
Best Practices for Tobacco Treatment for Clients who have a Dual Diagnosis

Brown Bag, March 1, 2024

*Tobacco Treatment Training Program
EBCRP, LifeLong Medical Care*





OUR PROGRAM

The Tobacco Treatment Training Program **helps behavioral health providers in Alameda County improve their tobacco use interventions through a trauma-informed and equity-focused lens.**

Contracted with Alameda County Behavioral Health Care Services (ACBH) to support **ACBH-funded substance use disorder and mental health treatment providers**

Provide **free training and technical assistance** to healthcare staff and leadership

Program Manager - Tara Leiker, PhD
Program Coordinator - Sophia Artis

Housekeeping



Upon joining, all participants will be automatically muted. Participants are encouraged to turn their cameras on.



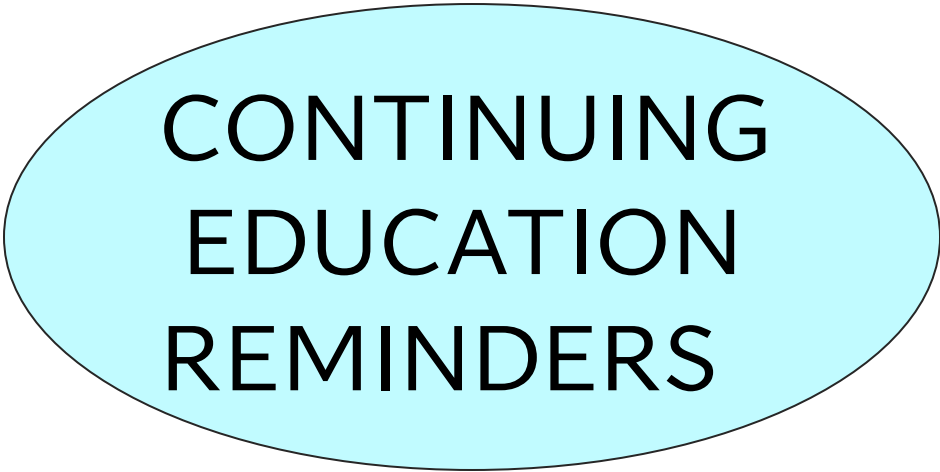
Please change your Zoom name to your first and last name and your organization/agency (e.g., "Jane Doe, LifeLong Medical Care").



This webinar is being recorded. The link to the recording will be shared after the training, along with a PDF of the slides.



Please use the Zoom Chat to ask questions. We will address questions during the Q&A period at the end of the training.



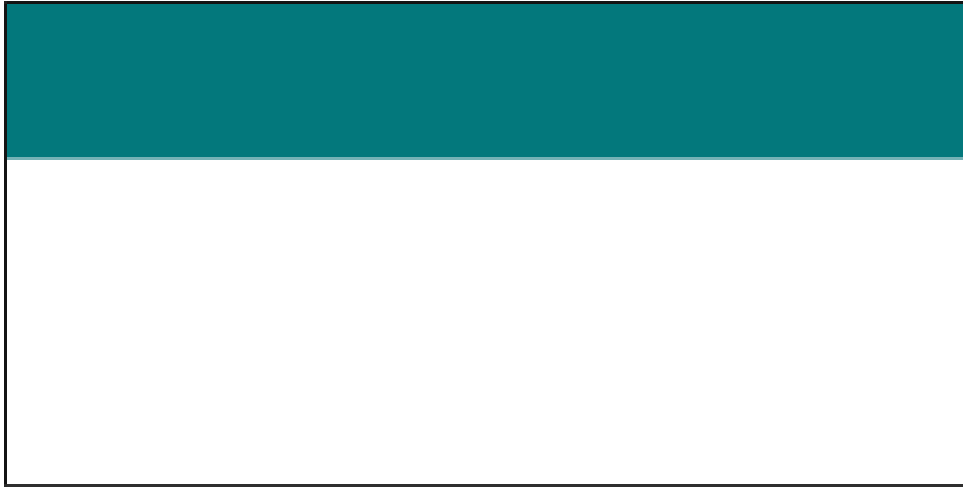
CONTINUING EDUCATION REMINDERS

This brown bag is eligible for one (1.0) hour of continuing education credit for LMFT's, LCSW's, LPCC's, LEP's, and SUD Counseling Staff as required by the California Board of Behavioral Sciences and by the California Consortium of Addiction Programs and Professionals (CCAPP).

To receive CE credit, attendees must be present for the entirety of the training and complete the post-test, which will be provided after the Q&A section.

Attendees who do not qualify for CE credit are eligible to receive a course completion certificate, also conditional on completion of the post-test.

Pre-Test





Introductions

Who are you? Please put your name and 1 thing you hope to get from this training in the chat.

The Focus: Learning Goals

- To gain an overview of the basics of evidence-based practices for tobacco treatment such as the 5 A's, basic behavioral counseling methods and motivational interviewing (MI) strategies, recovery action plans (RAP), and Nicotine Replacement Therapy (NRT).
- To learn the essential intersections of tobacco use disorder (TUD) and mental health (MH) disorders.
- To develop an understanding of the best tobacco treatment practices to use with clients who have a dual diagnosis.
- To understand how to develop an appropriate treatment plan for a client who has a dual diagnosis.

Facts about Tobacco & those with a Mental Health Condition

- Commercial tobacco-related diseases are the number 1 cause of death for people who have a mental health condition.
 - Commercial tobacco use can trigger cravings and urges to drink and use drugs.
 - Commercial tobacco use mimics addiction to other drugs and alcohol. Recovering from tobacco use is likely to help someone who does drink or use drugs as well, stay clean and sober.
 - Commercial tobacco/nicotine is as addictive as heroin and cocaine.
 - Using commercial tobacco interferes with dosage levels of some psychotropic medications, requiring higher doses. When someone recovers, they will probably find they'll need less of these medications.
-

An Introduction to Evidence-Based Practices for Tobacco Treatment

*Basic counseling methods, basic MI
strategies, the RAP, and NRT*



Tobacco Recovery Treatment

Core Components

Treatment Triangle

**Medication-Assisted
Pharmacotherapy
(MAP)**

**Physiological
(Dependence)**

*Medications

**Spiritual Support
(Best Friend)**

Counseling

Circle of Support

**Physical
(Behaviors, Habits)**

**Psychological
(Moods, Feelings, Perceptions)**



Intro to Basic Counseling Methods

Cognitive Behavioral Methods

80% mental, 20% physical

Changing the way we think- altering thoughts

Interrupting behavioral patterns

MI Skills for Change

Active listening

Role in being present and curious

Open-ended questions

Affirming statements

Reflective statements

Summarizing statements

+Offering information

Brief Intervention: 5 A's

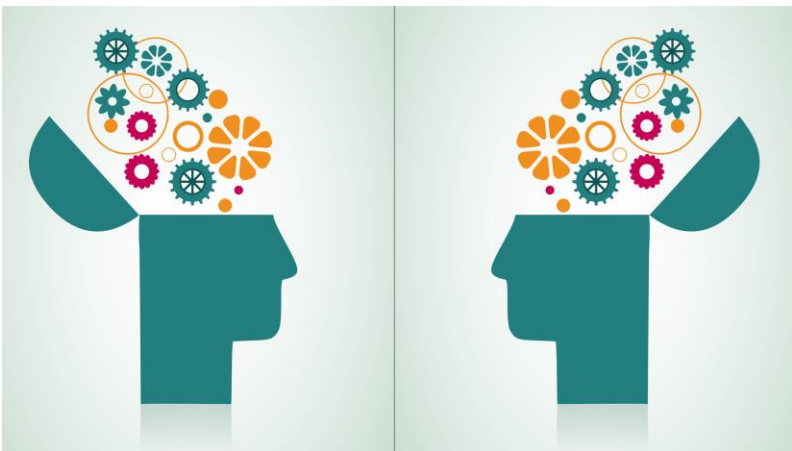
Ask about tobacco use

Advice to change tobacco use

Assess willingness to make a change attempt

Assist in attempt to cut down or engage in a full recovery action plan

Arrange for follow-up
& Connect to resources



Intro to RAP & NRT's



The RAP

An easy tool to use in a first step to recovery

Setting a tobacco recovery date & a supportive plan towards success

*Forming a support circle

MAP & NRT's

7 FDA-approved medications for tobacco use recovery

1st line recommendation:

Combination pharmacotherapy

Long-acting formulation (patch) +

Short-acting formulation (gum, lozenge, nasal spray)

Bupropion SR + Nicotine patch

The Important Ways Tobacco Use Disorder (TUD) & Mental Health (MH) Disorders Intersect



Existing health disparities

Disparities in the Intersection of TUD & MH Disorders

Loretan et al. (2022) Pooled Data from 2019 and 2020 National Survey on Drug Use and Health

American Lung Association (2023) Data

27.2% Serious Mental Illness (MI)

25.0% Serious Psychological Distress and Major Depressive Disorder (MDD)

24.5% Serious Psychological Distress

22.8% Any MI

21.2% Mild or Moderate MI

17.6% MDD

Lifetime rates higher - MDD (59%), Bipolar Disorder (83%), or Schizophrenia and other Psychotic Disorders (90%)

70 to 85% Schizophrenia

Likelihood of use increased by 22% - Post-Traumatic stress disorder

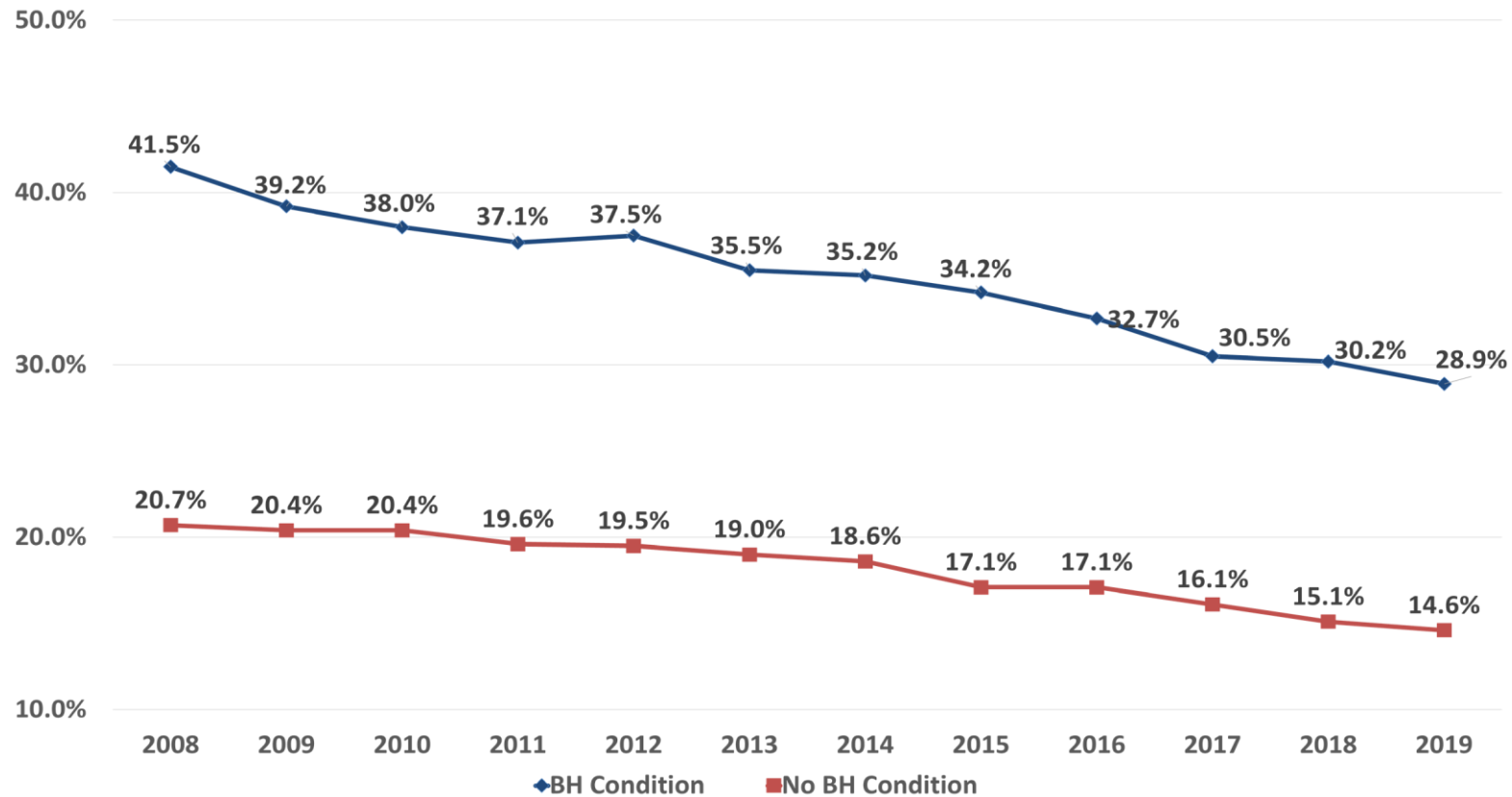
Presence or history of Depression - greater severity and poorer outcomes

Increased likelihood heavy use and decrease in successful recovery with Social Anxiety

Serious MI - increased risk of dying of cancer, lung disease, and cardiovascular disease and accounts for more than 200,000 of 520,000 deaths/year

Individuals with serious MI die 15 years earlier

Current Smoking Among Adults (age > 18) With Past Year Behavioral Health (BH) Condition: NSDUH, 2008-2019



Adults with mental health or substance use disorders
represent **25%** of the population,
but account for **40%** of all cigarettes smoked by U.S. adults

Tobacco treatment is highly needed in SUD/MH populations

FACTS

- People with severe mental health needs die 10-25 years sooner than the general population.
- Half of all people in substance use recovery die of tobacco-related diseases.
- Studies show that less than half of people in MH or SUD treatment are offered tobacco treatment services/support.

National BH Smoking Rate Breakdowns

Population	Smoking Rate
Alcohol Use	56.1% (past mo.); 43.5% (lifetime) ¹
Drug Addictions*	67.9% (past mo.); 49% (lifetime) ¹
Individuals receiving substance abuse treatment	77% ⁴
Opioid-dependent individuals	92% ⁵
Schizophrenia	70-85% ²
Anxiety	54.6% (past mo.); 46% (lifetime) ¹
PTSD	44.6% (past mo.); 45.3% (lifetime) ¹
ADHD	41-42% (adults) ¹ ; 19-46% (adolescents) ³
Bipolar Disorder	60-70% ⁵

¹Lasser et al., JAMA 2000; 284(20): 2606-2610.

²Ziedonis et al., Nic and Tob Res 2008;10(12):1691-1715.

³McLernon et al., Ann NY AcadSci 2008;1141: 131-147.

⁴Kelly et al: Drug and Alcohol Review. 2012;31:638-644

⁵Brooner et al: Arch Gen Psychiatry. 1997;54:71-80.

⁵Thomson D, Berk M, Dodd S, et al. Tobacco Use in Bipolar Disorder. *Clin Psychopharmacol Neurosci* 2015;13(1):1-11

*Includes all substance use disorders outlined in DSM-III-R

POLL:
Myth or Reality?

Less Access to Treatment in Behavioral Health Population

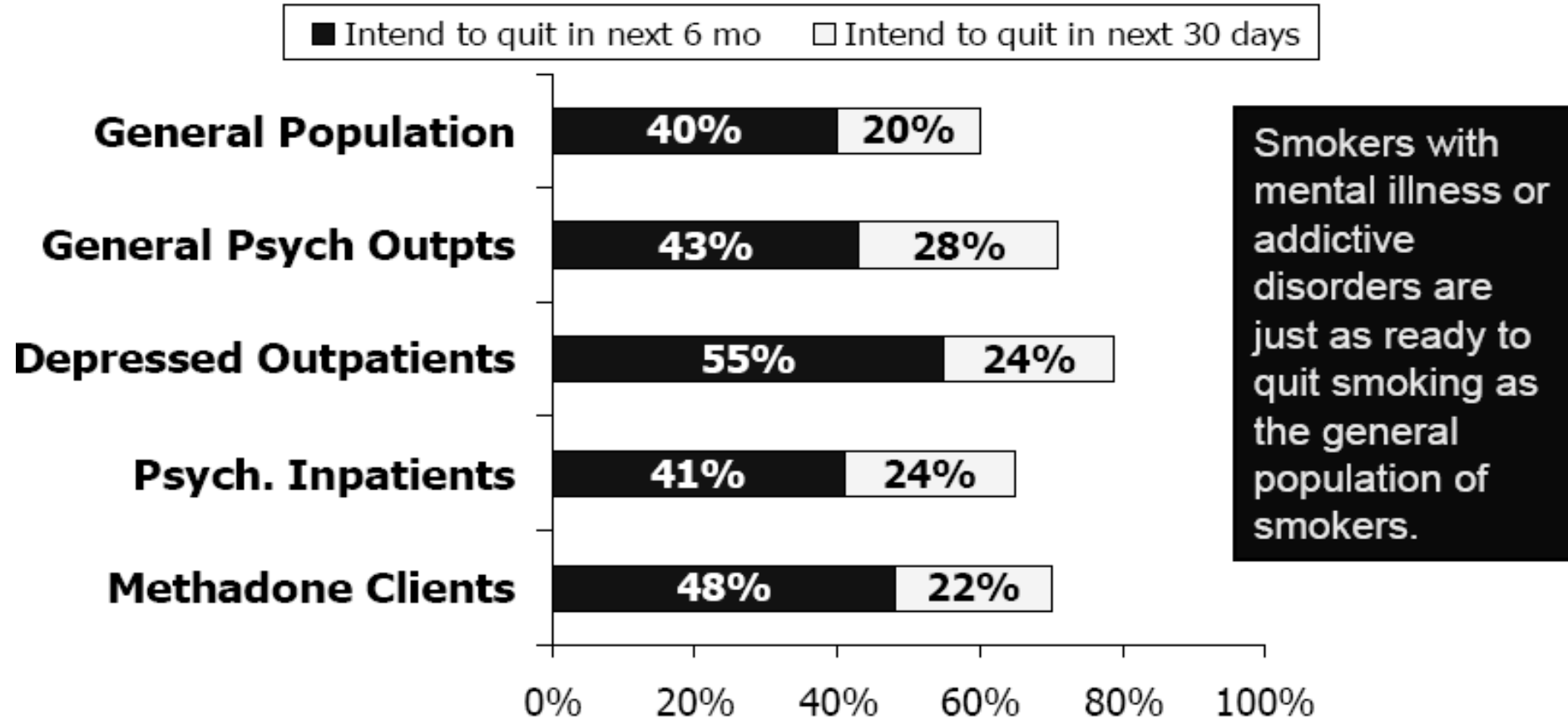
Misconceptions

- ❑ They do not want to or are not able to start a tobacco recovery journey
- ❑ Using commercial tobacco helps manage mental health symptoms
- ❑ Recovering from commercial tobacco use will jeopardize sobriety or treatment outcomes
- ❑ Commercial tobacco use is a low priority problem

Reality

- ❑ They are as motivated to recover from commercial tobacco use as those who do not have a mental health condition
- ❑ They are able to start a tobacco recovery journey, especially when offered proven treatments
- ❑ Recovering from commercial tobacco use improves psychological well being

READINESS to QUIT in SPECIAL POPULATIONS



*** No relationship between psychiatric symptom severity and readiness to quit**

Slide Courtesy J Prochaska; Acton 2001; Prochaska 2004; Prochaska 2006; Nahvi 2006

Smoking threatens recovery; cessation promotes it

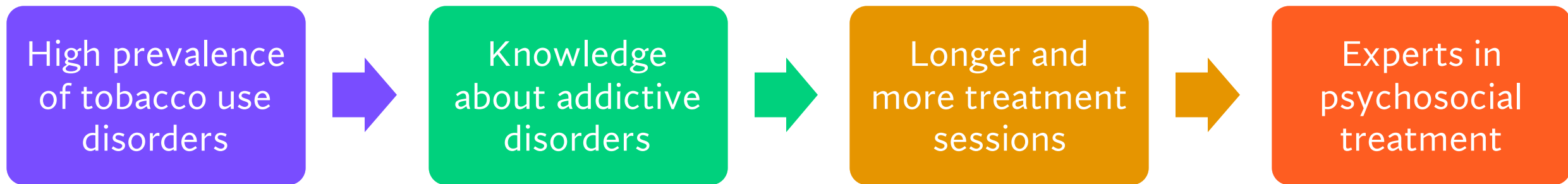
Study	Findings
National epidemiologic study (Weinberger et al, 2017)	Tobacco use initiation or continuation increases risk of SUD relapse
Meta analysis of 19 RCTs (Prochaska et al, 2004)	25% increased likelihood of long term abstinence from alcohol and drugs
RCT (Shoptaw et al, 2002)	Smoking cessation correlated with opiate and cocaine abstinence

Tobacco use recovery improves mental health symptoms

- Tobacco treatment reduces depression, PTSD, schizophrenia symptoms and causes NO worsening in clinical symptoms
- Tobacco use recovery can decrease need for/dosages of psych meds
- Improves depression symptoms as much as SSRI (antidepressant)



Behavioral Health Should Take the Lead



What is the best treatment for adults using cigarettes with TUD? (6-month efficacy)

Rates tend to be slight lower for severe MH/SUD Yet definitely possible with extended support, encouragement, medications, policy and intentional stepped care



Self Choice Recovery (aka Cold Turkey): 5%



Physician Advice: 10%



Group or Individual Counseling: 20%



Medication: 20%



Together- Medication + Counseling: 35-40%



Prolonged Treatment: >40%



Best TUD Treatment Practices for Dual Diagnosis Clients

Prevention and Treatment of TUD

Prevention goal is to prevent people who have never used cigarettes from ever using

When we treat adults who have a TUD we must treat the harmful behavior of the act of smoking a cigarette

AND

Address the Nicotine Addiction (cravings/withdrawals)

Treatment Goal is to guide people who use tobacco **AND** are addicted to nicotine on a harm minimizing path to abstinence, with room for reduction and/or alternative nicotine options

MIND MATTERS - Provide Clients with the Tools

80% All Mental



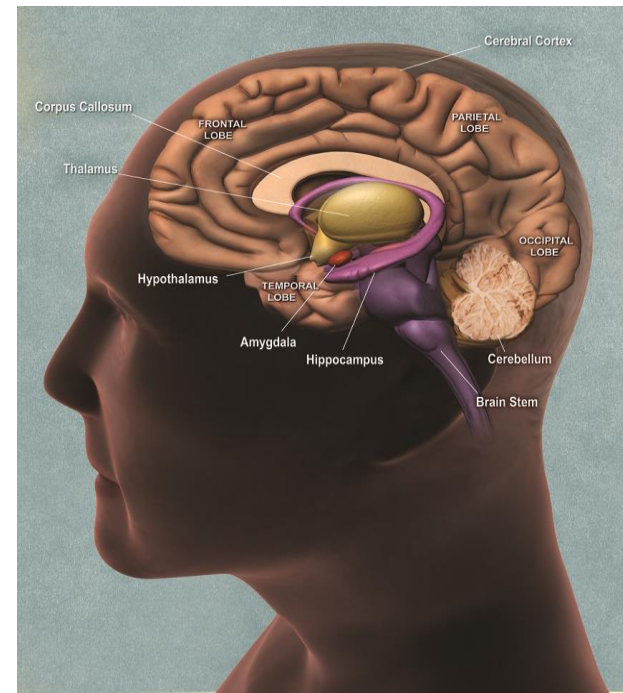
Desire or Need
for Cigarettes

Causes Irresistible
Cravings

One's Mind is a
Constant Reminder

Programmed to
Believe that it's an
Inseparable Part of
Your Life

Only 20% Physical



Your Client CAN Be
Empowered

Your Client CAN Do
Something About It

Can Unlearn Your
Programmed Mind

Cognitive Behavioral Recovery (CBR) Method

Removes desires to smoke by changing how you think about tobacco use (cognitive) and breaking the habit (behavioral) in 4 steps.

94% success rate. 85% of those with a tobacco use disorder recover fully on first attempt and 9% on their second or third attempt.

Stage 1. Choose to Engage in a Recovery Action Plan

Start preparing to recover. Make a real decision to improve health and life, understand the addiction, and commit to recover from your tobacco use disorder.

Stage 2. Change Your Mindset

Change thinking about tobacco use by seeing yourself as someone who is fully recovered from a tobacco use disorder instead of someone who is *trying* to recover from a tobacco use disorder and believe that you can succeed. This **removes the fears** stopping you from becoming a happy non-tobacco user.

Stage 3. Change Your Pattern of Tobacco Use

Eliminate your desire to use tobacco and rewire all of the triggers that instill the desire. This breaks the tobacco use habit. At the end of the stage, smoke your last cigarette.

Stage 4. Condition Your Tobacco & Smoke-Free Life

Help protect success and adjust to your tobacco and smoke-free life so you can **remain a happy non-tobacco user ongoing** without feeling deprived, suffering from stress, or gaining weight.

Counseling

ASSESS Willingness of individual to address the behavior and the addiction. What does the individual like about cigarette smoking?

ASSESS Barriers in preventing reduction/cessation. Addressing these barriers are a part of the RAP Plan.

NOTE previous attempts of reduction/treatment. These previous attempts will give insight into what worked and what did not. Did the individual use medication?

USE Decisional Balance/Motivational Interviewing. This will help shift the ambivalence and guide individual through stages of change.

DRAW ON the individual's strengths and ability to cope. Only the individual can make the change.

*Remember most people want to recover from tobacco use and have tried before.
It's our job to provide them with the right guidance and tools.*

MI Skills for Change

Active listening

Role in being present and curious

Open-ended questions

Affirming statements

Reflective statements

Summarizing statements

+Offering information



A group of people, mostly men, are shown from the chest up, with their hands raised in a gesture of support or agreement. The background is blurred, focusing attention on the hands and the text. The lighting is soft and natural, suggesting an indoor setting like a meeting or workshop.

Motivational Interviewing (MI)

is...

*...a collaborative
conversation style for
strengthening a person's
own motivation and
commitment to change.*

In MI: Your Role is to be Present & Curious

The SPIRIT of MI: PACE

PARTNERSHIP - Sharing the power and expertise

ACCEPTANCE - Autonomy: client makes the decision

Accurate Empathy: understanding

Absolute Worth: lack of judgment

Affirmation: acknowledging strengths

COMPASSION - Working for the client's best interest and welfare

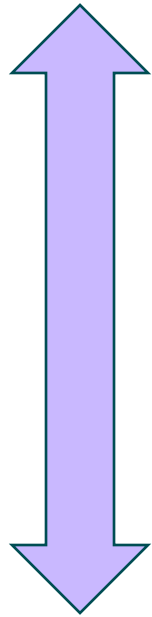
EVOICATION - Inviting the client's views, knowledge, opinions



Active Listening & Open-Ended Questions

Reflection

SIMPLE



COMPLEX

Repeating

Rephrasing

Paraphrasing

Reflection of feeling

Types of Complex Reflections

Double-sided: On the one hand...and on the other hand...

Amplified: This (behavior) doesn't cause you any problems
[watch tone of voice]

Emphasizing autonomy: It is really your decision whether or not to...

Metaphor: It is as if...

Affirming: It's important to you to be (value)

Emotion: You are feeling...

Practice: Three in a Row

Pair Breakouts

Speaker – *read statement provided*

PRACTICE: *“I believe there are people that need to quit smoking if it’s hurting them. I don’t think that’s me”*

Listener

- simple reflection
- deeper (paraphrase)
- deepest (feeling, metaphor)

*Switch roles – Listener becomes Speaker,
new Listener*



Brief Interventions

2 A's & R

5 A's & Connect

Brief Intervention: the 2 A's and R

ASK about tobacco use:

"Do you currently smoke cigarettes or use other forms of tobacco?"

ADVISE the client/patient to recover:

"Starting a tobacco recovery journey is one of the best things you can do for your health. I strongly encourage it. Are you interested in starting a Recovery Action Plan?"

REFER the client/patient to resources: If ready to start a RAP, help them to develop one or provide direct referrals to resources that will assist the client/patient in creating one. Provide direct referrals. Prescribe medications, if appropriate.

"This is a resource I recommend. It will provide you with support, help you create a plan to recover, and talk to you about how to overcome urges you might have to smoke after you do."

IF NOT READY TO RECOVER: Strongly encourage clients/patients to consider starting a recovery journey by using personalized motivational messages. Let them know you are there to help them when they are ready.

The 5 A's & Connect

ASK

- **ASK** about tobacco use: use simple questions with basic language that can be easily understood.

ADVISE

- **ADVISE** to change tobacco use while being sensitive to cultural differences and background of trauma.

ASSESS

- **ASSESS** willingness to make a change attempt while being person-centered and utilizing culturally-sensitive and trauma-informed approaches.

ASSIST

- **ASSIST** in attempt to cut down or quit with support and while acknowledging past successes.

ARRANGE

- **ARRANGE** for follow-up considering their needs in doing so. Follow up regularly with clients wanting to recover.

& **CONNECT** to Resources

ASK about use - Use a simple question to collect and analyze information about the client, e.g., identify tobacco use.

1. Would it be ok if we spend a few minutes talking about your relationship with cigarettes/tobacco/vaping?

2. “Tell me, how does tobacco use fit into your life?”

3. How much do you use tobacco? How many times per day?

4. Do you wake at night to use tobacco?

5. **How soon after you wake do you use tobacco?** (identify level of dependence)

6. When do you enjoy using tobacco? (identifies TRIGGERS: People, Places, Things, Situations)

7. How many times have you tried to recover from tobacco use? (Celebrate past recovery attempts, learn what worked)

8. What motivates you to engage in a tobacco use recovery action plan? (highlights change talk, MI)

9. What is your biggest fear with engaging in tobacco use recovery?

ADVISE to recover - Identify the behavioral change required and suggest that the client make that change, e.g., recommend the smoker considers stopping.

CLEAR: "Recovering from tobacco use can help you stay recovered from other substances"

PERSONALIZED SUD: "Recovering from tobacco use can help you stay sober from alcohol?"

Personalized MH: "Recovering from tobacco use can help improve your mood "

ASSESS readiness to recover - Determine the stage of change the client is in, e.g., is the person with a tobacco use disorder prepared to attempt to recover?

"Are you interested in talking about starting a tobacco use recovery action plan today?"

"Do you think you want to start a recovery action plan eventually?"

"What do you think it would take for you to be ready?"

Importance/Confidence Scale

ASSIST to Recover/Reduce/Counseling -

Assistance needs to be appropriate to the stage the client is in, e.g., use counseling, training, or pharmacotherapy to help them recover.

Practical Counseling

- Problem Solving and Skills Training
- Build on past tobacco use change experiences
- Recognize danger situations
- Develop coping skills
- Education about successful tobacco use treatments

Social Support

- Encourage the patient in a change attempt
- Communicate caring and concern
- Encourage the patient discuss their change attempt with loved ones

ASSIST and ARRANGE Follow-Up - Assistance needs to fit the stage the client is in, e.g., use counseling, training, or pharmacotherapy to help them recover from tobacco use.

If Ready, Start a Tobacco Recovery Action Plan

- Recovery Start date?
- Who can help you?
- What are your triggers?
- Skills and behaviors you can use?
- How will you prepare?

Areas to Follow-Up:

- Medication: contact doctor
 - Pharmacy issues
 - Recovery Start date
 - Complications
 - Not taking them correctly
- Helpline Referral
- Ongoing Counseling
- Letting the PCP know
- Support through slips/relapses



Medication Assisted Pharmacotherapy & The Different Kinds of Nicotine Replacement Therapy

Using tobacco threatens recovery; Cessation promotes it

Study	Findings
National epidemiologic study (Weinberger et al., 2017)	Tobacco use initiation or continuation increases risk of SUD relapse
Meta analysis of 19 RCTs (Prochaska et al., 2004)	25% increased likelihood of long-term abstinence from alcohol and drugs
Randomized Control Trials (RCT) (Shoptaw et al., 2002)	Recovering from tobacco use correlated with opiate and cocaine abstinence

Medication & Considerations in SUD/MH Client Population

- *Tobacco treatment improves mental health symptoms-reducing depression, PTSD, schizophrenia symptoms and causes NO worsening clinical symptoms
- *Recovery from tobacco use can decrease need for/dosages of psych meds
- *Improves depression symptoms as much as SSRI (antidepressant)

Behavioral health clients with TUD:

- Most will need medication to help with a RAP
- May need higher doses, longer duration of treatment, and a combination of medications

Medication Assisted Pharmacotherapy



7 FDA-Approved Medications Can
Help People to Recover from
Tobacco Use

Can you name any of them?

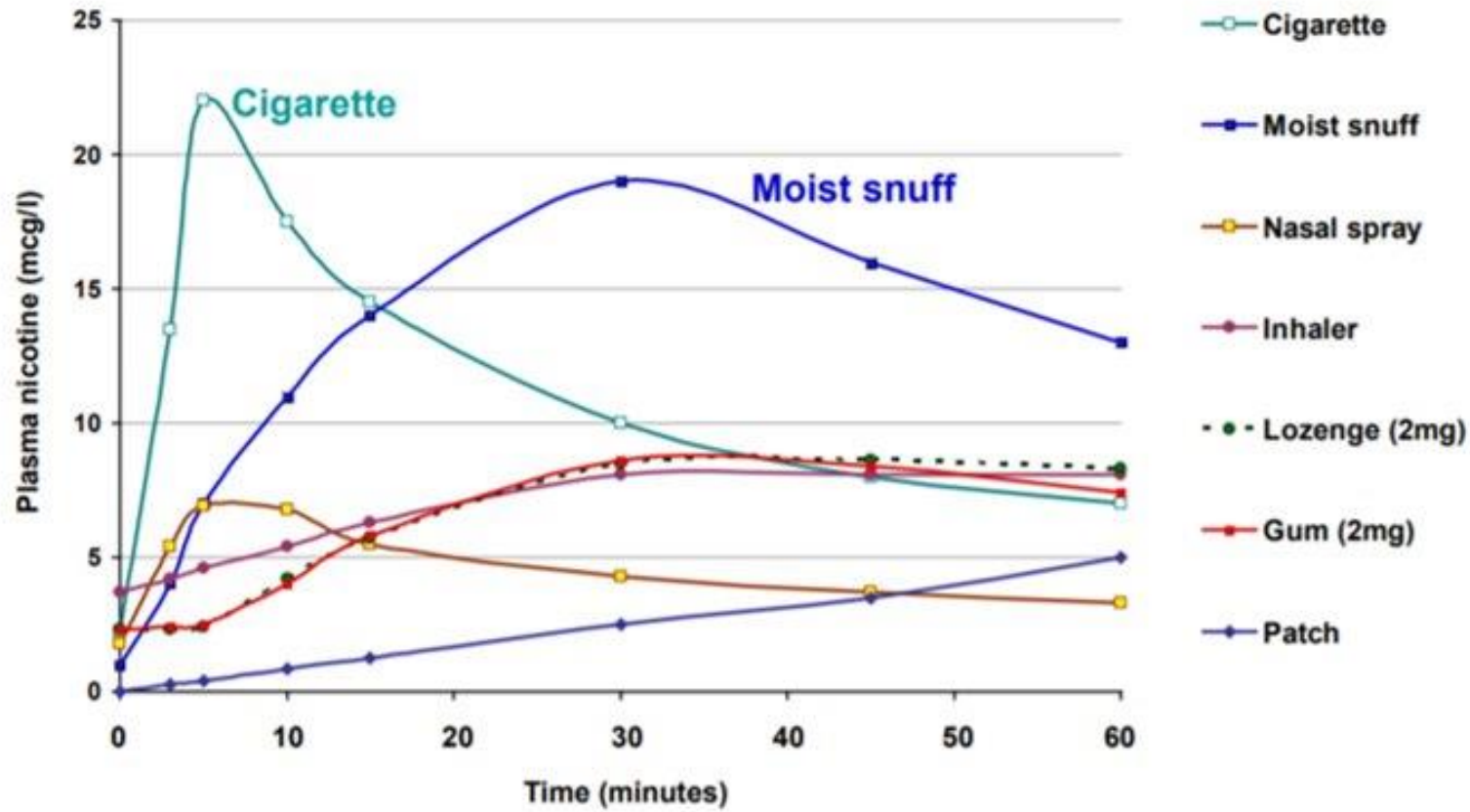
Treatment for Individual Adults Using Cigarettes- Medications FDA approved

- Seven First line Pharmacotherapies
- Nicotine Replacement
 - Nicotine Patch (OTC) - watch out for rashes/nightmares
 - Nicotine Gum (OTC) - hard with dentures/use fruit or mint
 - Nicotine Lozenge (OTC) - use fruit or mint
 - Nicotine Nasal Spray (RX only) - monitor for nasal irritation
- Non-Nicotine Medications
 - Chantix (Varenicline)
 - Zyban (Wellbutrin, Bupropion SR)
- Can use in combination
 - Patch with gum/lozenge/spray
 - Wellbutrin or Varenicline with nicotine replacement

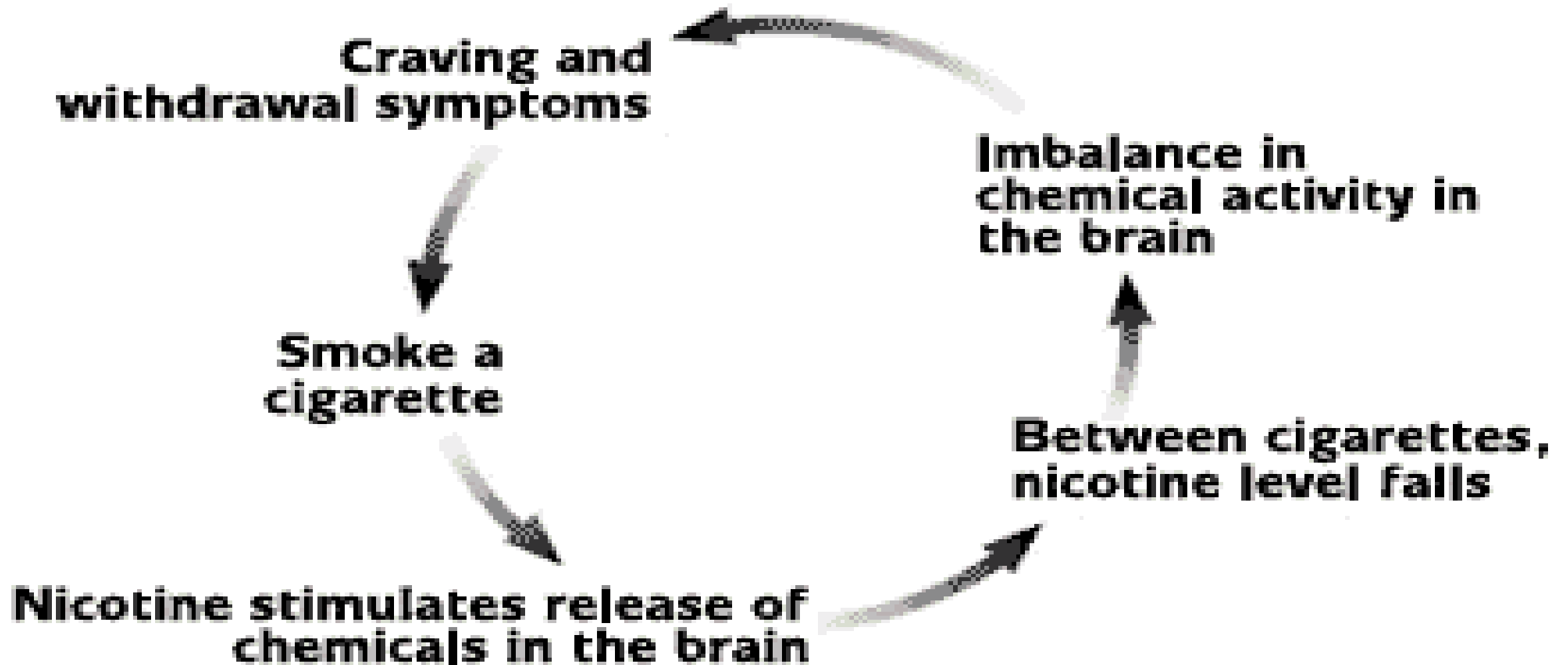


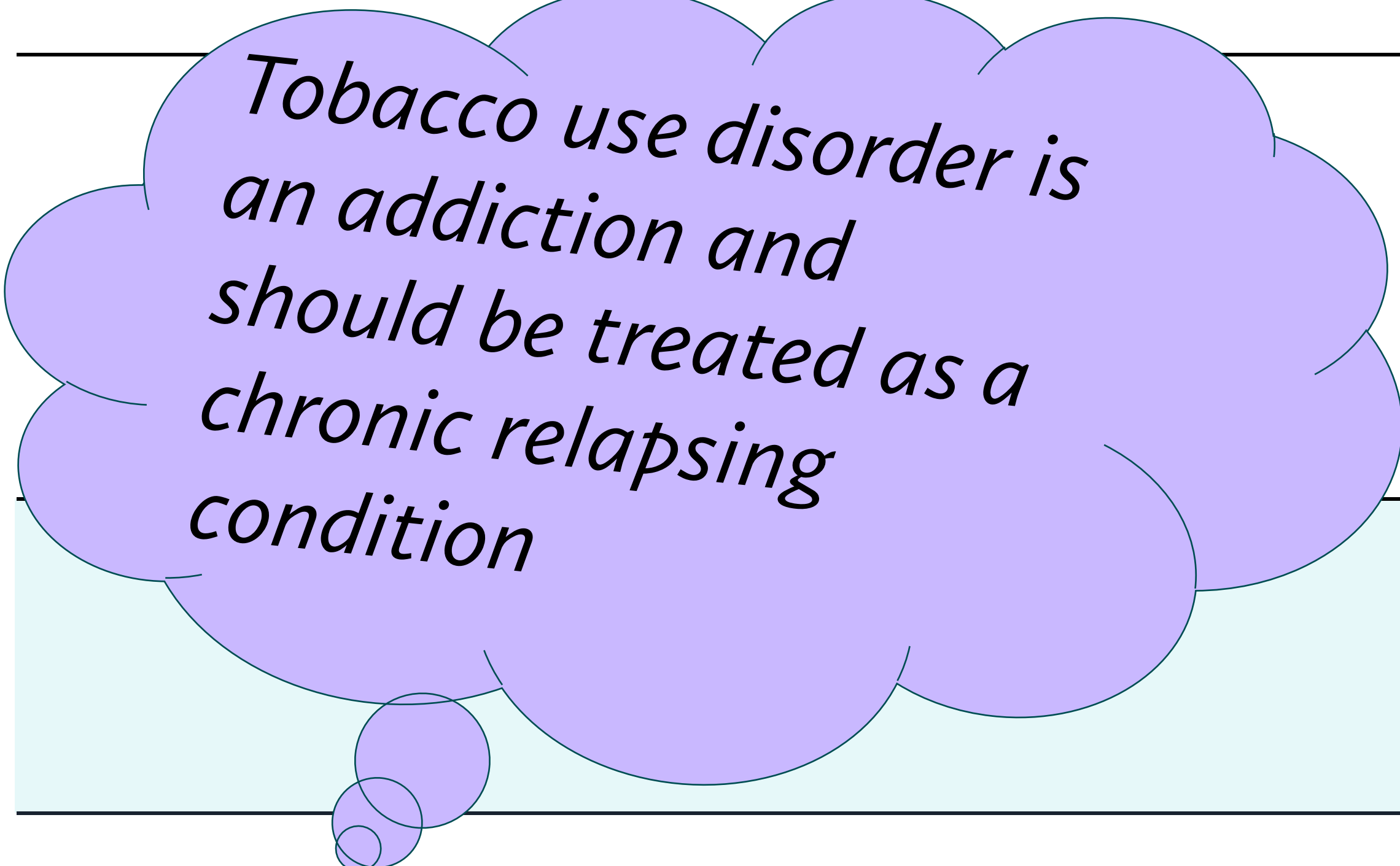


PLASMA NICOTINE CONCENTRATIONS for NICOTINE-CONTAINING PRODUCTS



NICOTINE ADDICTION CYCLE



A large, purple, cloud-like thought bubble with a black outline is centered on the page. Inside the bubble, the text "Tobacco use disorder is an addiction and should be treated as a chronic relapsing condition" is written in a black, italicized font. The bubble is set against a background that is white at the top and light blue at the bottom, separated by a horizontal black line. At the bottom left of the main bubble, there are three smaller, overlapping purple circles of decreasing size, suggesting a trail or continuation of the thought.

*Tobacco use disorder is
an addiction and
should be treated as a
chronic relapsing
condition*



COMBINATION PHARMACOTHERAPY

Regimens with enough evidence to be 'recommended' first-line

■ **Combination NRT**

Long-acting formulation (patch)

- Produces relatively constant levels of nicotine

PLUS

Short-acting formulation (gum, inhaler, nasal spray)

- Allows for acute dose titration as needed for nicotine withdrawal symptoms

■ **Bupropion SR + Nicotine Patch**

Gentle MAP Approaches

Non-NRT Alternative options with evidence

Medication Preloading: Pills 6 weeks to 6 months before set recovery date

Reduce to Quit: Pills + Setting goal to reduce total # cigs by 50%

Continuing meds until no longer interested in cigs (12 weeks – 6+ months)

NRT: Intro to Nicotine Replacement Therapy

"Recover for a day" or "Situational Recovery"

- No tobacco at work
 - Stop for weekend with family
 - NRT while hospitalized
 - World No Tobacco Day (May)/Great American Smoke-out (Nov)
-

Medication Assisted Pharmacotherapy

Strongly recommended as first line for tobacco recovery

Exceptions:

- **Pregnant women**
- **Light/non-daily smoking**
- **Smokeless tobacco use**
- **Adolescents**

Official recommendation is counseling with careful consideration of pharmacotherapy

Treatment for Adults Using Cigarettes

Environment is Important

Recovery is Contagious

Brief Interventions Help

Substituting Behavior

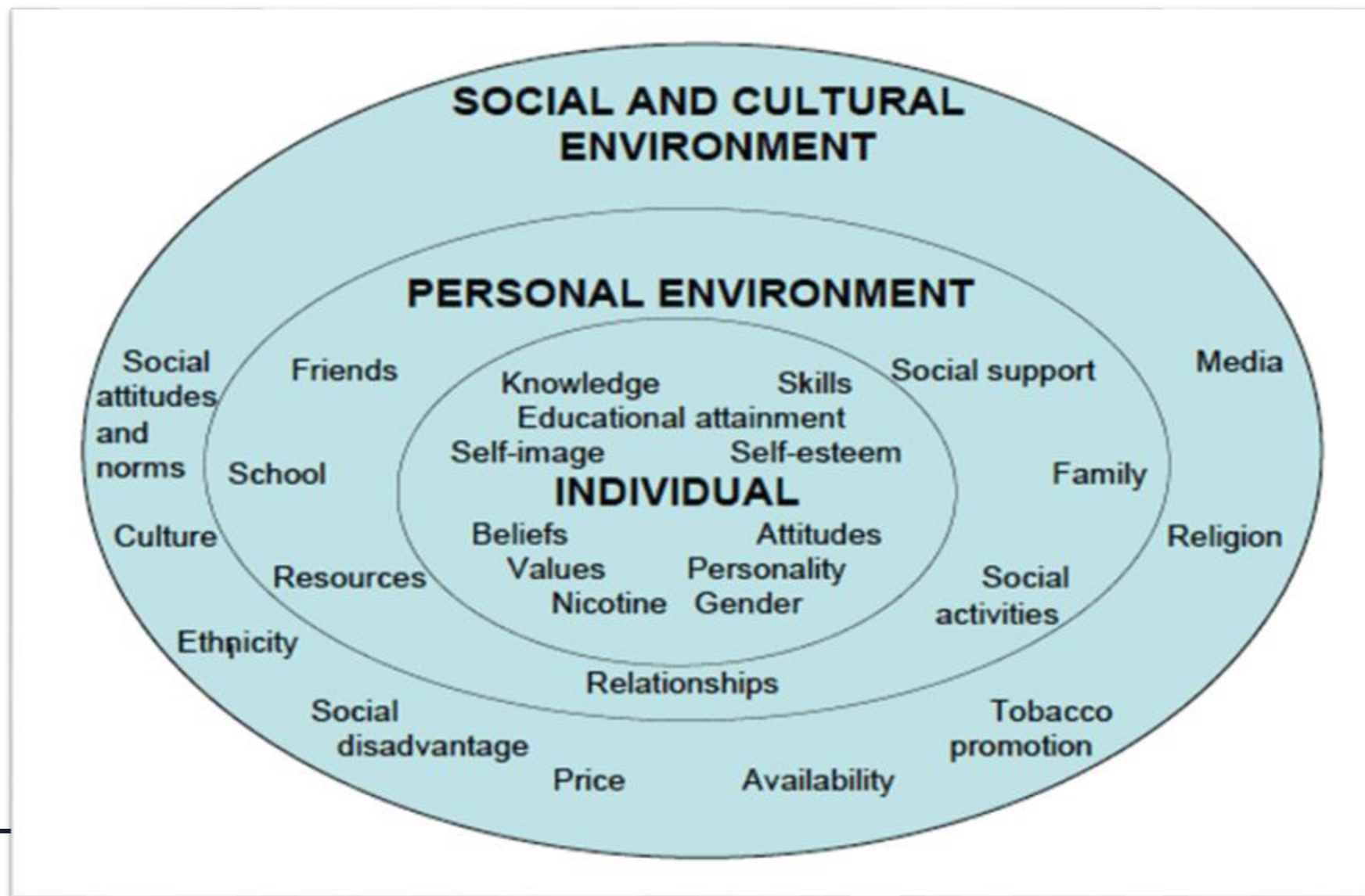
Address Cravings

RECOVERY is the Way!

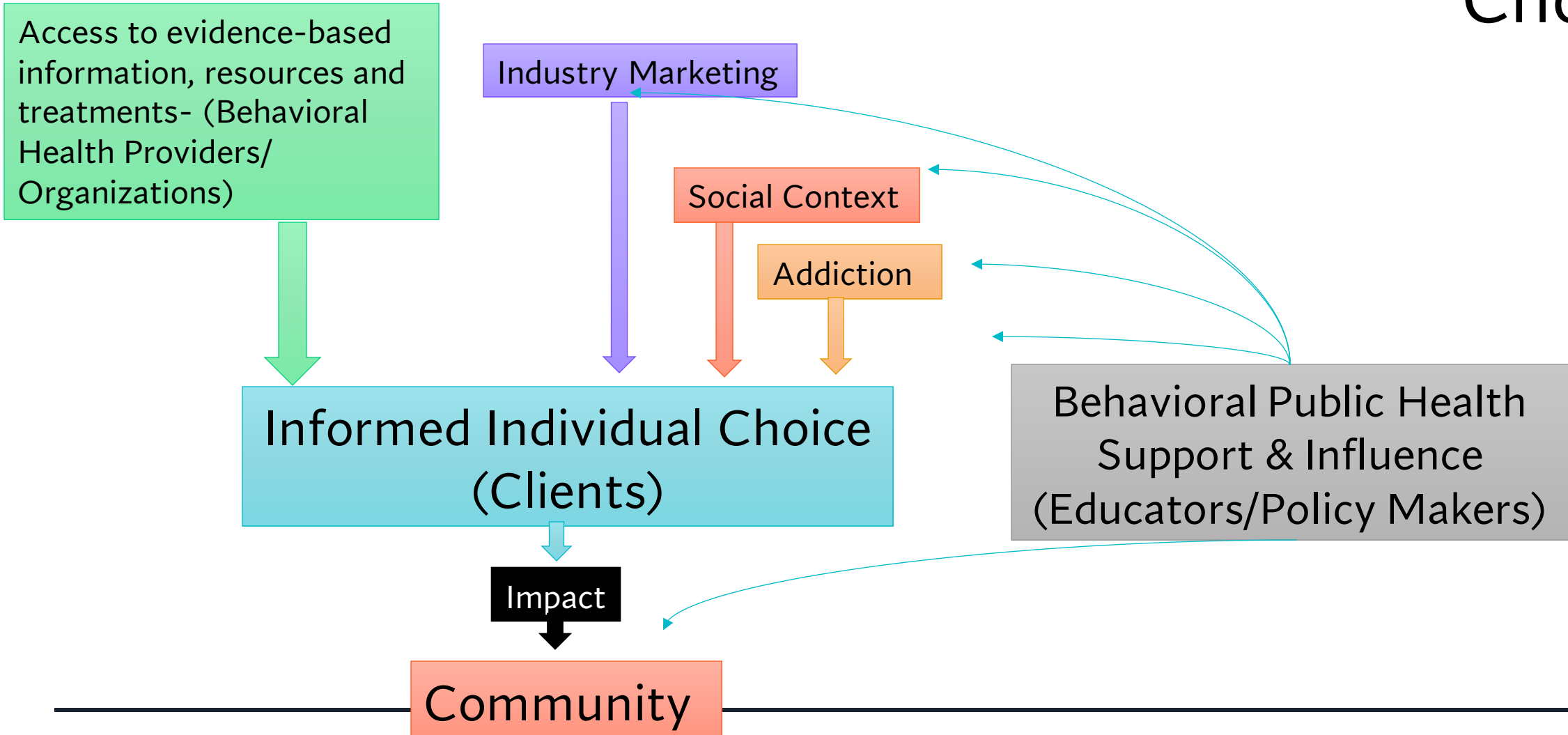


How to Develop an Appropriate Treatment Plan for Dually Diagnosed Clients

What Influences an Individual's Choice around Tobacco?



What Influences an Individual's Choice?



Informed DECISION

*An informed decision can be said to have been made based upon a clear appreciation and understanding of the facts, implications, and future consequences of an action

*WIKIPEDIA





Informed CHOICE

“Informed Choice”* is:

- 1) Based on relevant, good quality information
- 2) Reflects the individual’s own values and beliefs
- 3) Behaviorally implemented

*Definition from Marteau et al, *A Measure of Informed Choice*,
Health Expect 2001 June; 4(2): 99-108

Ready or Not?



READY → RAP Plan

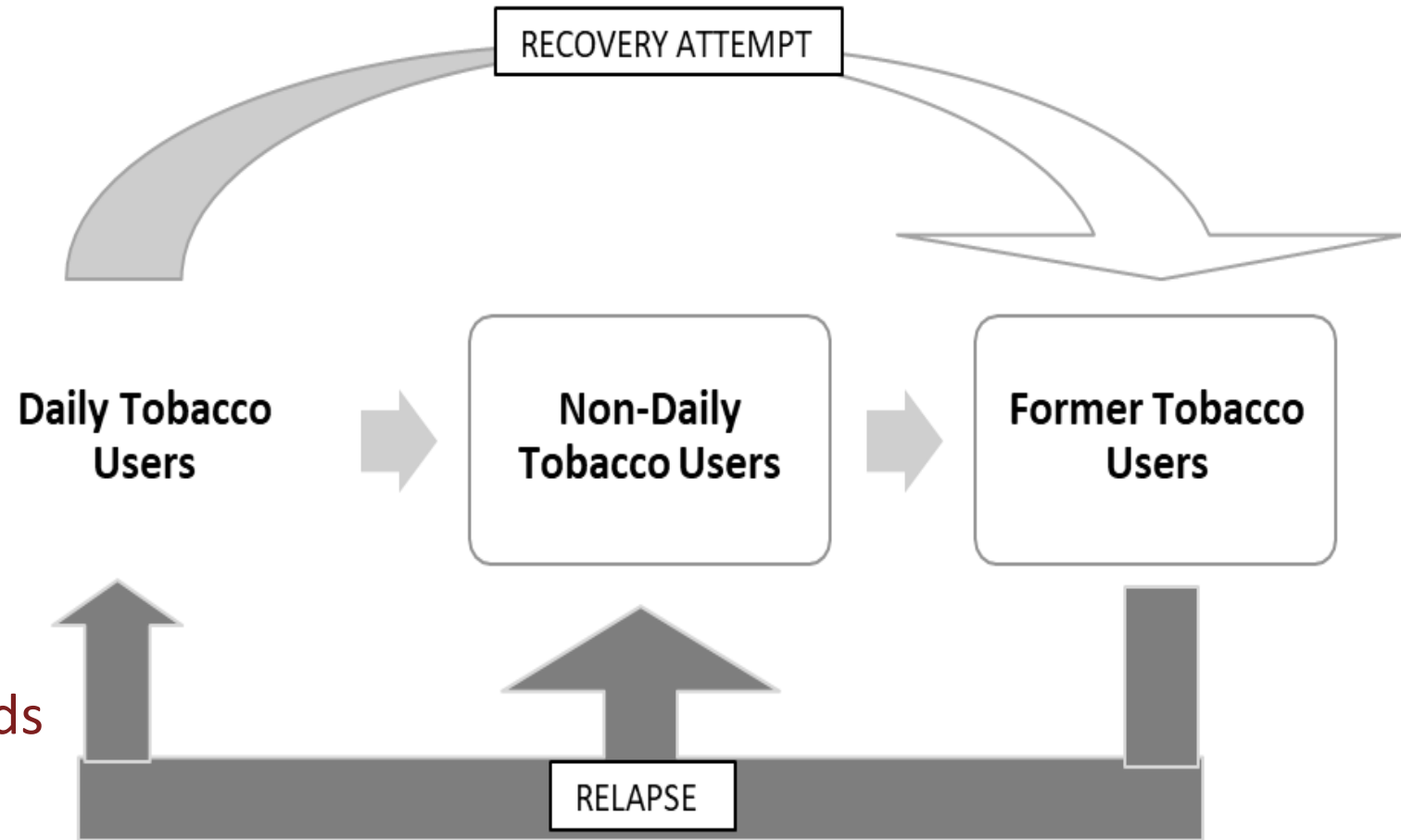
NOT



Basic Counseling/MI
Approaches

Building the Tobacco RAP Machine

- Find out what helped stay tobacco free
- Provide encouragement when someone relapses
- Provide options:
 - Medication "preloading" (trying out)
 - Having a recovery day with meds
 - Gradual reductions with meds



**Count every recovery attempt or step toward recovery as a success!
It takes on average *10 attempts* to successfully recover from tobacco use**

Get ready.

Set a RAP start date and stick to it – not even a single puff!
Think about past recovery attempts. What worked and what didn't work?

Get support and encouragement.

Tell your support system you are starting a RAP.
Talk to your doctor or other health care provider.
Get group, individual, or telephone counseling.

Learn new skills and behaviors.

When you first try a RAP, change your routine.
Reduce stress: Learn prevention and management skills.
Distract yourself from urges to use tobacco.
Plan something enjoyable to do every day.
Drink a lot of water and other fluids.



Get medication and use it correctly.

Talk with health provider about which medication will work best for you.

- **Be prepared for relapse or difficult situations.**
- **If you are around others who have a TUD, try not to stay around them too long.**
- **If you are angry, upset, sad or frustrated, don't use tobacco!**
- **Try other things to feel better, like take a walk.**
- **Eat a healthy diet and stay active. Avoid alcohol.**

Creating a RAP

A Sample RAP

1. Your RAP Start Date: _____
2. Who can help you? _____
3. Skills and behaviors you can use: _____

4. Your medication plan: Medication: _____
Instructions: _____
5. How will you prepare? _____

Recovering from tobacco use is hard. Be prepared for challenges, especially in the first few weeks.

Follow-up Plan: _____

Other Information: _____

Referral: _____

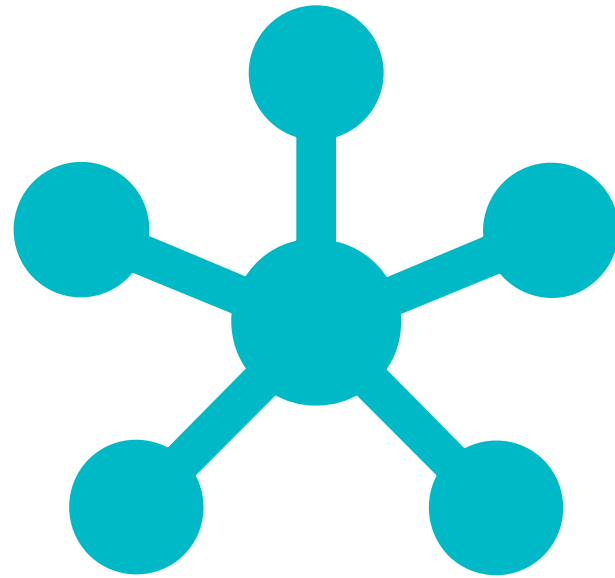
Empowerment

A large crowd of stylized human figures in various colors (black, brown, white) is shown. The figures are simplified, with circular heads and rectangular bodies. In the center of the crowd, one figure is white and has its arms raised in a gesture of triumph or empowerment. The background is a dark, blurred gradient, and the overall scene is framed by two horizontal white lines at the top and bottom.

How does this all connect

&

Why is it important to our conversation
today?



BRINGING IT ALL TOGETHER

You are in the best position to be a safety net for most clients

You have a better chance at being the support system than any clinician given the type of amount of contact you have

Many of the things you want to support the client in achieving is linked to tobacco- better health, housing, jobs, etc...

Among those with a TUD and hospitalized with mental illness, 65% were interested in recovering from tobacco use

**You have the skills, teamwork, and training to handle this task-
YOU are supported**

**Advantages
YOU HAVE**

Q&A



Post-Test
