



PENNSYLVANIA
Statewide Tobacco-Free
Recovery Initiative

IDENTIFYING AND ADDRESSING HEALTH DISPARITIES RELATED TO TOBACCO USE AMONG INDIVIDUALS WITH SUBSTANCE USE DISORDERS

Tony Klein, MPA, NCACII

TRWIPhiladelphiaTraining@gmail.com

The presenter has no real or perceived relevant financial relationships to the content of this presentation



Learning Objectives

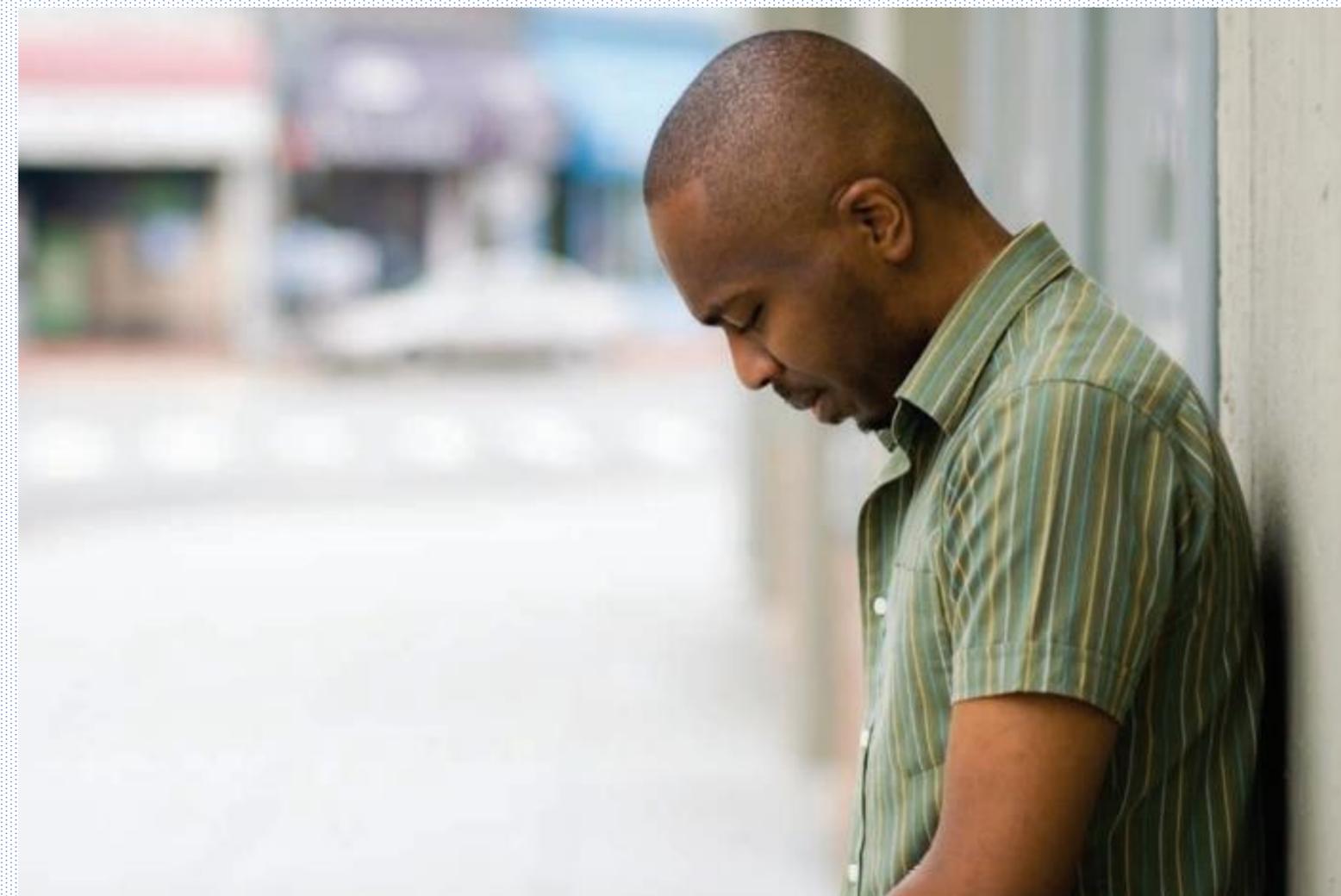
- Define the origin of prevailing tobacco-related social norms in the recovery and treatment culture.
- Identify and counter 6 harmful misconceptions that serve to sustain tobacco use.
- Cite 3 strategies to promote evidence-based tobacco use disorder interventions within a recovery-oriented framework.

Tobacco Industry Narrative

The tobacco industry has a long history of creating and reinforcing false beliefs that learning tobacco free coping skills is too stressful for individuals with behavioral challenges and doing so would negatively impact overall mental and SUD treatment outcomes.

Exploit individuals who experience elevated life stressors related to:

- Mental Illness
- Substance use disorders
- Discrimination due to race, ethnicity, sexual orientation
- Social stigma
- Trauma – adverse childhood experiences
- Poverty
- Youth – innocence, naivety



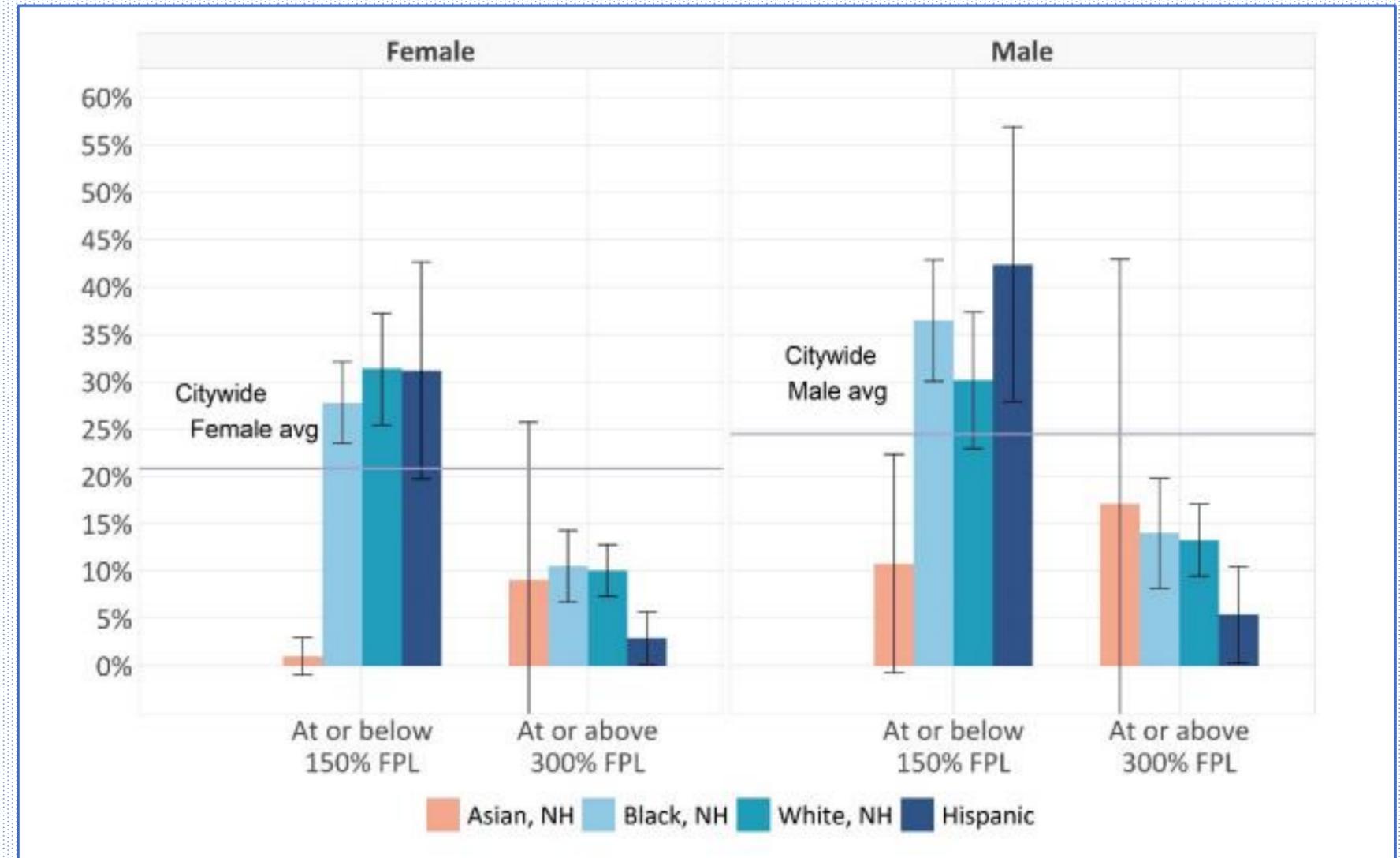
Tobacco Use And Poverty In Philadelphia

Philadelphia has one of the highest rates of smoking among American cities and is the poorest big city in America. Philadelphia Department of Public Health reports that the greatest concentration of tobacco use, and the related health disparities are found among one in four residents living in poverty, many of whom receive behavioral health services.

Smoking rates among those living in or near poverty, with incomes lower than 150% of the federal poverty line (150% FPL was equivalent to \$38,625 for a family of four in 2019), were higher than smoking rates among those with incomes equal to or greater than 300% of the federal poverty line (equivalent to \$77,250 in 2019).

This pattern held for men and women of all race/ethnicity groups, except for non-Hispanic Asian Philadelphians, for whom the sample size was too small to detect a meaningful difference by poverty status.

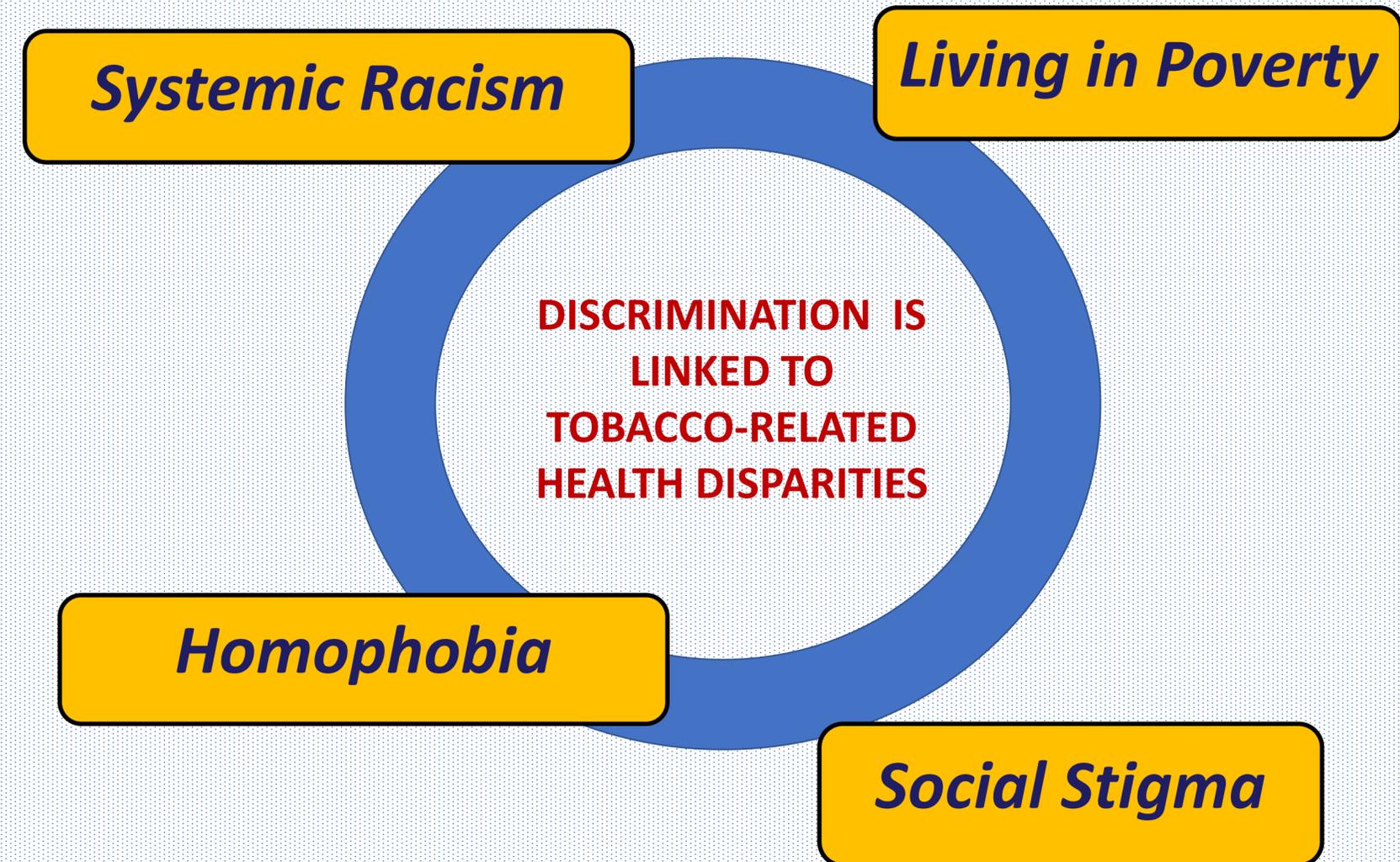
Cigarette smoking in Philadelphia by race/ethnicity and sex



Data source: The Behavioral Risk Factor Surveillance System (BRFSS), 2011 – 2019
Philadelphia Department of Public Health | July 2021

Tobacco Use is a Health Justice Issue

- When people experience severe or long-lasting forms of stress, their bodies respond by elevating stress hormones.
- When stress systems are on permanent high alert, health problems like high blood pressure, elevated heart rate, and anxiety develop.
- The experience and fear of prejudice and discrimination is a chronic source of stress for people who are part of marginalized social groups.
- The constant pressure of stress can lead people to start using tobacco as a way to relieve the stress, or to mask or manage symptoms of other health issues caused by stress.
- And, under the pressure of chronic stress, it's harder for people to stop using tobacco.



Robert Wood Johnson poll. *Discrimination in America: Experiences and Views on Effects of Discrimination Across Major Population Groups in the US, 2017.*

Tobacco Industry Targeting Strategy

- False claims to counter medical research findings
 - Deny findings
 - Create doubt
 - Reframe the narrative
- Bogus tobacco industry studies
- Aggressive advertising and sponsorship
- Donate cigarettes to initiate tobacco addiction

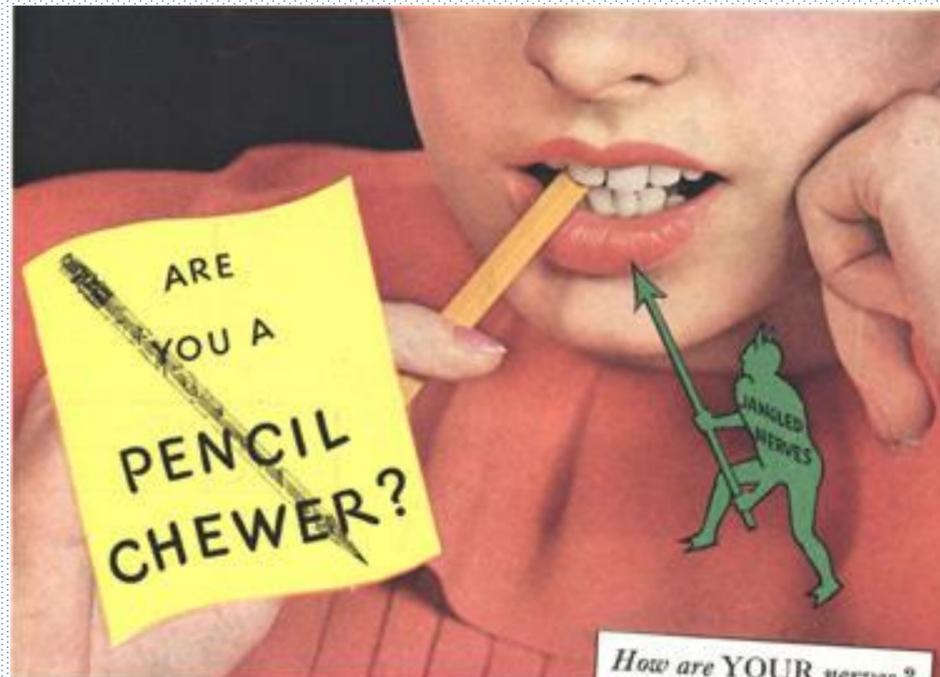
Harry Chibnik Advertising letter to American Tobacco Company, 111 Fifth Avenue, New York, NY, June 25, 1954

“That it is a fact that the life span of our people has increased in the past quarter century by about 12 years per person, and that is the same period of time, more people are enjoying the pleasure of smoking.

The average person not only obtains the enjoyment and contentment of his smoking pleasure, but during periods of minor stress will rely upon his favorite tobacco for relief of tension and for comfort.

The above facts written by an experienced advertising man should be very effective and convincing.”

Deceptive Advertising



Watch out for the telltale signs of jangled nerves

Other people notice them—even when you don't—little nervous habits that are the danger signal for jangled nerves. And remember, right or wrong, people put their own interpretations on them. So it pays to watch your nerves.

Get enough sleep—fresh air—recreation—and make Camels your smoke, particularly if you are a steady smoker. For remember, Camel's costlier tobaccos never jangle your nerves—no matter how many you smoke.



COSTLIER TOBACCOS
Camels are made from finer, MORE EXPENSIVE TOBACCOS than any other popular brand of cigarettes!

CAMELS

SMOKE AS MANY AS YOU WANT
...THEY NEVER GET ON YOUR NERVES

How are YOUR nerves?
TRY THIS TEST



See how quickly you can complete this test. With your left hand (or with your right hand, if you are left-handed) unbutton your vest beginning at the top. Now button it again, beginning at the top. If you use more than one hand you are disqualified. Average time for six-button vest is 22 seconds.

Jack Summers (Camel smoker), national professional tennis champion, completed this test in 19 seconds.

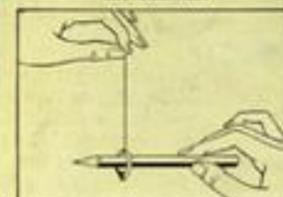
Copyright, 1935, R. J. Reynolds Tobacco Company

IT TAKES HEALTHY NERVES
TO BE A FOOTBALL REFEREE



(Above) If YOU WANT TO SEE nerve strain, look at "Mike" Thompson's job—refereeing tons of football games, seeing every detail but never getting in the players' way!

How are YOUR nerves?
TRY THIS TEST



Write one end of a short string to a finger ring. Write a second person's name starting at each's length above shoulder. The test is for you to make a full-size writing downward and up—and try to get a pencil held 3 inches from the body, through the ring, good performance is being accomplished in the first 3 tries.

Steady Smokers turn to Camels

M. J. ("Mike") Thompson, football's most famous referee, is a steady smoker who has to keep healthy nerves. He says: "Because nothing can be allowed to interfere with healthy nerves I smoke Camels. I have tried them all—given every popular brand a chance to show what it can offer. Camels don't upset my nerves even when I smoke constantly. And the longer I smoke them the more I come to appreciate their softness and rich flavor." Many smokers have changed to Camels and found that they are no longer nervous... irritable... "jumpy." Switch to Camels yourself. Smoke them steadily. You will find that Camels do not jangle your nerves—or live your taste.

CAMEL'S COSTLIER TOBACCOS



IT IS MORE FUN TO KNOW
Camels are made from finer, MORE EXPENSIVE tobaccos than any other popular brand.

—THEY NEVER GET ON YOUR NERVES

What every woman should know about her nerves



YOU and the racket spirit have something important in common. A complicated nervous system, highly strung! But the racket is kinder to his nerves... is easy... especially to rest. And you??? All day, you probably go without a rest let-up... household duties, social activities, each with its own contribution to nervous tension. Your nerves can stand as much—and be more so, when you feel yourself getting jumpy or irritable, just

run up and smoke a Camel. You'll find Camels so mild—pleasantly soothing and comforting to the nerves. Make it a point to "Let up... light up a Camel." Notice the difference in the way you feel at the end of the day. Nervous tension—unrelieved—can daily life far more enjoyable. So keep Camels handy—for their soothing because by your frequent reminder that your nerves enjoy a rest when you "Let up... light up a Camel."

These happy busy people find more joy in living because they "Let up—light up a Camel"



"A NEWSPAPER JOB is one of the most important after market," says Eudora Kavan, writer on a New York daily. "Honestly, I'd feel like a wretch if I didn't let up now and then. I run up frequently and smoke a Camel. Camels soothe my nerves. A bit of rest with a Camel helps me work better!"

RALPH GILBERT, U.S. Open golf champion, reveals a lot of the "inside" story of his steady nerves. "I don't have to worry about my nerves. I've learned to ease up now and then—to take time for a Camel. And I've discovered that Camel is a cigarette that is actually soothing to my nerves!"



LET UP—LIGHT UP A CAMEL!

Smokers find Camel's Costlier Tobaccos are Soothing to the Nerves

Cultivate Myths to Exploit

Cigarettes “help people to cope with stress.”

- Smoking a cigarette to relieve nicotine withdrawal, which can mimic the feelings of anxiety. The “sense of relief” is interpreted as being calming even though physical stress is increased.
- Smoking and SUD/psychiatric symptoms influence each other.

Immediately after exposure to nicotine, there is a "kick" caused in part by the drug's stimulation of the adrenal glands and resulting discharge of epinephrine...

- Release of adrenaline
- Increase to blood pressure
- Stimulate heart rate
- Constriction to blood vessels
- Reduce oxygen supply increasing stress to heart
- Bronchospasm - tightening of the muscles that line the airways

20th Century Beliefs

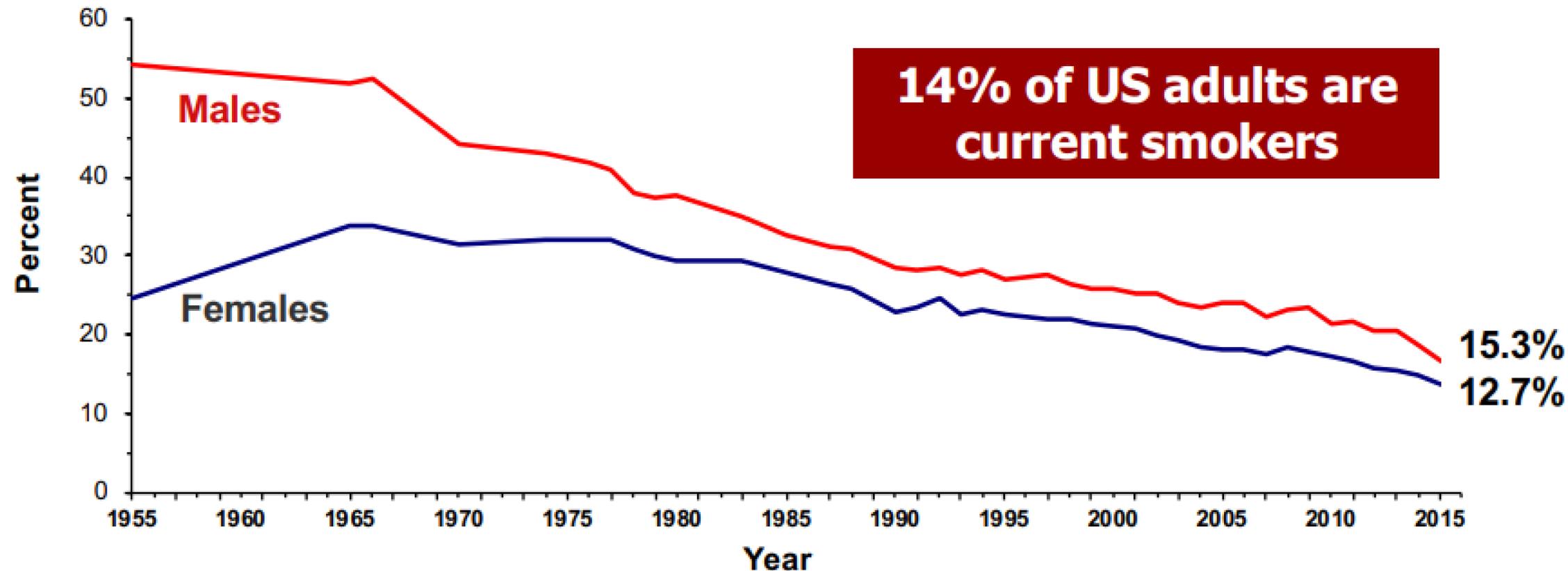
The tobacco industry narrative passed down over the years clearly continues to influence our views and decision-making.

- First Things First – we need to be in recovery for at least 12-months before stopping our smoking.
- It's not a problem – it's legal and you don't get high from smoking a cigarette.
- Smoking calms me down when I'm anxious.
- I need to smoke to manage my anger.
- My NA sponsor told me that I shouldn't stop smoking.
- If I stop smoking, I'll start to get high again.
- Everyone I know in long-term recovery smokes cigarettes.
- Smoking is helpful to connect with others and create a network of recovery supports.



Tobacco Use Rates

Trends in cigarette current smoking among persons aged 18 or older

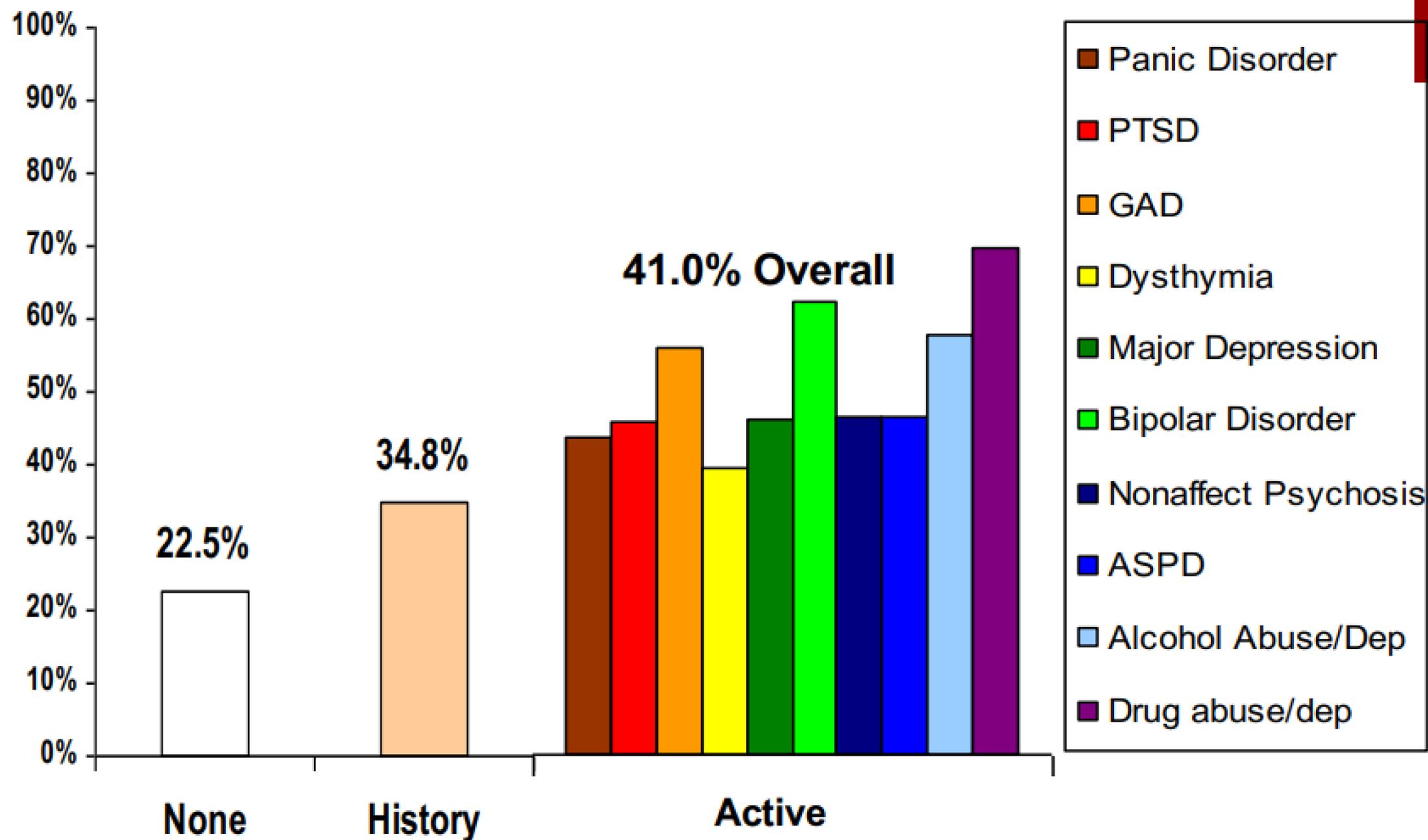


40 Million US Adult Smokers CDC, 2020

Graph provided by the Centers for Disease Control and Prevention. 1955 Current Population Survey; 1965–2019 NHIS. Estimates since 1992 include some-day smoking.



Tobacco Use Rates by Psychiatric History

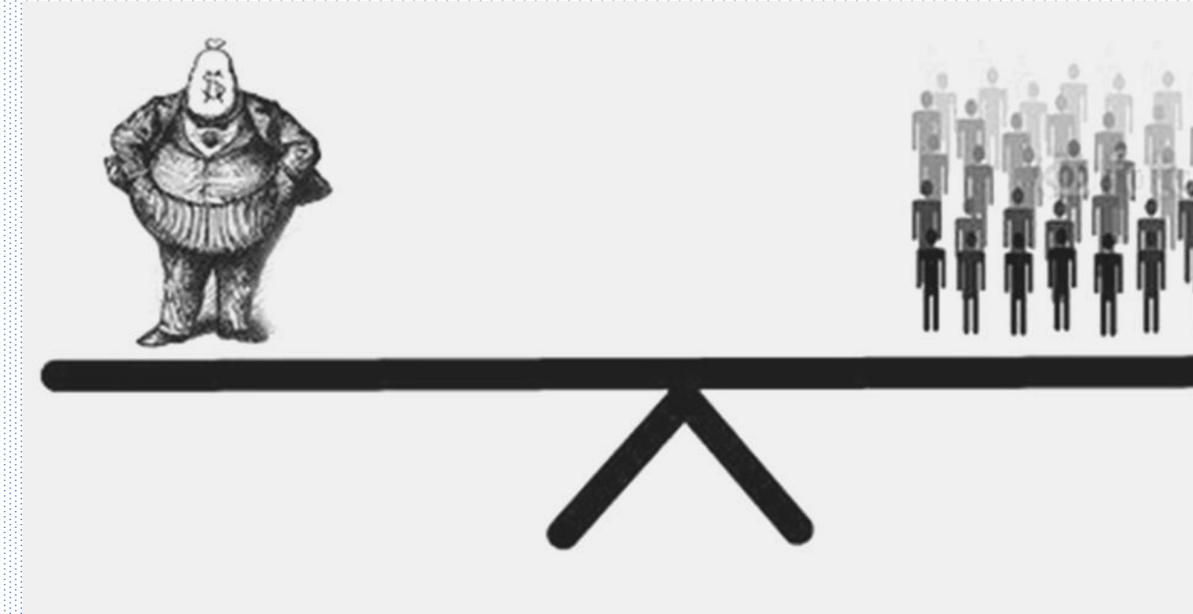


STANFORD PREVENTION
RESEARCH CENTER
the science of healthy living

National Comorbidity Survey 1991-1992
Source: Lasser et al., 2000 JAMA

ADULTS WITH MENTAL OR SUBSTANCE USE DISORDERS REPRESENT 25% OF THE POPULATION
YET CONSUME OVER 40% OF ALL THE CIGARETTES SMOKED

- Greater use of addictive cigarettes, cigars, and vapes
- Greater severity of tobacco addiction
- Greater tobacco-related illness and death
- Disproportionate economic burden
- Ongoing targeting by the tobacco industry
- Inadequate access to evidenced-based tobacco use disorder treatment



Tobacco Use Disparity Group – Behavioral Health Population

Source: Williams et al. Smokers with behavioral health comorbidity should be designated a tobacco use disparity group. American Journal Public Health. 2013 Sep; 103(9):1549-55.

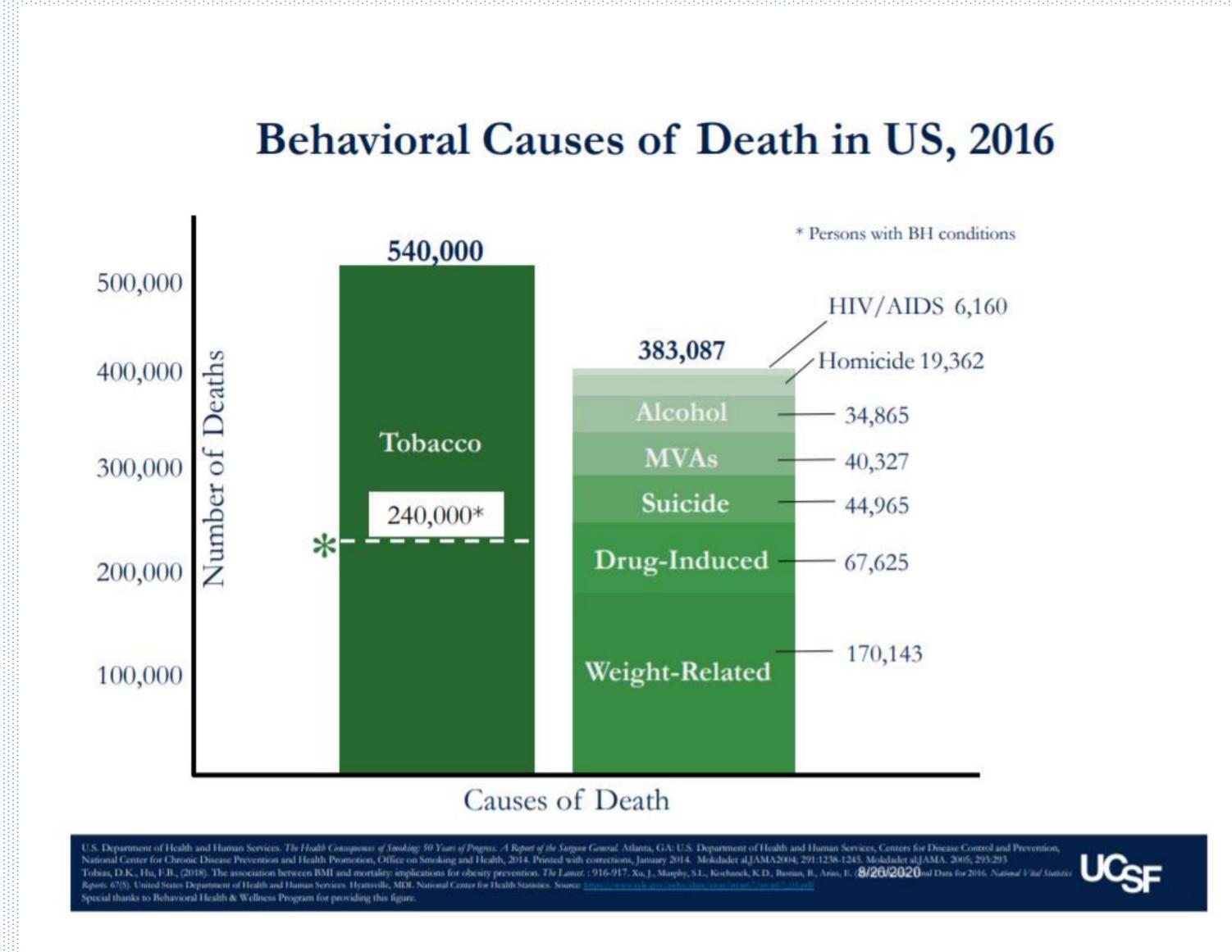
Tobacco-Related Disease & Death

Over 240,000 of the 540,000 annual deaths are individuals with mental and/or substance use disorders.

Centers For Disease Control and Prevention, 2016

Tobacco use kills two times as many people as drug overdoses and eight times as many people as gun homicides in Philadelphia.

Philadelphia Department of Public Health, 2016



Many of the pioneers of addiction treatment and recovery mutual aid societies died of tobacco-related disorders

- Bill Wilson (emphysema) and Dr. Robert Holbrook Smith (cancer), co-founders of Alcoholics Anonymous.
- Mrs. Marty Mann (cancer), founder, National Council on Alcoholism and Drug Dependence;
- Danny C. (cancer) and Jimmy K. (emphysema and cancer), key figures in the founding of Narcotics Anonymous.
- Charles Dederich (cardiovascular disease), founder of Synanon.
- Dr. Marie Nyswander (cancer), co-developer of methadone maintenance.
- Senator/Governor Harold Hughes (emphysema), sponsor of landmark alcoholism treatment legislation and founder of the Society of Americans for Recovery.

Tobacco Use Disorder

PHYSICAL

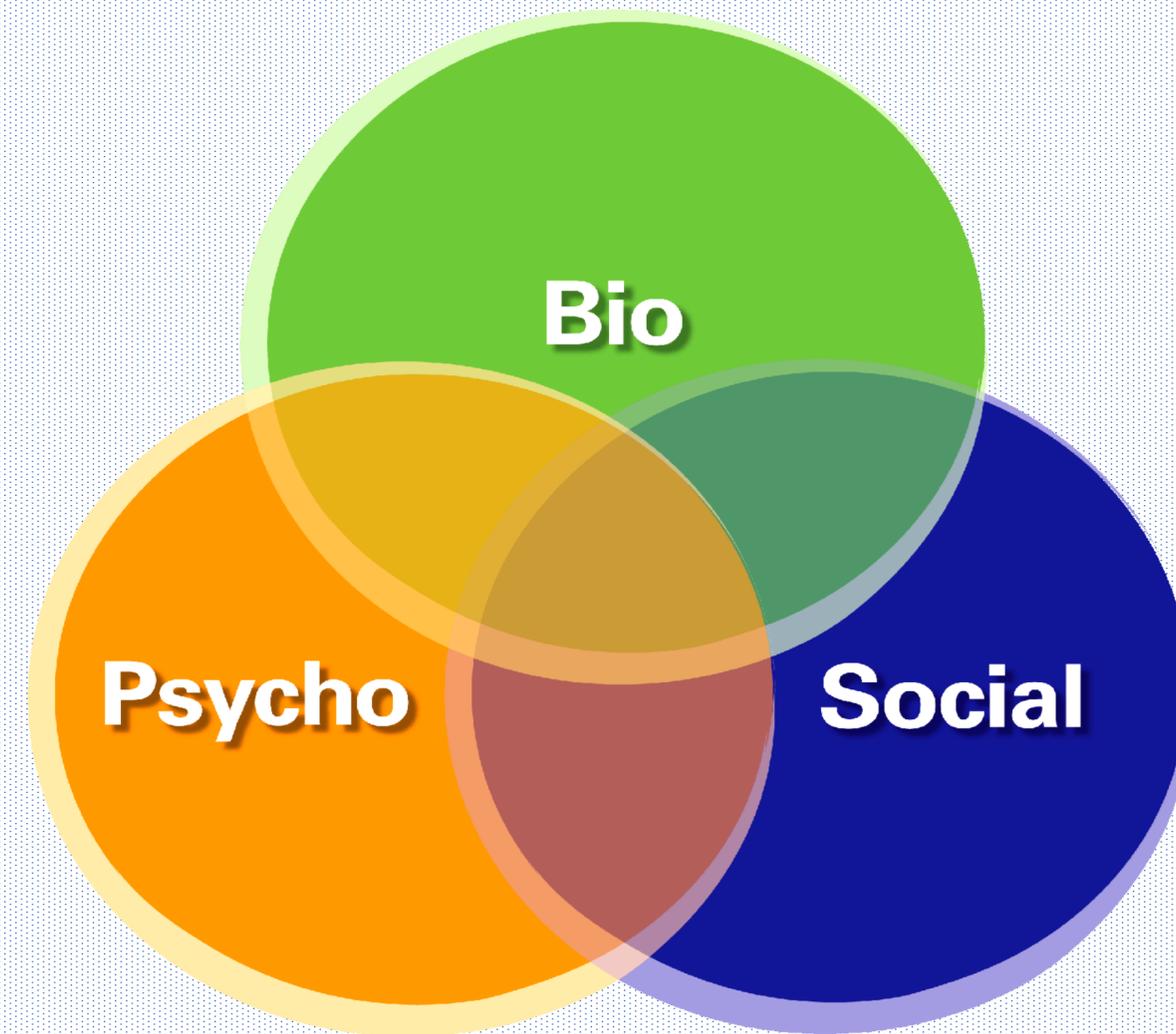
- Nicotine dependence

BEHAVIORAL

- Routines & Rituals
- Environmental triggers

EMOTIONAL

- Mood-regulation
- “Relationship”



Nicotine: Priming Addiction Pathways

Denise Kandel, Eric Kandel & Amir Levine
Columbia University, 2011





DID YOU KNOW?
MORE THAN 7,000
CHEMICALS
ARE FOUND IN A
SINGLE PUFF
OF CIGARETTE
SMOKE



Freebasing

FREEBASING IS A METHOD OF USING A DRUG TO INCREASE ITS POTENCY

COCAINE

Cocaine is made from two chemicals, which make up its base:

- Alkaloid (base)
- Hydrochloride (salt)

Freebasing changes the structure by removing the cocaine base from the salt form.

The user puts the base form of the drug in a glass pipe with sodium bicarbonate to “free from its base,” and heats it until it boils.

The end product is smokable crystal rocks = crack.

The inhaled vapors results in a faster, more intense high.

NICOTINE

Cigarettes are a form of freebased nicotine.

Freebasing nicotine makes it easier for the drug’s chemicals to cross the body’s membranes.

Tobacco companies add ammonia in the form of diammonium phosphate to the tobacco mix to make nicotine more bioavailable to the brain.

Cigarettes are engineered to promote addiction, not intoxication.



SUD Bidirectional Relationship

Nicotine primes addiction pathways. ... [and] affects activation of the mesolimbic dopamine system the same as alcohol, opiates, cocaine, and marijuana.

Kendel & Levine 2011

Smoking and tobacco craving are strongly associated with the use of and craving for cocaine and heroin. Data suggests that tobacco and cocaine may each increase craving for, and likelihood of continued use of themselves and each other.

DH. Epstein et. al., *Tobacco, cocaine, and heroin: Craving and use during daily life*. *Addictive Behaviors*, 35(4):318-24. April 2010

In the current context of rising demand for opioid addiction treatment, it is noteworthy that nicotine and opioid addictions are mutually reinforcing, whereas tobacco use disorder treatment is associated with long-term abstinence after opioid treatment.

Marynak et al. *CDC Morbidity and Mortality Weekly Report*, May 11, 2018

Research indicates that targeting tobacco use during substance use treatment can improve abstinence rates from both tobacco and other substances. In fact, combining treatments is the most effective way to address multiple co-occurring substance use disorders.

USDHHS. *Alcohol and Tobacco*. National Center for Chronic Disease and Health Promotion, 2007

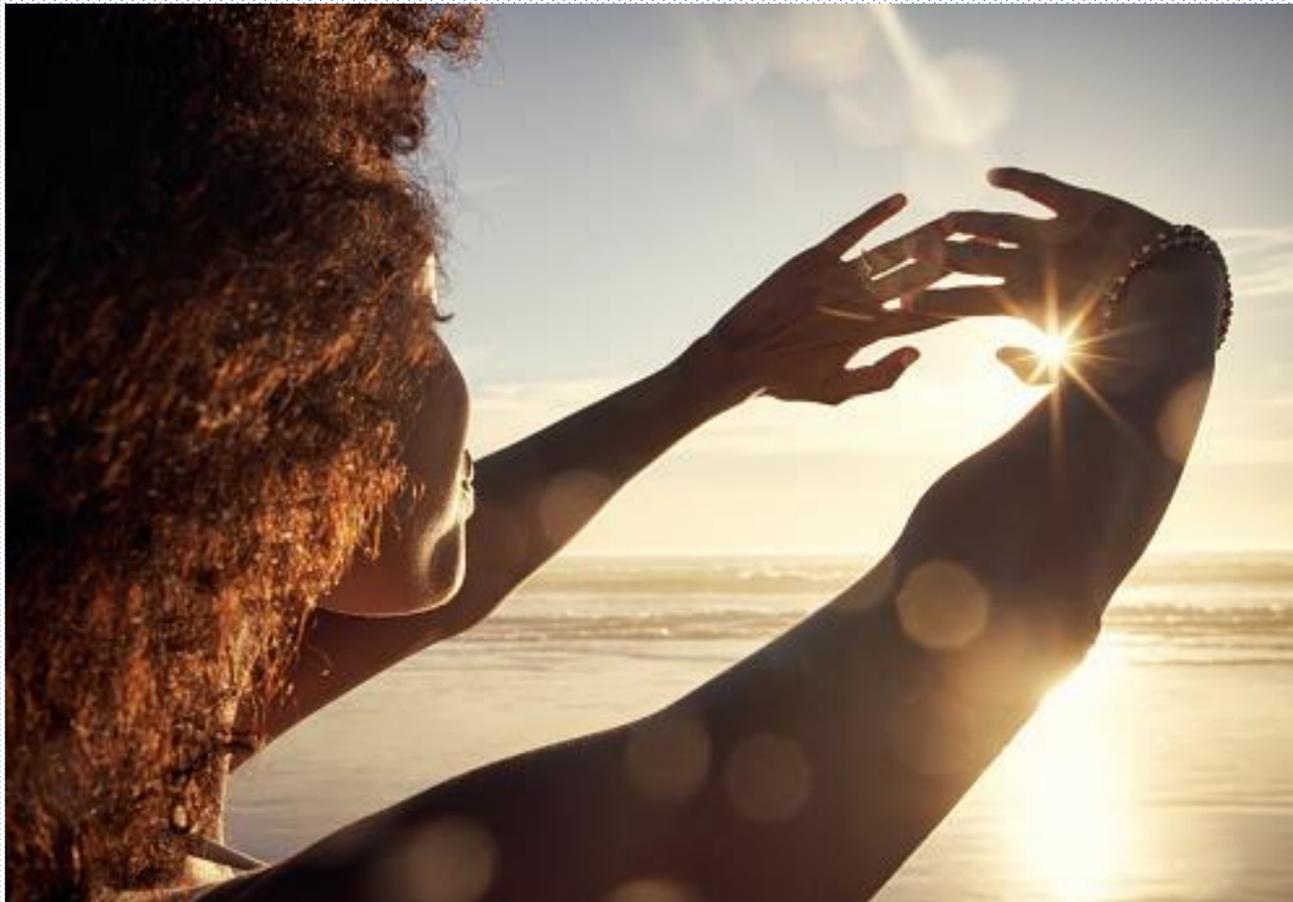
What is the Problem?

UNTREATED TOBACCO USE DISORDER IN THE BEHAVIORAL HEALTH SETTING SUSTAINS ALCOHOL AND ILLICIT DRUG USE AND OTHER SELF-HARM BEHAVIORS

- Tobacco Use Disorder is not a separate issue. For most, tobacco use is fundamental to drug use ritual and is associated with increased symptoms of mental illness.
- Smoking and psychiatric symptoms influence each other.
- Nicotine addiction and opioid addiction are mutually reinforcing.
- Smoking may serve as a stimulus to other substance use and reinforces substance abuse coping beliefs.
- Smoking is a lethal and ineffective long-term coping strategy for managing stress.

Pennsylvanians with Mental and Substance Use Disorders Deserve Treatment that:

A just society ensures that no person— regardless of race, ethnicity, financial status, or their life experiences—is exposed again and again to things that we know are harmful.



- Promotes hope to improve their health and wellness
- Contributes to living a self-directed life and strive to reach their full potential
- Recognizes that tobacco interventions are safe and enhances overall recovery
- Provides equitable access to evidence-based interventions
- Addresses health disparities in our community

Advocacy Efforts



- Create Awareness – challenge the 20th Century beliefs.
- “Denormalize” tobacco use behavior within the recovery and treatment community.
- Provide evidence-based tobacco use disorder treatment.
- TALK ABOUT IT!



Reframe Language

The language we use is fundamental in creating environments conducive to a recovery process. – Bill White

Common Terminology

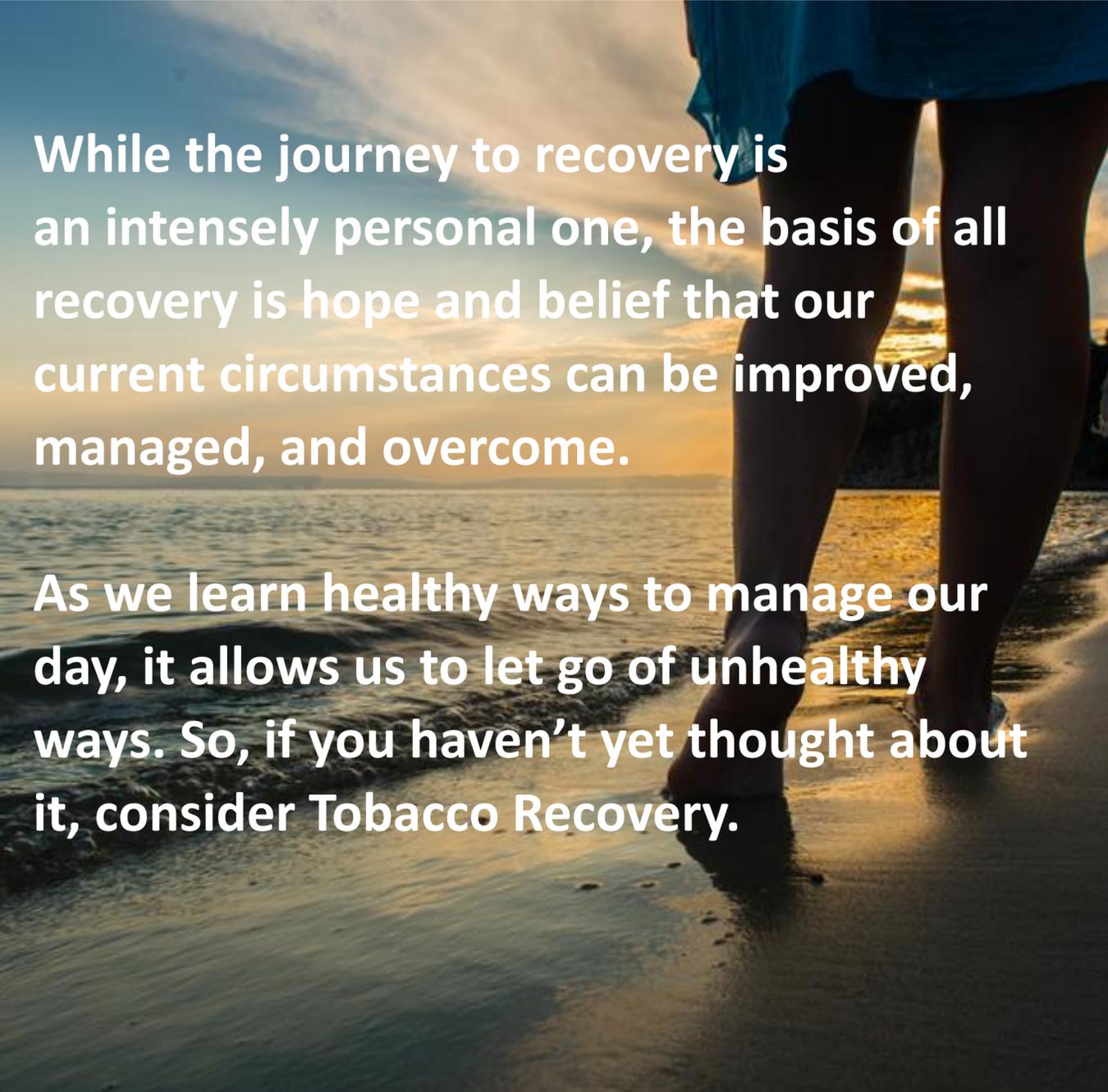
- Smoking
- Smoker
- Quit Date
- Habit
- Cessation

Preferred Terminology

- Tobacco Use Disorder
- Person with a Tobacco Use Disorder
- Recovery Start Date
- Chronic Disorder
- Tobacco Treatment, Recovery

September is Recovery Month

Consider Tobacco Recovery in Your Journey



While the journey to recovery is an intensely personal one, the basis of all recovery is hope and belief that our current circumstances can be improved, managed, and overcome.

As we learn healthy ways to manage our day, it allows us to let go of unhealthy ways. So, if you haven't yet thought about it, consider Tobacco Recovery.

Learning tobacco-free coping skills can:

- decrease depression, anxiety, and stress
- increase positive mood and quality of life
- boost self-confidence and self-image
- improve physical health and wellness
- enhance the probability of long-term abstinence of alcohol and other drugs

Taylor et al. Change in mental health after smoking cessation: systematic review and meta-analysis. BMJ 2014

Embrace Life!

Be Physically, Emotionally & Spiritually Healthy... Be Alcohol, Tobacco & Drug-Free

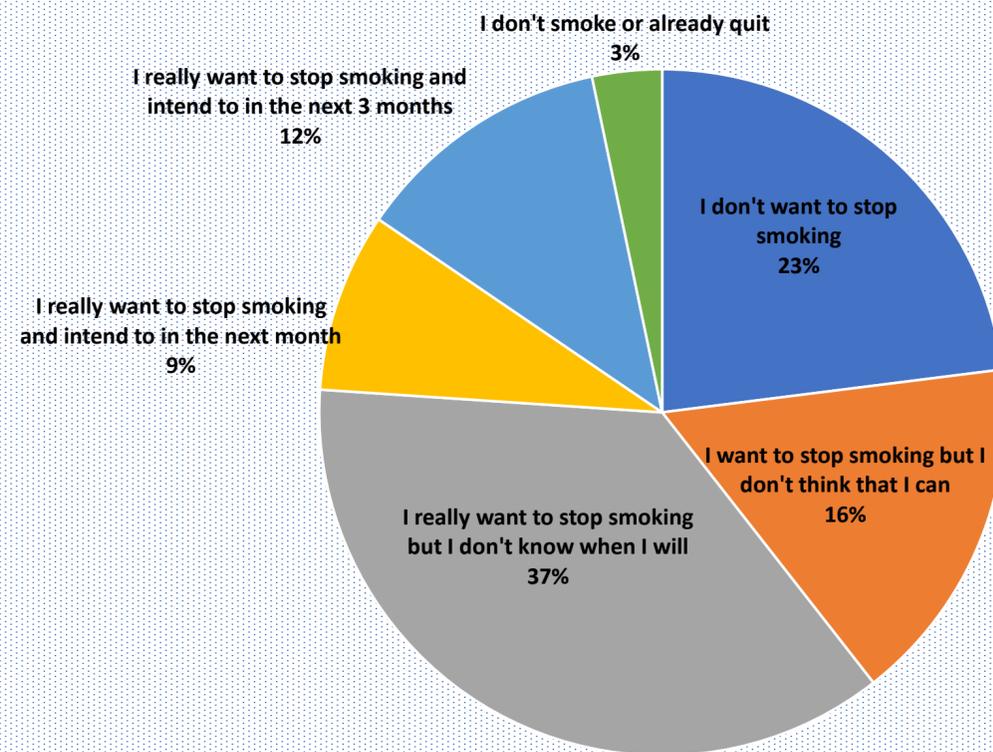


Client Interest vs. Provider Perception

CLIENT SURVEY n=239

Please read the following 6 statements and then check one that best reflects your thinking.

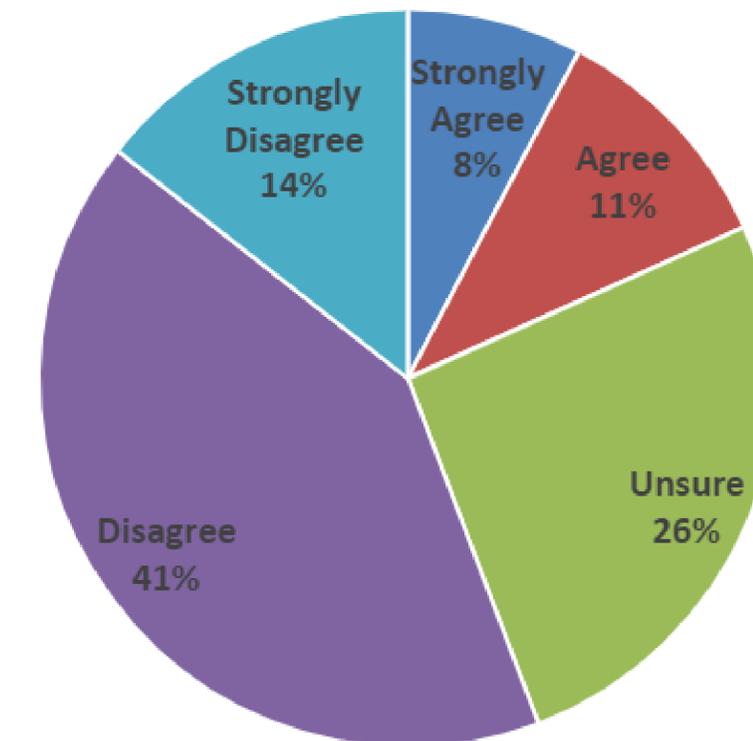
3 out of 4 are interested.



PROVIDER SURVEY n=107

The majority of clients in drug and alcohol treatment are interested in stopping their tobacco use.

Only 2 out of 10 agree or strongly agree.



Evidence-Based Treatment



- The best abstinence outcomes are provided when tobacco treatment is integrated into ongoing care, combining pharmacotherapy, motivational enhancement interventions and cognitive-behavioral therapies tailored to the needs of people with mental and substance use disorders.

Fiore, M. C., Jaén, C. R., Baker, T. B., Bailey, W. C., Benowitz, N. L., Curry, S. J., et al. 2008
Treating Tobacco Use and Dependence: 2008 update. Clinical Practice Guideline. Rockville, MD. PHS, USDHHS.

Evidence-Based Treatment

Tobacco Use Disorder treatment tailored to the needs of people with mental and substance use disorders



- Recovery-Oriented Model
- Integrated into Existing Care Components (screening, diagnosing, charting, pharmacotherapy)
- Practical Counseling (problem/skills training)
- Social support delivered as part of treatment

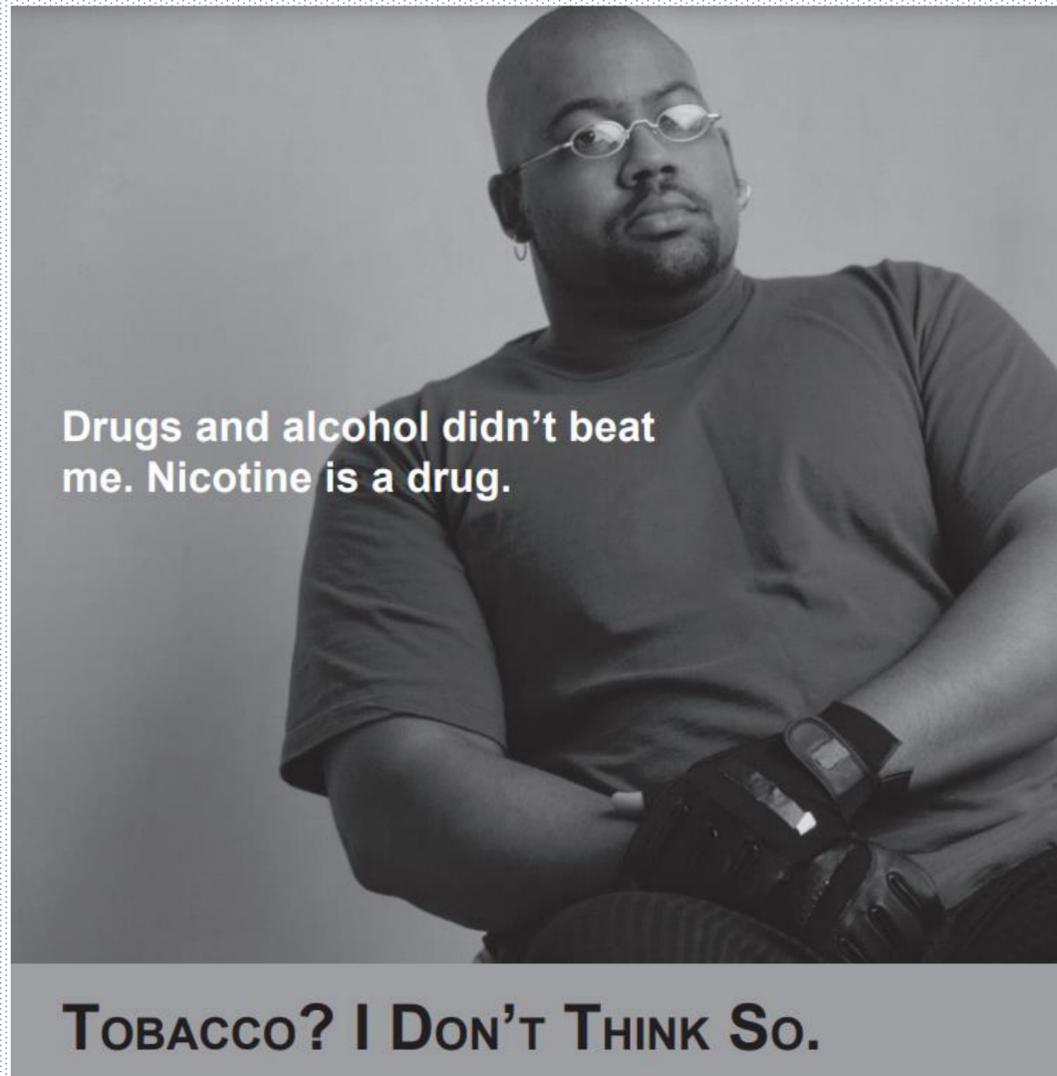
Hitsman et al., *Canadian Journal of Psychiatry*, 2009.

Treatment of Tobacco Dependence in Mental Health and Addictive Disorders.

Fiore, M. C., Jaén, C. R., Baker, T. B., Bailey, W. C., Benowitz, N. L., Curry, S. J., et al. 2008

Treating Tobacco Use and Dependence: 2008 update. Clinical Practice Guideline. Rockville, MD. PHS, USDHHS.

Addressing Tobacco Improves Treatment Outcomes



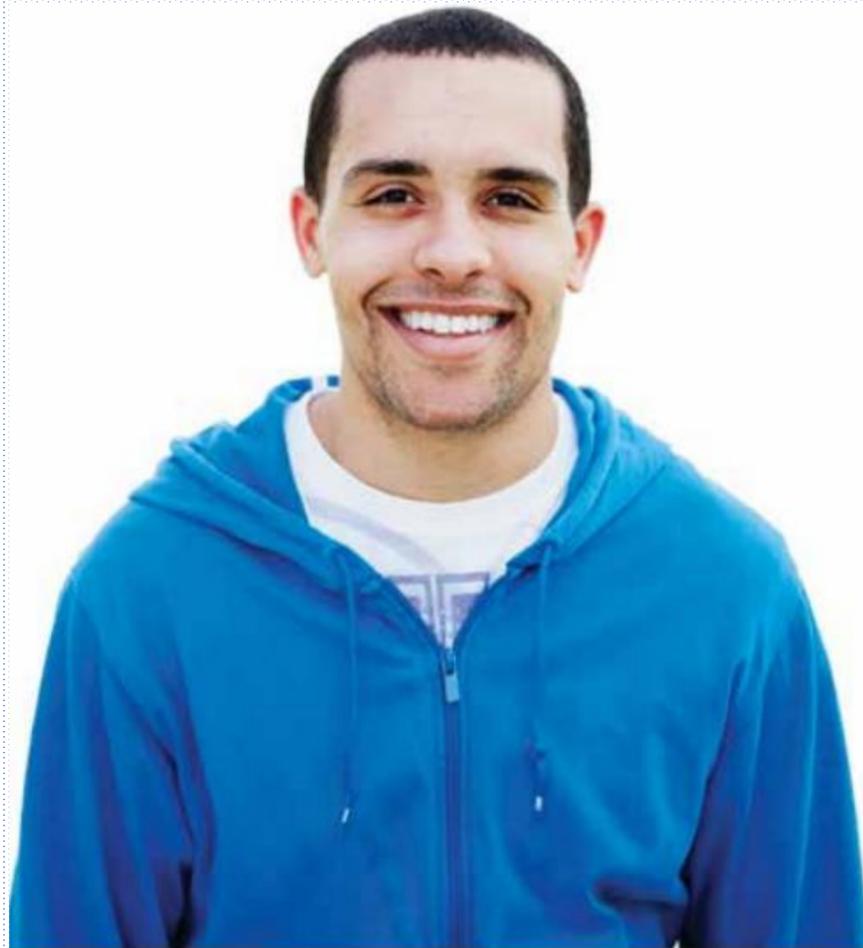
- Considerable research indicates that tobacco use disorder treatment does not interfere with recovery from other substances.
- Tobacco use disorder treatment during drug and alcohol treatment was associated with a 25% increased likelihood of long-term abstinence from alcohol and illicit drugs.

Fiore et al. 2008. *Treating Tobacco Use and Dependence. Clinical Practice Guideline.* Rockville, MD. PHS, USDHHS. 2008.

Prochaska et al., *Journal of Consulting and Clinical Psychology*, 2004.

Meta Analysis of 19 Randomized Control Trials with Individuals in Current Treatment or Recovery.

Addressing Tobacco Improves Treatment Outcomes



Reviewed 24 studies published from 2006 to 2016

- Tobacco abstinence has a positive effect on substance use outcomes.
- Tobacco treatment should be offered to any individual who reports substance use.
- Not offering tobacco treatment in SUD treatment is tantamount to increased harm.

K. McKelvey, J. Thrul, D. Ramo, [Impact of quitting smoking and smoking cessation treatment on substance use outcomes: An updated and narrative review. Addictive Behaviors, Volume 65, February 2017, Pages 161-170](#)



Proposed Tobacco Recovery *is* Recovery Learning Collaborative and Training Series

GOAL:

To integrate tobacco interventions into opioid use disorder treatment in an effort to maximize OUD treatment outcomes, reduce tobacco-related health disparities, and promote long-term recovery.

OBJECTIVES:

- Partner with PERU, the COE OUD provider network, PA recovery organization alliance, and other identified stakeholders to form a learning collaborative and training series.
- Advance a data-driven, 3-phase process to develop, implement, and sustain evidence-based tobacco interventions into OUD treatment services.
- Ensure that tobacco interventions align with harm reduction strategies and existing OUD treatment.

Tobacco Recovery *is* Recovery

Learning Collaborative and Training Series

Phase 1: Analysis

Establish consensus on an understanding of the rationale/purpose

Stakeholder Baseline Data

- Knowledge
- Attitudes / Beliefs
- Practice

Provider Resources

- Review of baseline data to determine gaps and provider capacity

Phase 2: Build Infrastructure

Develop a Shared Vision

Workplan and timeline

Education and training

Culture change strategy

Tobacco policy and procedure guidelines

Evidence-based Tobacco Use Disorder standards and practice guidelines

Evaluation Metrics & Pilot Sites

Phase 3: Implementation

Provide Technical Assistance

- Preparation
- Program integration
- Sustainability

Provider coaching

Evaluation - Monitor Progress

- Tobacco use denormalization
- Utilization of clinical interventions

Lessons Learned

- QI process

Tobacco Recovery *is* Recovery Training Series

- **The Rationale for Addressing Tobacco in Behavioral Health Services**
- **A Matter of Health Justice - Tobacco Industry Targeting People with Behavioral Challenges**
- **Recovery-Oriented Tobacco Use Disorder Engagement and Social Support – a program for peer navigators**
- **The Practical Application of Motivational Interviewing in the Delivery of Tobacco Use Interventions**
- **Pharmacologic Tobacco Use Disorder Treatment**
- **Tobacco Use Disorder Behavioral Counseling Tailored to Individuals with Mental and Substance Use Disorders**



You're starting a new life in recovery. Learn how to make it last.

Tobacco Recovery *is* Recovery.

Tobacco treatment improves your chance of long-term sobriety from drugs and alcohol. Get help at tobaccofreerecoverypa.com and **1-800-QUIT-NOW**.



Talk About it!

Tobacco recovery is safe, achievable, reduces social stigma, enhances mental and physical health, and quality of life.



“When I stopped living in the problem and began living in the answer, the problem went away.”

Big Book of Alcoholics Anonymous

Thank You

PA STFRI is supported by the Pennsylvania Department of Health through a grant from Centers for Disease Control and Prevention



**PENNSYLVANIA
Statewide Tobacco-Free
Recovery Initiative**

tobaccofreerecoverypa.com