

Alameda County Alcohol, Tobacco and Other Drug Treatment Provider NETWORK

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Compelling Reasons to Address Tobacco/Nicotine Dependence During Treatment for Alcohol and Other Drugs for Adults and Teens

- 80-90% of substance abusers smoke, while smokers constitute 25% of the general population. Some substance abusers are hard-core smokers; smoking 2 or more packs a day.
- 50% of substance abusers in recovery die of tobacco-related chronic diseases, (Hurt, 1996 Mayo Clinic study); the number one cause of death among this population.
- Nicotine is as addictive as heroin or cocaine and just as difficult to quit.
- Nicotine affects the same area of the brain as alcohol and other drugs.
- Nicotine is frequently the first drug used by substance abusers, with onset of use often starting as young as 10 years of age.
- Nicotine use often mimics drug use and drug-seeking behavior and is associated with "stuffing feelings."
- Nicotine is a "trigger" drug which can lead to use of other substances and relapse for those in recovery. (NIDA Research Update Feb. 2000)
- Not addressing tobacco addiction as part of treatment gives a message which is inconsistent with addictions treatment protocols.
- Nonsmoking clients entering treatment are put at risk to START smoking as a way to cope with withdrawal and uncomfortable feelings.
- Abstinence from tobacco is shown to be related to longer post-treatment abstinence from drugs and alcohol. (Stuyt, 1998; Sobel, 1996; NIDA Research Update Feb. 2000)
- There is poor insurance coverage to treat nicotine dependence. Integrating nicotine into existing treatment protocols along with alcohol and other drugs makes good practical and economic sense.
- The drug treatment setting may be the ONLY time substance abusers can get the treatment and support they need to quit smoking, instead of waiting to try to quit a drug as addictive as cocaine on their own later.

Mounting Research Supports Addressing Tobacco in Drug Treatment - examples include:

- Those in recovery from alcoholism who receive only a brief smoking cessation intervention tend to stay abstinent from alcohol longer than those who don't. (Bobo, 1998)
- Treatment for nicotine at the same time as for alcohol and other drugs may not only help substance abusers to quit tobacco, but may also enhance treatment outcomes for alcohol and non-nicotine drugs, (Joseph, 1993; Seidner, 1996)
- Substance abusers who smoke have increased "trigger" cravings for opiates and cocaine; researchers recommended that smoking cessation be part of clients' treatment program. (NIDA Research, Heishman 1999; Frosch, 1999)

Recent Tobacco Policy Implementation

- Napa County Health and Human Services is in the process of implementing a 3 year phased-in tobacco-free policy which will require that all Health and Human Services Agencies be tobacco-free, including all County Alcohol and Drug Programs, and nicotine dependence treatment will be mandatory in those programs.
- The California Department of Corrections recently mandated tobacco policies for prison referrals to womens' residential substance abuse treatment facilities participating in their Community Prisoner Mother Program as of April 1, 2000. These include: only 4 cigarette breaks per day and only one cigarette during these breaks; pregnant women are prohibited from smoking and cannot be exposed to secondhand smoke within 15 feet.
- In the Fall of 1999, New Jersey adopted new licensure policies which address tobacco on par with alcohol and other drugs in all residential drug treatment centers and long-term care facilities setting a model for other states to follow.

National Coverage and Advocacy

- The June issue of *Counselor*, a publication of the National Association of Alcoholism and Drug Abuse Counselors (NAADAC) contained 6 articles which advocated for addressing tobacco in the substance abuse treatment setting.
- *New Times*, a newspaper for the recovery community and a publication of the Santa Clara County Department of Alcohol and Drug Programs, frequently runs articles and advocates for addressing tobacco in drug treatment.
- *Alcohol Alert*, the newsletter of the National Institute for Alcohol Abuse and Alcoholism, (NIAA) focused their Jan. 1998 issue on alcohol and tobacco. Director, Enoch Gordis, MD, concluded, "We now have research that alcohol and tobacco can be treated simultaneously without endangering alcoholism recovery."
- Hazelden Foundation affiliated Butler Center for Research and Learning in their Jan. 1999 Research Update stated that while methodologies vary, the research conducted to

date generally supports that smoking cessation does not threaten sobriety or recovery from other addictions and in fact, may even enhance it.

- A US Public Health Service Report appearing in the June 28, 2000 issue of *JAMA* (Journal of the American Medical Association), included a comprehensive review of the Clinical Practice Guidelines for Treating Tobacco Use and Dependence which need to be considered by those providing health services. Their eight recommendations are:

1. Tobacco dependence is a chronic condition that warrants repeated treatment until long term abstinence is achieved.
2. Effective treatments for tobacco dependence exist and should be offered to all tobacco users.
3. Health care systems must institutionalize consistent identification, documentation and treatment of every tobacco user at every visit.
4. Brief tobacco dependence treatment is effective and should be offered to every tobacco user.
5. The more intense the tobacco dependence treatment, the more effective it is.
6. The most effective counseling approaches are: practical counseling, social support as part of treatment, and social support outside of treatment.
7. Bupropion-Hydrochloride (Zyban), nicotine patch, gum, inhaler and nasal spray are effective and at least one of these should be prescribed unless there are contraindications.
8. Tobacco dependence treatments are cost-effective relative to other medical and disease prevention interventions, and all health insurance plans should include as a reimbursed benefit the effective counseling and pharmacotherapeutic treatments in these guidelines.

- The National Academy of Pediatrics Criteria for selection of adolescent substance abuse treatment programs states that: "Tobacco use ideally should be prohibited, or nicotine cessation treatment should at least be part of the overall treatment plan."

The ATOD NETWORK Approach to Addressing Tobacco in Drug Treatment

Since 1998 the Alameda County ATOD NETWORK, funded by the Alameda County Tobacco Control Program through the Proposition 99 Tobacco Tax Initiative, has been providing training, consultation, technical assistance, informational materials and incentives to support drug treatment providers to address tobacco in their programs. The program has been self-selecting, with Project Staff working with those agencies who show interest and commitment. Funding for the NETWORK coincided with the 1998 exposure of the Tobacco Industry's deceitful marketing and denial of the harmful health effects of tobacco, events which helped create the opportunity for treatment providers to begin considering addressing tobacco in their programs through implementing policies and treatment protocols. Demand for the NETWORK's services quickly spread to neighboring counties. Taking the lead, several forward thinking Alcohol and Drug Administrative Agencies have encouraged or provided nicotine treatment training for providers in their counties. In the last 2 years, the NETWORK has trained over 400 clinical and administrative staff representing over 75 drug treatment agencies in 12 Greater Bay Area Counties.

The NETWORK's quarterly newsletter, the *Nicotine-Free NETWORK News*, which provides support and information to providers who are addressing tobacco in their programs, physicians, community organizations, educational facilities, cessation specialists and individuals is distributed to a mailing list of over 400 located in the Greater Bay Area. For further information about the ATOD NETWORK contact Project Staff at 510-653-5040; Project Director, Cathy McDonald, MD, MPH, (x315), Coordinator, Judy Gerard (x349), or Assistant, Kimberly Shaw (x137)

The BB Exercise

Close your eyes and take a few deep breaths. Just allow yourselves to be receptive.

Most of us have lost loved ones...family members...and friends to diseases of all kinds. Some of us most likely have lot friends and family members to addiction diseases. Think of those love ones now.

1. This is the sound of the number of people who die each day in the United States from the use of illegal drugs.
Pour Beans in Pot
100 people die each day from illegal drug use.
2. Now, listen to the sound of daily deaths in the United States from alcohol use.
Pour Beans in Pot
300 people die each day from alcohol abuse.
3. Now...listen to the sound of the number of people who are dying today...this day...from tobacco use.
Pour Beans in Pot
1000 people die each day in the United States from tobacco caused diseases.

Smoking kills more Americans each year than alcohol, cocaine, crack, heroin, homicide, suicide, car accidents, fires and AIDS **combined**. 450,000 people die each year from tobacco caused diseases.

What does this have to do with people in recovery?

While 27% of the general population of the United States smokes, that figure is 80-90% among substance abusers. According to a recent study of death certificates at the Mayo Clinic, 50% of people who were treated for alcohol and drug abuse ended up dying of tobacco caused diseases.

If this room was full of people in recovery (and there are probably many here who are in recovery), that figure would represent one half – represented by those on this side of the room – who would die of tobacco related causes.

We're here today to learn how we can lower this figure by integrating nicotine into our treatment programs.