

Addressing Tobacco Use Disorders in the Justice-Involved: Evidence-based Strategies and Resources

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Tobacco-Related Revisions in DHS 75

Wis. Admin. Code ch. DHS 75.24(7)

- According to Wis. Admin. Code ch. DHS 75, programs must have a written policy on assessment and treatment of concurrent tobacco use disorder
- Tobacco is included in the revision as best practice for SUD treatment and recovery
 - Aligns with ASAM recommendations to treat tobacco and implement organizational policies
- This is a result of behavioral health leaders, public health advocates, and scientists working together for years to improve health
 - Addresses significant health inequities

Learning Objectives

1. Understand tobacco use disparities within the justice-involved population
2. Understand tobacco use as an addiction and chronic disease
3. Understand how to support clients who use tobacco



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Poll #1



Learning Objectives

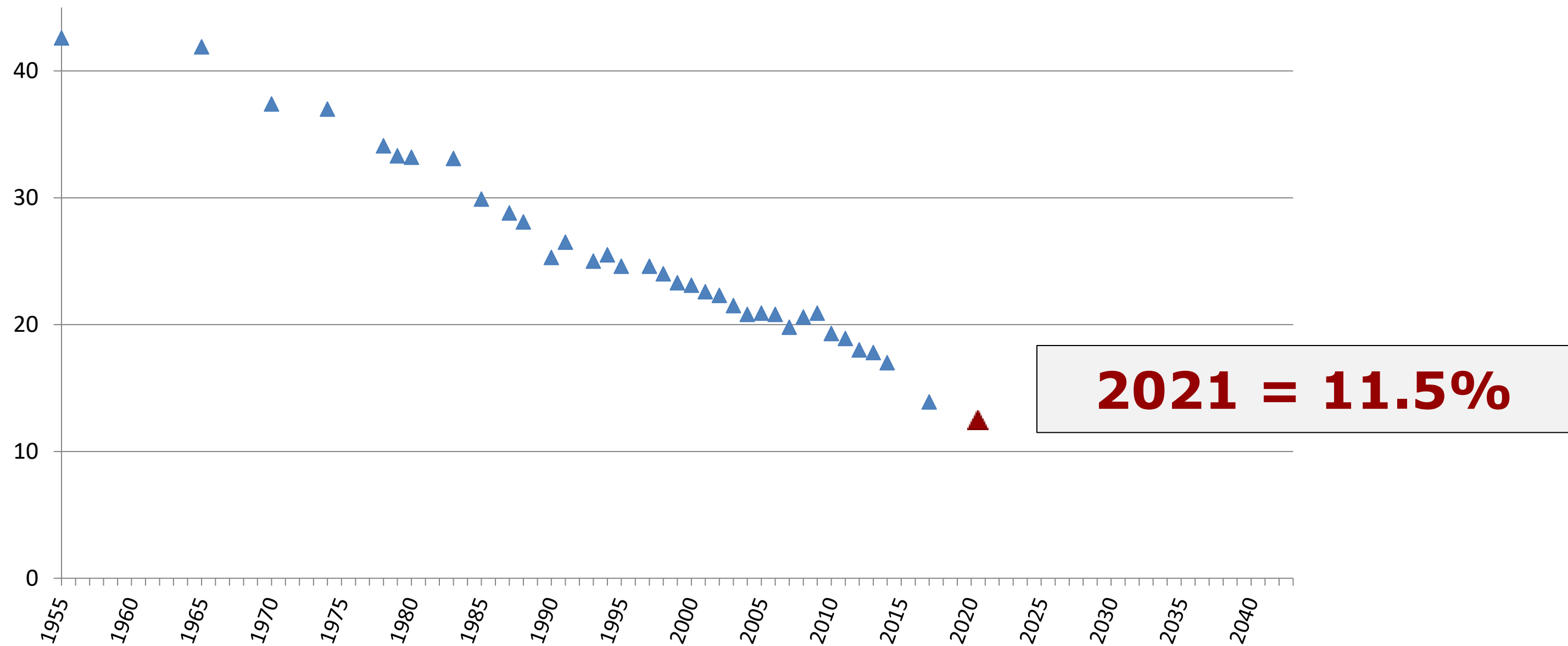
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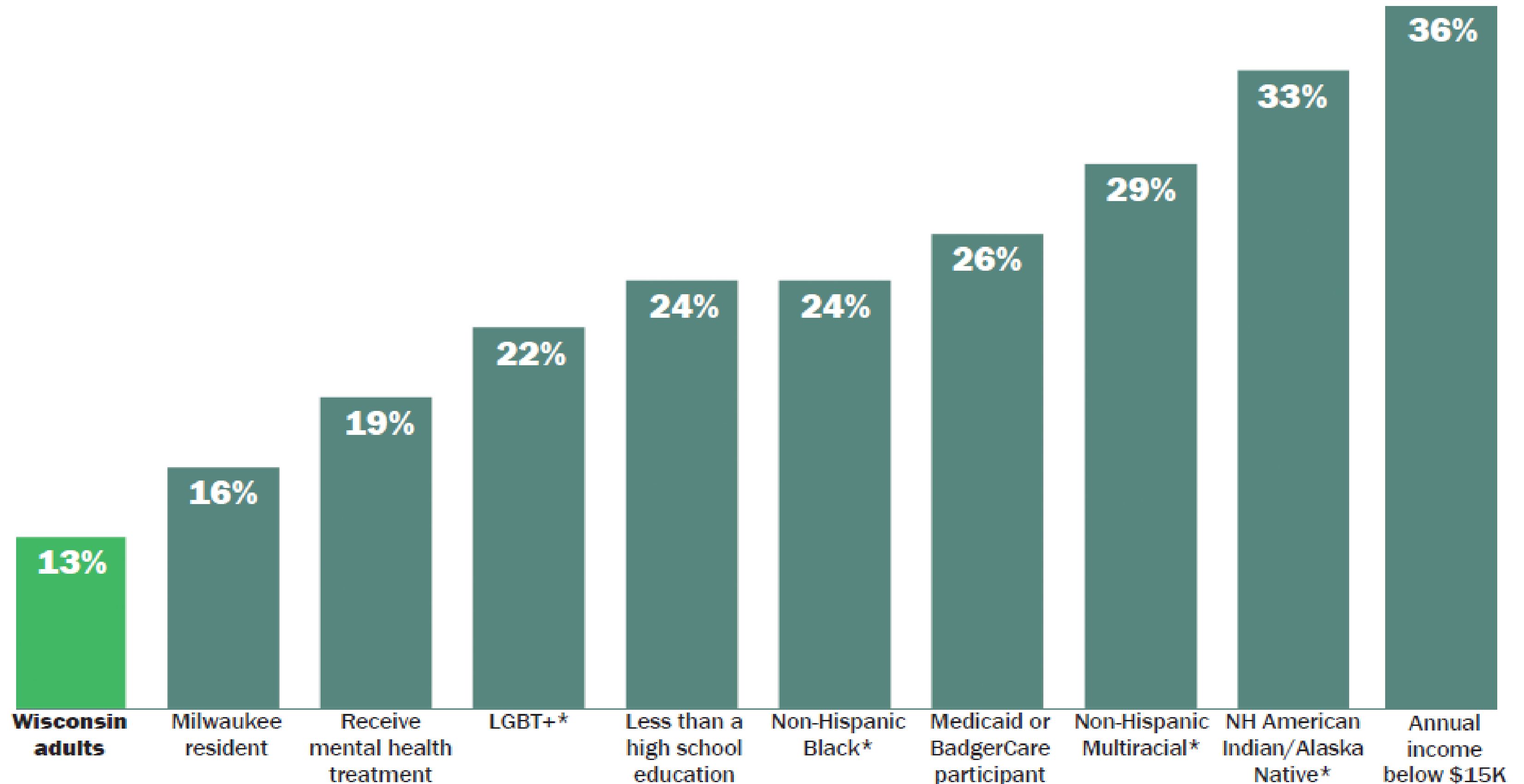
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Smoking Prevalence Among Adults 18 and Older, United States, 1965-2020



Tobacco Use Disparities in Wisconsin



Tobacco Use Disparities in Wisconsin

Research Letter | Substance Use and Addiction

March 10, 2020

Prevalence of Tobacco Use Among Rural-Dwelling Individuals Who Inject Drugs

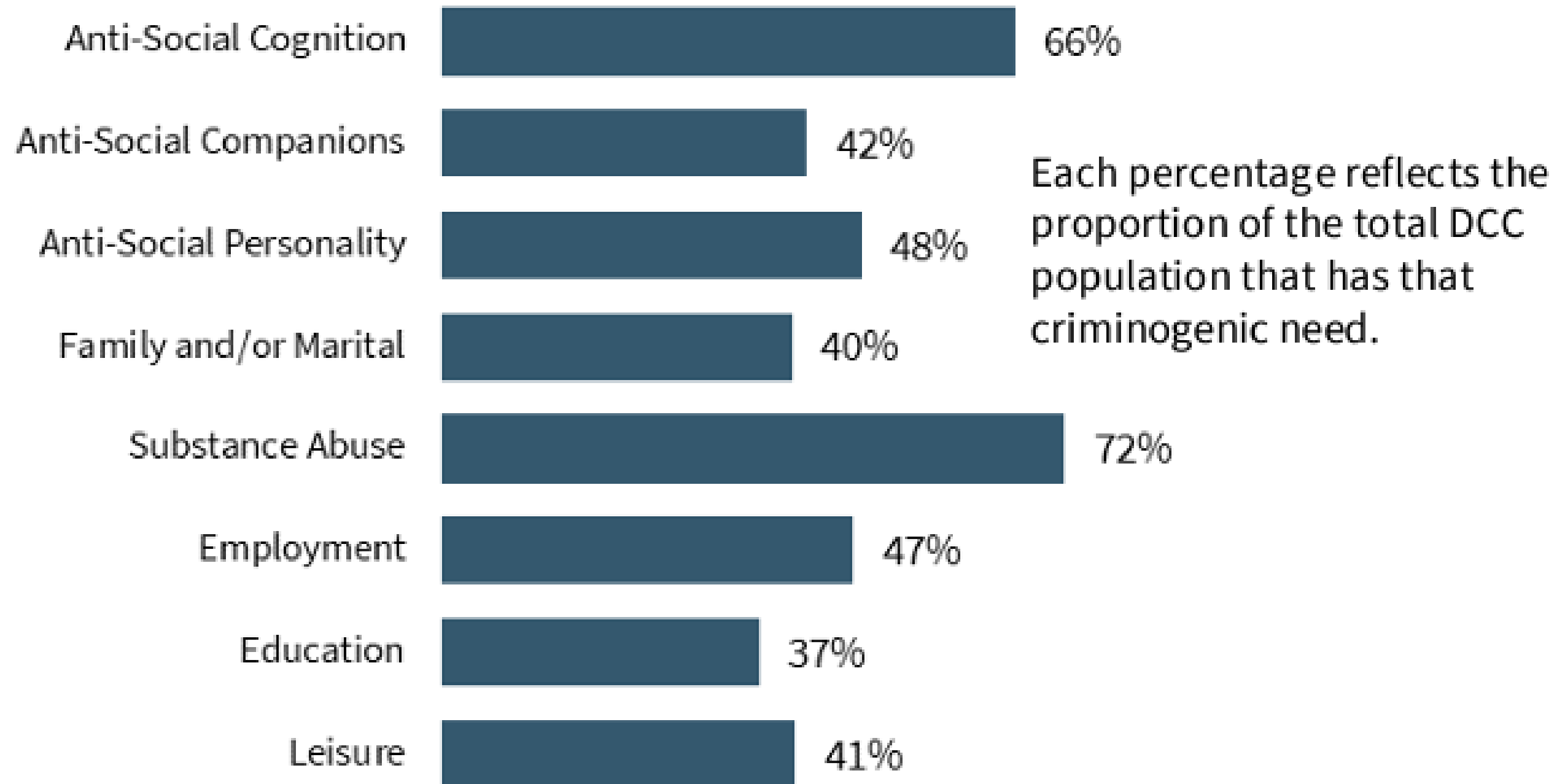
In this cross-sectional study assessing unmet health care needs of people who inject drugs in rural WI, **92.2%** reported they currently smoke cigarettes.

Tobacco Use Disparities in the Justice-Involved Population

- Between 50-80% of the justice involved population smokes cigarettes
- JI population is overrepresented by groups with high tobacco use disparities
 - Black, Indigenous, people of color
 - Low SES

Criminogenic Needs in WI Community Corrections Population

Criminogenic Needs



Tobacco Use Disparities in the Justice-Involved Population

Justice-involved individuals have many risk factors for tobacco use and relapse after incarceration:

- Poverty
- Housing instability
- Lower educational attainment
- High rates of trauma and stress
- Environmental exposures
- Limited access to health care/resources

Poll #2



Tobacco Use Disparities in the Justice-Involved Population

- Vast majority of people (as high as 90%) return to smoking following release from smoke-free prisons.
- Majority of people *want* to remain abstinent following release from prison

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Fact or Myth

Smoking is a personal choice, not an addiction

MYTH

FACT:
Nicotine is a
highly
addictive
substance.

- Tobacco use disorder is a chronic relapsing condition with both physical and psychological dependence – just like other SUDs.
- Cigarettes are a highly lethal product – killing half of all people who smoke long term.
- Most people relapse many times before they successfully quit.

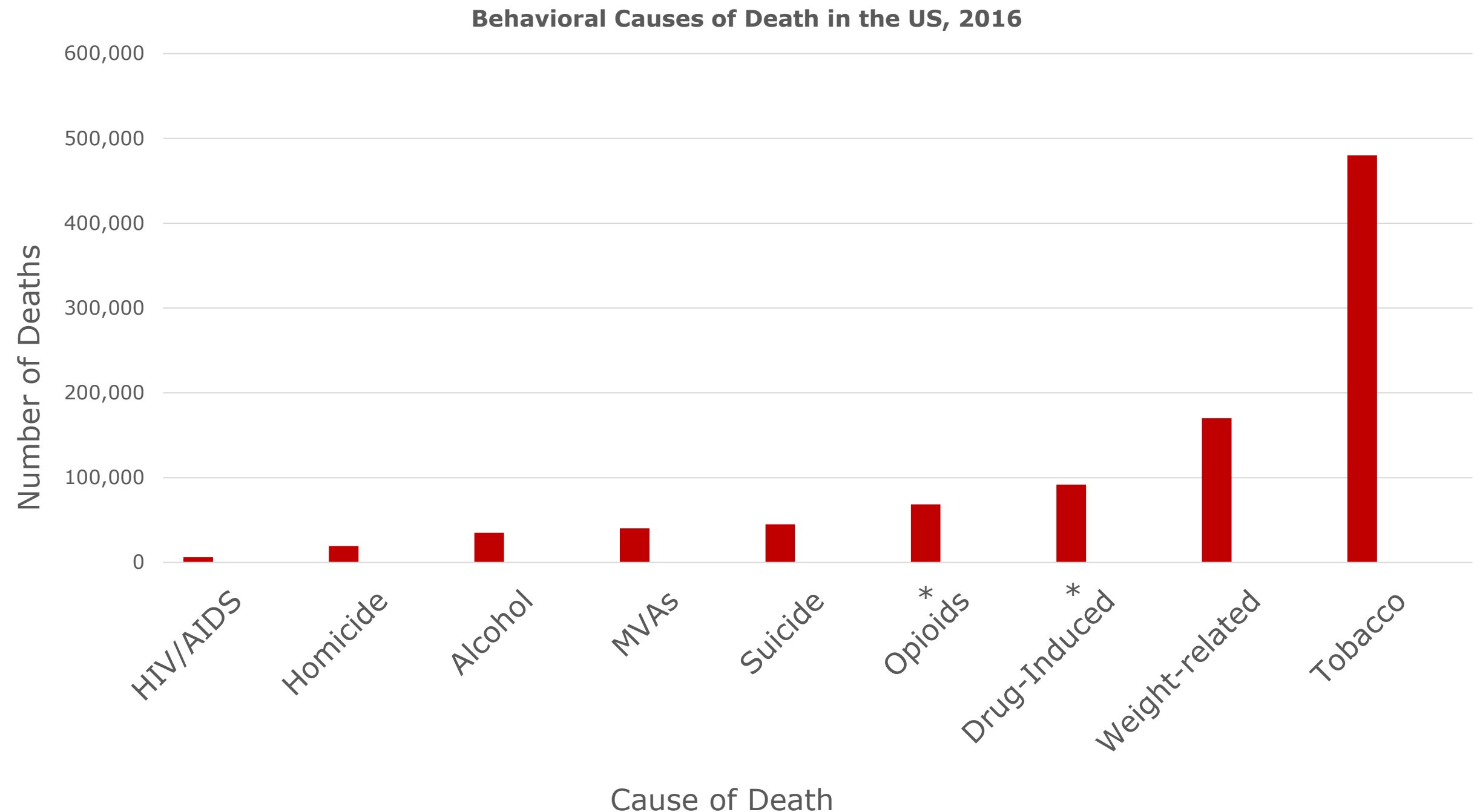
Fact or Myth

**Opioids kill more
people than smoking.**

MYTH

Fact:
Opioids *do not*
kill more
people than
smoking.

- Opioids are the most common drugs for fatal overdoses (75% of all fatal overdoses)



* 2020

Fact or Myth

**I can't repair the damage
smoking has done to my body.**

MYTH

FACT:
I *can* repair
the damage
smoking has
done to my
body.



Fact or Myth

People in SUD treatment
want to quit smoking.

FACT:
People in SUD
treatment
want to quit
smoking.

- 44-80% of people in SUD treatment are interested in quitting or changing tobacco use
- 46% of people in SUD treatment made a quit attempt in the last year

Fact or Myth

People with other
substance use disorders
can't quit smoking.

MYTH

FACT:

People with other substance use disorders *can* quit smoking.

- About **1 in 5** people with SUD quit smoking
- People with SUD may have more difficulty quitting smoking than those without SUD, but it is not clear why
 - Are they not provided evidence-based treatment?
 - Are they taught to use their cigarettes as a treatment/coping tool?
 - Are they too scared about their recovery to invest in smoking cessation?

Fact or Myth

Quitting smoking leads
people to drink more.

MYTH

FACT:
Quitting
smoking *does*
not lead
people to
drink more.

- Alcohol dependent smokers report greater urges to drink when they smell cigarettes
- Alcohol increases the time spent smoking (i.e., the reward value of smoking)
- Nicotine off-sets the sleep-inducing effects of alcohol
- There is a neuronal basis underlying nicotine and alcohol co-use

Fact or Myth

Quitting smoking can reduce the risk of a relapse to other substances.

FACT:
Quitting
smoking can
reduce the
risk of a
relapse to
other
substances.

- Smoking can lead to a relapse to alcohol or other substance use
 - The more you smoke, the greater the likelihood of relapsing and doing so more quickly
- There is no evidence of increased use of other substances during smoking cessation treatment

Fact or Myth

Long term mental health
is improved by quitting
smoking.

FACT:
Long term
mental health
is improved
by quitting
smoking.

- There may be psychiatric symptoms that are part of withdrawal
 - Anxiety, anger, depressed mood
- In as little as 6 weeks, smoking cessation is associated with:
 - Reduced depression, anxiety, and stress
 - Improved positive mood and quality of life
- While admitted for in-person SUD treatment, one study found quitting smoking results in the same improvement in mental distress and quality of life as that of non-smokers

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Treating Tobacco Use And Dependence

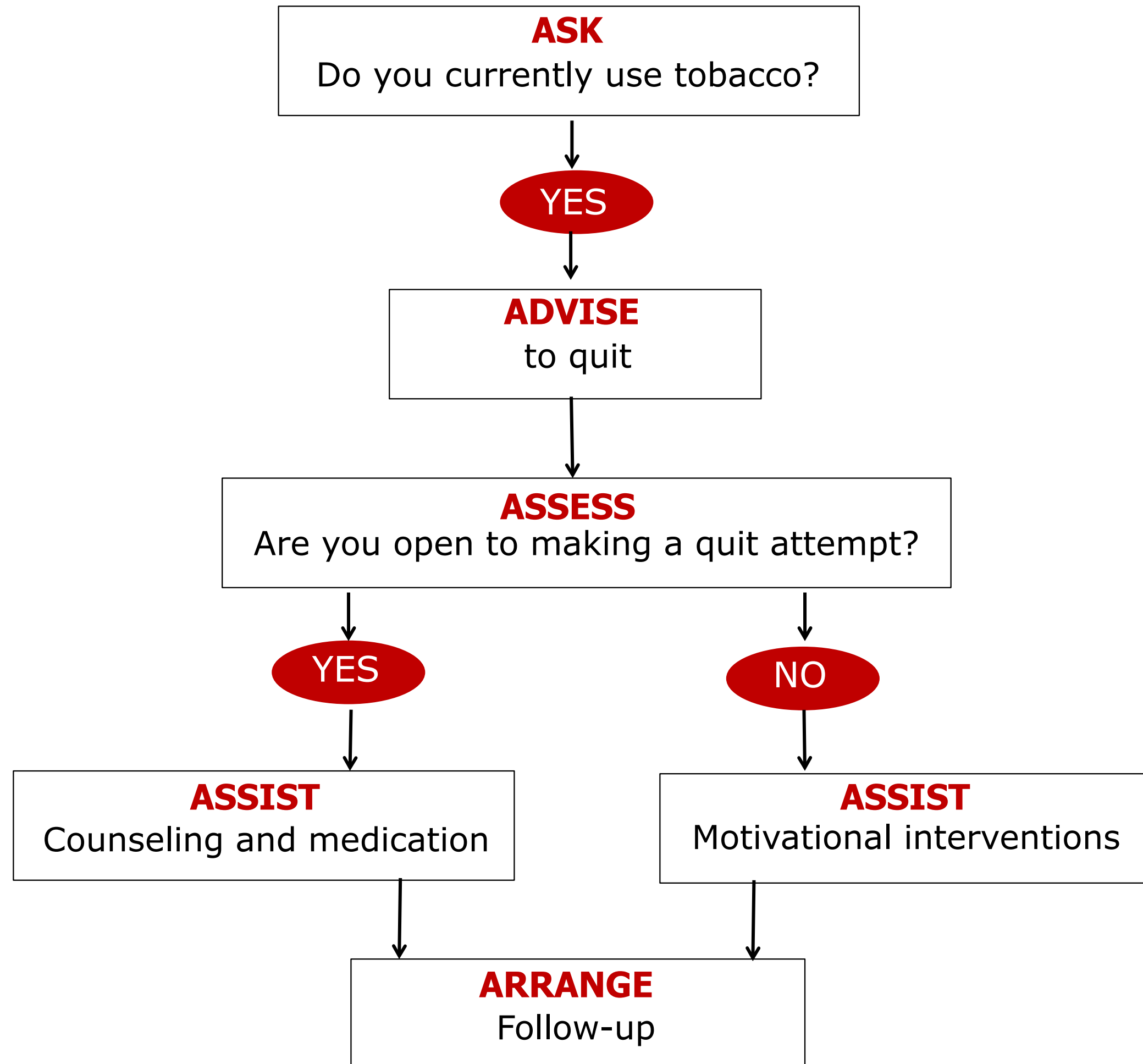
CLINICAL PRACTICE GUIDELINE
2008 UPDATE

U.S. Department of
Health and Human Services
Public Health Service

The Guideline

- Public Health Service Guideline Update (2008)
- Literature from 1975 – 2007
- Approximately 8,700 total articles

The 5 A's Algorithm



Ask

- Build into intake and document tobacco use
- “Have you smoked cigarettes in the last month?”
- “Have you used any other tobacco products in the last month?”
 - Cigars, little cigars, cigarillos
 - Electronic cigarettes (including Juuls)
 - Hookah
 - Chew, smokeless tobacco, snus
- Increases equity

Advise

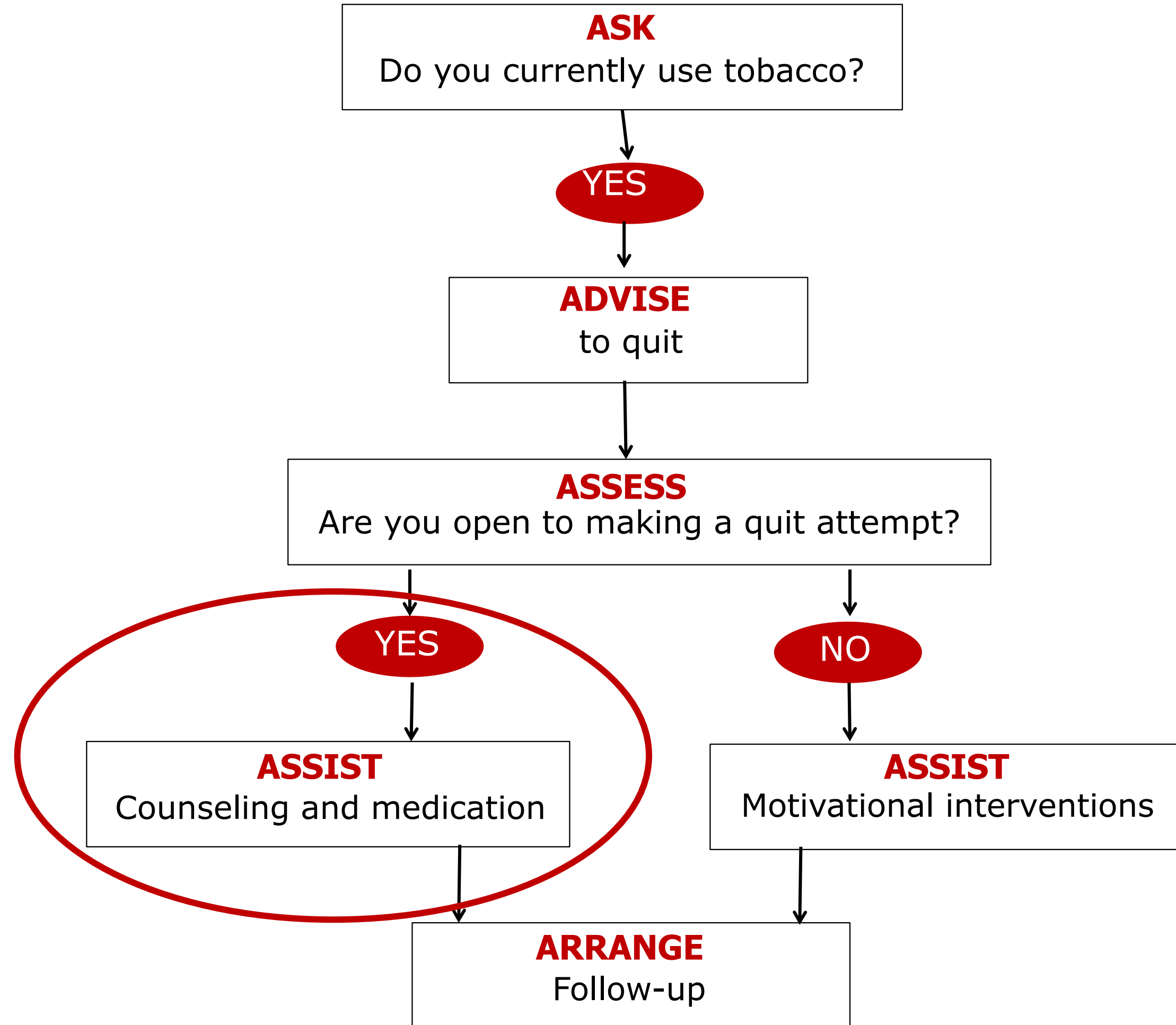
- Clear, strong, personalized advice to quit
 - “Quitting smoking can actually help your recovery, so I highly recommend we add that to your treatment plan.”
 - “I know you are here to address your other addictions, but this is a great time to address your tobacco dependence too – and I am ready to help you with all of it.”
- Brief advice can increase odds of quitting

Assess

- Is the person ready to change their tobacco use as part of their substance use treatment?
 - "Would you be interested in learning about treatment options to make some changes and gain some control over smoking?"
 - "Are you interested in talking today about your smoking? It is something I can help you with."



Assisting Smokers Ready to Quit



Assist – Ready to Quit

- Counseling is key
 - There is a consistent relation between counseling intensity and outcome – but even 3 minutes helps
- Medication is key
 - 7-FDA approved options that reliably improve abstinence rates

**Combining medication and counseling
is more effective than either alone**

ASSIST – Counseling 1-2-3

1. Set a quit date
 - No smoking, not even a puff after you wake up
 - Get rid of all tobacco products
2. Learn from past quit attempts
 - What worked – build on that
 - What led to relapse – plan for that
3. Plan ahead – anticipate challenges and ways to cope
 - Craving and withdrawal symptoms
 - Triggers and smoking cues
 - Other people who smoke, including at home
 - Alcohol or other substance use



Quitting Smoking During Recovery

- Recognize the challenges of recovery – and that quitting smoking will increase the odds that your hard work will pay off and you will succeed in your recovery
- How is smoking related to other substance use?
 - “Do you use them together?”
 - “Do you smoke when you can’t use something else?”
- What recovery skills have worked in the past? Could you apply those to quitting smoking?
- What skills are needed to navigate recovery as a non-smoker?
 - Other reinforcers
 - Other ways to socialize at meetings or in group settings

SUPPLEMENTS TO COUNSELING



- Wisconsin Tobacco Quit Line
 - (1-800-QUIT-NOW)
 - Free coaching and support
 - Quit Guide and tailored print materials
 - NRT starter kit
- Provide direct referrals



- Websites
 - Smokefree.gov
 - Becomeanex.org
 - Cdc.gov/tobacco/quit_smoking
 - Helpusquit.org

FDA-APPROVED TOBACCO CESSATION MEDICATIONS

Seven FDA-approved medications help relieve nicotine withdrawal and cravings and reliably increase long-term abstinence rates

- Nicotine Replacement Therapy (NRT)

- Patch
- Lozenge and mini-lozenge
- Gum
- Inhaler –prescription only
- Nasal spray – prescription only

Most effective options →

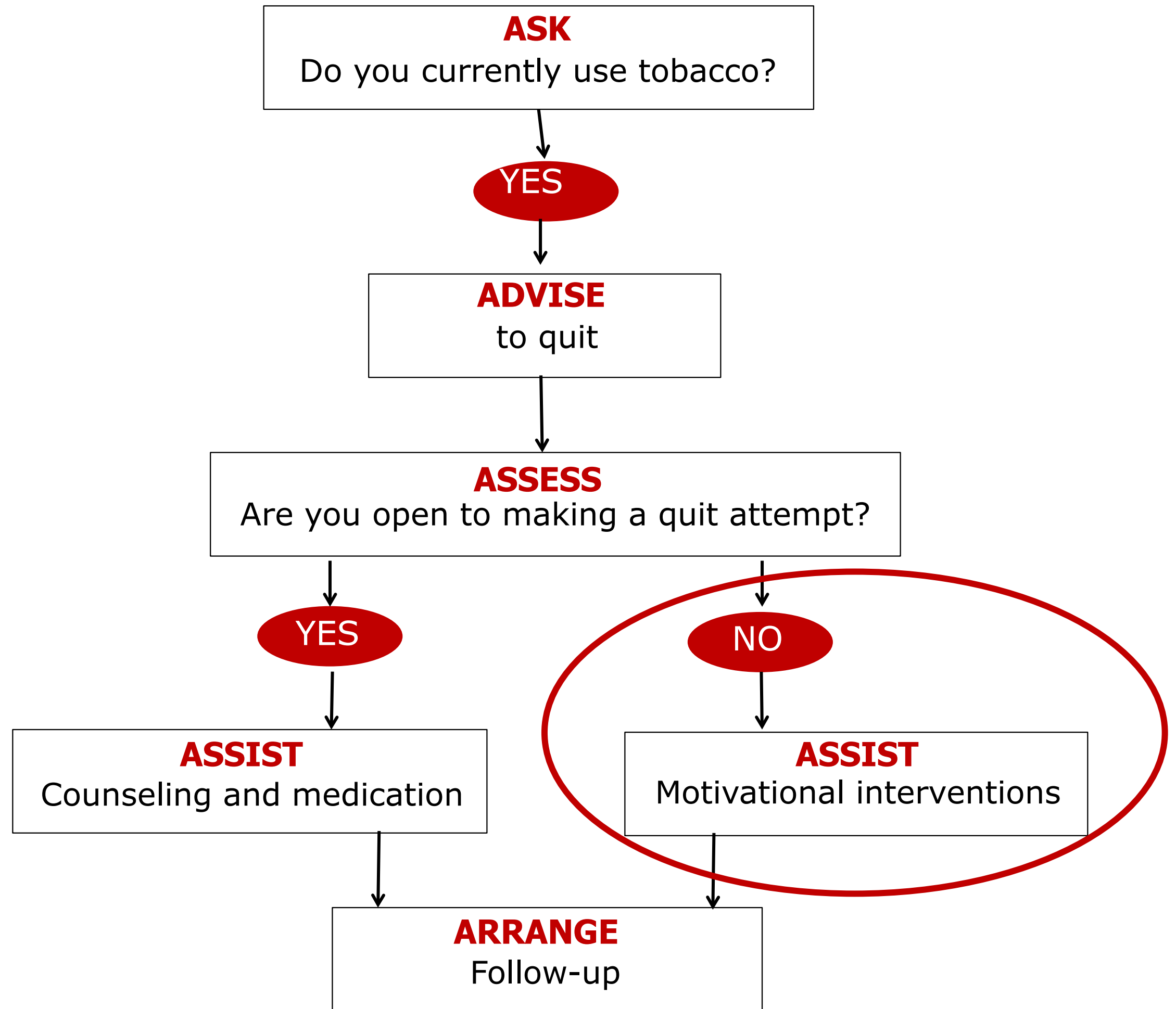
→ Varenicline (Chantix)

- Bupropion (Zyban/Wellbutrin)



Medications Dosing Chart: <https://d3futrf33lk36a.cloudfront.net/wp-content/uploads/sites/240/2019/04/Meds-Chart.pdf>

Assisting Smokers Not Ready to Quit



Assist – Not Ready to Quit

- Use motivational interviewing approach
- Decisional balance exercise to develop discrepancies
 - “What do you enjoy about smoking?”
 - “What don’t you like about smoking?”
 - “What would you enjoy about being smoke-free?”
 - “What would be hard for you if you tried to quit?”
- Address relevance of quitting to recovery
- Discuss the potential rewards of quitting
- Discuss the roadblocks that are preventing a quit attempt

TAKE A NEXT STEP

Work towards tobacco recovery by taking next steps:

- Cutting down
- Not smoking in certain places (car, home)
- Delaying the first cigarette of the day
- Using FDA-approved NRT (mini-lozenge, patch, combination NRT)
 - Safe to use while smoking
 - Can replace cigarettes
 - Reduce the urge to smoke

Arrange Follow-up

- Tobacco dependence is a chronic condition and substance use disorder – ongoing support is key
- Multiple contacts are better than brief, single interventions



KEY TAKEAWAYS

- Tobacco treatment is an important part of treatment and recovery for individuals who are justice-involved.
- Most people who use tobacco are interested in changing their tobacco use and can do so successfully with evidence-based treatment
- Behavioral health/SUD providers have the skills to provide tobacco treatment
 - Combining medication and counseling is most effective

DHS 75 Tobacco Treatment & Smoke-Free Environments

www.HelpUsQuit.org

Free Technical Assistance:

In partnership with the Wisconsin Division of Care and Treatment Services and the Wisconsin Tobacco Prevention and Control Program, the UW Center for Tobacco Research and Intervention (UW-CTRI) is [available to assist you](#) in meeting the new requirements in DHS 75.24 Service Operations.

Toolkits:

Digital toolkits for how to assess for tobacco use and establish a smoke free policy at your facility with downloadable tools, case studies, examples, videos, print materials

- **[Integrating Tobacco Dependence Treatment in Behavioral Health Settings](#)**
- **[Implementing Tobacco-Free Environments in Behavioral Health Settings](#)**

Additional Tobacco Treatment Training Opportunities

Free CE credit available with online trainings at helpusquit.org

- General Tobacco Cessation Treatment Training
- “Bucket Approach” on how to help smokers coping with mental illness to quit
- Training for Systems Change: Addressing Tobacco and Behavioral Health

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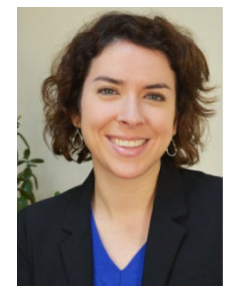
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