



Break the Chain of Nicotine Dependence

Tuesday, May 23, 2023



Objectives

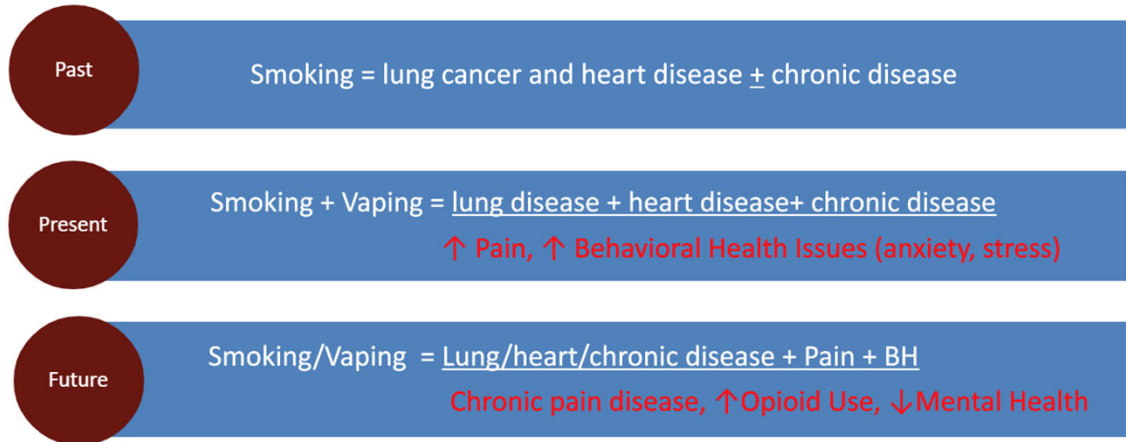
Recognize the factors behind nicotine use and its connection with chronic pain

Understand how to implement a nicotine treatment program

State the correlation between behavioral health and nicotine use

Access *Break the Chain of Nicotine Dependence Change Package* (developed by Great Plains QIN)

A New Look at An Old Problem



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Great Plains QIN Change Package



Great Plains Quality Innovation Network Change Package Break the Chain of Tobacco/Nicotine Dependence

- Tobacco/Nicotine use is the single greatest preventable cause of disease and premature death in America today.
- Tobacco/nicotine dependence is a chronic condition that ***should be included in the comprehensive care process and proactively managed*** like any other medical condition.
- Nicotine and pain
- Nicotine and behavioral health
- Always: Ask – Advise – Refer – Connect



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Speakers



Molly J. Leis, MS, LADC, LPCC, CTTS
Counselor
Nicotine Dependence Center
Mayo Clinic



Ed Larson, MA, CTTS
Tobacco Treatment Coordinator,
Southeast Human Service Center

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HOOKED AND HURTING:



DEALING WITH CHRONIC PAIN AND TOBACCO CESSATION

Molly Leis, MS, LADC, LPCC, CTTS
Mayo Clinic Nicotine Dependence Center

Great Plains QIN Break the Chain of Nicotine
Dependence
May 23, 2023

OBJECTIVES

1. Recognize the factors behind nicotine use and its connection with chronic pain.
2. State the correlation between behavioral health and nicotine use.

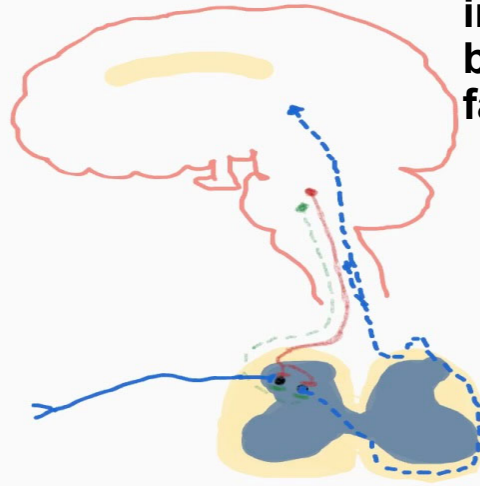
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ACUTE OR CHRONIC PAIN?



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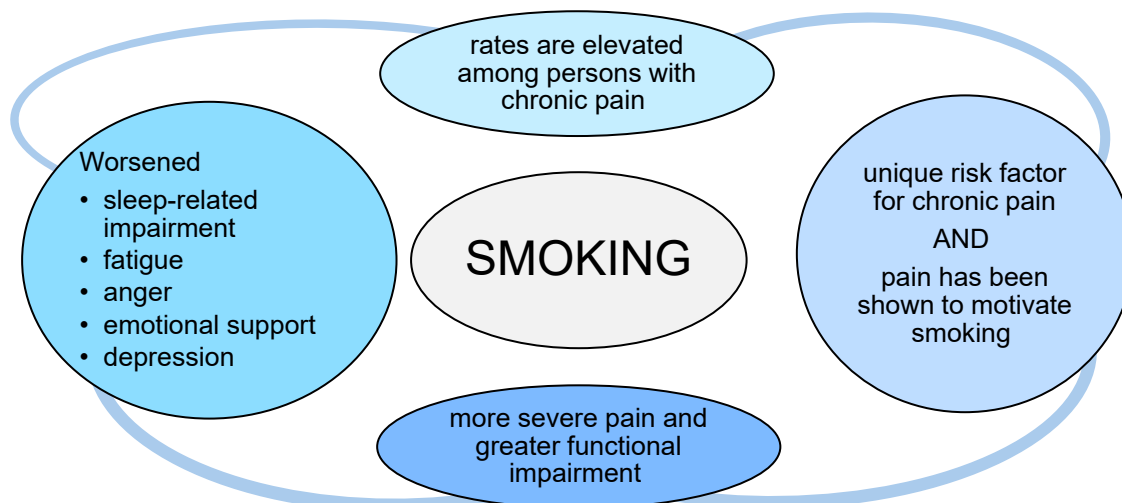
Prognostic importance of smoking on pain recovery and improvement.



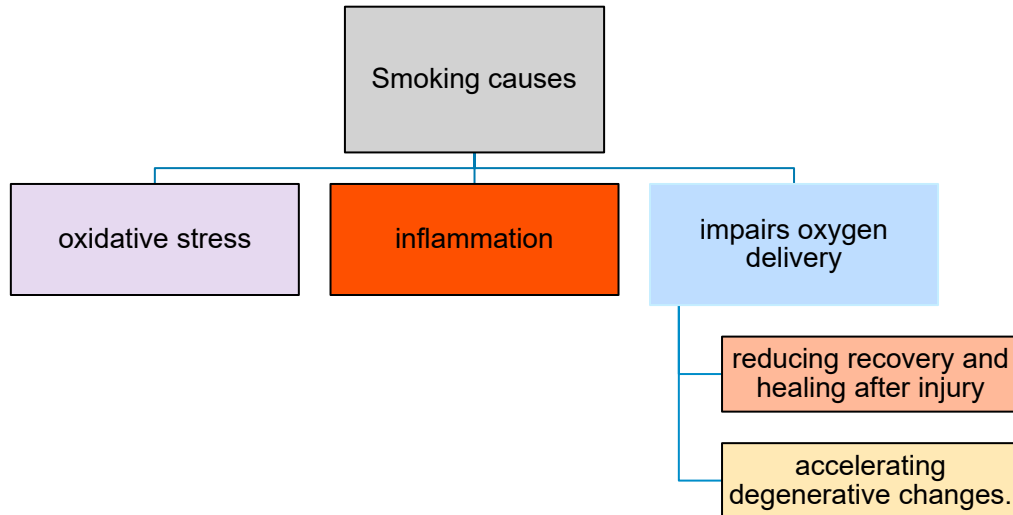
Multifactorial influence of biopsychosocial factors related to:

- hyper-excitability in nAChRs
- pain-related behavioral cues for smoking
- environmental interactions

TOBACCO AND CHRONIC PAIN

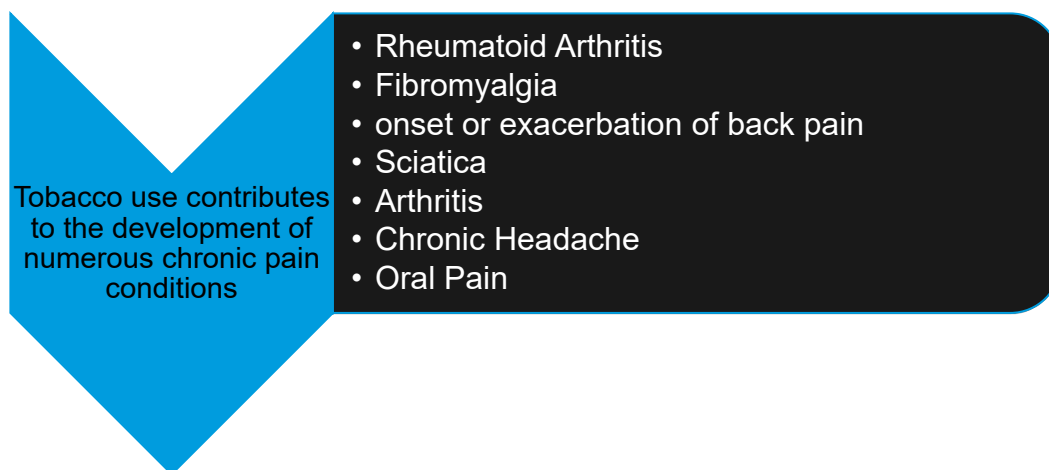


CHRONIC PAIN AND TOBACCO USE



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NICOTINE AND CHRONIC PAIN DISEASES



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CHRONIC PAIN AND TOBACCO USE

Acute nicotine use is known to have short-term analgesic effects

- but ongoing use leads to chronic pain.

Nicotine initially:

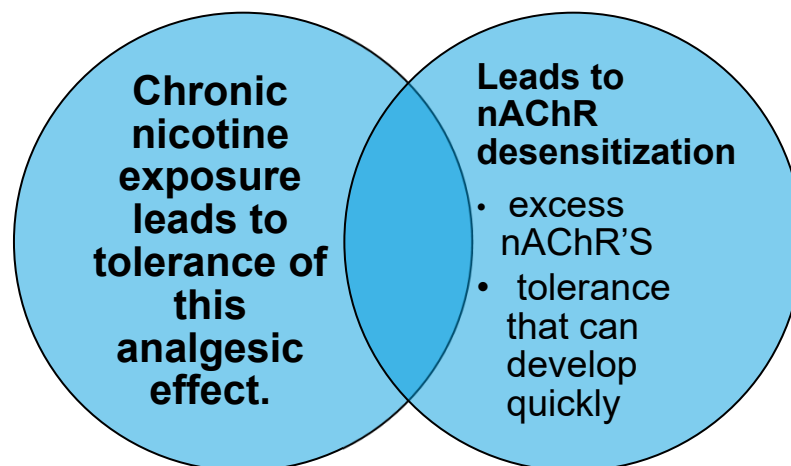
- releases endogenous opioids
- starts opioid-induced pain blockage
- activates the pain inhibitory pathways in the spinal cord.

These analgesic effects provide:

- positive reinforcement
- promote the conditioned use of nicotine-containing products
- increasing sympathetic activation and leading to decreased pain perception.

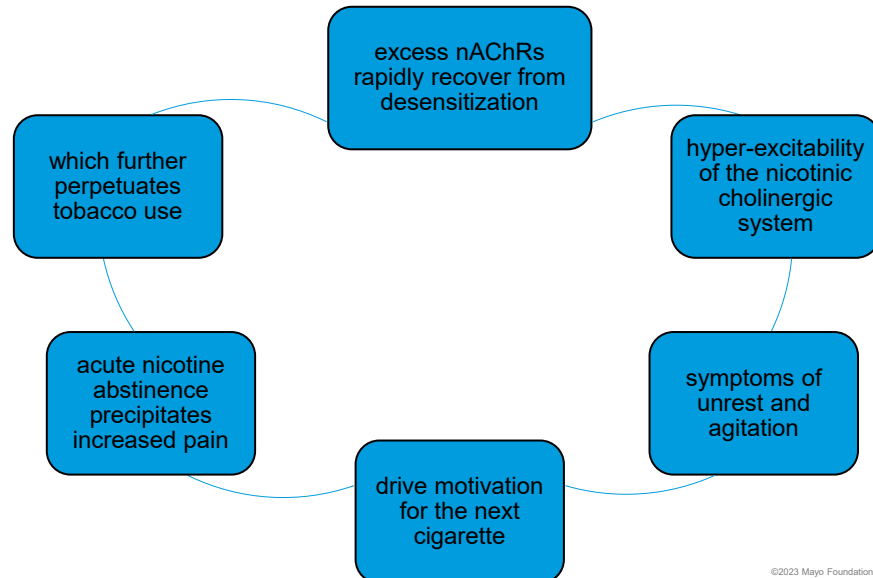
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CHRONIC NICOTINE EXPOSURE



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WITHDRAWAL



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CHRONIC PAIN AND TOBACCO USE

COPING with pain

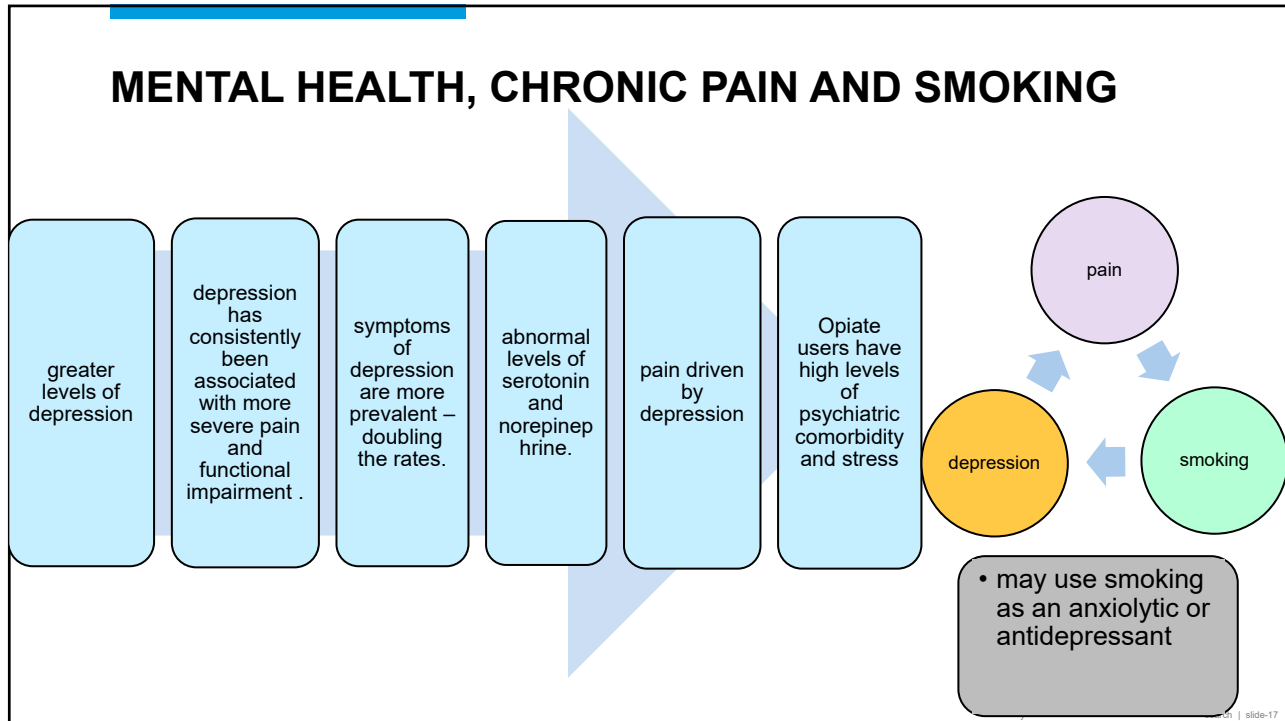
the relationship appears to be bi-directional

- pain increases smoking behaviors
- smoking increases pain.

Smoking is used as a coping strategy for those with chronic pain

- is significantly and positively associated with
 - increased pain intensity
 - pain interference
 - fear of pain compared to both non-smokers.
 - Nicotine's other positive mood and cognitive effects such as mild euphoria, increased energy, and heightened arousal may also serve as a coping strategy for those in pain.

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Opiates/Narcotics

Examples: Heroin, codeine, opium, morphine, Dilaudid™, oxycodone (Percodan™), Demerol, Darvon™, methadone, fentanyl (Duragesic), Vicodin, Percocet.

These drugs are usually used for pain relief. "Opiates" refers to the natural products of the opium poppy, such as morphine and codeine. "Opioids" are medications that are used to treat pain. The term also refers to medications that block their effects. Although used medically, these substances are highly addictive and can be easily abused.

Medical Complications

- Neurological complications**
 - Dizziness
 - Tremor
 - Coma
 - Brain swelling (edema)
 - Brain infection (meningitis, abscess)
 - Draininess
 - Muscle twitching
 - Convulsions or seizures
- Mental health problems**
 - Depression
 - Mental confusion
- Respiratory problems**
 - Decreased breathing rate (resp. depression)
 - Shallow breathing (resp. failure)
 - Congested lungs (pulmonary edema)
 - Pneumonia
 - Lung abscesses
 - Tuberculosis
 - Bronchospasm and wheezing
- Cardiovascular problems**
 - Irregular heart beat (arrhythmia)
 - Sudden death
 - Infection in heart lining and valves (endocarditis)
- Gastrointestinal problems**
 - Nausea
 - Vomiting
 - Slowing down of digestive tract
 - Constipation
- Infectious diseases (from IV heroin use)**
 - HIV
 - Hepatitis C and hepatitis B infections
 - Skin and muscle sores (abscesses and other infections)
 - Tetanus
 - Malaria
 - Bone and joint infections
- Kidney failure**
- Muscle destruction**
- Electrolyte problems**
 - High concentration of potassium in blood (hyperkalemia)
- Hormonal and reproductive disorders**
 - Sexual dysfunction
 - Irregular menstrual cycle
 - Decrease in sex hormones (testosterone)
- Eye problems from substances (adulterants) added to street drugs**
- Skin problems**
 - Open sores (lesions)
 - Itching
- Pregnancy complications and fetal damage**

TOBACCO AND OPIATES INTERACTION

Patients with chronic pain tend to smoke more, particularly if they are concomitantly using opioids.

Association between smoking status and prescription opioid misuse

Heroin, Methadone and Suboxone may increase the reinforcing effects of cigarettes.

Opiate users may use smoking as an anxiolytic or antidepressant

Nicotine can enhance tolerance to opiates

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E-CIGARETTES WITH OPIATES

- **E-cig users have significantly higher odds of non-prescription use of pain killers.**
- **Opioids and muscle relaxers can be dissolved in glycerin, and potentially be vaped in e-cigs.**

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METHADONE AND NICOTINE

Patients on higher methadone doses more severely addicted to nicotine.

- with increasing methadone dose, the satisfaction of smoking increases as well

Withdrawal symptoms increased in smokers receiving methadone.

- methadone maintenance patients may smoke more to reduce both methadone and nicotine withdrawal symptoms.

Non-responder methadone patients smoke more in order to compensate for the lack of effect of the drug.

methadone dosage must be titrated to adequate levels to prevent withdrawal and relapse.

Fast methadone metabolizers may need higher doses of methadone and susceptible to more severe nicotine dependence.

Nicotine reduces side-effects of methadone such as sedation and reduced attention.

People who use methadone smoke more heavily in the four hours after each dose

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SMOKING CESSATION

- Reduced risk of experiencing chronic pain
- Improvement in the level of pain experienced
- Reduced levels of inflammation
- Reduced risks of osteoporosis (brittle bones)
- Reduced risks of spinal disc deterioration
- Reduced levels of depression, stress and anxiety and improving mood and outlook on life.

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Nicotine Dependence Treatment: The WHY and the HOW in our HSC

By Ed Larson, MA, CTTS

About Me:

35+ years working with behavioral health

Masters in Counseling

I don't like change

I'm a bit of a Star Trek Nerd



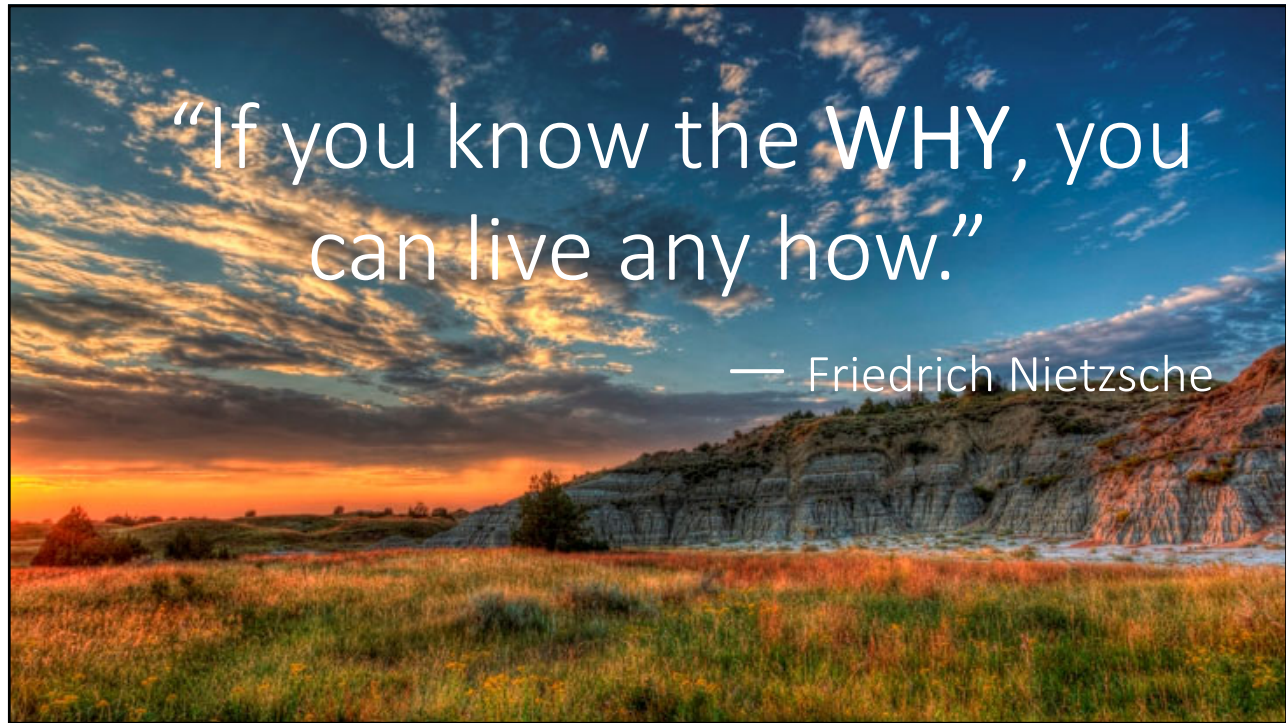
My discussion today on Nicotine Dependence Treatment will cover:

1. Discussing "WHY"

2. Southeast Human Service Center's journey to Nicotine Dependence Treatment

3. Some of the reasons why people have trouble quitting tobacco

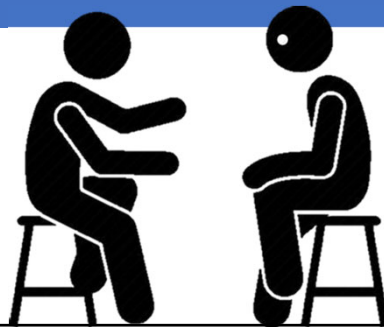
4. "How" to take first steps into providing this treatment (it's easier than you might think)



Tobacco use is the **single most preventable cause of death and disease** in North Dakota and the United States, causing more deaths annually than alcohol, AIDS, car accidents, illegal drugs, murders, and suicides, **combined**.

-Campaign for Tobacco-Free Kids, Smoking-Caused Monetary Results in North Dakota, October 20, 2020.

The Journey of Southeast Human Service Center



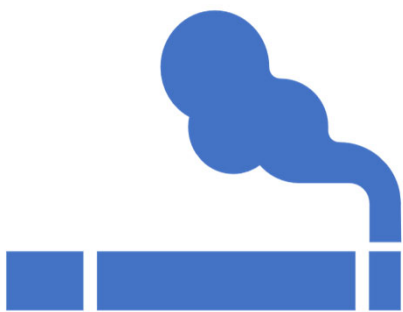
About SEHSC: Our consumers

Behavioral health (MH/SUD): about **70%** out our consumers have a tobacco diagnosis.

Many are low income, homeless, have other addictions, and have not had tobacco cessation treatment in the community.

Services offered through Southeast Human Service Center

1. Medication management: Psychiatry
2. Team-based substance abuse/mental health treatment, including OP residential



In 2017, we began thinking about offering tobacco cessation treatment.

We saw that tobacco cessation treatment for our consumers was not offered

We applied for and received a grant from Fargo Cass Public Health

Working with our partners, we developed our own Tobacco Free Environments policy



Public Health
Prevent. Promote. Protect.

Fargo Cass Public Health



American Lung Association®

Because of our focus on best practice and person-centered care, we learned :

Most of our consumers want to quit

Those that quit tobacco, have better treatment outcomes

Medications (including psych meds) work better when people quit tobacco

We identified champions and provided Tobacco Treatment Specialist training

- Mayo Clinic Tobacco Treatment Specialist Training (TTS)
- **NDDoH** holds in-state TTS trainings by Mayo staff

We
educated
our staff on
what we
were doing
and why

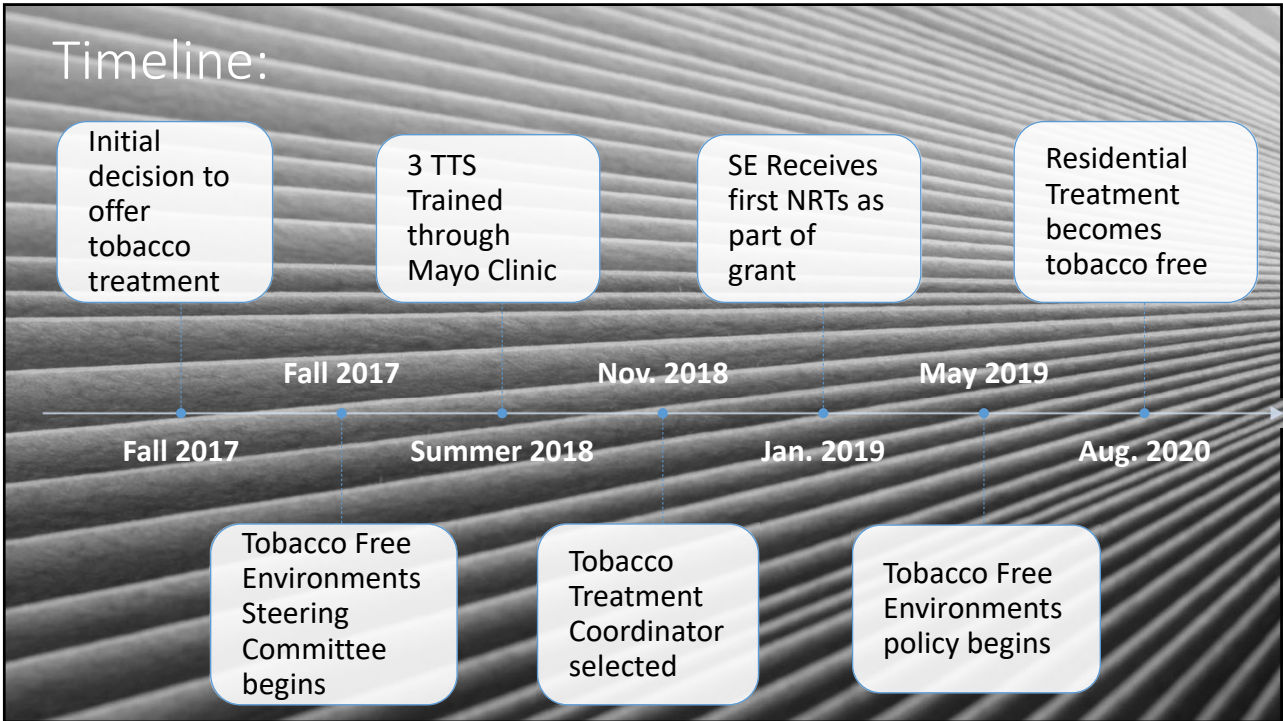
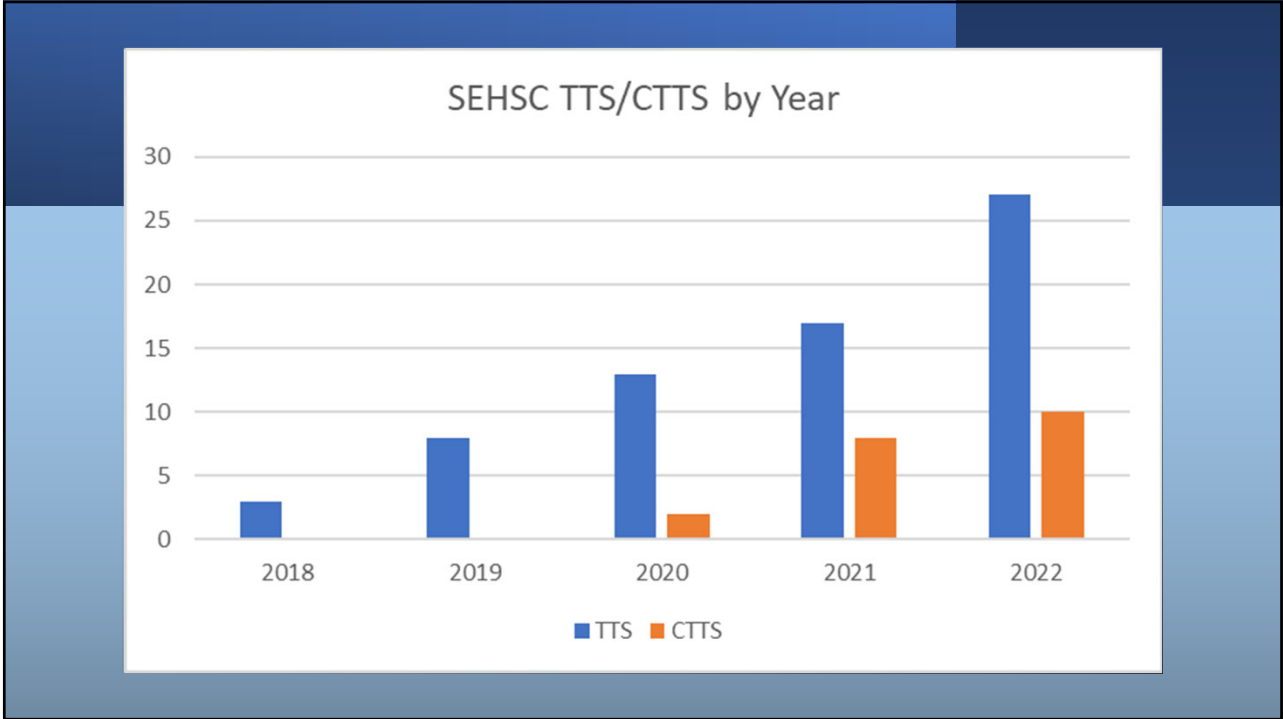
Surveys were conducted with our staff.

We did encounter some reluctance to becoming tobacco-free.

We focused on our agency first!
Later we addressed this in residential treatment settings.

Research shows:

This population may take longer to quit tobacco.



Current Tobacco Treatment Status

STAFF

- SE 27 Tobacco Treatment Specialists (TTS), through Mayo Clinic
- 10 are Certified TTS
- Weekly groups on tobacco cessation
- Tobacco Treatment as part of orientation for new staff and consumers

Continuing challenges:

Training more staff as TTS

Resistance among some consumers in residential settings

Making sure nicotine addiction is addressed in treatment: accurate diagnosis and treatment

Transitioning NRT purchases from grant funding to state funding

Continuing to learn more about Electronic Nicotine Delivery Systems (ENDS)




Success Stories:

A woman in her 60's who had smoked for 40 years has been tobacco free for over one year

A man in his 30's with a long history of addiction to methamphetamine, marijuana, and alcohol has been tobacco free for over one year

A man in his mid fifties with a long history of mental health and substance abuse has been tobacco free for 6 months

A man in his early 20's in long term residential has been tobacco free for 3 months



Why don't our
consumers quit tobacco?

Not knowing how to quit - MYTHS

- Quitting “cold turkey” is the only way.
- You can’t quit while you’re trying to quit other substances.
- It will cause you too much stress.

What you can do if someone doesn’t know how:

- Provide accurate information
- Refer to a local Tobacco Treatment Specialist: locally or NDQuits.
- Listen: What are their reasons for quitting? How does this fit with their goals for themselves?
- Provide hope: Quitting nicotine is possible, given the right information, tools, and strategy.

Demoralizing: Quitting tobacco can be tough!

“I’ve tried before and failed”

“I’ve tried everything, and it hasn’t worked”

What you can do for someone demoralized:

- Listen for change talk
- Provide hope
- Direct to resources (NDQuits, Pharmacist, TTS)

Defending:(Digging in): Asserting their autonomy

How to
work with
someone
“digging in”
and not
wanting to
quit.

Affirm that it is their right to
continue to use

Discuss how continuing to
use tobacco may not be in
line with what they want for
themselves



For Example: Someone wanting to get into their own apartment you can gently let them know:

- Most apartments are tobacco free
- If they need funds for a deposit, furnishings, or rent their continued tobacco use works against them

Insurance
now pays
for
cessation
medications

- Since January 2020, ND Medicaid has paid for nicotine patches, gum, lozenges, medications (varenicline and bupropion) and nicotine inhalers.
- Since January 2022, ND MA pays for tobacco cessation counseling.
- Psychiatrists at SE can and do prescribe this.

begins with a conversation
about quitting tobacco!

Motivational Interviewing

Involves knowing what
is important to
someone

How can we work
together to make that
happen

What's
important
to
someone?

Basic Needs

Relationships: Family,
friends, pets,

Aspirations/dreams: what
are they working towards

Quitting
tobacco is
in line with
this:



More money for basic needs:
Food, shelter, clothing



Improved relationships: Most
people don't use tobacco



Able to progress dreams: go to
Hawaii, get a car, run a 5K or
more

There are currently *more* people who have quit tobacco than are currently using tobacco.

It all begins with a conversation about quitting tobacco!

“Things are only impossible
until they’re not.”



- CAPTAIN JEAN LUC PICARD

Questions



Evaluation

Please share feedback on this event; it will help us plan future events.

All attendees will be 'dropped off' at the evaluation at the conclusion of this event AND will receive an email, via GoToWebinar, following today's event.

Upcoming Events

[Friday Focus 4 Health Learning Series](#)



Friday Focus 4 Health
A diverse and collaborative learning experience designed to improve patient outcomes

[Health Equity Series](#)



Continuing the Conversation

May 26th Topic: Up Your Protection from Infections

June Series: Chronic Kidney Disease



Stay Connected!



Podcast: Q Tips for Your Ears

Looking for health care information and quality resources?
greatplainsqin.org/q-tips-for-your-ears/



Join Our Community Coalition Listserv

gaggle.email/join/communitycoalition@groups.greatplainsqin.org



Connect with QI Advisors

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Thank you for joining!



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Have a question?
Email a member of our team:

<https://greatplainsqin.org/about-us/who-we-are/>



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