

Tobacco Use Disorder Excluded from Substance Use Disorders for Nearly Half a Century

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How Many Lives are Lost Because Tobacco Use Disorder Has Been Excluded from Addiction Treatment?



How Many Lives Could be SAVED When Tobacco Use Disorder is Treated in Addiction Programs?



In 1991, The American Society of Addiction Medicine (ASAM) determined that tobacco use disorder should be included in their ASAM Criteria. Still, many of the nation's Substance Use Disorder providers have not amended their standards of practice to include Tobacco Use Disorder in Substance Use Dependence treatment.

The Wisconsin Model

In October 2021, the Wisconsin Department of Health Services revised Wisc. Administrative Code **DHS 75.24(7)** with language that requires behavioral health providers who treat substance use disorders to formulate plans to assess and treat tobacco use and have a policy about smoke-free environments. The revision goes into effect October 1, 2022.

For details on the Wisconsin DHS 75 model, visit:



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How many lives of those with tobacco use disorders could have been saved if they had access to comprehensive addiction treatment services?

According to SAMHSA, approximately 200,000 people with behavioral health issues die from smoking every year. They're more likely to die from their tobacco use than from their other behavioral health issues.

The modern era of addiction treatment began in 1971 when the Hughes Act was passed, and the National Institute of Alcoholism and Alcohol Abuse (NIAAA) was created with single state agencies in every US state. The National Institute for Drug Abuse (NIDA) was created in 1974 to address the alarming rate of drug-related problems and political concerns about harmful outcomes from illegal drug use.

Ten years earlier, the Surgeon General's 1964 report to congress established the scientific data that smoking cigarettes caused 90% of lung cancer deaths.

A year later, in 1965, CDC created the Office on Smoking and Health as the federal agency responsible for developing, conducting, and supporting strategic efforts to protect the public's health from the harmful effects of tobacco use. Every state has a tobacco prevention and control program that receives funding to prevent the initiation of tobacco use among youth and young adults, promote quitting among adults and youth, eliminate exposure to secondhand smoke, and advance health equity by identifying and eliminating commercial tobacco product-related inequities and disparities. Tobacco cessation and quitlines became a federal and state priority.

Meanwhile the evolving alcohol and other drug treatment system had adopted a treatment program that combined their alcohol and drug treatment programs and services into a singular treatment model. Some states called this concept or model *chemical dependency*. Others chose the descriptive term *addiction*. The addiction-treatment enterprise and its government-supported programs was expanding.

A TIME TO LEAD

The Case for Integrating Treatment of Tobacco Use in the Treatment of Other Substance Use and Mental Health Disorders



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