

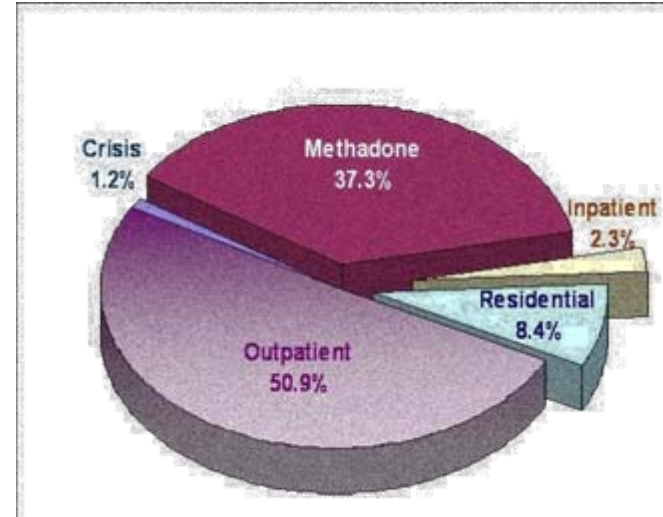


# **THE EVOLUTION OF THE NYS TOBACCO FREE INITIATIVE – HOW WE GOT THERE AND WHAT HAPPENED AFTER JULY 24, 2008?**

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NEW YORK STATE OFFICE OF ALCOHOLISM AND  
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# What Is OASAS?

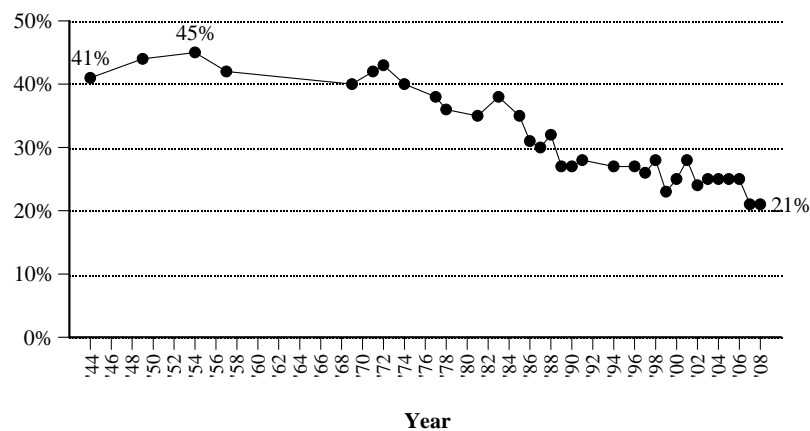
- Nation's 2<sup>nd</sup> largest addiction services system
- More than 1,000 employees
- 60% employed in the 13 ATCs
- \$1.7 billion in Medicaid, Federal Block Grant and state funds
- 1,550 prevention and treatment programs
- Treatment system serves 110,000 persons daily
- 90% in outpatient or methadone programs



# 21% Of The Us Population Uses Tobacco Products But

- Approx 71% of all illicit drug users smoke
- 74 – 100% of patients in drug treatment smoke
- 85 – 98% of patients in methadone maintenance treatment smoke
- 70 % of hiv + patients smoke

**Percentage of U.S. Adult Household Residents Reporting Smoking in the Past Week, 1944 to 2008 (CESAR 2008)**



# Tobacco Use In The Seven Days Prior To Admission 2006 (OASAS Data)

	<b>% Using</b>	<b>% Males Using</b>	<b>% Females Using</b>
<b>Intensive Residential</b>	<b>76%</b>	<b>74%</b>	<b>82%</b>
<b>Community Residential</b>	<b>73%</b>	<b>71%</b>	<b>80%</b>
<b>Supportive Living</b>	<b>81%</b>	<b>79%</b>	<b>84%</b>
<b>Inpatient Rehabilitation</b>	<b>80%</b>	<b>79%</b>	<b>82%</b>
<b>Outpatient Clinic</b>	<b>63%</b>	<b>63%</b>	<b>65%</b>
<b>Outpatient Rehabilitation</b>	<b>77%</b>	<b>76%</b>	<b>79%</b>
<b>Methadone Clinic</b>	<b>83%</b>	<b>82%</b>	<b>84%</b>



# History of Initiative

In 1669, the French Academy of Science (comparable to the U.S. Surgeon General Committee) held a national medical conference on tobacco's mental effects.

The King's physician, Dr. Guy C. Fagon (1638-1718) advised that experience had shown that tobacco use shortened human life.



# Research to Practice

- Nicotine dependence treatment during inpatient treatment for other addictions (Hurt et al, *Alc Clin Exp Res* 1994 Vol 18;4)
- Tobacco negatively impacts recovery rates from other substances. (*Elizabeth Stuyt, MD, in The American Journal on Addictions*)
- An 11-year study showed that 51 percent of deaths of addiction treatment patients were due to tobacco-related diseases. (*Hurt RD, Offord KP Croghan IT et al. Mortality following inpatient addictions treatment. JAMA 1996;275:1097-1103*)
- Cravings for nicotine increase cravings for other drugs. (*Taylor et al, 2000*)



# History:

## Addiction Treatment Centers

- 1996: First ATC became tobacco-free
- 1997: Two additional ATC's join tobacco-free movement



# 4 Year Plan

- A 4 year plan was put into action, partnering with state agencies, providers, patients, etc.
  - YEAR 1 (SEPTEMBER 2003 – AUGUST 2004)
    - Announcement of collaboration of ASAP, OASAS and the American Cancer Society at the ASAP conference
  - YEAR 2 (SEPTEMBER 2004 – AUGUST 2005)
    - Programs start to discuss with staff the value of tobacco dependence treatment and approaches to be used to become a tobacco free facility and to provide treatment for tobacco dependence – STATEWIDE FORUMS



# 2004 Commissioner's Statement

The OASAS tobacco dependence policy statement reflects the OASAS belief that prevention and treatment providers should address all addictions and furthermore that our prevention and treatment provider community is uniquely able to advocate for community-wide acceptance of tobacco dependence prevention, treatment and recovery from this disorder.



# Forums

- 5 across the state
- 3 questions
  - Benefits
  - Barriers
  - Strategies



# Question #1 – What are the barriers to implementing tobacco –free addiction programming?

- Clients/Patients
  - Client fears and anxiety
  - **Will patients be traumatized?**
  - Stage of readiness



Question #3 – What are some possible strategies to address the identified barriers to implementing tobacco –free addiction programming?

- OASAS Initiatives
  - Financial incentives (e.g., free nicotine patches)
  - Training needed
  - **“Just do it” – mandate from a regulatory agency (OASAS, JCAHO, DOH)**



# History:

## Addiction Treatment Centers

- 2005: All 13 ATC's are tobacco-free



- Change in leadership at OASAS – 02/2007  
Karen M. Carpenter - Palumbo



# DOH Support/Funding

## Training

- **Development of tobacco curriculum to assist:**
  - Medical staff
  - Counselors
  - Administration/management staff
- **Six Regional Training Centers**
  - Classroom Training
  - Technical Assistance

## Nicotine Replacement Therapy (NRT)

- Available for FREE when there is no insurance.
- Providers will be able to order supplies directly through Partners in Corporate Health.
  - nicotine patch, gum, lozenge.



# Proposed Changes To The Part 800 Series Regulations That Pertain To Tobacco Dependence And Treatment

## **TOBACCO-FREE SERVICES**

### **Title 14 NYCRR Part 856**

- All chemical dependence treatment and prevention providers must provide a tobacco-free facility, grounds and vehicles. “Tobacco-free” means that the use of tobacco is not permitted in any form indoors or on the facility grounds. This differs from “smoke-free” where tobacco products, such as snuff and chewing tobacco are allowed.
- **These regulations will pertain to all OASAS certified entities.**
- **All chemical dependence service providers should screen all patients for tobacco use at admission** as part of the initial assessment and this must be noted in the record.
- **Incorporate tobacco dependence into the addiction treatment plan** in the same manner as other chemical diagnoses are incorporated.
- Pharmacotherapy should be offered and/or allowed for use for patients who are being treated for their tobacco dependence.
- **Tobacco dependence education must be incorporated into the chemical dependence treatment service** provider program. Every facility shall include tobacco education in their weekly educational sessions in addition to alcohol, drug, hiv, and other health issues education.
- Staff should have specific tobacco dependence training as part of their educational program at the facility. Staff are prohibited from smoking at the facility.



# Announcement

## July 24, 2007

- All Providers
- Community partners/agencies
- Legislature
- Unions
- Landlords
- Media



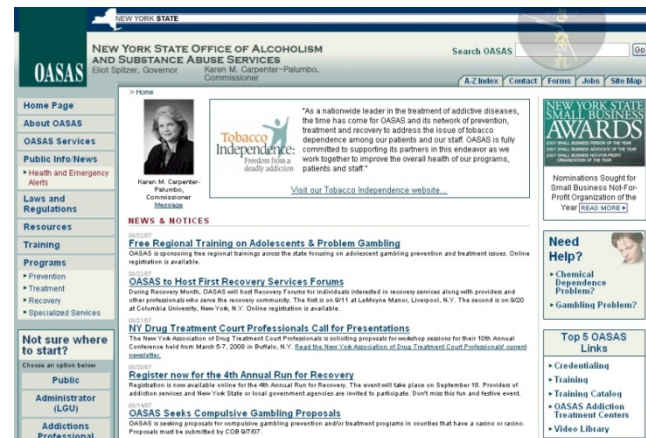
# Resources

- **Tobacco Independence Technical Assistance Packet**
- **Tobacco Independence Website**
- **Questions????**
  - **Tobacco-Free Mailbox [TobaccoFree@oasas.state.ny.us](mailto:TobaccoFree@oasas.state.ny.us)**
  - **Phone (518-485-1768)**
- **OASAS Mentors**



# Training

- Provider Technical Assistance Forums
- OASAS Trainings
- ASAP Tobacco Dependence Center
  - Monthly Conference Calls
- ASAP Conference
- DOH funded training and NRT



# July 24, 2007 – July 24, 2008

- OASAS Training
  - Over 8000 on the web and in person
  - Monthly phone calls
  - Review of protocols
  - Review of survey instrument for certification



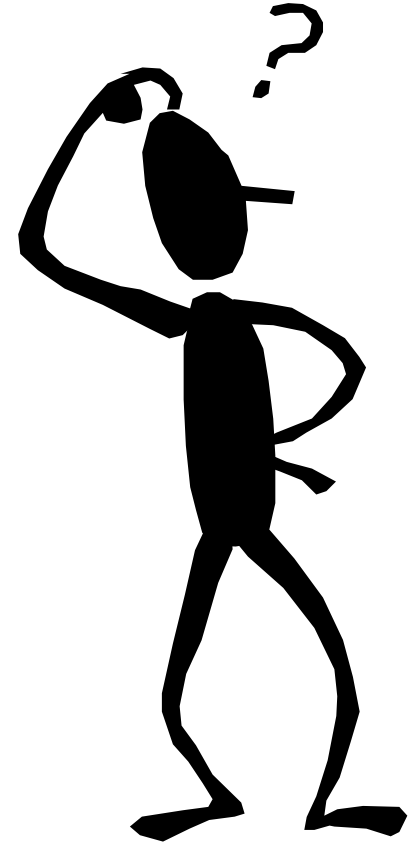
# Provider Technical Assistance Packet

- Letter From Commissioner Carpenter-Palumbo
- Proposed Regulation
- Frequently Asked Questions
- Available Provider Support
- NRT Information
- Patient Brochure
- Countdown to tobacco-free policy guidelines



# Frequently Asked Questions

- More staffing?
- More funding?
- Discharging patients?
- Grounds/Boundaries?
- Tobacco dependent Staff?



# NYS DOH

- Internet access for all programs to have their patients:
  - Be screened
  - Generate a diagnosis
  - Generate a treatment plan

**The New York State Smokers' Quitline**  
1-866-NY-QUITS  
(1-866-697-8487)

Home  
How To Quit  
Tools for Quitting  
Tobacco Facts  
Stop Smoking Programs  
Guides and Materials  
Educational Links  
Health Care Provider Resources  
New York State Tobacco Control  
Continuing Education Programs  
Privacy Policy  
Contact Us

Search:

**"Quitting Smoking is easy...I've done it a thousand times"  
-Mark Twain**

Sound familiar? Truth is, it usually takes smokers a few times to try to stop smoking before they are successful.

The good news is millions of people successfully quit smoking each year. And you can be successful, too!

**Ask yourself these three questions:**

- Do I REALLY want to quit smoking?
- Am I ready to make some changes in my daily routine?
- Am I ready to put up with some temporary discomfort?

If you answered "yes" to all these questions, CONGRATULATIONS!  
You are on your way.

**Let the New York State Smokers' Quitline Help You**  
**1-866-NY-QUITS**  
**(1-866-697-8487)**

The New York State Smokers' Quitline offers:

- FREE starter kit of Nicotine Patches, Gum or Lozenges for eligible NYS smokers
- Trained Quitline Specialists offering help with quit plans
- Information about local stop smoking programs
- Informational taped messages

*Browse our website for helpful information to get you started*

**Tip Of Day**  
Smoke only in certain places.

**FREE PATCHES**  
**CLICK HERE**

[Quitline Services Video Presentation](#)  
*requires Windows Media Player 9 or better*

[Stop Smoking Audio Lessons](#)

[Como Dejar de Fumar en 5 Lecciones Fáciles](#)  
*requires Windows Media Player 9 or better*

[How to run a stop smoking program](#)

[Community Tobacco Control Partnerships](#)

[NYS Smokefree Workplace Online Violations Form](#)

**Quitline Specialist Support:**  
Monday - Wednesday  
9am-11:30pm  
Thursday - Friday 9am-3pm  
Saturday & Sunday  
9am-1pm

**The New York State Smokers' Quitline**  
1-866-NY-QUITS (1-866-697-8487)



## First 100 Discharged Patients at BATC - 2008

- 100
- 26 were non-smokers
- 74 remaining patients
  - 47 (63.5%) accepted the no tobacco policy
  - 47 (63.5%) agreed that NRT helped them stay tobacco free
  - 40 (54%) felt that they will to stay tobacco free after leaving BATC
  - Counselor and RN helped the most in maintaining a tobacco free state; MD got the lowest rating



- May and June 2008
  - Training started very late – late fall 2007 was set date



- Certification unit will not score tobacco policy as part of the survey until January 2009

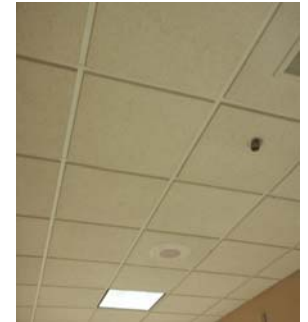
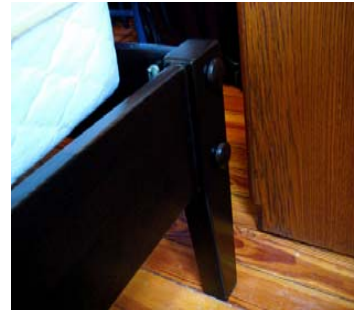
TOBACCO-FREE QUESTIONS	YES	NO	SCORE
<p><b>A.1.</b> Does the service have written policies and procedures, approved by the governing authority, which:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> define the facility, vehicles and grounds which are tobacco-free;</li> <li><input type="checkbox"/> prohibits patients, family members and other visitors from bringing tobacco products and paraphernalia to the service;</li> <li><input type="checkbox"/> requires all patients, staff, volunteers and visitors be informed of the tobacco-free policy, including posted notices and the provision of copies of the policy;</li> <li><input type="checkbox"/> prohibits staff from using tobacco products while at work, during work hours;</li> <li><input type="checkbox"/> establishes a tobacco-free policy for staff while they are on the site of the service;</li> <li><input type="checkbox"/> establishes treatment modalities for patients who use tobacco;</li> <li><input type="checkbox"/> describes training on tobacco use and nicotine dependence available to staff including clinical, non-clinical, administrative and volunteers;</li> <li><input type="checkbox"/> describes tobacco and nicotine prevention and education programs made available by the service to patients, staff, volunteers and others;</li> <li><input type="checkbox"/> establishes procedures, including a policy to address patients who relapse on tobacco products which incorporates the patient discharge criteria contained in the applicable Operating Regulation;</li> <li><input type="checkbox"/> indicates that every effort shall be made to provide appropriate treatment services to all persons in need of alcohol and drug addiction services; and</li> <li><input type="checkbox"/> addresses staff violations consistent with the employment procedure of that facility? <b>[856.5(a)(1-9)]</b></li> </ul> <p><b>SCORING: If all elements are present, enter a score of "4"; if one or two elements are missing, enter a score of "2"; if three or more elements are missing, enter a score of "0".</b></p>			
<p><b>A.2.</b> Does the service adhere to each of its tobacco-free policies, as identified above? <b>[856.5(a)(1-9)]</b></p>			



# New Behaviors – July 2008

- Smoking in the patient room
- Jumping out of a window to the ground floor from the second floor





July 2008



- NYS DEC called, with the increase in NRT use by the programs, one ATC is now using so much commit that their hazardous waste weight is over the limit and new arrangements need to be made for disposal of the plastic vials



- Notified on July 25<sup>th</sup> that the NRT distribution center is unable to fill orders as there is a backlog of payments to it.



# August 2008 – OASAS Implementation Team

- Meetings with TC representatives
  - Tobacco Coordinators
  - Net deficit funding
  - Outside investigators
- Internal OASAS group meets
- Meeting with providers
  - Detox units



# September 5, 2008

- NYS DOH Tobacco Control Program may have to suspend all NRT shipments until October 15 due to budget overrun.



# ASAM - October 2008

- Nicotine Addiction and Tobacco – revised from 1988 policy statement:
  - Although the addiction field has traditionally viewed tobacco smoking as almost normative and not central to the alcohol and other drug recovery process, attitudes and behaviors are shifting. Rather than viewing attention to a patient's smoking as 'defocusing' from their 'real' addictions, counselors are now addressing tobacco addiction in treatment plans. The New York State Office on Alcohol and Substance Abuse Services introduced Part 856 of its regulations governing certification of addiction treatment services, which requires programs to incorporate nicotine addiction in addiction services treatment plans for all nicotine addicted persons receiving alcohol or other drug addiction care; these landmark requirements became effective in mid-2008. **All states should move in similar directions.**



# October 2, 2008

- August 2007 compared to 2008
  - Decrease of 10% overall – preliminary data
  - Methadone up 5%
  - Intensive residential down 10%
  - Crisis down 13%

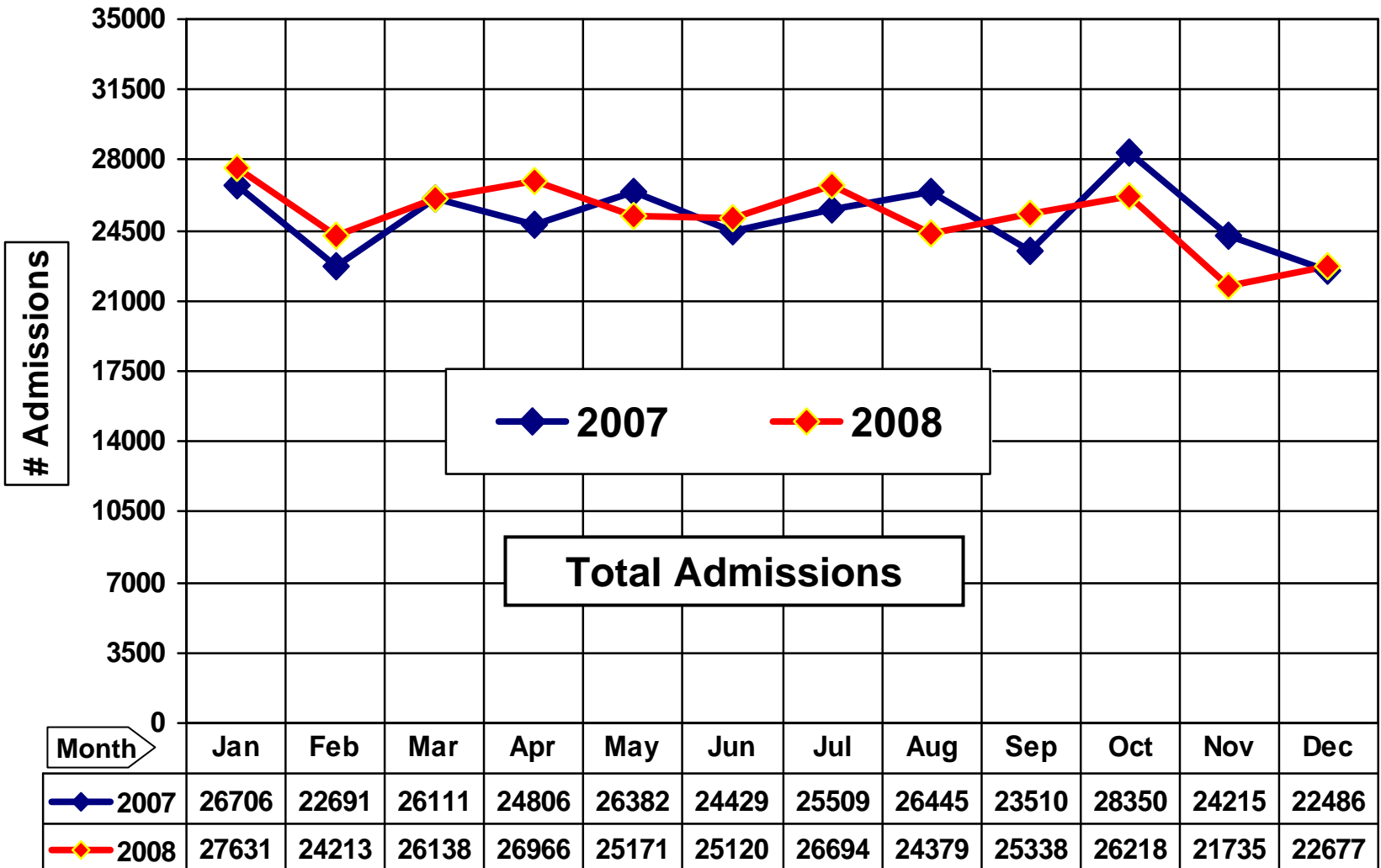


# October 2, 2008

- New Research opportunities
  - Implementation research
    - Joseph Goydish – UCSF
    - Donna Shelley – NYU
    - Steven Bernstein – NIDA Node



## Total Admissions 2007 & 2008



### Data Table by Month



- 3 month retention and completed treatment essentially equal for all modalities comparing 2007 and 2008



# December 2008

- Budget issues
  - Cut to NRT monthly spending by DOH
    - Cut out lozenges
      - 10 dollars more per unit
      - DEC problems



# January 2009

- Patients report that their healthcare providers frequently tell them to stop one drug at a time
  - Letter sent to all programs that can be used by patients with their healthcare provider



- What works?
  - 5 A's
  - Motivational interviewing
  - Psychotherapy for those with a MH diagnosis
  - Pharmacotherapy
  - Telephone support
- Recommendations for SU clinicians
  - Offer smoking cessation to both staff and patients who smoke
  - Provide training for staff
  - Timing concurrent versus subsequent – still debatable



Journal of Substance Abuse Treatment 36 (2009) 205–219

Journal of  
Substance  
Abuse  
Treatment

Regular article

## Smoking cessation during substance abuse treatment: What you need to know

Catherine Theresa Baca, (M.D.)\*, Carolina E. Yahne, (Ph.D.)

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### Abstract

Patients in substance abuse treatment frequently smoke cigarettes and often die of tobacco-related causes. Substance abuse treatment programs too often ignore tobacco use. Many patients have expressed interest in stopping smoking, although they may be ambivalent about smoking cessation during substance abuse treatment. This article provides a review of tobacco cessation literature and successful methods of intervention. Research supports two key findings: (a) smoking cessation during substance abuse treatment does not impair outcome of the presenting substance abuse problem and (b) smoking cessation may actually enhance outcome success. We will discuss how to incorporate smoking cessation. © 2009 Elsevier Inc. All rights reserved.

*Keywords:* Smoking cessation; Tobacco cessation; Smoking cessation in substance abuse treatment; Concurrent treatment



# February 2009 – Meeting with DOH

- \$1,200,000 NRT allocated funds for OASAS Facilities – April 1, 2009 – March 31, 2010
  - \$100,000 worth of NRT can be ordered monthly for 12 months
  - Maintain limit of 1 order per month per OASAS facility
  - Based on recent ordering history (October '08 - January '09), approximately 23 orders are fulfilled monthly
  - 4mg gum, all lozenges and small boxes of 21mg patches are eliminated

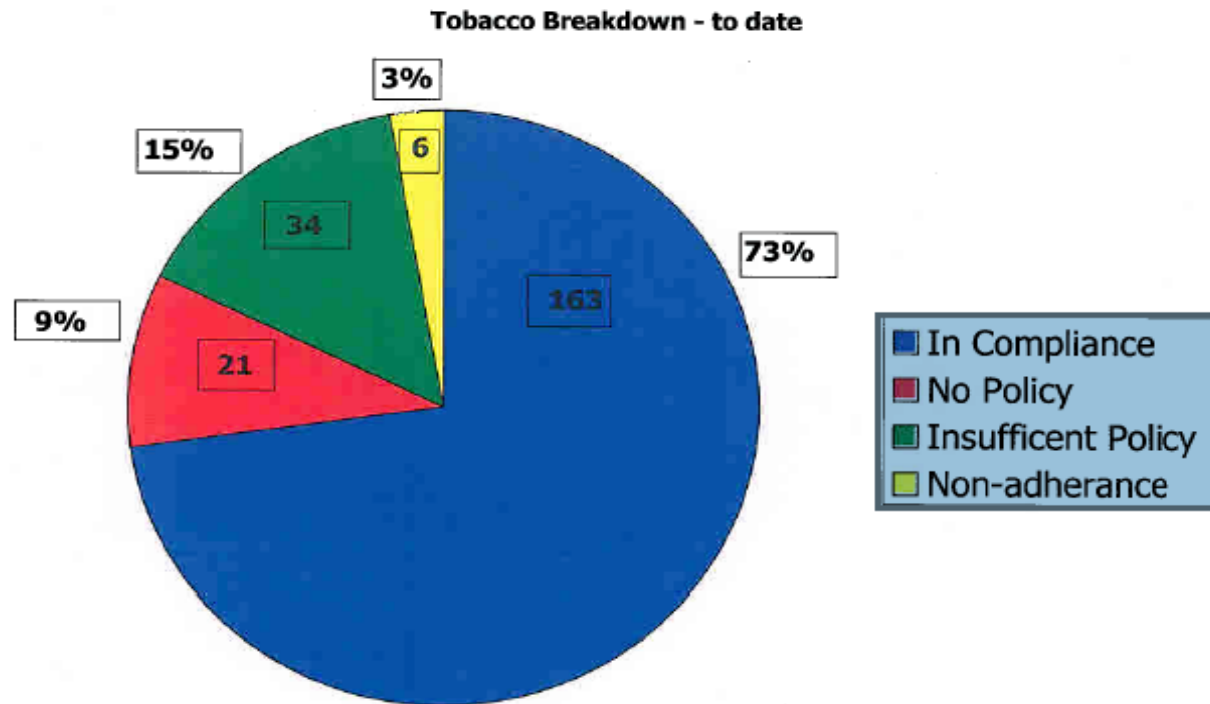


# February 2009 – Meeting with DOH

- 214 of the 487 eligible facilities have placed orders in the past 16 months



# February 2009 Compliance



# March 2009

- NYS OASAS is selected as one of the founding members in the *100 Pioneers for Smoking Cessation Virtual Leadership Academy* under SAMHSA's new Tobacco-Free Campaign



# March 2009

- PDP is going to produce a modality specific tool-kit with more emphasis being given to detoxification units and outpatient programs



# Will there be an impact?

- 1,300 community based treatment programs
- State operated ATC's (13)
- 42,000 patients in methadone treatment
- 300 prevention programs in schools and communities
- 260,000 unique individuals per year
- 110,000 in treatment daily



- “...No duty of society, acting through its **government agencies**, is paramount to this **obligation to attack the removable cause of disease**. The duty of leading this attack and bringing home to public opinion the fact that the community can buy its own health protection is laid upon all health officers, organizations and individuals interested in public health movements...”

Herman Biggs  
Medical Officer  
NYC DOH 1911



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