Substance Abuse and Mental Health Services Administration
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Tobacco Use Cessation Policies in Substance Abuse Treatment: Administrative Issues

This *Advisory* provides substance use disorder (SUD) treatment program administrators with a brief introduction to implementing tobacco-free policies and practices in treatment settings. This *Advisory* is meant to be read with the *Advisory* Tobacco Use Cessation During Substance Abuse Treatment Counseling.[1] That *Advisory* presents information on tobacco use cessation by clients in SUD treatment. The information is summarized below:

- **Tobacco use among SUD treatment clients.** Clients entering treatment for an SUD are more likely to be dependent on nicotine than are members of the general public. For example, 75 percent of people ages 12 and older who received substance abuse treatment at a specialty facility in the past year reported smoking cigarettes in the past month, compared with 24 percent of the general population.[2] Despite these statistics, most substance abuse treatment programs do not address smoking cessation.
- **Health effects of tobacco use.** From 2000 to 2004, cigarette smoking and exposure to secondhand smoke resulted in at least 443,000 premature deaths each year.[3] Tobacco use is the leading cause of preventable disease and deaths in the United States.[4] It can cause diseases of the lungs and cardiovascular system as well as many cancers.
- **Health benefits of tobacco use cessation.** The most important effects of tobacco use cessation are the beneficial health changes, such as lowered risk of respiratory infection, coronary heart disease, stroke, and lung cancer, as well as cancers of the mouth, throat, esophagus, bladder, cervix, and pancreas.[4, 5]
- **Symptoms of nicotine withdrawal.** Nicotine withdrawal symptoms include an intense craving for nicotine, tension, irritability, frustration, mild depression, reduced ability to experience pleasure (anhedonia), dysphoria, anxiety, anger, restlessness, difficulty concentrating, and increased appetite. Some symptoms, such as craving, mild depression, and anhedonia can last months to years.[6]
- **Tobacco use cessation treatment by SUD counselors.** Treatment for nicotine dependence requires screening, assessing for readiness to change tobacco use behavior, and intervention. Counselors should ask clients who smoke or use other tobacco products about their interest in quitting while in substance abuse treatment.[7]
- **Effective treatment approaches to tobacco use cessation.** Counseling and nicotine use cessation medications are the primary approaches used and are often used together. Both over-the-counter and prescription medications are available. Quitlines are also a valuable resource for people who want to quit using tobacco. Internet assistance (http://www.smokefree.gov) can be helpful.

Tobacco Use Cessation Efforts in Substance Abuse Treatment Programs

A growing body of research supports incorporating tobacco use cessation into substance abuse treatment:

- Incorporating smoking cessation into treatment for alcohol and drug abuse does not jeopardize recovery.[8]
- Eliminating tobacco use is associated with decreased use of other abused substances (12 studies).[8]
- Including smoking cessation interventions in substance abuse treatment is associated with a 25-percent increase in the likelihood of maintaining long-term alcohol and drug abstinence.[9]

In line with these findings, some State governments have begun mandating that substance abuse treatment facilities be smoke free.[10, 11]

Barriers to Implementing Tobacco Use Cessation in SUD Treatment

Despite the morbidity associated with smoking and the well-established health benefits of stopping tobacco use, treatment providers have been reluctant to address tobacco use cessation with clients in substance abuse treatment. Some barriers to addressing tobacco use cessation during treatment include the following:

- Tobacco use is an accepted part of the addiction treatment and recovery culture. People in early recovery have used cigarette smoking as a means of bonding with one another. Treatment staff members and clients may also bond through smoking.
- Many treatment providers believe that attempting to stop smoking during substance abuse treatment can jeopardize recovery.
- Traditionally, major life changes (including quitting smoking) during early recovery were discouraged for fear of causing relapse, even though quitting other substances is not treated as a major life change.
- Many treatment program staff members smoke cigarettes, although, as role models for clients, staff members who smoke set a negative example.

Implementing a Tobacco Use Cessation Policy

The Substance Abuse and Mental Health Services Administration suggests enforcing a tobacco-free norm at treatment facilities. Some programs must obey State or local tobacco-free workplace mandates. Normally, creating and adopting a tobacco-free policy involve several steps, such as assessing need, planning, promotion, implementation, and evaluation.[12] To develop the new policy, administrators can review current organizational policies and practices that may tacitly support tobacco use by staff and clients, such as allowing staff members to smoke with clients or referring to breaks as “smoking breaks.” A new tobacco-free policy can cover the following issues:[13]

- Purpose of the policy and its fit with organizational values
- Individuals affected by the policy (e.g., clients, staff members, guests)
- Areas in which tobacco use is not permitted (e.g., indoors, parking lots, facility vehicles)
- Consequences of not complying with the policy (e.g., warnings, negative comments on job evaluations)
- Support available to smokers who want to quit (e.g., counseling, medications)
- Date new policy takes effect (alert staff 1 to 4 months in advance)

It is important to clearly communicate the policy to everyone. Communication can take place at meetings, during trainings, and through notices,

emails, and other channels. Staff members should be allowed to ask questions and make comments. Employee handbooks, policy manuals, and other resources will need to be revised to reflect the new policy.

Staff members' support when making major policy changes is helpful, but policies such as no tobacco use on facility grounds can be instituted without staff approval. A leadership group that includes a cross section of program staff members who support the change can help introduce the policy and help address concerns at all levels.

Staff members may benefit from additional education about the health dangers of tobacco use and the availability and the effectiveness of medications and counseling approaches. Many resources are available for staff training in tobacco use cessation methods as well as for clients and staff members who want to stop tobacco use.

Developing Clinical Guidelines for Treating Tobacco Dependence

Staff members will need guidance on addressing tobacco use cessation with clients. Exhibit 1 lists some suggestions.

Resources

Technical Assistance Publication 31: *Implementing Change in Substance Abuse Treatment Programs* has general information on introducing institutional changes (http://www.kap.samhsa.gov/products/manuals/pdfs/TAP31.pdf).

Making Your Workplace Smokefree: A Decision Maker's Guide provides step-by-step directions on how to develop and implement tobacco-free policies and details the costs, consequences, and benefits of a tobacco-free workplace (http://www.joechemo.org/cdcguide.htm). Other resources for a tobacco-free workplace are at http://www.cdc.gov/nccdphp/dnpao/hwi/toolkits/tobacco/index.htm.

The American Cancer Society's toolkit for clean indoor air can be downloaded from http://www.cancer.org/acs/groups/content/@pennsylvania/documents/document/ciaccpdf.pdf.

Notes

[1] Substance Abuse and Mental Health Services Administration. (2011). Tobacco use cessation during substance abuse treatment counseling. *Advisory,* Volume 10, Issue 2

[2] Office of Applied Studies. (2008). National Survey on Drug Use and Health, unpublished data. Rockville, MD: Substance Abuse and Mental Health Services Administration.

[3] Centers for Disease Control and Prevention. (2008). Smoking-attributable mortality, years of potential life lost, and productivity losses—United States, 2000–2004. *MMWR, 57*(45), 1226–1228.

Exhibit 1. Clinical Policies and Practices for Tobacco Use Cessation

Policies for Client Care	Practices
Screen all clients for tobacco use and provide strategies if they are ready to quit.	Ask about tobacco use at intake and in subsequent visits. Include tobacco use cessation in treatment planning.
Document tobacco use and cessation attempts in the clinical record.	Revise clinical forms to report client tobacco use and tobacco use cessation approaches available in the program or available through referral. Record tobacco use and attempts to quit in all charting from intake through discharge and continuing care.
Address tobacco use cessation in educational sessions.	Educate clients on the health dangers of smoking and about approaches to quitting (i.e., quitlines, medications, and counseling).

[4] Centers for Disease Control and Prevention. (2004). *The health consequences of smoking: A report of the Surgeon General.* Atlanta, GA: National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.

[5] Centers for Disease Control and Prevention. (1990). *U.S. Surgeon General's report: The health benefits of smoking cessation.* HHS Publication No. (CDC) 90-8416. Atlanta, GA: Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.

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[8] Baca, C. T., & Yahne, C. E. (2009). Smoking cessation during substance abuse treatment: What you need to know. *Journal of Substance Abuse Treatment, 36*(2), 205–219.

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[10] Foulds, J., Williams, J., Order-Connors, B., Edwards, N., Dwyer, M., Klein, A., et al. (2006, Fall). Integrating tobacco dependence treatment and tobacco-free standards into addiction treatment: New Jersey's experience. *Alcohol Research & Health, 29*(3), 236–240.

[11] New York State Office of Alcoholism and Substance Abuse. (n.d.). *Tobacco independence.* Retrieved August 11, 2010, from http://www.oasas.state.ny.us/tobacco/index.cfm

[12] Centers for Disease Control and Prevention. (n.d). *Implementing a tobacco-free campus initiative in your workplace.* Retrieved August 5, 2010, from http://www.cdc.gov/nccdphp/dnpao/hwi/toolkits/tobacco/index.htm

[13] American Cancer Society. (n.d.). *Clean indoor air: A toolkit for going smoke-free in Pennsylvania.* Retrieved August 11, 2010, from http://www.cancer.org/acs/groups/content/@pennsylvania/documents/document/ciaccpdf.pdf

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