Substance Use Disorder & Tobacco

John de Miranda
Peninsula Health Concepts
National Association on Alcohol, Drugs and Disability
Where my alcohol use disorder ended but smoking continued
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 Miiranda
From the A.A. Grapevine

"You really ought to stop smoking."—Don G., Homell, 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.

What We Know…

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


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

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.


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

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.


- ...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

One 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.

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

* Brooke Feldman, Filter (magazine), February 12, 2119
Community activists protest the Philadelphia ban
Myths and Barriers

Siloization of service delivery systems
Myths and Barriers

Sobriety trumps damage from cigarette smoking
Myths and Barriers

Recovery culture
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. However, nicotine itself is not very harmful, as inferred from the long history of use for nicotine replacement therapy products. 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


- 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.


Résultats de l’enquête cigarette électrique ETINCEL – OFDT, 2014
THR Strategies

- Cutting down (decreasing use)
- Cessation programs
- 12-steps (Nicotine Anonymous)
- 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)
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.
Nicotine Replacement is 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 (/snuːs/; Swedish pronunciation: [ˈsnuːs]) 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 Addiction Treatment & Recovery THR Project send an e-mail to John de Miranda:

solanda@sbcglobal.net

Or call/text
650-218-6181