Testimony of
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Smoking Policy at Treatment Centers January 29, 2016 9am

Smoking Policies and Hospitals

- 1970's - smoking rooms in hospitals; physicians would smoke in clinic visits with patients
- 1990's – no smoking indoors, but smoking outdoors on campus
- 2000's - campus wide no smoking policies

Transitions are Difficult

Hard to Implement and Enforce

And Problems Occur…

Two patients admitted for smoking related diseases

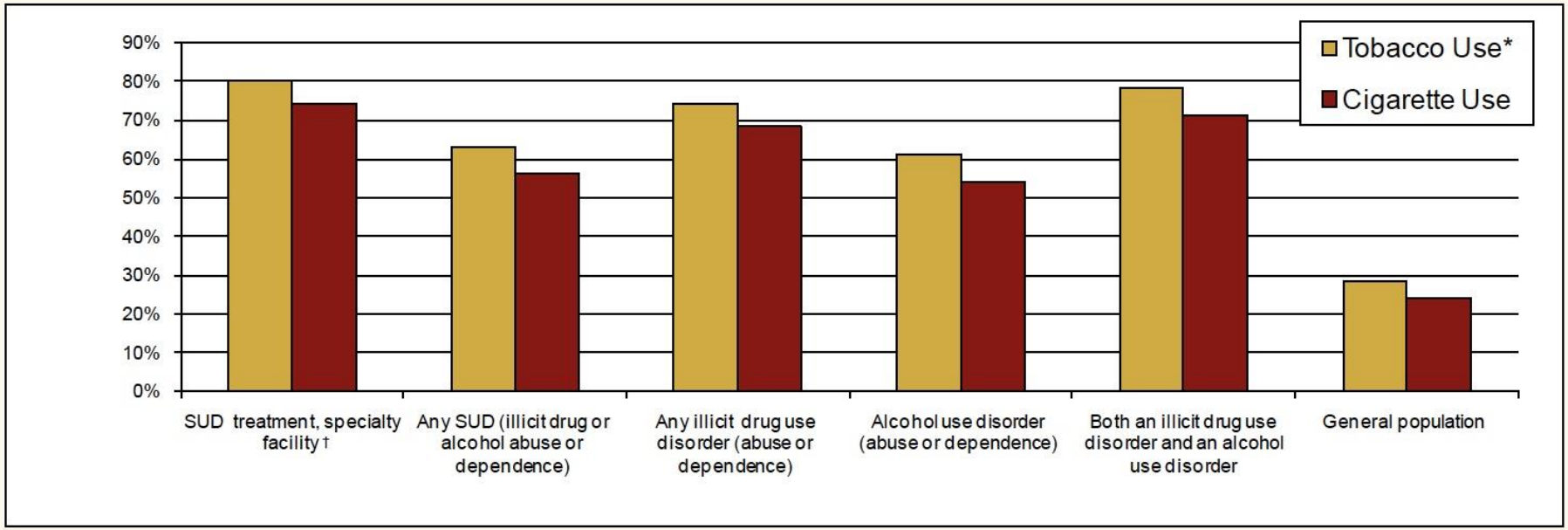
- **Patient with vascular disease:** admit for a bypass graft developed anxiety Psychiatry consult. Anxiety resolved with nicotine patch
- **Patient with Angina**: attempted cardiac catheterization abandoned because of severe agitation Lumbar Puncture, CT of head, Neurology consult. Agitation resolved with nicotine patch.

…but Are Worth It

- **Changing of social norms** – clear statement that smoking is only done by a small minority of people (~18% in Vermont) and is NOT associated with improvements in health
- **Initiation of quit attempt** – these policies can initiate attempts to quit that are supported by behavioral counseling and supervised use of FDA approved medications

Those who abuse subtances suffer disproportionately from tobacco use

Exhibit 1. Tobacco Use in the Past Month, People Ages 12 and Older, 2008



*Tobacco products include cigarettes, smokeless tobacco (i.e., chewing tobacco and snuff), cigars, or pipe tobacco.

†Refers to treatment received at a hospital (inpatient), rehabilitation facility (inpatient or outpatient), or mental health center to reduce or stop illicit drug or alcohol use or for medical problems associated with illicit drug or alcohol use.

Source: Office of Applied Studies. (2008). National Survey on Drug Use and Health, unpublished data. Rockville, MD: Substance Abuse and Mental Health Services Administration.

From SAMHSA Advisory 2011:11 issue 2

…and die early, most often from tobacco related illnesses

Among 845 pts treated in residential treatment center for substance abuse

- Increased cumulative mortality (48% vs expected of 18%)
- With 51% of the deaths due to tobacco related diseases
- This is 1.5x the rate of death from other addiction related causes

Hurt et al JAMA 1996; 275:1097

Tob Use Treatment does not adversely affect Substance Abuse Treatment

- Metanalysis of 19 studies of concurrent therapy of Tob and Sub Abuse (alcohol and methadone) suggested Tob treatment may improve Sub Abuse outcomes (Prochaska J Consult Clin Psychol. 2004; 72:1144)
- In cocaine and metamphetamine users, adding Tob treatment did not worsen, and may have enhanced, Sub Abuse treatment (Winhusen, J Clin Psychiatry 2014; 75:336)

Develop and Maintain Systems to Provide Effective Tobacco Use Treatment

- Behavioral interventions
- Supervised use of FDA approved medications for smoking cessation (bupropion, nicotine replacement therapy, varenicline)
- Continued support of statewide programs for tobacco use cessation once these people leave the Substance abuse facility (802Quits; Medication subsidies)