National Conference on Tackling Tobacco Use in Vulnerable Populations
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Practical Strategies for Recovery-Oriented Tobacco Interventions in Addiction Services

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Disclosure Statement of Financial Interest and Unapproved/Investigative Use

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Recovery-Oriented Message

Working Definition of Recovery

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

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
www.samhsa.gov

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Four Major Domains That Support Recovery

- **Health**: overcoming or managing one’s disease(s) as well as living in a physically and emotionally healthy way.
- **Home**: a stable and safe place to live.
- **Purpose**: meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society.
- **Community**: relationships and social networks that provide support, friendship, love, and hope.

www.samhsa.gov

Embrace Recovery!
Be Alcohol, Tobacco & Drug-Free

Factors Associated with Tobacco Use in those with COD

- **Biologic & Pharmacologic**: genetic predisposition, alleviation of withdrawal, pleasure effects, weight control.
- **Psychological/Behavioral**: conditioning effects, social interactions, boredom.
- **Systemic & Treatment**: use of cigarettes for reinforcement, tobacco industry marketing efforts, failure to treat in psychiatry & addiction treatment settings.

Murillo et al., 2004; Ziedonis & Williams, 2004
Withdrawal Symptoms
- Dysphoric or Depressed Mood; Irritability;
- Increased Appetite;
- Difficulty Concentrating;
- Insomnia; Urge to Smoke;
- Anxiety; Restlessness;
- Decreased Heart Rate;
- Light Headedness

Tolerance and Physical Dependence
- Tolerance related to up-regulation; increased number and desensitization of nicotine receptors; 2 hour half life and rapid clearance from CNS

Nicotine in Cigarettes is used for:
- Pleasure;
- Enhanced Performance;
- Self-medication;
- Mood regulation

The Cycle of Nicotine Addiction is Reinforcing and Progressive

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

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.

Drug action of nicotine releases:
- Excitatory, activating, stimulating neurotransmitters
  - Norepinephrine
  - Glutamate
- Inhibitory, calming, relaxing neurotransmitters
  - GABA
  - Serotonin
- Rewarding neurotransmitters
  - Dopamine
- Analgesic neurotransmitters
  - Endorphins
  - Enkephlins

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Psychological/Behavioral Consequences

Tobacco use in a SUD/COD population maintains...

- rituals and social norms that reinforce substance abuse coping beliefs
- drug dealing behavior and lifestyle
- drug acquisition activity, manipulative behavior, and other criminal activity

The Paradox

- As one walks through a recovery process, the cigarette is often the last thread of a tangible link to one’s old identity (person active in addiction) while developing a new identity (person in recovery).
- Tobacco use provides a sense of familiar comfort, yet often inhibits growth to key objectives of recovery: cognitive and behavioral change to redefine self and lifestyle.

Case Example

- Therapeutic Community
- Harlem NYC
- 45 – 50 Adult Males
- Community Meeting
- Tobacco Awareness Group
**Tobacco Use is the Primary Cause of Death Among Individuals With SUD**

Tobacco use was the cause of death in 31% of alcoholics who completed inpatient treatment examined over a 20-year period post treatment.

Hurt et al, 1996

Among males with heroin addiction, tobacco use was responsible for more deaths than accidental drug poisoning/overdose, suicide/homicide/accidents, and chronic liver disease examined over a 25-year period.

Hser et al, 2001

Centers for Disease Control and Prevention: Comparative Causes of Deaths in the United States, 2002

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**Studies of Psychiatric Patients’ Readiness to Quit***

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Intend to quit in next 6 mo</td>
<td>43%</td>
<td>41%</td>
<td>55%</td>
<td>40%</td>
</tr>
<tr>
<td>Intend to quit in next 30 days</td>
<td>28%</td>
<td>24%</td>
<td>24%</td>
<td>20%</td>
</tr>
</tbody>
</table>

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**Addressing Tobacco Improves Treatment Outcomes**

- Alcohols provided (tobacco dependence treatment) 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

- All smokers with psychiatric disorders, including substance use disorders, should be offered tobacco dependence treatment, and clinicians must overcome their reluctance to treat this population.

PHS Clinical Practice Guideline, 2008 Update, p 104

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*No relationship between psychiatric symptom severity and readiness to quit*

Smokers with mental illness are just as ready to quit smoking as the general population of smokers.
**Tobacco Interventions**

*Two Fundamental Goals:*

- "Denormalize" tobacco use within the treatment & recovering community culture.
- Provide treatment to assist patients to establish and maintain tobacco abstinence as part of “a day at a time” recovery.

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**Tobacco Interventions**

*Two Levels of Behavioral Counseling to Match Patient Stage-Readiness:*

**Tobacco Awareness**
- Cognitive
  - Engagement
  - Develop Interest
  - Highlight Importance
  - Advance Stage-Readiness

**Tobacco Recovery**
- Behavioral
  - Learn Coping Skills
  - Elevate Confidence
  - Embrace Lifestyle Change
  - *Always* with Pharmacotherapy

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**Reframe Language**

*Use language consistent to recovery culture, 12-Step teachings and therapeutic community principles*

**Public Health/Medical Terms**
- Smoking
- Quit Date
- Cessation

**Preferred Terminology**
- Tobacco Use, Hit, Fix
- Recovery Start Date
- Tobacco Treatment, Recovery

*The language we use is fundamental in creating environments conducive to a recovery process.* - William White
### Tobacco Awareness Facilitation

<table>
<thead>
<tr>
<th>Goals</th>
<th>Methods</th>
</tr>
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<tbody>
<tr>
<td>• Promote insight into tobacco use behavior</td>
<td>• Motivational Interviewing</td>
</tr>
<tr>
<td>• Identify correlation to COD</td>
<td>• Narrative Therapy</td>
</tr>
<tr>
<td>• Express a recovery-oriented message</td>
<td>• Psychoeducation (foster teachable moments)</td>
</tr>
<tr>
<td>• Promote ambivalence</td>
<td></td>
</tr>
<tr>
<td>• Elicit change talk</td>
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### Suggested Facilitator Topics

- The traditional use of tobacco use in the recovering community, i.e. coffee and cigarettes at 12-Step Meetings
- Share information on how cigarettes have been "re-engineered" to make them more addicting
- Highlight and thoroughly explore the role that tobacco plays within alcohol and drug use rituals
- Acknowledge how tobacco use increases AOD relapse
- Conduct a group decisional balance exercise
- Elicit client experiences on emotional detachment

### Self-Determination Theory

**Deci & Ryan, 1985**

**Three Psychological Needs:**

- Autonomy – freedom to choose
- Self-Efficacy – an inner sense of competence
- Relatedness – a connectedness to others

[www.psych.rochester.edu/SDT/theory.html](http://www.psych.rochester.edu/SDT/theory.html)
**What Does a Great Facilitator Do?**

- avoids taking sides (neutral position)
- demonstrates confidence and honesty (authenticity)
- is aware of the group mood and behavior of individuals
- demonstrates active and reflective listening
- asks questions that encourages client self-disclosure
- promotes peer to peer dialogue
- has a sense of humor
- can tolerate conflict within the group
- can summarize the discussion simply

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**Setting the Stage**

- Welcome members to the group and introduce yourself
- Provide a brief overview of the topic
- Request help for exploring the topic
- Stress to the group that their verbal contribution is valuable
- Ask for permission to continue
- Approach the topic from the clients perspective, personal experiences, and existing knowledge of addiction and recovery

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**Reflective Listening**

*Simple, Amplified and Double-Sided Reflection*

"I always need to smoke a cigarette when I'm getting high. I go through a whole pack when drinking or drugging and totally panic when I'm down to my last cigarette or run out."

**Content Reflection**

"You see a strong association between your drug of choice and tobacco use."

**Feeling Reflection**

"You get anxious when you run out of cigarettes."

**Meaning Reflection**

"So it sounds like you're powerless over tobacco."
Sample Dialogue

- Does anyone smoke cigarettes while high on heroin?
- I LOVE smoking them on other drugs to boost the high and it works tremendously, such as Ecstasy, Weed, Alcohol, and Caffeine. I tried smoking one while nodding out on black tar heroin however, and I've never been so nauseous in my entire life. I threw up and still felt like throwing up so badly after that. I got SOO hot and sweaty and so dizzy. I couldn't move without getting so sick. Ironically, this is actually the first time I've gotten nausea on an opiate. I felt soo terrible... just laid there for about 20-30 minutes and then felt good again.

www.bluelight.org/vb/threads/648318-Smoking-a-cigarette-on-heroin

Changing Social Norms
Tobacco Addiction Should be Treated in AOD Programs

![Graph showing changing social norms regarding tobacco addiction treatment]

Changing Social Norms
Nicotine Replacement Therapy is Helpful

![Graph showing changing social norms regarding nicotine replacement therapy]

Klein, Tony. Charles K. Post Addiction Treatment Center, Tobacco Intervention Project, 2008
Outreach Training Institute, Regional Technical Assistance & Training Center, Professional Development Program, SUNY at Albany

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### Tobacco Recovery Counseling

<table>
<thead>
<tr>
<th>Goals</th>
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<tbody>
<tr>
<td>Identify and thoroughly process motivation</td>
<td>Motivational Interviewing</td>
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<tr>
<td>Determine severity of physical dependence; pharmacotherapy plan</td>
<td>Cognitive Behavioral Therapy</td>
</tr>
<tr>
<td>Develop a strategy for replacement behavior/coping skills / relapse prevention</td>
<td>Person-Centered Approach</td>
</tr>
<tr>
<td></td>
<td>Relapse Prevention Counseling</td>
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<tr>
<td></td>
<td>Pharmacotherapy</td>
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#### 1) Verify and Bolster Autonomous Motivation

<table>
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<th>intra-treatment social support</th>
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<tr>
<td>Always start by asking the patient to express his/her personal reasons for tobacco abstinence:</td>
</tr>
<tr>
<td>“How is your life going to be better tobacco-free?”</td>
</tr>
<tr>
<td>Use reflective listening to process patient disclosure</td>
</tr>
<tr>
<td>Suggest development of a “personal slogan” to symbolize and reinforce motivation</td>
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</tbody>
</table>

#### 2) Define Tobacco Recovery / Develop a Personalized Treatment Plan to Address 3 Aspects of Tobacco Dependence

<table>
<thead>
<tr>
<th>Physical</th>
<th>severity of nicotine dependence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral</td>
<td>habit / environmental factors</td>
</tr>
<tr>
<td>Emotional</td>
<td>mood-regulating factors; “relationship”</td>
</tr>
</tbody>
</table>
Tobacco Recovery Counseling

3) Teach Recovery Tools (problem-solving skills training)

Physical
- Reasons for and proper use of pharmacotherapy
- Diet recommendations
- Relaxation techniques
- Physical exercise
- Cognitive behavioral craving management interventions

Behavioral
- Structured “a day at a time” recovery plan
- Menu of replacement activity/coping skills
- Identify and address barriers
- Contingency planning for challenging environments

Emotional
- Cognitive restructuring, prayer, meditation
- Journaling
- Grief counseling
- Recovery support network, community support, social media, nysmokefree.com, 1-877-998-0112, Nicotine Anonymous (Internet Meetings), etc. (extra-treatment social support)
Policy Implementation Strategies

- Anchor the rationale for addressing tobacco to the organization’s mission.
- Develop an Alcohol, Tobacco & Other Drug Free (ATOD) policy.
- Use language consistent with treatment and recovery culture.
- Highlight the topic as a recovery issue communicated through treatment philosophy, 12-Step teachings and/or therapeutic community principles.
- Strategically address the resistance to social change.
- Provide targeted staff training after completing a needs assessment; match training to agency stage-readiness.
- Cultivate a consensus of all stakeholders.
- Integrate tobacco treatment into existing programming.
- Utilize QI and Clinical Supervision to sustain the interventions.

Environmental Support

Alcohol, Tobacco and Drug Free Policy

Free Education & Training Videos

www.oasas.ny.gov/tobacco/index.cfm
**Tobacco Recovery Resource Exchange**
tobaccorecovery.org

Find the free, downloadable files you need to implement the curriculum in your education or training program:
- Trainer Manuals
- Participant Manuals
- PowerPoint slides

Integrating Tobacco Use Interventions into Chemical Dependence Services is a comprehensive, state-of-the-art modular curriculum that motivates, educates, and empowers addiction and allied health professionals to integrate evidence-based tobacco interventions into prevention, treatment, and recovery programs.

**PHS Practice Guideline APNA Manual**

**Thank You**

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

*Big Book of Alcoholics Anonymous*

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