

Integrating Tobacco Interventions into Addiction Treatment Programs in Ontario

Michael DeVillaer

Centre for Addiction and Mental Health
(CAMH)

Dept. of Psychiatry & Behavioural Neurosciences
McMaster University

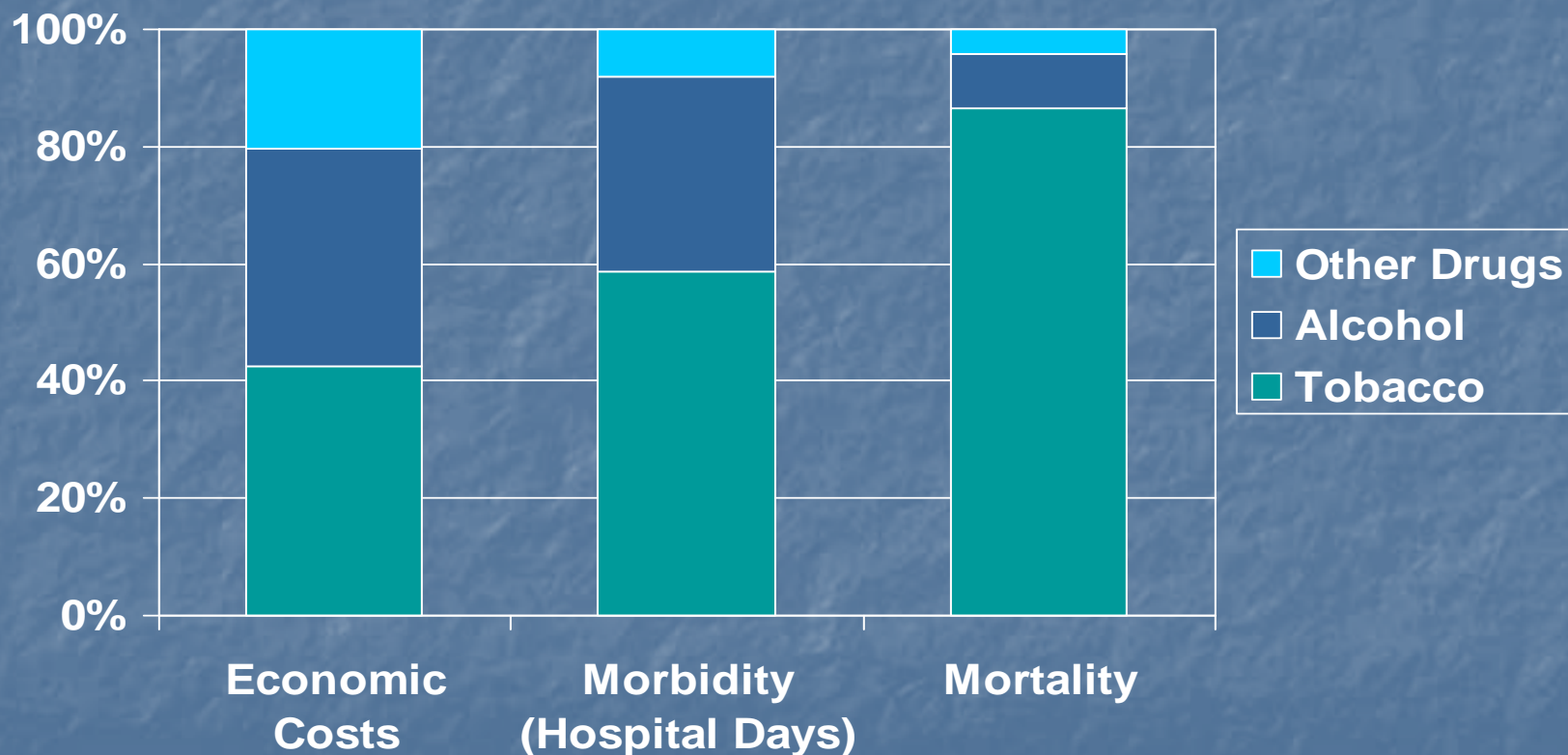
Collaborators:

**Rosa Dragonetti, Charl Els, Norma Medulun,
Barney Savage, Peter Selby, Stephanie
Sliemers, Ian Stewart, Laurie Zawertailo**

Key Messages

- Tobacco is Ontario's major drug problem
- People entering addictions treatment in Ontario identify tobacco as a problem for themselves
- Very few of them receive that help as part of their treatment
- There are benefits to providing that help
- There are challenging hurdles and proven solutions

Relative Contribution of Tobacco, Alcohol & Other Drugs to Economic Costs, Morbidity & Mortality in Ontario, 2002



Rehm J. et.al. (2006). The Costs of Substance Abuse in Canada, 2002. Canadian Centre on Substance Abuse.

Tobacco As a Problem in Addiction Treatment Programs, 2008-09

- 20.2% of clients identified tobacco as a problem substance
- only alcohol and cannabis identified by more clients as a problem
- tobacco figure is an under-estimate

Tobacco Tolerant Milieu in Addiction Treatment: System Level

- Ontario Ministry of Health's "*Setting The Course: A Framework for Integrating Addiction Treatment Services In Ontario*" (1999) did not include the words 'tobacco' or 'smoking'
- Funding bodies have not advocated for the introduction of smoking cessation
- ConnexOntario does not include smoking cessation as a searchable service in its DART database
- Ontario Govn't: *Every Door is the Right Door: Towards a 10-Year Mental Health and Addictions Strategy: A Discussion Paper* (July 2009): 'tobacco', 'smoking' do not appear in the body of the report
- The discussion paper invites input

Tobacco Tolerant Milieu in Addiction Treatment: Program Level

- resource-strapped providers say they have not been funded to provide smoking cessation
- anecdotally, only a handful of Ontario programs appear to provide smoking cessation
- 10% of Canadian addiction treatment programs offer formal treatment for tobacco (Currie, et. al.,2003)

Tobacco Tolerant Milieu in Addiction Treatment: Clinical Interaction

Why not taken as seriously as other drugs?

- Does not create crises requiring urgent attention
- No behavioural impairment (exc. withdrawal)
- Most serious physical harm occurs later in life
- Counsellors who are smokers may be ambivalent about encouraging a client to quit
- No consensus on the clinical protocol for integrating smoking cessation (ie. staged vs. concurrent)

The Case for Change: Research

- Clients in addiction treatment who quit smoking, compared to those who continue to smoke, have better outcomes
- For people who had been in addictions treatment, 51% of them died due to tobacco-related causes

The Provocative Question

Is our addiction treatment system saving people from the perils of other drugs so they can get sick and die from their use of tobacco ?

I Had a Dream...

Ideally, all addiction treatment programs would:

- become smoke-free organizations
- support current staff who smoke to quit
- provide staff with training in smoking cessation
- routinely screen all clients for smoking status, encourage smokers to quit, & determine their readiness to do so
- provide smoking cessation for clients who are ready
- follow-up with clients to either reassess readiness or monitor progress

Components of Strategy

- partnership of *Addictions Ontario, CAMH & Ontario Federation of Community Mental Health and Addiction Programs*
- increase awareness and interest among Ontario addictions service providers (Making Gains, CAMH in the Community events)
- training strategy for service providers (TEACH)
- awareness and interest among funding bodies (Ministry of Health and Long-term Care; Local Health Integration Networks)
- funding strategy

Feeding the Strategy

Comprehensive literature review

- clinical protocols (eg. staged versus concurrent intervention)

Brief survey of all Ontario addiction agencies

- determine which programs currently offer smoking cessation, with a brief description
- add info to Connex database for consumer use
- provides a baseline

Input from the field

- Feedback on presentations and consultations

Field Consultation

- Invitation sent to member agencies of *Addictions Ontario & Ontario Federation of Community Mental Health and Addiction Programs*
- 34 addiction service providers: front-line & mgt
- Purpose: identify, for clients, counsellors & programs, the benefits, hurdles & solutions for introducing smoking cessation
- Success confirmed by participant feedback
- Report recently sent to all member agencies of AO & Federation

Benefits for Clients

Improved health and quality of life

Convenience of one program addressing all addiction issues

Quitting smoking reduces risk for relapse to other drug use

Smoking clients get encouragement to quit from others who are quitting

Clients

Hurdles	Solutions
Smoking: cope with anger, fear, stress & loneliness	Nicotine replacement; identify alternate coping mechanisms
Smoking counsellors may provide triggers for clients	Ideally staff would be non-smokers; supported to quit
Contraband cigarettes are cheap	Explore clients' finances; impact of cheap smokes
Clients more more motivated to deal with crises in their lives	

Benefits for Counsellors

Apply a clinical intervention that will save lives

Generic clinical skills apply to smoking cessation

Nicotine replacement is a powerful tool

Smoking counsellors can quit; improve their own health

Counsellors

Hurdles	Solutions
Over-worked, so unable to offer smoking cessation groups	
Some staff use cigarettes to reward client progress in treatment	Awareness and attitude shift important for clients & staff
Clients may not self-identify; counsellors have to take the initiative	

Benefits for Programs

Engagement in best practices for addictions treatment

Normalizes non-smoking; communicates a consistent professional health promotion message

Decreased relapse rate should shorten wait lists

Programs

Hurdles	Solutions
Cost of training staff	
Cost of nicotine replace. products	Use budget surplus to stockpile NRT
Additional funding required	Business case re: long-term health care savings
Tobacco is not an addiction, so people can quit on their own	Education - TEACH
Adding a smoking cessation component requires a cultural shift at programs	Early adopters have some good advice for us

Next Steps

- continue to take our case to service providers & incorporate input
- provide training to interested providers
- take our case to funding bodies within the context of a funding strategy

Key Messages

- Tobacco is Ontario's major drug problem
- People entering addictions treatment identify tobacco as a problem for themselves
- Very few receive help for this problem as part of their treatment
- There are benefits to providing that help
- There are challenging hurdles and proven solutions

michael_devillaer@camh.net