Living Well:
Strategies for Tobacco Free Recovery Summit

Denormalizing Tobacco Use in Addiction Services

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Discussion

- The tobacco industry enhanced the addicting properties of tobacco products. Individuals with SUD are more vulnerable due to co-morbidity factors.
- The neurochemical and behavioral associations of tobacco use to the use of other substances is significant.
- Fully integrating tobacco interventions in addiction services improves treatment outcomes.
- Effective implementation strategy must include provision to denormalize tobacco use in the treatment and recovery culture.

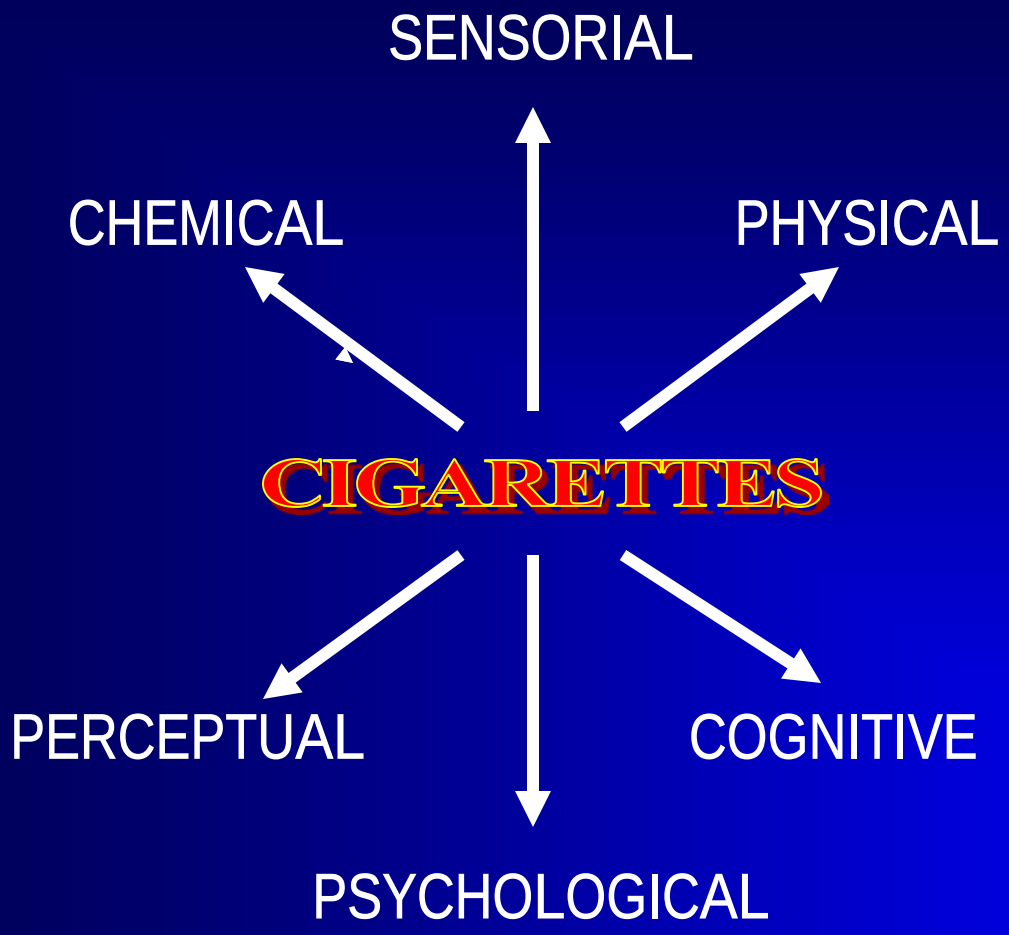
Tobacco Industry Research

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 Industry Research

Biobehavioral Division at RJ Reynolds
1985 List of Projects

- Central Nervous System Neurobiology
- Psychophysiology of Tobacco Use
- Pharmacology of Tobacco Use
- Cellular Physiology and Biochemistry
- Psychophysics of Tobacco Use
- Psychosociology of Tobacco Use

Nicotine & Tobacco Research, Volume 6, Number 6, December 2004

NYC Tobacco Use Prevalence

2008 Adult Smoking Rate = 15.8%

NYC Department of Health and Mental Hygiene, 2009

- Addiction Treatment = 60 to 95%
- Serious Mental Illness = 75 to 80%
- HIV and AIDS = 50 to 70%

Professional Development Program, Rockefeller College, SUNY at Albany,
The Foundation: Integrating Tobacco Use Interventions into Chemical Dependence Services, 2008

Tobacco Use Prevalence

Major depression	36 - 80 %
Bipolar disorder	51 - 70 %
Schizophrenia	62 - 90 %
Anxiety disorders	32 - 60 %
PTSD	45 - 60 %
ADHD	38 - 42 %
Alcohol abuse	34 - 93 %
Other drug abuse	49 - 98 %

Prevalence rates by diagnostic category across studies (Morris et al., 2009)

Tobacco Use Prevalence

Nearly half of all cigarettes in the United States are consumed by individuals with an addiction or mental illness. Grant, 2004; Lasser, 2000

In sample of 78 people with schizophrenia, participants spent nearly 1/3 (27.36%) of monthly public assistance income on cigarettes.
Steinberg et al., 2004

Why Individuals With COD Have Higher Rates of Tobacco Dependence

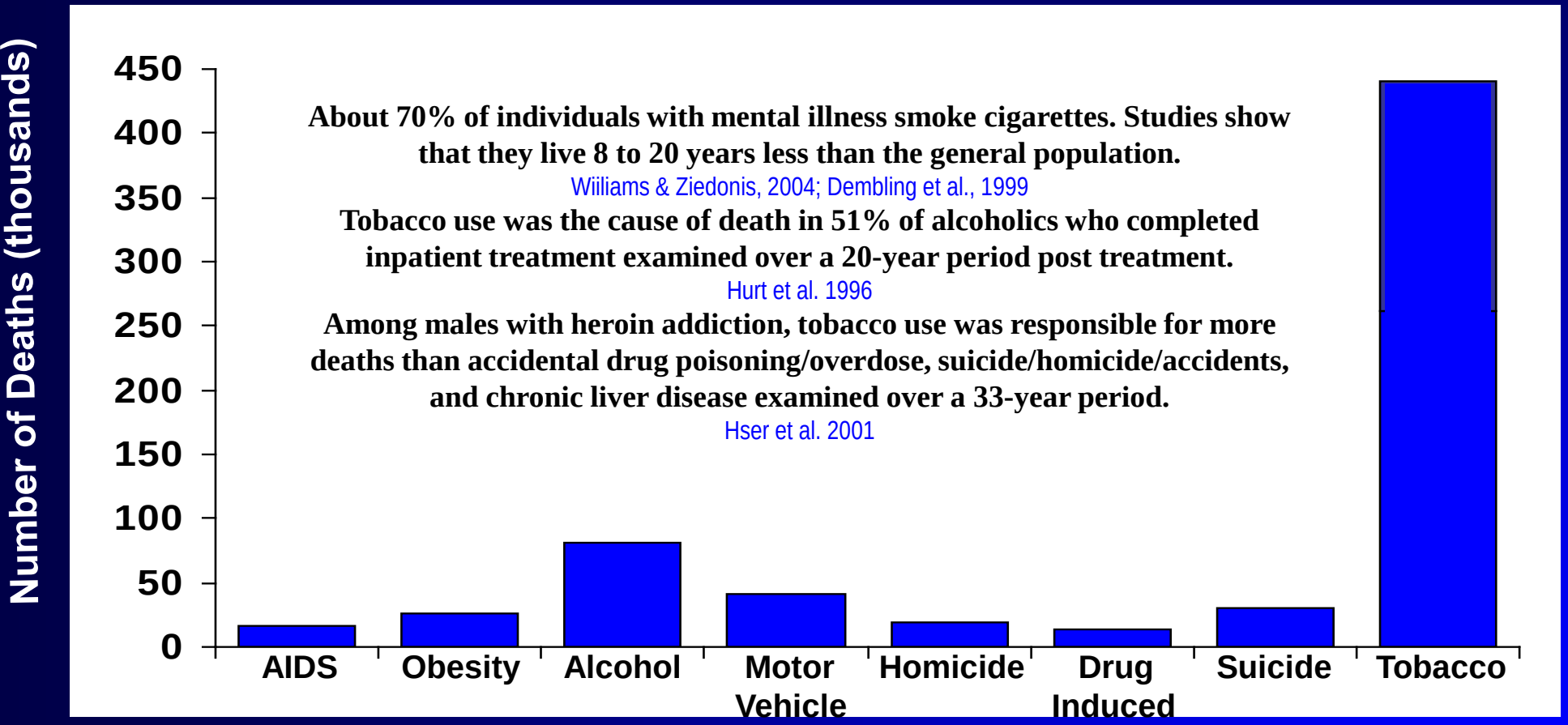
- The pathophysiology of these disorders increases vulnerability to nicotine dependence.
- Individuals with are self-medicating affective and cognitive deficits associated with these disorders.
- Social factors (e.g., peer modeling, settings).

Kalman, Morrissete and George, 2005. Am. J. Addict. 14: 106-123

Factors Linked with High Smoking Rates

- Genetic predisposition
- Nicotine effects
- Boredom
- Smoking part of culture
- Used as a reward in some treatment settings
- Lack of social support
- May negate some antipsychotic agents' side effects
- Increased sensitivity to nicotine withdrawal
- High unemployment rates & poverty
- Relatively low education levels

Comparative Causes of Death in the United States

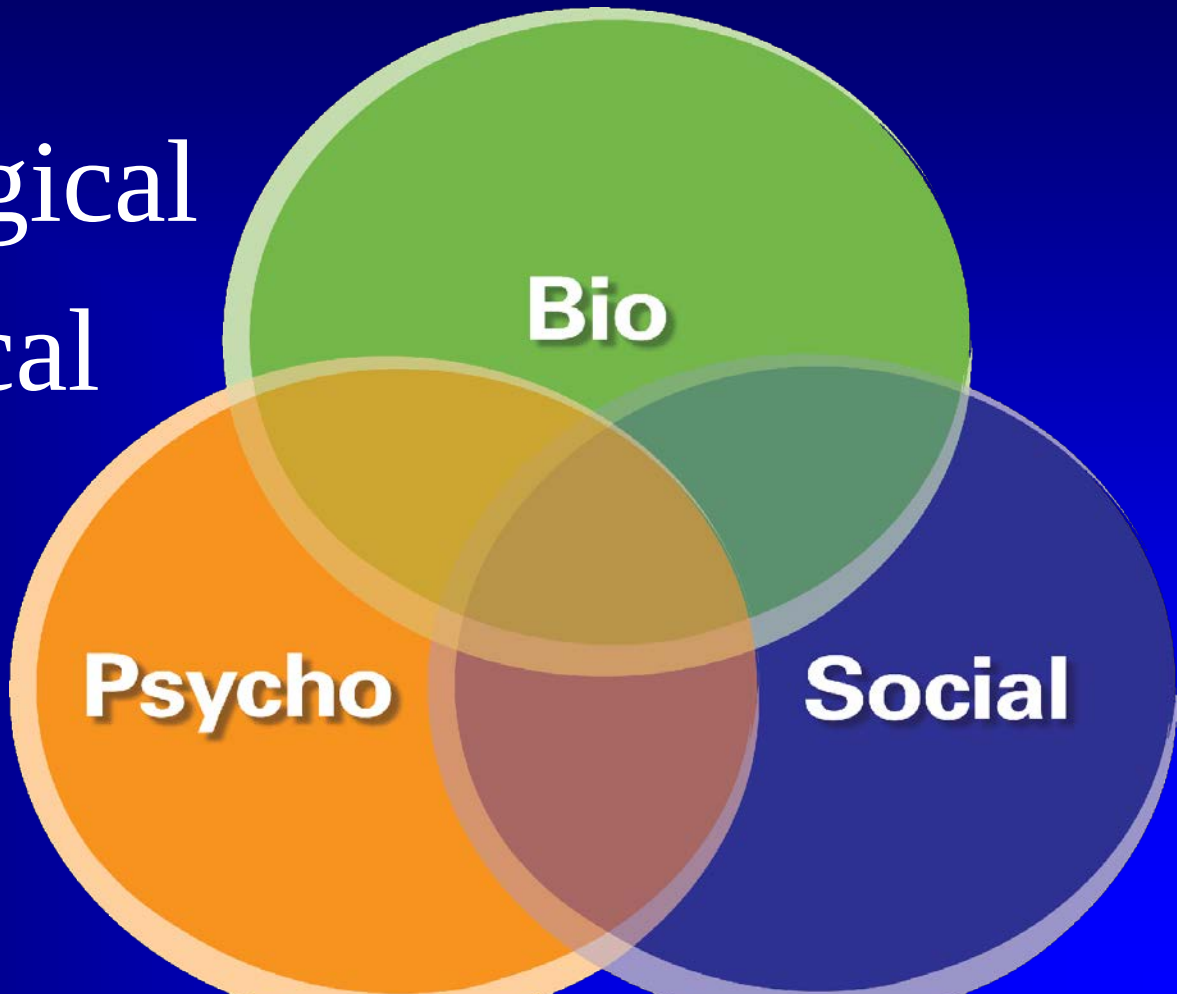


Centers For Disease Control and Prevention, 2004

Tobacco Dependence

A Chronic Substance Use Disorder

- Neurobiological
- Psychological
- Social



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

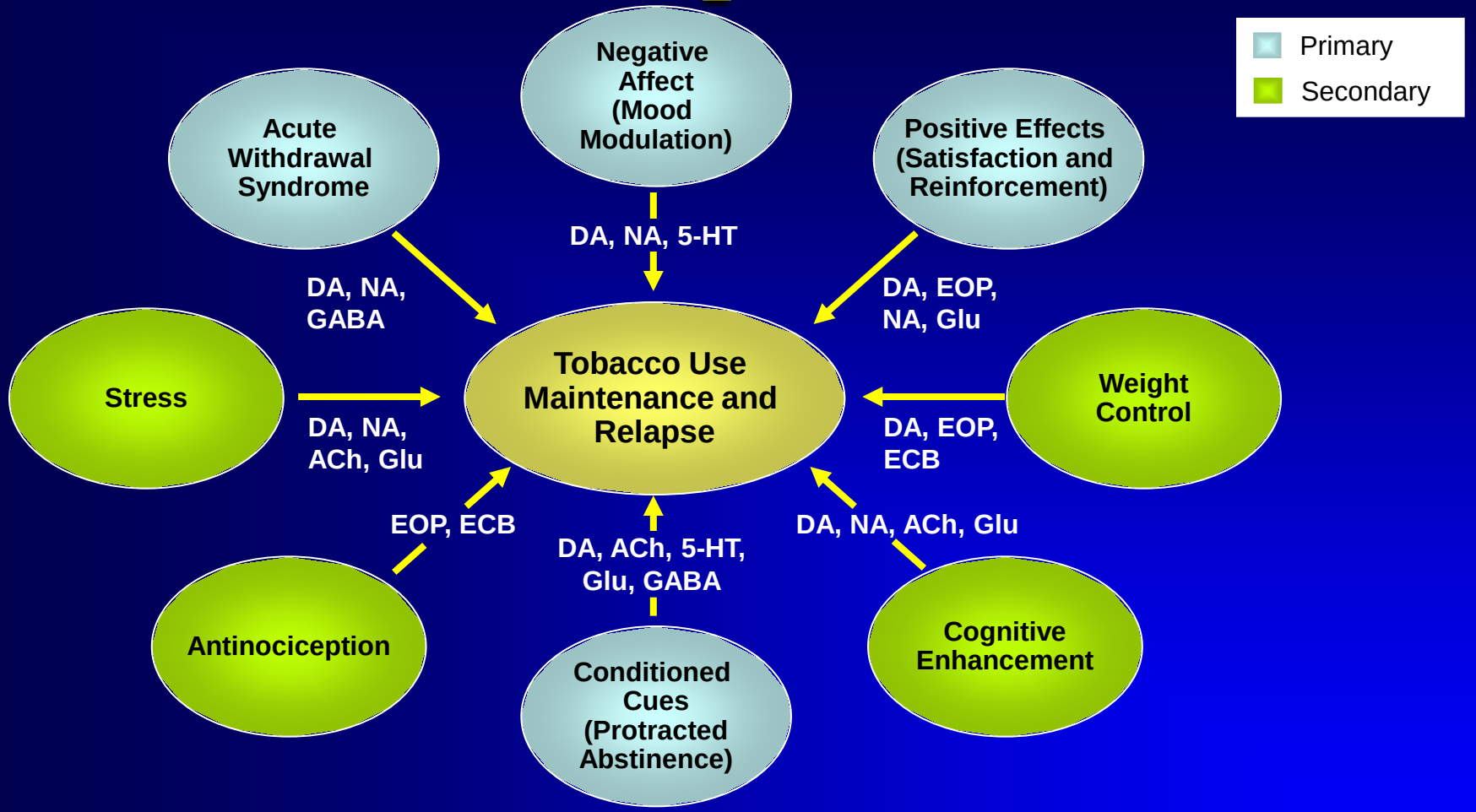


Figure 1. State, trait and environmental factors, and neurotransmitter systems that mediate smoking maintenance and relapse. The blue circles represent primary contributors to smoking maintenance and relapse, whereas the green circles represent secondary contributors to those processes. Abbreviations: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

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

Nicotine Neurochemistry

- Nicotine affects the same neural pathway as alcohol, opiates, cocaine, and marijuana. Pierce & Kumaresan, 2006
- Tobacco use reinforces the effects of alcohol and cocaine. Little, 2000; Wiseman & McMillan, 1998
- Tobacco use has a modulating effect by reducing cocaine-induced paranoia. Wiseman & McMillan, 1998

Psychological Factors

- Sense of Security
- Chemical Coping Beliefs
- Chemical Coping Identity
- Shared Behavioral Defenses that Justify Other Drug Use

Social Factors

Tobacco use in an population with SUD maintains…

- rituals and social norms that serve to reinforce chemical coping beliefs.
- drug dealing behavior and lifestyle
- drug acquisition skills including manipulative behavior, prostitution and other criminal activity, etc.

The Paradox

- As one walks through a drug recovery process, the cigarette is often the last thread of a tangible link to the old (addict identity) while developing the new (addict in recovery identity).

- Tobacco use provides a sense of familiar comfort, yet often inhibits key objectives of drug recovery: cognitive and behavioral change to redefine self and lifestyle.

Addressing Tobacco Improves Treatment Outcomes

- [Tobacco dependence treatment] provided during addictions treatment was associated with a 25% increased likelihood of long-term abstinence from alcohol and illicit drugs.

Prochaska et al., Journal of Consulting and Clinical Psychology (2004)
Meta Analysis of 19 Randomized Control Trials with Individuals in Current Treatment or Recovery.

Addressing Tobacco Improves Treatment Outcomes

- Alcoholics who quit smoking are more likely to succeed in alcoholism treatment.
  Shiffman & Balabanis, 1996
- Nicotine craving and heavy smoking may contribute to increased use of cocaine and heroin.
  National Institute on Drug Abuse, 2000
- Non-tobacco users maintain longer periods of sobriety after inpatient treatment for alcohol/drug dependence than tobacco users.
  Stuyt, 1997

Tobacco Interventions

Two Fundamental Goals:

1. “Denormalize” tobacco use within the program and recovery culture.
2. Provide treatment to assist residents to establish and maintain tobacco abstinence as part of their “a day at a time” recovery.

Change Strategies

- Anchor the rationale for addressing tobacco to the organization's mission, 12-Step teachings or TC principles.
- Introduce the topic as a recovery issue.
- Develop a written ATOD policy (see OASAS 856 checklist).
- Strategically address the resistance to social change.
- Provide targeted staff training after completing a needs assessment; match training to agency stage-readiness.
- Use language consistent with treatment and recovery culture.
- Integrate tobacco treatment into existing programming.
- Cultivate a consensus of all stakeholders.

Change Strategies

Think parallel process

- Meet people where they are
- Strive to understand staff perspective
- Wherever possible, offer options
- Roll with resistance non-reactively
- Avoid willfulness
- Support staff initiatives for change
- Partner with staff to tailor interventions for their practice context

(Miller & Rollnick, 2001; Williams et al., 2006)

Environmental Support

Alcohol, Tobacco, & Drug-Free Policy

EAST HOUSE
You'll Find Hope At Our House
40 Years of Caring

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

Reframe Language

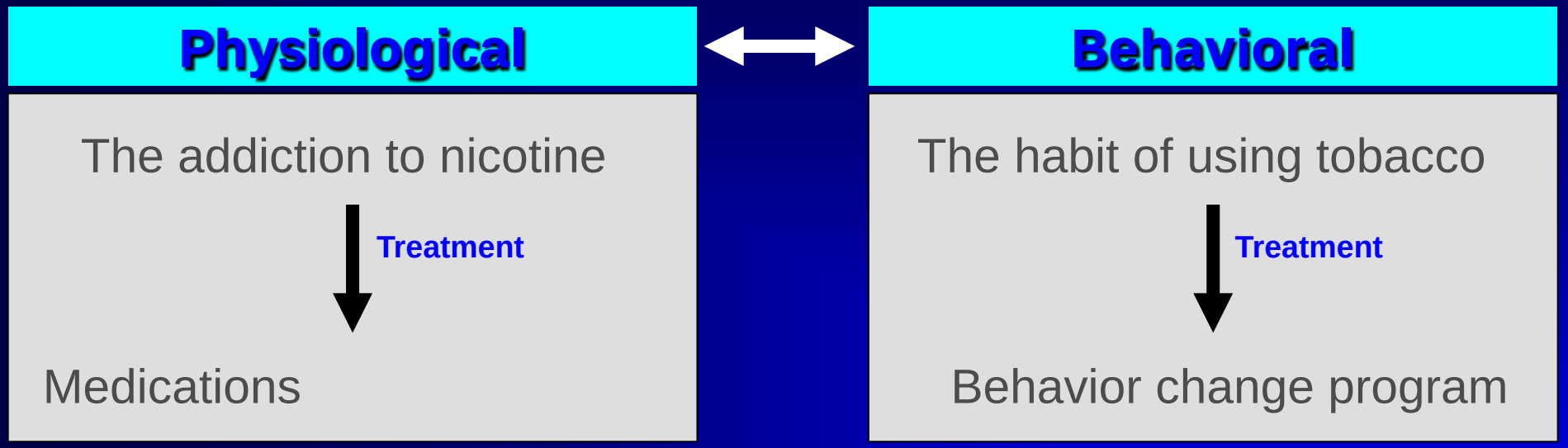
Consistent to Recovery Culture, 12-Step Teachings and Therapeutic Community Principles

Common Terminology	Language to Promote Norm Change
▪ Smoking ▪ Quit date ▪ Cessation	▪ Tobacco Use, Hit, Fix ▪ Tobacco Recovery Start Date ▪ Treatment, Recovery

System Changes

	Current System	Change	Related Tasks
Assessment			
Intake/Orientation			
Treatment Planning			
Services			
Psychoeducation			
Case Review/QA			
Discharge			

Tobacco Dependence Treatment



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

Fiore et al. 2008; rxforchange/ucsf

Tobacco Dependence Treatment

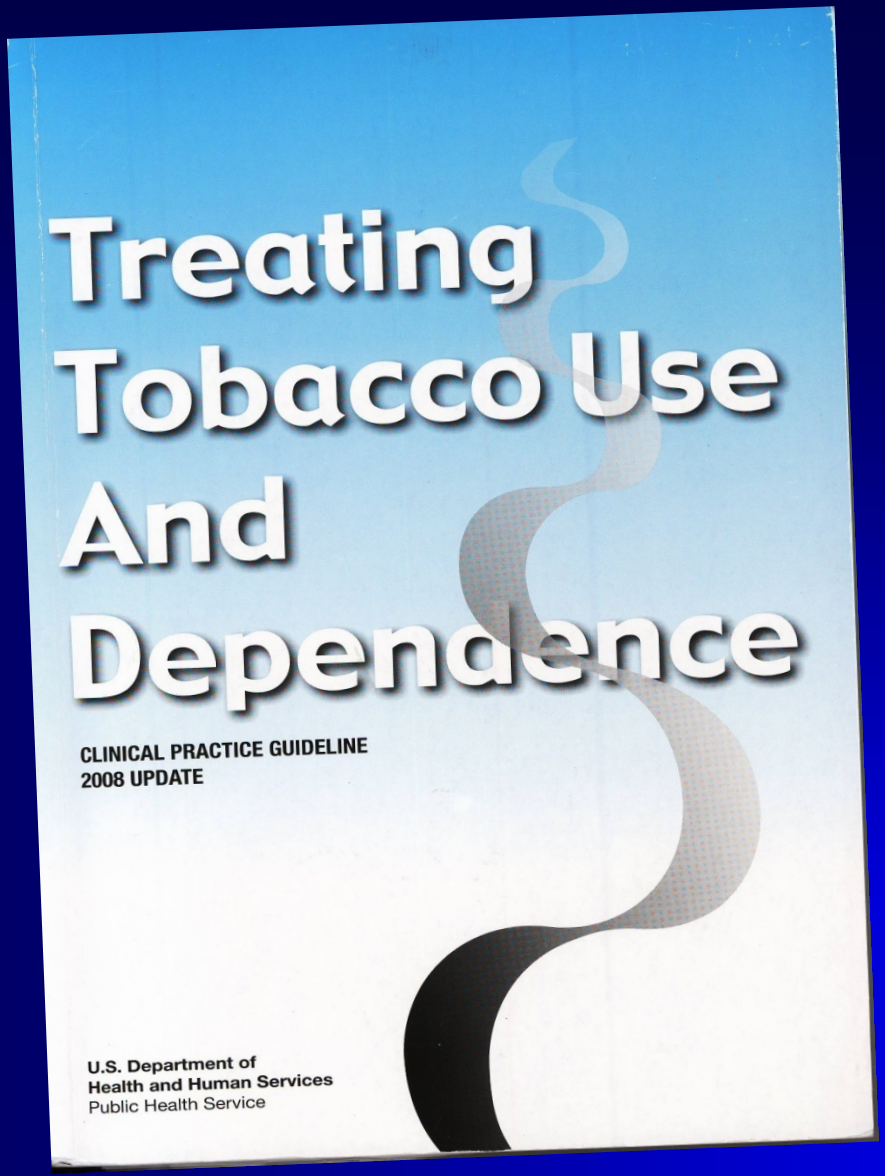
Two Levels of Tobacco Counseling
to Match Interventions to Client Stage-Readiness:

Tobacco Awareness
(Cognitive)

- Engagement
- Develop Interest
- Highlight Importance
- Enhance Stage-Readiness

Tobacco Recovery
(Behavioral)

- Learn Skills
- Elevate Confidence
- Embrace Lifestyle Change
- Always with Pharmacotherapy



2008 Guideline: 5/7/08

Thank You

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

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