INTEGRATING TOBACCO EDUCATION & TREATMENT INTO SUBSTANCE USE TREATMENT

A Manual for Substance Use Treatment Providers
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INTO SUBSTANCE USE TREATMENT

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Developed by

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Skills & Principles of Treating Nicotine Addiction

User’s Guide

This user’s guide offers suggestions for getting the most out of the manual, and references the sections where you can find materials pertinent to the topics listed below. We hope this gives you a good starting place from which to become familiar with the manual, appendices and resources.

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* Boards of Directors: also see IV.C. “Boards of Directors: Issues to Consider”

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Introduction

Background

Tobacco use was historically an accepted part of recovery culture both in substance use treatment programs and in Alcoholics Anonymous and Narcotics Anonymous meetings. Hazy blue smoke and overflowing ashtrays were ever-present. Smoking was generally seen as a bad habit but a necessary one, and clients were routinely counseled to take care of alcohol and other drugs first. It was assumed that quitting tobacco use too soon might jeopardize recovery and, over time, that people would quit naturally on their own, or not.

Since the mid-1980s, accumulating research and experience has begun to challenge these assumptions and beliefs. Research is showing that quitting smoking does not jeopardize recovery (Sees & Clark, 1993); that smokers also addicted to alcohol and opiates may be at increased risk of relapse if they continue to smoke (Stuyt, 1997); that the benefits of smoking cessation may extend to opiate addiction recovery as well (Frosch, Shoptaw, Nahom, & Jarvik, 2000); and that treatment for heroin, cocaine, or alcohol addiction might be more effective if it included concurrent treatment of tobacco addiction (Taylor, Harris, Singleton, Moolchan, & Heishman, 2000). In addition, a large morbidity and mortality study showed that “tobacco-related diseases are the leading cause of death in patients previously treated for alcoholism and/or other non-nicotine drug dependence” (Hurt et al., 1996, p. 1102).

In 1994, the Massachusetts Department of Public Health, Bureau of Substance Abuse Services (BSAS) began to address tobacco use and nicotine dependence within the substance use treatment delivery system through a new initiative. This initiative later became known as the Tobacco, Addictions, Policy and Education Project (TAPE Project) of the Institute for Health and Recovery. Basing its approach on the work of the New Jersey program, Addressing Tobacco in the Treatment and Prevention of Other Addictions (later the Tobacco Dependence Program), directed by the late Dr. John Slade, the TAPE Project targeted systems change and capacity-building through staff training and policy development and implementation.

The underlying objectives of the initiative have been to promote increased awareness of the importance of addressing nicotine dependence during substance use treatment, and to provide the technical assistance treatment programs need in order to begin incorporating smoke-free policies and interventions for nicotine dependence, including education, assessment, and treatment. In 2004, with the release of the BSAS Tobacco Guidelines, consistent policies and assessment, education, and treatment components are in place across all modalities, and the TAPE Project is assisting with implementation.
The Council to End Nicotine Addiction in Recovery (CENAR), also formed in 1994, is a provider group with representation from BSAS and the Department of Public Health’s Massachusetts Tobacco Cessation and Prevention Program (MTCP). CENAR has served a vital role in advising the work of the TAPE Project and guiding BSAS tobacco policy initiatives. Members meet every other month to address nicotine addiction issues statewide as well as in their own programs.

The work of the TAPE Project has been supported by and linked with MTCP services. MTCP resources made it possible for substance use programs to refer staff and clients for help, through telephone counseling, a statewide network of treatment programs, and a website. The work of MTCP changed norms about tobacco use in Massachusetts through public education and anti-smoking media campaigns, and staff and clients in BSAS programs had their awareness and interest in quitting increased.

In 1999, a tobacco treatment specialist certification program was developed with the support of MTCP at the Center for Tobacco Prevention and Control, Division of Preventive and Behavioral Medicine, University of Massachusetts Medical School. Many BSAS treatment providers have taken the prerequisite course, “Basic Skills for Working with Smokers,” now an on-line course, and some have completed the certification process.

Among Massachusetts adults in the general population, current smoking rates are 16% (CDC, 2010). Informal surveys in Massachusetts treatment programs, across modalities, indicate that rates of smoking among clients entering treatment can be as much as four to five times higher. In Massachusetts, 77% of adult smokers want to quit completely, and 61% tried to quit smoking at least once in the past year (Massachusetts Department of Public Health, 2010). While these numbers may not be representative of clients in early recovery, they do increase as people remain clean and sober. Tobacco addiction is now viewed as a chronic and treatable condition, characterized by relapse, for which effective treatments are available, including pharmacotherapy, counseling, and social support.

**Philosophy, Description, and Use of the Manual**

This manual has been a joint endeavor among the Bureau of Substance Abuse Services, the Institute for Health and Recovery and the Center for Tobacco Prevention and Control, Division of Preventive and Behavioral Medicine, University of Massachusetts Medical School, funded through the Massachusetts Department of Public Health. The philosophy and principles of the manual encompass the following points:

- In providing holistic treatment to clients with substance use disorders, include tobacco/nicotine issues as part of treatment planning
- Addictions counseling skills already in use can be applied to helping clients achieve and maintain recovery from nicotine addiction
- Breaking the silence on tobacco dependence plants the seed for future quit attempts
- Change is possible and incremental
- Any step forward is a cause for celebration

This manual will be helpful in setting up and enhancing comprehensive services for nicotine addiction treatment and recovery. Comprehensive services encompass clinical skills for treating tobacco but also include a focus on the following areas:

- Review of the challenges to addressing tobacco use, and the rationale for doing so
- Creating and implementing program policies
- Roles of administration, boards of directors, and clinical staff
- Special health issues for substance abusing clients
- Creation of office systems and practices which institutionalize tobacco treatment
- Modality-based suggestions for integrating tobacco education, assessment, and treatment

Included in this manual are suggested discussion topics for staff meetings as well as handouts and exercises that can form the basis for a client group. Feel free to make copies of the handouts and worksheets and distribute them. Begin by ensuring staff review and discussion, because staff buy-in is key to integrating nicotine dependence treatment.

The Challenge

In 1994 one of the founding members of CENAR, the director of a men's residential program, described how the only staff turnover he had in his program was due to lung cancer. This is a sobering reality for those of us who work in the alcoholism/addictions treatment field: we have seen many of our colleagues and former clients recover from alcohol and other drug use and live dynamic lives dedicated to service, helping others, and making a difference, only to die from tobacco-caused illnesses. This substance, overlooked for so long, has had a devastating impact on our field. But it is also a chronic, treatable addiction that is complex and characterized by relapse. We know how to treat addiction. Our field has always offered hope, help, understanding and resources to those suffering with drug dependencies.
Many substance use treatment programs are now see treating nicotine dependence as part of that mission.

In sixteen years, the treatment system has changed: most sites are smoke-free; programs have integrated tobacco education, assessment, and treatment; and many staff and clients have addressed their tobacco addiction and quit smoking. People are more open to examining the role of tobacco in their lives and its impact on treatment.

This manual is designed to help all programs become familiar with the options and opportunities for treating nicotine dependence, and provide assistance for organizational movement forward on the Stages of Change. It is our hope that *Skills & Principles of Treating Nicotine Addiction* will contribute to more discussion and greater awareness, and that the included resources and materials will be helpful to substance use treatment providers.
VI. References


Institute for Health and Recovery funded by the Massachusetts Department of Public Health Bureau of Substance Abuse Services. (2000). Assessment of tobacco policies and programming in the Massachusetts substance abuse services system. Cambridge, MA.


