Triple Track: Treating Nicotine Addiction in a Non-Intensive Outpatient Program Setting

Abigail Escobar, Jennifer Dorsey, NCC, LPC, LCPC[2], George Kolodner, MD[1,2]
[1] Georgetown University School of Medicine, [2] Triple Track Clinical Services, LLC

Introduction

- Tobacco use causes over 480,000 annual U.S. deaths and drives chronic disease burden
- Despite the great impact, nicotine addiction treatment has historically been deprioritized in substance-use disorder (SUD) programs
- Individuals with SUD smoke at rates 4-6x higher than the general population
- Traditional SUD programs typically offer short-term pharmacotherapy and brief counseling, often yielding low 12-month abstinence rates of 10-20%
- **Objective**: To evaluate initial outcomes of a 1-year treatment program applying evidence-based SUD interventions to nicotine addiction, including integrated pharmacotherapy with group and individual therapy

Methods

- **Program Design:** Triple Track is an ASAM-Level 1.7 non-intensive outpatient telemedicine program consisting of two phases:
- **Phase 1: "Quitting"**
  - Combines individualized medication management with once-weekly group and individual therapy
  - Typical regimen: Varenicline initiated alongside nicotine replacement therapy, as needed, titrated to individual preference
  - Quit date established once medication supports reduction in cravings
- **Phase 2: "Staying Quit"**
  - Approximately 3 months following treatment initiation, once stable abstinence (excluding NRT) is achieved
  - Weekly group therapy continues; individual sessions tapered and Varenicline adjusted according to individual preference
- **Program Completion:** Graduation is achieved after 1 year of abstinence from nicotine (except NRT)
  - Graduates are followed for quarterly follow-ups for at least one year
  - Participation in 12-step recovery fellowships (Nicotine Anonymous) strongly encouraged

Results

- **Study Cohort**: Between October 2022 and October 2025, 72 patients presented to Triple Track for evaluation
  - Outcome analyses included 49 patients (68%) after excluding those who attended 3 or fewer evaluative sessions without subsequent program engagement
- **Demographics**:
  - Mean age: 52.8 years
  - Sex: 71% Female, 29% Male
    - Outcomes equivalent across sexes
  - Race: 67% White, 27% Black, 6% other
- **Primary Form of Nicotine Use:**
  - Cigarettes (82%)
  - E-cigarettes (14%)
  - Combination use (2%)
  - Nicotine pouches (2%)
- **SUD Comorbidities:**
  - 37% in recovery from substance-use other than nicotine
  - 6% in active use with other illicit substance
  - 57% reported no history of non-nicotine SUD
- **Referral sources**:
  - Treating clinicians: 38 (78%)
  - Direct inpatient SUD rehab facilities: 6 (12%)
    - Only 1 of 6 (16.7%) participants recruited remained active or graduated
  - Online advertisements: 5 (10%)
    - Of those recruited through online advertisements, 40% (2 of 5) remained active at last follow-up
- **Overall Outcomes:**
  - At last follow-up, 25 (51%) patients dropped out, 14 (28.6%) remained active, and 10 (20.4%) graduated the program
    - Among graduates, 9 (90%) maintained abstinence, while one re-entered treatment after returning to use

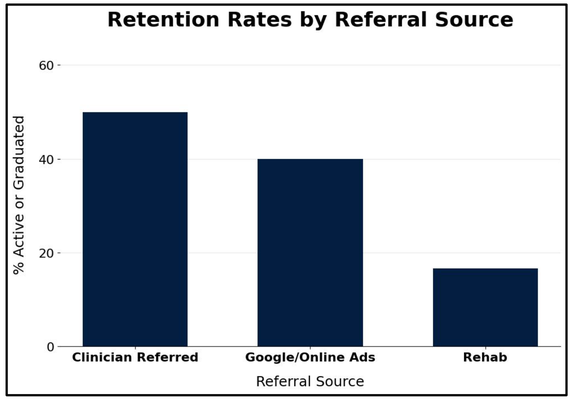

Figure 1. Retention Rates by Referral Source. This figure shows engagement outcomes across three referral pathways. Participants referred by clinicians (n=38) demonstrated the highest success rate, with **50%** being active or graduating. Those recruited via online advertisements (n=5) achieved a **40%** retention rate. In contrast, participants referred directly from SUD rehabilitation facilities (n=6) showed the lowest engagement at **16.7%**.

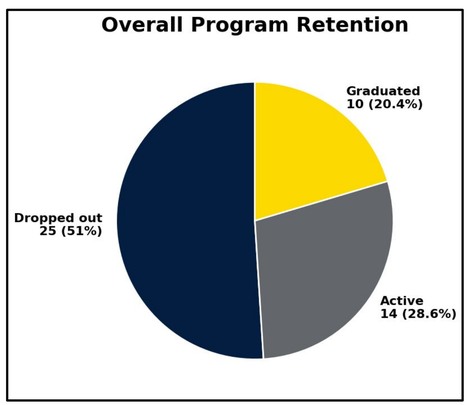

Figure 2. Overall Program Retention. This figure shows retention outcomes among analyzed participants between October 2022 and October 2025 (n=49). Overall, 51% dropped out, while 49% remained active or graduated..

Conclusion

- Applying a biopsychosocial model to nicotine addiction yields varying outcomes based on patient entry pathways
- Clinician-referred participants showed the highest engagement (50%), while SUD rehab referrals had significantly lower retention (16.7%)
- Post-rehab challenges, including unstable housing, unemployment and high-nicotine exposure in sober-living environments pose complex threats to abstinence
- Triple Track's virtual format likely reduced access barriers by mitigating transportation, caregiving, or other social factors that may limit care
  - Further study is needed to determine whether the high engagement rate among women (71%) is observed in other nicotine-use treatment programs
- **Future Directions**:
  - Explore integrating this model within longer-duration SUD rehab programs
  - Tailor treatment to provide protective discharge pathways for patients referred from inpatient rehab facilities, and for those with socioeconomic vulnerabilities including unstable housing, unemployment or lack of insurance

Acknowledgements

In deep gratitude to Dr. George Kolodner, owner of Triple Track and Jennifer Dorsey, Clinical Director, for their ongoing support of this research and lifelong dedication to patients working to achieve sobriety.

References

1. Centers for Disease Control and Prevention. Quitting smoking among adults—United States. MMWR Morb Mortal Wkly Rep. 2011;60(44):1513-1519. Accessed December 7, 2025. https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6044a2.htm

2. Syan SK, Belisario KL, Rahman L, et al. Smoking in substance use disorder patients: prevalence, comorbidities, impulsivity, and patterns of readiness to change. Nicotine Tob Res. 2025;27(10):1813-1822. doi:10.1093/ntr/ntaf089

3. Fiore MC, Jaén CR, Baker TB, et al. *Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline.* U.S. Department of Health and Human Services; 2008. Accessed December 7, 2025. https://www.ncbi.nlm.nih.gov/books/NBK63952/