Disseminating Smoking Cessation Treatment in Community Substance Abuse Programs

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Substance Abuse and Tobacco Use Are Co-Occurring Conditions

• Smoking is highly prevalent among individuals receiving substance abuse treatment (SAT)
  – 70- >80% are smokers (; Kalman et al., 2005; Lawrence et al., 2009)
  –Tobacco-related diseases are the leading cause of preventable morbidity and mortality

• Yet, very few substance abuse programs implement SC
Adoption of SC Treatment Services

- No Services, 57.8%
- Counseling-Only, 5.8%
- Medication-Only, 25.2%
- Counseling & Medication, 11.2%

Knudson et al., 2009
Traditional Barriers

• Believe SC will affect recovery and increase relapse; although SC interventions are more likely to be implemented in programs where counselors believe that SC will enhance recovery.
• Not important in successfully treating substance abuse
• Losing patients who will choose other treatment programs that do not address SC
• Staff who still smoke or are ex-smokers
• Lack of SC skills
Research refutes common myths about SC during substance abuse treatment

- Meta-analysis: SC interventions delivered during treatment increase the odds of abstinence (Prochaska, Delucchi & Hall, 2004)
- Continued smoking post-treatment increases risk of substance abuse relapse, and quitting smoking reduces risk of relapse (Satre et al., 2007; Tsoh et al., 2011)
- Growing recognition that SC is clinically important (Baca & Yahne, 2009; Schroeder & Morris, 2010)
- Substance abuse treatment setting provides an important opportunity to address tobacco dependence
Evidence-based interventions - CDC Recommendations

- Increasing the price of cigarettes,
- Enacting comprehensive smoke-free policies,
- Funding mass media campaigns, and
- Making cessation services fully accessible to tobacco users *
SC spends 8.0% of the CDC’s recommendation and ranks 32nd among the states in the funding of tobacco prevention programs. South Carolina’s spending on tobacco prevention amounts to 2.1% of the estimated $241 million in tobacco-generated revenue the state collects each year from settlement payments and tobacco taxes.
Smoking-Cessation and stimulant treatment (S-CAST): Evaluation of the impact of concurrent outpatient smoking-cessation and stimulant treatment on stimulant-dependence outcome

- Community research project implemented in 3 South Carolina Community Substance Abuse Treatment Centers
S-CAST

1. Buproprion XL 300 mg/day for 10 weeks
2. “Smoke Free and Living it” counseling
3. NRT (nicotine inhaler) starting on quit day at week 3
4. Prize based contingency management for CO < 4 ppm starting week 4
Quit Smoking Plan: Adapted from Original Study

Choose Your Treatment

Counseling

Medication and Counseling

Medication

Individual Sessions

Contingency Management

Meet with Doctor

Prescription given

Medication Management – monthly visits
More Barriers

• Managerial/administrative support – not a treatment priority
• Philosophy of treatment program – 12 Step/use of paraprofessionals in recovery
• Having MD/NP/PA available for prescribing
• Insurance/Medicaid coverage (only for meds)
• Substance abuse treatment done primarily in group setting
• Continued resources - Will not have enough patients to support staff dedicated to SC
Increasing Chances of Adoption

• Staff training in SC interventions
• Move staff from contemplative to action stage of change – peer outreach workers, more dialogue
• Adapting interventions - group
• Policy changes - reimbursement for smoking cessation counseling,
  – Environment – universal smoke free campuses, getting all agencies on board with policy changes
  – Economics – incentives for programs to implement SC
• Starting programs in most vulnerable groups – pregnant women, adolescents
• ???