

Nicotine Treatment in SUD Residential Treatment: Pilot Project Report Overview

Tobacco use disorder is an addiction with serious consequences. Although the smoking rate has been declining in general population, it is still very high among people in substance use disorder (SUD) treatment.

In Minnesota:

- 16% of Minnesota adults smoked in the past month
- 75% of adults in SUD treatment in 2015 smoked

SUD treatment providers are in the perfect position to talk with people about making the changes needed to live a healthy life. By providing people in SUD treatment with nicotine treatment, programs are able to promote the health and recovery from all addictions. Past studies have found that nicotine treatment strategies work, and people with substance use disorders can successfully quit using tobacco. Quitting tobacco helps improve mental health and significantly reduce anxiety, depression and stress, and offering nicotine treatment services as a part of SUD treatment can increase long-term recovery from other substances by 25%.

Tobacco-related illnesses claim more than eight times as many lives as alcohol, legal and illegal drug use combined.

The pilot

DHS conducted a nicotine treatment pilot at three DHS licensed SUD treatment programs. The goal of the pilot was for the three programs to work towards parity in treating their client's nicotine dependence as they would any other chemical addiction.

The pilot project ran from February 2018 through June 2019. Pilot sites were encouraged and supported to create programming and policies designed to offer treatment/cessation to all clients who smoke. DHS staff guided the pilot sites and provided technical assistance as requested. However, DHS staff did not dictate which programs, policies or treatment models would be implemented.

Pilot sites

- CentraCare/ Recovery Plus
- Park Avenue Center
- Wayside Recovery Center

Activities

Pilot sites were encouraged to:

- Offer nicotine replacement therapy (NRTs), such as nicotine patches, gum, lozenges, nasal spray and/or inhaler, as well as medications such as Varenicline (Chantix) and Bupropion (Wellbutrin or Zyban)
- incorporate nicotine treatment into group and individual counseling sessions
- Establish a smoke free treatment program policy

- Encourage staff to avoid smoking with client
- Include steps toward nicotine independence in the client's individual treatment plan
- Encourage clients to avoid smoking during scheduled breaks
- Use a CO monitor to support clients trying to quit
- Assist clients to initiate using a tobacco quit line prior to discharge.

Results

The pilot study showed that providing nicotine treatment as part of SUD treatment helped clients with their tobacco use and enhanced the SUD treatment outcomes:

- By the end of treatment, 11% of cigarette smoking clients stopped smoking and 7% of clients quit using all tobacco products.
- People in the pilot group were more likely to complete treatment than the clients in a comparison group (64% vs. 50%).
- Almost seven in ten people in the pilot group showed their SUD severity score decreased at the time of discharge, compared to half of clients in comparison group.
- Among people who were still smoking/using a tobacco product at the end of treatment, the number of cigarettes they smoked decreased.
- There was significant interest in quitting tobacco use among people in the pilot at the beginning of treatment (70%) and it further increased by the time of discharge (86%).

Barriers were identified:

- One major obstacle reported by the pilot sites was billing for nicotine treatment. There does not appear
 to be a way to bill for nicotine treatment separately in a SUD residential setting.
- Inaccurate information and myths held by staff can also be a barrier to providing nicotine treatment.

In conclusion, smoke-free policies and integration of nicotine treatment into SUD treatment had a positive impact for the clients. Therefore, we believe SUD treatment programs can and should offer tobacco cessation services and supports as part of care.

Find out more at the DHS website

People in the pilot group were more likely to complete treatment