

Treating Tobacco Use Disorders as an Addiction:

**Why clinicians should address it,
and some tools to help them.**



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Objectives



- **Why Tobacco Use should be viewed as an addiction**
- **Why tobacco use disorders are given special attention in the ASAM Criteria**
- **History & current status of the Utah Recovery Plus initiative**
- **Provide some tools to help you with your clients**

Definition of recovery from mental disorders and/or substance use disorders



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

SAMHSA has delineated four major dimensions that support a life in recovery:

- **Health**
- **Home**
- **Purpose**
- **Community**

GUIDING PRINCIPLES OF RECOVERY



- **Hope**
- **Person-Driven**
- **Many Pathways**
- **Holistic**
- **Peer Support**
- **Relational**
- **Culture**
- **Addresses Trauma**
- **Strengths/Responsibility**
- **Respect**

Tobacco Use Disorder



Smoking claims more than 6 Million lives every year

Tobacco Use Disorder



Tobacco Use Disorder (TUD)



- **People with Severe Mental Illness are 2-3 times more likely to be smokers than the general population and die 25% sooner.**
- **In Utah, 61.9% entering SA treatment use tobacco.**

Tobacco Studies



Know the Facts: Smoking and Substance Abuse



Tobacco Use Disorder



- Is underdiagnosed and undertreated in primary and specialty care (psychiatric and addiction treatment included) (ASAM)
- Despite a four year Tobacco Cessation Effort in Utah's SUD treatment system, smoking rates for women and adolescents has **gone up** while in SUD treatment (UTAH Scorecard)

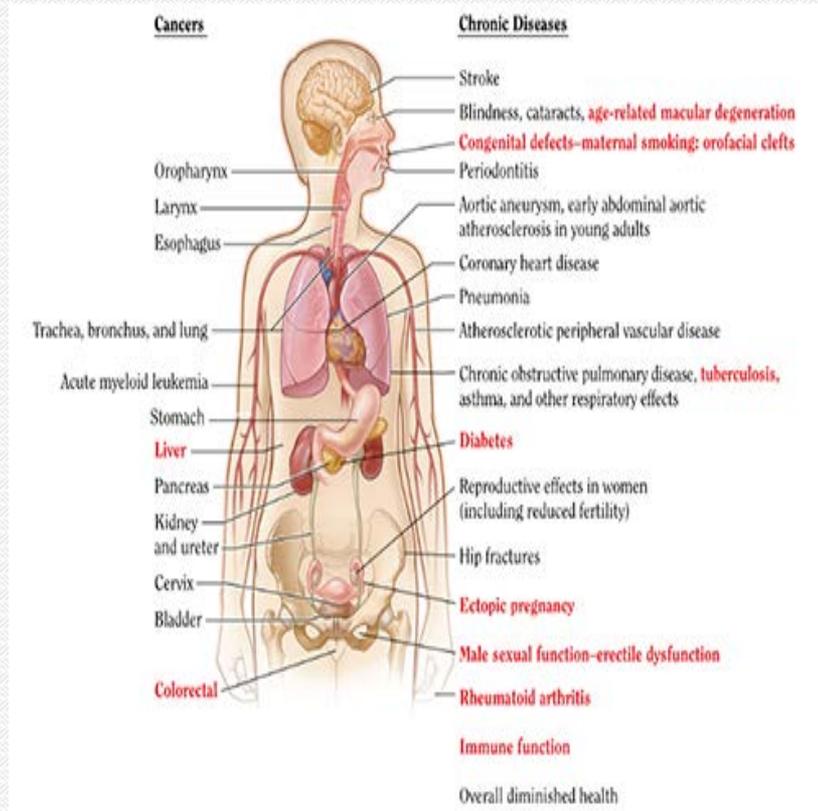
<u>FY 2014</u>	<u>% use at</u>	<u>Admission</u>	<u>Discharge</u>	
State Average		61.9	62.0	+.1
Men		61.3	61.2	-.1
Women		62.9	63.3	+.4
Adolescents		28.2	29.0	+.8

Nicotine Intoxication and or Withdrawal Potential



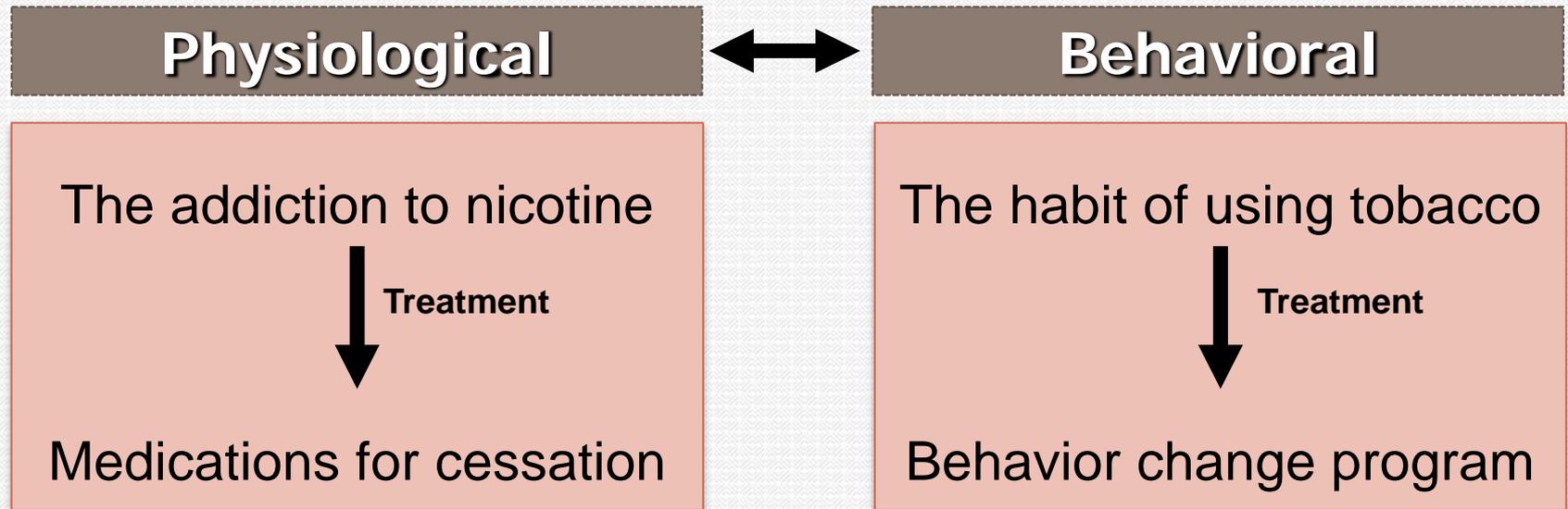
- Detox intensity peaks at 24-72 hours
- Decreases over next 4 weeks
- Cravings last much longer
- Aggressive treatment of withdrawal with medications is more effective
- Withdrawal not dangerous, but uncomfortable and can lead to significant behavioral disruption and relapse
- Counseling and medications throughout the process are needed.

Biomedical Conditions and Complications



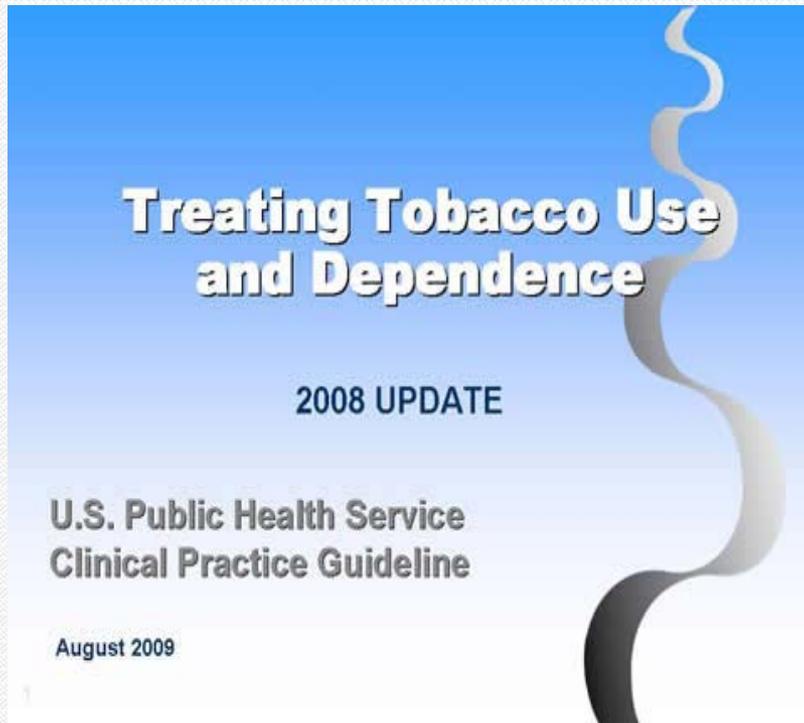
- Tobacco, like alcohol, harms almost every organ in the body.

Tobacco Dependence: A 2-Part Problem



Treatment should address the **physiological** and the **behavioral** aspects of dependence.

Treating Tobacco



In 2008, the U.S. Public Health Service published an update to the Clinical Practice Guideline for Treating Tobacco Use and Dependence.

Treating Tobacco



Funded By

- Agency for Healthcare Research and Quality**
- National Cancer Institute**
- National Heart, Lung & Blood Institute**
- National Institute on Drug Abuse**
- Centers for Disease Control and Prevention**
- The Robert Wood Johnson Foundation**
- American Legacy Foundation**
- University of Wisconsin-Center for Tobacco Research and Intervention**

PHS



Treating Tobacco



5 A's Tobacco Intervention

ASK: Ask all patients/clients about tobacco use

ADVISE: Advise all tobacco users to quit

ASSESS: Assess patients' readiness to quit

ASSIST: Assist tobacco users who are ready to quit

ARRANGE: Arrange follow-up to review quit status

What About E-Cigarettes?



- **New nicotine products: unregulated, untested, and unproven**
- **No credible scientific evidence:**
 - **that ingredients are accurate and complete**
 - **that they are safe for human consumption**
 - **or that they can be effectively used as a cessation tool**



Until such evidence can be provided, they should not be considered safe

Some Reasons not to address it

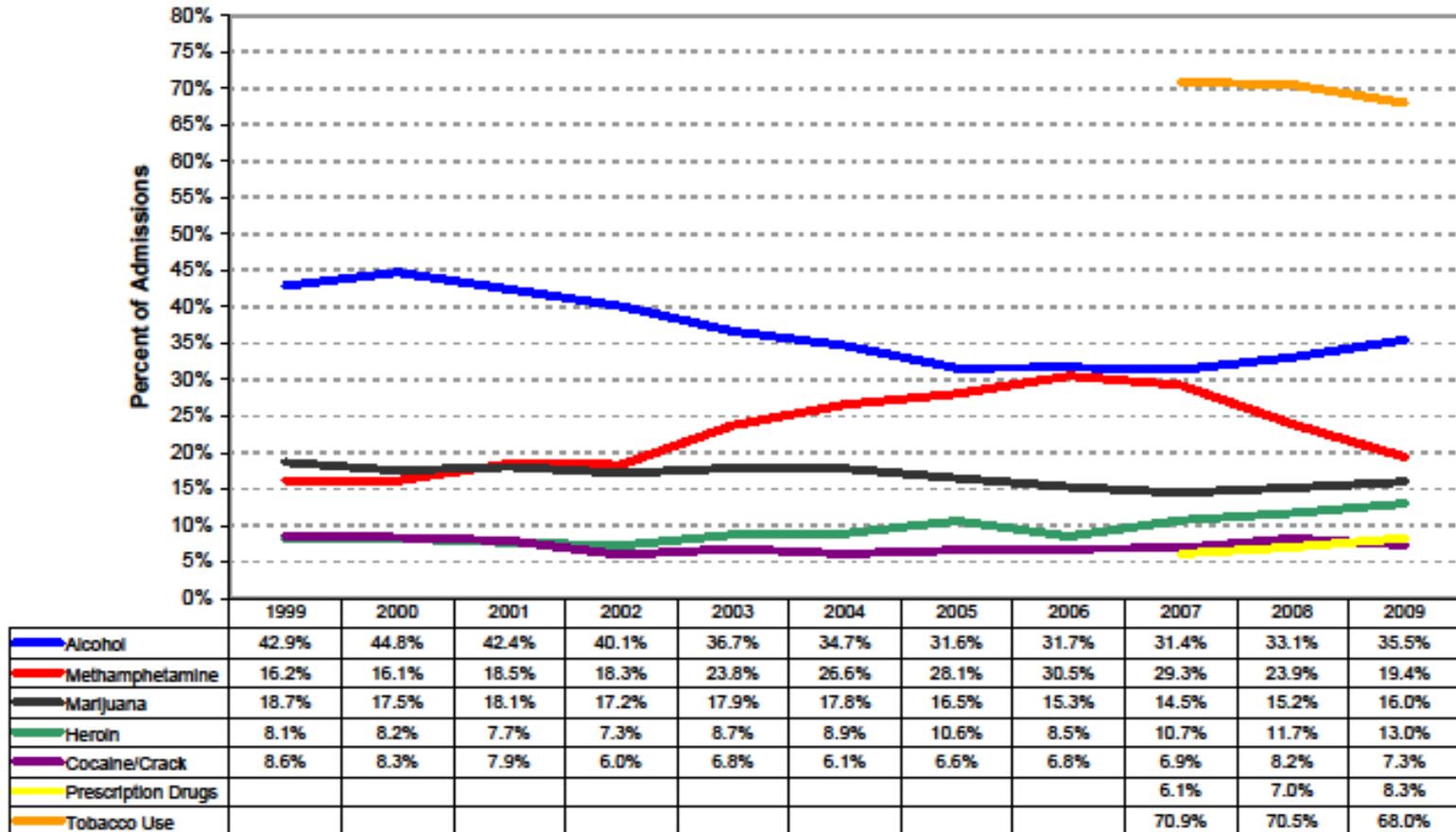


- It's legal
- But my clients don't want to quit.
- People should be able to make their own choices
- I want to take care of the really dangerous drugs first
- They should only quit one addiction at a time.
- They should wait a year before addressing tobacco

What does ASAM say about TU Disorders?



Top Drugs of Choice by Year Fiscal Year 1999 to Fiscal Year 2009



ASAM Reasons to Treat TU Disorders



- **It enhances both SUD and MH outcomes**
- **Decreases morbidity and improves longevity**
- **Allows more consistent dosing of psychiatric medication**
- **Improves quality and quantity of life**

Level of Care Recommendations

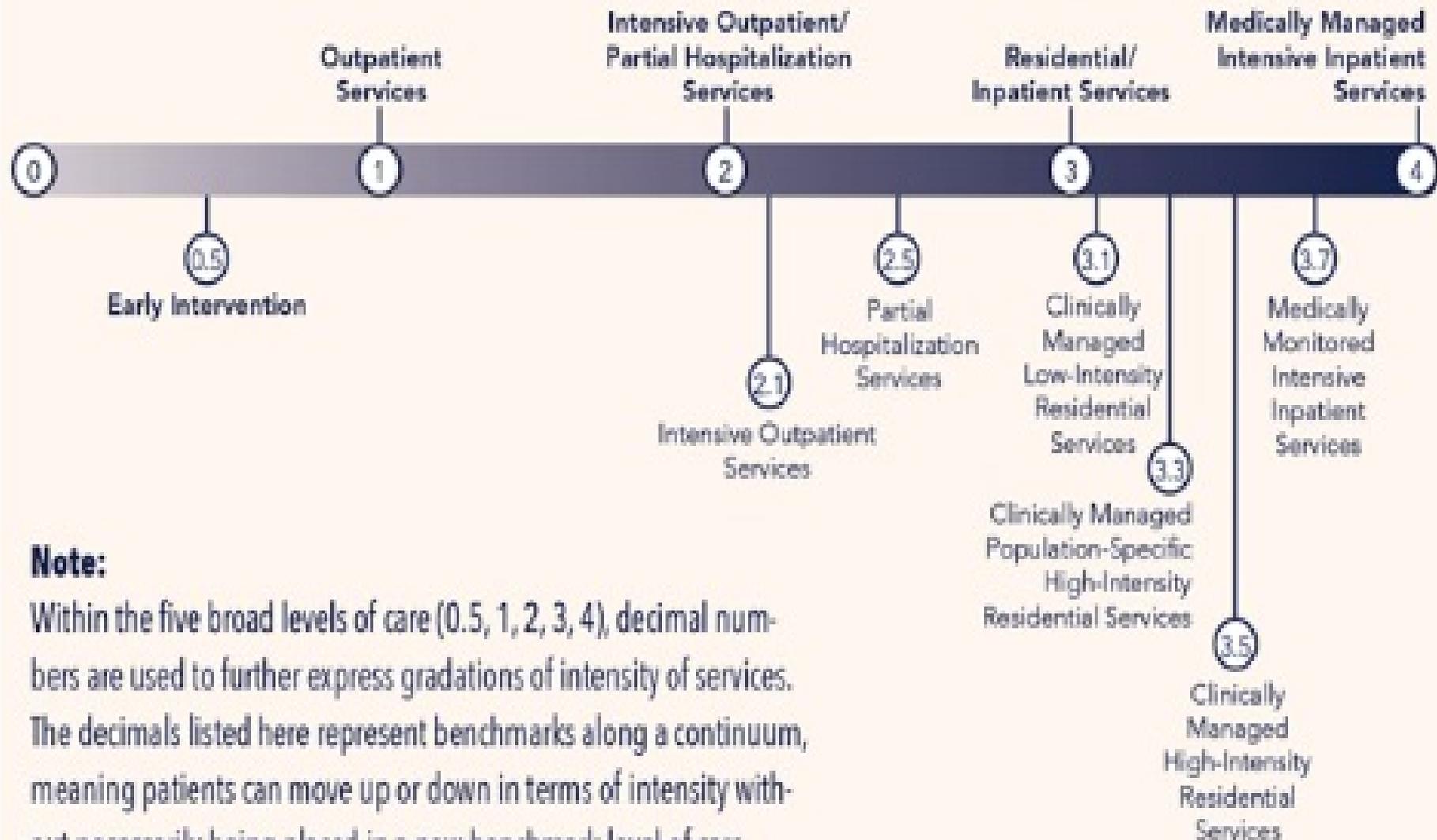


- Levels outlined in ASAM criteria



Just as we don't treat alcohol separately from drugs,
we shouldn't treat tobacco separately from other addictions

REFLECTING A CONTINUUM OF CARE



Note:

Within the five broad levels of care (0.5, 1, 2, 3, 4), decimal numbers are used to further express gradations of intensity of services. The decimals listed here represent benchmarks along a continuum, meaning patients can move up or down in terms of intensity without necessarily being placed in a new benchmark level of care.

AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT

ASAM's criteria uses six dimensions to create a holistic, biopsychosocial assessment of an individual to be used for service planning and treatment across all services and levels of care. The six dimensions are:

1	DIMENSION 1	Acute Intoxication and/or Withdrawal Potential Exploring an individual's past and current experiences of substance use and withdrawal
2	DIMENSION 2	Biomedical Conditions and Complications Exploring an individual's health history and current physical condition
3	DIMENSION 3	Emotional, Behavioral, or Cognitive Conditions and Complications Exploring an individual's thoughts, emotions, and mental health issues
4	DIMENSION 4	Readiness to Change Exploring an individual's readiness and interest in changing
5	DIMENSION 5	Relapse, Continued Use, or Continued Problem Potential Exploring an individual's unique relationship with relapse or continued use or problems
6	DIMENSION 6	Recovery/Living Environment Exploring an individual's recovery or living situation, and the surrounding people, places, and things

ASAM1: Nicotine Intoxication and or Withdrawal Potential



- Detox intensity peaks at 24-72 hours
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ASAM 2: Biomedical conditions and complications

- People with serious mental illness die 25 years younger than the general population, largely from conditions caused or worsened by smoking (NASMHPD)

"Smart" cigarettes with a large German warning-' smoking is deadly'



ASAM 3: Behavioral or cognitive conditions and complications



- TUD are the most common co-occurring disorder for both SUD and SMI populations.
- Tobacco use alters the rate that many psychiatric medications are metabolized
- Cigarette smoke has neurotoxic effects and appears to be associated with an increased risk of dementia.
Anstey et al. 2007 American Journal of Epidemiology; 166: 367-78.

ASAM 4: Readiness to change



- **80% of Utah Adult smokers want to quit and 50% have tried in the previous year. (BRFSS 2008)**
- **Readiness to change will be at different levels, but how is that different than with other drugs and addictions?**
- **Lots of reasons to keep smoking, and to quit.**

ASAM 5: Relapse, continued use, or continued problem potential

- If pregnant mother used tobacco, then the patient first exposure was in utero
- Tobacco is often the earliest drug used
- Used more frequently than any other drug
- Cigarettes allow nicotine to be “freebased” directly to the brain
- Used to stimulate or relax without gross intoxication
- Easily regulated by user depending on how inhaled
- Drug linked with mood states and environmental cues
- Continuous drug used even during other abstinence

ASAM 6: Recovery/Living Environment



- Environmental Factors and support are key

Treating Addiction



Treating a person's heroin addiction or alcohol addiction while you ignore, or even worse, condone their tobacco use is similar to a Physician treating a person's broken leg, but ignoring the bone cancer discovered while setting the broken bone.



Some Lessons Learned from Recovery +



- Needs to be a general approach to health and wellness
- On going communication between clinicians & clients
- Staff who smoke need to follow the same policies

Some Lessons Learned from Recovery +



- **Place Tobacco Free Campus signage around your facility and enforce.**
- **Ask about a person's smoking during an intake session and at every visit.**
- **Make Tobacco Cessation groups mandatory.**

More Lessons Learned



- For the health of our clients, we need to keep policies consistent throughout their treatment and recovery.
- Clinicians should support their clients by following the same tobacco policies.
- Breaks should consist of activities and not opportunities to smoke.

And more Lessons learned



- **Treating Tobacco Use Disorders effectively requires:**
 - A shift in clinician thinking
 - Program structure
 - Attitude and expectations
 - A willingness to think critically about the services you provide.

- **Honestly assess what you believe:**
 - About addiction
 - What you believe about Substance Use Treatment being about Recovery, rather than just abstinence.
 - And what providing good treatment really means.

Integration into Daily Practice



Integration is the new norm

- Formulate a plan of action- Template
- Public health- Behavioral/Physical treatment
- Community integration- Are there other resources?
- Chronic care- What does smoking lead to?
- EHRs & performance measurement- Proper documentation methods
- Quitlines- Referral process
- Work across healthcare sectors- Integrate behavioral health and primary care

Resources Available to You



- **State-funded Quitline**
- **Educational Material**
- **Training on new nicotine based products/ medications to treat addiction**
- **Billing/Diagnosis Codes- Reimbursement information**
- **Template formulation- Proper documentation of intervention: Evidence- based practice/theory**
- **Proper evaluation to ensure our efforts are meaningful**



Questions?

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