**COE Learning Network:** Tobacco Use and Health Disparities

**Presenters:** Tony Klein; Bill Stauffer

**Date and Time:** 12/14/2022-12:00-1:15 pm

**Location:** Virtual Training (on Zoom)

**Host:** University of Pittsburgh, School of Pharmacy, Program and Evaluation Unit (PERU)

**Target Audience:** Centers of Excellence Leadership and Staff

**Training 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.

**Agenda:**

1. Tobacco industry narrative
	1. Tobacco use as a social justice issue
		1. Poverty
		2. Racism
		3. Homophobia
		4. Stigma
	2. Tobacco industry targeting strategy
		1. Deceptive advertising
		2. Historical myths from the tobacco industry
		3. Myths that continue to the present day
2. Tobacco use rates
	1. Tobacco use and psychiatric history
	2. The disparity of tobacco use
	3. Death and disease related to tobacco use
3. Tobacco use disorder
	1. Mechanics
4. Substance use disorder and tobacco use
	1. Mental health and substance use
5. What can we do?
	1. Advocacy
	2. Reframe language
	3. Consider tobacco recovery
	4. Evidence-based treatment
6. Next steps
	1. Training series
	2. Other learning opportunities

**Post-Test Questions:**

1. Why is the rate of tobacco use among individuals with mental and substance use disorders three times greater than what is found in the general population?
	1. Tobacco use is a prime form of socialization in behavioral health settings
	2. Poverty, social stigma, trauma, and discrimination is linked to tobacco use
	3. Cigarette smoking is often fundamental to the behavioral rituals of using alcohol and other drugs
	4. Treatment providers have traditionally not viewed treating tobacco as a part of their scope of practice
	5. **All of the above**
2. What has been shown to be the most effective strategy to provide tobacco interventions in SUD services?
	1. Hang pictures of diseased lungs on clinic bulletin boards
	2. Advise clients to talk to their primary care physician about quitting
	3. **Integrate a recovery-oriented systems approach to treat tobacco use disorder into existing programming combining pharmacotherapy, behavioral counseling, and social supports**
	4. Routinely offer information on community smoking cessation groups
	5. Encourage the use e-cigarettes
3. How do people benefit from including tobacco abstinence in their personal program of recovery?
	1. Greater opportunity to fully embrace healthy coping skills
	2. Improvement in physical health, wellness, and self-esteem
	3. Increased potential for long-term sobriety
	4. Reduced exposure to social stigma
	5. **All of the above**
4. What is the primary goal of Pennsylvania’s efforts to address tobacco in SUD services?
	1. Deprive people of their right to smoke
	2. **Further advance a culture of wellness, resilience, and self-determination for people in recovery by helping providers to denormalize tobacco use in their treatment settings and to provide evidenced-based tobacco interventions**
	3. Impose unrealistic expectations on people who are not capable of quitting smoking
	4. Make demands on treatment providers
	5. All of the above
5. True or False: Reframing the term “smoking cessation” to “tobacco recovery” helps to integrate tobacco interventions in a recovery-oriented culture of behavioral health services.
	1. **True**
	2. False
6. Link: [https://www.surveymonkey.com/r/Q88FRQH](https://nam12.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.surveymonkey.com%2Fr%2FQ88FRQH&data=05%7C01%7CJAB567%40pitt.edu%7C3c0acf8114dc40824dd908dabb4cf118%7C9ef9f489e0a04eeb87cc3a526112fd0d%7C1%7C0%7C638028236393662301%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=maoaYG60h%2F82sG74JoyucBW3NN5PDoZtlvDfNsjipxk%3D&reserved=0)

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