WINTIP ADVOCACY HISTORY

Before there was DHS 75 tobacco integration revisions, tobacco use disorders were excluded from Wisconsin substance use disorders (SUD) treatment.

The following summary reports revising DHS 75 to include (SUD) policies that assess, treat tobacco use disorders (TUD) in smoke free environments advocacy, explains the rationale for revising DHS 75 to require the new TUD in SUD policies to save more Wisconsin lives

Advocate Meeting
October 2018

Attention: Michael Derr, DHS Division of Care and Treatment

Michael, please forward this request for advocacy priority to those *in SCAODA* that may be interested. I am pleased there is an interest in SUD input into advocacy issues in Wisconsin and this invitation for providing input. As a long-time member of the SCAODA Intervention and Treatment Committee I have been an advocate for several priorities relating to SUD prevention, treatment, and recovery issues.

One of my priorities in providing advocacy for SUD issues is my advocacy role in advancing the integration of evidence-based Tobacco Use Disorder into our SUD and mental health services (behavioral health.) In that advocacy I represent the Wisconsin Nicotine Treatment Integration Project (WINTIP.) WINTIP is coordinated by the UW-Center for Tobacco Research and Intervention in the UW- School of Medicine and participates in state and national initiatives to integrate evidence-based tobacco use disorder in behavioral health programs.

The Tobacco Prevention and Control Program in the Division of Public Health has provided sustaining funding for a decade that has funded WINTIP. Additional funding indicating support for our WINTIP tobacco integration initiative has been and is provided by the Bureau of Prevention, Treatment and Recovery in the Division of Care and Treatment.

I can report WINTIP and our mission has not been opposed by any professional or consumer group to the best of my knowledge.

Our advocacy is based on data from our state mortality and prevalence information that identifies Wisconsin residents with substance use and mental health disorders are exceptionally vulnerable to disease and death from tobacco caused and related diseases.

Despite the current and appropriate concern for opioid use disorders and overdose deaths, the fact is that tobacco deaths are far more prevalent. We know that approximately 7,000 Wisconsin residents die from tobacco every year compared to approximately 1,000 opioid deaths.

What is a Wisconsin life worth? The families that lose a loved one from death by tobacco suffer the same pain, grief and loss as families experience from the other substance use disorder deaths.

WINTIP is preparing to contribute to the revisions of DHS75 that are underway. We no longer can ignore the case for integrating tobacco use disorders in our established and planned substance use disorder treatment and services.

ASAM supports tobacco disorder inclusion in their recommended criteria for addressing all their identified substance use disorders that are included in DSM5. Wisconsin treatment providers know how to effectively treat substance use disorders. They will simply apply the same ASAM and DSM5 criteria to our current scope of practice for SUD's.

In conclusion I draw attention to the funding issues that will be considered. The facts are that 14% of the adult populations smoke, purchase, and use other tobacco products. We understand that 68% of Wisconsin adult residents purchase and consume alcoholic beverages.

Yet our 14% adult smokers contribute approximately $600 million excise tax revenues to our state budget. The 68% of Wisconsin residents that purchase and consume alcoholic beverages contribute approximately $55 million to our state budget.

It appears Wisconsin residents that smoke cigarettes and other tobacco products are pre-paying for the level of care and treatment their tobacco use disorders if only that care was available in our established SUD treatment services. Currently they are excluded from the care available to Wisconsin residents with alcohol use, cocaine use, opioid use, and cannabis use disorders. They are excluded because current DHS75 rules exclude those with primary tobacco use disorders.

While DHS75 rules permit the concurrent treatment of tobacco use disorders in our SUD treatment programs, the reality is only a handful of Wisconsin SUD treatment programs provide the evidence-based tobacco use disorder recommended by ASAM. Therefore, strong priority advocacy is clearly desirable and necessary on ethical and clinical grounds.

The current mortality and prevalence data reveals that Wisconsin residents with SUD and mental health disorders are getting sick and dying from tobacco at more than 4 times the death rate in the general population. The data is there.

It is time to change our historic tobacco tolerant culture and health care service to the tobacco free culture we are capable or providing.

David "Mac" Macmaster, CSAC, PTTS

Managing Consultant Wisconsin Nicotine Treatment Integration Project (WINTIP)

Coordinator: National Tobacco Integration Advocacy Council Coordinator:
Dane County Tobacco Integration Project Task Force
Vice-President: Wisconsin Recovery Community Organization (WIRCO)

Member: Wisconsin Governors State Council of Alcohol & Substance Abuse (SCAODA) Intervention & Treatment Committee
Member: Recovery & Addiction Professionals of Wisconsin (RAP-WI) and National Association of Addiction Professional (NAADAC)
Wisconsin Delegate: 2010 National Rally for Recovery

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