



PERxU

Program Evaluation and Research Unit

# Tobacco Use in Behavioral Health: Continuing the Discussion

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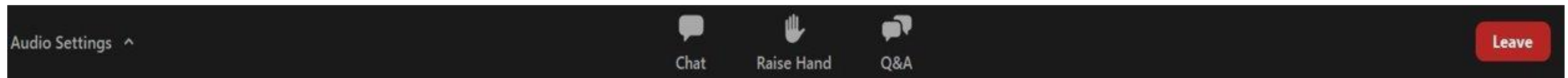
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# Welcome!

**While we wait to start, please review ways to navigate this webinar.**

If you move your **cursor** to the **bottom** of **your screen** you will see a **menu**.



This menu allows you to **control**:

- **Raise Hand**
- Access to the **Chat** box
- Access to the **Q & A** box

Video options are not available for participants. Participants can be unmuted by raising their hand and being recognized by the presenter.

# Housekeeping

- This session is being **recorded** and will be available on Tomorrow's Healthcare. Ask your PERU point of contact for an account if needed.
- Chat your questions to “**All Participants**” throughout the session.
- **Your feedback matters!** Please complete the evaluation and post-test at the end of the webinar to receive continuing education credit and to help us improve future trainings.



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# Mutual Agreement

- Everyone on every PERU webinar is **valued**. Everyone has an expectation of **mutual, positive regard** for everyone else that respects the **diversity** of everyone on the webinar.
- We operate from a **strength-based, empathetic, and supportive** framework – with the people we serve, and with each other on PERU webinars.
- We encourage the use of **affirming language** that is not discriminatory or stigmatizing.
- We treat others as **they** would like to be treated and, therefore, avoid argumentative, disruptive, and/or aggressive language.



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# Mutual Agreement (continued)

- We strive to: **listen** to each person, avoid interrupting others, and seek to **understand** each other through the Learning Network as we work toward the highest quality services for COE clients.
- Information presented in Learning Network sessions has been vetted. We recognize that people have different opinions, and those **diverse perspectives** are welcomed and valued. Questions and comments should be framed as **constructive feedback**.
- The Learning Network format is **not conducive to debate**. If something happens that concerns you, please send a chat during the session to the panelists and we will attempt to make room to address it either during the session or by scheduling time outside of the session to process and understand it. Alternatively, you can reach out offline to your PERU point of contact.



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# Evaluation Summary

## COE Learning Network: Tobacco Recovery

### December 14th, 2022

Total Number of Attendees: 69

Total Number of Responses: 44

Response Rate: 63.8%

Please provide the following information about the training materials	Strongly Agree	Agree	Disagree	Strongly Disagree	No Response
The training content is relevant to my job	45% (n=20)	45% (n=20)	2% (n=1)	2% (n=1)	5% (n=2)
I plan to use what I learned on the job.	41% (n=18)	48% (n=21)	5% (n=2)	2% (n=1)	5% (n=2)
The content will help the COE program move forward.	41% (n=18)	48% (n=21)	5% (n=2)	2% (n=1)	5% (n=2)
The training increased my knowledge about the content presented.	43% (n=19)	48% (n=21)	2% (n=1)	2% (n=1)	5% (n=2)



PENNSYLVANIA  
Statewide Tobacco-Free  
Recovery Initiative



# Evaluation Summary

## COE Learning Network: Tobacco Recovery

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**Total Number of Attendees: 69**

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**Response Rate: 63.8%**

What additional materials, resources, or training opportunities do you think would be beneficial to your COE?	<ul style="list-style-type: none"> <li>I myself believe my SUD started with Tobacco use. As a person in long term recovery myself I still struggle with not using Tobacco. I think this is crucial to those entering treatment and aftercare to address as part of long-term SUD recovery.</li> <li>The biggest thing that stuck out to me was using tobacco use disorder, also changing terminology.</li> <li>Having better understanding of motivation and why patients think the way they do with negativity when someone is trying to help them.</li> </ul>
What did you like MOST about this training?	<ul style="list-style-type: none"> <li>How nicotine and opioids are linked.</li> <li>Presented a new way to understand and address an old issue. Thanks!</li> <li>The information presented regarding research finding treating tobacco use along with substance use disorder finds better outcomes with individuals remaining abstinent.</li> <li>This training is applicable to all aspects of peer support care that the COE's provide and can be an extension of encouraged physical health care that is desperately needed when treating and supporting the substance use population.</li> <li>Learning new information related to smoking and other substance use disorders.</li> <li>Learning about cigarettes and recovery.</li> <li>The ideas of changing language used to describe.</li> <li>Learning about national findings and efficacy.</li> <li>Details that are relevant to my job.</li> <li>I appreciate the material and how it pertains to the job.</li> </ul>
How can the training be improved?	<ul style="list-style-type: none"> <li>Maybe slightly more interactive. Like a role play of how a conversation with a client could go.</li> </ul>



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[TOBACCOFREERECOVERY.COM](http://TOBACCOFREERECOVERY.COM)

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

# *DISCUSSION AND LEARNING OBJECTIVES*

- PA STFRI Overview
- Review Key Points From December Webinar
  - Industry Targeting
  - Tobacco's correlation to OUD/other SUDs
  - Recovery-oriented support
- Client Engagement
- Open Discussion



# *PA STFRI MISSION / VISION*

The mission of the **Pennsylvania Statewide Tobacco-Free Recovery Initiative** is to facilitate partnerships among academia, state agencies, county public health departments, treatment providers and recovery advocates to advance recovery-oriented evidence-based tobacco use disorder interventions in behavioral health services.

We envision a behavioral health system that fully recognizes that addressing tobacco serves to maximize treatment outcomes, reduce social stigma, mitigate health disparities, and allows all Pennsylvanians to thrive in their recovery.



# *PA STFRI GUIDING PRINCIPLES*

**PA STFRI provides media campaigns, education, training, and technical assistance to community providers and recovery peer networks based on three guiding principles:**

**1. ADDRESSING TOBACCO IN BEHAVIORAL HEALTH DEMONSTRATES A COMMITMENT TO HEALTH JUSTICE.**

Tobacco use among Pennsylvanians with mental and substance use disorders is three times higher than the general population. They have disproportional tobacco-related health disparities and inadequate access to appropriate tobacco treatment services.

**2. TREATING TOBACCO CONCURRENTLY WITH OTHER BEHAVIORAL DISORDERS IS SAFE AND MAXIMIZES TREATMENT OUTCOMES.**

Due to a bidirectional relationship between tobacco craving and withdrawal and the use of opioids and other substances, tobacco treatment is associated with an increase in long-term drug and alcohol recovery. Smoking abstinence is significantly correlated to decreased anxiety, depression, and improvements in overall mood and quality of life.

**3. PERSON-CENTERED TOBACCO USE DISORDER INTERVENTIONS ALIGN WITH HARM REDUCTION STRATEGIES AND DO NOT INTERFERE WITH TREATMENT ACCESS.**

Pathways of care must account for individual readiness and self-determination.



# PA STFRI MESSAGE & TAG LINE

**Tobacco recovery is Recovery.**

**Let's talk about it.**

Pennsylvanians who enter recovery from mental and substance use disorders deserve the best care possible. Over the years, we've learned that people who are provided evidenced-based tobacco interventions while in behavioral health services have better overall treatment outcomes compared with those who do not.

Despite this understanding, tobacco use is often overlooked in the treatment setting. We believe that outdated ways of thinking about tobacco are no longer acceptable.

The basis of all recovery is hope and a belief that our current circumstances can be improved, managed and overcome. Learning tobacco-free coping skills is safe, achievable, improves physical and mental health, and aids long-term recovery.

It's time to change the way our behavioral health system handles tobacco.

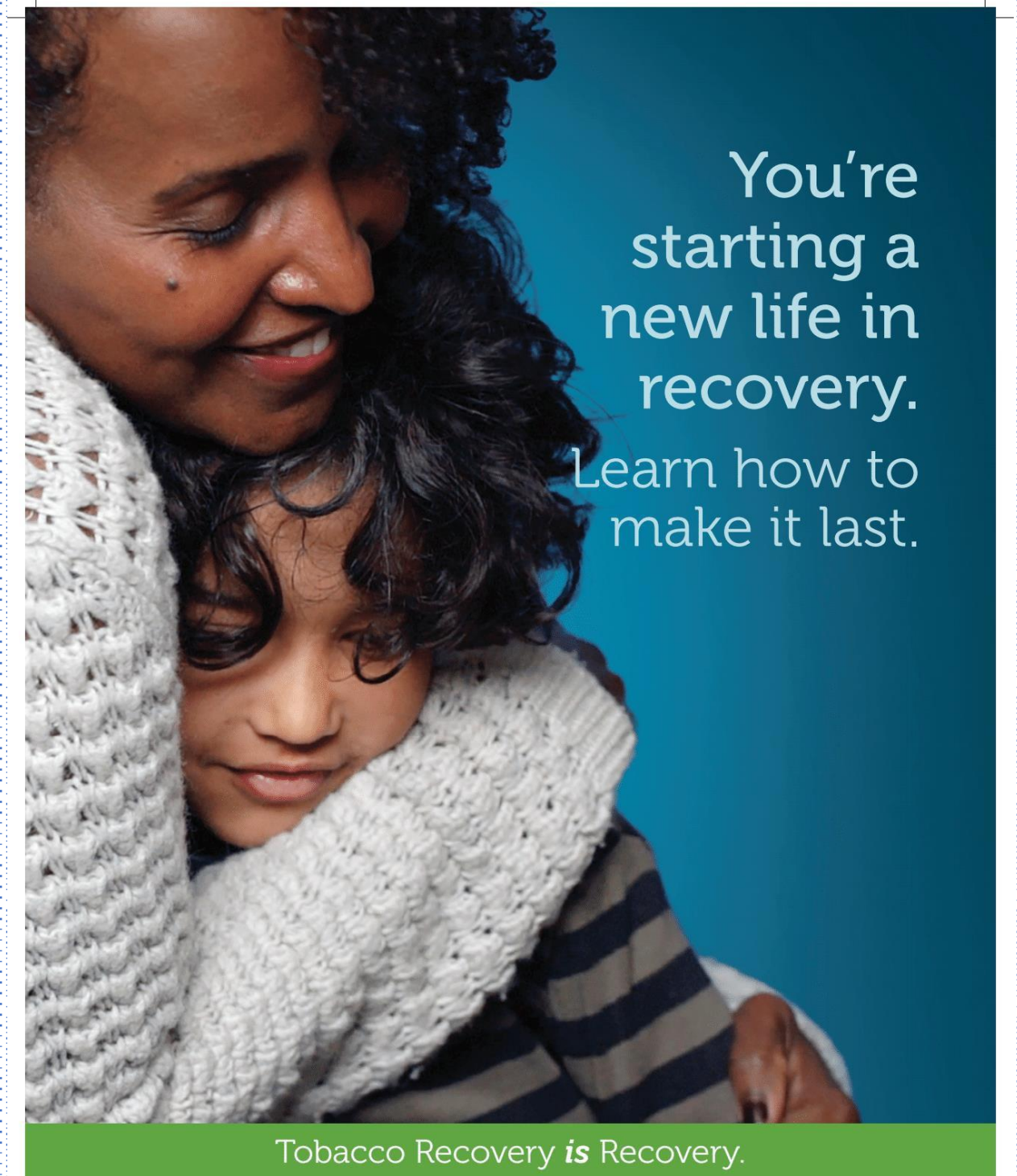


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# *SUD MEDIA CAMPAIGN*

## Let's Talk About it!



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](http://tobaccofreerecoverypa.com) and 1-800-QUIT-NOW.



# ARTICLES FOR NEWSLETTERS



## Big Tobacco's Narrative is Cunning, Baffling and Powerful

An influencer is a person or group that has the ability to impact the behavior or opinions of others, and while we live in a time when social media plays a huge role in how we communicate information, factual or false, there is nothing new to strategically placed, reinforced messaging to set trends and sell products. In the 1950's, when medical research first validated that smoking caused lung cancer, a priority of the cigarette companies was to counter that information through misleading ad campaigns to deny the findings, create doubt, and develop a deceptive narrative that not only glamorized smoking, but emphasized that it was beneficial to our emotional well-being.

We were bombarded with billboards, magazine ads, radio and television commercials with messages that tobacco use would help us to achieve happiness, find pleasure, and to cope with life's stressors. Nearly all of us are too young to remember the mid-20<sup>th</sup> century claims of "soothing nerves", "smoking your anxiety away", or "light up before your nerves get tired and tense", but those messages strongly influenced how we came to believe that smoking plays a beneficial role within our understanding of drug recovery. The messages were intentionally misleading, but it was an easy sell. Cigarette smoking is legal and doesn't get us high or drunk so it can't be a problem, right?

We were played. Big Tobacco accomplished their goal. Tobacco use became the social norm, a prime way to connect with peers. Meaningful conversations happened over a cup of coffee and a cigarette. "Having a rough day? Let's smoke a cigarette and talk about it." We failed to see nicotine as an addictive drug and the leading cause of death in the recovery community. Bill W. and Dr. Bob, the co-founders of Alcoholics Anonymous died from tobacco-related illness. As did, Danny C. and Jimmy K., key figures in the founding of Narcotics Anonymous. Tobacco killed Marty Mann, founder of the National Council on Alcoholism and Drug Dependence, and Marie Nyswander, a physician that helped to develop methadone maintenance. The list goes on. Many of the pioneers of addiction treatment and recovery mutual aid societies died of tobacco-related disorders. Most of us have and continue to lose family members and other significant people in our lives to tobacco.

Social norms are the standards we live by. They guide our behavior and manage shared expectations. Sometimes we become so comfortable with our norms, we don't think about how they may be negatively impacting our lives. Without realizing it, our words and actions reinforce them. Many of us believe that we need to smoke cigarettes to manage craving for other substances and if we stop, we'll get high again; that tobacco use is an effective way to manage anger, depression, anxiety, and other uncomfortable feelings, or we must be in recovery for at least 12-months before giving consideration to stopping our tobacco use. The tobacco industry narrative passed down over the years clearly continues to influence our views and decision-making.

So, what can do about this? Changing social norms is difficult and it will take a collective effort. We can challenge unhealthy beliefs by sharing truthful information, reframe the way we talk about tobacco, and express a sense of hope for positive behavior change. We may wish to stop using the term "smoking," something the ad agencies taught us to associate to being cool, sexy or rebellious, and recognize "tobacco use disorder" as a chronic, relapsing condition that warrants treatment consistent to how we promote recovery from other substances. "Tobacco recovery" implies a very different orientation to behavior change than "smoking cessation." Developing tobacco free coping skills is achievable and a rewarding growth-promoting process. Let's stop scaring one another by describing an anxiety-producing "quit" event. While the journey to recovery is an intensely personal one, the basis of all recovery is hope and a belief that our current circumstances can be improved, managed, and overcome. Together, we can expose the false narrative, support one another and move into a better place.



## Stress and Tobacco Use: The Problem, Not the Solution

Does tobacco use relieve stress? It's a common belief shared by many people in recovery. Why is that, and where exactly did this thinking come from? More importantly, is it true? The answers are a bit complicated, but when we examine them through our understanding of substance use disorder, they're not surprising.

Smoking cigarettes or vaping nicotine stimulates production of the "feel good" chemical in the brain called dopamine which creates feelings of pleasure. When we combine lighting up with social contact, such as having a heart-to-heart with a peer when having a rough day, we distract from the source of our stress and that makes us feel better. Dopamine contributes to the pleasure of the experience, in part from using nicotine and in part due to the personal interaction.

The problem is that dopamine production within this scenario reinforces smoking behavior, and the feel-good part doesn't last. As the effect of the nicotine wears off, tobacco withdrawal kicks in. We need to smoke another cigarette to manage the discomfort of craving. This traps the tobacco user into a constant reoccurring cycle to smoke more to avoid withdrawal. Temporarily removing the symptoms of withdrawal is confused with a false impression of stress relief. Nicotine is a stimulant that increases blood pressure and heart rate, constricts blood vessels, and decreases oxygen to our brain and body. A chronic state of elevated stress and anxiety happens when we develop a tobacco use disorder.

The tobacco industry has a long history of creating and reinforcing the myth that tobacco abstinence would be too stressful for individuals in recovery from other substances. They do this to keep us smoking. It's a lie that perpetuates a sense of hopelessness, fuels stigma, and maintains cigarette sales. Nonetheless, the myth has been passed down over the years. It still influences our thinking and keeps many of us hooked on tobacco products.

Learning how to manage our day without using tobacco often results in decreased depression, anxiety, and stress, and increased positive mood. Many who have stopped smoking report a boost to self-confidence and improved self-image. Better physical health and wellness is common, and you may have heard that letting go of tobacco enhances our probability for long-term recovery.

So please know that when it comes to managing stress, tobacco use is the problem, not the solution.



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**Statewide Tobacco-Free**  
**Recovery Initiative**



# EVENT SPONSORSHIP & WORKSHOPS

PA STFRI will partner with your organization to provide:

- Mini grants of up to \$10,000 depending on the option selected and the size of the event
- Messaging content expertise and technical assistance
- In-Person Workshops
- Identifying regional Tobacco Treatment Specialists to offer on-site tobacco withdrawal management and support
- Samples of Nicotine Replacement Therapy



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## ***Mini-grant Opportunities to De-normalize Tobacco Use at Advocacy Events Serving the Recovering Community***

The mission of the Pennsylvania Statewide Tobacco Free Recovery Initiative (PA STFRI) is to facilitate partnerships among regulatory authorities, treatment providers and recovery advocates across the Commonwealth in order to advance tobacco-free policies and evidence-based clinical interventions in behavioral health.

PA STFRI provides mini-grants to support recovery advocacy events in Pennsylvania that raise an awareness of tobacco-related health disparities within the recovery community and provide hope-inducing messages to highlight the benefits of a tobacco-free lifestyle. Learning tobacco-free coping skills is safe, achievable, enhances physical and mental health, reduces social stigma, and contributes to long-term recovery.

Event organizers may tailor tobacco intervention strategy to best serve the attendees of their event. The consciousness-raising objectives are to shift social norms that serve to sustain tobacco use, develop an understanding on the availability and proper use of medication to manage tobacco withdrawal, identify community resources, and to advance an acceptance of tobacco and vape-free settings.

PA STFRI will partner with your organization to provide:

- Mini grants of up to \$10,000 depending on the option selected and the size of the event
- Messaging content expertise and technical assistance
- Identifying regional Tobacco Treatment Specialists to offer on-site tobacco withdrawal management and support
- Samples of Nicotine Replacement Therapy (NRT)

### **Support Options**

#### **Option 1:**

- Event organizers will state in all public facing materials that the event does not accept funding from the gaming, alcohol, or tobacco industry. This extends to goods, cash, in-kind contributions, and services from these entities, their subsidiaries and/or agents.



# EMAIL/SOCIAL MEDIA MESSAGING CAMPAIGN

## TOBACCO AWARENESS IN RECOVERY

JANUARY 2023

**Background:** High prevalence (more than 80%) rates of tobacco smoking have been found both in subjects [with opioid use disorder] and among subjects with OUD [being treated] with buprenorphine or methadone.

**Aim:** This study explored the efficacy of combined nicotine replacement therapy (NRT) and individual counseling when compared to NRT alone in subjects [being treated] with buprenorphine.

**Results:** The group of subjects who received NRT with individual counseling showed higher rates of [tobacco abstinence] at the end of treatment (**51%**) as compared to the NRT and simple advice group where smoking cessation rates were around **8%** ( $P < 0.001$ ).

**Conclusion:** A multi-component approach (pharmacotherapy and counseling) enhances treatment outcomes and enhances rates of abstinence from smoking.

<https://www.industrialpsychiatry.org/preprintarticle.asp?id=353884>

Jhanjee S, Charan D, Mishra AK, Kaloiya GS, Jain R, Dayal P. *Effectiveness of smoking cessation intervention in opioid-dependent male subjects on buprenorphine maintenance treatment: An open-label trial.* Ind Psychiatry J. 2022.



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# BASELINE ASSESSMENT

## Regional Differences in Beliefs

from the

### Pennsylvania Statewide Tobacco-Free Recovery Initiative (STFRI) BEHAVIORAL HEALTH SITE READINESS ASSESSMENT

This report includes findings on differences in tobacco-free recovery beliefs between Pennsylvania regions.

Beliefs across regions that did not have any notable differences were excluded in this report. Philadelphia region's beliefs are not included in the report or analysis.



## Pennsylvania Statewide Tobacco-Free Recovery Initiative (STFRI)

### BEHAVIORAL HEALTH SITE READINESS ASSESSMENT

The PA STFRI is a five-year CDC funded project to advance evidence-based tobacco interventions in the behavioral health setting. The Initiative offers state-wide consultation, training and technical assistance to treatment providers and community partners to develop tobacco-free policies and integrate a tobacco-free recovery system of care into existing behavioral health services.

Spring 2021

## Background

Tobacco use prevalence remains high in Pennsylvania and presents additional challenges for those with behavioral health conditions. Pennsylvanians with mental health and other substance use disorders are disproportionately impacted by tobacco use. Evidence shows tobacco use negatively impacts behavioral health treatment outcomes while tobacco use disorder treatment provided concurrently with other addictions treatment increases the likelihood of long-term recovery by 25 percent.<sup>1</sup>

From January to March 2021, the Pennsylvania Statewide Tobacco-Free Recovery Initiative (STFRI), including a partnership between the Pennsylvania Department of Health, Philadelphia Department of Public Health, and the Research & Evaluation Group at the Public Health Management Corporation, administered a statewide survey to assess behavioral sites' organizational readiness to adopt tobacco-free recovery practices.

Note: Funding for this project is provided by the Pennsylvania Department of Health through the Centers for Disease Control and Prevention (CDC) Cooperative Agreement DP20-2001. The information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by CDC or the U.S. Government.

<sup>1</sup> Prochaska, J. J., Delucchi, K., & Hall, S. M. (2004). A Meta-Analysis of Smoking Cessation Interventions With Individuals in Substance Abuse Treatment or Recovery. *Journal of Consulting and Clinical Psychology*, 72(6), 1144-1156. DOI: 10.1037/0022-006X.72.6.1144.



# EDUCATION AND TRAINING

## Tobacco Recovery is Recovery Training Series (in development- live webinar, on-demand webinar, e-learning)

- 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 navigator
- 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

TOBACCO-FREE RECOVERY IS RECOVERY  
STATEWIDE VIRTUAL CONFERENCE

**OCTOBER 6 2022**

**SAVE THE DATE**

**12 PM-3:30 PM**

CEUS APPLIED FOR

Join us for dynamic presentations & engaging discussions with national & state experts to advance tobacco use disorder interventions in Pennsylvania's behavioral health services.

[REGISTER HERE](#)  
by 9.15.22

  
Joseph R. Guydish, PhD  
Professor of Medicine & Health Policy  
University of California San Francisco


  
Jill M. Williams, M.D.  
Professor of Psychiatry and Director of the Division of Addiction Psychiatry  
Rutgers University-Robert Wood Johnson Medical School



# CULTURE CHANGE PILOT PROJECTS

## ALA/Gaudenzia Tobacco Treatment Project




Regional Pennsylvania  
Tobacco-Free Coalitions

Gaudenzia Tobacco Treatment Project

**Purpose:** The American Lung Association will continue and expand work with Gaudenzia, a behavioral health organization that focuses on drug and alcohol treatment programs.

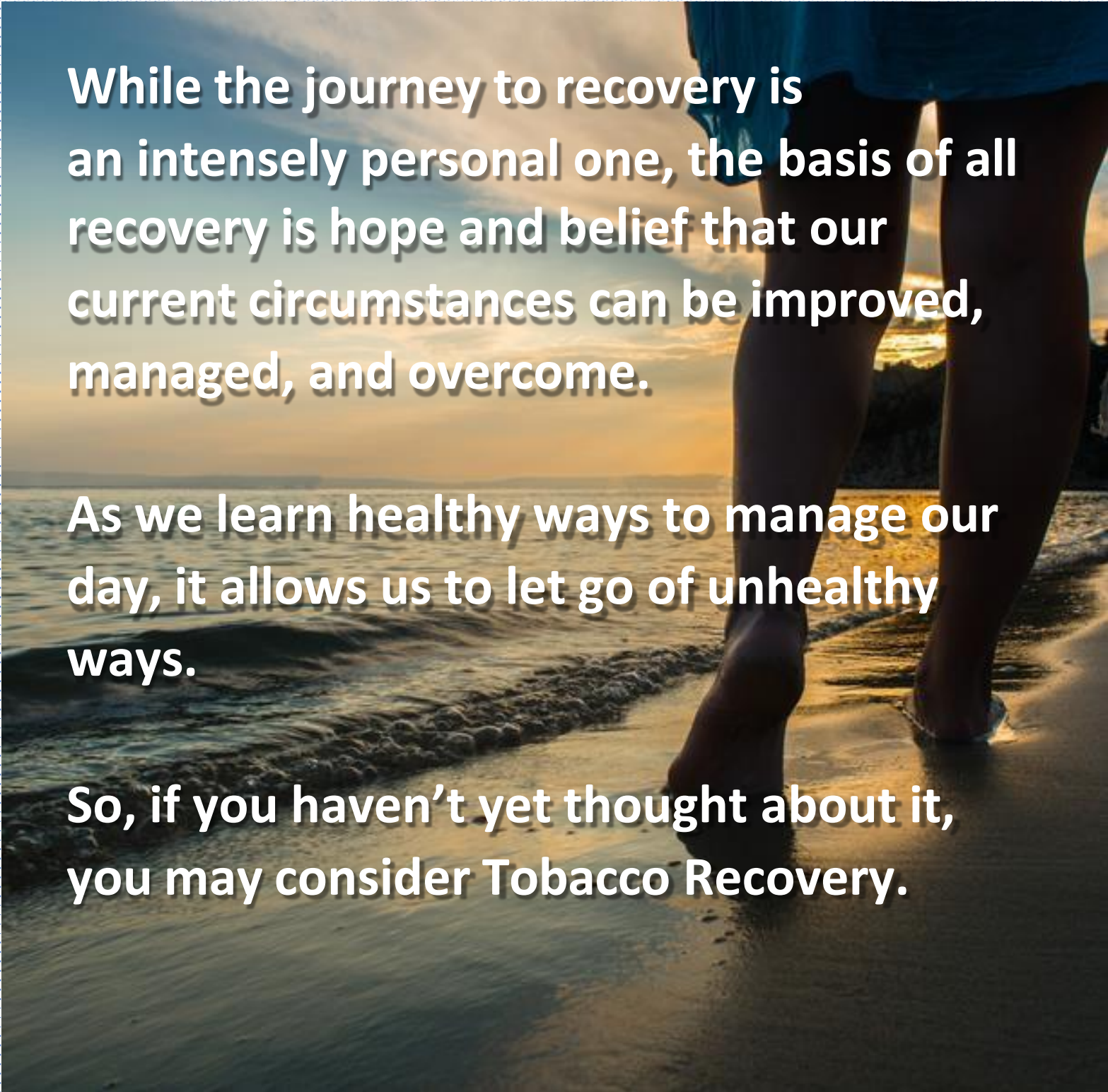
Year 1 to 1.5				
Phase 1: Prepare				
Task	Plan	Responsible	Timeline	Comments
Create a workgroup comprised of employees at all levels to assist in the development of a culture change strategy.	Work with Gaudenzia Leadership to determine which staff members would be best suited and available.  Members assist with creating a stage-readiness survey for employees in tandem with the tobacco-free policy survey, identifying program integration opportunities and workflows, and creating a media/awareness campaign internally.	Gaudenzia Leadership with Technical Assistance Provided by the American Lung Association		
Conduct an employee stage-readiness survey.	Survey will provide baseline data and training needs assessment.	Public Health Management Corporation (PHMC)		
Identify program integration opportunities within Gaudenzia's workflow.	Review all components of care from admission to discharge to determine where tobacco interventions may be included in existing program activity and care protocols.  Utilize workflows already started, STRFI resources and Lung Association resources.	Gaudenzia workgroup, Lung Association, Hank		
Determine tobacco treatment options that will be incorporated into Gaudenzia's workflow.	Menu of tobacco related topics to be rotated in program schedule. <ul style="list-style-type: none"> <li>• Freedom From Smoking®</li> <li>• Freedom From Smoking® Plus</li> </ul>	Gaudenzia workgroup, Lung Association, Hank		

## Mercer County Culture Change Project

 PENNSYLVANIA Statewide Tobacco-Free Recovery Initiative		<b>Culture Change Pilot Project Overview</b>	
Phase I: Analysis		Phase II: Build Infrastructure	
<ul style="list-style-type: none"> <li>▪ <b>Review Current State</b> <ul style="list-style-type: none"> <li>○ Program services and staffing structure</li> <li>○ Tobacco Policy Assessment</li> </ul> </li> <li>▪ <b>Employee and Client Surveys</b> <ul style="list-style-type: none"> <li>○ K&amp;A - Employee knowledge, attitudes and beliefs</li> <li>○ K&amp;A - Client knowledge, attitudes and beliefs</li> </ul> </li> <li>▪ <b>Provider Resources</b> <ul style="list-style-type: none"> <li>○ Review of survey outcome data to determine knowledge gaps</li> </ul> </li> </ul>		<ul style="list-style-type: none"> <li>▪ <b>Develop Future State Vision</b> <ul style="list-style-type: none"> <li>○ Workgroup/Workplan</li> <li>○ Tobacco integration champions</li> </ul> </li> <li>▪ <b>Consciousness Raising</b> <ul style="list-style-type: none"> <li>○ Employee education strategy</li> <li>○ Client education strategy</li> <li>○ System messaging strategy</li> <li>○ Community outreach strategy</li> </ul> </li> <li>▪ <b>Project Activity and Program Readiness Monitoring</b> <ul style="list-style-type: none"> <li>○ Document workgroup and consciousness-raising activity</li> <li>○ Repeat K&amp;A surveys</li> </ul> </li> </ul>	
Phase III: Policy Implementation			
		<ul style="list-style-type: none"> <li>▪ <b>Technical Assistance</b> <ul style="list-style-type: none"> <li>○ Preparation</li> <li>○ Integration</li> <li>○ Sustainability</li> </ul> </li> <li>▪ <b>Coaching</b></li> <li>▪ <b>Evaluation</b> <ul style="list-style-type: none"> <li>○ Tobacco use denormalization</li> <li>○ Utilization of clinical interventions</li> <li>○ Impact to treatment outcomes</li> <li>○ Repeat Tobacco Policy Assessment</li> </ul> </li> <li>▪ <b>Lessons Learned</b> <ul style="list-style-type: none"> <li>○ QI Process</li> <li>○ Manualize clinical protocols</li> </ul> </li> </ul>	



# RECOVERY-ORIENTED HOPE-INDUCING MESSAGE



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, you may 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 probability of long-term abstinence from alcohol and other drugs

BMJ 2014; 348:g1151. *Change in mental health after smoking cessation: systematic review and meta-analysis.* Published 13 February 2014.



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# ***Embrace Life!***

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



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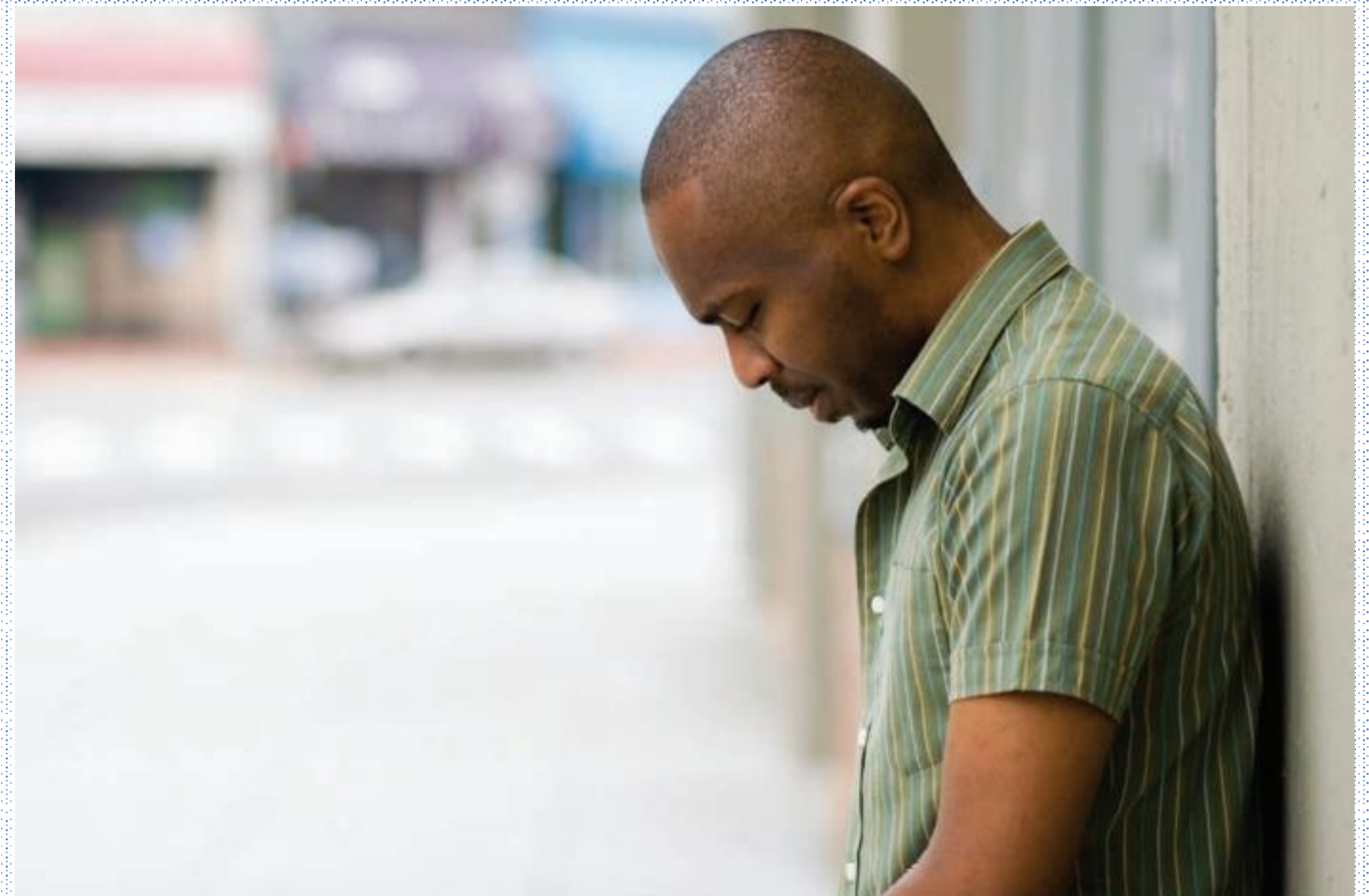
# TOBACCO INDUSTRY NARRATIVE

*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.*

NATIONAL COUNCIL  
FOR BEHAVIORAL HEALTH

## Exploit individuals who experience elevated life stressors related to:

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



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# TOBACCO INDUSTRY TARGETING STRATEGY

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

- 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

“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



**ARE YOU A PENCIL CHEWER?**

**How are YOUR nerves? TRY THIS TEST**

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

**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**

*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 mildness 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 fire your taste.

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

**CAMEL'S COSTLIER TOBACCOS**  
—THEY NEVER GET ON YOUR NERVES

**What every woman should know about her nerves**

**COCKER SPANIEL**  
Spaniels have been bred to be gentle, obedient, and friendly. Most popular pet dogs in the U.S., they are calm, quiet, and never get on their nerves. You can be sure of that when you see a Cocker Spaniel. You can be sure of that when you see a Cocker Spaniel.

**HE'S GIVING HIS NERVES A REST.**

**AND SO IS SHE**

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

**LET UP—LIGHT UP A CAMEL!**  
Smokers find Camel's Costlier Tobaccos are Soothing to the Nerves



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# DECEPTIVE ADVERTISING

*The Literary Digest for February 26, 1929 41*

**DO YOU SMOKE AWAY ANXIETY?**



**... THEN YOU'LL APPRECIATE SPUD'S GREATER COOLNESS!**

Do you await an important event, an important decision, lighting one cigarette from another? Then smoke Spud. Even after hours of waiting and smoking, a Spud tongue and throat are still moist and cool... tobacco enjoyment still keen, not killed... no "smoked-out" let-down to mar the good

**SMOKE 16% COOLER BY TEST**

Spud Spud... Not by first puff... but by last puff. Surprised at first puff soon forgotten... continued coolness heightens enjoyment of the full tobacco flavor.

news, Spud's smoke is scientifically proved 16% cooler. This refreshing coolness heightens your enjoyment of Spud's full tobacco flavor. That's why Spud is the new freedom in old-fashioned tobacco enjoyment. At better stands, 20 for 25c. The American Tobacco Co., Inc., Louisville, Ky.

Here the coolness of Spud smoke was proved scientifically, and what "Smoke 16% Cooler by Test" means to you, we tell in this little book, sent gladly on request.

**MENTHOL-COOLED SPUD CIGARETTES**

*THE SATURDAY EVENING POST*

**Let up before your nerves get Tired, Tense**

**HE'S GIVING HIS NERVES A REST...**

**AND SO IS HE**



**BESTHOOD**  
Swift, graceful, and remarkably wise. Ancient Egyptian and Greek records stamped him as a symbol of serenity. Distinguished lines and grand bearing can be found on Egyptian carvings dating to 5700 B. C. Racing has made him most popular in the U. S.

It's thrilling to watch the racing greyhound in full flight. But it's important to note that when the race is over he rests—as the greyhound above is doing now. Though the dog's highly keyed nervous system closely resembles our own, the dog relaxes instinctively! Life as it is today leads us to ignore fatigued nerves. We carry on despite increasing tension, strain, the kind to your nerves if you want them to be kind to you. Pause a while, now and then. **LET UP—LIGHT UP A CAMEL!** Let the frequent enjoyment of Camel's mild, ripe tobacco help you relax into more calm, pleasant, productivity!

These busy, happy folks give their nerves a chance — they "Let up — Light up a Camel"





**A SOUND ENGINEER** controls the complicated equipment which puts a radio program "on the air." You'll find many a Camel smoker in this nerve-soothing profession.

**WORKING UNDER CONSTANT STRAIN**, solvent John K. Sport finds Camel's good tobacco in his business. "On my job, I can't afford tense nerves," says Mr. Sport, "so I ease nerve strain often. I let up and light up a Camel. A pause and a Camel gives me a well-earned well-being."

**A RAY THEOLOGIAN** Audley D. Carter says: "My study requires great concentration. Naturally, it's a strain on the nerves. My method for easing mental strain is to rest now and then, and let up and light up a Camel. That's a simple, pleasant way to relax nerve tension."

**Smoker is partly of Canada and that's why they are the LARGEST-SELLING CIGARETTE in America**

**DID YOU KNOW?**  —that tobacco is remarkably sensitive to moisture? That at one stage, previously all the moisture is removed from cigarette tobacco, and just the proper amount returned for manufacturing purposes? That there are more than 40 huge air-conditioning studios where Camels are made? Camel spends millions to protect for you all the softness and ripe richness of Camel's best, more expensive tobacco.

**LET UP—LIGHT UP A CAMEL!**

Smokers find Camel's Costlier Tobaccos are SOOTHING TO THE NERVES



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# 20<sup>TH</sup> CENTURY BELIEFS

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

- Smoking calms me down when I'm anxious.
- It's not a problem – it's legal and you don't get high from smoking a cigarette.
- I need to smoke to manage my anger.
- First Things First – we need to be in recovery for at least 12-months before stopping our smoking.
- 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.



# CULTIVATE MYTHS TO EXPLOIT

## Is smoking really a stress reliever?

- Tobacco/nicotine withdrawal symptoms can mimic feelings of anxiety. Smoking a cigarette relieves those feelings.

*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...*

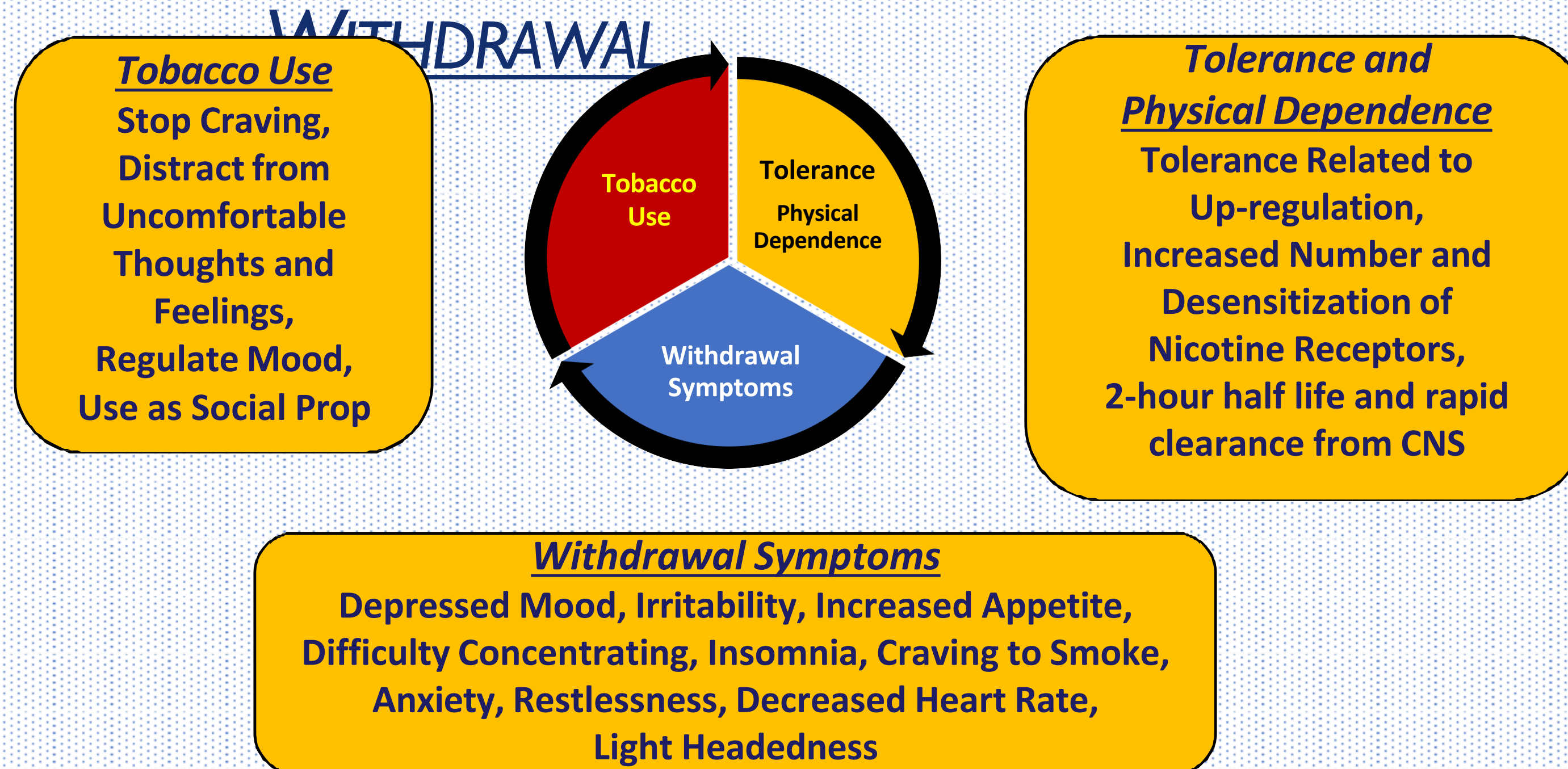
- The "sense of relief" is interpreted as being calming even though physical stress is increased.
- The false impression of stress relief reinforces a desire to smoke more, which results in experiencing additional tobacco withdrawal symptoms: craving, irritability, frustration, difficulty concentrating, restlessness.

- 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



# SMOKING PRODUCES CHRONIC STRESS

## THE CYCLE OF TOBACCO





# ADDICTION, NOT INTOXICATION

*USA Philip Morris Behavioral Research Lab Project 1620*



“...to study the basic dimensions of the cigarette as they relate to cigarette acceptability...[and] to record and interpret changes in smoke inhalation patterns [and nicotine retention] in response to changes in smoke composition”, and **“to develop a better understanding of the actions of nicotine and other smoke compounds, especially those which reinforce the smoking act.”**



# *SUBSTANCE USE DISORDER*

## *BIDIRECTIONAL RELATIONSHIP*

- 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.
- Treatment for tobacco use disorder should be offered concurrently with, rather than only after initiation of treatment for other substance use disorders.



# TOBACCO AND OPIOIDS

September 2019

- With overlapping physiologic pathways, nicotine addiction and opioid addiction appear to be mutually reinforcing.
- Cigarette smoking and chronic pain have been found to interact in ways that might make smokers with chronic pain especially susceptible to opioid misuse.
- The interconnection between tobacco use and OUD presents an opportunity to integrate tobacco interventions into OUD treatment - addressing tobacco use and OUD together has the potential to help many people be more successful in their recovery from opioid addiction and in quitting smoking.

Prochaska, J.J. et. al. (2017, March 20). Smoking, Mental Illness, and Public Health. Annual Review Public Health.  
Mannelli P. et. al. (2013, April 9). Smoking and Opioid Detoxification: Behavioral Changes and Response to Treatment.  
Nicotine Tobacco Research.





# WHAT IS THE PROBLEM?

## ***UNTREATED TOBACCO USE DISORDER 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.
- Tobacco use/withdrawal 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 use coping beliefs.
- Smoking is a lethal and ineffective coping strategy for managing stress.





# ADDRESSING TOBACCO IMPROVES TREATMENT OUTCOMES

- Tobacco treatments do not appear to have an adverse effect on psychiatric symptoms. On the contrary, patients may demonstrate significantly improved clinical status following tobacco treatment regardless of abstinence status.

Hitsman et al., *Canadian Journal of Psychiatry*, 2009.  
Treatment of Tobacco Dependence in Mental Health and Addictive Disorders

- All tobacco users with psychiatric disorders, including substance use disorders, should be offered tobacco treatment, and clinicians must overcome their reluctance to treat this population.

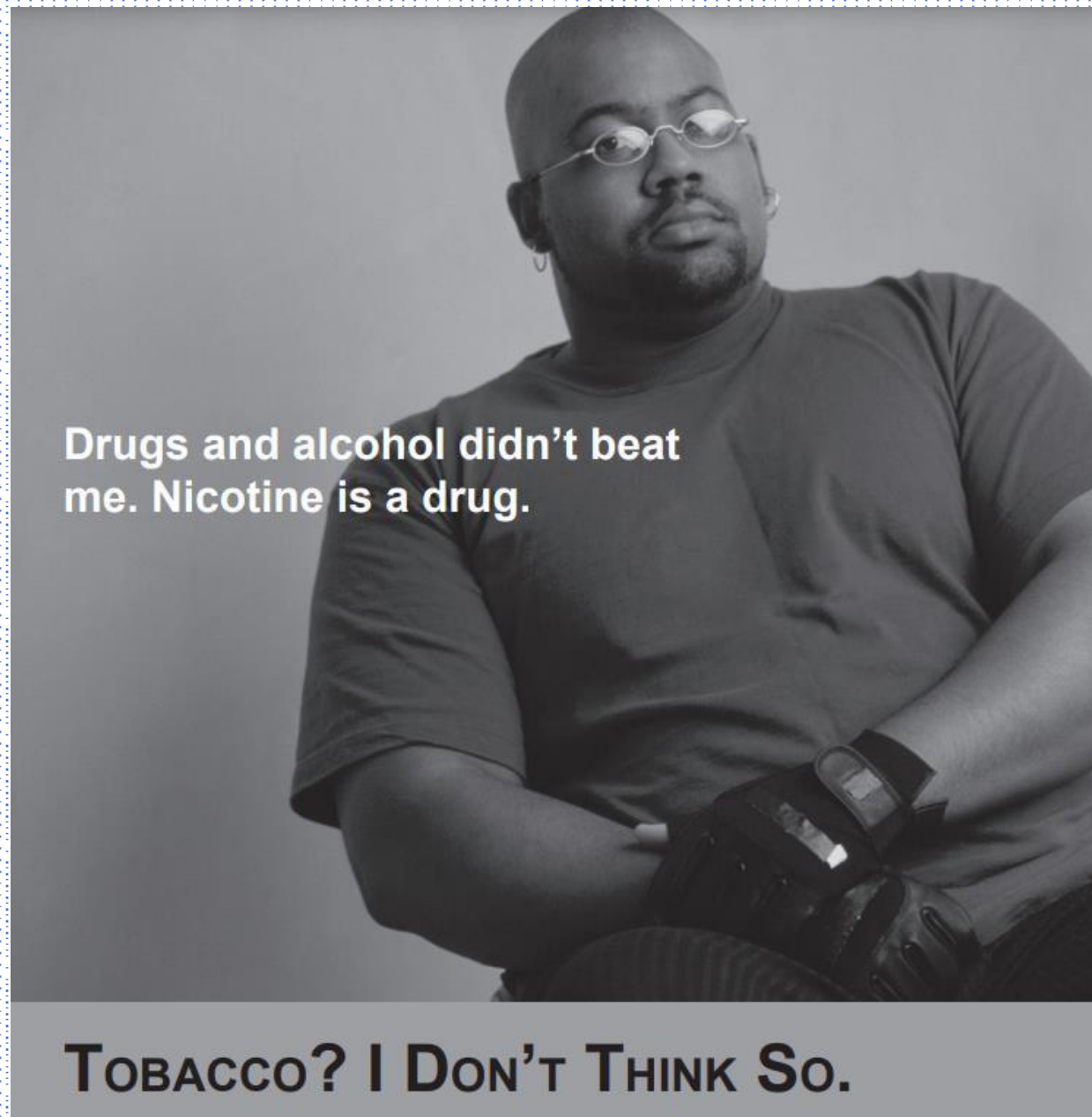
Fiore, et al. *Treating Tobacco Use and Dependence: 2008 update*.  
Clinical Practice Guideline. Rockville, MD: Public Health Service, USDHHS.



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# ADDRESSING TOBACCO IMPROVES TREATMENT OUTCOMES

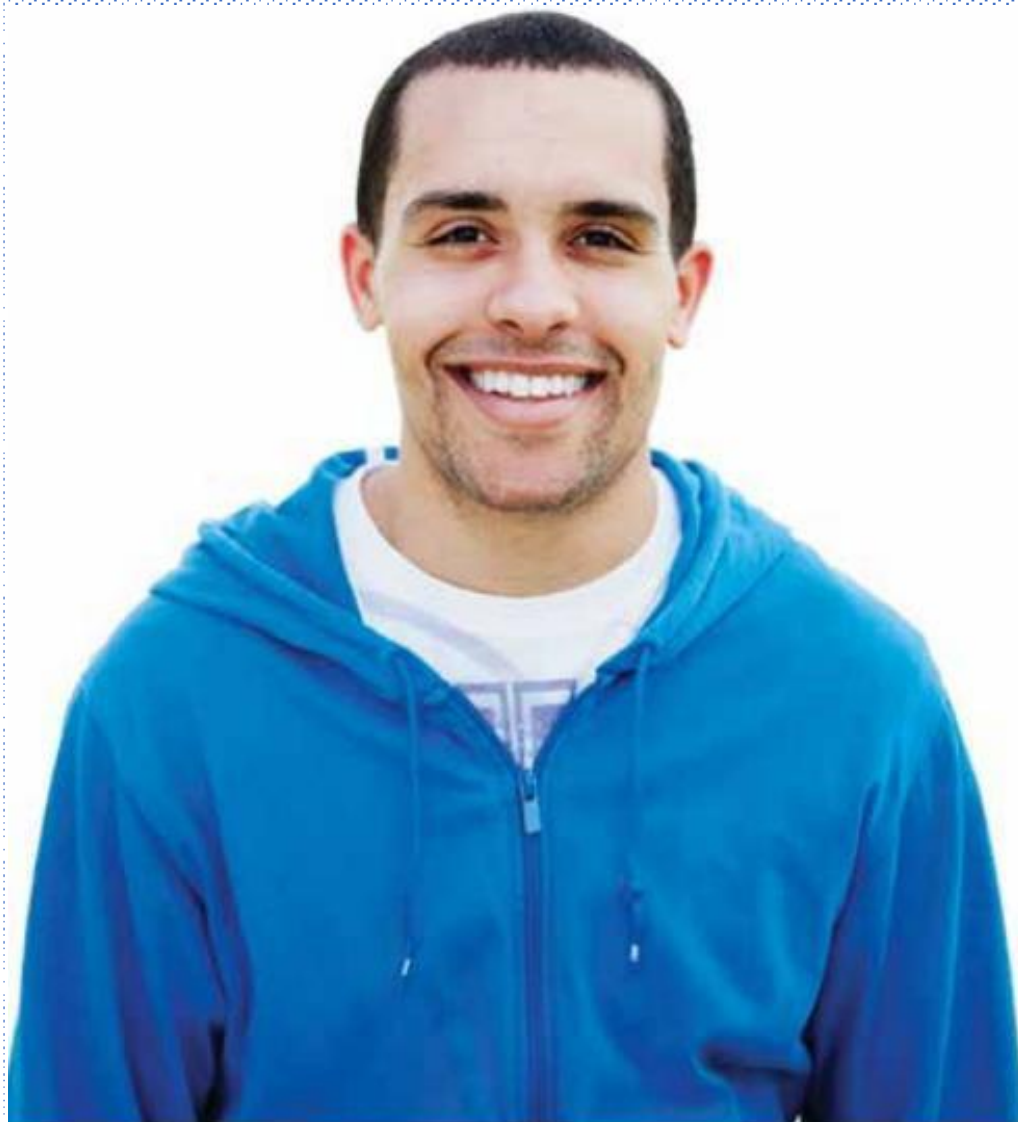


- Considerable research indicates that tobacco use disorder treatment does not interfere with clients' recovery from other substances.
- People with alcohol use disorder who were provided tobacco use disorder treatment during addictions treatment was associated with a **25% increased likelihood of long-term abstinence from alcohol and illicit drugs.**



# ADDRESSING TOBACCO IMPROVES TREATMENT OUTCOMES

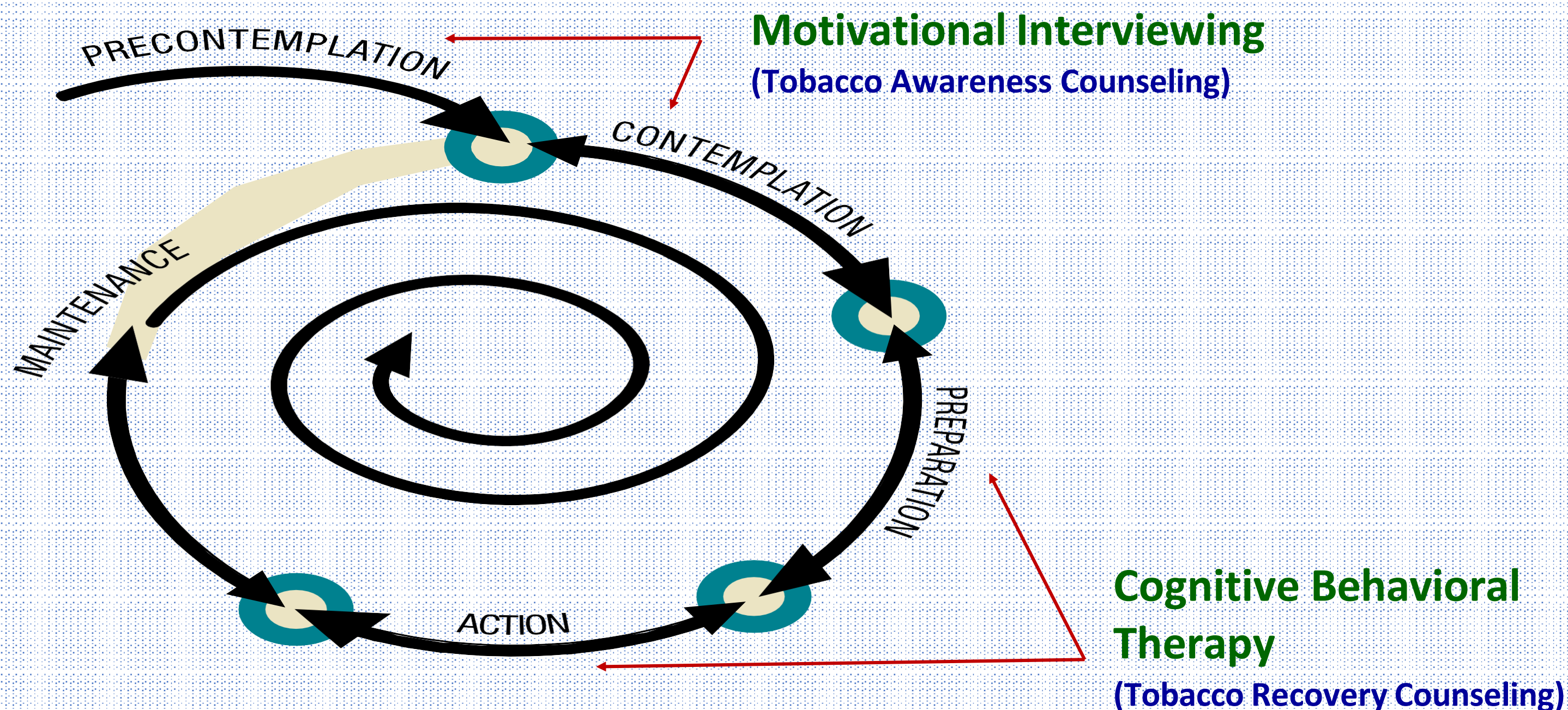
*Reviewed 24 studies published from 2006 to 2016*



- 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.



**Pathways of care account for individual readiness and self determination.  
Person-centered interventions align with harm reduction strategies and must not interfere  
with treatment access.**





# 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.



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# ADVOCACY EFFORTS



- Create Awareness – challenge the 20<sup>th</sup> Century beliefs.
- “Denormalize” tobacco use behavior within the recovery and treatment community.
- Demand evidence-based tobacco use disorder treatment.
- Let’s TALK ABOUT IT!





# SELF-DETERMINATION THEORY

E. Deci & R. Ryan

[www.psych.rochester.edu/SDT/theory.html](http://www.psych.rochester.edu/SDT/theory.html)

## 3 Psychological Needs

Autonomy – freedom to choose

Self-Efficacy – an inner sense of competence

Relatedness – a connectedness to others

*Working with clients in a way that is collaborative rather than prescriptive, honors the person's autonomy and self-direction, and is more about evoking than installing. This involves at least a willingness to suspend an authoritarian role, and to explore client capacity rather than incapacity, with a genuine interest in the client's experience and perspective.*



# SELF-DETERMINATION THEORY

People are more willing to change when they know they are completely free not to change.

*People change through the heart, then through the mind.*

The individual is like a garden to be tended, not a machine to be repaired.

Stephen R. Andrew LCSW, LADC, CCS, CGP [www.HETIMaine.org](http://www.HETIMaine.org)



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# RECOVERY-ORIENTED ENGAGEMENT

Developing tobacco free coping skills is achievable and a rewarding growth-promoting process.  
Let's stop scaring one another by talking about an anxiety-producing "quit" event.

- Engage using an empathic person-centered approach
- Ask permission to explore the topic
- Shift from a deficit-based mindset to a strength-based mindset
- Use open-ended questions and reflective listening
- Foster teachable moments





# MARILYN HERIE, PHD

## *THE SPIRIT OF MI - LISTENING*



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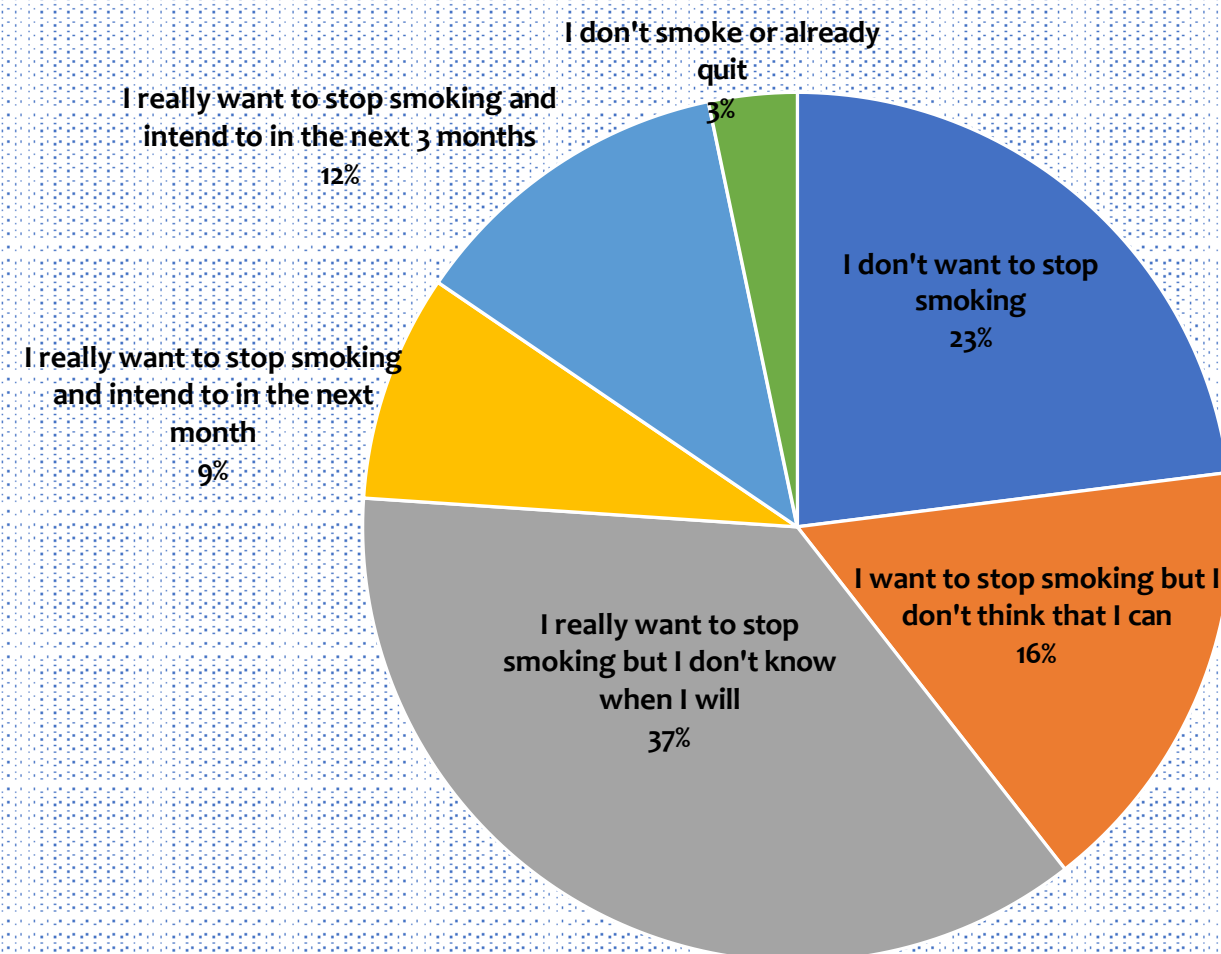


# CLIENT INTEREST VS. PROVIDER PERCEPTION

## CLIENT SURVEY **n=239**

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

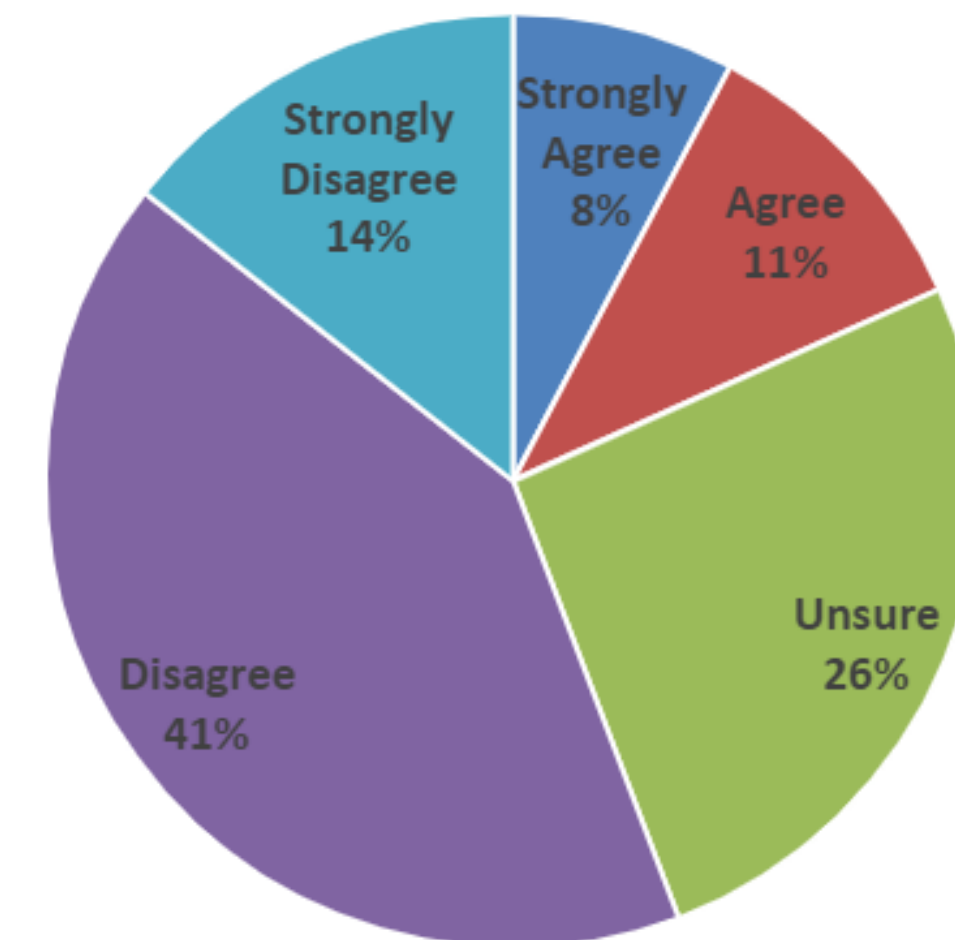
**3 out of 4 are interested.**



## 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.**





# REFLECTIVE LISTENING

## PRESENCE, INTEREST & CURIOSITY

*Our job is to inspire* = focusing all of one's purpose, attention, and energy on understanding what the client's message means to them.

SIMPLE REFLECTION = what the client is saying

COMPLEX REFLECTION = what does the client mean







# 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



# RECOVERY-ORIENTED ENGAGEMENT

## Language that conveys a “cessation orientation”

✗ Do you want to quit smoking?

✗ You really should quit smoking.

✗ Smoking is bad for you.

## Preferred “recovery-oriented” language

✓ Would it be okay if we talk about your tobacco use? I’d like to ask you some questions to determine how we can best offer you help to stop cigarette craving. Interested?

✓ I want to support you in achieving your recovery goals. Have you heard that reducing or stopping smoking greatly decreases the probability of relapse to other substances? We can explore that if you’re interested.

✓ With proper support, learning coping skills to stop smoking is totally achievable and would help you to feel better. Would you like to talk about it?





# REFLECTIVE LISTENING

## THE FACILITATOR INFLUENCES THE DIRECTION OF THE NARRATIVE

“I always need to smoke a cigarette when using. I go through a whole pack when drinking or getting high and I totally panic when I’m down to my last cigarette or run out.”

### Content Reflection

“Tobacco use is an important part of your drug use ritual.”

### Feeling Reflection

“You get anxious when you run out of cigarettes.”

### Meaning Reflection

“So, it sounds like you have a tobacco use disorder.”





# *EXPOSE THE PARADOX*

- As one walks through a drug recovery process, smoking behavior reflects a tangible link to one's old identity (person in active addiction) while developing a new identity (person in recovery).
- Tobacco use provides a sense of familiar comfort yet may inhibit growth to the key objectives of recovery: cognitive and behavioral change to redefine self and lifestyle.





# *YOUR THOUGHTS?*

1. What information shared today was most significant?
2. Can you apply this information to your work?
3. If so, how?

Further the discussion:

Are you interested in participating in a PA STFRI sponsored learning collaborative?

**Tony Klein, MPA, NCACII**

**PA STFRI Consultant and Clinical Trainer**

[TRWIPHILADELPHIATRaining@GMAIL.COM](mailto:TRWIPHILADELPHIATRaining@GMAIL.COM)



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