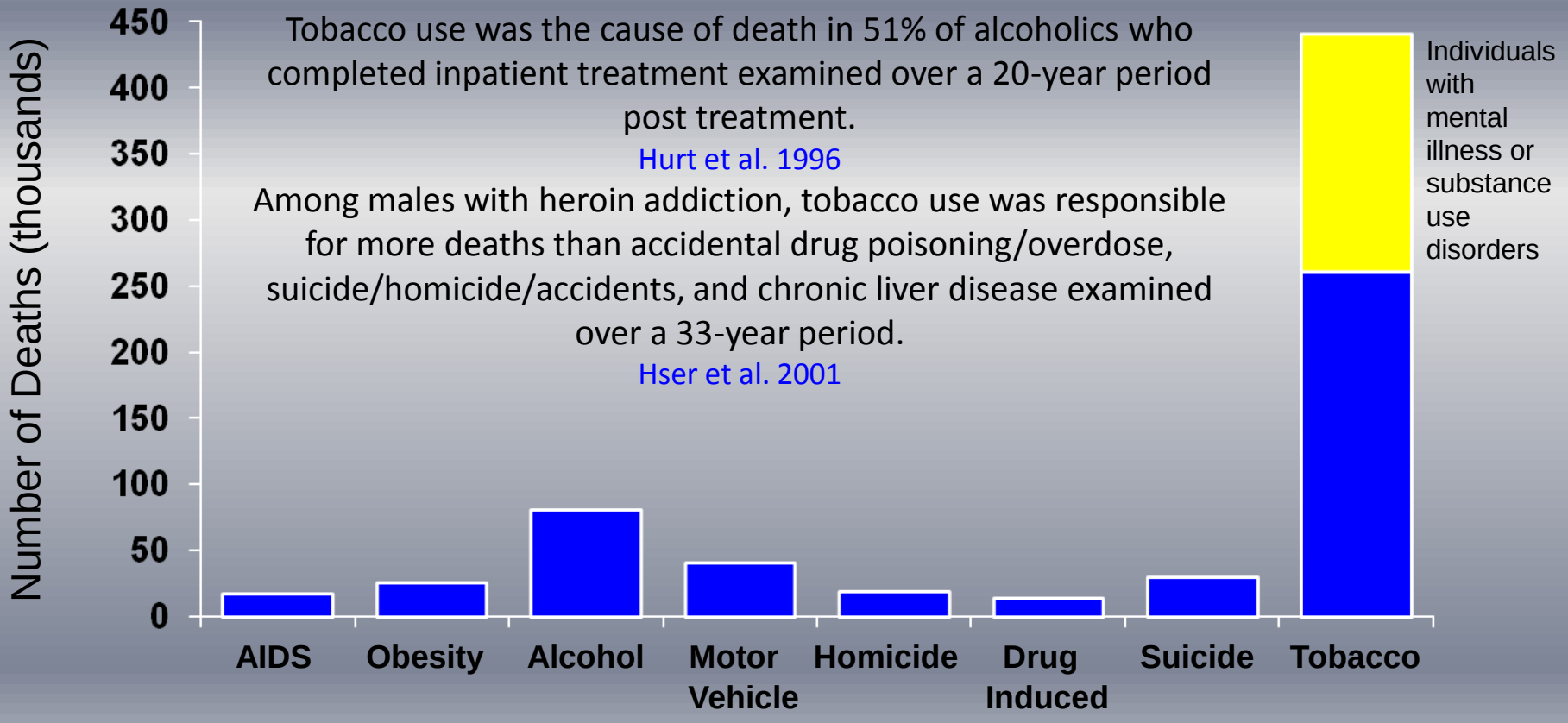
Tobacco Use is the Primary Cause of Death Among Individuals With SUD

Tobacco use was the cause of death in 51% of alcoholics who completed inpatient treatment examined over a 20-year period post treatment.

Hurt et al. 1996

Among males with heroin addiction, tobacco use was responsible for more deaths than accidental drug poisoning/overdose, suicide/homicide/accidents, and chronic liver disease examined over a 33-year period.

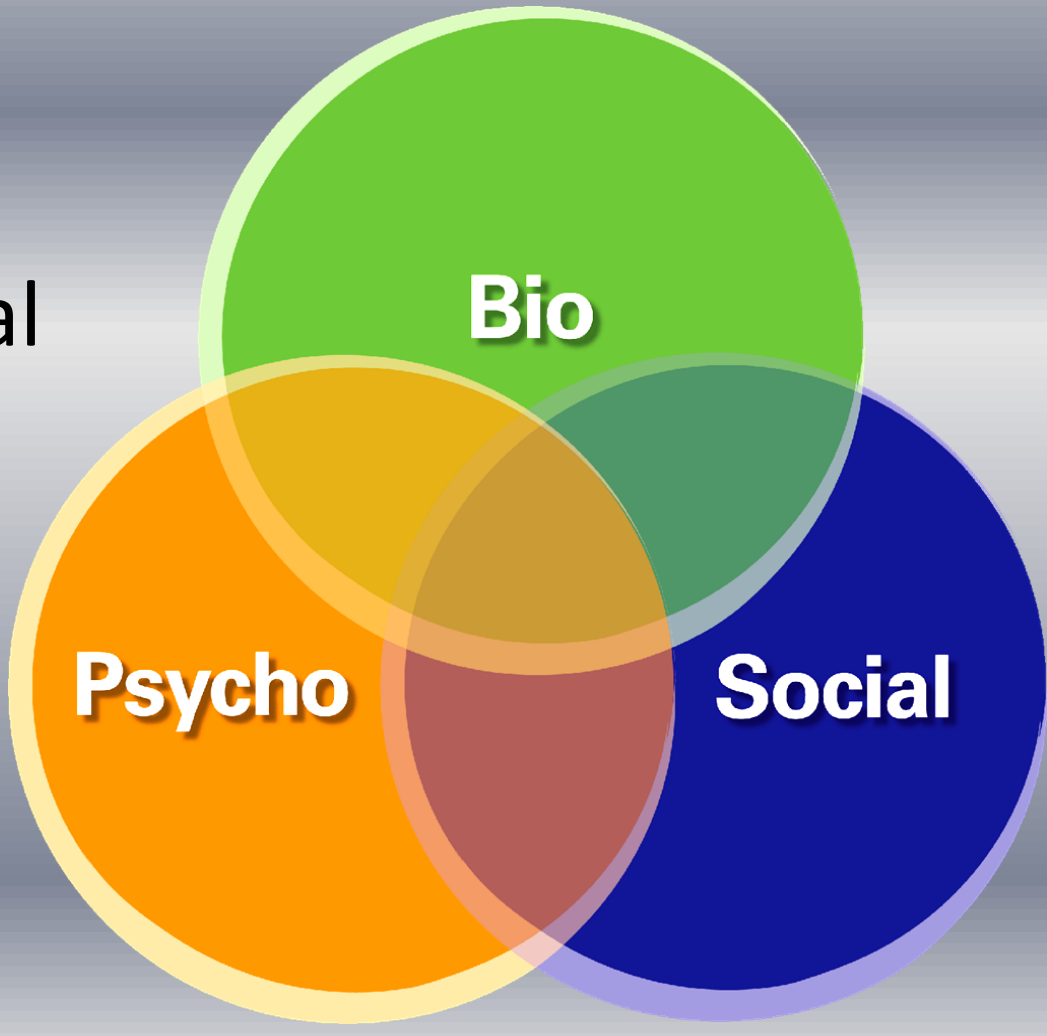
Hser et al. 2001



Centers For Disease Control and Prevention: Comparative Causes of Deaths in the United States, 2004

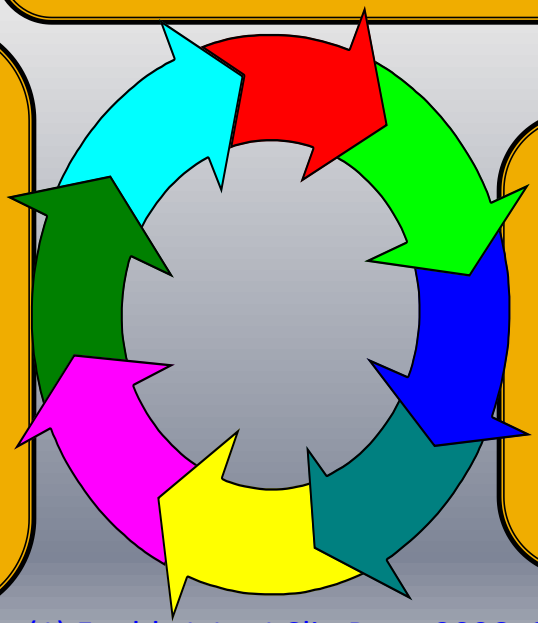
Tobacco Use Disorder

- Neurobiological
- Psychological
- Social



The Cycle of Nicotine Addiction is Reinforcing and Progressive

Nicotine in Cigarettes is used for:
Pleasure; Enhanced Performance
Self-medication; Mood regulation



Tolerance and Physical Dependence
Tolerance related to up-regulation -increased number and desensitization of nicotine receptors; 2 hour half life and rapid clearance from CNS

Withdrawal Symptoms
Dysphoric or Depressed Mood; Irritability; Increased Appetite; Difficulty Concentrating; Insomnia; Urge to Smoke; Anxiety; Restlessness; Decreased Heart Rate; Light Headedness

(1) Foulds J. Int J Clin Pract 2006. 60 571-576;
(2) Diagnostic and Statistical Manual of Mental Disorders, 4th Ed, Washington DC, APA. 2000 266.

Nicotine Neurochemistry

Nicotine has a cascade effect on a variety of neurotransmitters and is one of the most potent stimulants of the midbrain dopamine reward pathway. Pomerleau, 1992

Drug action of nicotine releases:

- Excitatory, Activating, Stimulating neurotransmitters
  - Norepinephrine
  - Glutamate
- Inhibitory, Calming, Relaxing neurotransmitters
  - GABA
  - Serotonin
- Rewarding neurotransmitters
  - Dopamine
- Analgesic neurotransmitters
  - Endorphins
  - Enkephlins

Primary and Secondary Factors in Tobacco Dependence

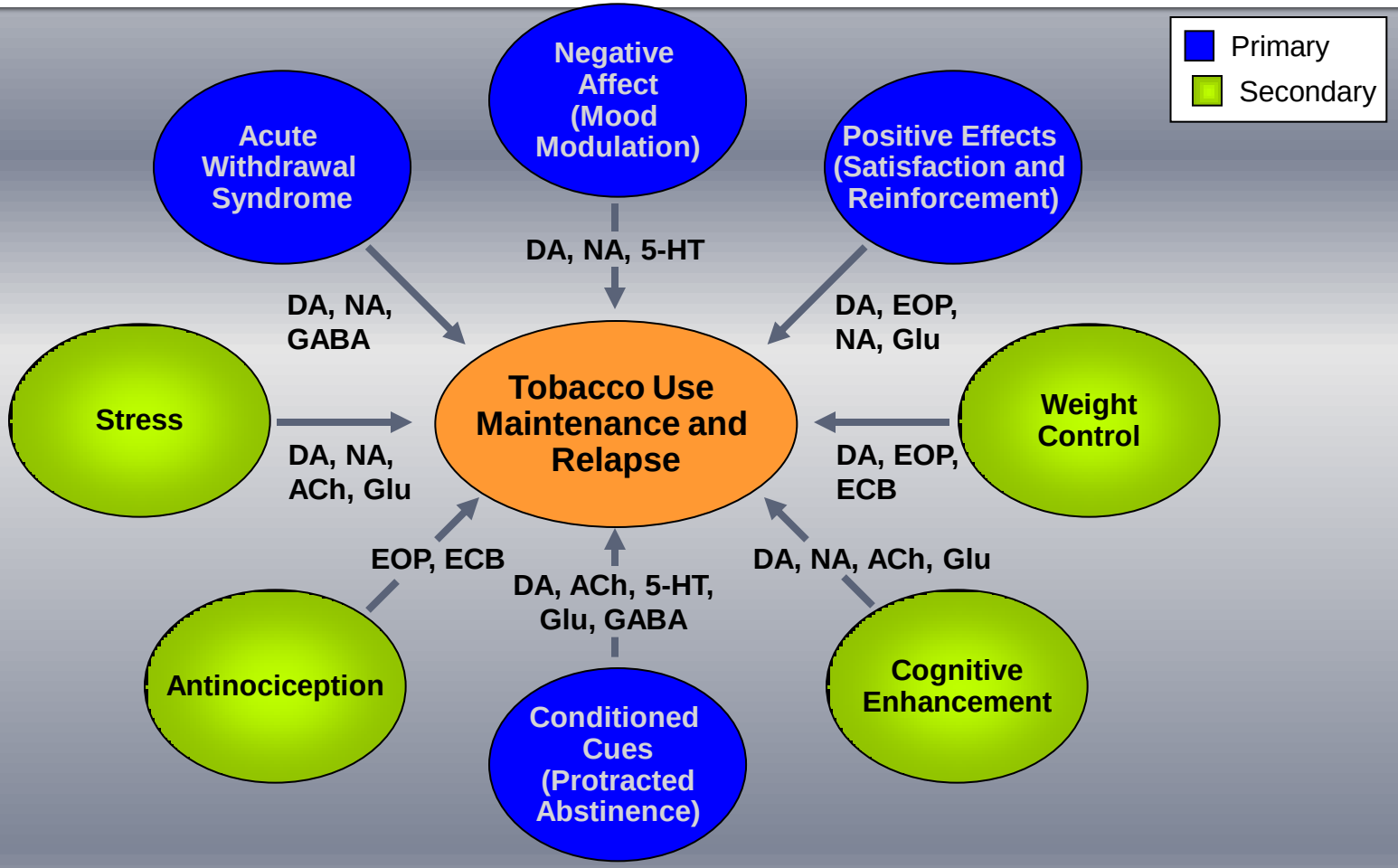


Figure 1. State, trait and environmental factors, and neurotransmitter systems that mediate smoking maintenance and relapse. The blue circles represent primary contributors to smoking maintenance and relapse, whereas the green circles represent secondary contributors to those processes. Abbreviations: ACh, acetylcholine (nicotinic ACh receptor); DA, dopamine; ECB, endocannabiniod (CB, receptor); EOP, endogenous opioid peptide; Glu, glutamate; 5-HT, 5-hydroxytrypamine; NA, noradrenaline.

George T.P. and O'Malley S.S. *Trends Pharmacology. Sci.* 2004;25:42-48.

Nicotine Neurochemistry

- Nicotine affects the same neural pathway as alcohol, opiates, cocaine, and marijuana.
  Pierce & Kumaresan, 2006
- Tobacco use reinforces the effects of alcohol and cocaine.
  Little, 2000; Wiseman & McMillan, 1998
- Tobacco use has a modulating effect by reducing cocaine-induced paranoia. Wiseman & McMillan, 1998

Social Factors

Tobacco use in an population with SUD maintains…

- rituals and social norms that serve to reinforce substance abuse coping beliefs.
- drug dealing behavior and lifestyle.
- drug acquisition activity including manipulative behavior, prostitution and other criminal activity.

The Paradox

- As one walks through a drug recovery process, the cigarette is often the last thread of a tangible link to one's old (person active in addiction) identity while developing a new (person in recovery) identity.

- Tobacco use provides a sense of familiar comfort, yet often inhibits growth to key objectives of recovery: cognitive and behavioral change to redefine self and lifestyle.

Case Example 1

- Therapeutic Community
- Harlem NYC
- 45 – 50 Adult Males
- Community Meeting
- Tobacco Awareness Group

Odyssey House

Tobacco Interventions

Two Fundamental Goals:

1. "Denormalize" tobacco use within the treatment & recovering community culture.
2. Provide treatment to assist clients to establish and maintain tobacco abstinence as part of "a day at a time" recovery.

Tobacco Interventions

Two Levels of Behavioral Counseling to Match Intervention to Patient Stage-Readiness:

Tobacco Awareness
(Cognitive)

- Engagement
- Develop Interest
- Highlight Importance
- Advance Stage-Readiness

Tobacco Recovery
(Behavioral)

- Learn Coping Skills
- Elevate Confidence
- Embrace Lifestyle Change
- Always with Pharmacotherapy

Treatment Implications

Client Stages and Processes		*Treatment Stages and Interventions*			
Stages of change	**Processes of change**		**Stages of Treatment**	**Treatment Goals**	**Treatment Interventions**
Pre-contemplation (not thinking about change)	**Experiential:** Cognitive learning Emotional learning Consciousness-raising Dramatic relief Environmental re-evaluation Self re-evaluation	**Engagement**	**Pre-engagement** (no contact with provider)	Make contact	Outreach
			Engagement (no regular contact)	Create an alliance	Practical assistance Stabilizing symptoms
Contemplation/ Preparation (thinking, planning)		**Persuasion** **TOBACCO AWARENESS**	**Early persuasion** (regular contact)	Increase client motivation	Motivational interviewing Education Peer persuasion groups
			Late persuasion (target behavior <1 mo.)		
Action (making the change)	**Behavioral:** Social liberation Contingency management Helping relationship Counter-conditioning Stimulus control	**Active Treatment** **TOBACCO RECOVERY**	**Active early** (target behavior> 1mo.)	Help client change	CBT Social Skills Training Stress Mgt Self-help groups Pharmacological treatment
			Late active (targeted behavior change 1-5 mos.)		
Maintenance (maintaining change)		**Relapse Prevention** **TOBACCO RECOVERY**	**Relapse Prevention** (target change sustained over 6 mos.)	Note relapse risk Build on recovery	Peer recovery groups Self-help groups Lifestyle improvements

Based on Center for Mental Health Services (CMHS), 2003; Center for Substance Abuse Treatment, 2005; Mueser et al., 1999; Prochaska & DiClemente, 1983; Prochaska, 1992.

Recovery-Oriented Message

Working Definition of Recovery

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
www.samhsa.gov

Embrace Recovery!

Be Alcohol, Tobacco & Drug-Free

Addressing Tobacco Improves Treatment Outcomes

- Alcoholics who quit smoking are more likely to succeed in alcoholism treatment.
  Shiffman & Balabanis,1996
- Nicotine craving and heavy smoking may contribute to increased use of cocaine and heroin.
  National Institute on Drug Abuse, 2000
- Non-tobacco users maintain longer periods of sobriety after inpatient treatment for alcohol/drug dependence than tobacco users.
  Stuyt, 1997

Addressing Tobacco Improves Treatment Outcomes

- Alcoholics provided [tobacco dependence treatment] during addictions treatment was associated with a 25% increased likelihood of long-term abstinence from alcohol and illicit drugs.

  Prochaska et al., Journal of Consulting and Clinical Psychology, 2004
  Meta Analysis of 19 Randomized Control Trials with Individuals in Current Treatment or Recovery.

- All smokers with psychiatric disorders, including substance use disorders, should be offered tobacco dependence treatment, and clinicians must overcome their reluctance to treat this population.

  Clinical Practice Guideline, 2008 Update, p 154.

Case Example-2

- The **Charles K. Post Addiction Treatment Center** is a state-operated inpatient treatment program which is Commission on Accreditation of Rehabilitation Facilities (CARF)-accredited and NYS OASAS-certified.
- C.K. Post opened in 1955. The facility maintains 79 beds for its inpatient rehabilitation program and 21 beds for its Community Residential program.
- Services provided include routine medical care, specialized and individualized treatment and educational services, as well as other types of interventions that address the physical, psychological, emotional, and social symptoms of addiction.

Charles K. Post Addiction Treatment Center

Pilgrim Psychiatric Center
West Brentwood, NY

NEW YORK STATE
NEW YORK STATE
OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
Addiction Services for Prevention, Treatment, Recovery
Andrew M.Cuomo, Governor
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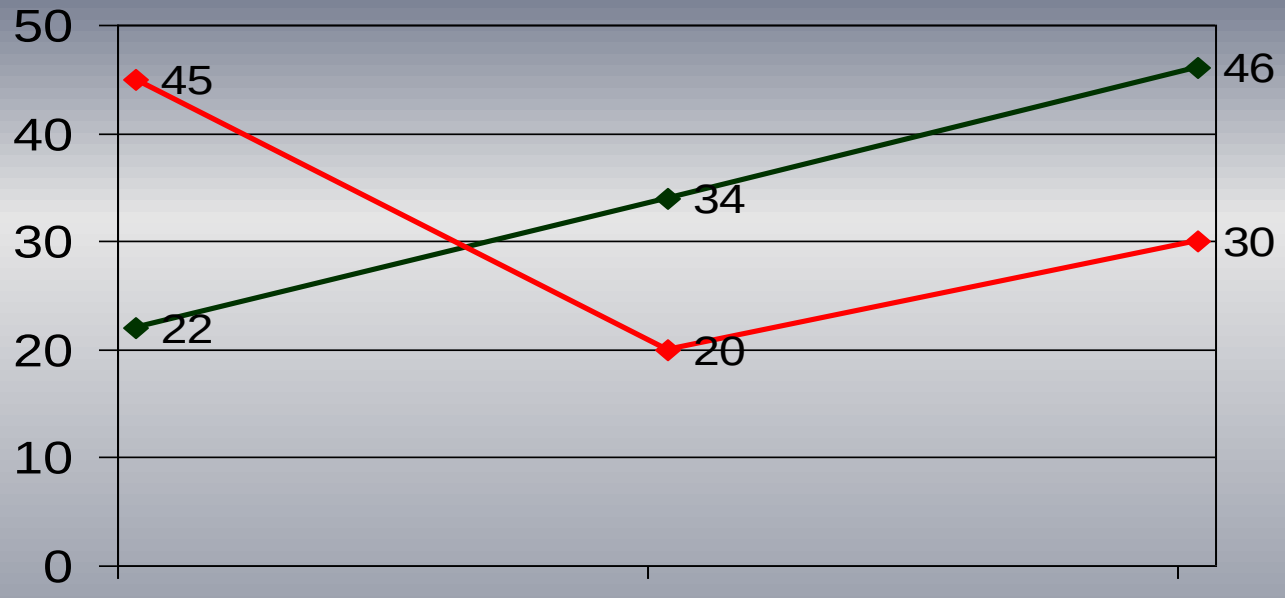
Changing Social Norms

Tobacco Addiction Should be Treated in AOD Programs



AWARENESS TOPICS

1 - Tobacco Use and Other Substances
2 - Decisional Balance
3 - Letting Go of Unhealthy Relationships
4 - Review / Behavioral Defenses
5 - Tobacco Use and Other Substances

17-Nov
N = 64
Mean = 2.4
Principal Mode = 1 (29)
Secondary Mode = 5 (14)

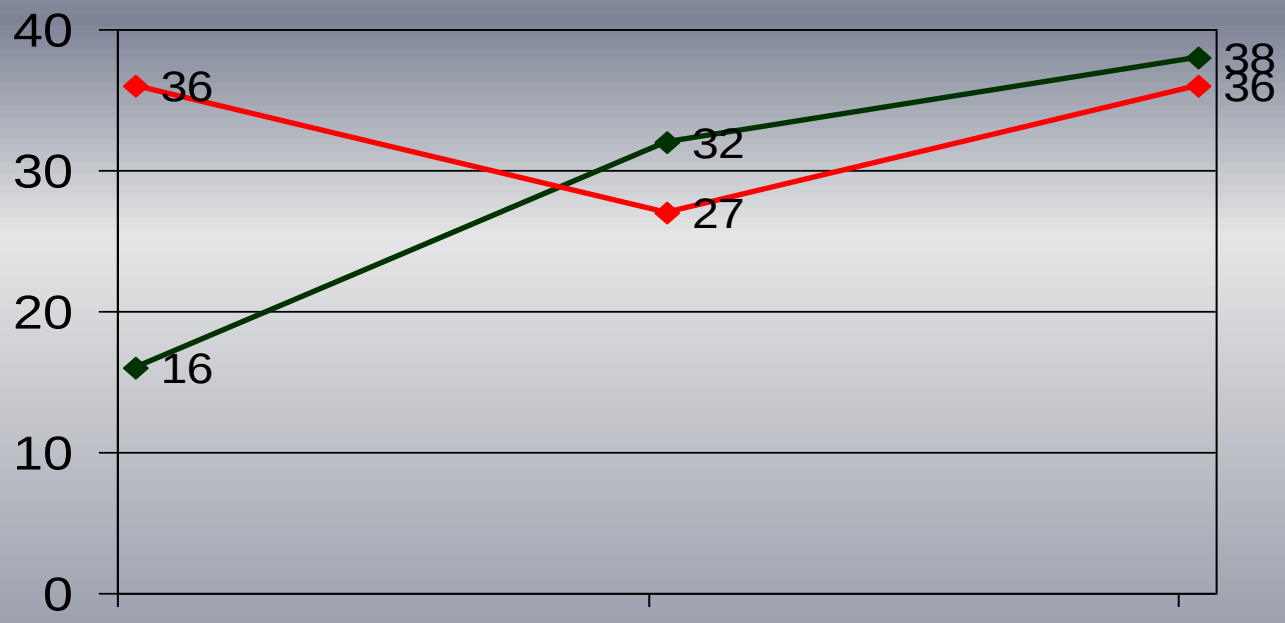
1-Dec
N = 59
46% Nov 17 / 54% New
Mean = 3.3
Principal Mode = 5 (20)
Secondary Mode = 1 (12)

15-Dec
N=61
44% Dec 1 / 56% New
Mean = 3.3
Principal Mode = 5 (28)
Secondary Mode = 1 (18)

Klein, Tony. Charles K. Post Addiction Treatment Center, Tobacco Intervention Project, 2008

Changing Social Norms

Stopping Tobacco at the Same Time as Other Substances is a Good Idea



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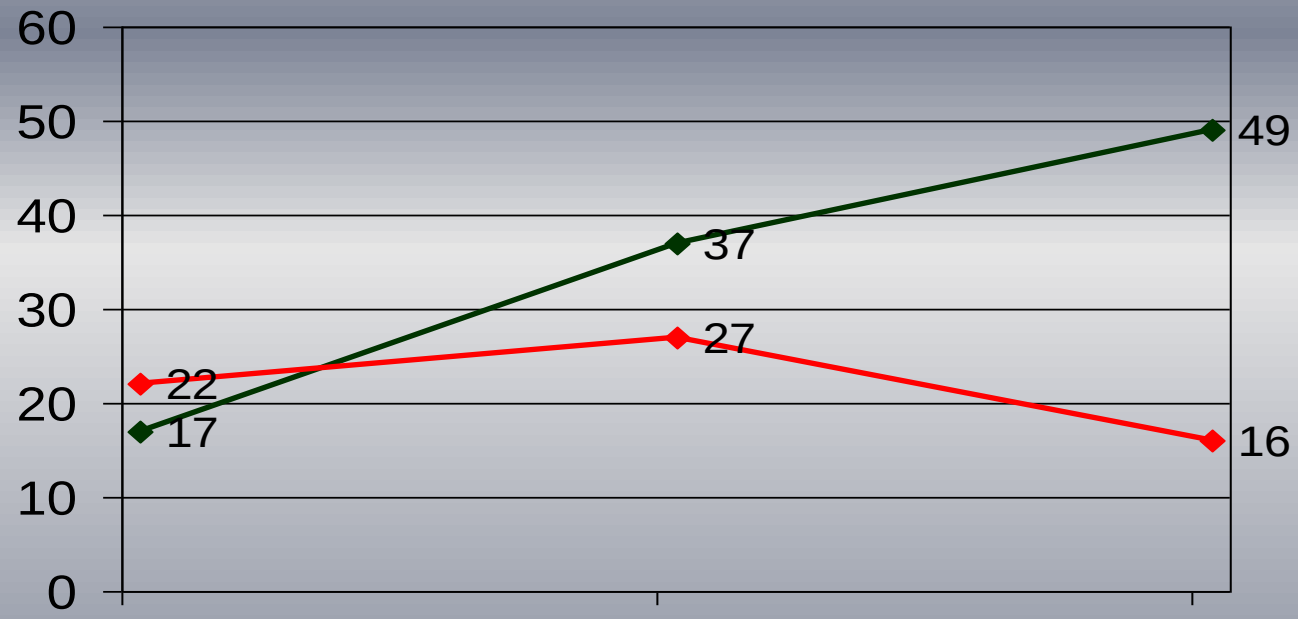
Changing Social Norms

Nicotine Replacement Therapy is Helpful



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Change Strategies

- Anchor the rationale for addressing tobacco to the organization's mission.
- Develop a written ATOD policy.
- Integrate tobacco treatment into existing programming.
- Highlight the topic as a recovery issue communicated through treatment philosophy, 12-Step teachings and/or therapeutic community principles.
- Strategically address the resistance to social change.
- Provide targeted staff training after completing a needs assessment; match training to agency stage-readiness.
- Utilize Quality Improvement Process and Clinical Supervision to sustain clinical interventions.
- Use language consistent with treatment and recovery culture.
- Cultivate a consensus of all stakeholders.

System Changes

	Current System	Change	Related Tasks
Intake/Assessment			
Orientation			
Treatment Planning			
Program Therapies			
Psychoeducation			
Case Review/QI			
Discharge Planning			

Enviromental Support

Alcohol, Tobacco, & Drug-Free Policy

EAST HOUSE
You'll Find Hope At Our House
40 Years of Caring

WE NEED YOUR HELP

East House wants to maintain a healthy safe environment

This house is

Alcohol, Tobacco and Drug Free

By not using these substances, we can support each other in recovery

Thank you for Your Support and Cooperation

Reframe Language

Use Language Consistent to Recovery Culture, 12-Step Teachings and Therapeutic Community Principles

Common Terminology	***Language to Promote Social Change***
▪ Smoking	▪ Tobacco Use, Hit, Fix
▪ Quit date	▪ Tobacco Recovery Start Date
▪ Cessation	▪ Treatment, Recovery

The language we use is fundamental in creating environments conducive to a recovery process.

Change Strategies

Think parallel process for clients and staff

- Meet people where they are
- Strive to understand staff perspective
- Wherever possible, offer options
- Roll with resistance non-reactively
- Avoid willfulness
- Support staff initiatives for change
- Partner with staff to tailor interventions for their practice context

Miller & Rollnick, 2001; Williams et al., 2006

Free Education & Training Videos

www.oasas.ny.gov/tobacco/index.cfm

Tobacco Independence:
Freedom from a deadly addiction

NEW YORK STATE
NEW YORK STATE
OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
Addiction Services for Prevention, Treatment, Recovery
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Training Tools to Support Your Tobacco-Free Efforts

These FREE training videos are designed to reinforce the importance of addressing tobacco with counselors and clients.

COUNSELOR VIDEO

CLIENT VIDEO

This poster has been designed to reinforce the importance of an alcohol, drug and tobacco-free life in recovery.

DOWNLOAD POSTER

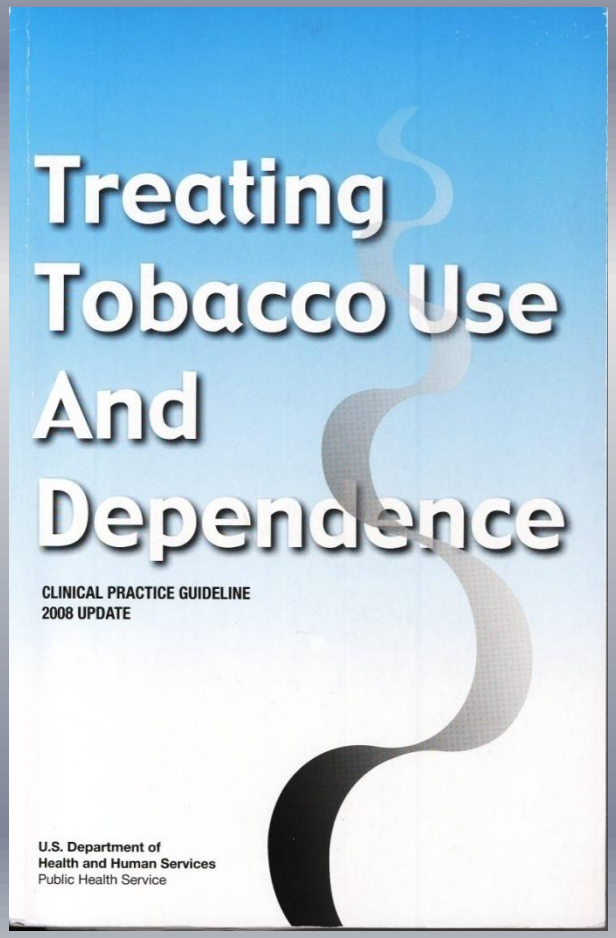
tobaccorecovery.org

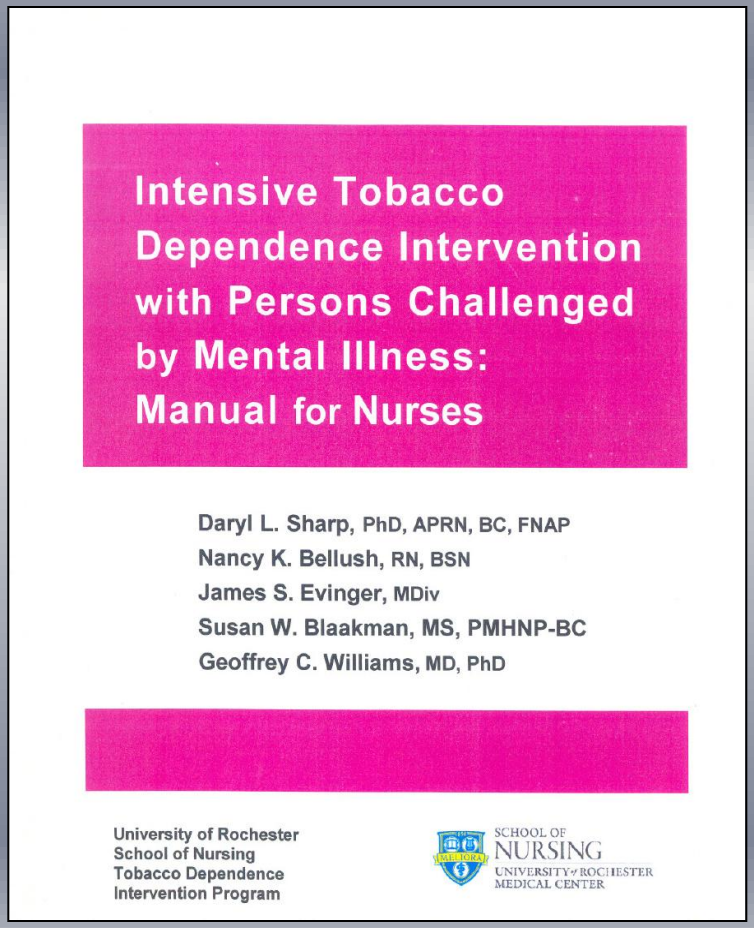
Find the free, downloadable files you need to implement the curriculum in your education or training program:

- Trainer Manuals
- Participant Manuals
- PowerPoint slides

Integrating Tobacco Use Interventions into Chemical Dependence Services is a comprehensive, state-of-the-art modular curriculum that motivates, educates, and empowers addiction and allied health professionals to integrate evidence-based tobacco interventions into prevention, treatment, and recovery programs.

Practice Guidelines/APNA Manual





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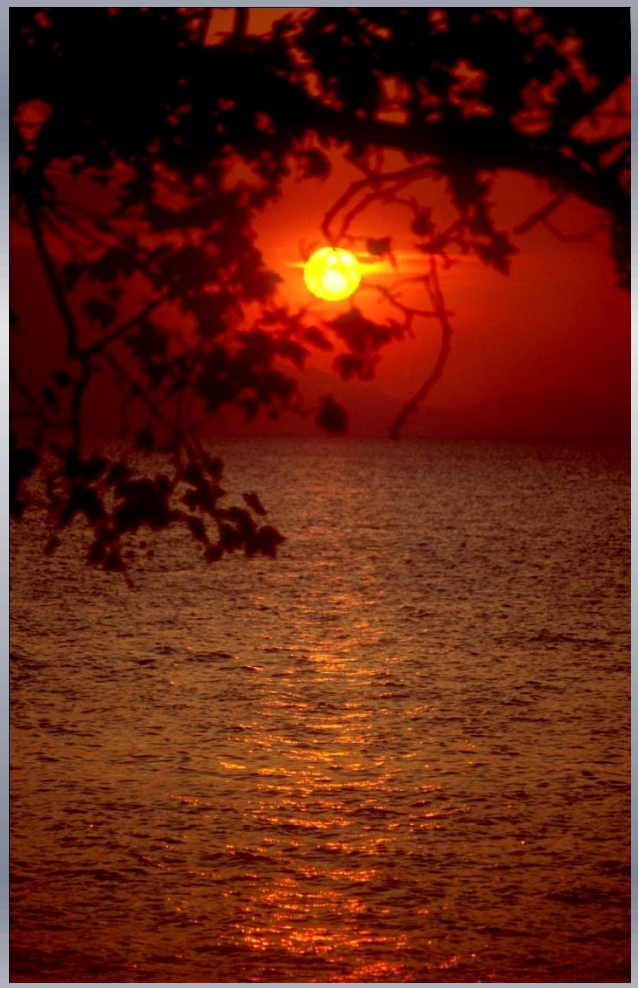

When I stopped living in the problem and began living in the answer, the problem went away.

Big Book of Alcoholics Anonymous
Page 449

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