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Smoking and Addiction Recovery II: For Addiction Professionals

William L. White

For decades, people in recovery from addictions to other drugs have had their lives cut short by tobacco-related diseases. These dear friends, patients, and colleagues died from nicotine addiction, but it could also be said they died from blindness—the failure to see nicotine as an addictive drug and the failure to see smoking cessation within the rubric of *addiction recovery*. For years, such casualties could be written off to the lack of knowledge about smoking and health and the lack of knowledge about the effects of smoking on recovery from other addictions. That simply is no longer the case. Science has weighed in on these issues and the findings are excruciatingly clear. This is the second of a two-part series of papers that summarize these findings for people seeking and in addiction recovery (and their families) and for addiction treatment professionals. Here is what the research of recent decades has concluded about nicotine addiction within the context of specialty-sector addiction treatment in the United States.

How we as addiction professionals respond or fail to respond to the issue of nicotine addiction exerts significant effects on the long-term health outcomes of those we serve.

- Low Natural Cessation Rates: In addiction treatment programs in which smoking is not addressed, smoking cessation rates are very low (e.g., 3%) following discharge from treatment.[1]
- Inadvertent Message: The failure to address smoking within the rubric of addiction treatment and recovery conveys the messages that smoking is not a "real addiction" and that smoking cessation is not an important ingredient of recovery or health and quality of life in recovery.[2]

Historically, the use of tobacco has been promoted within the addiction treatment milieu and within recovery mutual aid societies.

- A Changing World: This stance is changing in tandem with the advances of addiction science, the maturation of addiction treatment

as a professional field, and the changing cultural attitudes toward smoking.[3]

In spite of these changes, addiction professionals are not provided training on the treatment of nicotine addiction, and the rate of adoption of comprehensive services related to nicotine addiction remains low among addiction treatment providers in the US.[4]

The development of nicotine addiction by non-smokers during and following addiction treatment may constitute a harmful side effect of such treatment.[5]

The response of addiction treatment programs to nicotine addiction of their patients has been influenced by historically high rates of nicotine addiction among the addiction treatment workforce.

- High Smoking Rates: 20.5% of addiction counselors surveyed in the US currently use tobacco products; 47.7% are former tobacco users: 89% of recovering counselors are current or former smokers compared to 42% of the U.S. general population.[6]
- Effects on Clinical Effectiveness: Addiction counselors addicted to nicotine are less likely than counselors who are non-smokers to encourage their patients to stop smoking.[7]

Addiction professionals are becoming more supportive of the integration of smoking cessation services within addiction treatment programs.[8]

- Changing Attitudes: Addiction counselors' attitudes toward the integration of smoking cessation within addiction treatment become more positive following trials of such integration.[9]
- Changing Policies/Practices: Addiction counselors are less likely to be a current smoker if they work within a program that offers comprehensive supports for smoking cessation.[10]

A historical barrier to integrating smoking cessation into addiction treatment programs is the myth that quitting tobacco use during early recovery initiation increases the risk of relapse to other drugs.[11]

- Misguided Cautions: As many as a third of addiction treatment patients have been warned by an addiction counselor, an AA or NA

sponsor, or a friend to postpone smoking cessation until after stable recovery has been achieved from other addictions.[12]

- Fact versus Folklore: Smoking cessation does not compromise treatment and recovery outcomes for other drug addictions.[13]

Smoking cessation during early recovery from other drug dependencies may actually enhance post-treatment and long-term recovery outcomes.

- Successful Smoking Cessation: Smoking cessation programs delivered during addiction treatment are effective in initiating cessation of smoking, but longer term strategies of support (e.g., booster sessions, recovery checkups) are needed to improve long-term cessation rates.[14]
- Improved Recovery Rates: Smoking cessation interventions provided during addiction treatment increase the rates of long-term abstinence from alcohol and illicit drugs by as much as 25%.[15]

The majority of addiction counselors now believe that providing supports for recovery from nicotine addiction during treatment for other addictions will improve post-treatment recovery outcomes for all substances.[16]

Staff perceptions that most people admitted to addiction treatment do not want to stop smoking are challenged by recent scientific surveys.

- Patient Wishes: Between 44-80% of patients have a desire to stop smoking.[17]
- Patients with Co-occurring Disorders: That desire to stop smoking extends to patients with co-occurring psychiatric illnesses.[18]

No-smoking policies in addiction treatment programs do not decrease admissions or increase discharges against medical advice or administrative discharges.[19]

The use of tobacco products by addiction professionals is an issue of professional ethics as well as an issue of personal lifestyle choice.[20]

A growing number of addiction counselors are refusing to model a behavior (smoking) that could take years from their own lives and the lives of those who could be influenced by their example.[21]

- Ethical Sensitivity: Addiction counselors are making the decision to stop smoking as a way to escape the contradictions of exhibiting daily addictive behavior while working as an addictions treatment professional.
- Professional Advocacy: Addiction professionals are also taking a stronger advocacy role in pushing comprehensive smoking cessation services for addiction treatment service providers and recipients.[22]

Major policy bodies that have investigated the problem of nicotine addiction among those dependent upon alcohol and other drugs have recommended that smoking cessation be integrated into addiction treatment, including

- Practice Guidelines of the American Psychiatric Association (2006),
- National Institutes on Health State-of-Science Conference Statement on Tobacco Use (2006), and
- The Public Health Service Guidelines for Smoking Cessation (2008).[23]

What You Can do as An Addictions Professional

1. Seek education and training on nicotine addiction and smoking cessation counseling.

- Highly Recommended: Abrams, D.B., Niaura, R., Brown, R.A., Emmons, K.M., Goldstein, M.G., & Monti, P.M. (2003). *The tobacco dependence treatment handbook: A guide to best practices*. New York: Guilford.

2. Practice the 5 As (Ask, Advise, Assess, Assist, and Arrange) of smoking cessation support with all those with whom you work.[24]

- ***Ask:*** *Systematically identify all tobacco users at every visit. (Implement an office-wide system that ensures that, for every patient at every clinic visit, tobacco-use status is queried and documented.)*
- ***Advise:*** *In a clear, strong, and personalized manner, urge every tobacco user to quit.*
- ***Assess:*** *Determine willingness to make a quit attempt. (Ask every tobacco user if he or she is willing to make a quit attempt within the next 30 days.)*

- ***Assist:*** *Aid patient in quitting (help the patient with a quit plan; provide practical counseling; provide intra-treatment social support; help patient obtain extra-treatment social support; recommend evaluation for use of approved pharmacotherapy; and provide supplementary materials).*
- ***Arrange*** *for continued follow-up and support.*[25]

3. Model nicotine abstinence and share your "experience, strength, and hope" related to smoking cessation.

4. Advocate for smoke-free workplace policies and for the integration of comprehensive approaches to smoking cessation within the rubric of addiction treatment within your organization and through your professional associations.

5. Share the info in this pamphlet series with your clients and your professional peers.

Dedication: To Charlie B.

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About the Author: William White is a Senior Research Consultant at Chestnut Health Systems and has served as a volunteer for Faces and Voices of Recovery since its inception in 2001. He has worked full-time in the addictions field since 1969 and quit a two-decades-long, two-pack-a-day addiction to nicotine on January 1, 1988.

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