## **Background**

- Tobacco-related illness is the leading cause of death among individuals with substance use disorder (SUD).
- 70-80% of individuals in SUD treatment also have tobacco use disorder (TUD)
- Barriers prevent addressing tobacco use within SUD treatment setting (e.g., too much to ask)
- Vehicles for providers to address TUD within a residential SUD treatment setting are lacking

# **Talking About Tobacco Intervention**

#### **Characteristics of the intervention:**

- Delivered in a group counseling setting by an SUD counselor within a residential SUD treatment center (prescriber may also cofacilitate)
- Avoids quit language (not a smoking cessation group)
- Acknowledges multiple pathways to recovery
- Embraces an open, nonjudgmental, discussion-based forum to engage patients and explore change

#### **Group components include:**

- Exploring patients' beliefs and personal experience with nicotine/tobacco including its role in the patients' primary SUD and recovery
- Providing information and correcting misinformation or myths through an open-ended Q&A
- Eliciting patient ambivalence and developing discrepancies between beliefs and behavior
- Providing the opportunity to "sign up" to talk to a prescriber about medication options for TUD

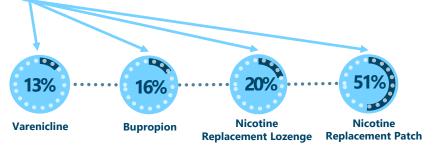
#### The Primary Aims of the intervention are:

- Enhance motivation for TUD treatment
- Promote uptake of TUD pharmacotherapies

# A **Talking About Tobacco** intervention was found to be **feasible** within a residential SUD treatment setting

### **Results**

- 56 weekly sessions of Talking About Tobacco were offered from December 2021 February 2023
- 286 patients attended group, ranging from 0-18 (M=7)
- 98 (34%) of attendees volunteered to talk with a prescriber about TUD medication options
- 118 (41%) of attendees were prescribed at least one TUD medication prior to discharge (some attendees received a prescription prior to their participation in the group).
- Prior to the intervention, TUD medications were rarely prescribed.
- (151) prescriptions were provided across the 286 group attenders



#### Common barriers noted by group facilitators included patients':

- Reluctance to simultaneously address TUD and primary SUD
- Misunderstanding that TUD medicines can be started regardless of interest in quitting
- Misunderstanding that different TUD medications could be combined

**Disclosures:** Dr. Fishman has been a consultant for Alkermes, Indivior, and Drug Delivery LLC. Other authors have nothing to disclose.



"[I] was adamant about just cutting back, now I'm open to stop all together"

"Group was very helpful and think I understand [and] want to quit even more now."

Participants rated the group **8.5 out of 10** on helpfulness in addressing their tobacco use

**Discussion** 

Talking About Tobacco pilot group was well received and feasible to implement within a residential SUD treatment setting. Patient interest in talking with prescriber or starting on a TUD medicine is encouraging.

#### **Next steps include:**

- Refining the clinical approach by soliciting patient feedback and piloting iterative refinements (may include incorporation of peers or psychoeducational materials)
- Extending the intervention and assessment period to post-discharge
- Examining the relative effect of Talking About Tobacco against a comparator