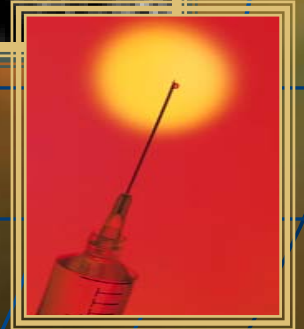


SETTING THE STAGE:

INTEGRATING NICOTINE ADDICTION TREATMENT FOR CLIENTS IN ADDICTION TREATMENT SETTINGS



IITEC

Scope of the Problem: Prevalence

- Smokers are over represented in substance abuse and psychiatric populations.
- SA/PSYCH patients are 2-3 times more likely to smoke:
 - 40-50% of pts. with depression and anxiety disorders smoke.
 - 70-90% of pts. with schizophrenia smoke.
 - 75-100% of substance abusers smoke.
- 44% of all cigarettes smoked in US are by individuals with psychiatric or substance abuse disorders

Campbell et al, 1998; Ziedonis & George, 1997; Lassser et al, 2000

Scope of the Problem: Mortality

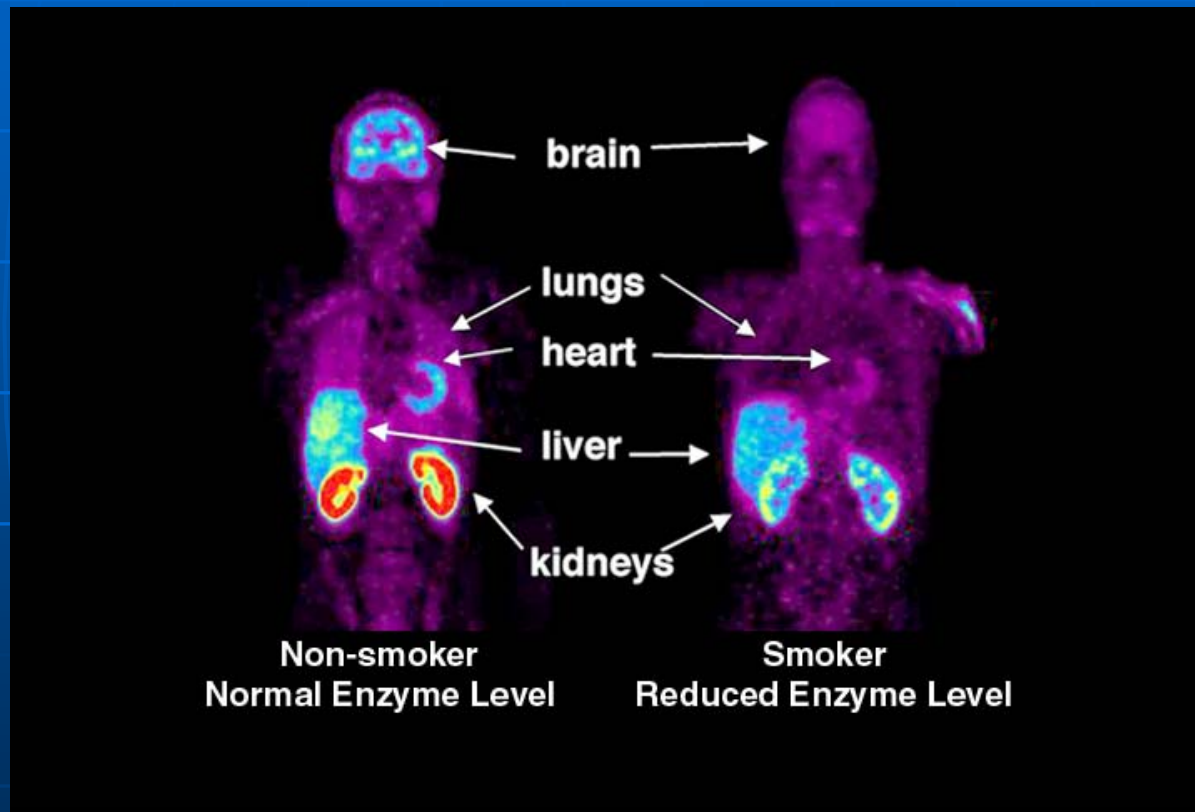
- Smoking kills more Americans than all other drugs combined, including alcohol.¹
- Among treated narcotic addicts, smokers' death rates were 4X that of nonsmokers.¹
- Among treated alcoholics who died, 51% of mortality attributed to smoking-related illness.²
- In the same study, mortality was 48% for smokers vs. 19% expected mortality.²

1) Hser et al, 1994; Lynch & Bonnie, 1994 ; 2) Hurt et al, 1996

PET Scans Show Cigarette Smoke Affects Peripheral Organs

- Cigarette smoke decreases levels of a critical enzyme called monoamine oxidase B (MAO B) in the kidneys, heart, lungs, and spleen
- Too much or too little of this crucial enzyme can have an effect on a person's mental or physical health

PET Scans Show Cigarette Smoke Affects Peripheral Organs



The illustration shows the concentration of radioactive tracer bound to monoamine oxidase B (MAO B). Red shows the highest concentration. Clearly, lower concentrations are seen in the smoker. In certain areas, such as the lungs and brain, concentrations are so low as to be virtually absent. This demonstrates decreased amounts of MAO B in the peripheral organs of smokers compared with nonsmokers.

Proceedings of the National Academy of Sciences, September 8, 2003, "Low Monoamine Oxidase B in Peripheral Organs in Smokers."

Systems Issues

- **Barriers exist in all health care systems**
 - —may be more prominent in SA/MH systems.
- **Examples:**
 - Belief that smoking cessation will adversely affect SA/MH treatment
 - Use of cigarettes as reward/distraction/coping
 - Attitude that smoking is the lesser evil
 - Staff smoking
 - Lack of knowledge about risks of tobacco use and how to quit

Systems Issues

- Staff may be current smokers, in various stages of readiness to quit.
- Staff may lack information about the impact of tobacco and smoking as a recovery issue.
- TTS (Tobacco TX Specialist) must be clear on role: Listen, share resources, work collaboratively.
- Emphasize and respect confidentiality.

Substance Abuse and Smoking: Considerations

- Meaning of cigarettes/tobacco
 - Buffer for feelings
 - Smoking as “the last vice,” last to go
 - Lesser of two evils

Tobacco Use in Recovery - Barriers

- Tobacco use is pervasive.
- Historical role of tobacco in the “culture of recovery.”
- Higher levels of nicotine dependence among substance abusers.
- Tobacco use seen as a lower priority than the immediate consequences of other substance abuse

Rationale for Tobacco Treatment (1)

- Demonstrated interest in quitting across treatment modalities and populations.
- Research demonstrates quitting smoking does NOT jeopardize recovery: alcoholics who quit smoking are more likely to succeed in alcoholism treatment
- Continued smoking identified as a factor in relapse back to active substance abuse.
- The majority of research indicates that smoking cessation is unlikely to compromise alcohol use outcomes.

Rationale for Tobacco Treatment (2)

- Participation in smoking cessation efforts while engaged in other substance abuse treatment has been associated with a 25% greater likelihood of long term abstinence from alcohol and other drugs. (Prochaska, J.L. et al 2004)
- Treatment for heroin, cocaine, or alcohol addiction might be more effective if it included concurrent treatment of tobacco addiction. (Taylor et al, 2000)
- There are compelling reasons for implementing smoking cessation programs for patients in methadone treatment, as the benefits of smoking cessation may extend to opiate addiction as well. (Frosch et al, 2000)

Rationale for Tobacco Treatment (3)

- Tobacco use negatively impacts other psychosocial issues that challenge clients in recovery:
 - Finances
 - Health, HIV status
 - Pregnancy, children's health
 - Treatment compliance
 - Medications
 - Dealing with feelings
- Increased risk for other health problems through multiple substance abuse.
- Similar relapse prevention techniques: stress management and wellness issues work well with nicotine addiction.

Rationale for Tobacco Treatment (4)

- Teens who smoke are :
- 3 times more likely than non-smokers to use alcohol,
- 8 times more likely to use marijuana, and
- 22 times more likely to use cocaine.
- Smoking is also associated with a host of other risk behaviors such as fighting and engaging in unprotected sex.

CDC. Preventing tobacco use among young people—A report of the Surgeon General. 1994, p. 15

Smoking and Alcohol Use

- Among alcoholics who smoke:
- 10x greater risk of pancreatitis than in those who do not smoke
- 3x greater risk of cirrhosis
- 38x greater risk of developing mouth and throat cancer than nonsmoking nondrinkers
- “Chronic cigarette smoking increases the severity of brain damage associated with alcohol dependence”

Durazzo, 2004 (Alc: Clin and Exp Research)

Co-morbidity

- Negative impact on co-occurring diseases:
 - HIV/AIDS, HCV
- Impact on pregnancy, children's health
- Negative impact on metabolism and efficacy of medications, including antidepressants, anti-psychotics, asthma meds, ritonavir, insulin
- Adds to negative health effects from illicit drug use

Concerns with HIV/AIDS

- HPV infection more common in HIV+ women who smoke
- Oral thrush and PCP more common in smokers
- Increased risks for heart disease and stroke (HIV disease, anti-HIV meds.)
- Increased risk of lung cancer and emphysema in HIV+ smokers

Concerns with HCV

- Smoking makes HCV damage worse, similar to alcohol ; frequent alcohol use plus smoking 20+ cigarettes a day = 7x more likely to have elevated ALT enzyme
- Smokers with HCV have a 4x greater risk of developing non-Hodgkin's lymphoma than smokers without HCV, who face 2x the risk of NHL compared to never-smokers

Challenges for Tobacco Treatment

- Compared to smokers without substance use disorders, smokers with co-occurring disorders are more nicotine-addicted; smoke higher-nicotine cigarettes; smoke more per day; score higher on nicotine dependence measures
- Smoking is used to cope with urges to drink/use drugs
- Alcoholics who smoke (and the systems and counselors who work with them) may have stronger views about the benefits of continued use than other smokers (Gulliver et al, 2006)

Treating Tobacco Dependence in Recovering Alcoholics (Dale, 2005)

- Recommend proven therapies
 - NRT; bupropion
 - CBT
 - Social support
- Monitor, follow-up
- Let patient decide the timing
- Possible role for delayed treatment
- However, postponing means potentially never

What Works?

- Stages of Change framework
- Acknowledge and work with ambivalence
- Tie in with addictions treatment: integration; language: ATOD; similarity of approaches
- Build buy-in of leadership and line staff
- Take the long view: change is a process; changing norms and culture
- Promote systems-based approach
- Make research meaningful, relevant; end scare tactics; educate, promote involvement

QUESTION/COMMENTS

QuickTime™ and a
DV/DVCPRO - NTSC decompressor
are needed to see this picture.