IMPLEMENTING TOBACCO CESSATION PROGRAMS IN SUBSTANCE USE DISORDER TREATMENT SETTINGS

A QUICK GUIDE FOR PROGRAM DIRECTORS AND CLINICIANS

SAMHSA
Substance Abuse and Mental Health Services Administration

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Why Combine Smoking Cessation and Substance Use Disorder Treatment?

- Quitting smoking increases the odds of long-term recovery, whereas continued smoking following treatment increases the likelihood of relapse to substance use.
- Tobacco cessation can have mental health benefits.
- Quitting smoking at any age has physical health benefits that begin almost immediately and continue for years.
- Quitting smoking can increase clients' sense of mastery, helping them focus on a positive lifestyle.

Call to Action

1. **Do you work in a substance use disorder treatment setting**, such as an opioid treatment program, a residential treatment program, or an outpatient treatment program?

2. **Do you want to take action to reduce the use of tobacco** products and resulting tobacco-related diseases among your clients with substance use disorders (SUDs)?

If you answered yes to these two questions, this guide can help you implement a tobacco cessation program for clients. This objective will require staff time and resources, and it may require a culture shift within your agency. However, it's worth the investment because of the clear benefits that will accrue to your clients, their families, and your staff.

Overview of the Problem

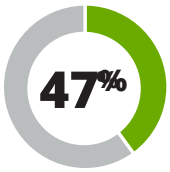
- **Cigarette smoking is very common among people with substance use problems.** Past-month smoking was reported by 74 percent of people ages 12 and older who received SUD treatment in the past year—a rate approximately three times higher than that for people who did not receive treatment in the same period (Substance Abuse and Mental Health Services Administration [SAMHSA], 2011).

"[E]fficacious treatments for tobacco users exist and should become a part of standard care giving. Research also shows that delivering such treatments is cost-effective.... [T]he treatment of tobacco use and dependence presents the best and most cost-effective opportunity for clinicians to improve the lives of millions of Americans nationwide."

Treating Tobacco Use and Dependence: Quick Reference Guide for Clinicians, 2008 Update (Fiore et al., 2009, p. 3)

- **The rate of tobacco-related deaths is substantially higher for people who have received SUD treatment services compared with the general population.** An Oregon study based on data from publicly funded treatment services and state vital statistics records found that the tobacco-related death rate was 53.6 percent for people who received SUD treatment compared to 30.7 percent of the general population (Bandiera, Anteneh, Le, Delucchi, & Guydish, 2015).

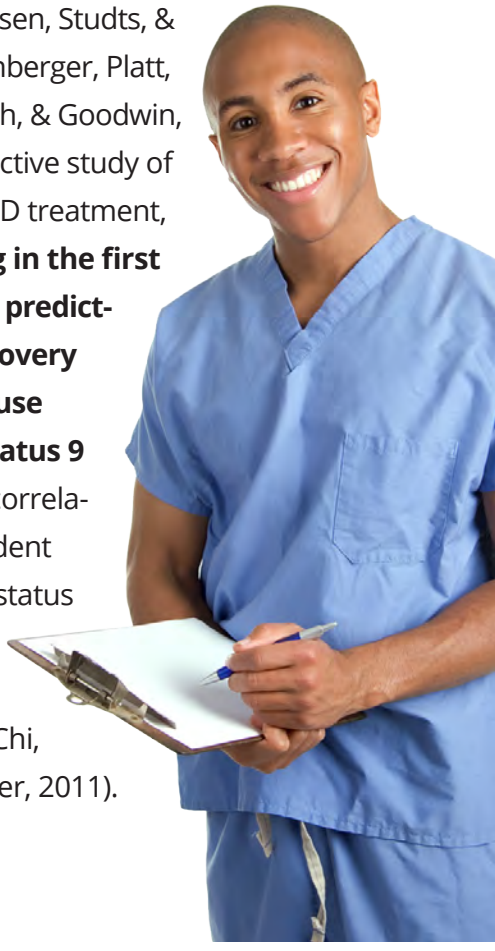
- **Less than half of all U.S. substance use disorder treatment facilities offer tobacco cessation services.** In 2016, only about 47 percent of substance abuse treatment facilities in the United States provided cessation counseling. About 25 percent offered nicotine replacement therapy and/or other cessation medications for tobacco use. About one third of SUD treatment facilities had smoke-free policies inside and outside their facilities (SAMHSA, 2017).



Benefits of Tobacco Cessation

- **Tobacco cessation interventions offered to clients in treatment or recovery for alcohol and other drug or substance use disorders can increase tobacco abstinence.** A meta-analysis of 34 randomized controlled trials found that two forms of tobacco cessation interventions increased tobacco abstinence: pharmacotherapy alone and pharmacotherapy in combination with counseling (Apollonio, Philipps, & Bero, 2016).

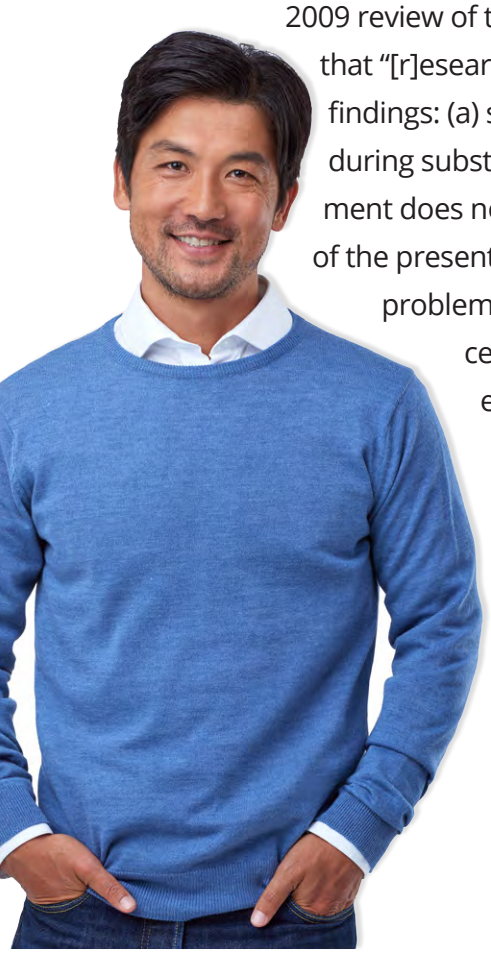
- **Tobacco cessation is associated with improved SUD treatment outcomes.** A meta-analysis of 19 randomized controlled trials found that, for clients in current addiction treatment or recovery, smoking cessation interventions were associated with a 25 percent increased likelihood of abstinence from alcohol and illicit drugs at 6 to 12 months after treatment (Prochaska, Delucchi, & Hall, 2004). A growing body of research suggests that **quitting smoking increases the odds of long-term recovery**, whereas continued smoking following treatment increases the likelihood of substance use relapse (Knudsen, Studts, & Studts, 2012; Weinberger, Platt, Esan, Galea, Ehrlich, & Goodwin, 2017). In a prospective study of 1,185 adults in SUD treatment, **quitting smoking in the first year after intake predicted long-term recovery from substance use and remission status 9 years later.** The correlation was independent of substance use status at 1 year or length of stay in treatment (Tsoh, Chi, Mertens, & Weisner, 2011).



- **Tobacco cessation can have mental health benefits.** Beyond initial withdrawal symptoms, for smokers, quitting is associated with reduced depression, anxiety, and stress as well as improved positive mood and quality of life, compared with not quitting (Taylor, McNeill, Girling, Farley, Lindson-Hawley, & Aveyard, 2014).

- **Quitting smoking at any age has physical health benefits that begin almost immediately and continue for years.** The information in the graphic at right provides details on health benefits.

- **Quitting smoking has synergistic benefits for SUD clients, increasing their sense of mastery and helping them focus on a positive lifestyle.** A 2009 review of the literature found that "[r]esearch supports two key findings: (a) smoking cessation during substance abuse treatment does not impair outcome of the presenting substance abuse problem and (b) smoking cessation may actually enhance outcome success" (Baca & Yahne, 2009, p. 205).



Health Benefits of Quitting Smoking

12 Hours	Carbon monoxide level in blood drops to normal.
2 Weeks to 3 Months	Chance of having a heart attack begins to drop. Lung function begins to improve.
1 to 9 Months	Coughing and shortness of breath decrease.
1 Year	Added risk of coronary heart disease is half that of a smoker's.
2 to 5 Years	Chance of having a stroke is reduced to the same as a nonsmoker.
10 Years	Lung cancer risk is about half that of a smoker's. Risk of cancers of the mouth, throat, esophagus, bladder, cervix, and pancreas decreases.
15 Years	Risk of coronary heart disease is back to that of a nonsmoker's.

Adapted from "Benefits of Quitting" by Centers for Disease Control and Prevention, 2014 (www.cdc.gov/tobacco/quit_smoking/how_to_quit/benefits). In the public domain.

Benefits of a Tobacco-Free Workplace

- **Tobacco-free workplaces reduce employee and client risk of exposure to secondhand smoke.** In a 2015 survey, 7 percent of employees in the healthcare and social assistance industries reported being regularly exposed to secondhand smoke from other people at work twice a week or more (Dai & Hao, 2016). Exposure to secondhand smoke has been shown to cause cancer, heart diseases, and stroke in nonsmoking adults (U.S. Department of Health and Human Services, 2014). This type of exposure has also been a target of successful lawsuits and disability claims against employers (Sweda, 2004).

- **Tobacco-free workplaces reduce lost productive time.** Lost productive time for personal health reasons is nearly twice as high for smokers (pack or more per day) compared with nonsmokers. According to the American Productivity Audit, a survey of more than 28,000 workers (2001–2002 data), lost productive time increased with the amount of smoking (Stewart, Ricci, Chee, & Morganstein, 2003).

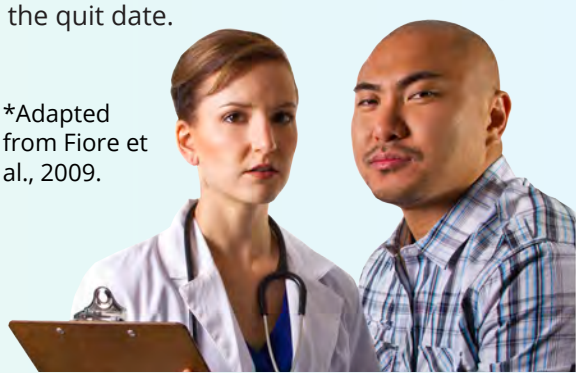
Implementation of Tobacco Cessation Treatment

- **Counseling and medication are effective for treating tobacco dependence.** The combination of counseling and medication, however, is more effective than either is alone. Clinicians should encourage all individuals attempting to quit to use both counseling and medication (Apollonio et al., 2016; Fiore et al., 2009).

Five Steps to Integrating Tobacco Cessation Treatment Into an SUD Program*

1. **Ask** Identify and document tobacco use status for every client during every visit to the treatment facility.
2. **Advise** In a clear, strong, and personalized manner, urge all clients who use tobacco to quit.
3. **Assess** Ask clients whether they are willing to make a quit attempt at this time.
4. **Assist** For clients who are willing to make a quit attempt, offer cessation medication (unless contraindicated) and provide counseling to help them quit.
5. **Arrange** For clients willing to make a quit attempt, arrange for follow-up contacts, beginning within the first week after the quit date.

*Adapted from Fiore et al., 2009.



Counseling

Tobacco cessation counseling can be delivered in individual, group, or telephone-based sessions. The effectiveness of the counseling is correlated with treatment intensity. When working with clients making a quit attempt, clinicians can offer practical counseling and social support, as described below (Fiore et al., 2009):

1. **Practical counseling** (problem solving/skills training) can include conveying basic information (e.g., on nicotine addiction, withdrawal symptoms, quitting techniques including use of cessation medications). Clinicians can help clients identify high-risk situations (e.g., triggers for smoking) and practice coping strategies for when they are in a high-risk situation.
2. **Social support** delivered as part of treatment can include encouragement and expressions of caring and concern (e.g., expressing belief in the client's ability to quit, acknowledging the difficulty of quitting, noting that support is available from others and through cessation medications).

Telephone quitline counseling is effective with diverse populations and has broad reach. All states have quitlines that are staffed by trained counselors to help smokers quit. This free telephone service can be reached at **1-800-QUIT-NOW (1-800-784-8669)**. For Veterans, support is available at **1-855-QUIT-VET (1-855-784-8838)** and https://www.publichealth.va.gov/smoking/quitline.asp.

Smokefree.gov offers free text messaging programs that give 24/7 encouragement, advice, and tips for becoming smokefree and being healthier. There are also free apps available to provide support and skills needed to stay smokefree. These resources can be found at www.smokefree.gov.

Motivational interviewing (MI) can be useful for smokers who are not ready to quit or who are ambivalent about quitting.

Motivational Interviewing Tips

An empathic style is central to MI. The key attitude is one of acceptance, and the key belief is that ambivalence is normal. The clinician demonstrates a deep understanding of the client's point of view. The clinician–client relationship is like a partnership rather than a teacher–student relationship. The clinician highlights discrepancies between the client's behavior and his or her goals and helps the client elicit reasons for change and thoughts about how change should happen. Arguing should be avoided because this can degenerate into a power struggle and does not enhance motivation for beneficial change. Resistance is a sign to change the strategy and listen more carefully to understand the client's perspective and proceed from there. To support self-efficacy, the clinician must believe in the client's capacity to reach his or her goals and must convey this belief. The client is seen as a valuable resource in finding solutions to problems.
For additional details on MI, visit https://www.ncbi.nlm.nih.gov/books/NBK64964.

Clinicians should advise all tobacco users to quit and assess a client's willingness to make a quit attempt. For clients not ready to make a quit attempt, clinicians can use MI techniques to encourage quitting tobacco use. This supportive and nonjudgmental approach is based on expressing empathy, developing discrepancy, avoiding argumentation, rolling with resistance, and supporting self-efficacy (Miller & Rollnick, 1991). Apps are available to help clients quit smoking. For a selection of available apps, see the resource list.

Smoking Cessation Medications

The following nicotine replacement therapies have been approved by the Food and Drug Administration (FDA) for smoking cessation:


Nicotine patch (over the counter)


Nicotine gum (over the counter)


Nicotine lozenge (over the counter)


Nicotine nasal spray (prescription)


Nicotine inhaler (prescription)

The following non-nicotine medications have been approved by the FDA for smoking cessation:


Bupropion (Zyban®, prescription)
Varenicline (Chantix®, prescription)

Healthcare providers should check prescription labeling information of the smoking cessation drugs available at Drug@FDA to determine if there are any potential drug interactions (e.g., some patients using varenicline experienced a decreased tolerance to alcohol) or possible risks for specific populations (e.g., women who are pregnant or breastfeeding, individuals with diabetes, heart disease, asthma, or stomach ulcers). Healthcare providers should also review the product labels for drug warnings of interest. For details, visit Drugs@FDA at https://www.accessdata.fda.gov/ scripts/cder/daf/.

Implementation of a Tobacco-Free Environment

Having a tobacco-free workplace (a) where all tobacco products (cigarettes, cigars, smokeless tobacco, chewing tobacco, e-cigarettes) are prohibited, (b) where smoking is prohibited on all facility premises (indoors and outside), and (c) where the policies apply to clients, visitors, and employees sends the message to staff and clients that the organization's leadership and administrators are committed to the health and wellness of everyone. It also creates a supportive environment for those who want to quit using tobacco. Two steps in establishing a tobacco-free workplace are:

1. **Once you have implemented tobacco cessation programs, establish the policies and procedures required in a tobacco-free workplace.** Tobacco-free workplace policies should be clear and concise. They should clearly explain tobacco restrictions and how the policies will be enforced.

2. **Communicate the policies to all affected parties.** The tobacco-free workplace policies should be announced and communicated to all substance abuse treatment program staff, clients, and volunteers, as well as to visitors to the facility and grounds.

While many people fear that implementing a tobacco-free environment will be very difficult, the literature suggests that these fears are largely unfounded. In fact, the subsequent outcomes after implementation are typically quite favorable for both staff and clients. For lessons learned from the field in going tobacco-free, go to https://www.bhthechange.org/resources/tobacco-cessation-faq-videos-providers-clients. workplace policies should be announced and communicated to all substance abuse treatment program staff, clients, and volunteers, as well as to visitors to the facility and grounds.

Additional Implementation Tips

The following tips help ensure successful implementation of a tobacco-free facility and integration of tobacco-dependence treatment.

- **Obtain the commitment of senior leadership and management.** Having the commitment and support of the board of directors and senior management are paramount to implementing a successful tobacco cessation program and a tobacco-free policy. Garnering their support before the start of the program is essential to promote and implement the program within the organization and in the community.
- **Identify a program champion.** This person should be a dedicated staff member who can coordinate your agency's tobacco cessation and tobacco-free policy efforts.
- **Create a planning committee and involve staff.** This committee will develop written policies, procedures, and an implementation plan. It should include representation from staff members across the organization to address their concerns and use their clinical experience. During implementation, the committee can troubleshoot issues that arise.
- **Train staff.** Initial and ongoing staff training opportunities on treating tobacco use disorder and implementing a tobacco-free policy are essential. Training can correct many misconceptions about treating tobacco use in substance abuse treatment. For example, tobacco cessation treatment does not jeopardize addiction treatment but can actually improve recovery outcomes. Free training opportunities are included in the resources listed on pages 10-11.
- **Assist staff members who want to quit tobacco use themselves.**
- **Look for opportunities to celebrate success of employees.**
- **Set a start date for when the new policies will go into effect.** The date should be far enough in advance to allow for staff training, raising awareness of the new initiative, offering and promoting cessation services, incorporating new treatment protocols into records, obtaining tobacco-free signage, and other preparations.
- **Roll out awareness activities.** Before and after the start date, use a variety of

information channels (e.g., agency emails, staff meetings, signage, client brochures, social media) to share information on new policies, procedures, and related items. Prior to the start date of the tobacco-free policy, implement a series of countdown activities to promote the changes and build awareness.

- **Track progress.** Measure progress against objectives by collecting data on tobacco use screening, cessation treatment utilization, and tobacco use status at discharge, as well as compliance to tobacco-free policy.

Conclusion

Smoking is prevalent among people with SUDs. It can have serious adverse health consequences and negatively impact recovery outcomes. Research shows that many people in treatment are interested in quitting tobacco use. Quitting can have a positive influence on individuals with substance use disorders; as they learn effective skills and techniques for smoking cessation, their sense of mastery and self-efficacy can increase.

Because tobacco cessation can increase long-term recovery from substance abuse, improve mental health, and provide many health benefits (e.g., greatly reduced risk for disease and early death due to smoking and secondhand smoke), SAMHSA recommends the adoption of tobacco-free facility/grounds policies and the integration of tobacco-dependence treatment into substance abuse treatment.

Resources

Addressing Tobacco Through Organizational Change Approach
(www.umassmed.edu/psychiatry/resources/tobacco/attoc/attoc_approach)
University of Massachusetts Medical School
Provides agencies with a 10-step process for improving tobacco addiction treatment services.

Behavioral Health and Wellness Program
(www.bhwellness.org/toolkits/Tobacco-Free-Toolkit.pdf)
University of Colorado Anschutz Medical Campus, School of Medicine
Offers DIMENSIONS: Tobacco Free Toolkit for Healthcare Providers.

Building Partnerships to Reduce Tobacco Use Among People with Addictions
(www.bhthechange.org/resources/resource-topic/tobacco-prevention-control)
National Behavioral Health Network for Tobacco & Cancer Control
National Council for Behavioral Health
Houses an archived webinar in which leaders share information on how their addiction treatment organizations integrated tobacco cessation.

FDA 101: Smoking Cessation Products
(www.fda.gov/ForConsumers/ConsumerUpdates/ucm198176.htm)
U.S. Food and Drug Administration
Is a consumer brochure that provides information on smoking cessation products.

Final Recommendation Statement Tobacco Smoking Cessation in Adults, Including Pregnant Women: Behavioral and Pharmacotherapy Interventions
(https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/tobacco-use-in-adults-and-pregnant-women-counseling-and-interventions1)
U.S. Preventive Services Task Force
Provides grading for recommendations for smoking cessation.

The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General
(www.surgeongeneral.gov/library/reports/50-years-of-progress)
Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health
Offers a history of U.S. tobacco use and prevention and control efforts.

Million Hearts® Tobacco Cessation Protocols
(www.millionhearts.hhs.gov/tools-protocols/protocols.html)
Centers for Disease Control and Prevention
Provides a template and implementation guidance document to help institutions integrate tobacco cessation protocols into identification and intervention clinical workflow.

Save Lives, Save Money: Make Your Business Smoke-Free
(www.cdc.gov/tobacco/basic_information/secondhand_smoke/guides/business/pdfs/save_lives_save_money.pdf)
Centers for Disease Control and Prevention
Provides information on exposure to secondhand smoke in the workplace and the benefits to employers once a smoke-free workplace has been implemented.

Smokefree Apps
(www.smokefree.gov/tools-tips/apps)
Get 24/7 support with a Smokefree app for your smartphone. These free apps offer help just for you based on your smoking patterns, moods, motivation to quit, and quitting goals. Tag the locations and times of day when you need extra support.

Smokefree.gov
(www.smokefree.gov)
U.S. Department of Health and Human Services
Provides smokers who want to quit with free, evidence-based smoking cessation information and on-demand support.

Smoking Cessation Leadership Center
(www.smokingcessationleadership.ucsf.edu)
University of California, San Francisco
Offers presentations, publications, toolkits, factsheets, and videos including one on motivational interviewing in the context of tobacco cessation.

Stay Quit Coach
(www.mobile.va.gov/app/stay-quit-coach)
Stay Quit Coach is an app that is designed to help with quitting smoking. It is intended to serve as a source of readily available support and information for adults who are already in treatment to quit smoking, to help them stay quit even after treatment ends. The app guides you in creating a tailored plan that takes into account your personal reasons for quitting. It provides information about smoking and quitting, interactive tools to help users cope with urges to smoke, and motivational messages and support contacts to help you stay smoke-free.

Tobacco Cessation FAQ Videos for Providers & Clients
(www.bhthechange.org/resources/tobacco-cessation-faq-videos-providers-clients)
National Behavioral Health Network for Tobacco & Cancer Control
National Council for Behavioral Health
Provides 12 short videos that can be used for educational and informational purposes when providing tobacco treatment services to consumers.

Tobacco Recovery Resource Exchange
(https://tobaccorecovery.oasas.ny.gov/)
New York State Department of Health Tobacco Control Program
Offers training and technical assistance to support chemical dependence service programs to implement tobacco-free environment policies and to provide tobacco-dependence education and treatment interventions.

Tobacco Treatment for Persons with Substance Use Disorders: A Toolkit for Substance Abuse Treatment Providers
(www.dshs.wa.gov/sites/default/files/BHSIA/dbh/documents/COTobaccoToolkit.pdf)
Signal Behavioral Health Network
Contains information and step-by-step instructions on identification of clients, assessing readiness to quit, range of treatments, community resources (in Colorado), and recommended agency policies for tobacco treatment and control.

Tobacco Use Cessation Policies in Substance Abuse Treatment: Administrative Issues
(www.store.samhsa.gov/product/Tobacco-Use-Cessation-Policies-in-Substance-Abuse-Treatment-Administrative-Issues/SMA11-4636ADMIN)

Tobacco Use Cessation During Substance Abuse Treatment Counseling
(www.store.samhsa.gov/product/Tobacco-Use-Cessation-During-Substance-Abuse-Treatment-Counseling/SMA11-4636CLIN)
Substance Abuse and Mental Health Services Administration
Provide a brief introduction to implementing tobacco-free policies and practices in treatment settings and pertinent information for counselors, respectively.

Treating Tobacco Use and Dependence: Quick Reference Guide for Clinicians, 2008 Update
(www.ahrq.gov/sites/default/files/wysiwyg/professionals/clinicians-providers/guidelines-recommendations/tobacco/clinicians/references/quickref/tobaqrg.pdf)
U.S. Department of Health and Human Services
Provides updated strategies and recommendations for addressing tobacco use.

Wisconsin Nicotine Treatment Integration Project
(https://uwmadison.co1.qualtrics.com/jfe/form/SV_essYyhGhb4TT5o9)
University of Wisconsin Center for Tobacco Research and Intervention
Offers "Training for Systems Change: Addressing Tobacco and Behavioral Health," a 12-module, online, interactive tutorial that highlights the experience of behavioral health clinicians and administrators who have integrated tobacco treatment and policy.

1-800-QUIT-NOW (1-800-784-8669)
(www.cdc.gov/tobacco/quit_smoking/cessation/pdfs/1800quitnow_faq.pdf)
National Cancer Institute*Connects individuals directly to their state's tobacco quitline.*

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