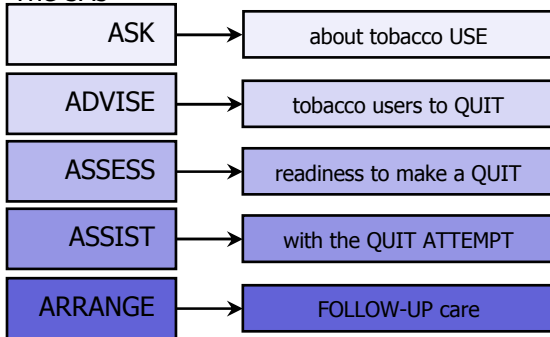


Assessing and treating tobacco dependence

There is no clinical intervention today that can reduce illness, prevent death, and increase the quality of life more successfully than effective tobacco treatment interventions. The advice of a health care professional can more than double smoking cessation rates. The 5As tobacco cessation intervention comes out of a document developed in 2000 by the US Department of Health and Human Services and is based on over 25 years of research.

The 5As



When assessing their readiness to quit tobacco use, you will encounter 2 types of users- those ready to quit and those not ready to quit. If your client is ready to quit, help them create a quit plan to maximize their success. The most successful tobacco treatment plans include elements of behavioral counseling and medication. A great resource for clients at this stage is the Quit Line, 1-800-QUIT-NOW.

There is a motivational intervention, called the 5Rs, that can be utilized when your client is not ready to quit. *Relevance*: Make advice relevant to the client. For example, relate tobacco addiction to other drug addictions. *Risks*: What are the real and current risks for this client? *Rewards*: Explore with the client ways that they will benefit from quitting. *Roadblocks*: What does the client identify as reasons not to quit? And *Repeat*: repeat advice to quit at every encounter.

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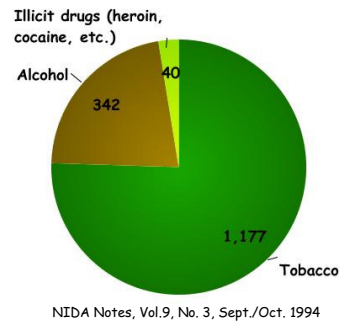
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Integrating Tobacco Cessation into Alcohol & Other Drug Treatment

70-80% of substance abuse treatment patients are somewhat or very interested in quitting their tobacco use.¹

Number of deaths from drug-related illness, per day



Why is it important to address tobacco use in treatment?

Between 75-90% of people in treatment for substance abuse are current tobacco users.¹ Because of these high rates of use, tobacco-related illness is the leading cause of death for patients previously treated for alcoholism and/or other non-nicotine drug dependence.²

The combined use of tobacco with alcohol or other drugs leads to increased risk of disease. For example, alcoholics who smoke have:

- Ten (10) times the rate of pancreatic cancer
- Three (3) times the rate of cirrhosis of the liver
- Thirty eight (38) times the rate of mouth and throat cancer

than alcoholics who do not smoke.

Additionally, cocaine users who smoke have four (4) times the rate of heart disease than cocaine users who do not smoke.

(Data on disease rates provided by Deb Drandoff, M.Ed., Director, Tobacco Prevention Center, Vancouver, WA, 2007.)

Tobacco Cessation During Treatment Improves Recovery Rates

Evidence is clear that treatment for tobacco or nicotine dependence while in treatment for alcohol and other drug dependence doesn't hurt recovery, and may actually improve overall sobriety rates.

- Successful tobacco quitters were three times as likely not to use cocaine as their peers who smoked³
- Alcoholics who stop smoking during recovery are more likely to remain abstinent from alcohol than those who keep smoking⁴
- Continued use of nicotine may be a relapse factor for resuming alcohol use⁵
- Alcoholics who quit smoking are more likely to succeed in treatment⁶



Balance by Andy Everson

Treating Addiction

We wouldn't treat a client for alcohol abuse and ignore their marijuana abuse, or treat a client for methamphetamine abuse and ignore alcohol abuse. Tobacco dependence needs to be addressed in treatment in the same way as other addictions.

The emotional and cognitive processes associated with tobacco use are identical to those associated with the use of alcohol and other drugs. **By addressing all addictions simultaneously, including tobacco use, we are increasing the ability of our clients to remain abstinent from the addictions that harm them in the short term and the long term.**

When the word "tobacco" is used in this document, it refers to the use of commercial tobacco products, not tobacco used in traditional ceremony by some American Indians.

Accreditation Standards

Many accreditation agencies for treatment facilities are beginning to see the importance in integrating tobacco cessation into treatment. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requires smoking policies, and both the Association for Addiction Professionals (NAADAC) and the American Society for Addiction Medicine support the treatment of tobacco dependence. The State of New York is now requiring their licensed facilities to not only provide tobacco dependence treatment, but to have 100% tobacco free grounds. Many other states, including Oregon, are beginning to address this issue as well.



The Oregon Quit Line

There is a great resource to use when referring clients to tobacco cessation services. The Oregon Quit Line, 1-800-QUIT-NOW, provides free behavioral counseling and nicotine replacement therapy (patch, gum) to Oregon residents. It does take about 20-40 minutes during the initial phone call, but it is a great free service to help our clients start the quit process.