# Tobacco and Nicotine Addiction:
## Engagement and Treatment

George Kolodner, M.D.
Clinical Professor of Psychiatry
Georgetown University School of Medicine
Founder and Medical Director, Triple Track Treatment

TRIPLE TRACK
TREATMENT

# SUMMARY

## TOBACCO AND NICOTINE ADDICTION DESERVE MORE ATTENTION

1. Tobacco and nicotine addiction is still a significant problem in the behavioral health population

2. Effective treatment interventions are available but are underutilized

# CENTERS FOR DISEASE CONTROL AND PREVENTION

"Cigarette smoking remains the leading cause of preventable disease, disability, and death in the United States."

# A FEW THINGS TO KNOW

- The most addictive substance, route, and frequency
- Nicotine is the addictive ingredient but is not the cause of tobacco related diseases
    - Misunderstanding leads to underutilization of NRT
- Nicotine intensifies the rewarding effect of other substances
- Quitting cigarettes and e-cigarettes improves psychiatric symptoms and addiction recovery outcomes

# STEP #1:
# ENGAGING AND MOTIVATING

# THE DILEMMA OF THE NICOTINE ADDICT

## 70% WANT TO QUIT USING BUT ARE DISCOURAGED BY PAST UNSUCCESSFUL ATTEMPTS

- Well aware that cigarettes are harmful to their health
- Total integration of nicotine use into daily routine creates fear at the prospect of not using
- Embarrassment leads to hidden use

# AN ALTERNATIVE TO ADVISING TO QUIT USING

## MOTIVATIONAL INTERVIEWING FOCUSES ON THE PATIENT'S AMBIVALENCE AND INTERNAL EXPERIENCE

- Connect with patient's own desire to quit
- Uncover patient's discouragement
- Generate realistic hope

# EXAMPLE: RESIDENTIAL ADDICTION TREATMENT PROGRAM

## "TALKING ABOUT TOBACCO AND NICOTINE"

- Avoid words such as "quit" and "smoking cessation"
- Elicit concerns about nicotine use
- Answer questions and correct misinformation
- Describe new and effective treatment interventions

# STEP #2:
# TREATMENT

# BASIC TREATMENT APPROACH

## PROVIDE TREATMENT FOR TOBACCO AND NICOTINE ADDICTION IN THE SAME WAY AS IS DONE FOR OTHER SUBSTANCE USE DISORDERS

1. Medication for withdrawal management and relapse prevention

2. Psychotherapy, especially group, and mindfulness meditation

3. Community support

# #1. MEDICATION

- Initiate medication before setting Quit Date
- Combinations of medications are more effective
- Foundation: varenicline (Chantix) and/or bupropion
- Longer term nicotine replacement therapy (NRT): patch
    - Smoking on the patch is not dangerous
- Short term NRT: gum, lozenges
- Use in high enough doses
- Maintain indefinitely to prevent relapse

# MEDICATION: VARENICLINE (CHANTIX)

- Partial agonist: nicotinic acetylcholine receptors
- Relieves nicotine withdrawal symptoms and blocks reward
- Major side effect is nausea, especially initially
    - Manage by gradual dose increase and take with food
    - Pretreat with ondansetron if necessary
- Vivid dreams are an occasional issue
- Does not trigger psychosis or suicide

# #2. PSYCHOTHERAPY

## EXPANSION OF MOTIVATIONAL INTERVIEWING

- Ambivalence as central concept
- Humanizing the internal conflict with “parts” model
- Replacing power struggles with collaboration

# #3. COMMUNITY SUPPORT

PROBLEMATIC

- Nicotine Anonymous has not thrived
- Alcoholics Anonymous and Narcotics Anonymous cultures discourage stopping nicotine
- Secular organizations (Smart Recovery) do not offer nicotine specific interventions

# TRIPLE TRACK TREATMENT

- Telemedicine in DC, Maryland, Virginia
- In network with most insurance companies and Medicaid
- Enriched outpatient
    - Quitting Phase: 1 to 3 sessions per week
    - Staying Quit Phase: once weekly group for one year
- Medication strongly encouraged but not required
- Accepting new patients
    - www.tripletrack.com
    - (888) 222-0673

# VIGNETTES

- In recovery from SUD for 30 years
- Post myocardial infarction
- Expectant father

# E-CIGARETTES AND VAPING

# E-CIGARETTES: DIFFERENCES FROM TOBACCO CIGARETTES

- Heating a fluid to create an aerosol versus combustion of a tobacco leaf
- Use is more continuous that tobacco cigarette
- Easier to hide use

# E-CIGARETTE CONTROVERSY

- Disagreement regarding harm reduction
- Off-ramp or on-ramp to nicotine addiction?
    - Danger to youth versus beneficial for adults
- Perhaps superior to traditional nicotine replacement therapy (NRT) when used for addiction treatment

# CONCLUSION

# WHAT YOU CAN DO #1

- Ask your patients if they use nicotine and if so, do they have any concerns about their use
    - Be sensitive to their embarrassment about using
    - Have them elaborate their concerns (encourage “change talk”)

# WHAT YOU CAN DO #2

- Inform your patients that effective treatment is available
    - Address their discouragement
    - Focus on establishing realistic hope rather than repeating dangers of continued nicotine use

# WHAT YOU CAN DO #3

- Reassure your patients that by stopping their nicotine use:
    - Their psychiatric symptoms will improve
    - Their likelihood of long-term recovery from other substance use disorders will be increased

# THANK YOU.

# QUESTIONS?

George Kolodner, M.D.
gkolodner@tripletrack.com
(202) 215 - 3565

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