

Assessment of Tobacco Dependence

DSM IV SUBSTANCE DEPENDENCE CRITERIA

NICOTINE DEPENDENCE

305.10

1. Tolerance
2. Withdrawal
3. The substance is often taken in larger amounts or over a longer period than was intended
4. Persistent desire or unsuccessful attempts to cut down or control substance
5. Time spent in activities necessary to obtain / use the substance, and recover from its effects
6. Important social, occupational, or recreational activities given up or reduced because of use of the substance
7. Use is continued despite the knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance

CRITERIA FOR DIAGNOSING NICOTINE WITHDRAWAL

DSM IV, 292.0

A. Daily use of nicotine for at least several weeks

B. Abrupt cessation of nicotine use, or reduction in the amount of nicotine used, followed within 24 hours by four (or more) of the following signs:

1. Dysphoria or depressed mood
2. Insomnia
3. Irritability, frustration or anger
4. Anxiety
5. Difficulty concentrating
6. Restlessness
7. Decreased heart rate
8. Increased appetite or weight gain

C. The symptoms in "B" cause clinically significant distress or impairment in social, occupational, or other important areas of functioning

D. The symptoms are not due to a general medical condition and are not better accounted for by another mental disorder

Fagerstrom Test for Nicotine Dependence

1. How soon after you wake up do you smoke your first cigarette?

After 60 minutes	0
31-60 minutes	1
6-30 minutes	2
Within 5 minutes	3

2. Do you find it difficult to refrain from smoking in places where it is forbidden?

No	0
Yes	1

3. Which cigarette would you hate most to give up?

The first in the morning	1
Any other	0

4. How many cigarettes per day do you smoke?

10 or less	0
11-20	1
21-30	2
31 or more	3

5. Do you smoke more frequently during the first hours after awakening than during the rest of the day?

No	0
Yes	1

6. Do you smoke even if you are so ill that you are in bed most of the day?

No	0
Yes	1

Total Score _____

Your level of dependence on nicotine is:

Score

0-2	Very low dependence
3-4	Low dependence
5	Medium dependence
6-7	High dependence
8-10	Very high dependence

Scores under 5 – “Your level of nicotine dependence is still low. You should act now before your level of dependence increases.”

Score of 5 – “Your level of nicotine dependence is moderate. If you don’t quit soon, your level of dependence on nicotine will increase until you may be seriously addicted. Act now to end your dependence on nicotine.”

Score over 7 – “Your level of dependence is high. You aren’t in control of your smoking – it is in control of you! When you make the decision to quit, you may want to talk with your doctor about nicotine replacement therapy or other medications to help you break your addiction.”

Heatherton TF, Kozlowski LT, Frecker RC, Fagerstrom KO. The Fagerstom Test for Nicotine Dependence.

Fagerstrom Smokeless Tobacco Dependence Scale

1. How many tins or pouches of smokeless tobacco do you typically use each week?

1 or less each week	0
2 - 4 each week	1
5 or more each week	2

2. How often do you use smokeless tobacco?

1 day each week or less	0
2 - 5 days each week	1
6 - 7 days each week	2

3. Do you intentionally swallow tobacco juices?

No	0
Yes	1

4. Do you use smokeless tobacco when you are sick or have mouth sores?

No	0
Yes	1

5. How soon after waking do you use chewing tobacco or snuff?

After 30 minutes of waking?	0
Within 30 minutes of waking?	1

6. Do you smoke cigarettes?

No	0
Yes	1

7. Is it difficult for you not to use smokeless tobacco where its use is restricted or not allowed?

No	0
Yes	1

Total Score _____

Your level of dependence on nicotine is:

Score

0-2	Very low dependence
3-4	Low dependence
5	Medium dependence
6-7	High dependence
8-9	Very high dependence

Scores under 5 – “Your level of nicotine dependence is still low. You should act now before your level of dependence increases.”

Score of 5 – “Your level of nicotine dependence is moderate. If you don’t quit soon, your level of dependence on nicotine will increase until you may be seriously addicted. Act now to end your dependence on nicotine.”

Score over 7 – “Your level of dependence is high. You aren’t in control of your tobacco use– it is in control of you! When you make the decision to quit, you may want to talk with your doctor about nicotine replacement therapy or other medications to help you break your addiction.”

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SAMPLE LETTER TO REFERRAL SOURCES

The [agency/facility name], a provider of inpatient alcohol and other drug addiction services, is dedicated to providing quality care to our patients and to modeling positive, drug-free messages to the community-at-large. We are committed to promoting our mission: to provide state-of-the-art addiction services in a healthy, drug-free environment.

Because our current policy on tobacco use no longer promotes our mission, we have decided to make policy and programmatic changes that reflect a change, not only in our thinking, but in that of the medical and scientific communities as well.

The following scientific research and information supports our move to update our current policy on smoking. The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) lists both nicotine withdrawal and nicotine dependence as diagnosable conditions. In addition, in 1993, the Environmental Protection Agency (EPA) classified environmental tobacco smoke as a Class A (known human) carcinogen with no safe level of exposure. Recent findings demonstrate that alcoholics and drug addicts have a greater than 50% mortality from tobacco-related diseases.

With this in mind, the [agency/facility name] has decided to adopt a tobacco-free policy, one that recognizes nicotine as a drug, and tobacco use as causing serious health conditions among smokers and nonsmokers alike. Beginning [date], tobacco and nicotine issues will be comprehensively integrated into all patient programming, including assessment, education and treatment and the [agency/facility] will not permit the use of tobacco products in buildings, vehicles or on the grounds.

As always, we are pleased to be a service provider for your constituents and believe that the upcoming changes are in the best interest of the patients we both serve. Incorporating tobacco and nicotine into our current treatment protocol permits us to continue providing state-of-the-art treatment services, and to maintain the integrity of this agency. We welcome your thoughts and invite you to call us if you would like additional information or clarification.

Smoking Cessation in Recovering Alcoholics

Fiction #1

"Smoking isn't any more of a problem for people in recovery than it is for anyone else."

Fact: Almost 85% of people who are in recovery from alcohol are also smokers, compared with 21% of the general public. Compared to smokers who aren't in recovery, smokers in recovery from alcohol may be more addicted to nicotine and often smoke more cigarettes.

Fiction #2

"Quitting smoking will threaten my sobriety."

Fact: Smokers who are in recovery from alcohol abuse can stop smoking without starting to drink again. Because smoking and drinking often go together, smoking can lead to a stronger craving for alcohol. So quitting smoking during or right after treatment for alcoholism can actually increase your chances of staying sober.

Fiction #3

"Alcohol addiction was the biggest threat to my life and my health, and I've quit drinking. Smoking won't hurt me that much."

Fact: Smoking is an addiction. It's as likely to kill you as any other addiction -- maybe even more so. People who have been in treatment for alcohol problems are more likely to die from tobacco-related diseases than from alcohol-related problems. In fact, recovering alcoholics who smoke are more likely to get heart disease, lung disease and cancers of the head, mouth and throat. They are also likely to die earlier than people in the general public.

Fiction #4

"I'm too addicted to quit smoking. I tried to quit before and failed."

Fact: You may be more addicted to nicotine than other smokers, but very few people succeed the first time they try to quit smoking. Part of the problem may be that you tried to stop smoking on your own. Lots of resources can help you quit. They include: your doctor, friends and family members, stop-smoking support groups, nicotine replacement therapy, and organizations such as Nicotine Anonymous, the American Cancer Society and the American Lung Association. All you have to do is ask for help.

When you stop smoking, you may experience withdrawal symptoms like irritability, nervousness, difficulty concentrating and constipation. Counseling, medicine or both may help you handle the withdrawal symptoms. Ask your doctor what treatment is right for you.

Fiction #5

"I'll fail--I know I will. Quitting smoking will be harder for me than quitting drinking was."

Fact: There's a good chance you felt this way, at times, about recovering from alcohol abuse. Feeling powerless and admitting you need help is the first step to kicking your smoking addiction. You need to approach quitting smoking the same way you approached quitting drinking--one step at a time. What gave you the strength and courage to give up drinking? The same tools such as treatment, therapy, group support, spirituality, and friends and family can help you quit smoking .

Fiction #6

"I could never quit. Most of my family members and friends smoke."

Fact: Being around smokers can make quitting harder. But giving up any addiction is hard and requires you to make your own choice about what's best for you and your loved ones. Asking family members and friends not to smoke around you gives them the opportunity to be supportive. At first it may help to stay away from other smokers.

Fiction #7

"I have too much stress in my life to quit right now."

Fact: Your body is addicted to nicotine, so it feels better with the drug than without it. If you are under a lot of stress, maybe another time would be better to quit smoking. But remember that, like all other people, you will always be under some kind of stress. Waiting to be stress-free before you try to quit smoking may just be an excuse to avoid facing your nicotine addiction.

Fiction #8

"I can't quit smoking because I'll gain weight, and that's bad for my health too."

Fact: Most people gain no more than 5 to 10 pounds when they quit smoking, which is much less of a health risk than smoking. Exercising regularly and eating low-fat foods can help you avoid gaining too much weight.

Tips to Help You Quit Smoking

Before you quit smoking, try the following:

- Write down what you like about smoking and what you don't like about quitting. Then, write down what you don't like about smoking and reasons to quit.
- Cut out a few of your favorite cigarettes during the day.
- For 3 to 5 days, use a notebook to keep track of when you smoke each cigarette. Also note what you're doing and how you're feeling when you reach for a cigarette. Look for patterns in your smoking.

To cope with craving and withdrawal when you quit, try the following:

- Ask your doctor about using some form of nicotine replacement therapy, such as a nicotine patch, nicotine gum, nicotine inhaler, nicotine nasal spray or nicotine lozenge.
- Talk to your doctor about other drug therapies, such as bupropion (one brand name: Zyban) or varenicline (brand name: Chantix), that you might use just for a while to help reduce your cravings.
- Consider starting an exercise program. Exercise often helps reduce withdrawal symptoms, and it gives you something to do when you get a craving.
- Check with your doctor to find out about deep-breathing, relaxation and imaging techniques that can help you cope with stress and cravings.
- Avoid doing the things that trigger your cravings for a cigarette. Look back in your notebook to find out these triggers. For example, if you always smoke with your morning coffee, try switching to tea instead.

To prevent relapse, try the following:

- Plan ahead and practice how you'll handle difficult situations, such as being around friends and family members who smoke, managing stressful situations and coping with negative feelings like anger, sadness and anxiety.
- Look for smoke-free options, such as smoke-free Alcoholics Anonymous meetings and other support groups, like Nicotine Anonymous. Plan activities where smoking is unlikely or with family members and friends who don't smoke. Sit in the nonsmoking sections of restaurants.
- Remember that breaking down and having a cigarette doesn't mean that you're a failure or that you have totally relapsed to smoking. Instead, "climb back on the wagon" and try again.

Cesación de fumar en alcohólicos en recuperación

Equivocación #1

"Fumar no constituye más problema para la gente en recuperación que lo que es para cualquier otra persona".

Hecho: casi el 85% de las personas que están recuperándose del alcoholismo también son fumadores en comparación con 21% del público en general. En comparación con los fumadores que no están recuperándose, los fumadores en recuperación para la adicción al alcohol pueden ser más adictos a la nicotina y con frecuencia fuman más cigarrillos.

Equivocación #2

"El dejar de fumar es una amenaza contra mi sobriedad"

Hecho: Los fumadores que están recuperándose del abuso del alcohol pueden dejar de fumar sin comenzar a tomar de nuevo. Puesto que fumar y tomar por lo general van mano a mano, fumar puede conducir a un ansia más fuerte por el alcohol. Por lo tanto, dejar de fumar durante o inmediatamente después del tratamiento para el alcoholismo puede en realidad aumentar su probabilidad de mantenerse sobrio.

Equivocación #3

"La adicción al alcohol era la amenaza más fuerte para mi vida y mi salud y ya dejé de tomar. Fumar no me hará mucho daño".

Hecho: fumar es una adicción. Tiene tanta probabilidad de matarlo como cualquier otra adicción e inclusive más aun. Las personas que han estado en tratamiento por problemas con el alcohol tienen más probabilidad de morir a causa de enfermedades relacionadas con el tabaco que por problemas relacionados con el alcohol. De hecho, los alcohólicos en recuperación que fuman tienen más probabilidad de que les dé enfermedad del corazón, enfermedad del pulmón y cánceres en la cabeza, boca y en la garganta. Además, tienen más probabilidad de morir pronto que la gente del público en general.

Equivocación #4

"Estoy demasiado adicto para dejar de fumar. Traté de dejarlo antes y fallé".

Hecho: usted puede ser más adicto a la nicotina que otros fumadores, pero muy pocas personas tienen éxito la primera vez que tratan de dejar de fumar. Parte del problema puede ser que usted ha tratado de dejar de fumar por si solo. Hay muchos recursos que le pueden ayudar a dejarlo. Estos incluyen: su médico, sus amigos y miembros de familia, grupos de apoyo para dejar de fumar, terapia de reemplazo de nicotina y una organización tal como Nicotine Anonymous (Nicotina Anónimos), la American Cancer Society (Asociación Estadounidense para el Cáncer) y la American Lung Association (Asociación Pulmonar Estadounidense). Todo lo que usted tiene que hacer es pedir ayuda.

Cuando usted deja de fumar, usted puede sentir síntomas de abstinencia como irritabilidad, nerviosismo, dificultad para concentrarse y estreñimiento. La asesoría psicológica, el medicamento o ambos pueden ayudarle a manejar los síntomas de abstinencia. Pregúntele a su médico qué tratamiento es adecuado para usted.

Equivocación #5

"Voy a fracasar, sé que lo haré". Dejar de fumar será más difícil para mí que lo que dejar de tomar fue".

Hecho: hay una probabilidad buena de que usted se sintió así a veces, con respecto a la recuperación del abuso de alcohol. Sentirse impotente y admitir que usted necesita ayuda es el primer paso para acabar con su adicción de fumar. Usted necesita enfrentarse a dejar de fumar de la misma manera que se enfrentó a dejar de tomar: paso a paso. ¿Qué le dio la fuerza y el coraje para dejar de tomar? Los mismos recursos tales como el tratamiento, la terapia, el apoyo en grupo, la espiritualidad y los amigos y la familia le pueden ayudar a dejar de fumar.

Equivocación #6

"Nunca podré dejarlo. La mayoría de los miembros de mi familia y mis amigos fuman".

Hecho: estar rodeado de fumadores hace más difícil dejar el hábito. Pero dejar cualquier adicción es difícil y requiere que usted mismo tome la decisión sobre qué es lo mejor para usted y para sus seres queridos. Pedirle a los miembros de su familia y amigos que no fumen cuando estén alrededor suyo les da la oportunidad para darle apoyo. Al principio, le puede ayudar mantenerse lejos de otros fumadores.

Equivocación #7

"Tengo demasiado estrés en mi vida para dejar de fumar hora".

Hecho: su cuerpo está adicto a la nicotina de modo que se siente mejor con la droga que sin ella. Si usted está bajo mucho estrés es probable que otro momento sea mejor para dejar de fumar. Pero recuerde que usted, al igual que otras personas, siempre estará bajo algún tipo de estrés. El esperar hasta no tener ningún estrés antes de comenzar a tratar de dejar de fumar puede ser una excusa para no enfrentar su adicción a la nicotina.

Equivocación #8

"No puedo dejar de fumar puesto que voy a subir de peso y eso es malo para mi salud también".

Hecho: la mayoría de la gente no aumenta más de 5 a 10 libras (2,27 a 4,54 kg) cuando deja de fumar lo cual constituye un riesgo mucho menor para su salud que fumar. Hacer ejercicio regularmente y comer comidas con un contenido de grasa bajo le pueden ayudar a no ganar demasiado peso.

Consejos para dejar de fumar

Antes de dejar de fumar, por favor intente hacer lo siguiente:

- Escriba lo que le gusta acerca de fumar y lo que no le gusta acerca de dejar de fumar. Escriba lo que no le gusta acerca de fumar y sus razones para dejar de hacerlo.
- Disminuya unos cuantos de sus cigarrillos favoritos durante el día.
- Durante tres a cinco días use un cuaderno para hacer un seguimiento de cuándo se fuma cada cigarrillo. Además anote lo que está haciendo y cómo se está sintiendo cuando usted coge un cigarrillo. Fíjese en patrones que usa al fumar.

Para lidiar con el antojo y el síntoma de abstinencia cuando usted deje el hábito haga lo siguiente:

- Pregúntele a su médico acerca de usar alguna forma de terapia de reemplazo de la nicotina tal como un parche de nicotina, goma de nicotina, inhalador de nicotina, inhalador nasal de nicotina o pastilla de nicotina.
- Hable con su médico acerca de otras terapias con medicamentos tales como bupropion (un nombre de marca es: Zyban) y vermeil (nombre de marca: Chantix) que usted podría usar tan solo por un rato para ayudarlo a reducir sus antojos.
- Considere comenzar un programa de ejercicio. El ejercicio con frecuencia ayuda a reducir los síntomas de abstinencia y le da algo que hacer cuando usted sienta un antojo.
- Consulte con su médico para buscar información acerca de técnicas de respiración profunda, relajamiento e imagenología que le pueden ayudar a afrontar el estrés y los antojos.
- Evite hacer las cosas que hacen desencadenar su antojo por un cigarrillo. Vuelva a mirar en su cuaderno de anotaciones para determinar cuáles son esas cosas que desencadenan su antojo. Por ejemplo, si usted siempre fuma con el café de la mañana, trate de cambiar éste por té.

Para prevenir una recaída intente lo siguiente:

- Planee con anticipación y practique cómo va a manejar las situaciones difíciles tales como estar

alrededor de amigos y de miembros de familia que fuman, manejar situaciones estresantes y afrontar las emociones negativas como la rabia, la tristeza y la ansiedad.

- Busque opciones libres de cigarrillo tales como reuniones de smoke-free Alcoholics Anonymous (Alcohólicos Anónimos que no Fuman) y otros grupos de apoyo como Nicotine Anonymous (Nicotina Anónimos). Planee actividades donde sea raro fumar o con miembros de familia y amigos que no fuman. Siéntese en la sección donde no se fuma en restaurantes.
- Recuerde que tener un colapso nervioso y fumarse un cigarrillo no significa que usted es un perdedor o que usted ha tenido una recaída total y ha vuelto a fumar. En cambio "vuelva a montarse en el camión" e intente de nuevo. En cambio, "vuelva a montarse en el camión" e intente de nuevo.