



**AB 541 TOBACCO TREATMENT IN
BEHAVIORAL HEALTH
PROGRAMS TRAINING**

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ALAMEDA COUNTY TOBACCO TREATMENT TRAINING PROGRAM

LIFELONG MEDICAL CARE

FEB 2023



LEARNING OBJECTIVES FOR PARTICIPANTS

- Describe ways to best implement Assembly Bill 541 requirements into your behavioral health agencies to support tobacco use disorder treatment
- Explain how recovery from tobacco use disorder enhances recovery from other addictions and supports mental health well-being
- Name (3) examples of best practices for treating tobacco use disorder in addiction and mental health treatment settings
- Describe how to effectively optimize nicotine replacement therapy and pharmacological support for your clients

SLIDES HAVE BEEN ADAPTED FROM SMOKING CESSATION LEADERSHIP CENTER UCSF WEBINARS

- Enhancing Recovery by Addressing Smoking During Addiction Treatment, co-hosted by the American Society of Addiction Medicine. *October 19, 2021*
- Brian Hurley, MD, MBA, DFASAM, President-Elect, American Society of Addiction Medicine, Medical Director, LA County Department of Public Health's Substance Abuse Prevention and Control.
- *What Works: Developing Effective Partnerships to Treat Tobacco Addiction in Behavioral Health Settings* September 23, 2021
- Heath Holt Hayes, MA, Oklahoma Department of Mental Health and Substance Use Services.
- Christian Barnes-Young, MS, LPC, Division of Community Mental Health Services, South Carolina Department of Mental Health
- Regina F. Smith, MS Indiana Department of Health

Smoking Prevalence in Substance Use Disorder Treatment in California



Smoking Prevalence



General Population

Decrease in smoking prevalence among general population from 2002-2020

People with Substance Use

Significant decrease in smoking prevalence among people with substance use disorder 2002-2020

Illicit Substance

When excluding cannabis use, smoking prevalence among people with substance use disorder increased from 2002-2014

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

³Thomson 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

Smoking Cessation Services in Substance Use Disorder Treatment

- Substance use disorder treatment is well-positioned to offer smoking cessation services
- Gaps in treatment exist

California	
Screening	52%
Counseling	42%
Tobacco-free grounds	22%
Cessation Medication	20%
Pharmacotherapy	16%

Reasons We Do Not Address Smoking

- Not part of addiction treatment culture
- Patient lack of readiness (or resistance)
- Lack of resources to implement tobacco cessation services
- Staff smoking and attitudes toward smoking
- Environmental barriers: physical layout and location

Pagano A, Tajima B, Guydish J. Barriers and Facilitators to Tobacco Cessation in a Nationwide Sample of Addiction Treatment Programs. *J Subst Abuse Treat.* 2016 Aug;67:22-9. doi: 10.1016/j.jsat.2016.04.004. Epub 2016 May 5. PMID: 27296658; PMCID: PMC4911699.

INFLUENCING FACTORS TOBACCO INDUSTRY TARGETING

RJR

Interoffice Memorandum

Subject: Gratis Request
Operation Santa Claus

Date: November 16, 1984

To: Peter Allan

From: Miriam G. Adams



OK (PS)

11-20

Attached is a request for cigarettes for Operation Santa Claus. This is an event we have made donation to over the years, and last year we donated 60 cartons.

This is for a worthwhile cause but would have to be charged to CPR as RJRT does not have sufficient budget.

Your comments would be appreciated.

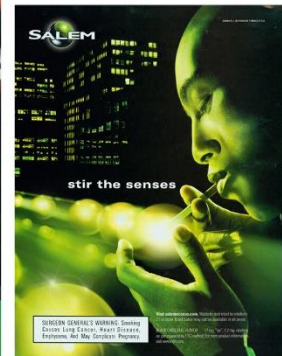
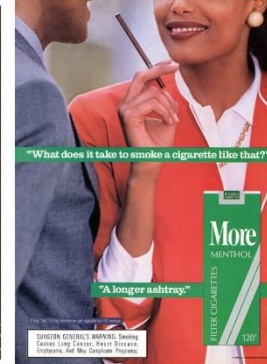
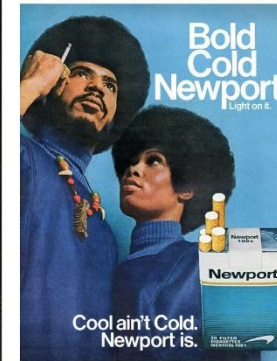
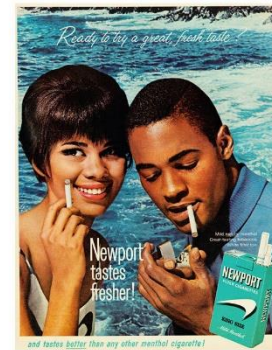
**Operation Santa Claus
60 cartons of cigarettes**

to the Forsyth County Residents of
John Umstead & Murdoch Center

Corporate Public Relations

MGA:bkm

Attachment



Poll 1

Misconceptions

- Smoking helps people manage stress
- Smoking helps manage mental health symptoms
- Quitting Smoking will jeopardize sobriety or treatment outcomes
- Smoking is a low priority problem

Reality

- They are as motivated to quit as people who smoke without mental illness
- They are able to quit, especially when offered proven treatments.
- Quitting improves psychological well-being and sobriety

Smoking cessation in SUD Populations

- Does not impair outcome of the presenting substance abuse problem
- Enhances substance use disorder treatment outcomes

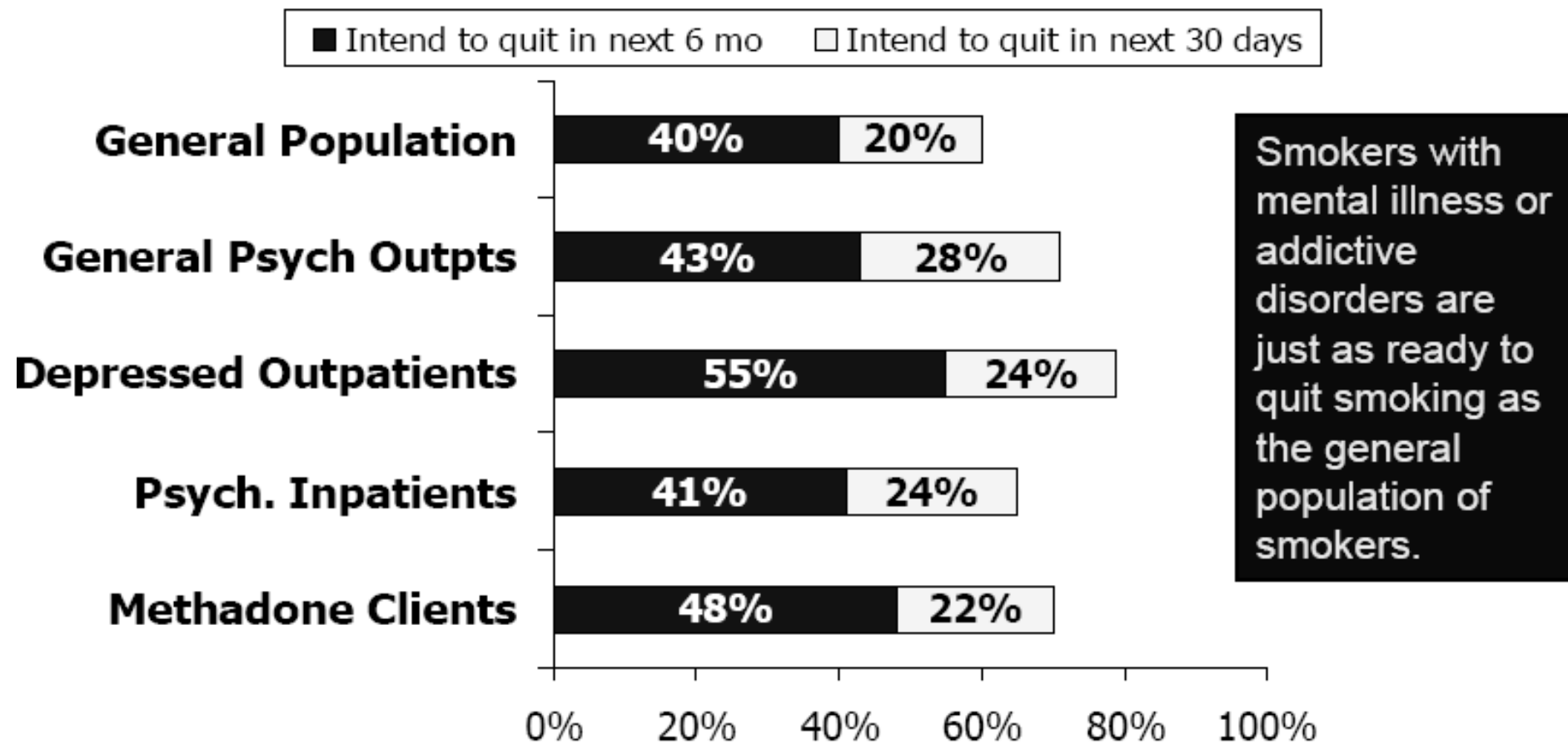
Study	Findings
Hufnagel et al, 2017	Smoking increased the risk for alcohol use relapse
Prochaska et al, 2004	25% increased likelihood of long-term abstinence from alcohol and drugs
Prochaska et al, 2004	Smoking cessation supports long-term recover up to 9 years or more
Shoptaw et al, 2002	Smoking cessation is correlated with cocaine and opiate abstinence

QUITTING SMOKING COMPARED TO TAKING ANTIDEPRESSANTS



Video

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

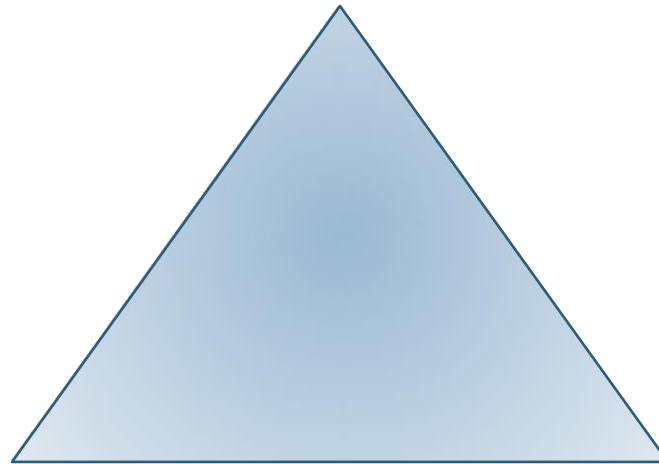
CALIFORNIA ASSEMBLY BILL 541

- Assembly Bill signed in August 2021
- Went into effect January 2022, slow implementation
- All licensed and certified California SUD treatment programs must:
 - Assess clients for tobacco use
 - Educate clients on how continued use of tobacco products could affect their long-term success in recover from substance use disorder"
 - Include tobacco treatment in treatment plan
 - And/or refer to services

TOBACCO TREATMENT

Core Components of Addiction Treatment

***Medications**



***Counseling**

***Support**

***When appropriate**

Source: <http://www.samhsa.gov/treatment>

Addiction Treatment Should Take the Lead

- High prevalence of tobacco use disorders
- Tremendous patient need
- Experts in psychosocial treatment and addictive disorders
- Longer and more treatment sessions
- Relationship to other addictions
- Tobacco interactions with psychotropics

Slide courtesy of Williams JM, 2012 AAAP Workshop on Tobacco Use and Cessation, December 7, 2012

WHAT IS THE BEST TREATMENT FOR TOBACCO DEPENDENCE?



Self quitting (aka Cold Turkey): 5%



Physician Advice: 10%



Group or Individual Counseling: 20%



Medication: 20%



Combination **medication + counseling**:
35-40%

The 5 A's: Patient Readiness to Change

- **ASK** about tobacco use
- **ADVISE** to change tobacco use
- **ASSESS** willingness to make a change attempt
- **ASSIST** in attempt to cut down or quit
- **ARRANGE** for follow-up



Counseling

PLUS

Medications



ACBH ASSESSMENT OF TOBACCO USE

Assessment form

ACBH Tobacco Use Assessment

Beneficiary Name: _____ ID#: _____

The assessment identifies tobacco users and increases their access to treatment, including counseling and medication. People with mental illness or substance use disorder may need to be supported through multiple quit attempts before they are successful.

The client was advised that Smoking cessation interventions provided during drug additions treatment are associated with a 25% increased likelihood of long-term abstinence from alcohol and illicit drug. Yes

Assessment

Do you currently use tobacco products?

This includes cigarettes, cigarillos, chewing tobacco, or vaping devices.

Yes

No If no, stop the assessment

How soon after waking do you smoke or use tobacco?

Anything less than 30 minutes signifies high dependence on tobacco

≤ 5 minutes (high dependence)

6-30 minutes (moderate dependence)

31-60 minutes (low to moderate dependence)

After 60 minutes (low dependence)

How many cigarettes are you currently smoking per day?

≤ 10

11-20

21 to 30

≥ 31

Treatment

Which ways have you tried to quit?

- Cold turkey Counseling Nicotine replacement therapy (lozenge, patch, gum)
 Wellbutrin (bupropion) Chantix (varenicline) N/A

How ready are you to quit?

- Ready to quit Thinking about quitting within the next 30 days Not interested in quitting

Would you be interested in receiving medications for your smoking/ vaping/ chewing tobacco use?

Tobacco treatment medication can help increase your chances of quitting

- Referred to a medical provider Declined meds

Would you be interested in being referred to any of the following resources?

Counseling and support groups can help you increase your chances of quitting

- Nicotine Anonymous On-site Counselor

- Kick It California (Hotline with coaches to help you quit)

[Kick It California Website](#) | Text "Quit Smoking" to 66819 | Text "Quit Vaping" to 66819

Treatment Plan

- | | |
|---|---|
| <input type="checkbox"/> The client was advised to get tobacco treatment. | <input type="checkbox"/> Provided referral for medication |
| <input type="checkbox"/> Direct counseling | <input type="checkbox"/> Declined counseling |
| <input type="checkbox"/> Referral to Kick it California | <input type="checkbox"/> Other, please specify: |

Additional Notes:

**IMPLEMENTING
TOBACCO
TREATMENT INTO
YOUR FACILITIES**



Individual level

- Individual smoking cessation groups
- Referral to quitline
- NRT or prescribed medications

Program level

- Program-wide screening and counseling
- On-site tobacco cessation support
- Offer medication or refer to PCP
- Integrate with alcohol and drug treatment plan
- Educate staff and clients on the benefits of quitting tobacco

Policy level

- Smoke and tobacco -free environments
- Denormalize smoking and promote cessation
- Staff and resident comply with tobacco-free grounds

Integrating on-site Smoking Cessation Counseling

Practical Counseling

- Problem Solving and Skills Training:
- Build on past smoking change experiences
- Recognize danger situations
- Develop coping skills
- Education about successful smoking treatments
- Abstinence from all intoxicants

Social Support

- Encourage the patient in a change attempt
- Communicate caring and concern
- Encourage the patient discuss their change attempt
- Other non-smokers in the treatment program and in the patient's household

INTEGRATING INTO GROUP THERAPY

Curriculum



Learning
About
Healthy
Living

TOBACCO AND YOU

- Curriculum for consumers who have serious mental health conditions
- Easily adaptable for SUD group therapy
- 20 sessions
- Facilitator notes
- Consumer handouts
- What's in a cigarette, cost, health effects, info or medication etc.

Benefits of Quitting Tobacco for People in Recovery



Relapse Prevention

- Quitting tobacco may help you stay clean and sober
- Smoking cessation increases chances of being alcohol and drug-free a year later by 25%

Improved Mental Health

- Anxiety, depression, and stress decreases
- The dosage of some medicines used to treat mental health problems can be reduced



Improved Physical Health

- Symptoms of chronic diseases, such as asthma, heart disease, high blood pressure, COPD, and diabetes decreases
- Less coughs, colds, and flu

TOBACCO DEPENDENCE FDA APPROVED MEDICATIONS

Poll 2, 3

WHY IS IT SO ADDICTING REWARD CIRCUIT

Pleasurable stimulus (food, sex, social interaction, drug)

Ventral Tegmental Area

Dopamine ↑ pleasure

Serotonin ↓ satiation

Frontal Cortex

- Attention, focus, planning

Nucleus Accumbens

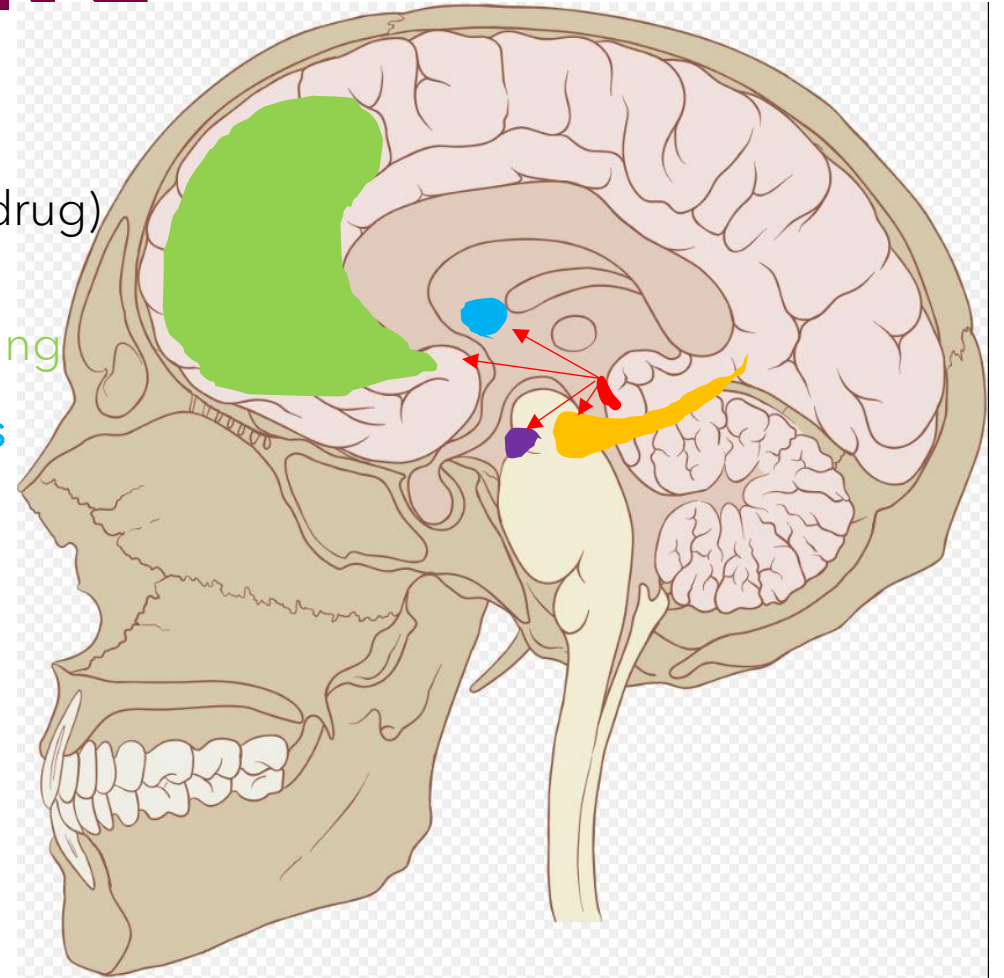
- Motor response

Hippocampus

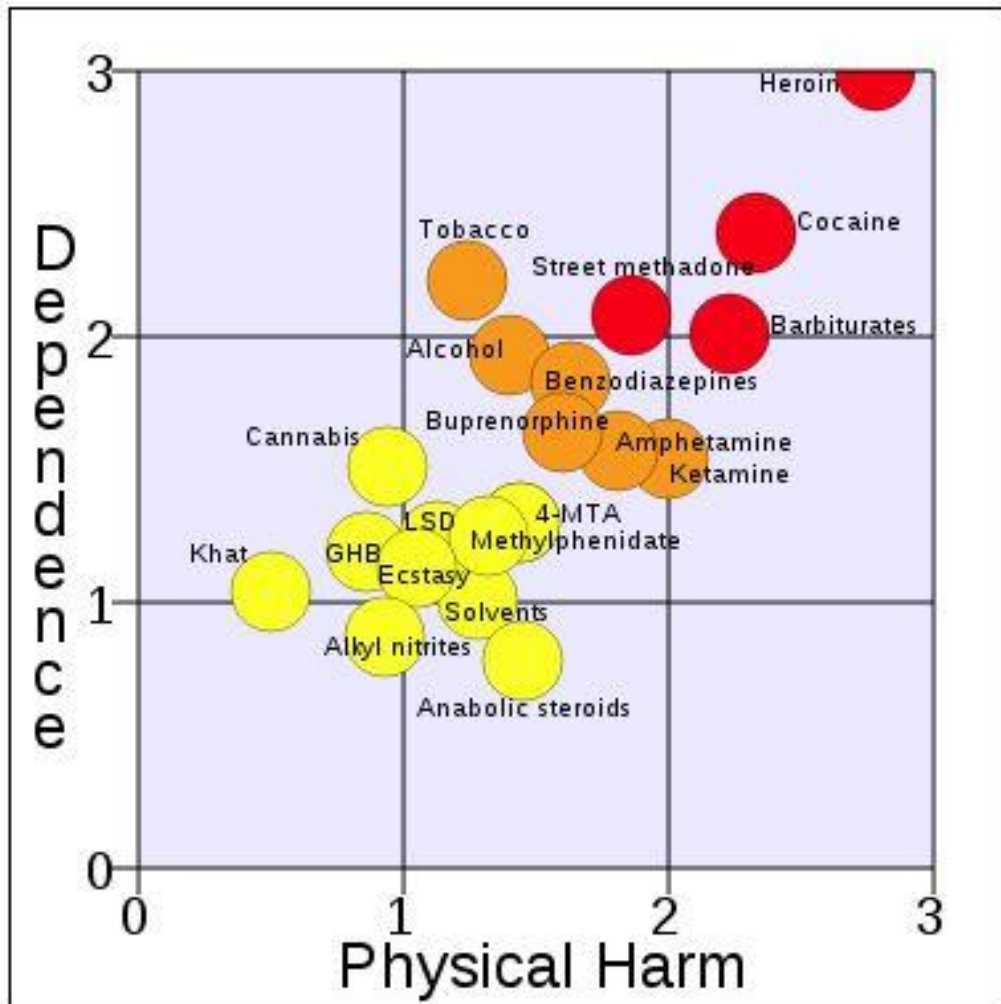
- Memory

Amygdala

- Emotional response

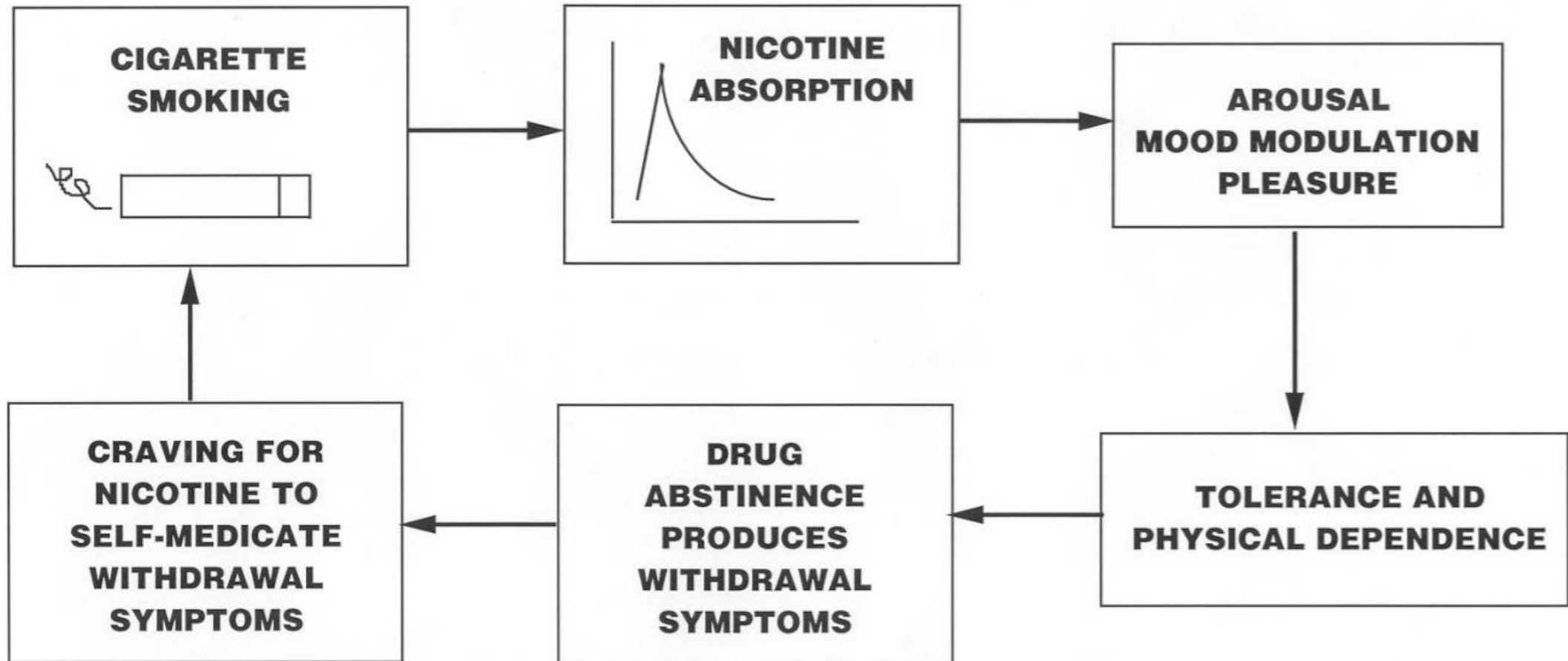


“That was good, let’s do it again”

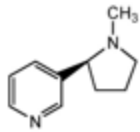


According to this chart, heroin is both the most addictive and most harmful drug. On the dependence scale, the three most addicting drugs are heroin (#1), cocaine (#2) and tobacco (#3).

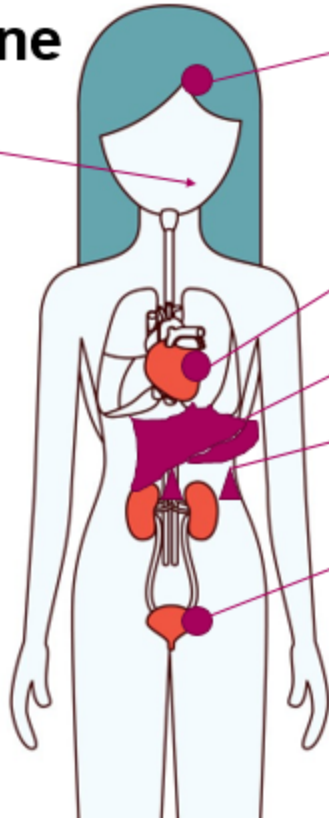
NICOTINE ADDICTION CYCLE



Nicotine



Half-life: 2 hours
(very short – need to dose frequently)



Brain: stimulates reward pathway
Dopamine production increases,
Serotonin decreases

Heart Rate increases,
blood vessels constrict,
blood pressure rises

Liver breaks it down (~1 day)
=> cotinine

Adrenal glands => adrenaline
"fight or flight"

Developmental Effects
=> negative effect on
fetal brain development

↑ Insulin Resistance
=> Stress hormones

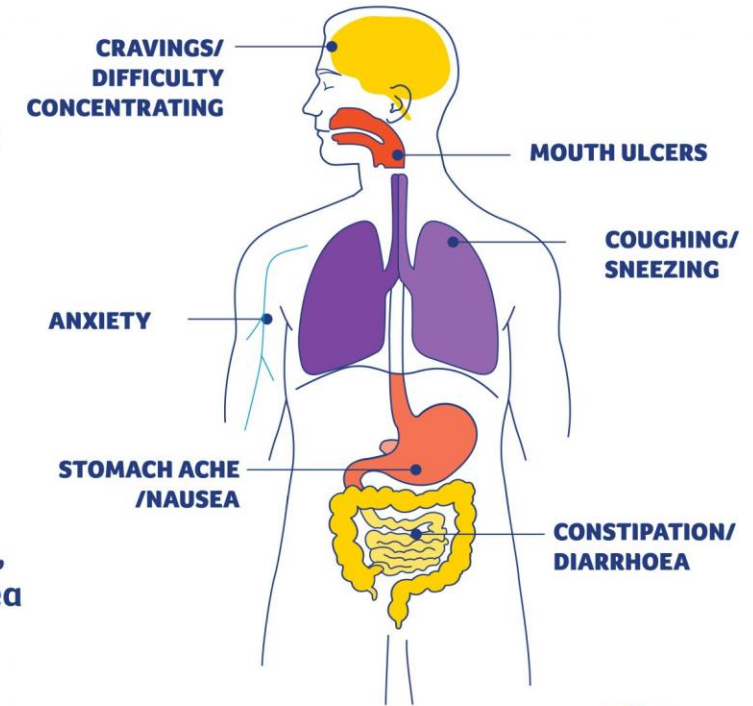
↓ Nutritional status =>
Anorexigenic effect


Symptoms of nicotine withdrawal:

- urges to smoke or cravings
- restlessness or difficulty concentrating
- difficulty sleeping
- irritability or anger
- anxiety or a low mood

Less common nicotine withdrawal symptoms:

- cold symptoms such as coughing, sore throat and sneezing
- constipation, diarrhoea, stomach aches or nausea
- dizziness or feeling light-headed
- mouth ulcers





**7 MEDICATIONS
THAT CAN HELP
PEOPLE QUIT,
CAN YOU NAME
THEM?**

Patients With Addiction

- Most will need medication
- May need higher doses, longer duration of treatment and combination of medications
- Patients undergoing alcohol / sedative withdrawal management should only receive bupropion once their seizure risk has been managed
- Each agent is effective for patients with addictions

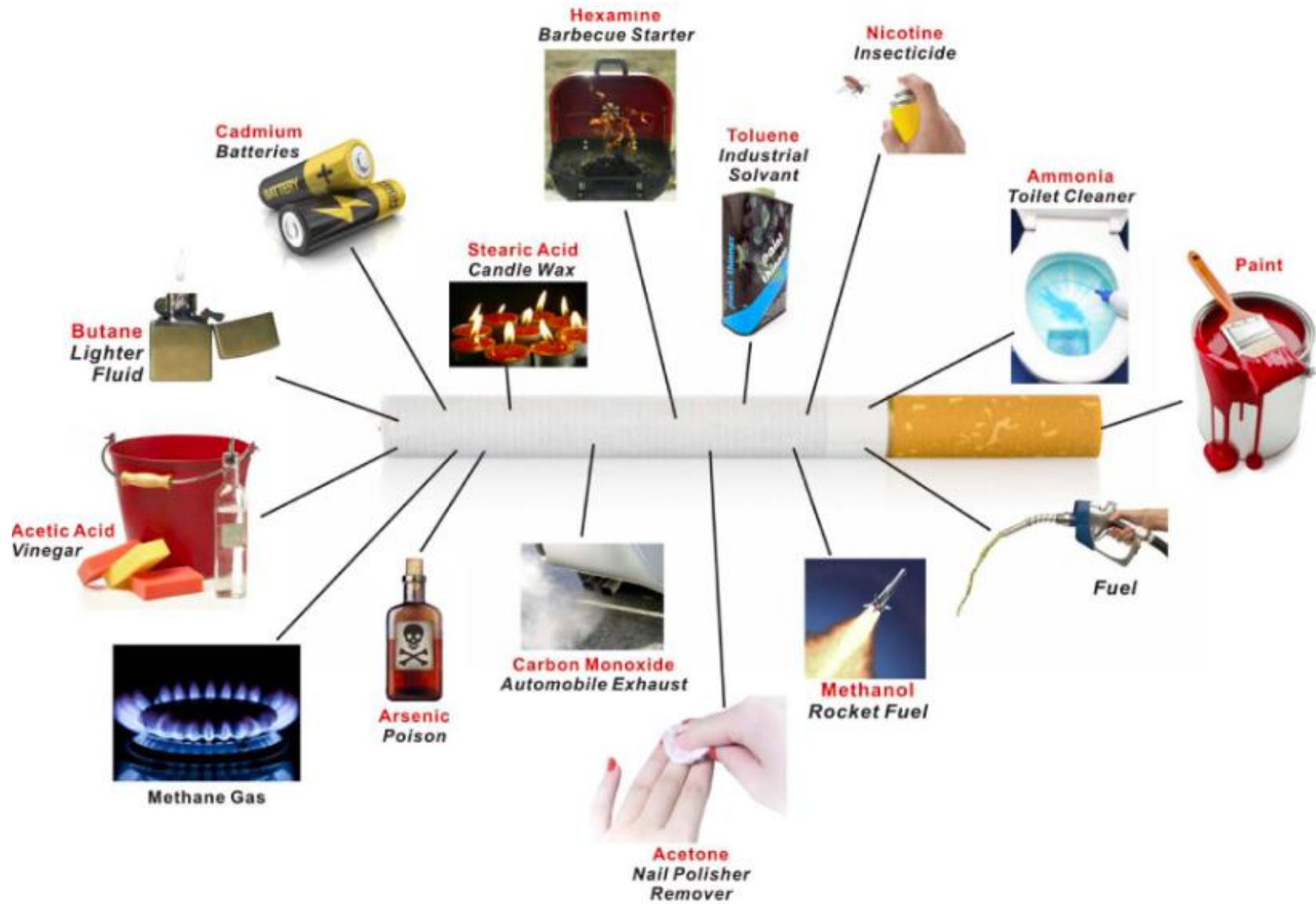
More than One Way to Quit Smoking

7 FDA-APPROVED MEDICATIONS FOR TOBACCO TREATMENT

PATIENT INFO SHEET & COVERAGE

CONTAINS NICOTINE		How to Use	How Often (Frequency)	How it Helps You
Patch		Worn on skin	1 patch a day	Provides continuous nicotine all day
Gum		Chew then "park" between cheek & gums	Up to 24 pieces a day	Quick way to relieve cravings
Lozenge		Dissolves in mouth	Up to 20 pieces a day	25% more nicotine than gum; has different flavors
Inhaler		Puff in by mouth	1 cartridge every 1-2 hours, up to 6-12 cartridges a day	Mimics inhaling a cigarette/vape
Spray		Spray in nose	At least 8 sprays per day	Delivers nicotine into your system fastest
DOES NOT CONTAIN NICOTINE				
Pills	Bupropion SR 	Ingest by mouth	1-2 pills per day (Ask your provider about daily dosage use)	Helps prevent relapse and weight gain
	Varenicline 			Stops nicotine cravings

Your insurance may cover these medications. Ask your doctor if using 2 or more medications may be right for you.

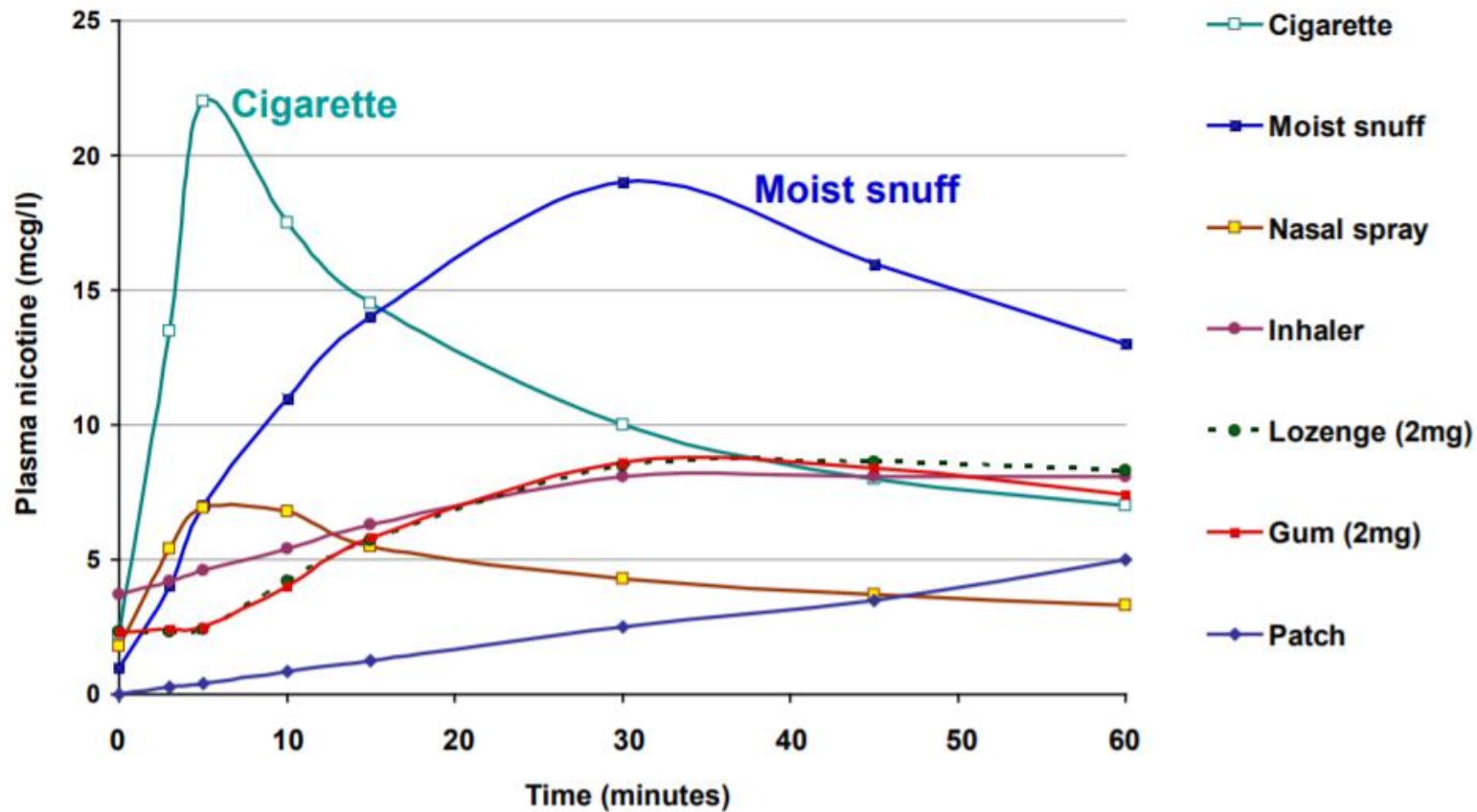


Paying for Tobacco Treatment Medication in Alameda County		
Insurance	Coverage	Additional Notes
Medi-Cal RX	<p>Covered:</p> <ul style="list-style-type: none"> OTC NRT - Patches, Gum, Lozenge Varenicline (Chantix) Bupropion SR (Wellbutrin) <p>PA required</p> <ul style="list-style-type: none"> Rx NRT: Nasal Spray and Inhaler 	<p><i>Varenicline:</i> Restricted to be part of a comprehensive smoking cessation treatment, which includes behavioral modification support; Restricted to a max quantity of 60 tabs per dispensing</p> <p><i>Bupropion SR:</i> Restricted to be part of a comprehensive smoking cessation treatment, which includes behavioral modification support; Restricted to a max quantity of 60 tabs per dispensing</p> <p><i>Patches:</i> Restricted to (1) a maximum quantity of 28 patches per dispensing; (2) one dispensing in any 25-day period</p> <p><i>Gum, Lozenge:</i> Restricted to (1) a maximum quantity of 220 lozenges or pieces of gum per dispensing; (2) one dispensing in any 25-day period; and (3) therapy lasting up to 28 weeks from the dispensing date of the first prescription.</p> <p><i>Formulary:</i> Contract Drugs OTC Drugs</p>

Health PAC	<p>Covered</p> <ul style="list-style-type: none"> OTC NRT - Patches, Gum, Lozenge Bupropion SR: generic covered <p>NOT Covered:</p> <ul style="list-style-type: none"> Varenicline (Chantix) 	<p><i>Formulary:</i> https://www.acgov.org/health/documents/HealthPAC-Formulary-2019-07-brand-1lb.pdf</p>
Medicare Part D (Drug Coverage Plans)	<p>Variably Covered:</p> <ul style="list-style-type: none"> Varenicline (Chantix) Bupropion SR (Wellbutrin) <p>NOT Covered:</p> <ul style="list-style-type: none"> OTC NRT - Patches, Gum, Lozenge 	Check online formulary of specific Part D plan for details
Medi-Medi	<p>All Meds:</p> <p>Must attempt coverage under Medicare Part D plan, if denied can bill Medi-Cal</p>	See detailed instructions below
Private Insurance	<p>All Meds:</p> <p>Variably covered</p>	Check online formulary of specific plan
Uninsured	<p>Nicotine Patches:</p> <p>The Tobacco Treatment Team at LifeLong LifeLong Medical Care can support individuals with patches while supplies last</p> <p>Contact: Inguyen@lifelongmedical.org</p>	Consider Health PAC enrollment if eligible



PLASMA NICOTINE CONCENTRATIONS for NICOTINE-CONTAINING PRODUCTS





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**

MEDICATION ASSISTED PHARMACOTHERAPY

- Strongly recommended as first line for smoking cessation
- Exceptions:
 - Pregnant women
 - Light/non-daily smoking
 - Smokeless tobacco use
 - Adolescents
- Official recommendation for other groups is counseling with careful consideration of pharmacotherapy

LOCAL SUD
PROGRAMS
INTEGRATE
NRT
MEDICATIONS



Magnolia Women's Recovery, Mi
Familia, Alameda Health
Systems, Cronin/Chrysalis, LifeLong's
Project Pride/Our Place/Street Medicine



Costs
Patches (Walmart) - \$25.98
Gum (Walmart) - \$8.48
Lozenge (Costco) - \$4.80

APP & TEXT SUPPORT

KICKIT
California

KICKITCA.ORG

ENGLISH

1-800-300-8086

SPANISH

1-800-600-8191

QUIT SMOKING

QUIT VAPING

QUIT SMOKELESS TOBACCO



KickItCa.org

Free, customized one-on-one coaching, grounded in science and proven to help you quit.



Automated Text Program

We'll text you helpful tips at critical points during your quit journey, and answer any questions you have within one business day.

Text "Quit Smoking" or "Quit Vaping" to 66819

Texto "Dejar de Fumar" o "No Vapear" al 66819



Speak with a Quit Coach

Monday-Friday 7 am to 9 pm
Saturday 9 am to 5 pm

1-800-300-8086 (English)

1-800-600-8191 (Spanish)



Mobile Apps

Download from the
App Store & Play Store

**no
butts**

**no
vape**



Chat with a Quit Coach

kickitca.org/chat



Amazon Alexa

Say "Alexa, open Stop Smoking Coach"
or "open Stop Vaping Coach"

Some clients may be eligible to receive free nicotine patches. Chat with a Quit Coach to see if you qualify.



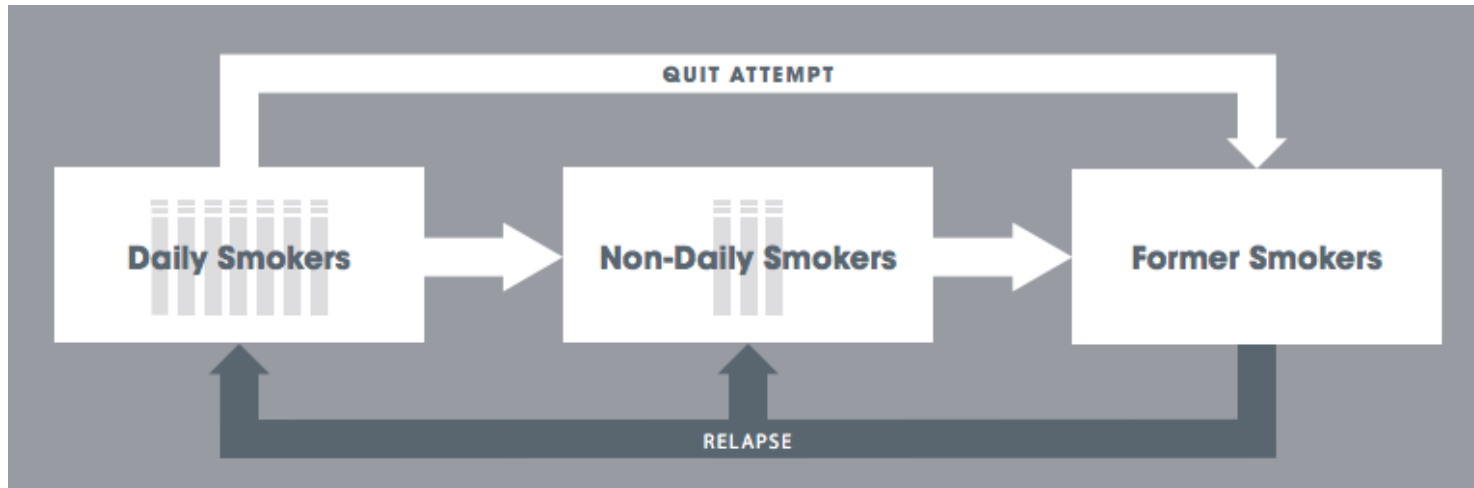
WHAT ABOUT E-CIGARETTES?

- Research is mixed on whether e-cigarettes can help with quitting.
- NOT FDA approved as a quit aid:
 - more research is needed on quitting aid & health effects
- NOT SAFE for people who do not currently use tobacco products.
- Need to fully switch to e-cigs and stop all other tobacco for smokers to possibly achieve any meaningful health benefits .
- Once switched, ultimate goal should be to also stop using e-cigarettes completely to achieve the maximum health benefit.

https://www.cdc.gov/tobacco/data_statistics/sgr/2020-smoking-cessation/fact-sheets/adult-smoking-cessation-e-cigarettes-use/index.html



BUILDING THE QUITTING MACHINE



- Find out what helped stay tobacco free
- Provide encouragement when someone relapses
- Provide options:
 - Medication "preloading" (trying out)
 - Practicing harm reduction
 - Quitting for a day with meds
 - Gradual reductions with meds

Count every quit attempt or step toward quitting as a success!