

"Ideas for Treatment Improvement"

ADDICTION *Messenger*

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SERIES 25

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*Unifying science,
education and services
to transform lives*

Nicotine Cessation - Part 1 The Risks

*"To cease smoking is the easiest thing I ever did.
I ought to know because I've done it a thousand times."*

~ Mark Twain (1835-1910) ~

Nicotine is a highly addictive substance usually delivered in the form of smoking cigarettes. Approximately 80% of clients seeking treatment for substance use disorders use tobacco, providing counselors an excellent opportunity to talk with their clients about quitting. This Addiction Messenger (AM) series will supply you with information on the risks of smoking, client interventions, how to approach clients about quitting, the differences in adult and adolescent clients and nicotine policies commonly used in treatment agencies.

Cigarette smoking is a difficult addiction to treat and relapses can be frequent. It's legal, easily accessible, and socially acceptable in many situations. Treatment agencies may not put a primary focus on nicotine cessation for several reasons: funding limitations, lack of client interest, fear that dropout rates may increase, and the belief that focus must be given to other drug and alcohol addiction first. Another factor may be that it's difficult to "walk the talk" if employees in treatment agencies also use nicotine.

The information provided in this series of the AM comes from a training program developed by "The Nicotine Treatment Integration Project" for the Division of Alcohol and Substance Abuse (DASA) and the Department of Health for the State of Washington. The project (funded through a grant to Tacoma Community College) includes the following components; literature review on public policy concerning nicotine treatment, a survey of single state authority services (20 states and the territory of Puerto Rico responded), review of nicotine cessation curricula used in Washington, New Jersey, and Massachusetts, and a review of The Triumph Treatment Services Program (a program that piloted nicotine cessation). Treatment agencies can request a presentation of this training program by contacting Mike Towey at Tacoma Community College (mtowey@tacomacc.edu).

Brief History of Nicotine

Tobacco, from the plant *Nicotiana Tabacum*, has been chewed and smoked for centuries. The tobacco plant contains nicotine, a drug as physically addicting as heroin or cocaine (AHA). The history of tobacco dates back to its sacred use in Native American rituals. Tobacco processing was introduced in America around the time of the Revolutionary War and has been commercially manufactured for almost 200 years. Today, tobacco processing includes the use of toxic chemicals such as pesticides and other cancer-causing agents (CDC).

Nicotine Facts

When tobacco is smoked, nicotine is absorbed by the lungs and then quickly moved into the bloodstream and circulated throughout the brain. All of this happens very rapidly. In fact, nicotine reaches the brain within 8 seconds after a person inhales tobacco smoke.

Routes of Absorption - Nicotine can also enter the blood-stream through:

- mucous membranes that line the mouth when tobacco is chewed
- the nose when snuff is used, and
- even through the skin

Nicotine's Effects - Nicotine effects the entire body by:

- acting directly on the heart to change heart rate and blood pressure, and
- on the nerves that control respiration to change breathing patterns.

Nicotine is Lethal - In high concentrations, nicotine is deadly, in fact one drop of purified nicotine on the tongue will kill a person (NIDA 2006).

Nicotine: America's Leading Preventable Killer

Your brain is made up of billions of nerve cells that communicate with each other by releasing chemical messengers called neurotransmitters. Neurotransmitters are like keys that fit into a "lock" or receptor located on the nerve cell. When the neurotransmitter attaches to the receptor it activates that receptor's nerve cell. Nicotine molecules are shaped like the neurotransmitter acetylcholine (which is involved in muscle movement, breathing, heart rate, learning and memory). When nicotine attaches itself to the acetylcholine receptor it "mimics" the actions of acetylcholine. Nicotine also raises the levels of a neurotransmitter called dopamine (the "pleasure molecule" that's involved in addiction to drugs such as cocaine and heroin). This helps explain why it's difficult to stop using drugs like cocaine, heroin or alcohol while continuing to smoke. Continuing to smoke can increase the risk of relapse.

Once a person has become addicted to nicotine it's extremely difficult for them to quit. People who start smoking before the age of 21 have the hardest time quitting. Fewer than 1 in 10 people who try to quit smoking actually succeed. Client's who are trying to stop smoking may begin to suffer from: restlessness, hunger, depression, and headaches. These are withdrawal symptoms. Although withdrawal may be uncomfortable, continuing to smoke is much worse. Smoking will raise your client's blood pressure, dull their senses of taste and smell, reduce their stamina, and wrinkle their skin. More importantly, long-term smoking can lead to heart attacks, strokes, emphysema and many forms of cancer.

Smoking causes more illnesses and death than all other addicting drugs combined. One out of every six deaths in America is related to smoking. The power of nicotine addiction can be seen in the fact that half of smokers who have had heart attacks continue to smoke. Smokeless tobacco also has harmful effects. It reduces the ability to taste and smell, causes damage to gum tissues, contributes to loss of teeth, and contains cancer causing-chemicals that can cause cancers of the mouth, pharynx, larynx, and esophagus.

What Treatment Agencies Can Do

The following are recommended components in a treatment protocol for tobacco use and nicotine dependency:

STEP 1 - The Treatment Program Environment

Location: Tobacco-free buildings, grounds, and vehicles.

Procedure: Inform staff and visitors of policies. Offer assistance to employees through access to smoking cessation programs and materials.

Positive role modeling: Staff who use nicotine shouldn't do so with clients or provide them with tobacco products, and tobacco products should not be openly displayed.

Availability of resources: Pamphlets available in common areas.

Signs: Prominent display of no smoking signs.

Posters: use posters that encourage a tobacco-free lifestyle.

Magazines: Provide reading materials that do not have tobacco product ads.

STEP 2 - Assessing Nicotine Use

Identify every client by:

Asking Status - inquire about smoking/tobacco use

Tagging Chart - identify smoking status on the client's chart with color-coded stickers as a reminder.

Asking About Readiness - ask about willingness/readiness to quit.

Charting - chart smoking/tobacco use status and level of readiness to quit on chart using a nicotine cessation progress record form.

STEP 3 - Intervening with Clients

Follow-up at every visit with every client who smokes/uses tobacco products.

Advise/Motivate - provide advice and counseling appropriate to the client's level of readiness to quit.

Five Major Steps to Interventions

The five major steps to interventions (The 5A's) are Ask, Advise, Assess, Assist, and Arrange. You can use the 5A's for any client who currently uses tobacco products.

The 5 A's

ASK

Identify and document tobacco use status for every client at every visit.

ADVISE

In a clear, strong, and personalized manner, urge each tobacco user to quit.

ASSESS

Is the tobacco user willing to make a quit attempt at this time?

ASSIST

For the client willing to make a quit attempt, use counseling and pharmacotherapy to help them quit.

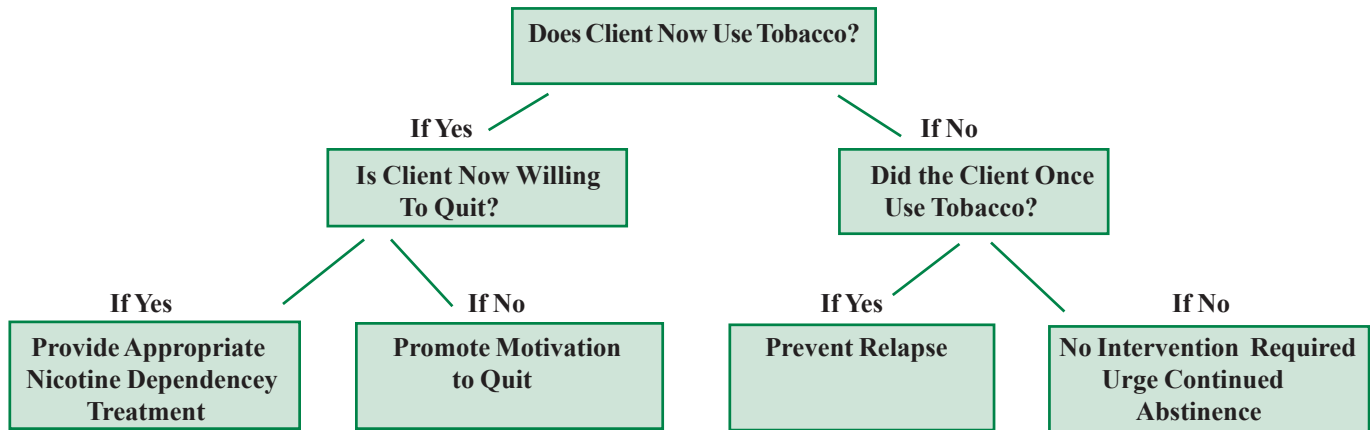
ARRANGE

Schedule follow-up contact, in person or by phone, with the person within one week of the quit week.

Earn Continuing Education Hours by Reading the Addiction Messenger.

Visit our website at www.nfattc.org Click on the Addiction Messenger button, then go to the first issue of the Series you want.

Algorithm for Treating Tobacco Use



A Comprehensive Approach

As with treating most forms of drug dependence, treating nicotine addiction requires a comprehensive approach. A combination of therapy and medication is the optimal approach. There are several forms of nicotine replacement medication available: transdermal nicotine patches, nicotine gum, nicotine lozenges or nicotine inhalers. Other medications include the antidepressant bupropion (Zyban®), and the nicotine receptor stabilizer varenicline (Chantix®).

Effective counseling approaches include individual and group programs focused on mood management, relapse prevention, and cognitive behavioral management of craving and relapse. Clients can benefit from these approaches via primary care providers, specialized treatment programs in agencies, telephone quit lines, or even self-help internet sites and books.

Next Issue:

“Motivation and the Chain of Addiction”

Source:

- Northeast Addiction Technology Transfer Center (2006). **Smoking Cessation Treatment at Substance Abuse Rehabilitation Programs**. Retrieved from the World Wide Web on December 6, 2006 at <http://www.neattc.org/>
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- NIDA Research Monograph, Number 132 **Problems of Drug Dependence, 1992**. Retrieved from the World Wide Web on December 13, 2006 at <http://www.drugabuse.gov/pdf/Monographs/Download132.html>
- NIDA Notes Nicotine Research Volume 15, Number 5 October, 2000. **Nicotine Craving and Heavy Smoking May Contribute to Increased Use of Cocaine and Heroin**. Retrieved from the World Wide Web on December 13, 2006 at http://www.drugabuse.gov/NIDA_Notes/NNVol15N5/Craving.html
- National Center for Chronic Disease Prevention and Health Promotion. Healthy Youth! **Health Topics: Tobacco Use**. Retrieved from the World Wide Web on December 13, 2006 at <http://www.cdc.gov/HealthyYouth/tobacco/facts.htm>
- Centers for Disease Control and Prevention. **Exposure to Tobacco Smoke and Harmful Substances in Tobacco**. Retrieved from the World Wide Web on December 13, 2006 at http://www.cdc.gov/nceh/dls/tobacco_smoking.htm
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National Institute of Drug Abuse

The National Institute of Drug Abuse (Research Monograph #132) has labeled nicotine as a prototypic dependence-producing drug and the role of nicotine in tobacco use is considered to be analogous to the roles of morphine, cocaine, and ethanol, in the use of opium, coca-derived products, and alcoholic beverages. NIDA further asserts that behavioral and pharmacologic intervention techniques with demonstrated efficacy for the treatment of addiction to opiates, alcohol, cocaine, and other drugs, are equally effective for the treatment of nicotine addiction.

New research (NIDA Notes October, 2000) indicates that alcohol and opiates addicts may be at increased risk of relapse if they continue to smoke after completing treatment. Recent studies have shown an irrefutable link between tobacco products cessation and success in drug treatment. Alcoholics and drug addicts who also stop using tobacco products are up to eight times more likely to remain clean and sober than those who don't.

Addiction Facts That Counselors Need To Know (CDC)

People who begin smoking as teenagers are :
 3 times more likely than non-smokers to use alcohol,
 8 times more likely to use marijuana, and
 22 times more likely to use cocaine.
 Smoking is also associated with other risk behaviors such as fighting and engaging in unprotected sex.



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"Substance Abuse Workforce Survey 2005" Results

RMC Research Corporation assisted the Northwest Frontier Addiction Technology Transfer Center (NFATTC) in surveying substance abuse agencies and treatment professionals in 2005. Many of you participated in this survey.

The "Substance Abuse Workforce Survey 2005" assessed current workforce development issues in the Northwest and Hawai'i.

Read the results on NFATTC's website!

www.nfattc.org

Highlights from the "Substance Abuse Workforce Survey 2005" will become a regular feature of the Addiction Messenger (AM) each month.

Look for highlights beginning with the February issue of the AM!

Tacoma Community College
and
International Institute for Training, Education
and Consultation IITEC

NICOTINE CESSATION

Tacoma Community College and IITEC International Institute for Training, Education and Consultation offer the following services to substance abuse treatment agencies:

- 1) A comprehensive tobacco cessation consultation with training programs available in either a "trainer of trainer's" format or as direct training for addiction counselors.
- 2) The training manuals, one for adult and one for youth programs are available along with power point presentations.
- 3) Technical Assistance to help organizations develop a tobacco free program and environment.

For details on these services contact Mike Towey at mtowey@tacomacc.edu phone (253) 566-5213 or Dr. Chuck Anderson at IITEC chuckcwu@earthlink.net phone (360) 874-0075.