

# **Integrating Tobacco Treatment in Substance Use Treatment Settings: Addressing the Myths**

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**Megan Piper, PhD**  
**Licensed Clinical Psychologist and Research Director**  
**Center for Tobacco Research and Intervention**  
**University of Wisconsin School of Medicine and Public Health**

# TOBACCO TREATMENT TOOLKIT

This webinar complements  
our free online toolkit:  
**Integrating Tobacco  
Dependence Treatment in  
Behavioral Health Settings**

Scan the QR code to access  
the full toolkit.



## Wis. Admin. Code ch. DHS 75.24(7)

- According to Wis. Admin. Code ch. DHS 75, programs must have a written policy on assessment and treatment of concurrent TUD
- Tobacco is included in the revision as best practice for SUD treatment and recovery
  - Aligns with ASAM recommendations to treat tobacco and implement organizational policies
- This is more than bureaucracy – this is public health advocates and scientists working together for years to improve health
  - This is addressing significant health inequities

# TODAY'S AGENDA

## 01

Explore myths about smoking and substance use

## 02

Examine roadblocks and relevance to integrating tobacco treatment in substance use settings

## 03

Understand key treatments in smoking cessation

- Brief counseling
- Cessation medications
- Supportive resources

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## **Fact or Myth**

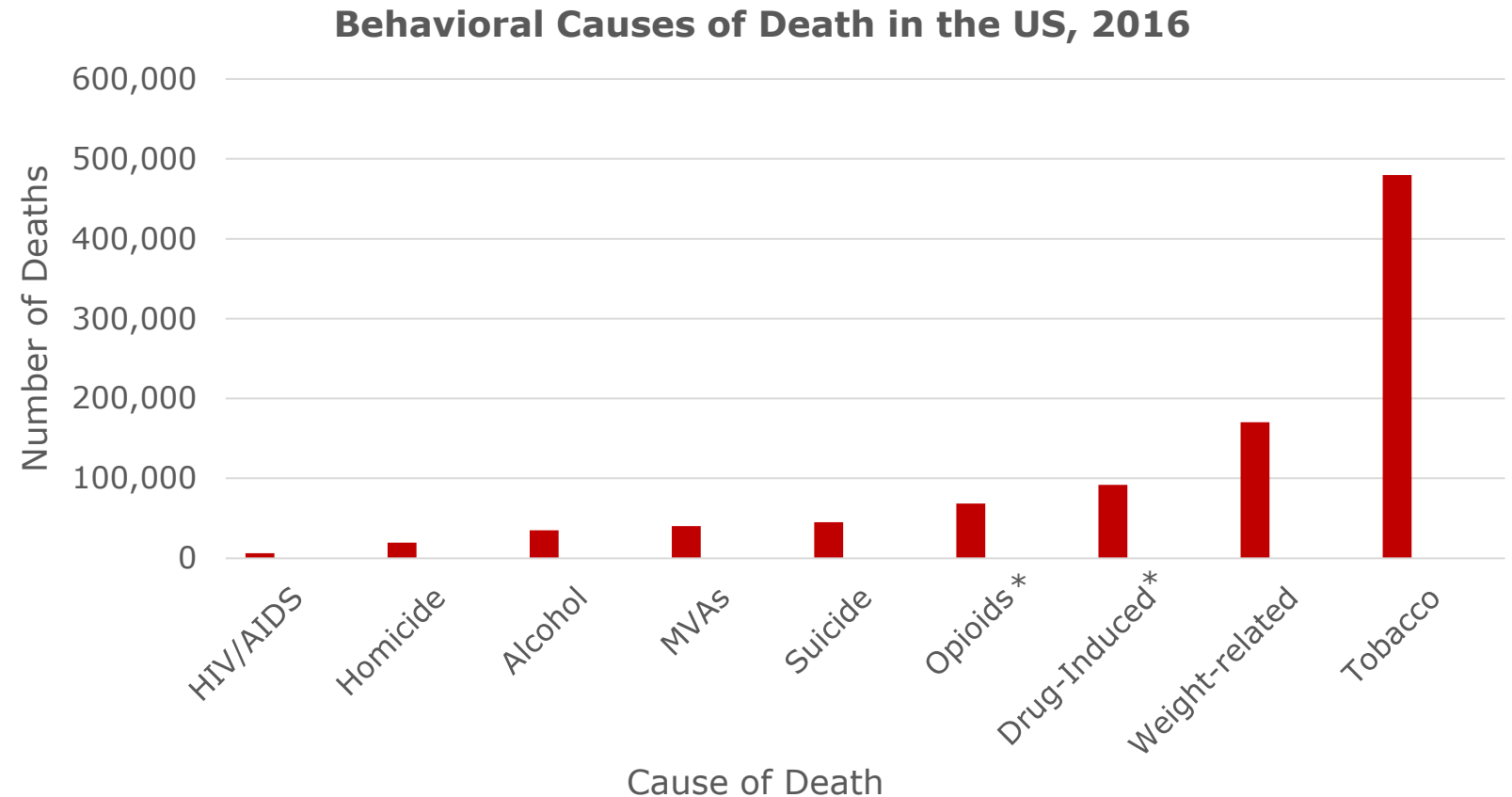
**Opioids kill more  
people than smoking.**

## MYTH

### Fact:

Opioids *do not* kill more people than smoking.

- Opioids are the most common drugs for fatal overdoses (75% of all fatal overdoses)



\* 2020

## Fact or Myth

People with behavioral health conditions who smoke die up to 25 years prematurely.



## FACT:

People with behavioral health conditions who smoke die up to 25 years prematurely.

- In general, life expectancy for people who smoke is at least **10** years shorter than non-smokers
- Smoking is linked to **7** of the top 10 causes of death in the US
- Smoking causes more than:
  - 30% of all cancers, 90% of all lung cancer
  - 30% of all cardiovascular disease
  - 90% of all COPD
- Chronic stress, socioeconomic factors, less access to care, fewer environmental protections, tobacco marketing, etc. increase risk for premature death in people with behavioral health conditions who smoke

## **Fact or Myth**

**Nicotine causes cancer.**

## MYTH

**FACT:**  
Nicotine *does not* cause cancer.

- There are more than 7,000 chemicals in cigarette smoke and 70 of them cause cancer
- Nicotine is the chemical in tobacco that makes it addictive
- The addictive potential of nicotine depends on how much you get to your brain and how fast it gets to your brain
  - Nicotine from patches, gum, and mini-lozenges gets to your brain in minutes to hours

**When inhaled,  
nicotine takes 7  
seconds to  
reach the brain**



## Fact or Myth

I can't repair the damage smoking has done to my body.

MYTH

**FACT:**

I *can* repair the damage smoking has done to my body.

Source: American Cancer Society



# How Your Body Heals Itself After You Quit Smoking

**20 MINUTES**

Your heart rate and blood pressure drop.

**12 HOURS**

Carbon monoxide level in your blood drops back to normal.

**48 HOURS**

Damaged nerve endings begin to regenerate.

Sense of smell and taste begin to return to normal.

**2 WEEKS TO 3 MONTHS**

Risk of heart attack begins to decrease. Circulation improves.

Lung function increases.

**1 TO 9 MONTHS**

Coughing and shortness of breath decrease.

Cilia start to regain normal function, increasing the ability to handle mucus, clean the lungs and reduce the risk of infection.

**1 YEAR**

Excess risk of coronary heart disease is half that of a continuing smoker.

**5 YEARS**

Risk of cancer of the mouth, throat, esophagus and bladder are cut in half.

Cervical cancer and stroke risk fall to that of a nonsmoker.

Risk of coronary heart disease approaches that of a nonsmoker.

**10 YEARS**

The risk of dying from lung cancer is about half that of a person who is still smoking.

The risk of cancer of the larynx (voice box) and pancreas decreases.

Ready to quit?

## **Fact or Myth**

**People in SUD treatment  
want to quit smoking.**

## **FACT:**

People in SUD treatment want to quit smoking.

- 44-80% of people in SUD treatment are interested in quitting or changing tobacco use
- 46% of people in SUD treatment made a quit attempt in the last year

## Fact or Myth

People with other  
substance use disorders  
can't quit smoking.



MYTH

**FACT:**

People with other substance use disorders *can* quit smoking.

- About **1 in 5** people with SUD quit smoking
- People with SUD may have more difficulty quitting smoking than those without SUD, but it is not clear why
  - Are they not provided evidence-based treatment?
  - Are they taught to use their cigarettes as a treatment/coping tool?
  - Are they too scared about their sobriety to invest in smoking cessation?

## **Fact or Myth**

**Smoking affects all communities equally.**

## MYTH

**FACT:**  
Smoking *does not* affect all communities equally.



**Race/Ethnicity**  
22.6% American Indian/  
Alaska Native  
15% White



**Education Level**  
36% GED  
3.7% Graduate degree



**Annual Household Income**  
21.3% <\$35,000  
7.3% ≥\$100,000



**Health Insurance Coverage**  
23.9% Uninsured  
23.9% Medicaid  
10.5% Private  
9.4% Medicare



**Disability/Limitation**  
19.2% Yes  
13.1% No



**Sexual Orientation**  
20.6% Lesbian/Gay/Bisexual  
13.5% Heterosexual



**Serious Psychological Distress**  
31.6% Yes  
13.0% No

- Aggressive marketing of menthol cigarettes exacerbate disparities
  - Easier to smoke and harder to quit
- Targeted advertising and sponsorship
  - Jazz, hip-hop concerts, and traditionally Black venues
  - Pride events

## Fact or Myth

Quitting smoking leads people to drink more.

MYTH

**FACT:**

Quitting  
smoking *does not* lead  
people to  
drink more.

- Alcohol dependent smokers report greater urges to drink when they smell cigarettes
- Alcohol increases the time spent smoking (i.e., the reward value of smoking)
- Nicotine off-sets the sleep-inducing effects of alcohol
- There is a neuronal basis underlying nicotine and alcohol co-use

## **Fact or Myth**

Quitting smoking can reduce the risk of a relapse to other substances.

# FACT:

Quitting smoking can reduce the risk of a relapse to other substances.

- Smoking can lead to a relapse to alcohol or other substance use
  - The more you smoke, the greater the likelihood of relapsing and doing so more quickly
- Smoking cessation during SUD treatment **enhances** long-term sobriety
  - Abstinence rates are about 25% greater for patients in treatment for SUD when smoking cessation treatments are provided
  - One study found people who quit smoking in the first year of AUD treatment were 2-3 times more likely to be sober 9 years later
- There is no evidence of increased use of other substances during smoking cessation treatment

## Fact or Myth

Smoking can increase stress.



# **FACT:**

Smoking can increase stress.

- Smoking increases blood pressure and heart rate, constricts blood vessels, tenses muscles, making it more difficult to relax
- Nicotine dependence causes stress – withdrawal symptoms and cravings can feel like anxiety, stress
- Most people who smoke started in adolescence – they have to learn emotion regulation strategies that don't include cigarettes

## Fact or Myth

Long term mental health  
is improved by quitting  
smoking.

# FACT:

Long term mental health is improved by quitting smoking.

- There may be psychiatric symptoms that are part of withdrawal
  - Anxiety, anger, depressed mood
- In as little as 6 weeks, smoking cessation is associated with:
  - Reduced depression, anxiety, and stress
  - Improved positive mood and quality of life
- While admitted for in-person SUD treatment, one study found quitting smoking results in the same improvement in mental distress and quality of life as that of non-smokers

## **Fact or Myth**

Helping someone quit smoking takes a lot of time.

## MYTH

### **FACT:**

Helping someone quit smoking *does not* take a lot of time.

- Even a 3-minute intervention can increase quit rates
- 4 sessions, 15-20 minutes each, seems to be the most effective
- Treating smoking is a key part of recovery as a trigger/cue for other substances

## **Fact or Myth**

**There are no effective treatments to help someone quit smoking.**

MYTH

**FACT:**

There *are*  
*many*  
effective  
treatments to  
help someone  
quit smoking.

- Many of the counseling intervention strategies for SUD treatment (e.g., skill building, support) are effective for smoking cessation
- There are evidence-based medications that reliably double or triple someone's chances of being successful at quitting smoking
- **Counseling and medication are most effective when used together**

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# Roadblock 1: Tobacco's historic role in recovery

- Many people start smoking while in recovery
  - Socialization
  - Smoke breaks used as rewards/punishment
- A “safer” option
  - It's non-intoxicating
  - Used as a coping mechanism for dealing with urges, stress, negative emotions, etc.
- Recovery left them with an addiction that will likely kill them
  - 67% of smokers will die from smoking-related disease



# Roadblock 2: Smoking is a right/personal choice

- “Using any substance is a personal choice” – and so is quitting
- Most people in SUD treatment want to quit smoking
- By not offering treatment, you are taking away a patient/client’s right to choose to quit
  - When smoking cessation is part of the recovery treatment plan, it significantly increases the chances that clients who smoke will quit



# Roadblock 3: Treating smoking is not part of recovery

- “They aren’t here to quit smoking – they want help with their other addictions”
- Helping people quit smoking is key to helping them stay clean and sober from all substances
  - Neurochemical and behavioral links between smoking and using other substances
- Start the conversation so that patients/clients understand that you support their full recovery
  - “You are here to make some major changes, to become healthier and overcome addiction. That also means addiction to tobacco. I’m here to help you with all of this.”

# Roadblock 4: Someone on my clinical team (maybe me) smokes

- A history of recovery is common among SUD providers/counselors
- Self-disclosure of strategies and hard times is not uncommon
- Use that same honesty – it's not hypocrisy if you are honest about how hard it is and about your desire to help
  - "Quitting smoking is really hard, and I'm still working on it."
  - "I don't want you to be stuck in the same place I'm in – so I'm not going to ignore your smoking."



# Roadblock 5: I don't feel comfortable addressing tobacco

- Limited training on tobacco and evidence-based tobacco treatments in many programs
  - BUT the same skills and strategies used in SUD treatment are effective at treating tobacco
    - Motivational interventions
    - Cognitive behavioral therapy
    - Healthy coping skills
    - Avoidance of cues/triggers
    - Alternate reinforcers
- Most people are interested in changing their tobacco use and are open to talking about it



# Roadblock 6: We won't be paid for treating tobacco

- Highly cost-effective evidence-based treatments
- Medicaid and BadgerCare cover:
  - All 7 FDA-approved tobacco treatment medications
  - Tobacco counseling
- Key documentation leads to billing
  - ICD-10 F17 or Z code
    - F17.2 Nicotine Dependence
  - DSM-5 code
    - DSM-5 305.1 Mild Tobacco Use Disorder
  - CPT Counseling and Psychotherapy Codes



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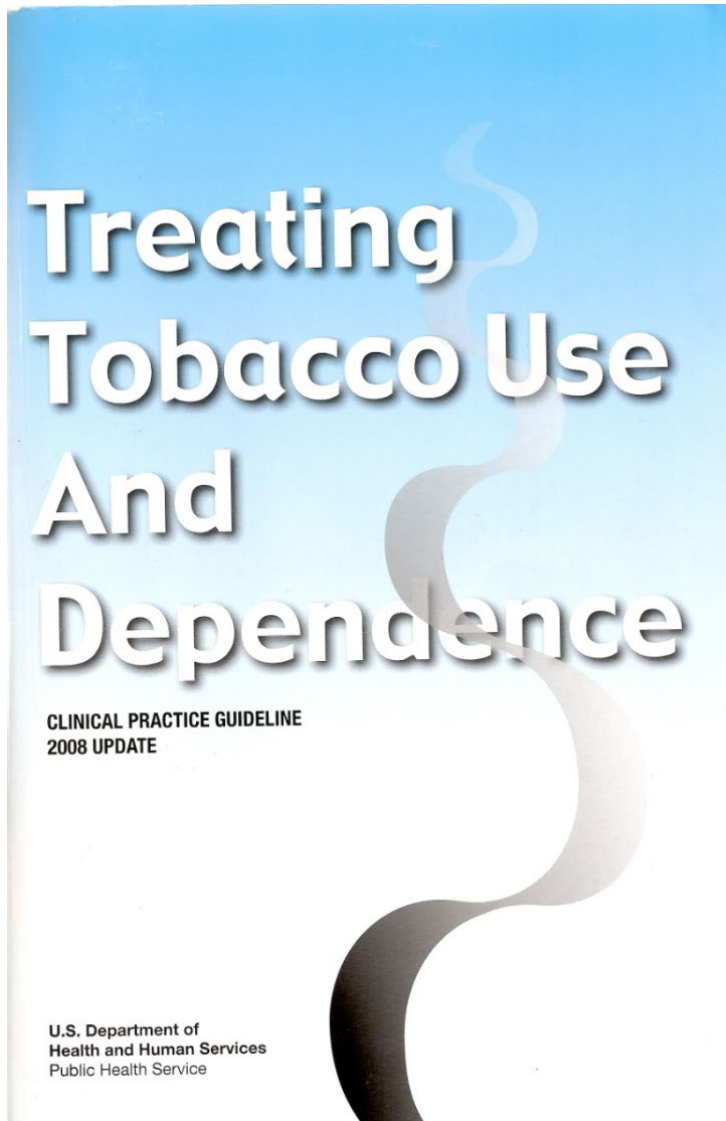
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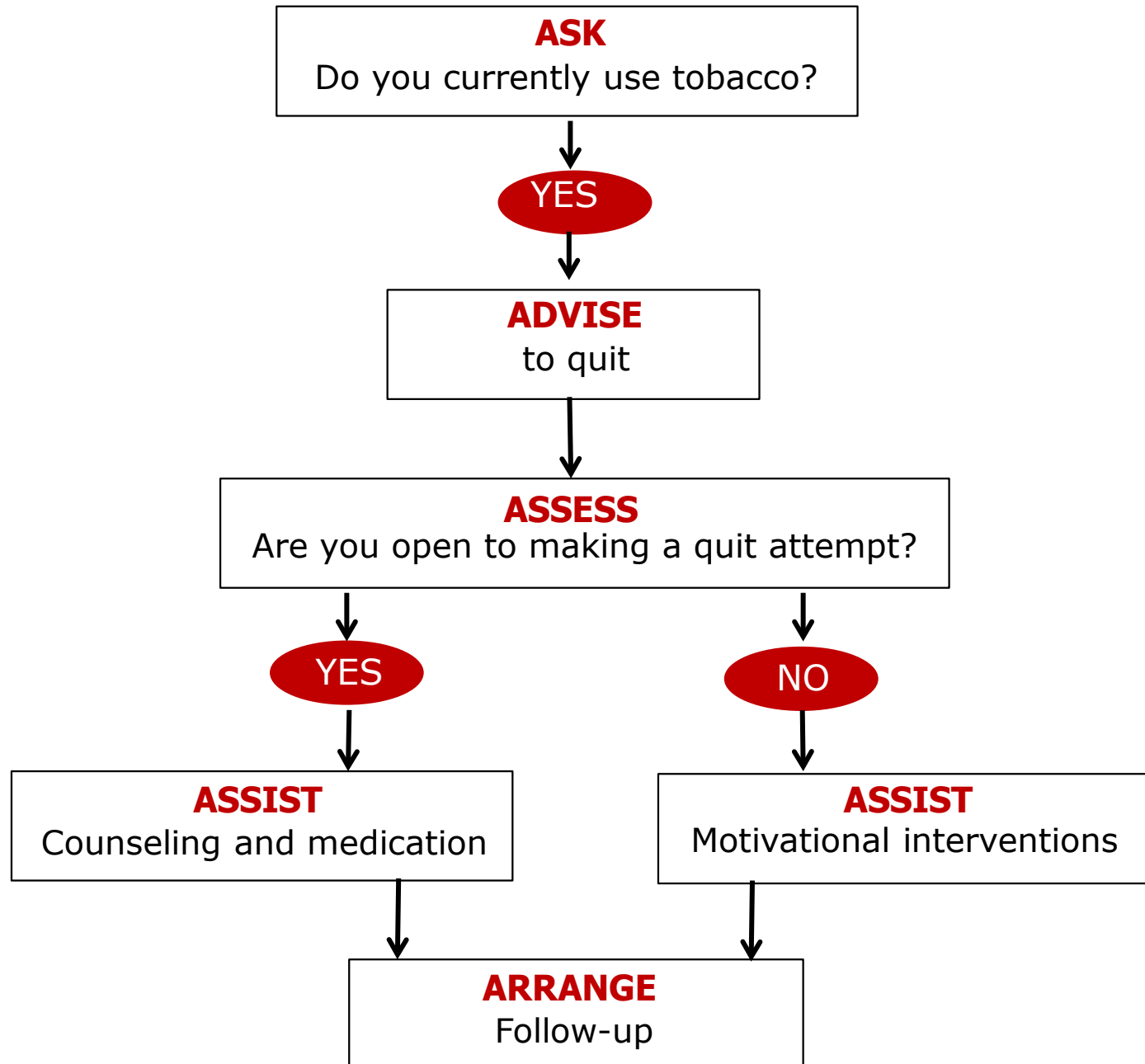


## The Guideline

- Public Health Service Guideline Update (2008)
- Literature from 1975 – 2007
- Approximately 8,700 total articles



# The 5 A's Algorithm



# Ask

- Build into intake and document tobacco use
- “Have you smoked cigarettes in the last month?”
  - If YES – you need to act
- “Have you used any other tobacco products in the last month?”
  - Cigars, little cigars, cigarillos
  - Electronic cigarettes (including Juuls)
  - Hookah
  - Chew, smokeless tobacco, snus
- Increases equity

# Advise

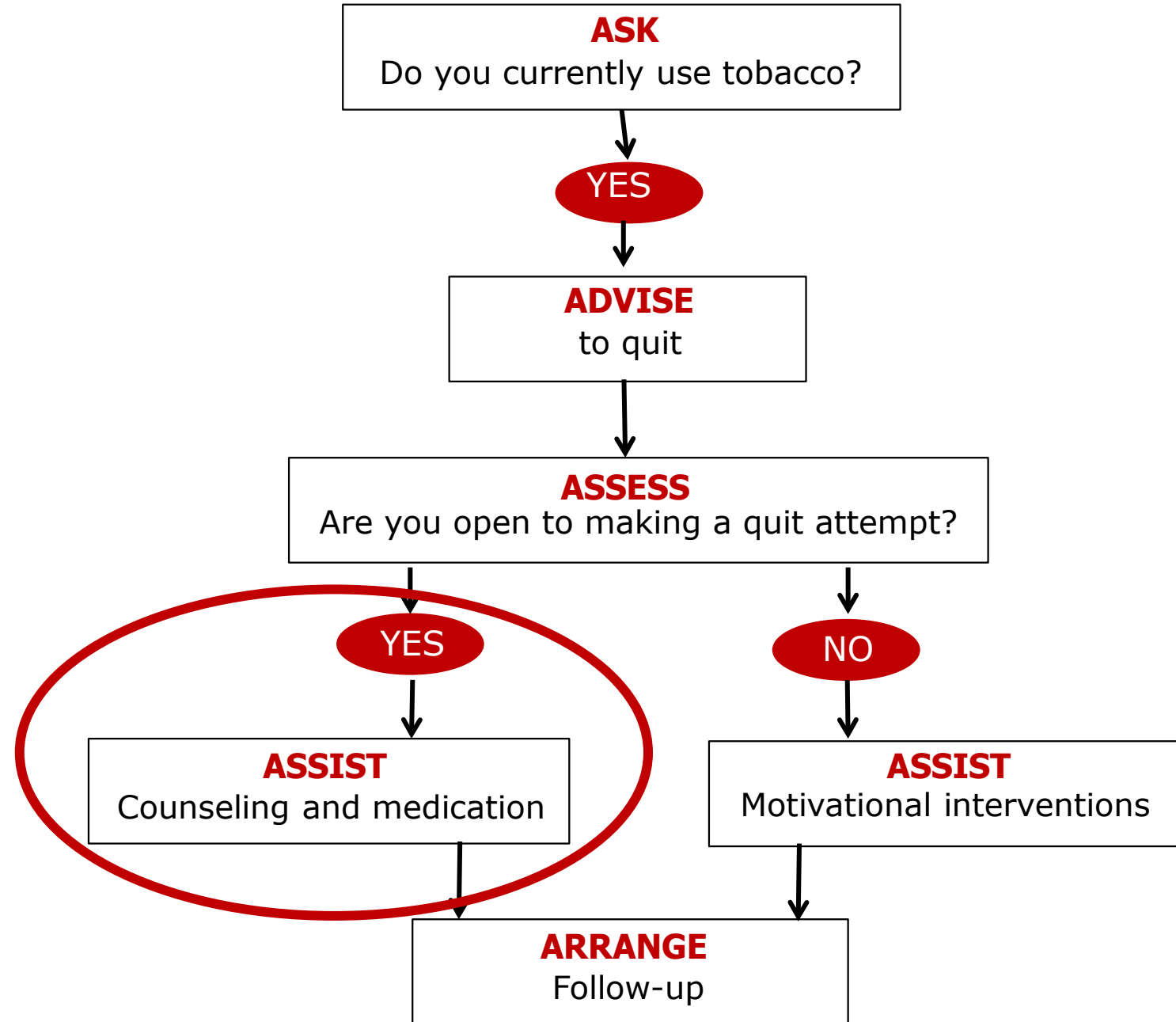
- Clear, strong, personalized advice to quit
  - “Quitting smoking can actually help your recovery, so I highly recommend we add that to your treatment plan.”
  - “I know you are here to address your other addictions, but this is a great time to address your tobacco dependence too – and I am ready to help you with all of it.”
- Brief advice can increase odds of quitting

# Assess

- Is the person ready to change their tobacco use as part of their substance use treatment?
  - “Would you be interested in learning about treatment options to make some changes and gain some control over smoking?”
  - “Are you interested in talking today about your smoking? It is something I can help you with.”



# Assisting Smokers Ready to Quit



# Assist – Ready to Quit

- Counseling is key
  - There is a consistent relation between counseling intensity and outcome – but even 3 minutes helps
- Medication is key
  - 7-FDA approved options that reliably improve abstinence rates

**Combining medication and counseling  
is more effective than either alone**

# ASSIST – Counseling 1-2-3

1. Set a quit date
  - No smoking, not even a puff after you wake up
  - Get rid of all tobacco products
2. Learn from past quit attempts
  - What worked – build on that
  - What led to relapse – plan for that
3. Plan ahead – anticipate challenges and ways to cope
  - Craving and withdrawal symptoms
  - Triggers and smoking cues
  - Other people who smoke, including at home
  - Alcohol or other substance use



# Quitting Smoking During Recovery

- Recognize the challenges of recovery – and that quitting smoking will increase the odds that your hard work will pay off and you will succeed in your recovery
- How is smoking related to other substance use?
  - “Do you use them together?”
  - “Do you smoke when you can’t use something else?”
- What recovery skills have worked in the past? Could you apply those to quitting smoking?
- What skills are needed to navigate recovery as a non-smoker?
  - Other reinforcers
  - Other ways to socialize at meetings or in group settings



# Make a Quit Plan

My Quit Plan	
<b>KEYS FOR QUITTING SUCCESS</b>	<b>★ MY QUIT DATE ★</b> <input type="text"/> <input type="text"/>
<b>➔ Get Ready</b>	Things to Remember <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Set a Quit Date and stick to it – <i>not a single puff!</i>	
<input type="checkbox"/> Avoid triggers – alcohol, coffee and other things that trigger your smoking.	
<input type="checkbox"/> Build on your experience: consider past quit attempts, what worked & what didn't.	
<b>➔ Get Medications</b>	My Medications & When to Start <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Nicotine Patch (OTC & Rx)	
<input type="checkbox"/> Lozenge/Mini-Lozenge (OTC)	
<input type="checkbox"/> Nicotine Gum (OTC)	
<input type="checkbox"/> Nicotine Inhaler (Rx)	
<input type="checkbox"/> Nicotine Nasal Spray (Rx)	
<input type="checkbox"/> Bupropion (Rx)	
<input type="checkbox"/> Varenicline (Chantix®)(Rx)	
<b>➔ Get Support</b>	Other Plans/Helpful Ideas <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Friends and family	
<input type="checkbox"/> Smokefree.gov – free online resource	
<input type="checkbox"/> Call the Quitline - Get free coaching and support that is confidential and non-judgemental - Available 24/7	

# SUPPLEMENTS TO COUNSELING

- Wisconsin Tobacco Quit Line
    - (1-800-QUIT-NOW)
    - Free coaching and support
    - Quit Guide and tailored print materials
    - NRT starter kit
- Provide direct referrals



- Websites
  - Smokefree.gov
  - Becomeanex.org
  - Cdc.gov/tobacco/quit\_smoking
  - Helpusquit.org



# FDA-APPROVED TOBACCO CESSATION MEDICATIONS

Seven FDA-approved medications help relieve nicotine withdrawal and cravings and reliably increase long-term abstinence rates

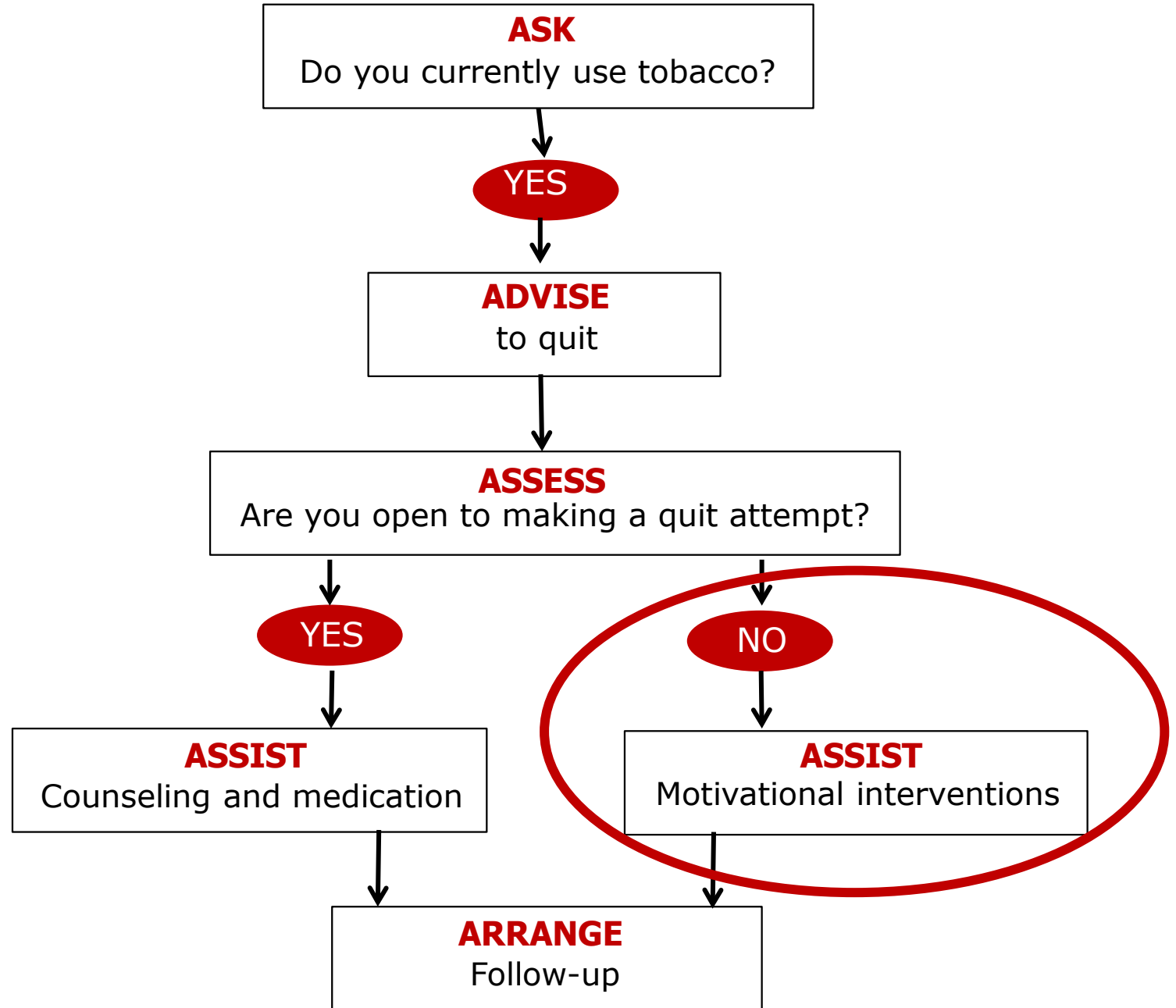
- Nicotine Replacement Therapy (NRT)
  - Patch
  - Lozenge and mini-lozenge
  - Gum
  - Inhaler –prescription only
  - Nasal spray – prescription only
- Combination NRT – patch + ad lib
- Varenicline (Chantix)
- Bupropion (Zyban/Wellbutrin)

Most effective options



Medications Dosing Chart: <https://d3futrf33lk36a.cloudfront.net/wp-content/uploads/sites/240/2019/04/Meds-Chart.pdf>

# Assisting Smokers Not Ready to Quit



## **Assist** – Not Ready to Quit

- Use motivational interviewing approach
- Decisional balance exercise to develop discrepancies
  - “What do you enjoy about smoking?”
  - “What don’t you like about smoking?”
  - “What would you enjoy about being smoke-free?”
  - “What would be hard for you if you tried to quit?”
- Address relevance of quitting to recovery
- Discuss the potential rewards of quitting
- Discuss the roadblocks that are preventing a quit attempt

# TAKE A NEXT STEP

Work towards tobacco recovery by taking next steps:

- Cutting down
- Not smoking in certain places (car, home)
- Delaying the first cigarette of the day
- Using FDA-approved NRT (mini-lozenge, patch, combination NRT)
  - Safe to use while smoking
  - Can replace cigarettes
  - Reduce the urge to smoke

# Make A Change Plan

## Thinking About Change

Reasons I like smoking:

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Reasons I might quit:

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What is getting in the way of my quitting?

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### Small steps I can take to change my smoking:

- Cut down:** reduce the number of cigarettes by 1-2 per day each week and see how it goes
- Use medications:** use nicotine lozenges/gum to replace cigarettes, or try the patch
- Stop smoking in certain places:** home, car, breaks, or at work
- Delay** 1st cigarette of the day

### What to Do When I Am Ready to Quit

1. **Set a quit date**
2. **Get medications**
3. **Get support** from friends, family, doctor, the QuitLine

WISCONSIN TOBACCO  
**QuitLine**  
800-QUIT-NOW

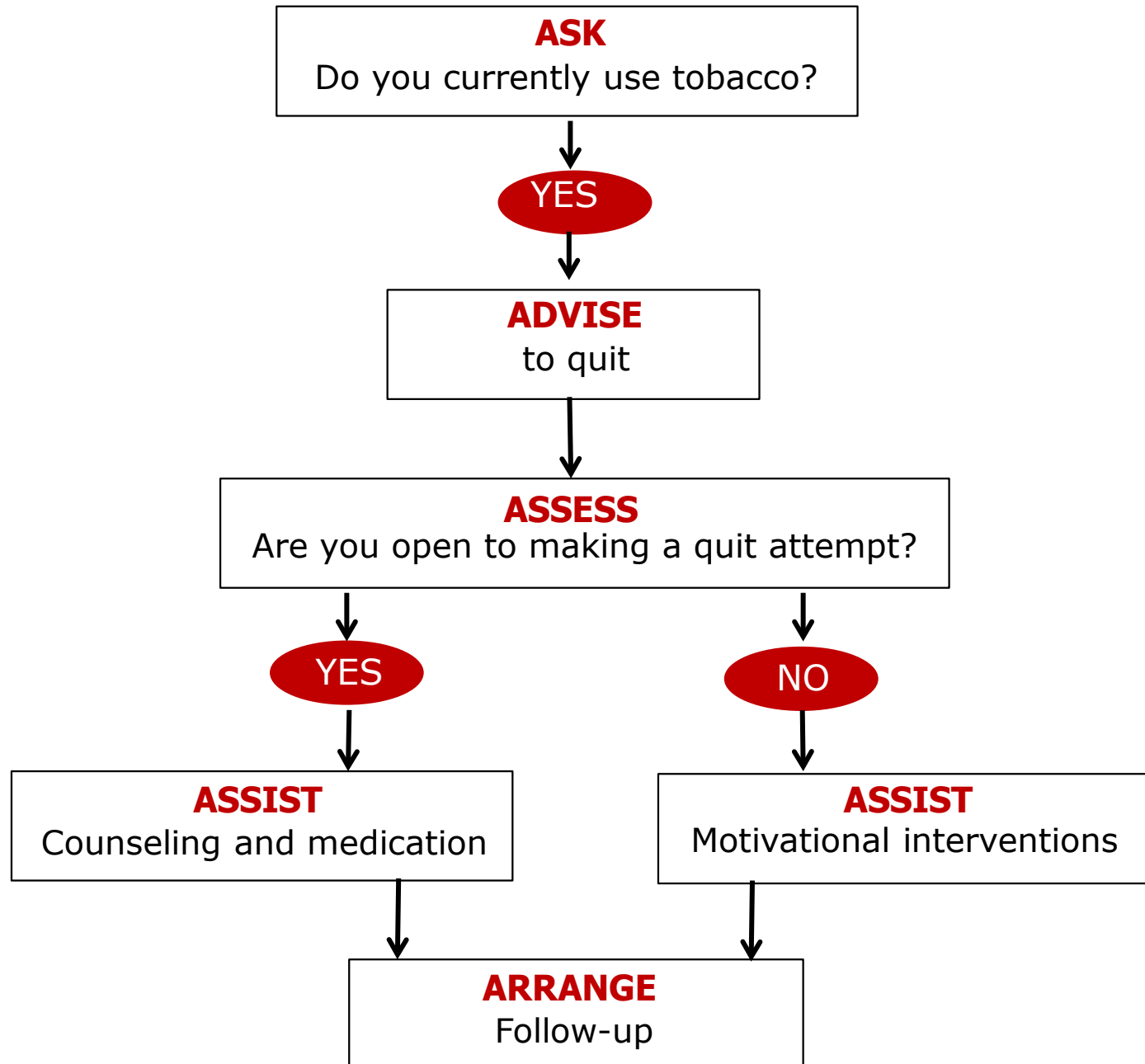
# Arrange Follow-up

- Tobacco dependence is a chronic condition and substance use disorder – ongoing support is key
- Multiple contacts are better than brief, single interventions





# The 5 A's Algorithm



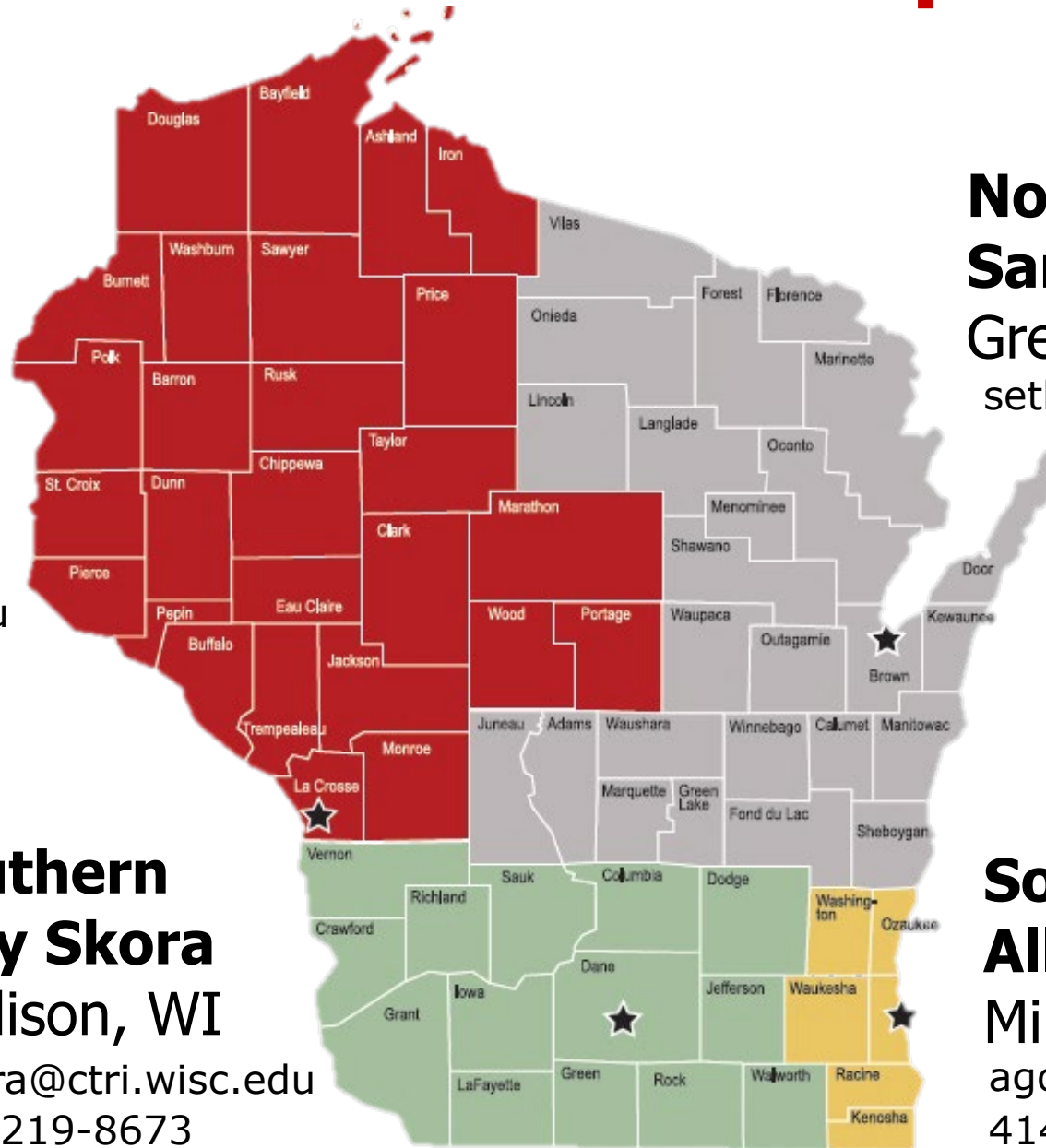
# KEY TAKEAWAYS

- Tobacco treatment is an important part of recovery
- Most people who use tobacco are interested in changing their tobacco use and can do so successfully with evidence-based treatment
- Behavioral health/SUD providers have the skills to provide tobacco treatment
  - Combining medication and counseling is most effective

# UW-CTRI Outreach Specialists



**Northwestern**  
**Susan Lundsten**  
La Crosse, WI  
slundsten@ctri.wisc.edu  
715-204-8270



**Northeastern**  
**Sarah Thompson**  
Green Bay, WI  
sethompson@ctri.wisc.edu  
920-370-9358



**Southern**  
**Amy Skora**  
Madison, WI  
askora@ctri.wisc.edu  
608-219-8673



**Southeastern**  
**Allison Gorrilla**  
Milwaukee, WI  
agorrilla@ctri.wisc.edu  
414-333-3067

# UPCOMING WEBINAR

## Integrating Tobacco-Free Environment Policies in SUD Treatment Settings

September 16<sup>th</sup>, 2022

12:00 – 1:00PM

Link:

<https://uwmadison.zoom.us/j/92125616649?pwd=aHpaNS8xUGhyY0VQL2tMNkl6aFBYQT09>

No registration required

# SHARE YOUR OPINION

Please scan the QR code to complete an evaluation for this webinar.

The survey takes less than 1 minute to complete.

Please email any questions to [sethompson@ctri.wisc.edu](mailto:sethompson@ctri.wisc.edu)



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