



PRACTICE GUIDANCE: INTEGRATION OF TOBACCO AND NICOTINE INTO SUBSTANCE USE TREATMENT SERVICES

I. RATIONALE:

Tobacco and nicotine products are significant co-occurring addictive substances used by the majority of individuals entering treatment services for substance use disorders (SUDs). Across levels of care, Bureau of Substance Abuse Services (BSAS) treatment providers anecdotally report that most (approximately 90-95%) individuals acknowledge tobacco and/or nicotine product use upon intake compared to only 15% of the Massachusetts population that reports they smoke.¹ Treatment provider staff themselves are also likely to need assistance, as a national source reports that as 30-35% of the behavioral healthcare workforce smokes.²

On the whole, tobacco-related diseases are the leading cause of death among persons treated for substance use-related disorders. In addition, smoking and tobacco use are known to contribute to alcohol and drug use relapse.³ The negative effects of smoking go beyond the user by exposing others to secondhand smoke, known to cause a broad range of health problems from asthma and ear infections in children, to pregnancy complications, type 2 diabetes, stroke, and coronary diseases in adults.⁴

Individuals who misuse substances face serious physical health consequences for their alcohol, tobacco, and other drug use; these substances act as a contributing factor increasing a client's risk of injury, illness and disease, exacerbating non-substance-related illness, and complicating medical treatment.⁵ Many individuals seen within the BSAS system are affected by chronic and often co-morbid health conditions, such as HIV/AIDS and hepatitis C. For individuals living with these conditions, smoking dangerously precipitates the likelihood and onset of other serious illnesses like heart disease, liver disease, cancer, serious lung diseases, type 2 diabetes, and infections.⁶ Numerous drug interactions exist between tobacco and nicotine products and prescribed medications further complicating medical treatment, including methadone, HIV medications, insulin, Zyprexa, and benzodiazepines.⁷

To address the significant impact tobacco and nicotine products have in terms of health effects and lives lost to tobacco-related diseases among the BSAS treatment population and its workforce, it is imperative to employ a multi-tiered proactive approach for systems change, de-normalizing the use of tobacco/nicotine within the SUD treatment services system. Growing evidence indicates the treatment of tobacco use disorder can improve addiction treatment and

¹ Massachusetts Community Health Information Profile: Smoking Report. Massachusetts Department of Public Health.

² SAMHSA-HRSA Center for Integrated Health Solutions Tobacco Cessation Resources

<http://www.integration.samhsa.gov/health-wellness/wellness-strategies/tobacco-cessation-2#research>

³ Curran, G.M., et al. (2007) Recognition and management of depression in a substance use disorder treatment population. *American Journal of Drug and Alcohol Abuse*, 33: 563-569.

⁴ Centers for Disease Control and Prevention.

http://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/health_effects/ Last update March 2014.

⁵ [Co-Occurring Disorder Related Quick Facts: Physical Health](#). Substance Abuse and Mental Health Services Administration, US Department of Health and Human Services

⁶ Centers for Disease Control and Prevention. <http://www.cdc.gov/tobacco/campaign/tips/diseases/smoking-and-hiv.html> Last update September 2015.

⁷ <https://smokingcessationleadership.ucsf.edu/sites/smokingcessationleadership.ucsf.edu/files/Drug-Interactions-with-Tobacco-Smoke.pdf>

mental health client outcomes, which supports the urgency for these changes. Research has found that simultaneous treatment of substance use and smoking can be more effective than treatment that does not address smoking.⁸ Therefore, providers in mental health and addiction treatment settings have an ethical duty to intervene with tobacco use and provide available evidence-based treatments.⁹

These facts make a compelling argument for ensuring that treatment responds effectively and comprehensively to the co-occurring use of tobacco and other nicotine products. In alignment with these research findings, the Massachusetts Tobacco Cessation and Prevention Program (MTCP) and BSAS within the Massachusetts Department of Public Health (MA-DPH), have developed and implemented an array of programs to prevent initiation of smoking and tobacco use, to help people stop smoking/tobacco use, and to address nicotine addiction. BSAS has supported training and system change efforts for over 20 years. It continues to be committed to engaging in systems change and de-normalizing use of tobacco/nicotine products within the SUD treatment system of care. Given their presence throughout the system of care, providers at every level should also be prepared to respond to the needs and enhance existing treatment strategies by integrating interventions addressing use of tobacco/nicotine products.

Considerations:

Individuals engaged in substance use treatment services are disproportionately impacted by tobacco use and most recently the use of electronic nicotine delivery systems (ENDS). See U.S. Food and Drug Administration (FDA) for a current listing of ENDS products.^{10 11} As substance use treatment providers, acknowledging and addressing use of these addictive substances is not only reasonable, but also necessary to provide comprehensive treatment. Integrating strategies and clinical practices that address the use of tobacco and ENDS further strengthens substance use treatment services in that tobacco/ENDS use has been shown to be a trigger for Alcohol and Other Drugs (AOD) use and to impact abstinence rates.

The introduction of ENDS has been accompanied by a host of concerns regarding their lack of FDA regulation, meaning there is no consistency in the products or standards in nicotine levels. Contrary to the beliefs of many, research is insufficient to conclude that ENDS are an effective smoking cessation aide, and can often lead to dual use of both harmful products instead. ENDS have also been aggressively marketed to youth, despite the fact that nicotine in any form is especially unsafe for that age group; use of ENDS may act as a gateway to use of tobacco products and may be used to deliver other illicit substances.

Addressing the complexities and challenges of tobacco and ENDS use in SUD services starts with identifying the attitudes around tobacco among our workforce and those we serve. The SUD treatment system has established a culture of acceptance around tobacco. Although, many clinicians may not view use of tobacco/ENDS products interventions as a part of their clinical scope of services, tobacco and other nicotine products are addictive substances that play a significant role in the disease of addiction. Many clinicians feel tobacco cessation could negatively impact a client's treatment plan, that tobacco use is not a treatment priority, and that tobacco cessation strategies

⁸ (http://www.drugabuse.gov/NIDA_Notes/NNVol15N5/Craving.html). Taylor, R.C., Harris, N. A., Singleton, E.G., Mollohan, E. T., Heishman, S. J. (2000). Tobacco Craving: Intensity-Related Effects of Imagery Scripts in Drug Abusers. *Experimental and Clinical Psychopharmacology*, 8(1): 75-87.

⁹ Prochaska, J. J. (2010). "Failure to treat tobacco use in mental health and addiction treatment settings: a form of harm reduction?" *Drug and alcohol dependence* 110(3): 177-182.

¹⁰ <http://www.fda.gov/TobaccoProducts/Labeling/RulesRegulationsGuidance/ucm388395.htm>

¹¹ <http://www.fda.gov/TobaccoProducts/Labeling/ProductsIngredientsComponents/ucm456610.htm>

may be too time consuming.¹² This incorrect perception continues to affect provider and staff practice despite empirical evidence to the contrary. A recent study showed treatment for smoking was rated by staff as significantly less important than treatment for other substances a client may be using despite the finding that 46% of smoking individuals in the same study indicated an interest in speaking to someone about decreasing the harmfulness of their tobacco use.¹³ Staff smoking prevalence can also be a factor in the under-utilization of policy enforcement and use of clinical interventions.

Almost half of annual deaths from smoking in the U.S. occur among individuals with mental illness and/or SUDs.¹⁴ Prevalence of smoking among individuals with alcohol use disorders is 34-93% and other drug use disorders 49-98%.¹⁵ A multitude of negative consequences and related psychosocial issues accompany tobacco use and further sabotage the recovery process. These include: financial implications due to the high cost of tobacco products, employers that can legally refuse to hire candidates who either smell like smoke or who disclose smoking during the application process, and limitations in housing choices due to increases in smoke free housing, including a recently proposed HUD smoking ban for all public housing. For individuals unable to comply with provider tobacco policies without support or intervention, treatment compliance and retention may be affected because tobacco use is not addressed. In fact, programs may risk fires when individuals smoke in unauthorized areas. Tobacco use can also interfere in emotional functioning as use often masks depression and distorts coping skills. In youth, tobacco use has been correlated with development of mental health and substance use disorders.

The integration of tobacco cessation into substance use treatment is key to address among the workforce as well as the role of tobacco products within clinical practice. BSAS is committed to working with service providers to integrate motivational and standardized offers of cessation treatment interventions within clinical practice in ways that will further enhance existing treatment interventions and improve the recovery process for those already engaged in our service system. Integrating tobacco/ENDS cessation into existing clinical treatment practices clearly denotes the harmful relative relationship between tobacco/ENDS and alcohol, opioids, and other drugs. It is imperative to take into consideration the addictive impact of tobacco/ENDS as these products can serve as AOD use triggers, increase craving and exacerbate withdrawal symptoms. For example, in the detox and stabilization phase of treatment, providers should monitor nicotine withdrawal and signs of exacerbation of the co-occurring mental health symptoms.

In clinical practice, the use of contingency management strategies and cognitive behavioral therapy are implemented to address the use of alcohol or opioid use. These same practices can be applied to tobacco and ENDS products. These efforts can be formalized and sustained in program policy and clinical practice aimed to change the culture of tobacco and ENDS use within the BSAS service system and de-normalize its use among our workforce and those we serve. High-quality ongoing training for implementation staff is vital to achieve buy-in and ensure staff have the necessary skills to effectively integrate tobacco and ENDS cessation into existing treatment services.

¹² Morris, C.D. et al. (2009). Tobacco Cessation Toolkit for Mental Health Providers. http://www.integration.samhsa.gov/Smoking_Cessation_for_Persons_with_MI.pdf

¹³ Cookson, Camilla, et al. "Smoking and its treatment in addiction services: Clients? and staff behavior and attitudes." *BMC Health Services Research* 14 (2014): 304. Academic OneFile. Web. 30 Nov. 2015.

¹⁴ Grant, B. F., Hasin, D. S., Chou, P. S., Stinson, F. S., and Dawson, D. A. (2004). Nicotine dependence and psychiatric disorders in the United States: Results from the National Epidemiological Survey on Alcohol and related conditions. *Archives of General Psychiatry*, 61(11), 1107–1115.

¹⁵ Morris, C. D., Giese, A. A., Turnbull, J. J., Dickinson, M., & Johnson Nagel, N. (2006). Predictors of tobacco use among persons with mental illnesses in a statewide population. *Psychiatric Services*, 57(7), 1035–1038.

II. GUIDANCE:

A. Organization:

Policy: Agency policy:

- Explicitly states the agency's commitment to **BSAS Standards of Care**¹⁶ (January 2015) engaging in prevention and treatment of tobacco use and smoking by providing:
 - Written policy prohibiting tobacco use and smoking in all buildings, including entrances, and vehicles owned or used by the vendor in provision of service;
 - Written policies prohibiting staff smoking or using tobacco products with individuals served;
 - Establishment of no-tobacco and no-ENDS products zones of at least a 20-foot perimeter around buildings;
 - Prohibition of any display of tobacco, smoking or vaping (ENDS use) related materials, including personal possessions displaying tobacco related logos;
 - Ensuring staff participation in training offered by the Tobacco, Addictions, Policy and Education (TAPE) Project of IHR every two years;
 - Application of all tobacco and smoking restrictions to e-cigarettes, pending definitive research on the safety and addictive potential of these products;
 - Designation of a staff person as Tobacco Education Coordinator; and
 - Integration of tobacco/nicotine addiction in assessments, treatment planning, services and education.
- Clearly describes the agency's commitment to using a harm reduction approach to service provision, specifically that:
 - Continued participation in treatment is not contingent on uninterrupted abstinence;
 - Response to relapse focuses on keeping individuals and their families engaged in treatment.

Operations:

- Agency integrates tobacco and nicotine prevention and treatment across agency roles and responsibilities;
- All agency programs have educational materials available for individuals, families, and staff;
- Staff orientation includes information about expectations and directions for integrating tobacco education and treatment;
- Orientation includes information for new staff on resources for stopping tobacco/nicotine use;
- Management and supervisory staff insure that tobacco/nicotine use status is part of every record and addressed in an ongoing way throughout treatment;
- Agency and program leadership commitment exists towards supporting planning and support for client quit attempts;
- Ensure pro-social activities that support non-smoking/non-ENDS products use;
- Providers establish working relationship with TAPE.

¹⁶ BSAS Standards of Care (2015). —<http://www.mass.gov/eohhs/docs/dph/substance-abuse/care-principles/bsas-standards-of-care.pdf>

Tobacco Education Coordinator:

- Each agency program has a designated Tobacco Education Coordinator (TEC), not just the agency as a whole.
- A job description exists for the TEC.
- Agency and program leadership plan for TEC to attend TEC orientation, TEC meetings and trainings
- All staff support integration of tobacco/nicotine education and treatment- not just the TEC.

Supervision, Training & Staff Development:

- Training and staff development efforts ensure staff are knowledgeable and skilled in applying knowledge about the:
 - Research-based rationale for addressing tobacco/ENDS products with people with substance use and mental health disorders
 - Effects of cognitive and neurological changes caused by tobacco use;
 - Gender differences in development of tobacco use disorders and in effective treatment approaches;
 - Motivational and harm reduction principles and strategies;
 - Cultural variations for diverse identities, including gender expression, racial/ethnic, age, service members and veterans, and religious.
- Staff can apply knowledge in understanding and exploring the:
 - Physical effects of tobacco and ENDS products on health and emotional wellbeing.
 - Impact of tobacco and ENDS use on the processes of recovery and relapse.
- Supervisors explore and address service impact of staff beliefs and attitudes about addressing tobacco, especially when staff are current, process of quitting or former tobacco/nicotine users.
- Provide staff supervision and training to support application of family systems theory to clinical work with all individuals, especially youth, young adults and their families. Support the understanding of how family dynamics can impact tobacco use and behavior change.

B. Service Delivery and Treatment:

Assessment:

- The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM- 5) to assess and diagnose substance related disorders including tobacco and nicotine.
- Readiness to Quit and Stages of Change
- Stages of Change
- The 5 A's Ask, Advise, Assess, Assist, and Arrange – The U.S. Public Health Service Clinical Practice Guideline Treating Tobacco Use and Dependence provides clinical guidance; and has been adapted for BSAS programs
- Staff explore previous or current attempts at tobacco/nicotine recovery
- If individuals are entering program post-incarceration or from a previous tobacco-free level of care staff give a message of encouragement to individuals to remain tobacco-free, or return to abstinence, and a reminder is sent to client's counselor to utilize decisional balance to explore client's relapse to tobacco use

Cultural Considerations – Delivery of effective tobacco use education and interventions tailored to providing culturally appropriate and competent services that meet the MDPH Culturally and Linguistically Appropriate Service standards.

Planning: Treatment Plans should address tobacco/nicotine use, exploring client’s stage of change on a regular basis as interest in quitting changes over time, and with intervention

Service Provision:

- Agencies employ practices shown effective with tobacco/ENDS products, such as
 - Motivation Enhancement
 - Motivational Interviewing
 - Contingency Management
 - Cognitive Behavioral Therapy
- Individuals can discuss interest in quitting or ambivalence about smoking without fear of judgment and pressure
- In individual and group treatment sessions, staff address tobacco/ENDS use, explore attitudes, and link tobacco use to issues of health, relapse to alcohol/other drug use, and wellness and recovery, whether in discreet tobacco awareness/education groups, or integrated into standard psychoeducational groups
- Impact of tobacco use on children, partners, and families is explored; eliminating secondhand and third hand tobacco smoke exposure is a form of harm reduction

Education of Individuals

- All programs ensure that all individuals are educated about harms of tobacco use specifically related to recovery, co-morbid health concerns and medication use
- Individuals are assisted in making informed choices about quit attempts and what is effective, and stress management and relapse prevention (tied into substance use relapse prevention in general)
- Community supports are educated on ways to support peers in quit attempts and into tobacco recovery
- Individuals and their families receive tobacco awareness and education that addresses all stages of change/readiness, with the recognition that talking about tobacco use assists in fostering change
- Upon discharge from services, along with other referrals and resources, individuals are provided with the MA Smoker’s Helpline number, 1-800-QUIT NOW.

III. MEASURES:

Programs can assess their effectiveness by examining data and information specific to their goals in applying standards. For example:

- Admission and discharge data: all questions are being answered regarding tobacco and nicotine use
- Treatment plans reflect assessment of goals for and regular discussions about tobacco use and interest in change

- Training topics include tobacco treatment topics on annual basis
- Program TEC is in place, trained and attending meetings and has ongoing relationship with TAPE Project of IHR
- TECs report increased support for addressing tobacco use and integration of education and treatment across staff
- Great American Smokeout (3rd Thursday of November) activities occur on an annual basis
- At discharge, individuals are provided with the phone number (1-800-QUIT-NOW) and web address (www.makesmokinghistory.org) of MA Smokers' Helpline.

IV. FORMS:

Link to 5 A's Ask, Advise Assess, Assist, and Arrange:

<http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/5steps.html>

V: RESOURCES

All links accessed July 2016

Massachusetts:

- Institute for Health and Recovery, TAPE Project: <http://healthrecovery.org/our-work/tobacco/>
- TAPE Project manual: <http://www.healthrecovery.org/publications/detail.php?p=31>
- Massachusetts Tobacco Cessation and Prevention Program: <http://www.mass.gov/eohhs/gov/departments/dph/programs/mtcp/> and [makesmokinghistory.org](http://www.makesmokinghistory.org)
- Massachusetts Smokers' Helpline: <http://makesmokinghistory.org>
- Center for Tobacco Treatment Research and Training: <http://www.umassmed.edu/tobacco/>

Federal:

- Agency for Healthcare Research and Quality (AHRQ) – Systems Change: Treating Tobacco Use and Dependence: <http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/decisionmakers/systems/index.html>
- National Institute on Drug Abuse: Electronic cigarettes (e-cigarettes) or vaporizers information regarding their impact on health. <https://www.drugabuse.gov/publications/drugfacts/electronic-cigarettes-e-cigarettes>
- SAMHSA-HRSA Center for Integrated Health Solutions on Tobacco Cessation: <http://www.integration.samhsa.gov/health-wellness/wellness-strategies/tobacco-cessation-2>
- SAMHSA Tobacco Use Cessation During Substance Abuse Counseling Advisory: <https://store.samhsa.gov/shin/content/SMA11-4636CLIN/SMA11-4636CLIN.pdf>
- National Cancer Institute: <http://smokefree.gov/>

Other States:

- New York OASAS: <https://tobaccorecovery.oasas.ny.gov/>
- Utah: www.TobaccoFreeUtah.org
- Arkansas: <http://www.stampoutsmoking.com/providers/>
- Colorado: www.TobaccoFreeCO.org

Other:

- American Society of Addiction Medicine: [http://www.asam.org/docs/public-policy-statements/1nicotine-addiction-and-tobacco-rev-10-081.pdf?sfvrsn=0#search="tobacco"](http://www.asam.org/docs/public-policy-statements/1nicotine-addiction-and-tobacco-rev-10-081.pdf?sfvrsn=0#search=)
- National Association of State Alcohol and Drug Abuse Directors: <http://nasadad.org/2015/03/tobacco-cessation-in-substance-abuse-treatment-facilities-single-state-agency-or-ssa-tobacco-policies>
- Smoking Cessation Leadership Center, University of California, San Francisco: <http://smokingcessationleadership.ucsf.edu>
- Medical Daily Pulse - <http://www.medicaldaily.com/smoking-cessation-2016-infographic-385696>

BSAS welcomes comments and suggestions. Contact: BSAS.Feedback@state.ma.us.