



THIS IS WHO WE ARE.



FACES & VOICES OF RECOVERY

ADVOCATE. ACT. ADVANCE.

Substance Use Disorder & Tobacco

2020 ARCO Conference

presented by

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Where my alcohol use disorder ended but smoking continued - 1975



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Alcoholism and Drug Abuse Weekly, May 28, 2018

During my final hospitalization for alcohol use disorder the medical director of the service, himself in recovery, strongly warned me against quitting cigarettes for a minimum of five years into sobriety. Granted this was more than 40 years ago, and considered the conventional wisdom then, but as I was smoking 4 packs of unfiltered cigarettes a day, it was really bad advice, perhaps bordering on malpractice! I eventually did quit and, even though 4 decades have passed, my primary care physician continues to monitor my lungs with an annual CT scan.

John de Miranda

From the *A.A. Grapevine*

"You really ought to stop smoking."

Don G., Hornell, N.Y.



What We Know from Research

The Substance Abuse and Mental Health Services Administration reports that adults with substance use disorder (SUD) account for more than 18% of all cigarettes smoked in the United States

Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. [*The NSDUH Report: Adults With Mental Illness or Substance Use Disorder Account for 40 Percent of All Cigarettes Smoked \[PDF-563 KB\]*](#) [*Cigarette Smoking During Substance Use Disorder Treatment: Secondary Outcomes from a National Drug Abuse Treatment Clinical Trials Network Study*](#). March 20, 2013. Rockville, MD [accessed 2019 January 12].

What We Know...

- For persons entering SUD treatment smoking estimates as high as 97% have been reported.

McClure, E. A., Campbell, A. N., Pavlicova, M., Hu, M., Winhusen, T., Vandrey, R. G., Nunes, E. V. (2015). *J Subst Abuse Treat*, 53, 39-46. doi:10.1016/j.jsat.2014.12.007.

- Up to 80% of smokers who enter treatment for addiction *do* want to quit using tobacco as well.

Gulliver, S. B., Kamholz, B. W., & Helstrom, A. W. (2006). [Smoking cessation and alcohol abstinence: what do the data tell us?](#) *Alcohol Res Health*, 29(3), 208-212.

What We Know...

- The majority of patients in treatment believe it is better to quit within 6 months of stopping drugs rather than waiting until later.

McClure, E. A., Acquavita, S. P., Dunn, K. E., Stoller, K. B., & Stitzer, M. L. (2014). [Characterizing smoking, cessation services, and quit interest across outpatient substance abuse treatment modalities.](#) *J Subst Abuse Treat*, 46(2), 194-201. doi:10.1016/j.jsat.2013.07.009.

- Many studies have found that quitting smoking improves the chances of sustained sobriety for patients treated for addictions to alcohol and other drugs.

Knudsen, H. K. (2016). [Implementation of smoking cessation treatment in substance use disorder treatment settings: a review.](#) *Am J Drug Alcohol Abuse*, 1-11. doi:10.1080/00952990.2016.1183019

Mortality

- Persons discharged from the Mayo Clinic with diagnoses of alcohol abuse were much more likely to die from smoking related illnesses than anything else.

Hurt RD, Offord KP, Crogham IT, Gomez-Dahl L, Kottke TE, et al. Mortality following Inpatient Addiction Treatment: Role of Tobacco Use in a Community-based Cohort. *JAMA* 1996;275:1097-103.

- ...the most common cause of death in long-term recovering alcoholics is related to health consequences of cigarette smoking.

Quoted from Coffee and cigarette consumption are high among AA attendees, *Alcoholism Clinical & Experimental Research*, Press Release 18-jul-2008.

- Bill Wilson and Dr. Bob Smith founders of Alcoholics Anonymous both died from smoking related illnesses.

Challenge


A 2011 research report in *Nicotine & Tobacco Research* concluded:

The very high smoking rates reported in addiction treatment samples warrant significant, organized, and systemic response from addiction treatment systems, from agencies that fund and regulate those systems, and from agencies concerned with tobacco control.


Guydish, Joseph, et al., Smoking prevalence in addiction treatment: a review, *Nicotine & Tobacco Research*, vol 13, 401-411.

The Philadelphia Story



A blue-tinted background image on the left side of the slide shows a person's hand pointing at a document. The person is wearing a watch and a striped sweater. The document has some text and a clip on it.

The Philadelphia Department of Behavioral Health and its leadership have a well-deserved reputation for pioneering recovery-oriented systems of care. Effective January 1, 2019 the agency initiated an aggressive policy to address the problem of nicotine addiction among those receiving substance use disorder (SUD) services in contracted facilities. The policy covers 9 detox facilities, 32 short-term rehabilitation programs, 31 long-term rehab programs and 8 halfway houses.



Behavioral Health Commissioner David T. Jones, a passionate proponent of the policy believes that aggressively addressing tobacco addiction will dramatically improve all treatment outcomes.

According to Jones:

“Smoking among Philadelphians who have a substance use or alcohol problem is at 69% and 48% respectively. By comparison smoking among Philadelphians not using drugs or alcohol hovers at around 22%. Tobacco use kills more of our citizens than both opioid overdose and gun violence together.”

What's Wrong with the Philadelphia Approach

- Unintended Harms*
 - A barrier to treatment initiation
 - Decrease in treatment retention
 - Disproportionately punishes marginalized populations
 - Violates harm reduction principal to “meet people where they’re at
 - Reaffirms the idea that coercion and prohibition are effective strategies
 - Includes ban on e-cigarettes

* Brooke Feldman, *Filter (magazine)*, February 12, 2119

Community activists protest the Philadelphia ban



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Myths and Barriers

Siloization of service delivery systems



Myths and Barriers

Sobriety trumps damage from cigarette smoking



Myths and Barriers

Recovery culture



Tobacco use in the treatment trenches

By John de Miranda

As reported here (see "Dirty Words: Smoker, Vaper, Harm Reductionist?" ADAW, Oct. 14, 2019; <https://onlinelibrary.wiley.com/doi/10.1002/adaw.32509>), recently I have focused much of my time on raising alarms about the very high rates of smoking among addiction treatment and recovery populations. In addition to archival research, I have conducted a series of key informant interviews to better understand the roots of our field's ongoing reluctance to address this issue. These interviews with national leaders in the alcohol and drug field confirmed that when presented with statistics about the very high rates of cigarette smoking among treatment and recovery populations, there is widespread consternation about the resulting tobacco-related mortality and morbidity. Paradoxically, however, this concern has not translated into strong remedial action.

Rather than viewing tobacco addiction as a core element of the organization's mission to treat substance use disorder, tobacco use disorder is seen as something to be outsourced to tobacco control agencies or nongovernmental organizations like the American Cancer Society. Rather than incorporate tobacco addiction into assessment protocols and treatment regimes, tobacco use is either prohibited completely or accommodated through policies and practices that allow clients to continue to smoke.

The very high incidence of tobacco use among treatment and recovery populations prompted one

African-American, 33% were Latino, 14% identified as Caucasian and 8% were Asian Pacific Islander. Six percent declined to identify their race.

Most of the participants reported that they had been struggling with their addiction to cigarettes for years, before, during and after seeking treatment/recovery from alcohol or other drugs. In many cases, the use of cigarettes was/is inextricably interwoven with their other addictions, as well as their treatment and recovery episodes. Partial responses to three questions posed to participants are presented below:

- **How was smoking cigarettes connected to your alcohol or drug use?**

Many participants spoke of initiating cigarette smoking during childhood—in one case, as early as age 8. The overwhelming majority described families in which smoking and alcohol or drug use was commonplace. Tobacco use was inextricably linked to alcohol or drug use.

Drinking and tobacco go hand-in-hand. The only time I smoke is a cigarette after smoking crack. Meth kinda freezes your lungs and cigarettes are a break from the pipe. Cigarettes prolong the high, especially with weed. Cigarettes were my gateway drug. I always need a cigarette after hitting heroin. When I didn't have drugs I used cigarettes. I only smoke when I am in my addiction. I had quit smoking but

FROM THE FIELD

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Tobacco Harm Reduction

Tobacco harm reduction (THR) is a public health strategy to lower the health risks associated with using nicotine, as an example of the concept of harm reduction, a strategy for dealing with the abuse of other drugs. Smoking tobacco is widely acknowledged as a leading cause of illness and death.^[1] However, nicotine itself is not very harmful, as inferred from the long history of use for nicotine replacement therapy products.^[2] Thus, THR measures have been focused on reducing or eliminating the use of combustible tobacco by switching to other nicotine products. (Wikipedia)

Nicotine

“People smoke for the nicotine but die from the tar”

Mike Russell, MD, British Psychiatrist

"Should we really be that bothered about addiction in and of itself, if it doesn't come with any other substantial harms?"

Marcus Munafo, Behavioral Psychologist

In Sweden, many people get their nicotine from sucking smoke-free tobacco called "snus." Research there has put rates of lung cancer, heart disease and other smoking-related illness among the lowest in Europe.

Decreasing Tobacco Risks

- Cessation approaches have a high failure rate

Nitzkin J. L. (2014). The case in favor of E-cigarettes for tobacco harm reduction. *International journal of environmental research and public health*, 11(6), 6459–6471. doi:10.3390/ijerph110606459

- Surveys carried from 2013 to 2015 in the UK^[8] and France ^[9] suggest that on the contrary, the availability of safer alternatives to smoking is associated with **decreased** smoking prevalence and increased smoking cessation.

Action on Smoking and Health, May 2016, Use of electronic cigarettes (vapourisers) among adults in Great Britain http://www.ash.org.uk/files/documents/ASH_891.pdf

[Résultats de l'enquête cigarette électronique ETINCEL – OFDT, 2014](#)

THR Strategies

- Cutting down (decreasing use)
- Cessation programs
- Mutual Support (self-help)
- Nicotine replacement
- Snuff, SNUS, pinch, dip
- E-cigarettes

Cessation

Cessation Programs

Hospitals & health care systems

American Lung Association

American Cancer association

California Smokers Helpline

(www.nobutts.org)

Mutual Support (Self-Help)

Nicotine Anonymous



Nicotine Anonymous ("NicA") is a non-profit 12-step fellowship of men and women helping each other live nicotine-free lives. Nicotine Anonymous welcomes all those seeking freedom from nicotine addiction, including those using cessation programs and nicotine withdrawal aids. The primary purpose of Nicotine Anonymous is to help all those who would like to cease using tobacco and nicotine products in any form.

SMART Recovery

Nicotine Replacement

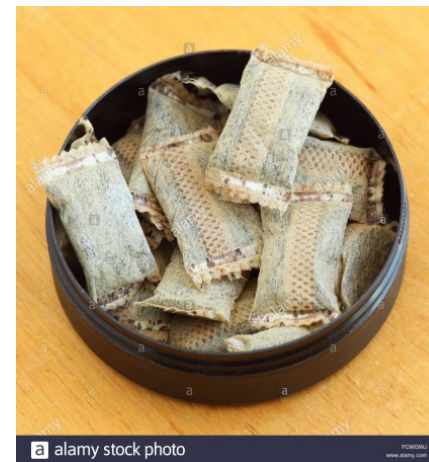
A treatment to help people stop smoking. It uses products that supply low doses of nicotine. These products do not contain many of the toxins found in smoke. The goal of therapy is to cut down on cravings for nicotine and ease the symptoms of nicotine withdrawal.

- Patches
- Gum/lozenges
- Nasal spray



SNUS

Snus (/snuːs/; Swedish pronunciation: ['snɥ:s]) is a moist powder smokeless tobacco product originating from a variant of dry snuff in early 18th-century Sweden. It is placed in upper lip for extended periods.



E-Cigarettes/Vapes



Addiction Treatment & Recovery THR Project

If you would like to keep informed about the
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