

# Nicotine Dependence

## dsm IV 305.1

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# Nicotine Dependence

- In 2003 an estimated 29.8 percent of the general population aged 12 or older reports current, ( past month) use of tobacco products. (National Survey on Drug Use and Health 2003c.) The latest report of the Surgeon General on the Health Consequences of Smoking provides a startling picture of the damage caused by tobacco.

# Nicotine Dependence

- Tobacco smoking injures almost EVERY organ in the body, causes many diseases, reduces health in general, and leads to reduced life span and Death.

# Nicotine Dependence

- Tobacco dependence also has serious consequences to non-smokers ( second hand the negative effects on unborn children. Fortunately quitting smoking has immediate as well as long term benefits.

# Nicotine Dependence

- Evidence suggest that people with mental disorders and/or dependency on other drugs are more likely to have tobacco addiction. In fact, most people with mental illness or another addiction are tobacco dependent- about 50 to 95 percent, depending on the sub group( centers of disease control, national Institute on drug abuse) A study showed that those doing well in recovery lived 12 fewer years due to tobacco use.

# Nicotine Dependence

- There is increasing recognition of the importance of integrating tobacco dependence treatment and management into mental health services and addiction treatment settings. It is increasingly recognized that all clients deserve access to effective treatments for tobacco addiction, and that smokers and their families should be educated on the risks of smoking as well as the benefits of treatment.

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- Tobacco use should be assessed and documented in all clinical baseline assessments, treatment plans, and treatment efforts. A motivational based treatment model allows for a wider range of treatment goals and interventions that match the patient's motivation to change.

# Nicotine Dependence

- Like other addictions, tobacco dependence is a chronic disease that may require multiple treatment attempts for many individuals and there is a range of effective clinical interventions, including medications, patient/family education, and stage based psychosocial treatments.



# What Counselors should Know About Nicotine Dependence

- Tobacco dependence is common in clients with other substance use disorders and mental illness.
- Like patients in primary care settings, clients in mental health services and addiction treatment settings should be screened for tobacco use and encouraged to quit.
- The U.S. Public Health Guidelines encourage the use of the “5 A’s” ( Ask, Advise, Assess, Assist, Arrange follow up) an easy roadmap to guide clinicians to help their patients who smoke.

# Should Know Cont'

- Assessment of tobacco includes frequency, types of tobacco, any periods of abstinence, and triggers, are some of what is included in the assessment.
- Behavioral health professionals already have many of the skills necessary to provide tobacco dependence psychosocial interventions.

# Continued

- Tobacco Treatment is cost effective, feasible, and draws on the principles of addictions and co-occurring disorders treatment.
- Currently there are six FDA approved treatments for tobacco dependence treatment. Gum, patches, nasal inhaler, and nicotine lozenge.
- Specific Coping Skills should be addressed
- When serious mental illness is present, watch for changes in mental status. Medication side effects, and the need to some psychiatric medication due to interaction.

# Tobacco in Treatment Program

Acknowledge the challenge.

2. Establish a leadership group and commit to change
3. Create a change plan and implementation timeline
4. Start with easy system changes
5. Assess and document in charts nicotine use, dependence, and prior treatments.
6. Incorporate tobacco issues into client education curriculum.

# Tobacco in Treatment Program

- 7. Provide medications for nicotine dependence treatment and required abstinence.
- 8. Conduct staff training
- 9. Provide treatment and recovery assistance for interested nicotine dependent staff.
- 10. Integrate motivational-based treatments throughout the system.
- 11. Develop addressing tobacco policies that are site specific.
- 12. Establish ongoing communication with 12 step recovery groups, professional colleagues, and referral sources about systems changes.