

# Integrating Tobacco Interventions into Addiction Treatment Programs in Ontario

**Norma Medulun**  
Regional Director, Addiction Services  
Niagara Health System

**Barney Savage**  
Director of Public Policy  
Centre for Addiction and Mental Health

Collaborators:  
Michael DeVillaer, Rosa Dragonetti, Charl Els, Peter Selby,  
Stephanie Sliemers, Ian Stewart, Laurie Zawertailo

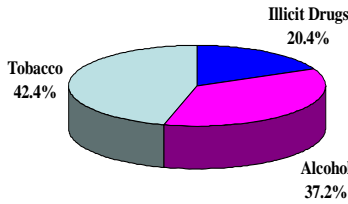
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## Key Messages

- Tobacco is Ontario's major drug problem
- People entering addictions treatment want help to quit smoking
- Very few of them receive it
- Clients, counsellors & programs can benefit from becoming smoke-free programs and offering smoking cessation services
- There are challenging hurdles and proven solutions

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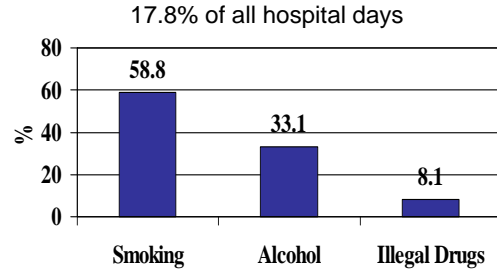
## Economic Costs of Drug Abuse in Ontario, 2002 = \$14,300 million



Rhem et. al. (2006) The Costs of Substance Abuse in Canada in 2002. Canadian Centre on Substance Abuse.

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## 1.3+ Million Alcohol-, Tobacco- & Illegal Drug-Related Hospital Days, Ontario 2002

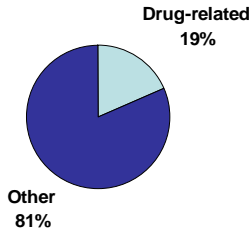


Rehm J. et.al. (2006). The Costs of Substance Abuse in Canada, 2002. Canadian Centre on Substance Abuse.

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## Drug-related Deaths in Ontario (2002)

All deaths = 82,234

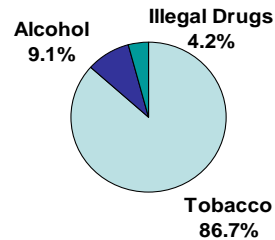


Rehm J. et.al. (2006). The Costs of Substance Abuse in Canada, 2002. Canadian Centre on Substance Abuse.

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## Type of drug-related Deaths in Ontario (2002)

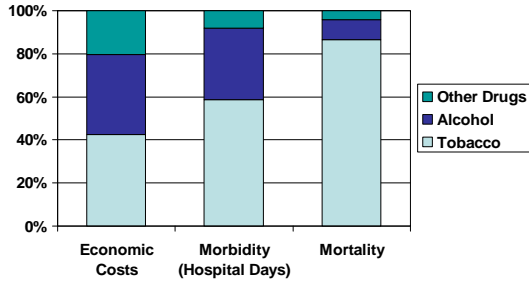
Drug-related deaths = 15,253



Rehm J. et.al. (2006). The Costs of Substance Abuse in Canada, 2002. Canadian Centre on Substance Abuse.

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**Relative Contribution of Tobacco, Alcohol & Other Drugs to Economic Costs, Morbidity & Mortality in Ontario, 2002**



Rehm J. et.al. (2006). The Costs of Substance Abuse in Canada, 2002. Canadian Centre on Substance Abuse. 7

**Addiction Treatment in Ontario**

- Government-funded social/health care organizations
- Charity-funded organizations
- Private health/social care professionals
- Consumer organizations (eg. AA)
- Provincial government-funded specialized programs providing a continuum of addiction interventions

**Government-funded Specialized Addiction Treatment Programs**

- Approximately 200 organizations
- 100,000+ individuals per yr
- Anecdotally, only a handful of Ontario programs appear to provide smoking cessation
- 10% of Canadian addiction treatment programs offer formal treatment for tobacco (Currie, et. al.,2003)

**Tobacco Use by Clients in Addiction Treatment Programs, 2008-09**

- 46.4% of clients reported smoking
- 20.2% of clients identified tobacco as a problem substance (behind only alcohol and cannabis)
- Both figures are under-estimates

**Tobacco Tolerant Milieu in the Addiction Treatment System**

- Tobacco-tolerant milieu has prevailed for a very long time
- Ministry of Health's "Setting The Course: A Framework for Integrating Addiction Treatment Services In Ontario" (1999) did not include the words 'tobacco' or 'smoking'
- ConnexOntario does not include smoking cessation as a searchable service in its database

**Tobacco Tolerant Milieu in the Addiction Treatment System**

- Funding bodies have been indifferent to, or have discouraged, provision of smoking cessation
- Resource-strapped providers indicate they have not been funded to provide smoking cessation

## Tobacco Tolerant Milieu at the Clinical Level

- Does not create crises that require immediate attention
- Not as socially disruptive as are other drugs
- No obvious behavioural impairment
- Most serious physical harm occurs later in life
- Counsellors who are smokers may be ambivalent about encouraging a client to quit
- No consensus on the clinical protocol for integrating smoking cessation (i.e. staged vs. concurrent)

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## The Case for Change

In a prospective, 5-yr follow-up (Satre et. al.,2007), clients who continued to smoke compared to those who quit:

- were less likely to be abstinent from alcohol and other drugs
- higher Addiction Severity Index (ASI) scores for alcohol use, drug use, psychiatric, employment, & family/social problems
- worse self-reported health
- greater self-reported depression

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## The Case for Change

- a 3-year longitudinal study found that rates of disability were higher among smokers than non-smokers (McCarthy et. al., 2002)
- an 11-year retrospective cohort study of persons who had been in addictions treatment, found that 51% of deaths were due to tobacco-related causes (Hurt et al.,1996)

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## The Problem (briefly and provocatively stated)

Ontario's addiction treatment system is saving people from the perils of other drugs so they can get sick and die from their use of tobacco

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## Objectives

All addiction programs will:

- become smoke-free organizations
- provide assistance to help current smokers on staff quit
- provide training in smoking cessation to clinical staff
- screen all clients for smoking status, encourage them to consider quitting and determine their readiness to do so
- provide smoking cessation interventions for clients who are ready
- follow-up with clients to reassess readiness or monitor progress

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## Getting Started

- Support by CAMH senior management as one of three priorities for its Tobacco Policy Group
- Coordinated involvement of CAMH clinicians, researchers, policy developers & educators
- Engagement of Addictions Ontario & Ontario Federation of Community Mental Health and Addiction Programs
- Planning Committee: Mike DeVillaer; Barney Savage; Peter Selby; Stephanie Cohen (CAMH); Norma Medulun (Addictions Ontario); Ian Stewart (Federation)
- Influencing educators to enhance curriculums

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### Components of Strategy

- Increase awareness and interest among Ontario addictions service providers (Making Gains, CAMH in the Community events)
- Training strategy for providers
- Awareness and interest among funding bodies (Ministry of Health and Long-term Care; Local Health Integration Networks)
- Funding strategy

### Feeding the Strategy

#### Comprehensive Literature Review

- Outcomes for clients who quit versus those who don't
- Clinical protocols (e.g. staged versus concurrent intervention)

### Feeding the Strategy

#### Survey of Providers

- Determine which programs currently offer smoking cessation
- Add info to the Connex database for consumer use
- Brief description of clinical services offered
- Provides a baseline

### Field Consultation

- Invitation sent to member agencies of *Addictions Ontario & Ontario Federation of Community Mental Health and Addiction Programs*
- 34 people attended meeting held March 3, 2009
- Mostly addictions providers: front-line & mgt
- Identify benefits, hurdles & solutions for clients, counsellors & programs
- Evaluation: almost all indices of satisfaction received either a 4 or 5 rating (5 pt. scale) by at least 80% of the group

### Benefits for Clients

Improved health and quality of life
Convenience of one program for all addiction needs
Smoke-free environments reinforce attempts to quit
A continuing nicotine addiction can trigger relapse to other drug use
Smoking clients hear success stories from others who already quit
Exposure to additional insights and tools to conquer addiction
Smoke-free programs reduce likelihood of young clients starting to smoke to 'fit in'
Eliminate triggers to smoke from counsellors who smoke

### Clients

Hurdles	Solutions
Clients see smoking as a way to cope with anger, fear, stress & loneliness	Begin nicotine replacement; identify alternate strategies in treatment
Smoke breaks provide social bonding opportunities among clients	Replace with walks, exercise; not punitive; part of treatment
Smoking is more socially acceptable than use of other drugs	Education on the hidden perils of smoking and nicotine addiction
Smoking counsellors may provide triggers for clients to smoke	Ideally staff would be non-smokers; supported to quit
Contraband cigarettes cheaper than nicotine replacement products	Explore clients' finances; even impact of cheap smokes can be high
Clients more motivated to deal with crisis issues in their lives	Replace with healthy alternatives rather than smoke
Tobacco industry has promoted smoking as a lifestyle enhancer	Build lifestyle around more positive aspects, i.e. exercise, hobbies

### Benefits for Counsellors

Generic clinical skills apply to smoking cessation
Gain personal insight that may make them more effective in their work
Nicotine replacement is a powerful tool available
Apply a clinical intervention that will save lives
Smoking counsellors can quit; improve health

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### Counsellors

Hurdles	Solutions
Over-worked, so unable to offer smoking cessation groups	No need to change program, use same principals
Don't want to be 'smoking police'	Education - TEACH Program
Some staff use cigarettes to reward client progress	Education
Clients may not self-identify	Counsellors need to identify the clients' issues and work with it
Smoking counsellors lose smoke-breaks; some resent pressure to quit	Education

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### Benefits for Programs

Engagement in best practices for addictions treatment
Smoke-free property eliminates cigarette litter, exposure to shs, & incongruous sight of smokers in front of addiction treatment facility
Normalizes non-smoking; communicates a consistent professional health promotion message
Eliminating smoke breaks keeps the focus on discussion and is cost-efficient
Eliminate risk related to clients going outside to smoke
Decreased relapse rate should shorten wait lists

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### Programs

Hurdles	Solutions
Cost of training staff	Have Champions cross train Get educators on board
Cost of nicotine replace. products	Use budget surplus to stockpile nrt
Separate funding required ?	Business case re: long-term health savings
Belief that people quit on their own	Education - TEACH
Tobacco not seen as an addiction	Education
Initial decline in referrals; impact on LHIN funding ?	Discuss with funders and educate the LHIN.
Smoke-free treatment environment requires major culture and attitude shift among staff	TEACH Program offers variety of treatment modalities; senior mgt. must be on board; research and advance planning; help existing smoking staff to quit; fill vacant positions with non-smokers; clear and enforce consequences for non-compliance

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### Next Steps

- Continue to make our case with addictions service providers (*Making Gains, CAMH in the Community* events), and incorporate input into the overall strategy
- Develop a training strategy for providers
- Make our case with funding bodies (Ministry of Health and Long-term Care; Local Health Integration Networks)
- Develop a funding strategy

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**Thank you!**



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