

# **Integrating Tobacco Treatment into an Opioid Treatment Program**

**Pilot Project with the Biddeford Integrated Medication Assisted Treatment (IMAT) Program\***

**A joint pilot project of:**

**MaineHealth Center for Tobacco Independence**

**and**

**Maine Behavioral Healthcare, Biddeford Integrated Medication Assisted Treatment Program**

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MaineHealth  
Center for Tobacco  
Independence

## **Brief Description**

### **Introduction:**

Tobacco use disorder is often overlooked by behavioral health clinicians. Few programs exist that provide treatment this disorder. A proposed solution is to integrate treatment for tobacco use disorder into the treatment for co-occurring addictions and/or mental health conditions for which people who use tobacco are already enrolled. In addition to the practicality of bringing tobacco treatment to the client in their existing treatment setting, it also makes sense therapeutically given the intimate relationship between tobacco use and other behavioral health disorders. Tobacco Use Disorder not only co-occurs with other behavioral health disorders, but they are known to contribute to mutual relapse and, in treating the whole person, cannot be easily extricated or isolated in the treatment dynamic. Tobacco Use Disorder does not stand alone in the lives of those afflicted; tobacco treatment is best conducted in an integrated fashion.

Following a tobacco treatment training event that was attended by a Biddeford IOP clinician, the Biddeford team agreed to lend itself to being the sole participants in a pilot program to develop policies, protocols and materials to assist in integrating tobacco treatment into usual care.

### **Components of the Pilot Program:**

#### 1. Assessments

- 100% of clients to be assessed for tobacco use and, if positive, for interest in quitting.
- Discussion: Assessing all clients for tobacco use was an existing area of strength for the Biddeford practice. Begin to assess all clients who are currently using tobacco for interest in quitting. Strategies for how to address this in an open-ended, non-threatening manner were discussed and implemented by the pilot team.

#### 2. Referrals to the Maine Tobacco HelpLine

- Increase referrals to the MTHL
- Discussion: Develop protocols for making consistent referrals to the MTHL

#### 3. Treatment planning

- Promote inclusion of tobacco use disorder on all treatment plans of clients assessed as current tobacco users.
- Discussion: Though assessments had been consistently conducted, it was rare for the team to do any systematic follow-up to address any identified tobacco use, including whether or not the client had any interest in quitting. A sample goals list was compiled by CTI and provided to the team as part of their packet. This “Sample Tobacco Treatment Goals” covered a range from those who might be motivated to quit to those who could only minimally tolerate discussion of the topic.

#### 4. Treatment

- Undertake a culture change in which discussion about tobacco use disorder is routinely integrated into discussion of other addictions.
- Discussion by modality: CTI provided packets of materials which can be reproduced and made available to all clinicians for the below-stated modalities. CTI staff will provide information, training and modeling of how to conduct these conversations in:
  - Individual Counseling: Regularly address tobacco in individual sessions.
  - Integrated groups: Promote the integration of tobacco treatment into all existing groups. Consistent with the literature, most clients who use tobacco had made multiple past quit attempts, expressed interest in quitting - and had various degrees of trepidation about their readiness to quit.
  - Stand-alone tobacco groups: Assess interest and viability of development and implementation of dedicated tobacco treatment groups.

#### 5. Billing

- CTI and Biddeford billing team to collaborate on clarifying billing practices, utilizing billing codes as needed, and activating the tabs in Cerner and promoting their use to clinicians.

#### 6. Tobacco Treatment Training

- Provide needed tobacco treatment training to Biddeford IMAT clinicians.
- Discussion: Determine minimal training requirements for all Biddeford clinical staff. CTI staff will conduct onsite trainings, frequency and topics to be determined. CTI will facilitate enrollment in Maine CDC “Tobacco Intervention: Basic Skills Training”, the Maine CDC two-day Intensive Tobacco Treatment Training and the two-day Annual Conference.

### **Summary**

The Biddeford IMAT team has fully embraced the new understanding that an addiction is an addiction regardless of the specific object of the dependence, that in treating the whole person, one must be cognizant of all the ways one addiction feeds into the other(s) – and how recovery from one disorder supports and strengthens recovery from the other. In the IOP program, topics such as nutrition, peer and family relationships, sexuality and employment issues are all addressed. Use of tobacco and recovery from tobacco use has now been successfully integrated into this curriculum.

**To receive a more complete description of this pilot**

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