



Substance Use Disorder ECHO

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Hub Team Introductions



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Our Goal

- Combat the substance use crisis through education on best practices in a safe space for peer-to-peer learning
- Engage healthcare providers in the primary care setting to increase skills to safely and compassionately manage, treat, and support their clients with a substance use disorder
- Recognize the importance of reducing stigma to advance equity and improve access to care for patients with substance use disorders



Financial Disclosures

- The following sessions leader(s) have no relevant Financial relationships with ineligible companies to disclose:
 - Clement Chen, PharmD
 - Emily Buirkle, MD
 - Poonam Kothari, MD

Zoom Poll Questions

1. What % of patients with SUD/ODU in my clinic also use tobacco?
2. I address my patient's tobacco use during my clinic encounters
3. What strategies do I offer to those who use tobacco?

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Smoking Cessation in those with OUD

Presented by:

Poonam Kothari, MD

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Learning Objectives

- Provide an overview and background of tobacco use
- Summarized available literature with current tobacco use
- Explain screening and treatments for nicotine use with OUD

Tobacco Use

- Smoking is the leading preventable cause of mortality in the US
- In 2021, 22% of those aged 12 and older used tobacco in the last 30 days
- In 2020, 8.5% of those aged 12 and older had nicotine dependence
- Higher use in men compared to women
 - Men more likely to smoke due to reinforcing effects and environmental cues
 - Women more likely to smoke due to stress
- Cigarette use is about 1.8x times in those with psychiatric conditions

Tobacco Use and OUD

- Cigarette smoking may enhance the release of dopamine and augment the effects of opioids
- Close to 74-88% of patients with OUD use cigarettes
 - Compared to about 14-23% in the general population
- Use of opioids and tobacco together increases the use of both substances and makes it more difficult to abstain from either substance
- Individuals who are treated for both tobacco and other substance use are 25% more likely to remain abstinent from tobacco and are more likely to have a reduced drug use or continues abstinence of other substances
 - Long term smoking cessation is not significant
- Less than half of substance use clinics offer tobacco cessation services
- Smoking while in treatment is associated with increased opioid withdrawal and cravings and lower rates of detox completion
- Patients with OUD tend to have more severe nicotine withdrawal symptoms
- The desire to quit smoking is comparable in those with OUD to those without OUD

Screening

- Important to ask if used tobacco EVER in past
 - Avoids missing those who occasionally smoke or those who recently quit and are risk for relapse
- Should be addressed every visit
- Screening tools: TIPS or Fagerstrom

Treatment: Tobacco Use Disorder

- Treatment needs to address:
 1. Physical: craving, dependence and withdrawal
 2. Mental: habit, stress, coping mechanism
 3. Social: social setting, social support

Treatment: Tobacco Use Disorder

- Best outcomes with behavioral and pharmacotherapy
- Duration of treatment: minimum of 12 weeks
- Nicotine replacement
 - Patch
 - Gum
 - Lozenge
 - Inhaler
 - Nasal spray
- Varenicline
- Bupropion

Nicotine Replacement

Patches:

- 7, 14, 21mg per patch
- Applied daily
- Takes 0.5–3hrs to reach effective levels
- Rotate site
- Long-acting nicotine
- Side effects: skin irritation, insomnia, vivid dreams, palpitations if dose is too high

Nicotine Replacement

Gum and Lozenges:

- 2 or 4 mg
- Can use hourly as needed up to ~20 doses
- Short acting nicotine
- Used for breakthrough cravings
- No food or drinks 30 mins prior to use
- Side effects: nausea, heart burn, mouth irritations
- Peppery taste some may find unpleasant

Nicotine Replacement

Nicotine Inhaler

- Requires prescription
- Comes in cartridges
 - 1 cartridge=20mins of “smoking”
 - 1 cartridge=4mg nicotine delivered
 - Can use up 16 cartridges daily
- Side effects: mouth and throat irritation
- Caution with patients with asthma or COPD

Nicotine Replacement

Nasal Spray

- Requires prescription
- 1 spray=0.5mg
- Can use 1 spray per nostril as needed
 - Max 80 spray/day
- Side effects: nasal irritation, sneezing, teary eyes

Varenicline

- Requires prescription
- Helps prevent nicotine withdrawal and blocks the rewarding pathway of smoking
 - Partial agonist of the $\alpha 4 \beta 2$ nicotinic receptor
 - Prevents stimulation of the mesolimbic dopamine system
- 0.5mg daily x 3 days, 0.5mg BID x 4 days, 1mg BID daily
- Typical length of treatment is 12 weeks
 - Can be repeated if necessary
- Best to start before quit date and abruptly stopping cigarette use
- Side effects: nausea, insomnia, vivid dreams, rash, headache

Bupropion

- Requires prescription
- 150mg daily x 3 days, then 150mg BID
- Best to start before quit date and abruptly stopping cigarette use
- Side effects: headache, insomnia, dry mouth, agitation
- Can lower seizure threshold
- Helps reduce weight gain associated with nicotine cessation
- Can help those with depression

Behavioral Interventions: Patients Ready to Quit

- Behavioral Counseling:
 - Brief intervention/counseling
 - Individual therapy
 - Group therapy
 - Telephone counseling
 - Text messaging: motivational texts
 - Self help material

Approach to Treatment: 5 A's

- Ask: screen patients
- Advise: should be clear, strong and personalized
- Assess: patient's willingness to quit
- Assist: provide resources and treatment
 - Stages of change
 - Set quit date
 - Provide practical counseling and realistic goals/challenges
 - Address barriers to quitting
 - Rally support of friends and family
 - Address nicotine withdrawal: provide NRT
- Arrange: follow-up (ideally within 1 week and 1 mo of quit date) and address any issues

Behavioral Interventions: Patients Not Ready to Quit

- Motivational interviewing
- Inform patient about the harms associated with smoking
- Change talk

Approach to Treatment: 5 R's

For those not willing to quit

Motivational interviewing approach

- Relevance: find personally relevant reasons to quit
- Risk: identify negative consequences
- Rewards: identify potential benefits
- Roadblocks: identify barriers
- Repetition: revisit quitting each visit

Behavioral Therapy

- Make patients aware of expected barriers and challenges
 - Provide strategies to address those challenges
- Discuss withdrawal symptoms
 - Weight gain, insomnia, mood changes, anxiety, difficulty concentrating
- Discuss triggers and strategies to avoid
- Coping skills
- Individual counseling is significantly better than minimal contact in the absence of medication and moderately better when used in combination with medication compared to medication alone
- Important to provide support prior to, during and after a patient quits

NJ Resources

NJ Quit Line

- NJQuitLine.org
- 1-866-NJ-STOPS (657-8677)
- Offers counseling and NRT

NJ Quit centers

- 11 quit centers throughout NJ
- Offers counseling, NRT and resources

Quit for Kids

- 1-888-545-5191
- QuitForKids.com

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