

*An Integration Model:*

# *Tobacco Interventions in Addiction Services*



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# *Presentation Overview*

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- Tobacco Dependence in Individuals with Co-occurring Substance Use Disorders
- Challenges and Barriers
- Organizational Change Strategies
- Program & System Changes

# *Tobacco Use Status Among Respondents*

## *National Co-Morbidity Survey (n=4,411)*

<i>Diagnosis in Past Month</i>	<i>% in US Population</i>	<i>% Current Smokers</i>
<b>No Mental Illness</b>	<b>50.7</b>	<b>22.5</b>
<b>Social Phobia</b>	<b>4.0</b>	<b>31.5</b>
<b>Panic Disorder</b>	<b>1.4</b>	<b>42.6</b>
<b>Major Depression</b>	<b>4.9</b>	<b>44.7</b>
<b>Non-Affective Psychosis</b>	<b>0.2</b>	<b>45.3</b>
<b>Bipolar Disorder</b>	<b>0.9</b>	<b>60.6</b>
<b>PTSD</b>	<b>2.3</b>	<b>44.6</b>
<b>ASPD</b>	<b>14.6</b>	<b>45.1</b>
<b>Alcoholism</b>	<b>2.6</b>	<b>56.1</b>
<b>Drug Addiction</b>	<b>1.0</b>	<b>67.9</b>

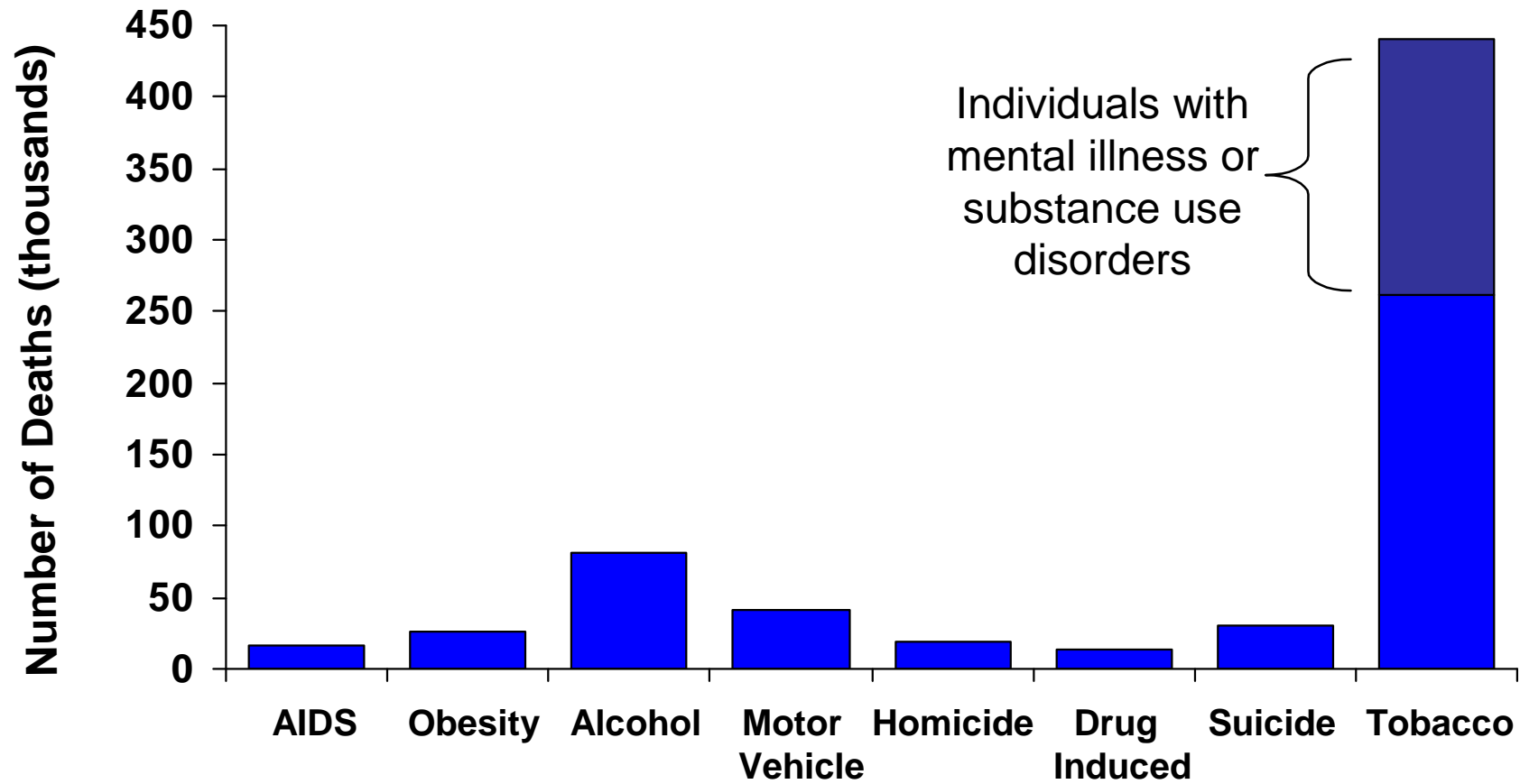
Lasser, K. et al. (2000). JAMA. 284: 2606-2610.

# ***NYS OASAS 2006 Data***

## ***Tobacco Use in the Seven Days Prior to Admission***

	<b>Using</b>	<b>Males Using</b>	<b>Females Using</b>
<b>Intensive Residential</b>	76%	74%	82%
<b>Community Residential</b>	73%	71%	80%
<b>Supportive Living</b>	81%	79%	84%
<b>Inpatient Rehabilitation</b>	80%	79%	82%
<b>Outpatient Clinic</b>	63%	63%	65%
<b>Outpatient Rehabilitation</b>	77%	76%	79%
<b>Methadone Clinic</b>	83%	82%	84%

# *More Than a Million Alcoholics, Drug Addicts, and Mentally ill Have Died From Tobacco Use Since 9/11*



Source: CDC

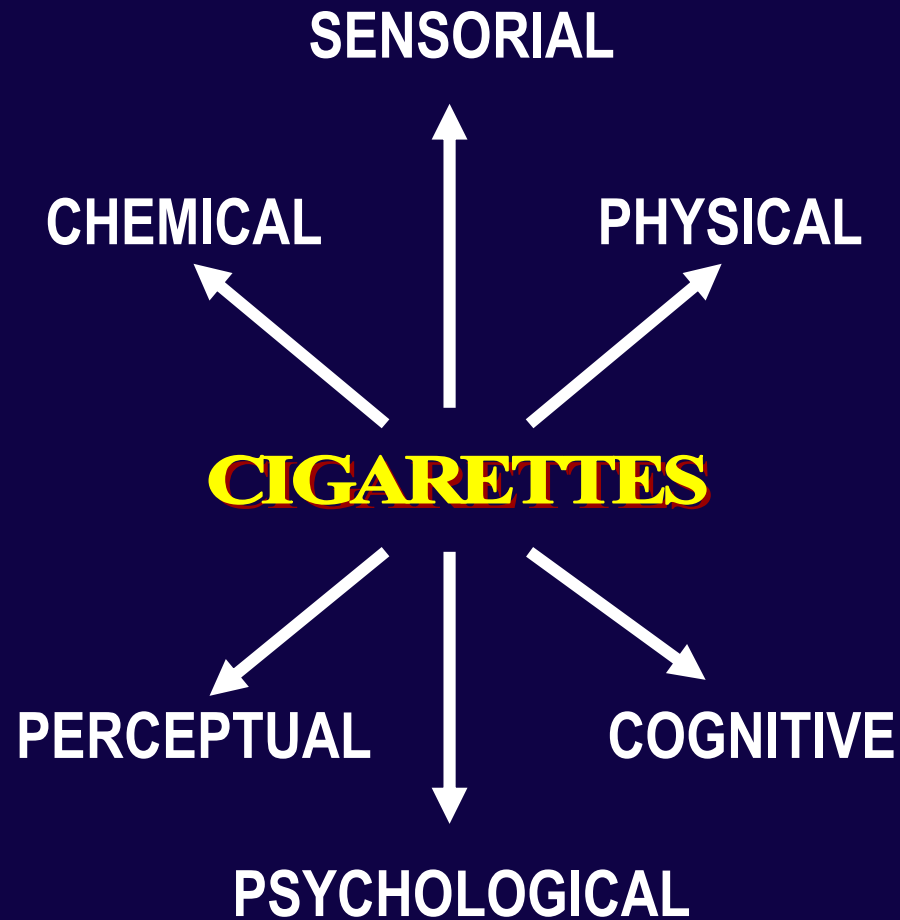
# *Tobacco Industry Research*

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*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

# *Factors Determining the Effects of Cigarette Smoking*



Philip Morris Sensory Technology Operation Plans, 1991

# *Tobacco Dependence*

## *A Chronic Substance Use Disorder*

- Neurobiological
- Behavioral
- Psychological



# *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

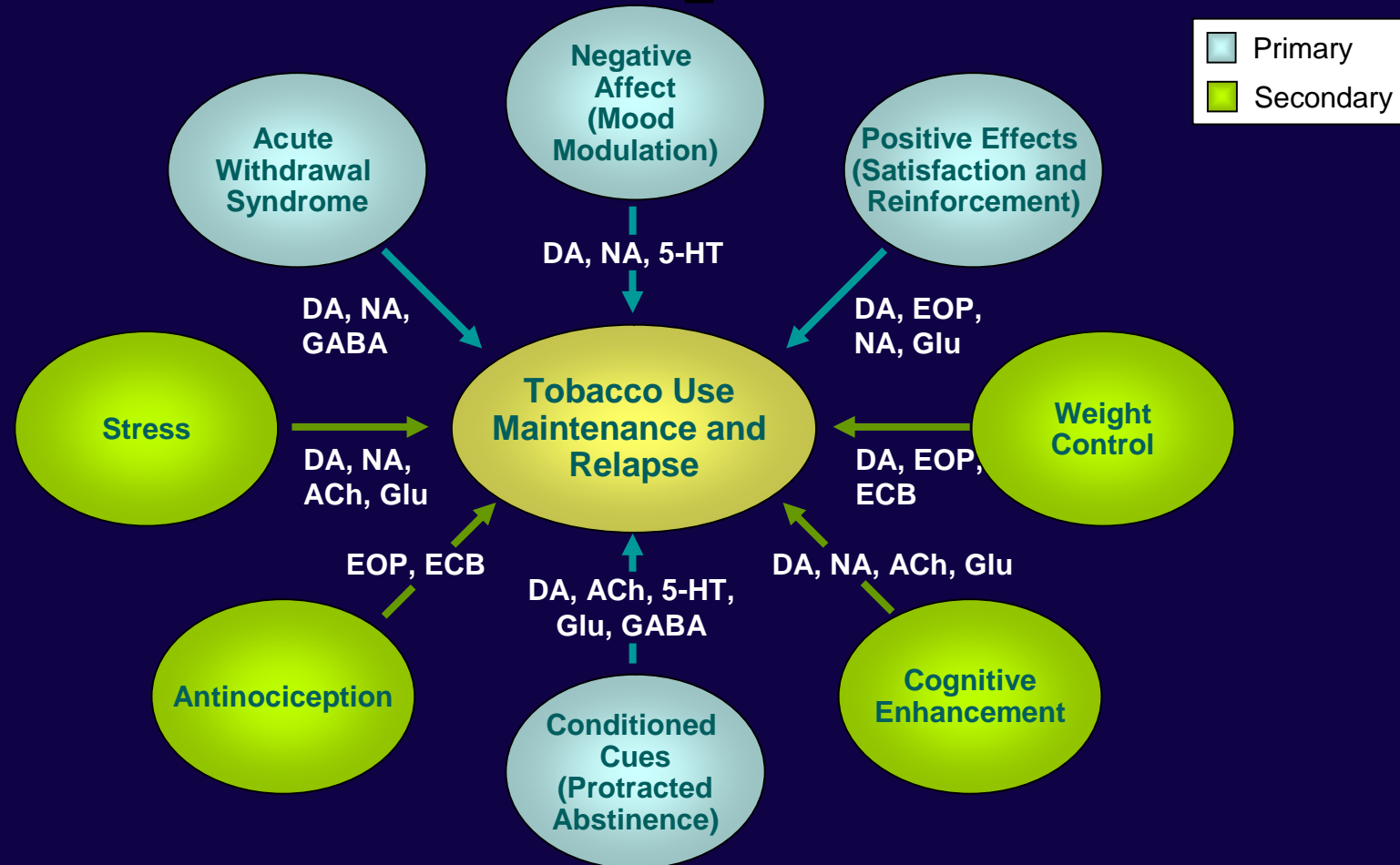


Figure 1. State, trait and environmental factors, and neurotransmitter systems that mediate smoking maintenance and relapse. The blue circles represent primary contributors to smoking maintenance and relapse, whereas the green circles represent secondary contributors to those processes. Abbreviations: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

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

# *Behavioral Factors*

- External Movements
- Internal Movements
- Environmental

(Reinforcement of movements within a setting)



# *Psychological Factors*



- Relationship
- Learned Emotional Coping
- Formation of Identity
- Correlates to Other Substance Use

# *Research Findings*

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*Why Individuals with SUD 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, stress).*

# *Challenges & Barriers*

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- Tobacco Use is the Social Norm
- Tobacco Use Behavior is Modeled in Alcohol & Drug Recovery
- Tobacco Use Behavior is Strongly Associated with Other Drug Use Behavior
- Beliefs of Individuals with Substance Use Disorders
- Perceived Differences to Intoxication and Consequences of Use
- Tobacco Dependence Among Staff
- Tobacco Interventions are Inadequately Incorporated into Addiction Services Programming

# *Two Fundamental Goals*

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## *Integrate Tobacco Interventions into Existing Programming to:*

1. “Denormalize” Tobacco Use Within Treatment and Recovery Culture (strategically lower the resistance that accompanies norm change)
2. Assist our Patients to Establish and Maintain Tobacco Abstinence as part of their “a day at a time” Recovery

# *Change Strategies*

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- Anchor the Topic of Tobacco to the Organization's Mission
- Strategically Address the Resistance
- Use Language Consistent with AOD Culture
- Integrate Tobacco Interventions into Existing Programming
- Think Carrots, Not Sticks

# Agency Stage Readiness

## STAFF SURVEY

1) Do you believe that nicotine is:

- a) An addictive drug that is more addictive than other drugs of dependence
- b) An addictive drug that is just as addictive as other drugs of dependence
- c) An addictive drug, but not as addictive as other drugs of dependence
- d) A drug, but not addictive
- e) Not a drug

2) How important is the treatment of nicotine dependence in a patient's overall medical health?

- a) Extremely important
- b) Very important
- c) Somewhat
- d) Not at all

3) How will nicotine dependence treatment (tobacco abstinence) affect a patient's overall drug recovery?

- a) It is essential for healthy recovery
- b) It will help their recovery a lot
- c) It may help their overall recovery a little bit
- d) It will not have any effect (neither help or harm) overall recovery
- e) It will harm a patient's overall recovery

4) Do you think that treating nicotine dependence along with other addictions is a good idea?

- a) Absolutely; treating tobacco will enhance the quality of drug recovery.
- b) Yes, but we need to allow patients to choose their own timeline for stopping tobacco use.
- c) Maybe; we need to examine this matter on a case by case basis.
- d) No. Nicotine dependence has no relevance to other addictions.
- e) Definitely not! Addressing nicotine dependence while a patient is in treatment for other addictions is damaging to patient care.

5) What kind of support for staff will be needed to create a tobacco-free facility?

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Back →

6) What training and/or information would you like to have regarding nicotine dependence? (Mark all that apply)

- a) The basics- an understanding of the nature of nicotine dependence
- b) Nicotine treatment and recovery including withdrawal management
- c) Medical aspects of tobacco use
- d) How nicotine use relates to other chemical use
- e) Psycho-social and cultural aspects of nicotine use
- f) Marketing and advertising factors
- g) Informal discussion exploring our beliefs regarding tobacco use
- h) Other \_\_\_\_\_

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7) What is your personal relationship to nicotine?

- a) Never used
- b) Tried, but never regular use
- c) Former user
- d) Current user
- e) No comment

8) Other comments?

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Thank you!

# *Provider Training*

*Translating Research to Practice*

- Brief
- Frequent
- Modality-Specific
- Practical



# *Reframe Language*

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*Consistent to Drug Recovery Culture, 12-Step Teachings  
and Therapeutic Community Principles*

## **Common Terminology**

- Smoking
- Quit date
- Cessation

## **Language to Promote Norm Change**

- Tobacco Use, Hit, Fix
- Recovery Start Date
- Treatment, Recovery

# *Environmental Support*

## *Alcohol, Tobacco, & Drug-Free Policy*



**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**



# ***Tobacco Interventions***

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- **Tobacco Awareness**  
motivational-based engagement counseling
- **Tobacco Recovery**  
pharmacotherapy & intensive behavioral counseling
- **Alcohol, Tobacco & Drug-Free Environmental Policy**

# *System Changes*

	<b>Current System</b>	<b>Change</b>	<b>Related Tasks</b>
<b>Assessment</b>			
<b>Intake/Orientation</b>			
<b>Tx Planning</b>			
<b>Tx Services</b>			
<b>Psychoeducation</b>			
<b>Case Review/QA</b>			
<b>Discharge</b>			

# ***Behavioral Counseling***

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## *Two Levels of Tobacco Counseling*

### Awareness (Cognitive)

Develop Interest

Elevate Importance

Enhance Motivation

### Recovery (Behavioral)

Develop Skills

Elevate Confidence

Embrace Lifestyle Change

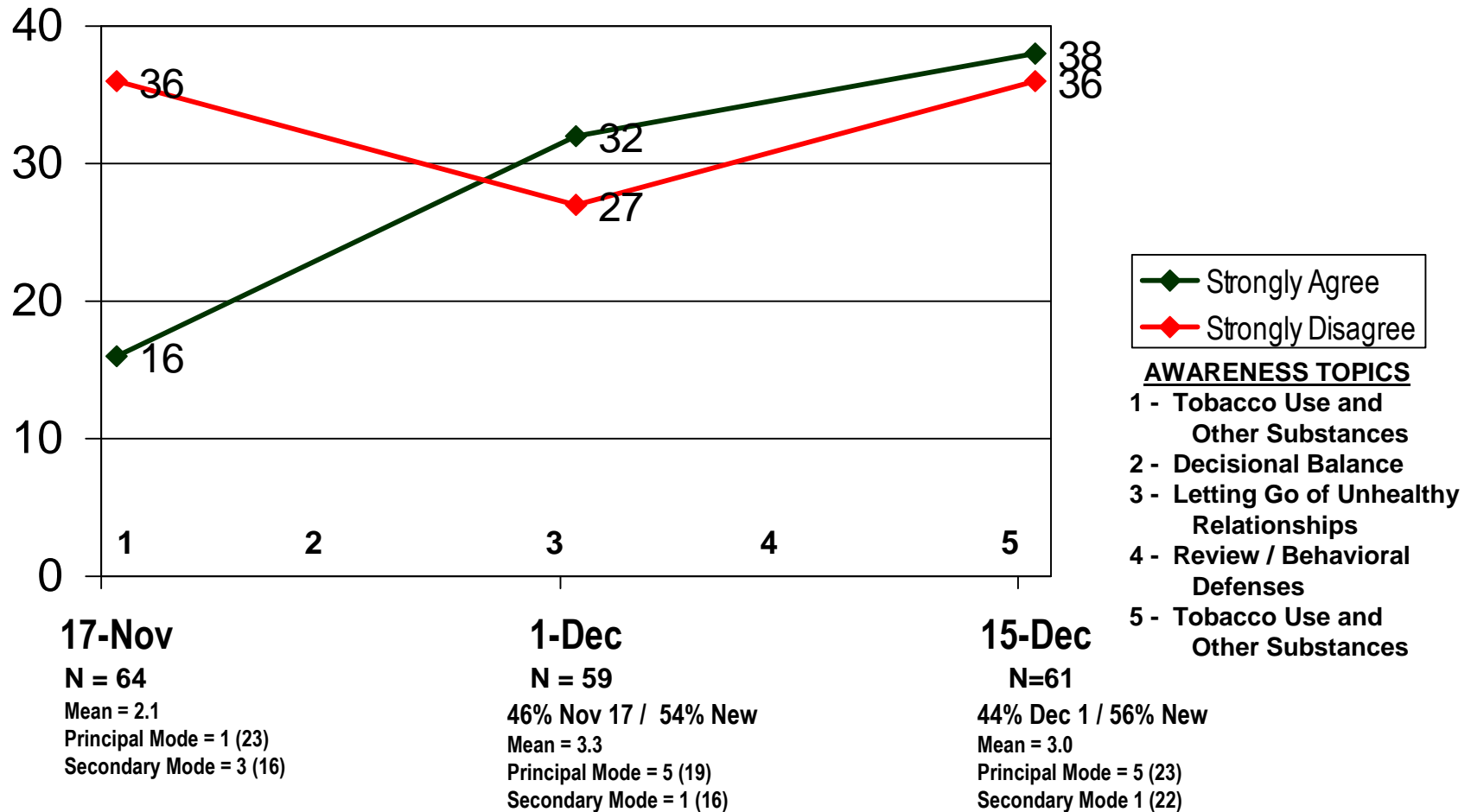
# *Storytelling & AOD Recovery*

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- The Big Book of AA is a Series of Stories
- Clients Share Use History in Treatment
- 12-Step Fellowship Meetings Allow Members to Share and Learn From One Another's Narratives

# Changing Social Norms

Stopping Tobacco at the Same Time... is a Good Idea

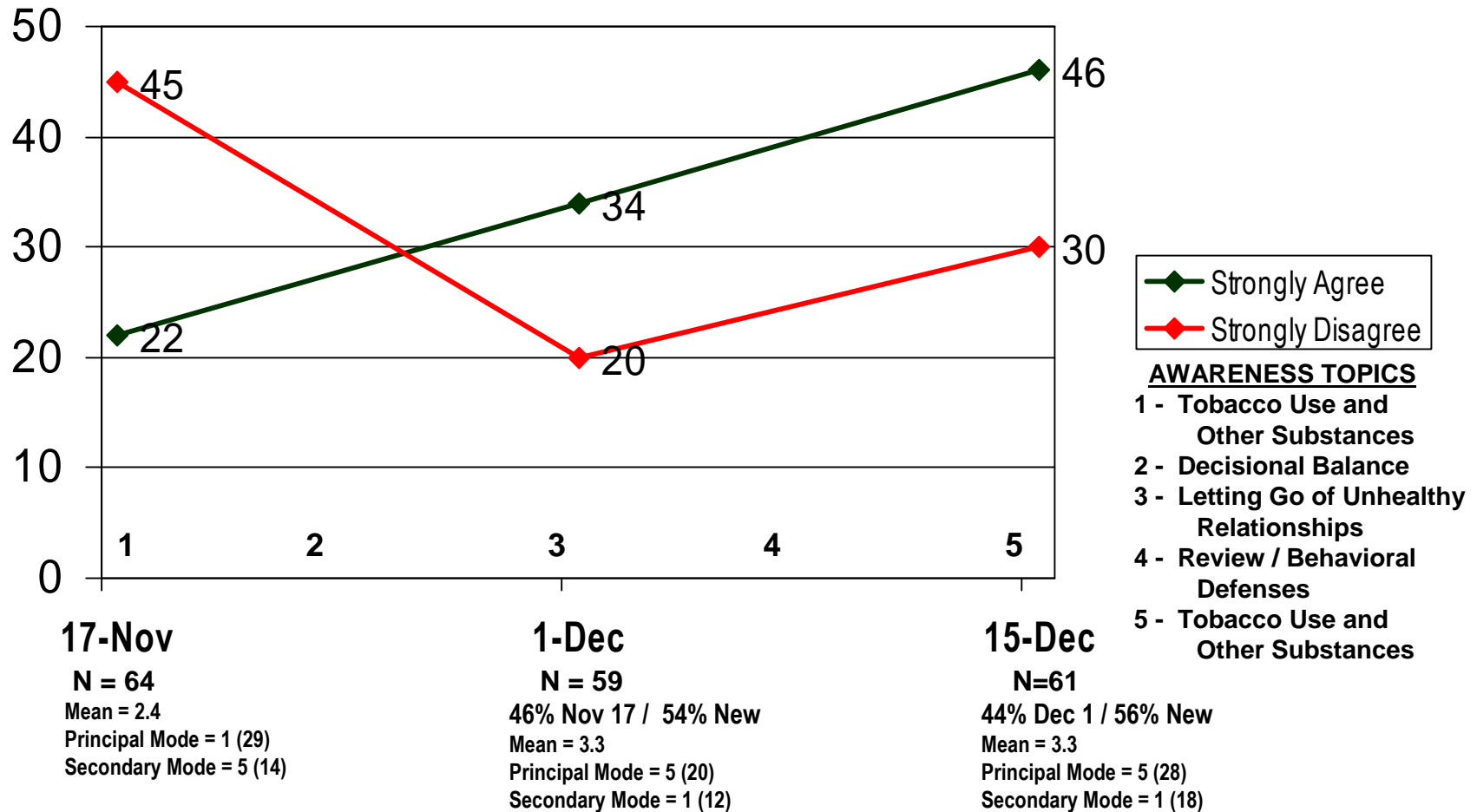


Klein, Tony. Charles K. Post Addiction Treatment Center, Tobacco Intervention Project, 2008

Outreach Training Institute, Regional Technical Assistance & Training Center, Professional Development Program, SUNY at Albany

# Changing Social Norms

## Tobacco Addiction Should be Treated in AOD Programs

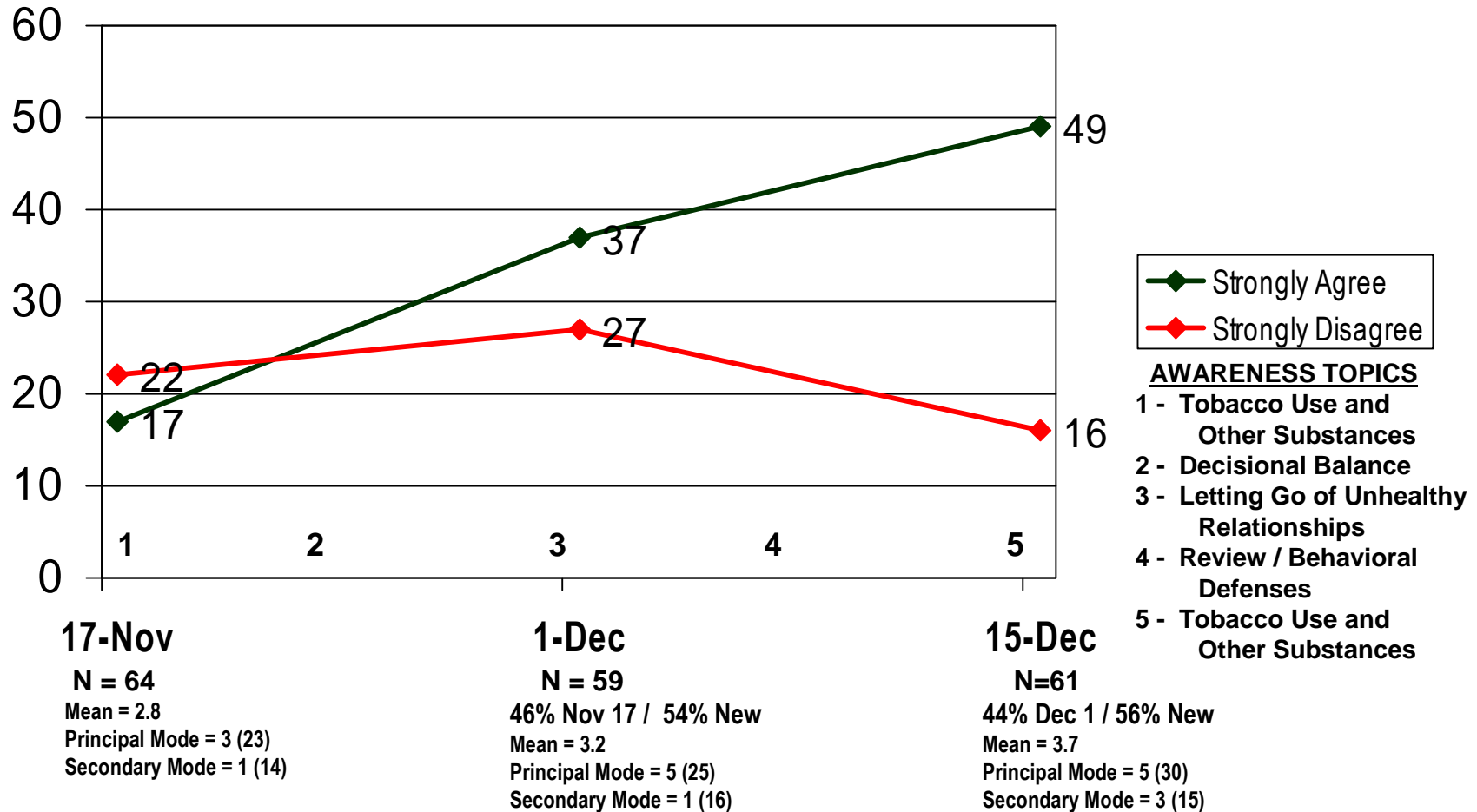


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# Changing Social Norms

## Nicotine Replacement Therapy is Helpful



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

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# *Key Considerations*

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*Program & System Changes to Advance Change to Social Norms and Treat Tobacco Dependence*

## **Intervention Framework:**

- *Environmental policy to support clinical interventions (Alcohol, Tobacco, & Drug-Free)*
- *Pharmacotherapy tailored for addiction client populations*
- *Incorporate reference to tobacco in all existing components of care*

# *Key Considerations*

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## **Shifting Cultural Norms:**

- *Climate – strategically address the resistance*
- *Language – consistent to AOD treatment & recovery*
- *Timing – match intervention to stage readiness of clients, staff, and the organization*

## **Enhancing Patient Motivation:**

- *Importance – self-determination (Tobacco Awareness)*
- *Confidence – self-efficacy (Tobacco Recovery)*

# *Key Considerations*

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## Behavioral Counseling Method:

- *Informative Communication Style*
- *Client-Centered*
- *Cognitive-Behavioral Therapy*
- *Motivational Interviewing*
- *Narrative Therapy*

# *Addressing Tobacco to Improve Quality of Care*

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*Addressing tobacco use among individuals with addiction disorders is important not only for health reasons but also because it may improve abstinence from other substances and result in further improvements in recovery.*



# *Thank You*

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