
Smoking Cessation
Leadership Center



University of California
San Francisco

Ending the Cycle of Addiction through Polysubstance Abuse Treatment

Chad D Morris, PhD

**Clinical Psychologist and Professor of Psychiatry at the University of Colorado- School of
Medicine, and the Director of the Behavioral Health & Wellness Program**

December 5, 2023

Moderator

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Disclosures

This UCSF CME activity was planned and developed to uphold academic standards to ensure balance, independence, objectivity, and scientific rigor; adhere to requirements to protect health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA); and include a mechanism to inform learners when unapproved or unlabeled uses of therapeutic products or agents are discussed or referenced.

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Catherine Bonniot, Anita Browning, Christine Cheng, Brian Clark, Jennifer Matekuare, Chad Morris, PhD, Ma Krisanta Pamatmat, MPH, CHES, Jessica Safier, MA, and Maya Vijayaraghavan, MD, MAS.

Thank you to our funders



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- For technical assistance please contact (877) 509-3786 or Jessica.Safier@ucsf.edu.



- CDC Tips Campaign 2023

- Find resources at:

<https://www.cdc.gov/tobacco/campaign/tips/index.html>

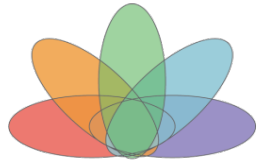
Today's Presenter

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Clinical Psychologist and Professor of
Psychiatry at the University of Colorado-
School of Medicine

Director of the Behavioral Health &
Wellness Program and Wellness
Leadership Institute





Behavioral Health &
Wellness Program

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December 5, 2023

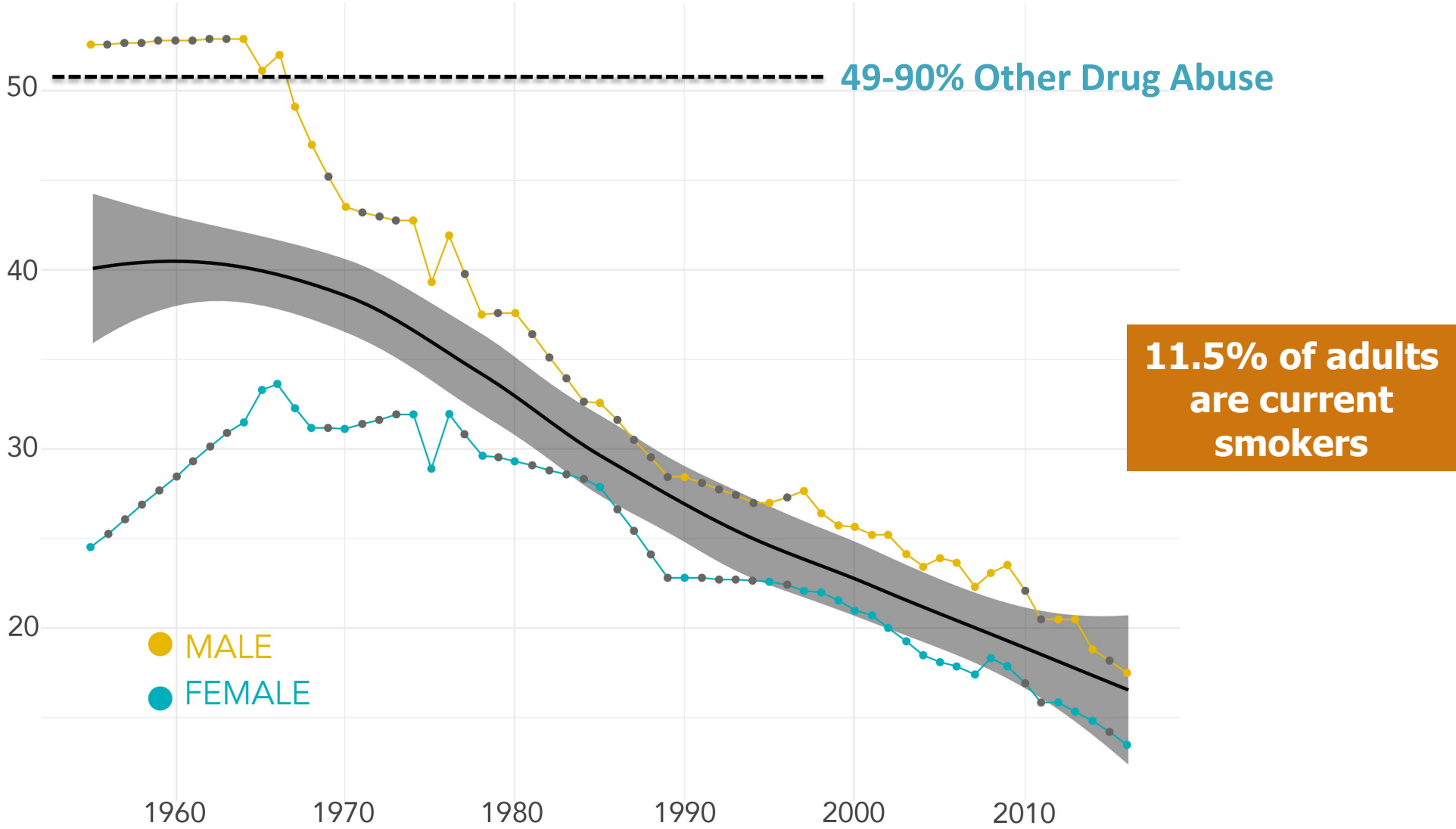


School of Medicine

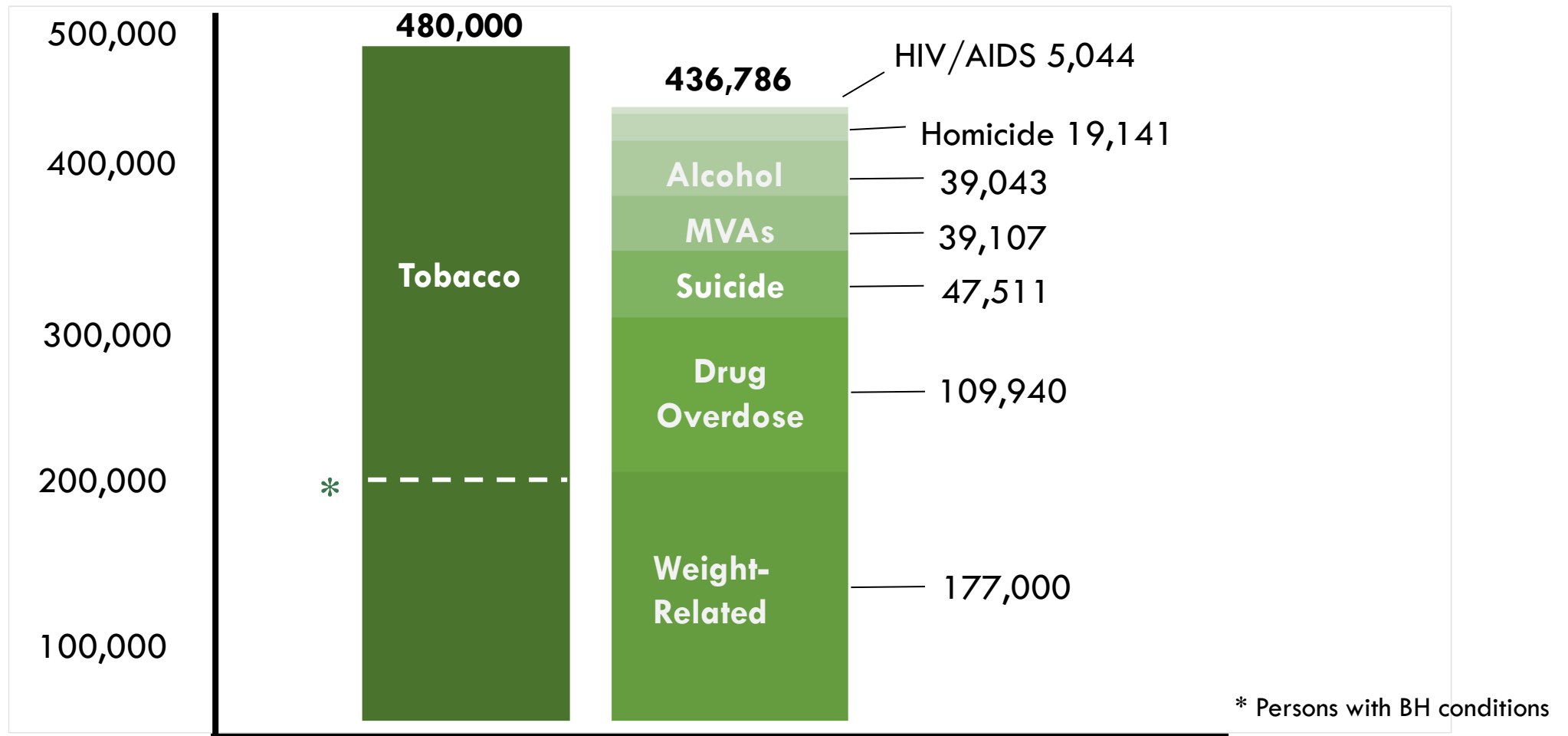
UNIVERSITY OF COLORADO
ANSCHUTZ MEDICAL CAMPUS



Trends in U.S. Adult Smoking

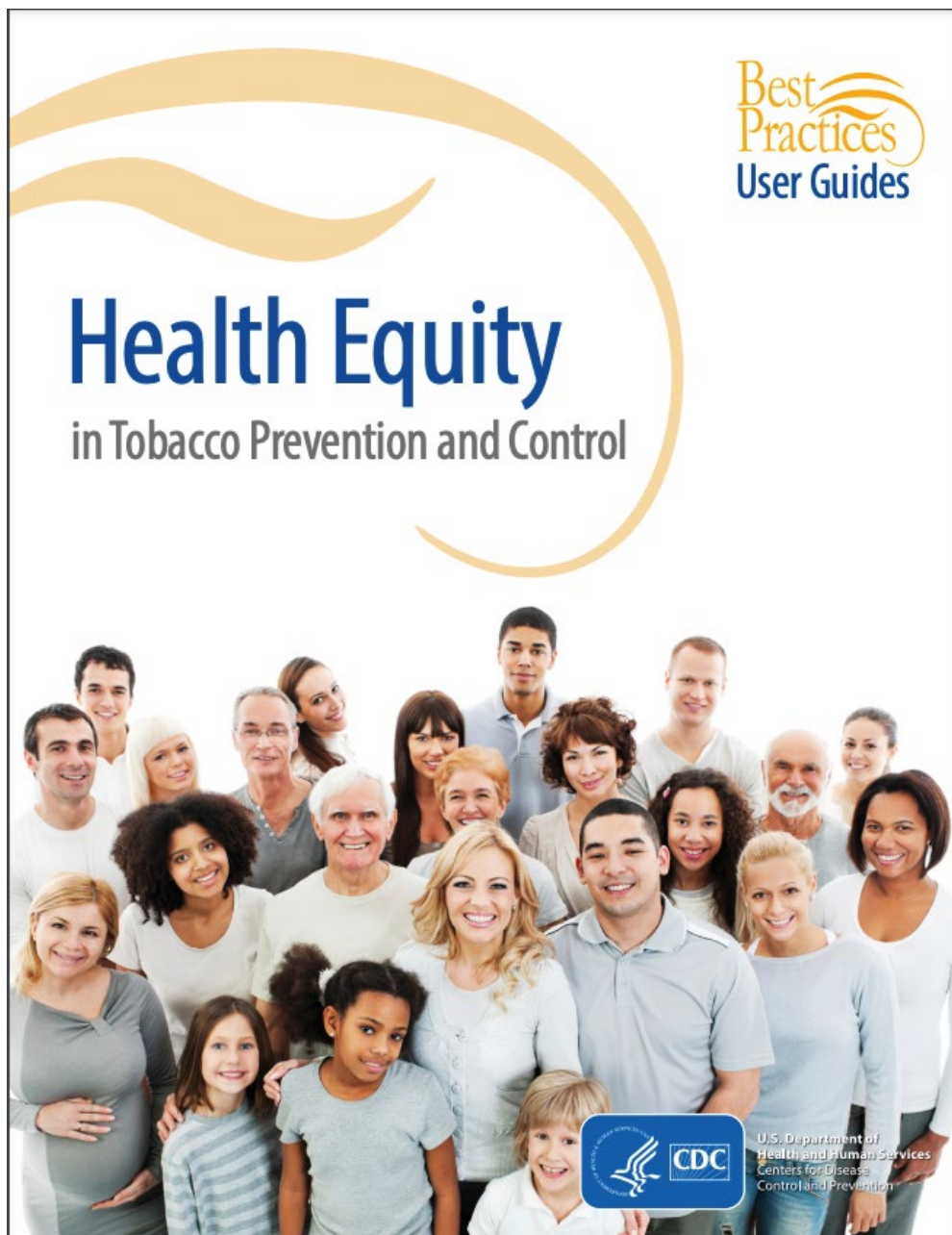


Behavioral Causes of Death in U.S.



Note. MVAs are Motor Vehicle Accidents





- All people should be valued equally
- Health has a particular value for individuals
- Nondiscrimination and equality
- Rights to health and to a standard of living adequate for health

CDC, 2015

Recovery: A Working Definition

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

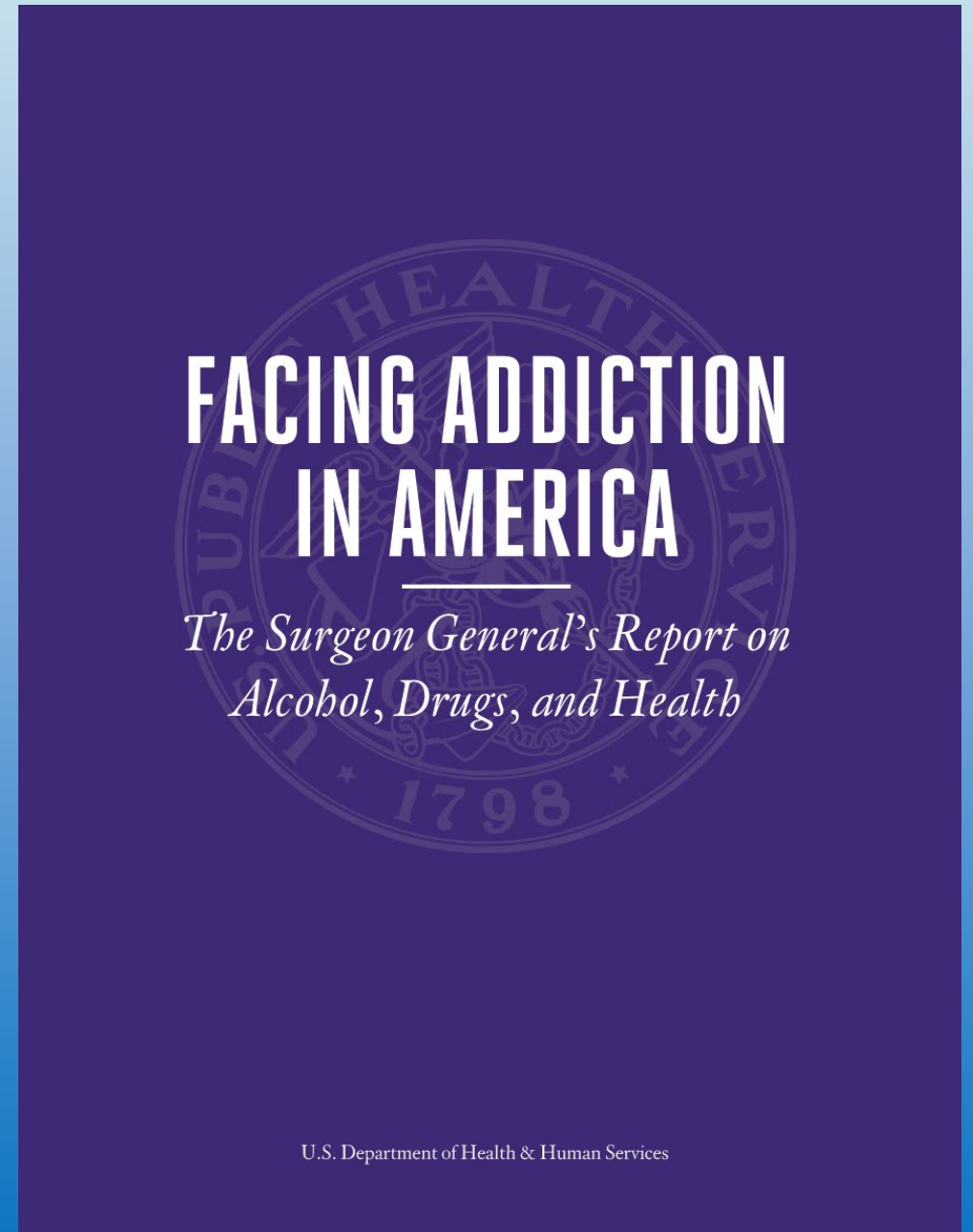
Health – Home – Purpose - Community

SAMHSA



Co-treatment is the only adequate solution

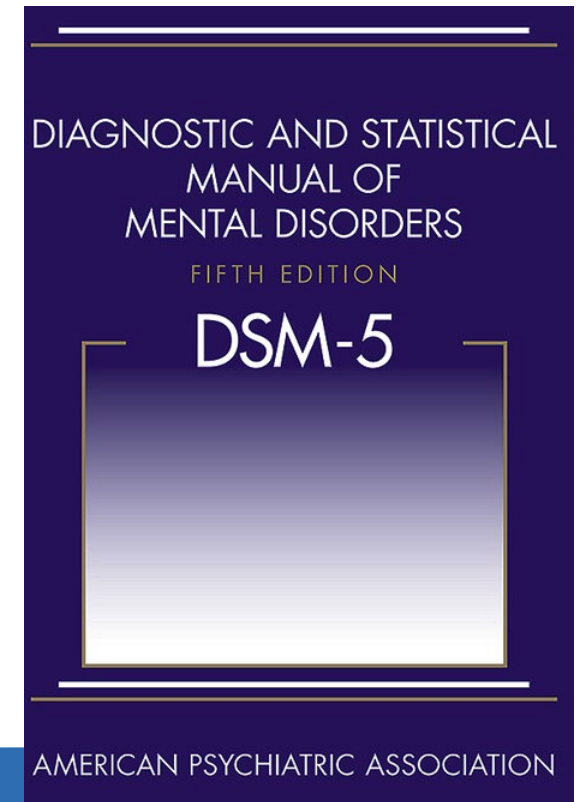
<https://addiction.surgeongeneral.gov/surgeon-generals-report.pdf>



Tobacco-Related Disorders

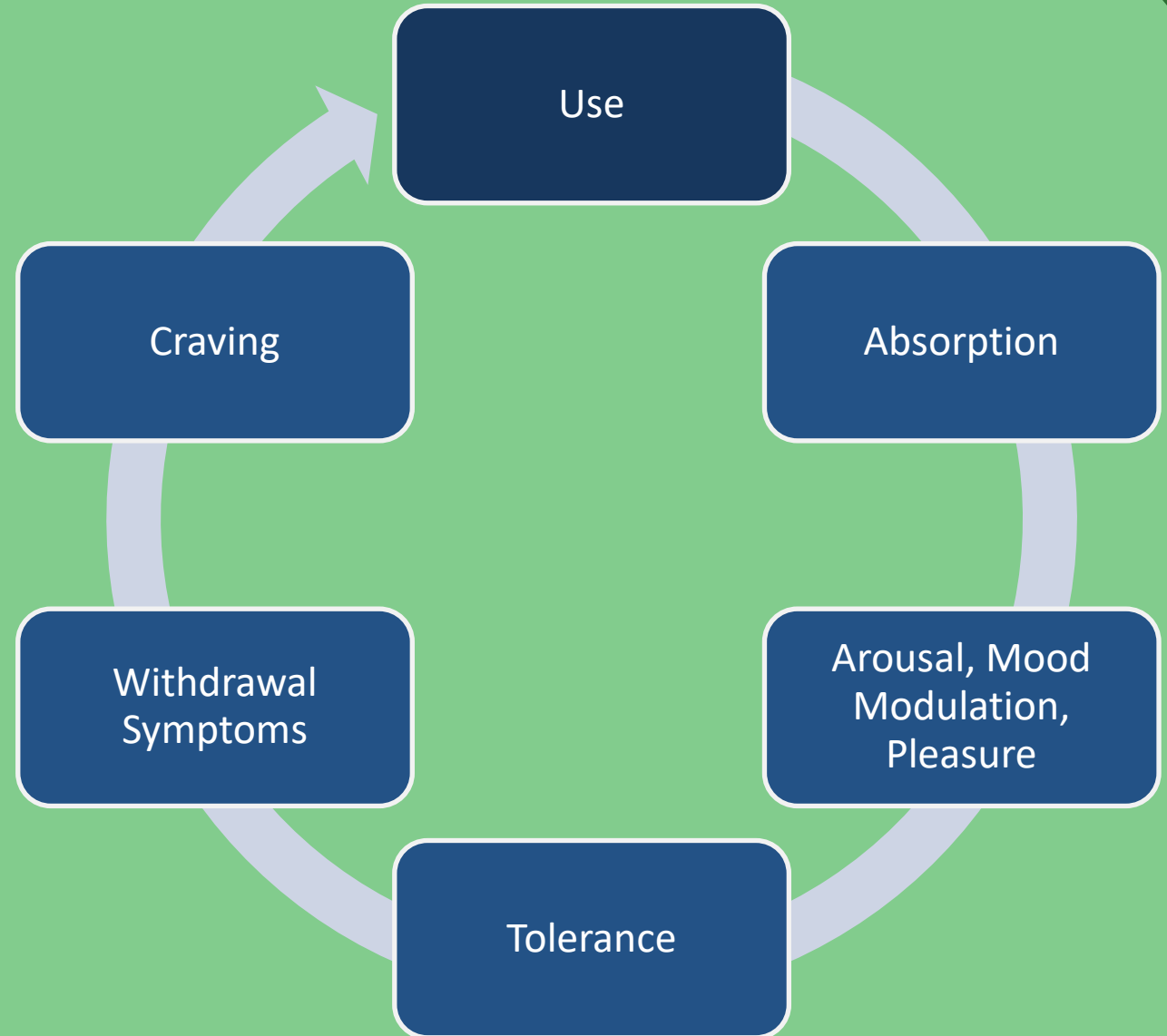
There are four tobacco-related disorders in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5):

- ① Tobacco Use Disorder
- ② Tobacco Withdrawal
- ③ Other Tobacco-Induced Disorders
- ④ Unspecified Tobacco-Related Disorder

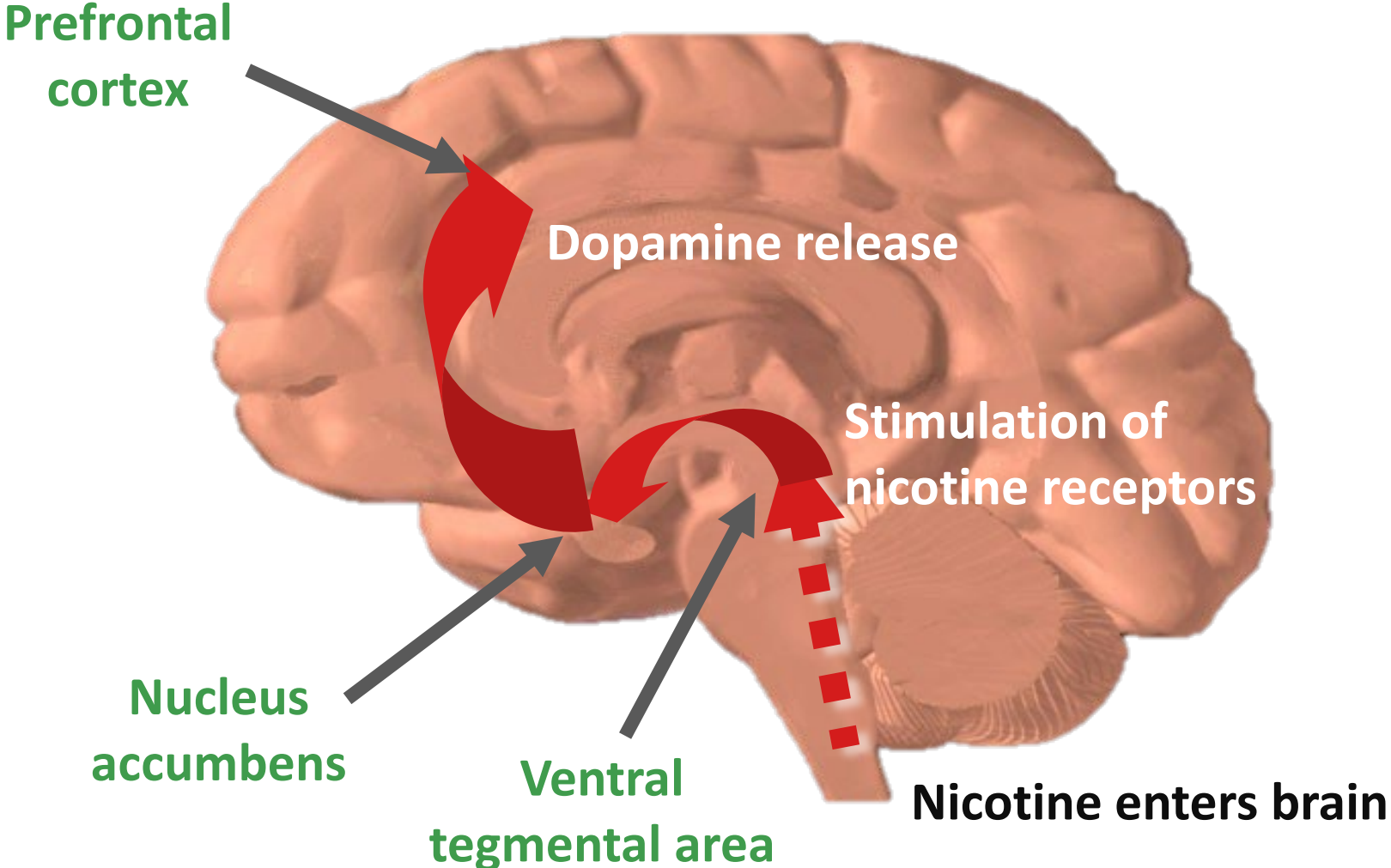


These are categorized under
Substance-Related and Addictive Disorders

- Stigma & Implicit Bias
- Discrimination
- Isolation
- Social Networks and Peers
- Poverty & Homelessness
- Trauma
- Chronic Stress
- Psychological Distress
- Criminal Justice Involvement
- Environmental Exposure
- Industry Targeting
- Access to Adequate Treatment
- Biology



Dopamine Reward Pathway



Tobacco and Alcohol Co-Use



- 70% of smokers also drink
- 80%-95% percent of heavy drinkers are smokers
- There is a synergistic increase of health risks

Co-Use of Cannabis and Nicotine

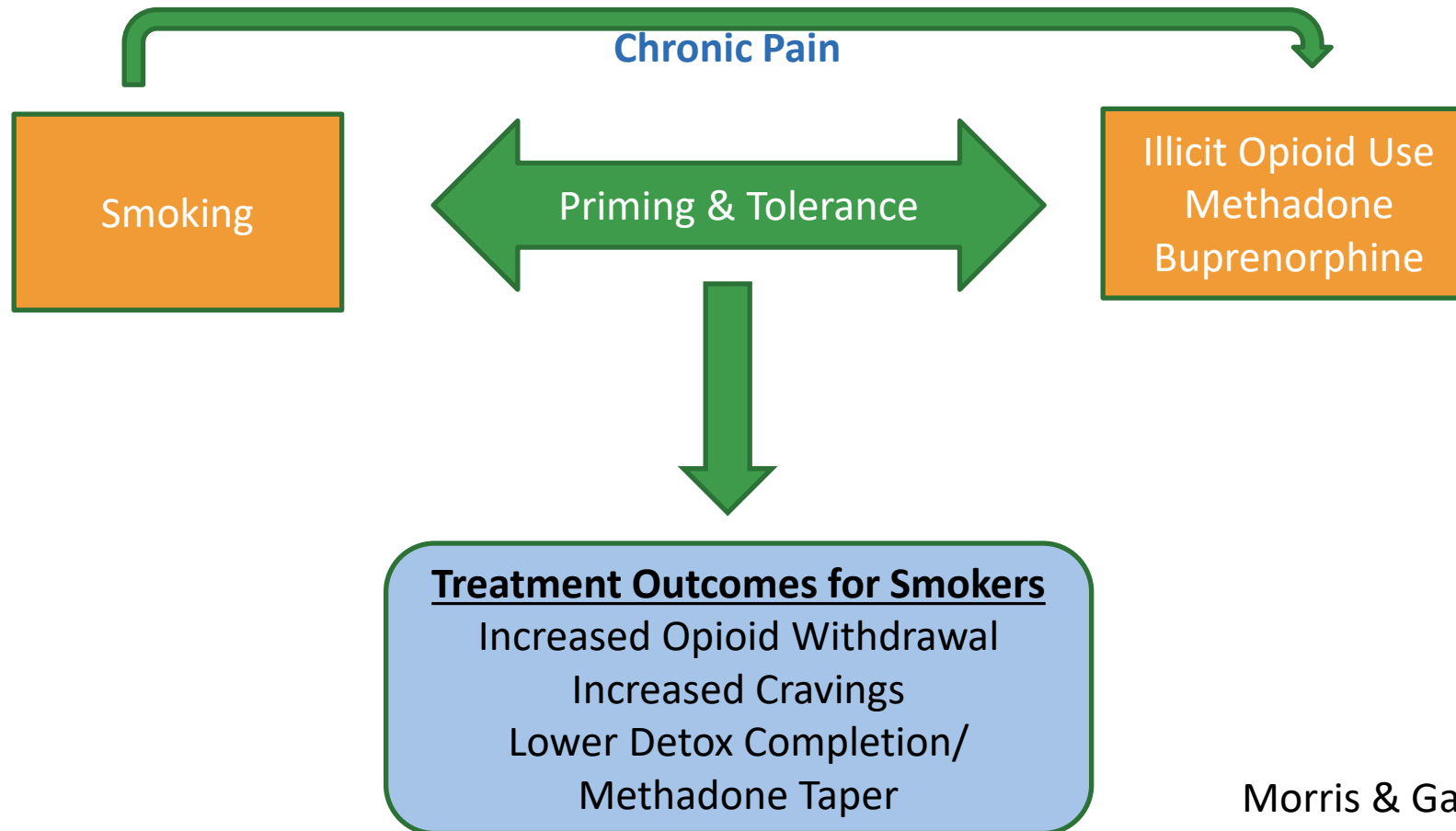


18%-39% of adults who used tobacco in the past month in the U.S. also used marijuana

69% to 78% of marijuana users used tobacco in the past month

There is a 3.6-fold increase in nicotine dependence among daily marijuana users

Opioids and Smoking



Morris & Garver-Apgar, 2020

It's time to invest in cessation



THE GLOBAL
INVESTMENT CASE

FOR TOBACCO
CESSATION

Why Cessation?

- Fastest route to justice in health outcomes
- Only route to health justice overall
- Fastest route to the elimination of commercial tobacco sales
- Mitigates illicit markets
- Reduces the necessity of complicated policy solutions directing smokers to alternative products
- Reduces the need for extensive enforcement mechanisms

Tobacco Use Affects Treatment & Recovery from Addiction

Addressing tobacco dependence during treatment for other substances is associated with a **25%** increase in long-term abstinence rates from alcohol and other substances

(Prochaska et al., 2004)



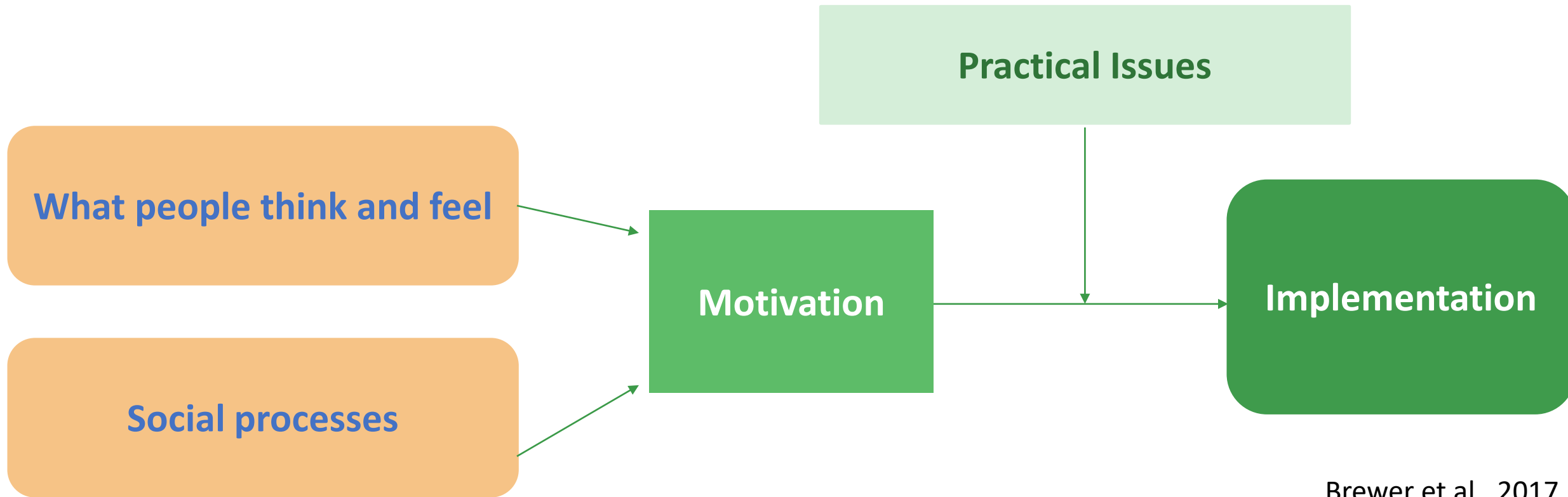
A Standard of Care

“Doing the right thing at the right time
in the right way to the right person and
having the best possible results.”

(AHRQ, 2004)



Behavioral, Social, and Moral Determinants of Change



Brewer et al., 2017

Cessation Rates Across Interventions

Treatment Format	Abstinence Rate
Unaided	4-7%
Self-help	11-14%
Quitline	11-15%
Individual counseling	15-19%
Group counseling	12-16%
Medication alone	22%
Medication/Counseling	25-30%

Clinical Practice Guideline Treating Tobacco Use and Dependence 2008



Adverse Childhood Experiences

The higher the ACEs score, the higher a person's risk for chronic disease, mental illness, substance use, violence, and being a victim of violence.

Abuse



Physical



Emotional



Sexual

Neglect



Physical



Emotional

Household Challenges



Mental Illness



Intimate Partner Violence



Parental Separation or Divorce



Incarceration



Substance Misuse or Dependence



Principles of Trauma-Informed Care

- Safety
- Trustworthiness & Transparency
- Peer Support
- Collaboration & Mutuality
- Empowerment, Voice & Choice
- Cultural, Historical & Gender Issues



Motivational Interviewing Spirit

Partnership

Acceptance

Compassion

Empowerment

Motivational Interviewing



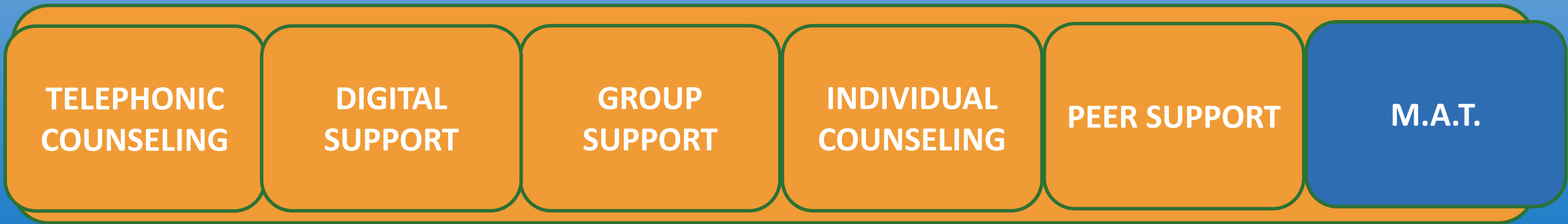
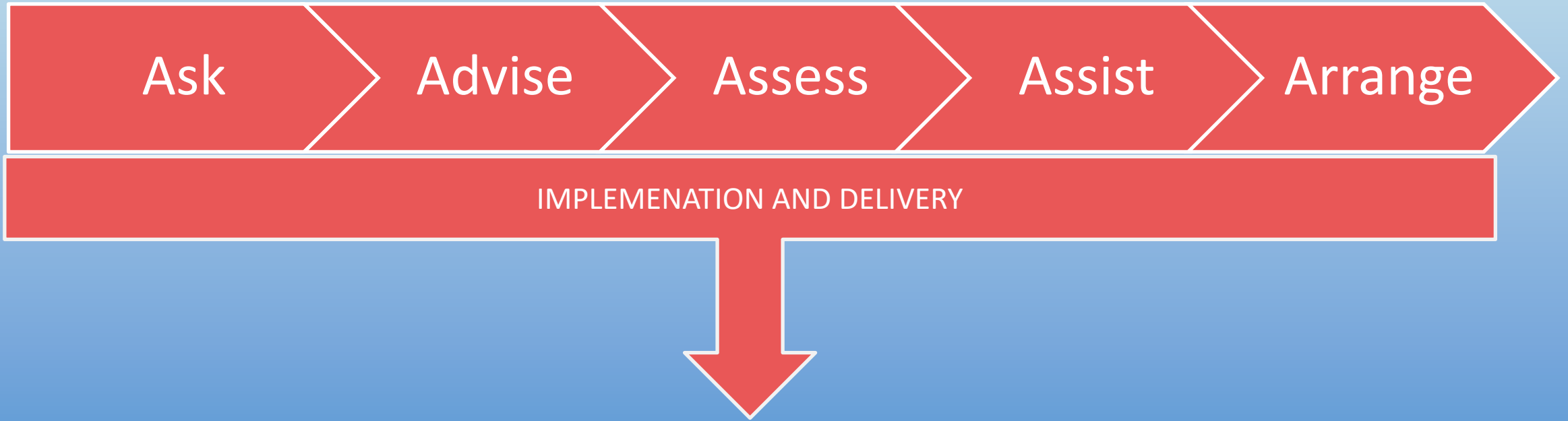
Planning

Evoking

Focusing

Engaging





Opt-Out as the Standard

OPT-IN MODEL

Tobacco use screening

Patient must **choose** to pursue treatment

Typical standard of care in tobacco treatment

OPT-OUT MODEL

Tobacco use screening

Patient referred to treatment and **must decline**

Typical standard of care for most diseases, **except** tobacco dependence



Medication Assisted Treatment

Combination of behavioral interventions and medications

Highly effective treatment option for alcohol, opioid, or tobacco dependence

Reduces illicit drug use and overdose deaths



Tobacco Cessation Medications

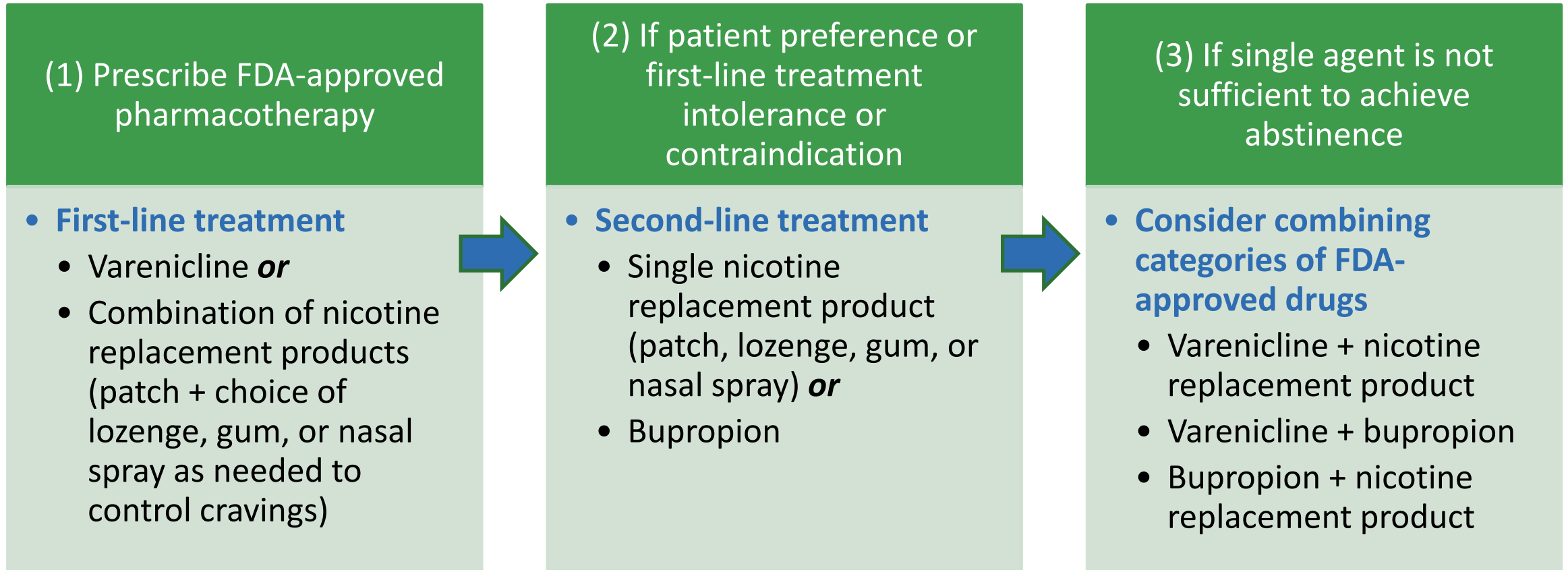
The only medications approved by the Food and Drug Administration (FDA) for tobacco cessation are:

- Nicotine patch
- Nicotine gum
- Nicotine lozenge
- Nicotine nasal spray
- ~~Nicotine inhaler*~~
- Bupropion SR tablets
- Varenicline tablets

*Pfizer is discontinuing in 2023



Treatment Intervention Model



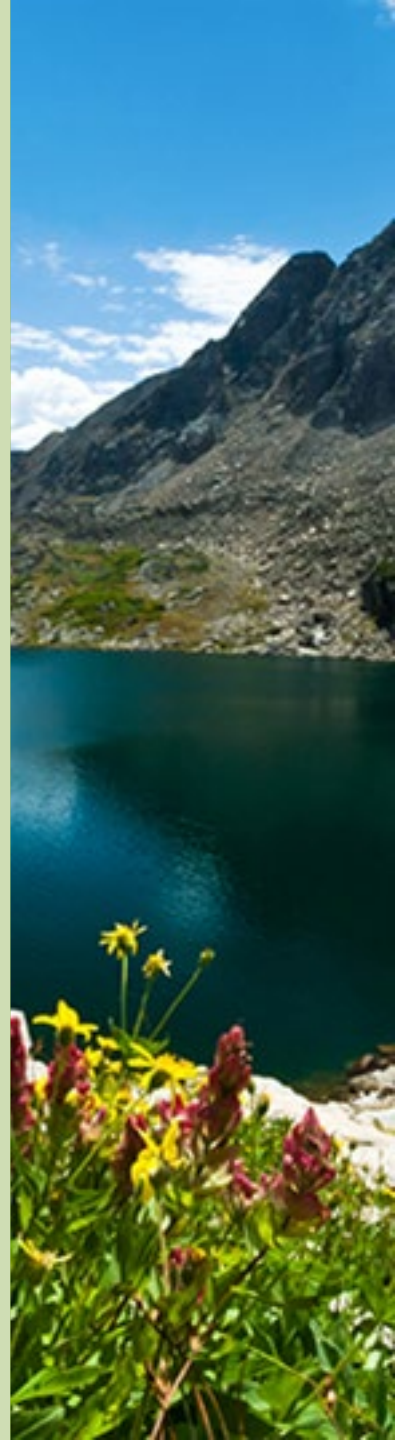
Rigotti et al., 2022

Cross-Cutting Interventions

Motivational
Enhancement

Cognitive
Behavioral Therapy
and Variants

Contingency
Management



Tailored Treatment



Staff Training,
Supervision and
Fidelity



Screening for
Behavioral Health
Conditions



Greater Intensity
of Services



Patient-Centered,
Strength-Based,
Care Coordination



Greater Duration
of Treatment



CBT, Mood
Management, and
Motivational
Enhancement

Peer Support

Peer providers use their lived experience, plus skills learned in formal training, to deliver services to promote mind-body recovery and resiliency.



Behavioral Health &
Wellness Program

University of Colorado Anschutz Medical Campus
School of Medicine

DIMENSIONS:
Peer Support
Program Toolkit



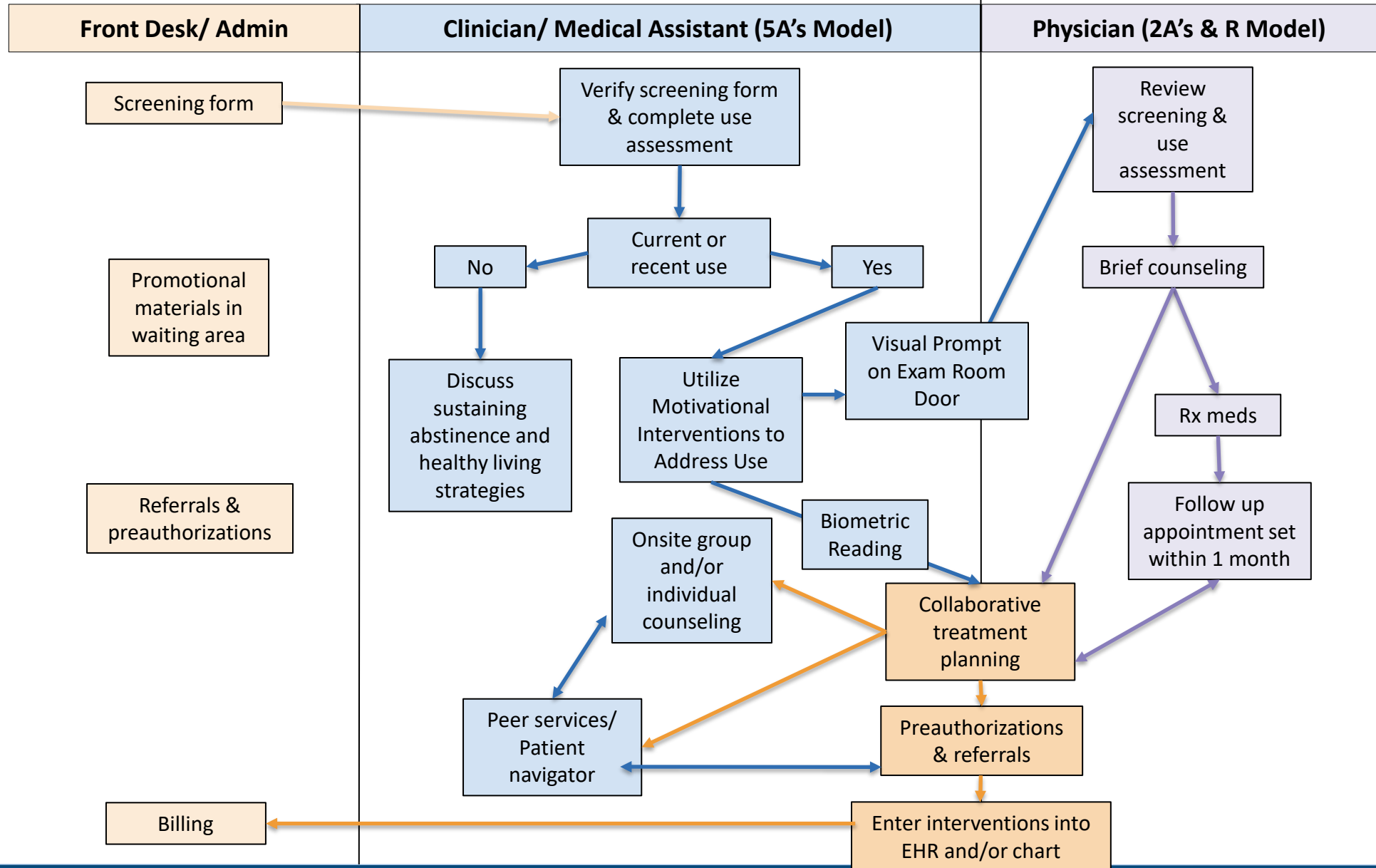
Assist and Arrange

Consultation &
Referral



Follow-Up

Polysubstance Use Workflow



REPORT TO CONGRESS

Health Care Transitions for Individuals Returning to the Community from a Public Institution: Promising Practices Identified by the Medicaid Reentry Stakeholder Group

A Report to Congress

Required by Section 5032 of the Substance Use-Disorder Prevention
that Promotes Opioid Recovery and Treatment for Patients and
Communities Act (SUPPORT Act; Pub.L. 115-271)

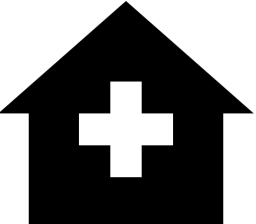
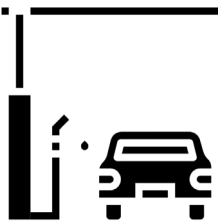
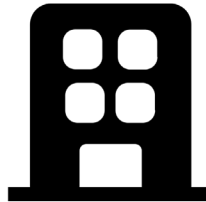
U.S. Department of Health and Human Services
Office of the Assistant Secretary for Planning and Evaluation

January 2023

Institution and Community-Based Promising Practices

1. Universal SUD screening during intake
2. Provision of SUD medication and behavioral treatment
3. In-reach care coordination and discharge planning
4. 30-day supply of all prescription medications
5. Transitions clinic network
6. Peer support

The Person-Centered Health Neighborhood



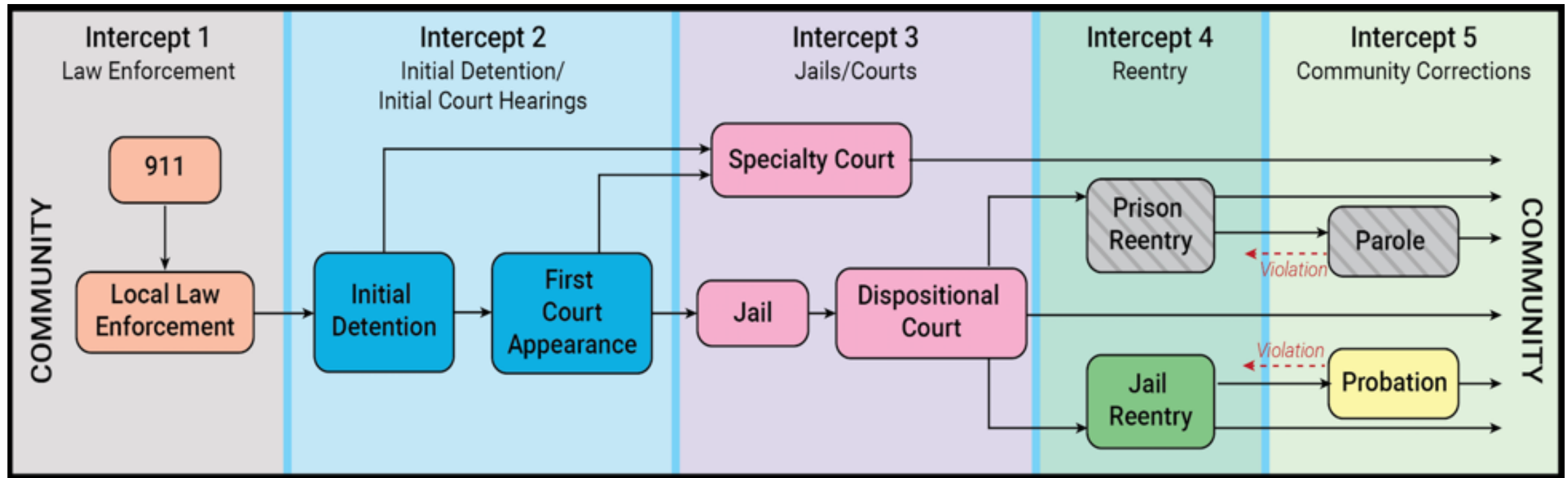
Washington State Opioid Network

Provided by the Washington State Department of Health,
Tobacco-Free Behavioral Health Initiative

- Baseline data on screening, treatment, and referral
- Provider and staff trainings
 - Tobacco Treatment Specialist (TTS)
 - Tobacco-Free Fundamentals 1-day “crash course”
 - Community of Practice with Monthly webinars
- Nicotine replacement therapy bulk orders

doh.wa.gov/tfbhi

Sequential Intercept Model



SAMHSA's GAINS Center. (2013). *Developing a comprehensive plan for behavioral health and criminal justice collaboration: The Sequential Intercept Model* (3rd ed.). Delmar, NY: Policy Research Associates, Inc.



Nicotine-Free Policy

Establishing nicotine-free policies and tobacco treatment services are essential components in offering health care services

<https://www.bhwellness.org/model-nicotine-free-policy/>



DIMENS
Tobacco-
Policy To



Model Nicotine-Free
Policy and Protocols

How to Implement a Tobacco-Free Policy



- 1 Convene Your Wellness Committee**
Your committee should consist of administrators and staff at all levels of your organization.
- 2 Create Your Change Plan**
Construct a logic model, build a timeline for implementation and create a budget.
- 3 Draft the Policy**
Include input from staff, clients and other stakeholders.
- 4 Communicate Your Plan**
Your messaging should include: implementation processes and timeline, support available for people who use tobacco and guidelines around how the policy will be enforced.
- 5 Build Community Support**
Reach out to your local/state health departments, community-based organizations and neighbors to help reinforce a tobacco-free message.
- 6 Provide Education to Staff**
Train staff early and regularly on the policy and skills for addressing tobacco with their clients.
- 7 Offer Tobacco Cessation Services**
Organizations should offer tobacco cessation medication and counseling services and/or resources to both employees and clients.
- 8 Launch Your Policy**
Organize a "Practice Day" prior to the policy implementation date. Post signage in different languages, particularly in areas where staff and clients smoke.

Why go tobacco-free?

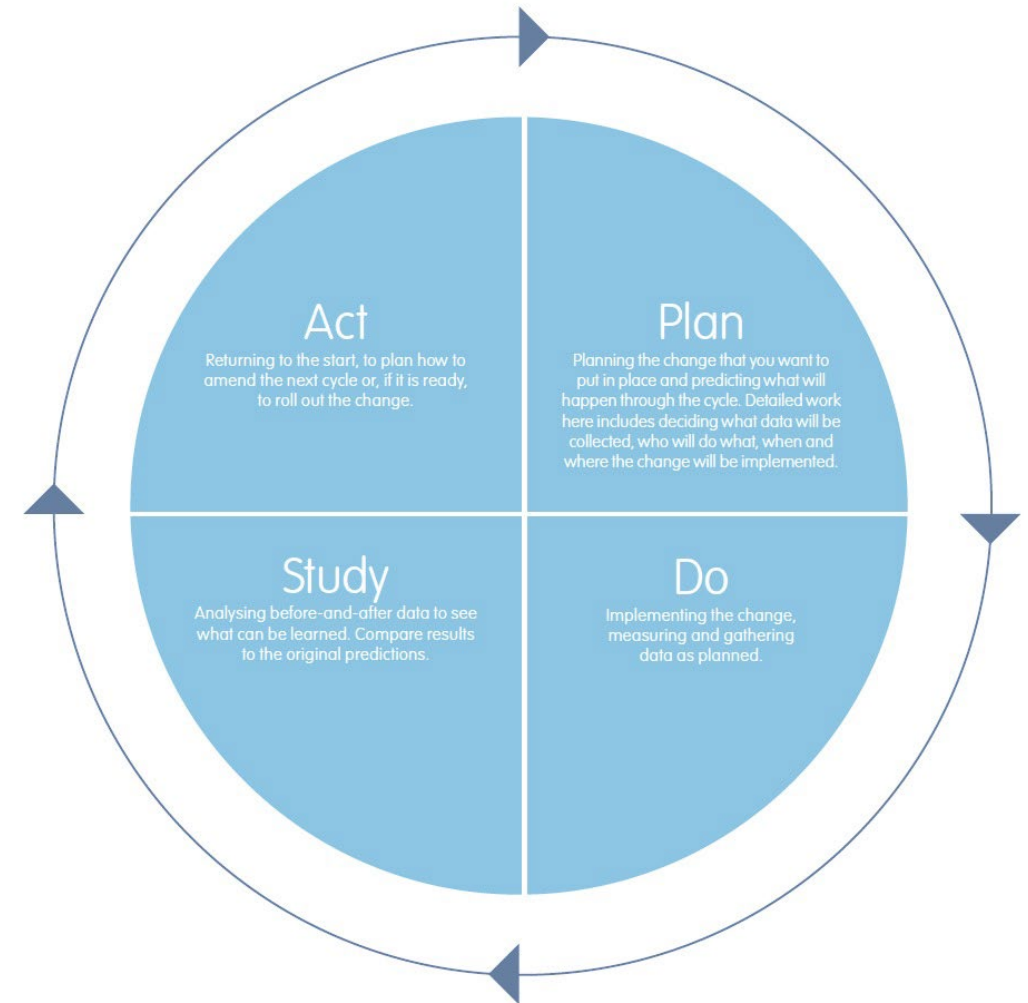
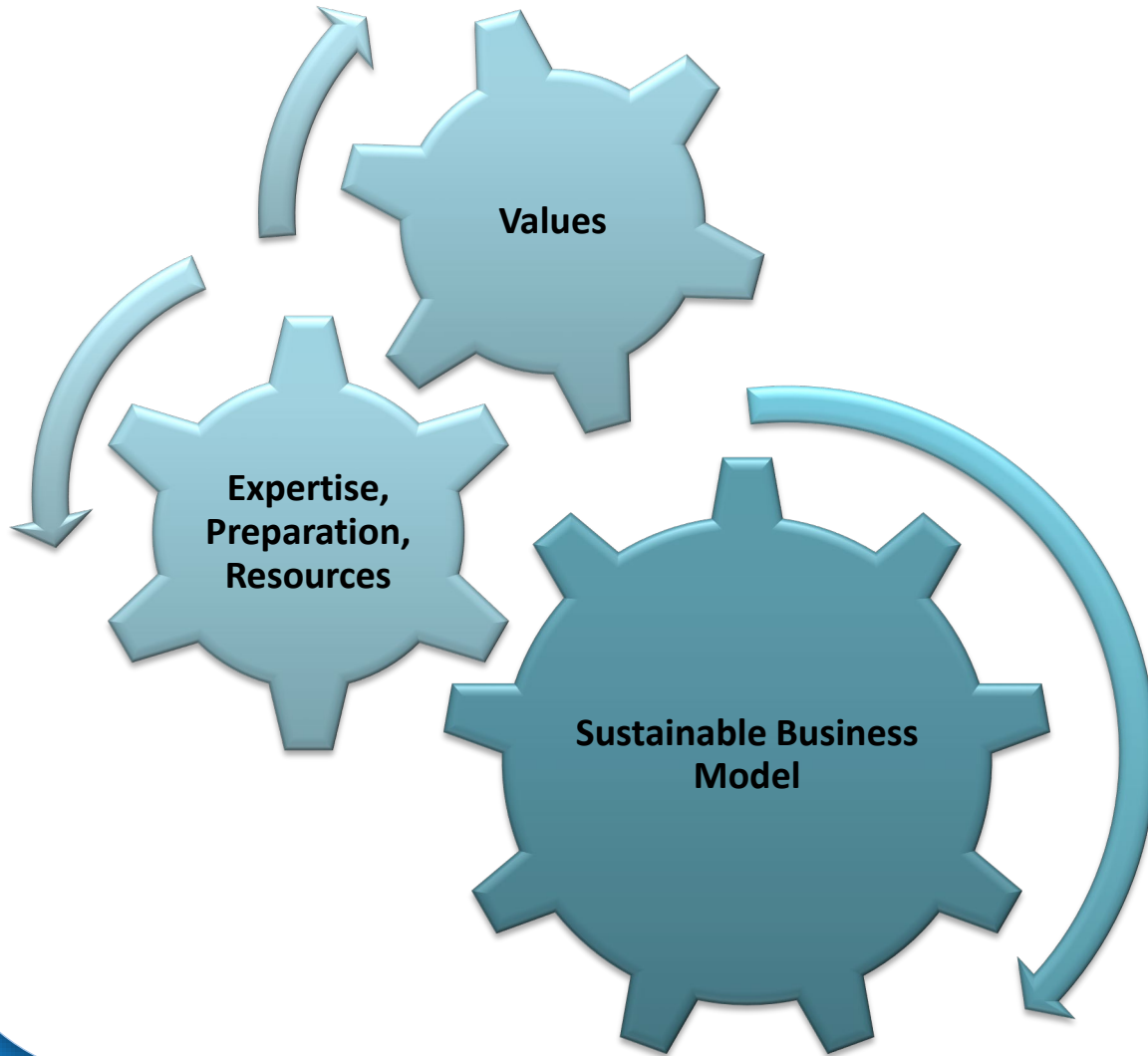
- 44%** of the total U.S. tobacco market are people with behavioral health conditions.
- \$5,816** is the average cost to employers per tobacco-using employee, due to higher insurance and lost productivity.
- 70%** Nearly 70% of people who use tobacco want to quit.

- 9 Enforce Your Policy**
Enforcement should be consistent across time and equally applied to all staff, clients and visitors.
- 10 Evaluate Your Program**
Create an evaluation plan that includes surveying staff, clients and the community to measure the impact.



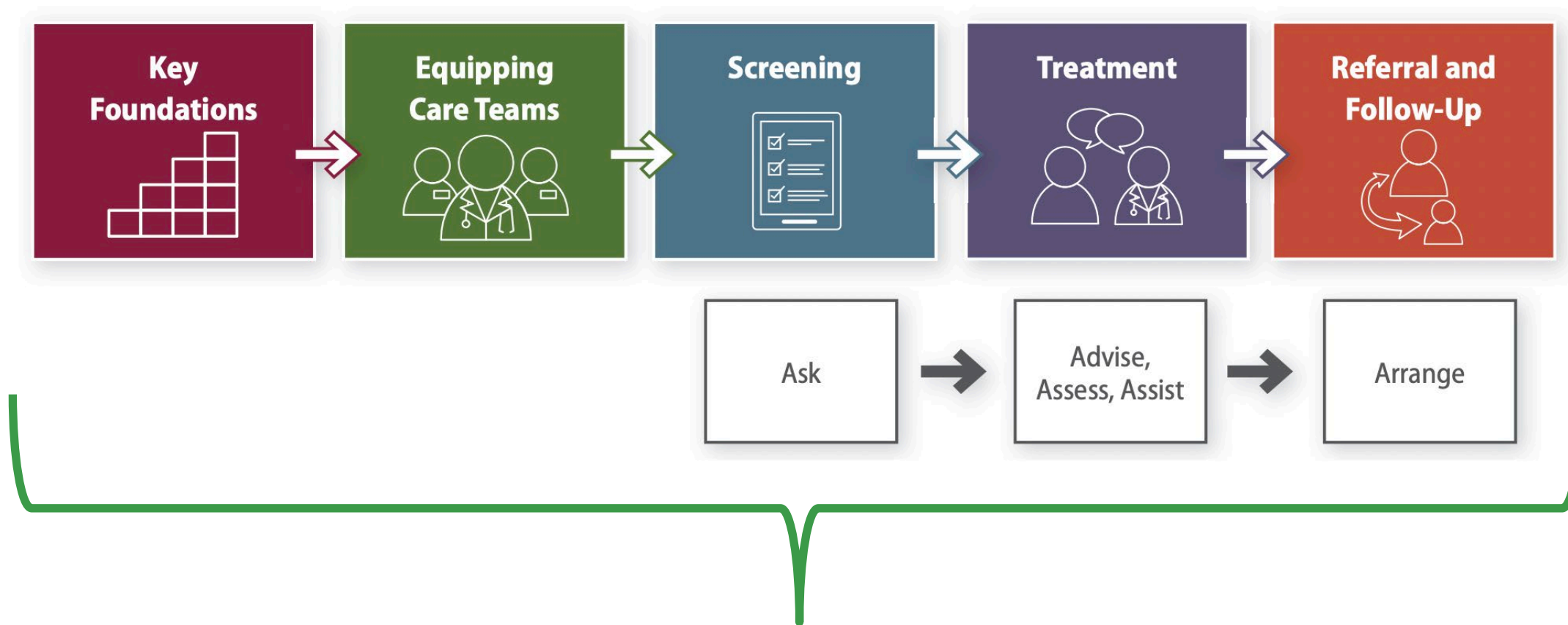
Download the Behavioral Health and Wellness Program's Tobacco-Free Policy Toolkit: <https://www.bhwellness.org/toolkits/Tobacco-Free-Facilities-Toolkit.pdf>

QI and Communities of Practice



Tobacco Cessation Change Strategies

Figure 1. Tobacco Cessation Change Package Focus Areas



State Level Support

CDC Tobacco Cessation Change Package 2020



Behavioral Health &
Wellness Program

The Behavioral Health Cessation Coordination Model Toolkit

A blueprint for evaluating
cessation services and
implementing sustainable
changes utilizing this planning
tool.

<https://www.bhwellness.org/wp-content/uploads/2023/11/Behavioral-Health-Cessation-Coordination-Model-Toolkit-10.30.2357.pdf>



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An Exchange of Ideas

Submit questions via the 'Q & A' box



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Take Control

1-800-QUIT-NOW

Call. It's free. It works.

1-800-784-8669

For details on your state services, go to: <http://map.naquitline.org>



✓ Refer your clients to cessation services

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- You will receive the following in our post webinar email:
 - ✓ Webinar recording
 - ✓ Instructions on how to claim FREE CME/CEUs
 - ✓ Information on certificates of attendance
 - ✓ Other resources as needed
- All of this information will be posted to our website at <https://SmokingCessationLeadership.ucsf.edu>



Contact us for free technical assistance



- **Visit** us online at smokingcessationleadership.ucsf.edu
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