

## Nicotine addiction and substance use disorder treatment: The Philadelphia story

By John de Miranda

The Philadelphia Department of Behavioral Health and its leadership have a well-deserved reputation for pioneering recovery-oriented systems of care. Effective Jan. 1, 2019, the agency initiated an aggressive policy to address the problem of nicotine addiction among those receiving substance use disorder (SUD) services in contracted facilities. The policy covers nine detox facilities, 32 short-term rehabilitation programs, 31 long-term rehabilitation programs and eight halfway houses.

Behavioral Health Commissioner David T. Jones, a passionate proponent of the policy, believes that aggressively addressing tobacco addiction will dramatically improve all treatment outcomes.

According to Jones:

Smoking among Philadelphians who have a substance use or alcohol problem is at 69 percent and 48 percent, respectively. By comparison, smoking among Philadelphians not using drugs or alcohol hovers at around 22 percent. Tobacco use kills more of our citizens than both opioid overdose and gun violence together.<sup>1</sup>

The Substance Abuse and Mental Health Services Administration reports that adults with SUD account for more than 18 percent of all cigarettes smoked in the United States.<sup>2</sup> For persons entering SUD treatment, smoking estimates as high as 97 percent have been reported.<sup>3</sup> One research report in *Nicotine & Tobacco Research* concluded:

The very high smoking rates reported in addiction treatment samples warrant significant, organized, and systemic response from addiction treatment systems, from agencies that fund and regulate those systems, and from agencies concerned with tobacco control.<sup>4</sup>

Behavioral health populations are actually more likely to die from smoking-related illness than the illegal drugs and alcohol they are ingesting, according to Jones. The Philadelphia Behavioral Health Department estimates that smoking-related conditions comprise 39 percent of deaths among opioid users, 40 percent among cocaine users and 49 percent among alcohol users.

Despite very high rates of morbidity and mortality linked to smoking in this population, efforts by treatment providers and funders to respond have been largely ineffectual. While the majority of private and publicly funded treatment programs maintain a nominal “smoke-free” environment, provisions are often made to accommodate a client’s tobacco addiction off-site or in specially designated areas. In more enlightened programs, referrals to smoking-cessation external resources may occur, or

on-site educational classes are often conducted by guest speakers from the anti-tobacco sector.

The Philadelphia effort is far more comprehensive. Key elements include:

- A detailed assessment of the client’s nicotine addiction during admission.
- Incorporation of nicotine addiction treatment into the SUD treatment plan.
- Robust staff training designed to provide tangible, evidence-based treatment tools to enable staff to assist clients in their tobacco-related recovery while concurrently providing treatment for their admitting diagnosis.
- Medication to manage nicotine withdrawal for tobacco users, including e-cigarette users.

Historically, the conventional wisdom has been that addressing tobacco addiction would somehow jeopardize SUD recovery. Today, we know that smoking is often part of a drug-use ritual that can trigger relapse post-treatment. According to Jones, “quitting smoking while undergoing SUD treatment can increase a person’s chances of sustaining recovery after discharge by 24 percent.”

It is sometimes said that innovation comes slowly to the alcohol and drug treatment sector. For example, it has taken decades for treatment professionals to embrace harm-reduction practices that act as a lower threshold for recovery engagement. Let’s hope that more treatment providers and systems will follow the trail blazed in the City of Brotherly Love by offering tobacco addiction services to clients in their care.

### NOTES

1. Personal communication, January 23, 2019.
2. Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (2013, March 20). *The NSDUH report: Adults with mental illness or substance use disorder account for 40 percent of all cigarettes smoked*. Rockville, MD: Author.
3. McClure, E. A., Campbell, A. N., Pavlicova, M., Hu, M., Winhusen, T., . . . Nunes, E. V. (2015). Cigarette smoking during substance use disorder treatment: Secondary outcomes from a National Drug Abuse Treatment Clinical Trials Network study. *Journal of Substance Abuse Treatment*, 53, 39–46. doi: 10.1016/j.jsat.2014.12.007.
4. Guydish, J., Passalacqua, E., Tajima, B., Chan, M., Chun, J., & Bostrom, A. Smoking prevalence in addiction treatment: A review. *Nicotine & Tobacco Research*, 13, 401–411.

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