Ending the Cycle of Addiction through Polysubstance Abuse Treatment
December 5, 2023

Post Webinar Questions

We were asked about Chantix possibly having some risk of cancer any info on this? In 2021, Pfizer recalled varenicline due to higher than acceptable FDA levels of the impurity nitrosamine, N-nitroso-varenicline. Long-term ingestion of N-nitroso-varenicline may be associated with increased cancer risk in humans. This was done in an abundance of caution, as nitrosamines are found in drinking water and other commonly ingested substances. In 2022, the FDA found varenicline to be at or below the agency's acceptable intake limit. Any newly manufactured varenicline for the U.S. market should have levels of the N-nitroso-varenicline impurity at or below that limit.
This is great in helping move along the conversation with a Treatment Center who resistant to implementing tobacco cessation into their workflow. What would be the way to approach the conversation with the Executive Director who is the barrier for tobacco treatment incorporation to the polysubstance workflow? I would suggest approaching the ED with readily available fact sheets from SCLC and the National Behavioral Health Network (NBHN) that present the facts on how tobacco use unequally impacts persons with behavioral health conditions. At the same time, the facts show that these individuals are motivated to quit smoking at the same rates at the general population and are often not afforded the same opportunities often due to health provider bias. Moreover, tobacco cessation leads to improved outcomes in terms of abstinence from other drugs, mental illness symptoms, and integration into community settings (e.g., it is easier to find employment, housing, and new social connections- and individuals aren't spending needed money on an addiction). I would further share examples, also available, of low-burden strategies for integrating tobacco into the organization's services. You can also provide toolkits through the ALA and NBHN on how to successfully bill for these services in behavioral health treatment settings.
In regards to the polysubstance use workflow, where in the process do quit call-lines and quit apps fall? In your experience, are these resources viable tools in the process of addressing addiction? Quitlines and other technology aids are absolutely viable tobacco use disorder treatment tools. The evidence-base suggests using the greatest number of tools possible including a diversity of technology platforms including state quitlines, texting, web-based services, and vetted apps (i.e. typically those apps provided by the federal government or university settings). Using the ask-advise-assess-assist-arrange model- referral to fits as a component of treatment planning or the "assist" component of care. Some organizations use a ask-advise-refer model because they do not have the resources to offer in-house cessation services.
What do you think about using NRT as a harm reduction tool if people aren't ready to quit yet but could use it to reduce? I completely agree with this model. We know that pre-quit use of NRT increases quit rates over time. This also allows individuals that are ambivalent to test out different forms of over the counter NRT to

determine which individual or combination NRT is the best fit. Many individuals reduce over time before eventually quitting.
Can you share any more ideas about of reaching potential persons in need like the library setting? We typically try to meet with community champions to map out potential local sites where contact might be maximized. Some of these sites have included public health clinics, homelessness and housing service organizations, WIC clinics, churches, vocational training sites, and dollar stores.