Association for the Treatment of Tobacco Use and Dependence -- ATTUD
DISPARATE POPULATIONS COMMITTEE

INTEGRATING TOBACCO TREATMENT WITHIN BEHAVIORAL HEALTH

Preface

Tobacco use affects each of us whether it is experiencing first-hand the effects of tobacco addiction, being exposed to secondhand smoke, or losing family or friends to tobacco-related illnesses.

The ATTUD Disparate Populations Committee was convened to identify and address the needs of tobacco dependent clients who are disproportionately affected by tobacco use. These include, but are not limited to: substance abuse, mental health, pregnant smokers and other low income populations. Our first year goal is to address the needs of addiction and mental health clients.

Persons with substance abuse addictions and/or mental health disorders face major health disparities related to tobacco use. Within behavioral health treatment facilities, approximately 80-90% of clients smoke cigarettes.[1] And, more alcoholics die of tobacco-related illness than alcohol-related problems.[2] In addition, there is a 25 year mortality gap between people with behavioral health conditions and the general population.[3] Equally striking is that 44% of all cigarettes are consumed by individuals with addictions or mental health co-morbidities.[4]

Treatment facilities serving clients with behavioral health disorders often do not offer tobacco cessation training to staff or tobacco dependence screening and treatment with clients. Two national surveys were conducted to ascertain availability of tobacco treatment in facilities. One survey by The National Association of State Alcohol and Drug Abuse Directors (NASADAD) in 2010 reveals that, while facility smoke-free policies have increased, provider integration of tobacco treatment into substance abuse treatment is limited or unknown. The National Association of State Mental Health Program Directors (NASMHPD) Research Institute, Inc. also conducted a survey in 2008 reviewing smoking policies and practices in state psychiatric facilities. The results are encouraging in that more treatment facilities had become smoke-free over the previous two years. The NASMHPD survey findings further indicated that most facilities assess a client's smoking status at intake, 80% offer NRT, and 60% offer tobacco cessation counseling. However, most fail to address treatment in discharge plans.

Although questions remain on how, when and what tobacco treatments should be provided to behavioral health clients, the growing evidence base suggests that behavioral health providers can and must have an integral role in implementing tobacco-free policies, offering tobacco education, and integrating tobacco treatment within existing service settings across the lifespan and at every level of care. Persons with mental health disorders and addictions not only urgently need these services, but also desire treatment. Studies have shown that as many as 80% of clients express an interest in tobacco treatment.[5]

In response, the ATTUD Disparate Populations Committee compiled information from several sources, particularly national professional associations, who have issued Policy or Position Statements for their members as guidance for tobacco treatment and tobacco-free facilities. These Statements share similar policy language and several outline specific strategies at state, local agency or institutional levels. Additional perspectives from healthcare professionals, such as the Robert Wood Johnson Foundation meetings in 2002-2003 are also integrated into these recommendations.

The Disparate Populations Committee proposes the following policy statement to move our field forward and encourage expansion of facility and provider tobacco education and treatment integration for the health and wellness of our clients and colleagues.

ATTUD Disparate Populations Committee members:

Committee Chair
Alice J. Dalla Palu, MPA, CTTS-M, CAADC
Executive Director and Northeast Health District Primary Contractor
Tobacco Free Northeast PA @ Burn Prevention Network, Pennsylvania

Janis Dauer, M.S., CAC/CCS
Executive Director
Alliance for the Prevention and Treatment of Nicotine Addiction, Virginia

Cathy McDonald, MD, MPH
Project Director
Alameda County ATOD Provider Network, California

Chad D. Morris, Ph.D.
Associate Professor and Director
Behavioral Health & Wellness Program, Department of Psychiatry
University of Colorado, Colorado

Reason S. Reyes
Director of Technical Assistance
Smoking Cessation Leadership Center, California

Kimber P. Richter, Ph.D., M.P.H.
Associate Professor and Director, UKanQuit at KU Med
Department of Preventive Medicine and Public Health
University of Kansas Medical Center, Kansas

Janet Smeltz, M.Ed., LADC-I, M-CTTS
Director, TAPE Project
Institute for Health and Recovery, Massachusetts

Jill Williams, MD
Associate Professor of Psychiatry and Director of the Division of Addiction Psychiatry
UMDNJ - Robert Wood Johnson Medical School, New Jersey

ATTUD Policy Statement
INTEGRATING TOBACCO TREATMENT WITHIN BEHAVIORAL HEALTH
Disparate Populations Committee

Among persons diagnosed with mental disorders including substance use disorders, the prevalence of smoking is much higher than the general population, increasing their morbidity and mortality and shortening life expectancy by 25 years or more. [6, 7] Tobacco use rates are highest among persons with psychotic disorders, ranging from 54-67%. [8, 9] In addition, smoking rates of persons with other DSM-IV-TR Axis I disorders, including substance use, anxiety, mood and Axis II personality disorders greatly exceed those of the general population.[10] Up to 75% of individuals with serious mental illnesses or addictions smoke cigarettes.[11] In fact, smokers with co-existing psychiatric or substance use disorders account for 44% of all cigarettes smoked in the U.S.[12] Because of this, almost half (200,000) of the 435,000 deaths that occur each year from smoking are among people with mental illness and/or substance use disorders.[13]

Smoking rates for the general U.S. population continue to decline from a peak of 57% in 1955 to 19% in 2010.[14] This has not been the case for people with mental health and substance use disorders. Even so, people with behavioral health conditions want to quit smoking, want information on cessation services and resources, and most importantly, can successfully quit. One study found that 52% of cocaine addicts, 50% of alcoholics, and 42% of heroin addicts were interested in quitting smoking at the time they started treatment for their other addictions.[15] People with psychiatric diagnoses respond to the same smoking cessation interventions with success rates just slightly below those of the general population, [16, 17] and significant reductions in smoking occur without adverse effects on psychiatric symptoms.[18] These trends present an opportunity. Behavioral health providers can improve their clients' life expectancy and health by assisting them to end tobacco dependence.

This Position Statement supports integration of tobacco treatment education and treatment services within behavioral health clinics, facilities and private practice. The Position Statement is in concordance with positions of other national associations and organizations; they follow the Statement.

Position Statement

The Association for the Treatment of Tobacco Use and Dependence (ATTUD) advocates that all clinicians working with individuals with mental health or substance use disorders provide direct treatment to clients, develop professional capacity to do so, and fully integrate tobacco treatment into behavioral healthcare under the following positions.

- **Implement evidenced-based interventions with all patients who use tobacco**.
  Actions:
  1) Screen for tobacco use and dependence at treatment intake, concurrent with assessment for other chemical dependencies.
  2) Develop and implement tobacco treatment plans for tobacco users that address both behavioral and pharmaceutical treatment.
  3) Document tobacco diagnoses in client charts using DSM or ICD criteria.

4) Use available billing procedures and codes to maximize reimbursement and sustain services.
5) Provide discharge plans to facilitate transitions in care and provide referrals for continued support.

- **Enhance the capacity of behavioral healthcare providers to provide effective client-focused evidence-based tobacco treatment.**
  Actions:
  1) Train behavioral health providers in the tobacco addiction process, diagnosis, and evidence-based tobacco addiction management.
  2) Require staff responsible for treating tobacco dependence to demonstrate competency in providing evidence-based tobacco treatment.
  3) Provide ongoing continuing education opportunities for tobacco treatment training

- **Fully integrate evidence-based tobacco addiction treatment into mental health and addiction services.**
  Actions:
  1) Address tobacco addiction with the same degree of commitment, resources, and attention as other chemical addictions.
  2) Require counselors to perform and document tobacco assessment and treatment planning, and incorporate this process into the client overall treatment plan.
  3) Use systems for prompting routine and high quality care, such as reminders, integration into electronic records, and supervision.
  4) Regard tobacco addiction as a primary medical problem requiring training in the management of tobacco addiction with: physician specialists in addiction medicine, primary care physicians, clinical psychologists, psychiatrists, and other allied health professionals for a client-directed team treatment approach.
  5) Advocate for client treatment reimbursement with insurers and employers commensurate with the burden of tobacco use in behavioral health populations which includes tobacco treatment counseling and pharmaceuticals.

- **Require all mental health and substance abuse facilities and campuses to be tobacco free to avoid undermining client and staff efforts to end tobacco dependence.**
  Actions:
  1) Establish a tobacco free policy for buildings, vehicles, and grounds throughout the entire facility campus which applies to all clients, staff, volunteers and visitors.
  2) Provide education and treatment support for staff and volunteers to gain buy-in, motivation, and commitment.

National Organizations Policy Statements on Integrating Tobacco Treatment

The following national organizations, representing behavioral health professionals and the clients they serve, have each adopted a Policy Statement or Position regarding client and professional use and/or tobacco-free environment policy. Please visit their websites for additional recommendations and to examine their full Policy Statement. A brief overview is provided to stress the similarities with these policies and offer guidance for other organizations.

American Psychiatric Association www.psych.org

The American Psychiatric Association encourages psychiatrists to 1) diagnose and treat nicotine dependence, 2) recognize the possible role of nicotine and underlying neurochemical mechanisms in the understanding, diagnosis and treatment of psychiatric disorders, and 3) participate in advocacy, prevention, and research concerning tobacco use.

American Psychiatric Nurses Association www.apna.org

The American Psychiatric Nurses Association advocates that all nurses working with individuals with mental health or substance use disorders:

- Demonstrate competencies at respective education levels, for smoking cessation,
- Implement intervention with all tobacco dependent persons in respective practice settings,
- Take action to change attitudinal, institutional and organizational barriers to improve patient access to smoking cessation interventions by:
    1. Engaging in state-focused efforts by APNA leaders and members, including APNA chapter activities;
    2. Disseminating APNA's position through media, professional and lay literature, and partnering with other professional organizations.
- Advocate for policy and system wide changes,
- Promote education through the inclusion of didactic and experiential content nursing education and continuing nursing education programs,
- Support the proposal of the APNA Tobacco Dependence Council for actions to increase each year by 5%, the number of psychiatric nurses who report referring smokers to treatment (Ask-Advise-Refer),
- Support the proposal of the APNA Tobacco Dependence Council for actions to increase each year by 5%, the number of psychiatric nurses who provide intensive tobacco cessation interventions (5As).

American Society of Addiction Medicine, Inc. www.asam.org

ASAM encourages policy changes that lead to the integration of evidence-based nicotine addiction treatment into mental health and addiction services. Addiction treatment services should address nicotine addiction on a par with other chemical addictions. Counselors should be trained to assess for nicotine addiction when they do assessments for other chemical addictions. When nicotine addiction is present for a patient, the treatment plan should address the patient's nicotine addiction as it would address any other addiction. Addiction treatment service providers should make their facilities and grounds smoke-free environments for patients, staff and visitors alike.

NAADAC: The Association for Addiction Professionals www.naadac.org

In accordance with the avowed purposes of NAADAC, The Association for Addiction Professionals, promoting and supporting the most appropriate and highest quality of care and treatment for chemically dependent clients/patients and their families, advocates and supports the development of policies and programs that promote the prevention and treatment of nicotine dependence on a par with alcoholism and drug dependence.

NAADAC regards nicotine addiction as a primary health problem, and recognizes tobacco-caused illnesses as the direct consequence of nicotine dependence. Just as alcoholism and other drug addictions have not always been viewed as primary diseases, the health profession has traditionally viewed tobacco use as a risk factor for other diseases, but not as a primary health problem itself. This approach has impeded rather than advanced the development of optimal treatment methods for clients addicted to nicotine. NAADAC recommends that all patients presenting for substance abuse services be screened and assessed for tobacco use and, where applicable, that a tobacco or nicotine diagnosis, using DSM-IV or ICD 9 criteria, be made in the patient's chart.

NAMI: The National Alliance on Mental Illness www.nami.org

NAMI is committed to supporting in every way the wellness of people with mental illness and in recovery. NAMI recognizes that cigarette and other tobacco use is a dangerous form of addiction. Such addiction creates more significant health problems for people with mental illness and in recovery. People with mental illness and in recovery have the right to be smoke free and tobacco free. Effective prevention and treatment, including treatment of the effects of withdrawal, are available and should be part of effective mental health car treatment and recovery. People with mental illnesses must be given education and support to make healthy choices in their lives.

NASMHPD: National Association of State Mental Health Program Directors
www.nasmhpd.org

As individuals committed to supporting health, wellness and recovery, and entrusted with the care and management of consumers and staff in our facilities and of limited public funds, we must act on what we know. Therefore, NASMHPD stands against tobacco and will take assertive steps to stop its use in the public mental health system.

As physicians, we commit to educating individuals about the effects of tobacco and facilitating and supporting their ability to manage their own physical wellness. We will practice the 5 A's; ASKING individuals about tobacco use, ADVISING them to quit, ASSESSING their readiness to make a quit attempt, ASSISTING with that quit attempt and ARRANGING follow-up care.

As administrators, we will commit the leadership and resources necessary to create smoke free systems of care, provide adequate planning, time and training for staff to implement new policies and procedures, and ensure access to adequate and appropriate medical and psychosocial cessation treatment for consumers and staff alike.

As partners in the recovery process, we will work with national organizations and decision makers, public and private service providers, and other support systems to ensure that those who want to be tobacco free have access to continued cessation treatment and support in the community. Health and wellness is a shared responsibility.

NASMHPD is committed to doing their part to assist individuals in going tobacco free and will continue to advocate for those with mental illness in their right and hope to be well in recovery.

NIDA: National Institute of Drug Abuse www.nida.nih.gov

NIDA has labeled nicotine as a prototypic dependence-producing drug and the role of nicotine in tobacco use is considered to be analogous to the roles of morphine, cocaine, and ethanol, in the use of opium, coca-derived products, and alcoholic beverages. NIDA further asserts that behavioral and pharmacologic intervention techniques with demonstrated efficacy for the treatment of addiction to opiates, alcohol, cocaine, and other drugs, are equally effective for the treatment of nicotine addiction.

New research (NIDA Notes October, 2000) indicates that alcohol and opiates addicts may be at increase risk of relapse if they continue to smoke after completing treatment. Recent studies have shown an irrefutable link between tobacco products cessation and success in drug treatment. Alcoholics and drug addicts who also stop using tobacco products are up to eight times more likely to remain clean and sober than those who don't.

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