

Nicotine Dependence Treatment: The WHY and the HOW in our HSC

Ed Larson, MA, CTTS
Tobacco Treatment Coordinator
Southeast Human Service Center (SEHSC)

About Me:

35+ years working with behavioral health

Masters in Counseling

I don't like change

I'm a bit of a Star Trek Nerd



Here's an
example:

I have no financial
relationships with ineligible
companies to disclose

Objectives

After this presentation, participants will be able to:

1. State at least 3 evidence-based reasons for integrating tobacco cessation into treatment.

2. Discuss basic strategies for having discussions with consumers using motivational interviewing.

3. Identify 3 reasons why consumers do not quit using tobacco.

4. Identify at least 3 myths about quitting the use of tobacco.

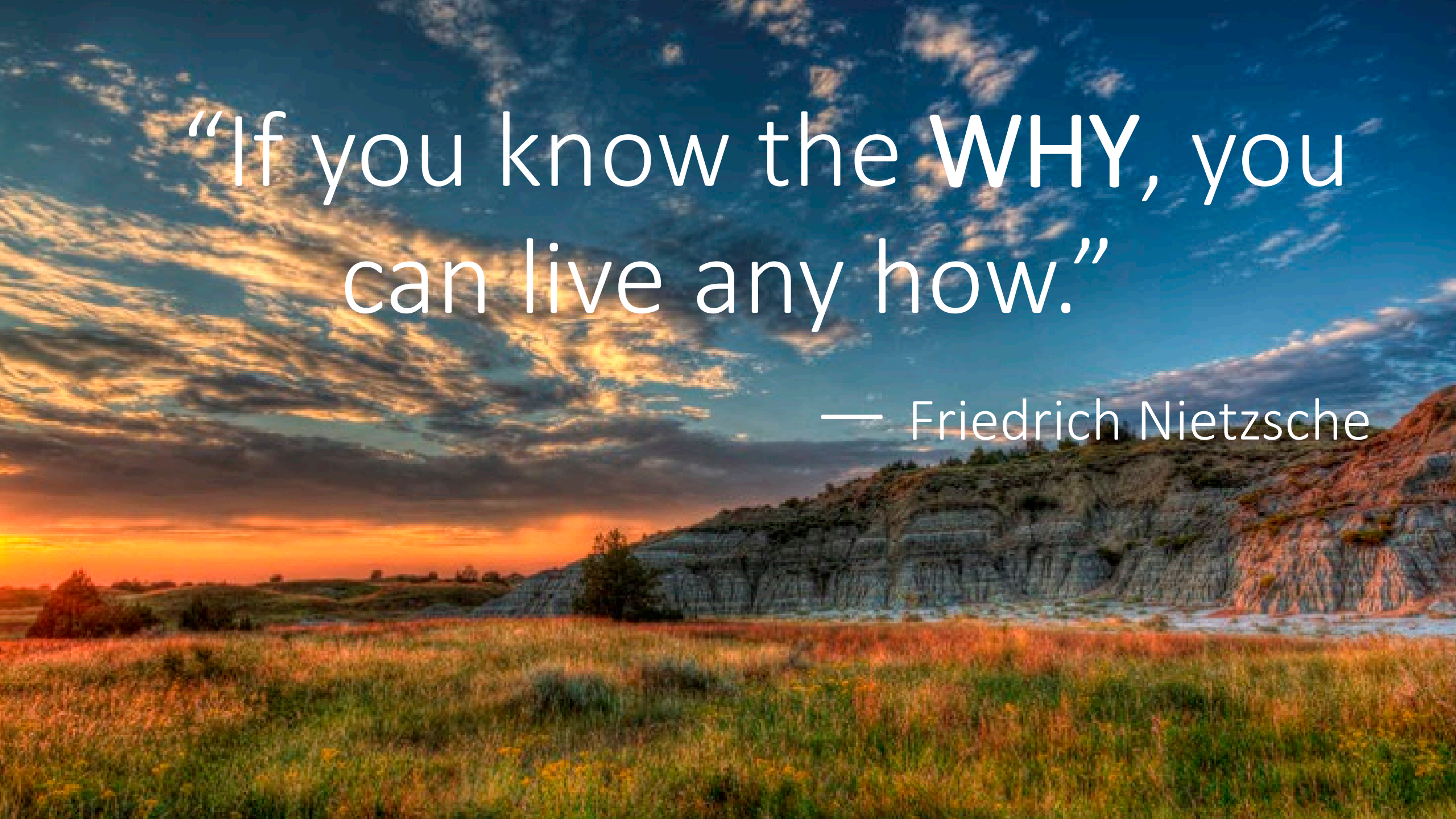
My
discussion
today on
Nicotine
Dependence
Treatment
will cover:

1. Discussing “WHY”

2. Southeast Human Service Center’s
journey to Nicotine Dependence
Treatment

3. Some of the reasons why people have
trouble quitting tobacco

4. “How” to take first steps into
providing this treatment (it’s easier
than you might think)



“If you know the **WHY**, you
can live any how.”

— Friedrich Nietzsche



Tobacco use is the **single most preventable cause of death and disease** in North Dakota and the United States, causing more deaths annually than alcohol, AIDS, car accidents, illegal drugs, murders, and suicides, **combined**.¹

The Journey of Southeast Human Service Center



About SEHSC: Our consumers

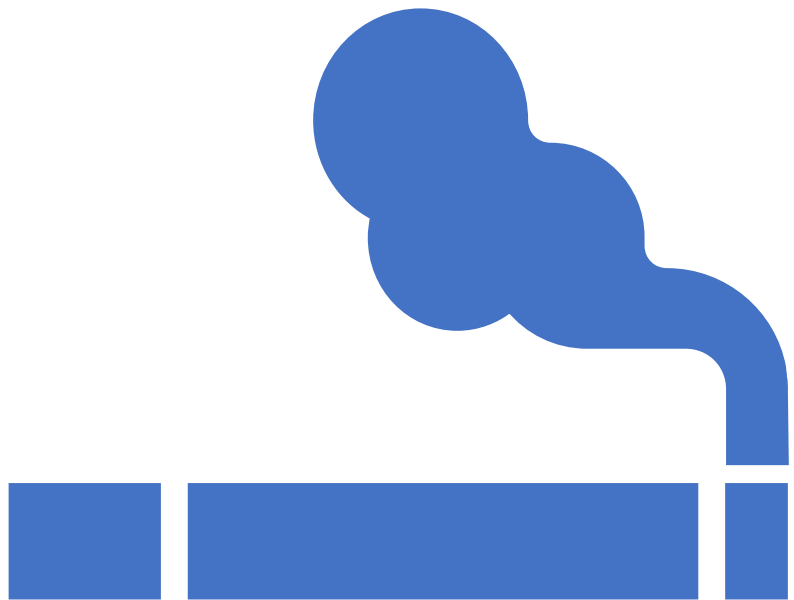
Behavioral health (MH/SUD): about **70%** out our consumers have a tobacco diagnosis.

Many are low income, homeless, have other addictions, and have not had tobacco cessation treatment in the community.

Services offered through Southeast Human Service Center

1. Medication management:
Psychiatry

2. Team-based substance
abuse/mental health
treatment, including OP
residential



In 2017, we began thinking about offering tobacco cessation treatment.

We saw that tobacco cessation treatment for our consumers was not offered.

SEHSC applied for and received a grant from Fargo Cass Public Health.

Working with our partners, we developed our own Tobacco Free Environments policy



Public Health
Prevent. Promote. Protect.

Fargo Cass Public Health



**American
Lung
Association®**

Because of our focus on best practice and person-centered care, we learned :

Most of our consumers want to quit

Those that quit tobacco, have better treatment outcomes²

Medications (including psych meds) work better when people quit tobacco³

We identified
champions and
provided Tobacco
Treatment
Specialist training

- Mayo Clinic Tobacco Treatment Specialist Training (TTS)
- **NDDoH** holds in-state TTS trainings by Mayo staff

We
educated
our staff on
what we
were doing
and why

Surveys* were conducted with our staff.

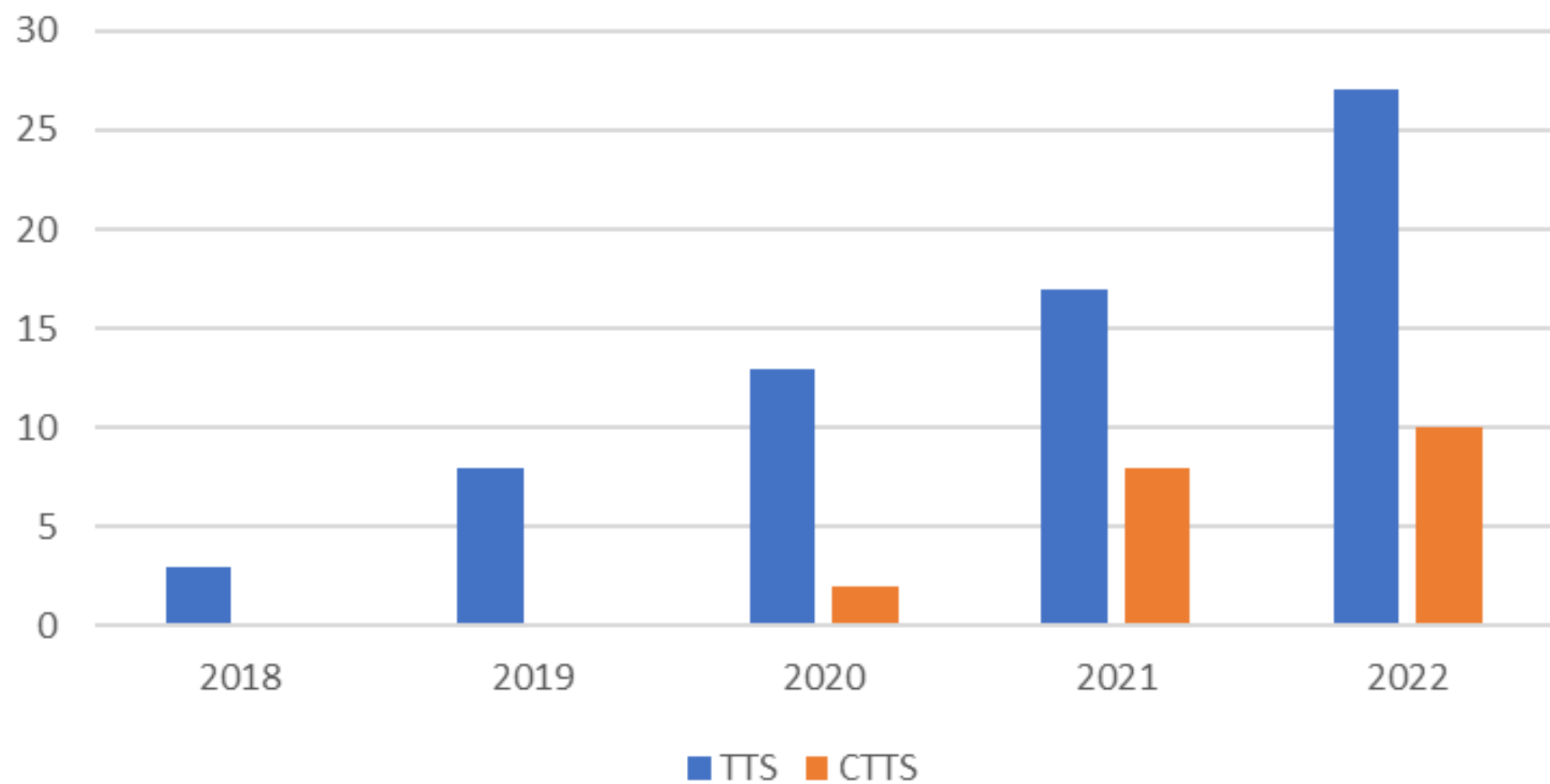
We did encounter some reluctance to becoming tobacco-free.

We focused on our agency first!
Later we addressed this in residential treatment settings.

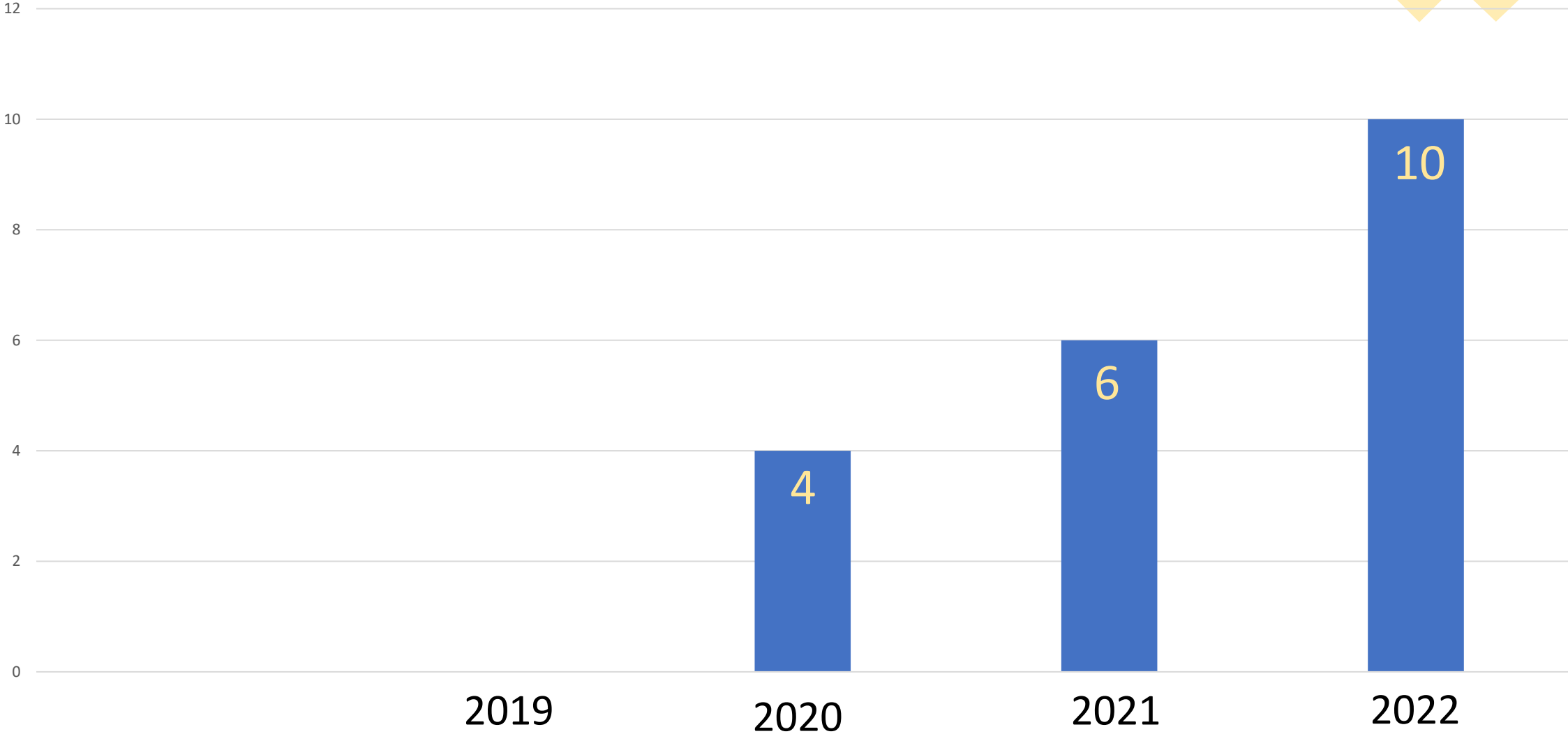
Research shows:

This population may take longer to quit tobacco.²

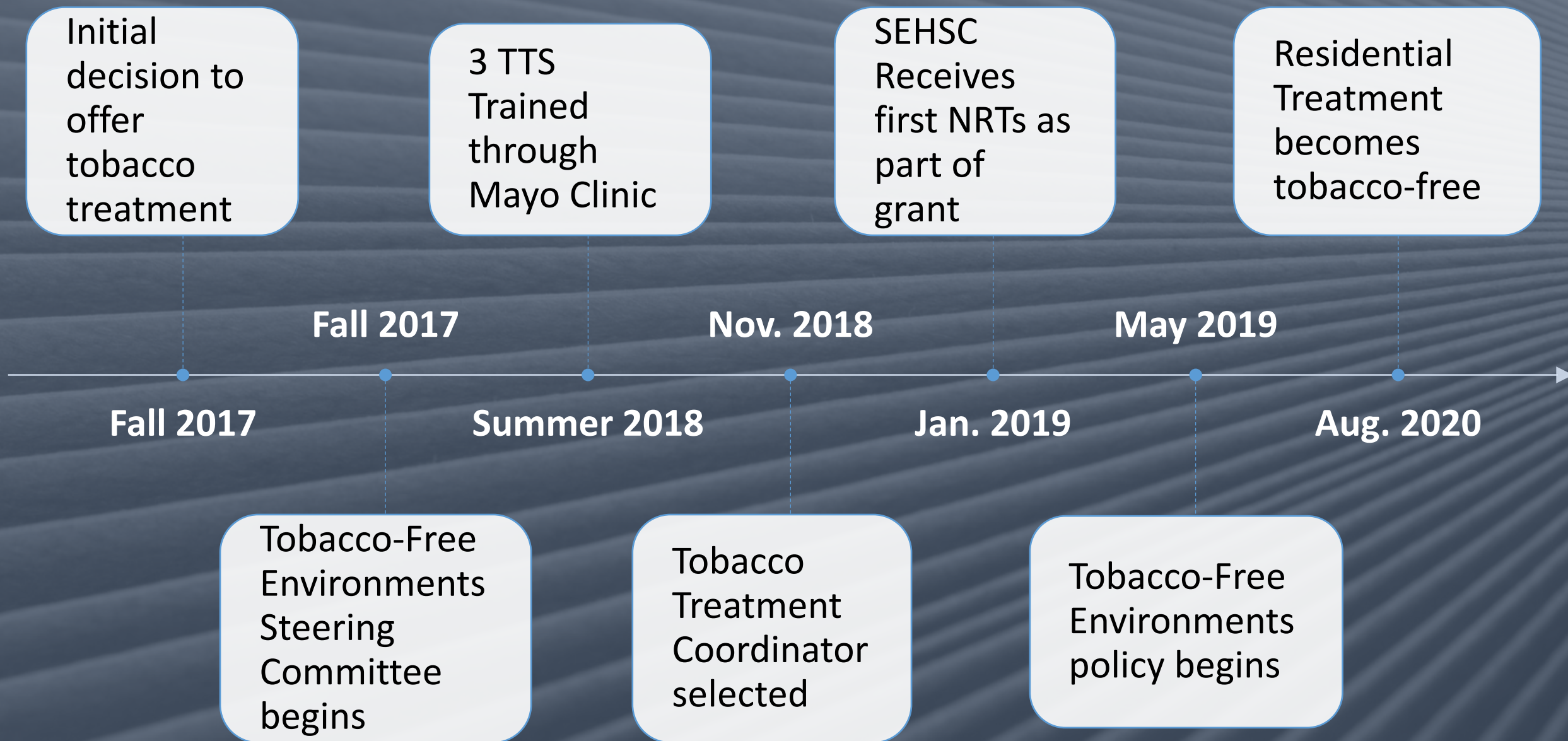
SEHSC TTS/CTTS by Year



Dacotah Foundation TTS



Timeline:



Current Tobacco Treatment Status

STAFF

- SEHSC 27 Tobacco Treatment Specialists (TTS), through Mayo Clinic
- 10 are Certified TTS
- Weekly groups on tobacco cessation
- Tobacco Treatment as part of orientation for new staff and consumers

Continuing challenges:

Training more staff as TTS

Resistance among some consumers in residential settings

Making sure nicotine addiction is addressed in treatment: accurate diagnosis and treatment

Transitioning NRT purchases from grant funding to state funding

Continuing to learn more about Electronic Nicotine Delivery Systems (ENDS)



Success Stories:

A woman in her 60's who had smoked for 40 years has been tobacco free for over one year

A man in his 30's with a long history of addiction to methamphetamine, marijuana, and alcohol has been tobacco free for over one year

A man in his mid fifties with a long history of mental health and substance abuse has been tobacco free for 6 months

A man in his early 20's in long term residential has been tobacco free for 3 months

Why don't our
consumers quit tobacco?

Not knowing how to quit - MYTHS

- Quitting “cold turkey” is the only way.⁴
- You can't quit while you're trying to quit other substances.⁴
- It will cause you too much stress.⁶



What you
can do if
someone
doesn't know
how:

- Provide accurate information
- Refer to a local Tobacco Treatment Specialist: locally or NDQuits.
- Listen: What are their reasons for quitting? How does this fit with their goals for themselves?
- Provide hope: Quitting nicotine is possible, given the right information, tools, and strategy.

Demoralizing: Quitting tobacco can be tough!

“I’ve tried before and failed”

“I’ve tried everything, and it hasn’t worked”



What you
can do for
someone
demoralized:

- Listen for change talk
- Provide hope
- Direct to resources (NDQuits, Pharmacist, TTS)

A blue speech bubble graphic with a white text overlay. The bubble has a dark blue shadow on its left side, giving it a 3D effect. The text is centered within the bubble.

Defending (Digging in):
Asserting their autonomy

How to
work with
someone
“digging in”
and not
wanting to
quit.

Affirm that it is their right to
continue to use

Discuss how continuing to
use tobacco may not be in
line with what they want for
themselves



For Example: Someone wanting to get into their own apartment you can gently let them know:

- Most apartments are tobacco-free.
- If they need funds for a deposit, furnishings, or rent, their continued tobacco use works against them.

Insurance
now pays
for
cessation
medications

- Since January 2020, ND Medicaid has paid for nicotine patches, gum, lozenges, medications (varenicline and bupropion) and nicotine inhalers.⁷
- Since January 2022, ND Medicaid pays for tobacco cessation counseling.⁸
- Psychiatrists at SEHSC can and do prescribe this.

It all begins with a conversation
about quitting tobacco!

Motivational Interviewing

Involves knowing what is important to someone

How can we work together to make that happen

What's
important
to
someone?

Basic Needs

Relationships: Family,
friends, pets,

Aspirations/dreams: what
are they working towards

Quitting tobacco is in line with this:



More money for basic needs: Food, shelter, clothing



Improved relationships: Most people don't use tobacco



Able to progress dreams: go to Hawaii, get a car, run a 5K or more

There are currently *more* people who have quit tobacco than are currently using tobacco.⁹

It all begins with a conversation
about quitting tobacco!

“Things are only impossible
until they’re not.”



- CAPTAIN JEAN LUC PICARD

References

1. Campaign for Tobacco Free Kids. <https://www.tobaccofreekids.org/problem/toll-us>
2. What We Know: Tobacco Use and Quitting Among Individuals With Behavioral Health Conditions. <https://www.cdc.gov/tobacco/disparities/what-we-know/behavioral-health-conditions/index.html>
3. Drug Interactions with Tobacco Smoke. https://rxforchange.ucsf.edu/file_downloads/CVD4%20DI%20TABLE.pdf
4. Behavioral Health and Tobacco Cessation. <https://www.aafp.org/family-physician/patient-care/care-resources/tobacco-and-nicotine/office-champions/behavioral-health-tobacco-cessation.html#:~:text=Individuals%20with%20a%20mental%20health%20disorder%20smoke%20at,quit%20smoking%2C%20including%20counseling%2C%20behavioral%20therapy%2C%20and%20medications>
5. US Surgeon General Report Smoking Cessation 2020. <https://www.hhs.gov/sites/default/files/2020-cessation-sgr-consumer-guide.pdf>
6. Stress & Smoking. <https://smokefree.gov/challenges-when-quitting/stress/stress-smoking>
7. ND Medicaid covers all FDA-approved medications. <https://www.health.nd.gov/medicaid-coverage-cessation>
8. North Dakota Medicaid Provider Newsletter, December 2021. <https://express.adobe.com/page/vmL28yaEj1HBc/>
9. Smoking Cessation: Fast Facts. https://www.cdc.gov/tobacco/data_statistics/fact_sheets/cessation/smoking-cessation-fast-facts/index.html

*Human Service Center Tobacco Survey

1.What barriers do you see that this Human Service Center will face in the next year regarding efforts towards a 100% tobacco free environment? (Check all that apply)

- Employees will not follow policy
- Employees will seek employment elsewhere
- Policy hard to enforce
- None
- Seen as a barrier to clients to receive treatment
- Difficulty with the tobacco addiction community
- Employee doesn't believe that client can be tobacco free
- Other

2.Do you believe that nicotine is (select one):

- An addictive drug that is more addictive than other drugs of dependence
- An addictive drug that is just as addictive as other drugs of dependence
- An addictive drug, but not as addictive as other drugs of dependence
- A drug but not as addictive as other drugs
- Not a drug

3.How important is the treatment of tobacco dependence in a clients overall health?

- Extremely important
- Very important
- Somewhat important
- Not at all

4.How will Tobacco dependence treatment (tobacco abstinence) affect a patients overall recovery?

- It is essential for healthy recovery
- It will help their recovery a lot
- It may help their overall recovery a little bit
- It will not have any effect (neither help nor harm) overall recovery
- It will harm a patients overall recovery

5.Do you think that treating tobacco dependence along with other addictions is a good idea?

- Absolutely: treating tobacco will enhance the quality of drug recovery
- Yes, but we need to allow patients to choose their own timeline for stopping
- Maybe, we need to examine this mater on a case by case basis
- No, Nicotine dependency has not relevance to other addictions
- Definitely not! Addressing nicotine dependence while a patient is in treatment is not a good ideal
- Other

6.Please indicate the extent to which you are bothered by secondhand smoke at work?

- Frequently bothered
- Occasionally bothered
- Seldom bothered
- Never bothered

7.What is your personal relationship to nicotine?

- Never used
- Tried but never regular use
- Former user
- Current use
- No comment

8.Do you think efforts for a tobacco free environment at our agency are:

- Going in the right direction
- Going in the wrong direction

9.Other comments:

- Enter your answer