

Exposed - Addiction Treatment and Tobacco

By David “Mac” Macmaster

Millions of alcoholics and other drug addicts have died and are dying from tobacco while addiction planners; providers and the recovering community ignore the facts. What are the facts?

Fact One: 92% of those admitted to New York State for addiction treatment were assessed as having a nicotine dependence disorder. Similar prevalence of nicotine dependence in those treated for substance use disorders in other states report similar high incidence.

Tobacco use in the general populations ranges from the teens to the high 20's indicating alcoholics and drug addicts are sick and dying from tobacco at more than 4 times the rate of the general smoking public. They are losing as many as 25 years of their expected life spans.

Fact Two: Research indicates that 44% of smokers and other tobacco users who die every year have addiction and mental health disorders. This means there are 200,000 annual tobacco deaths of the 580,000 American dying from tobacco are in these over-represented vulnerable populations.

Smokers with mental health and addiction disorders buy 70% of the cigarettes sold in the USA. Centers for Disease Prevention and Control report 50% of smokers who smoke a pack a day for a prolonged period will die from tobacco-related diseases.

Fact Three: There has been a “tobacco tolerant culture” in addiction treatment and the recovering community since 1935 when Alcoholics Anonymous was founded. This tobacco tolerant culture was expanded when Narcotics Anonymous joined the 12 Step communities in the 1950's.

This indicates nicotine dependence was an unrecognized threat to those in 12 step programs and those early treatment providers. Sadly, founders of both AA and NA died from tobacco caused or related disease.

Fact Four: Nicotine dependence (305.1) was one of the substance use disorders listed in the Diagnostic and Statistical Manual (DSMIV) as a condition with the same diagnostic criteria as alcohol and the other substance dependence disorders.

The current DSM5 continued this inclusion of nicotine dependence as tobacco use disorder (TUD).

Accordingly, nicotine dependence/tobacco use disorder should be eligible for addiction treatment funding within the context of the treatment of other substance dependence disorders.

Tobacco use disorder is not being treated in addiction treatment programs as being a substance use disorder (SUD) of equal concern or commitment as alcohol and other drugs. This means patients are not being treated for TUD and are vulnerable to disease and death from tobacco. Some would consider this to be malpractice and neglect since “due care” is not being provided.

Fact Five: Research from the Mayo Clinic reports that tobacco killed more patients treated for substance dependence disorders than alcohol and the other drugs patients were initially treated for.

Fact Six: 12 Step programs consider tobacco to be an outside issue despite the deaths of untold hundreds of thousands of member deaths from tobacco.

These mutual help societies do not even publish pamphlets that warn members of their vulnerability to disease and death from tobacco. It appears that while members may be “clean” or “sober” if they are smoking or using smokeless tobacco they remain in an addicted condition.

They are using tobacco because they are addicted to nicotine and not just engaging in a bad habit that needs “cessation.”

Despite these facts little has been done to address this preventable loss of life in those treated for alcohol and drug dependence that have a tobacco use disorder. This is an unacceptable situation now that evidence based TUD treatment is now readily available and thoroughly researched.

Only New York State has systematically integrated nicotine dependence into its licensed addiction treatment programs. Wisconsin is a state moving in this direction and some other states are actively working to address nicotine and tobacco. They are in the minority.

While the national advocacy and professional associations like the Center on Alcohol and Substance Abuse (CASA), the National Council on Alcohol and Drug

Dependence (NCADD) and others may have begun to consider nicotine dependence as a legitimate substance dependence disorder, there is little evidence they are doing more.

They are not advocating for nicotine treatment as evidenced by the absence of this issue in their publications, websites, conferences, or policy development.

Distinguished public health leader, Steven Schroeder, MD, sent appeals to AA and NA executive directors and boards of directors. Dr. Schroeder asked these fellowships to help the effort to reduce tobacco disease and death by advancing the issue within their 12 traditions.

Dr. Schroeder did not even get the courtesy of a response never mind taking his request under advisement. These two letters are available for review.

It is clear tobacco and nicotine is a difficult issue for 12 Step programs when they are asked to address the tobacco issue given their history and continuing identity as tobacco tolerant cultures.

There is even affection for smoking as part of the recovery process for many alcoholics and addicts who believe they stayed sober and clean by smoking and drinking coffee.

However, such affection is misplaced as the evidence of the tobacco death toll demonstrates. It is time those most responsible for the treatment and recovery from addiction to do the right thing before their indifference, ignorance and stalling is exposed. Perhaps someday soon somebody will launch the legal actions necessary to assure this malpractice and neglect comes to and end.

Submitted by:

David "Mac" Macmaster
2043 Overlook Pass
#3
Middleton, WI
53562
creativerep@mac.com

(608) 393-1556