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.

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.

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.

Acknowledgements

- The Centers of Excellence is a partnership of the University of Pittsburgh's Program Evaluation and Research Unit and the Pennsylvania Department of Human Services; and is funded by the Pennsylvania Department of Human Services, grant number 601747.
- COE vision: The Centers of Excellence will ensure care coordination, increase access to medication-assisted treatment and integrate physical and behavioral health for individuals with opioid use disorder.

Evaluation Summary
COE Learning Network: Tobacco Recovery
March 8, 2023

Total Number of Attendees: 91

Total Number of Responses: 59

Response Rate: 64.8%

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	53% (n=31)	39% (n=23)	2% (n=1)	0% (n=0)	7% (n=4)
I plan to use what I learned on the job.	47% (n=28)	42% (n=25)	3% (n=2)	0% (n=0)	7% (n=4)
The content will help the COE program move forward.	46% (n=27)	46% (n=27)	2% (n=1)	0% (n=0)	7% (n=4)
The training increased my knowledge about the content presented.	47% (n=28)	46% (n=27)	0% (n=0)	0% (n=0)	7% (n=4)

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Evaluation Summary
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What additional materials, resources, or training opportunities do you think would be beneficial to your COE?	1. No suggestions 2. I am not sure. 3. Codependency/ domestic violence peer support info 4. Provide some of the documentation used in today's presentation.
What did you like MOST about this training?	1. Information on the wording that is more hopeful and positive. 2. The additional knowledge that was shared. 3. It was very informative. 4. The presenter was very knowledgeable. 5. the video 6. The examples that were given. 7. The motivational interviewing approach to treatment. 8. Peer based approach. 9. For our health reason things we need to know 10. I enjoyed the different examples that are being pushed to the public about the topic. 11. This information is good material to know. 12. The unique subject matter. 13. The presenter went through feedback from a previous training. This shows me that my opinion is valued and taken seriously.
How can the training be improved?	1. No suggestions. 2. I do not know. 3. I'm not sure

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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.

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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.

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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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DISCUSSION

Learning Objectives:

- Define the concepts of societal and self-stigma.
- Identify the correlation of stigma to tobacco use in the recovering community.
- Cite strength-based recovery practices to mitigate tobacco-related stigma.

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POLLING QUESTIONS

COMMON BELIEFS AND

STEREOTYPES

A **stereotype** is a generalized belief about a particular category of people. It is an expectation that people might have about every person of a particular group. The type of expectation can vary; it can be, for example, an expectation about the group's personality, preferences, appearance or ability.

Stereotypes often are:
- overgeneralized
- inaccurate
- resistant to new information
- the driver of prejudice and discrimination toward people with mental and substance use disorders

Systemic Racism

Living in Poverty

DISCRIMINATION IS LINKED TO HEALTH DISPARITIES

Homophobia
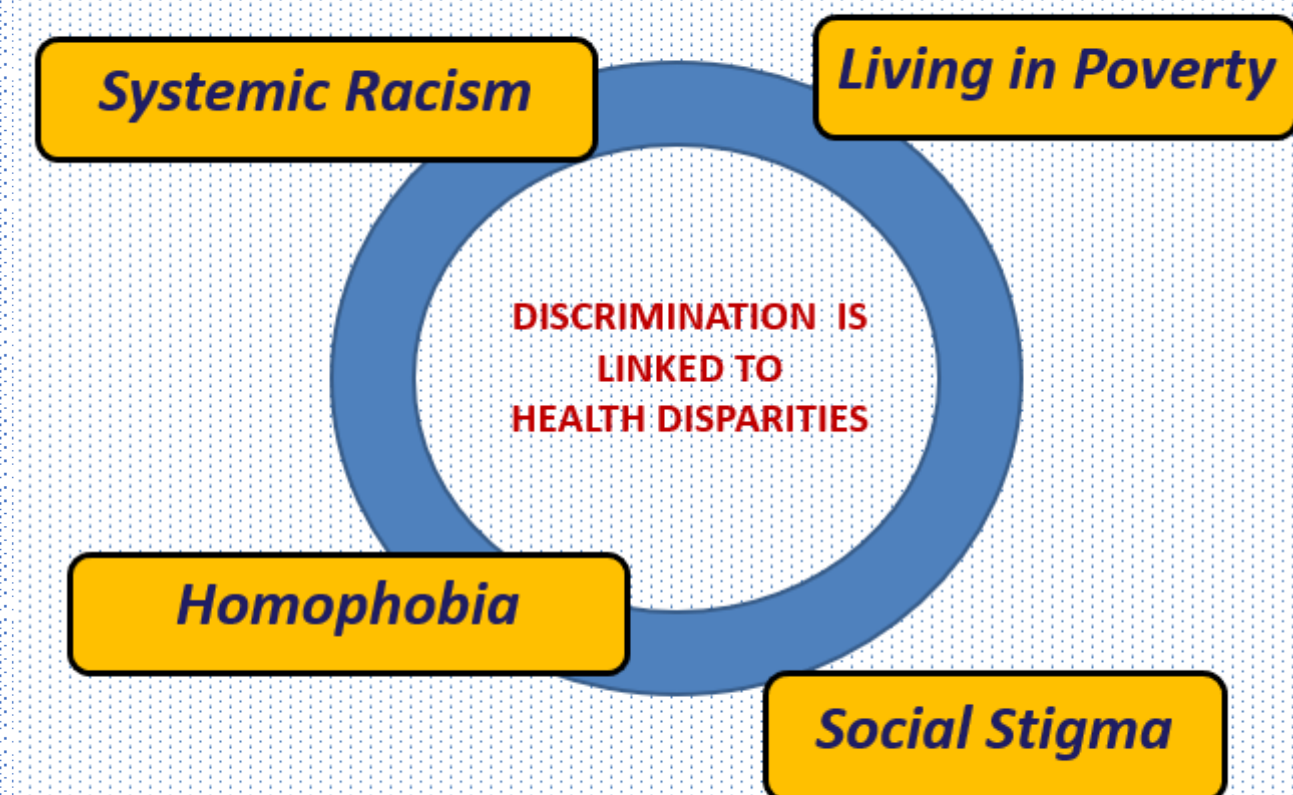
Social Stigma

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

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SOCIETAL STIGMA & CULTURAL PERPETUATION

COLLABORATIVE STIGMA PROJECT. STIGMA AGAINST DRUG USE AND RECOVERY IN THE UNITED STATES

Survey N=26,890. April 2022.

- 7 in 10 Americans believe people who use drugs cannot improve their situation.
- 7 in 10 Americans believe that people's continued drug use is caused by a lack of willpower.
- 7 in 10 Americans believe people who use drugs are inferior.
- 6 in 10 Americans believe people who use drugs are less reliable than most people.
- 5 in 10 Americans believe people who use drugs are slightly or highly incompetent.

Cultural perpetuation is a way in which certain stigmas and stereotypes continue to pass from one generation to the next. The longer a culture supports a specific stereotype or stigma, the more staying power it has.

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STIGMA – A BARRIER TO TREATMENT

Stigmas are a set of negative and unfair beliefs that a society or group of people have about something. Stigmas typically develop after a stereotype has been widely accepted.

- Throughout history, addiction has largely been seen as a moral failing or character flaw, as opposed to an issue of public health.

- Substance use has been found to be more stigmatized than obesity and mental illness.

- Research has shown stigma to be a barrier to treatment.

Barry CL, et al. Stigma, discrimination, treatment effectiveness, and policy: public views about drug addiction and mental illness. *Psychiatric Services*. 2014 Oct; 1269-1272.

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Behavioral Health and Tobacco Use Survey

Tobacco Recovery *is* Recovery.

Pennsylvanians in behavioral health services believe that stopping tobacco is helpful to recovery.

Learning tobacco-free coping skills is helpful to mental health or substance use recovery.

Value	Percent	Responses
Strongly agree	30.9%	232
Agree	43.2%	324
Not sure	17.3%	130
Disagree	5.9%	44
Strongly disagree	1.7%	13
Prefer not to answer	0.9%	7
		Totals: 750

May 2023

RESEARCH & EVALUATION GROUP
at PHMC

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Behavioral Health and Tobacco Use Survey

Consistent with CDC data, 8 out of 10 Pennsylvanians in behavioral health services are interested in stopping their tobacco use.

I deal with depression every day. I won't be controlled by cigarettes.

Please select the option below that best reflects your thinking.

Value	Percent	Responses
I want to stop using tobacco and intend to in the next 30 days.	23.7%	143
I want to stop using tobacco and intend to in the next 60 days.	13.9%	84
I want to stop using tobacco but I don't know when I will.	36.4%	220
I want to stop using tobacco but I don't think that I can.	10.9%	66
I don't want to stop using tobacco.	11.3%	68
Prefer not to answer	3.8%	23
		Totals: 604

May 2023

RESEARCH & EVALUATION GROUP at PHMC

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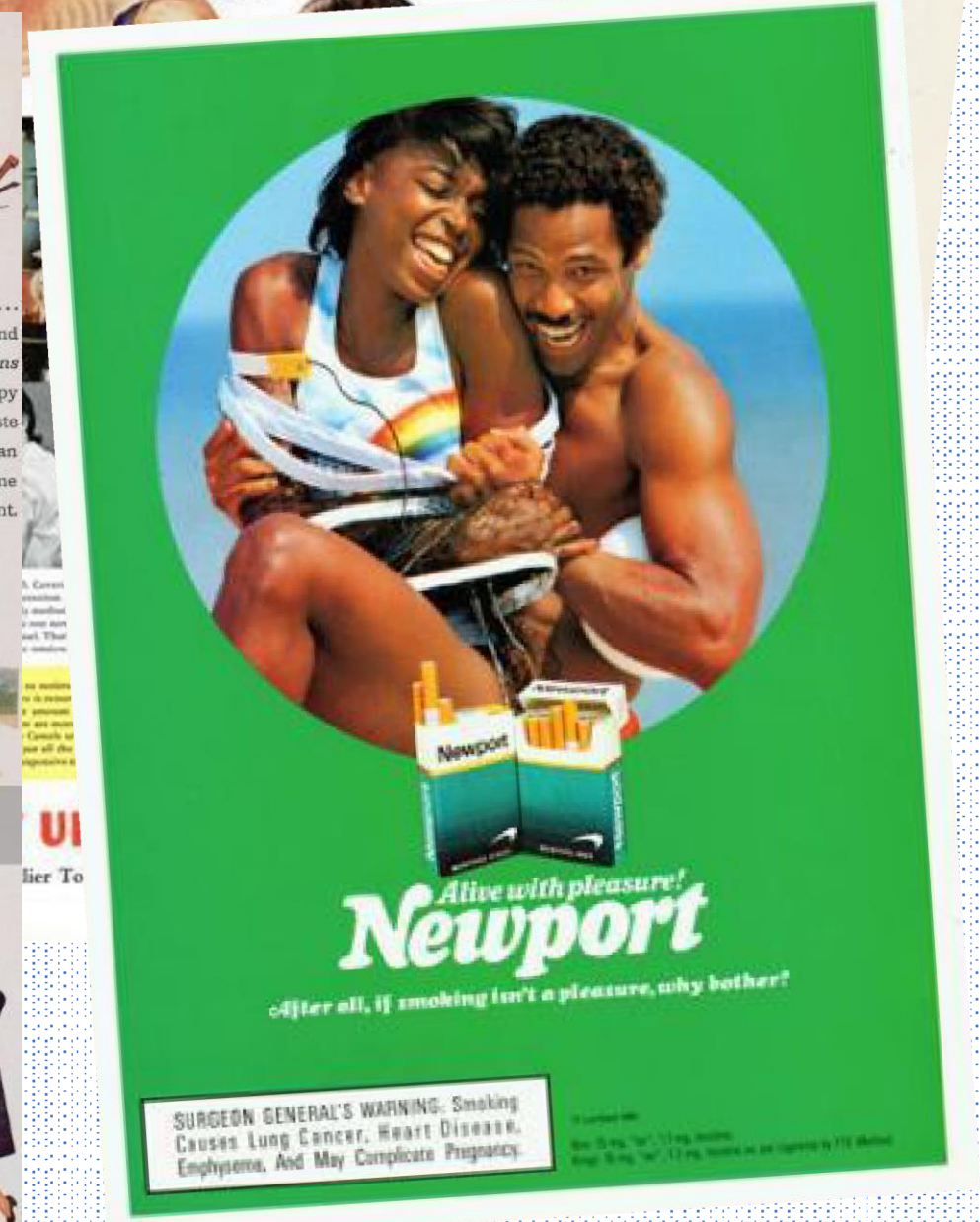
POOR SELF-EFFICACY

- Many people who use tobacco and vape products often deal with a low degree of confidence in their ability to stop their use.

- Poor self-efficacy is often driven by:
  - Misinformation
  - Stereotyping
  - Societal & Self-stigma
  - Cultural Perpetuation
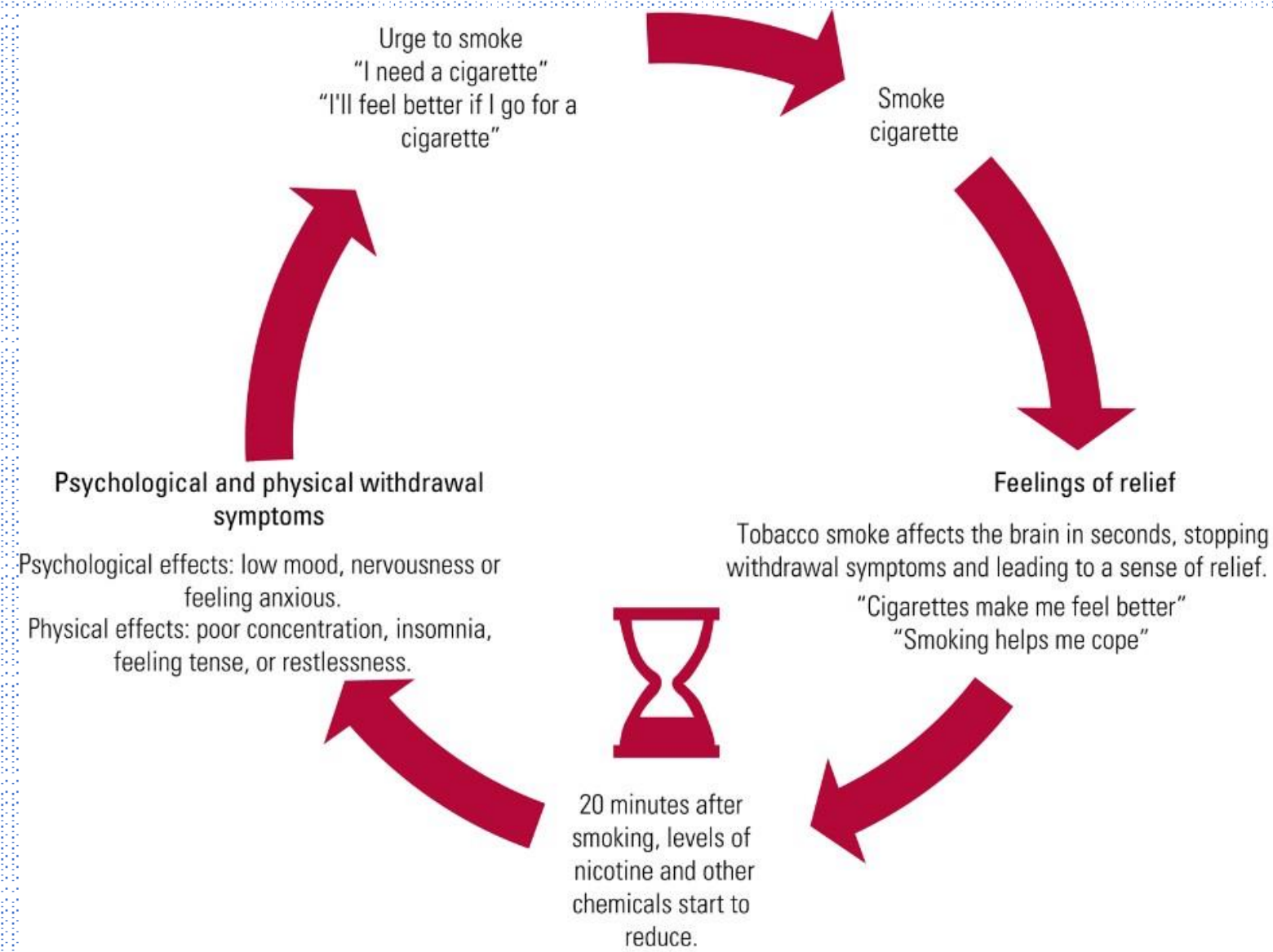 - Lack of treatment support

MISINFORMATION

An influencer is a person or group that can impact the behavior or opinions of others.

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 mental and emotional wellbeing.

SMOKING AND VAPING PRODUCES CHRONIC STRESS

Cycle of Tobacco Withdrawal

Urge to smoke
"I need a cigarette"
"I'll feel better if I go for a cigarette"

Smoke cigarette

Feelings of relief
Tobacco smoke affects the brain in seconds, stopping withdrawal symptoms and leading to a sense of relief.
"Cigarettes make me feel better"
"Smoking helps me cope"

20 minutes after smoking, levels of nicotine and other chemicals start to reduce.

Psychological and physical withdrawal symptoms
Psychological effects: low mood, nervousness or feeling anxious.
Physical effects: poor concentration, insomnia, feeling tense, or restlessness.

A "sense of relief" is interpreted as being calming even though physical and psychological stress is increased.

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

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

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FALSE BELIEFS & STEREOTYPING

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

Target 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
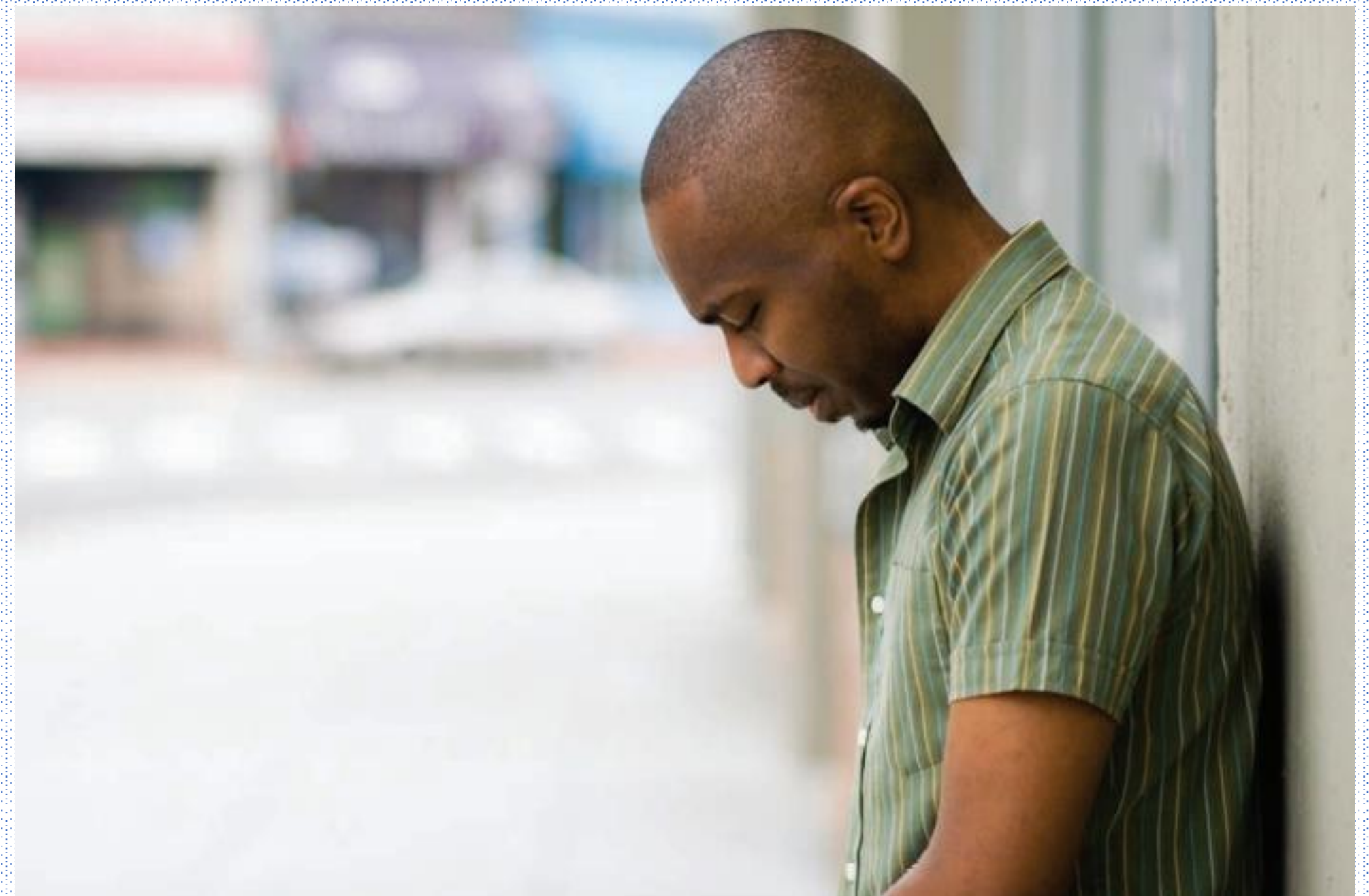
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20ᵀᴴ Century Beliefs & Self Stigmatizing

Reinforced misinformation and stereotyping has led to normalizing tobacco use in the treatment and recovering community. The tobacco industry narrative passed down over the years has and continues to influence our views and decision-making.
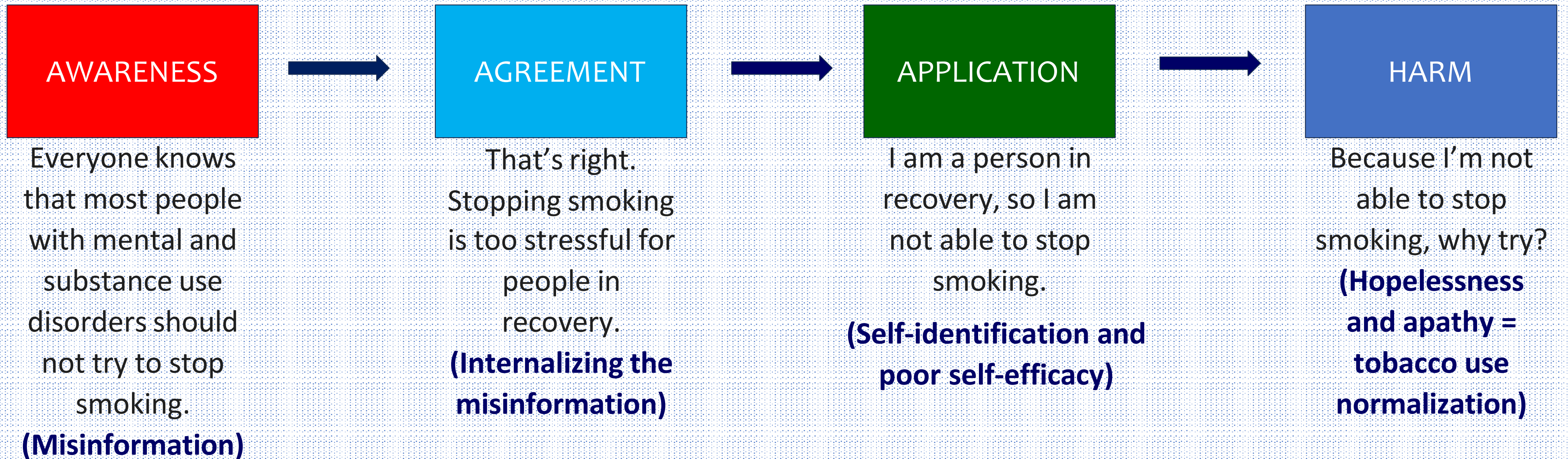
Treatment Provider

- First Things First – we need to be in recovery for at least 12-months before stopping smoking.
- If you stop smoking too soon, you're at risk for relapse to other substances.
- It's too stressful to attempt to stop everything at once.
- We need to offer cigarette breaks so people can concentrate and stay calm.

Recovering Community

- Smoking is helpful to connect with others and create a network of recovery supports.
- It's not a problem – it's legal and you don't get high from smoking a cigarette.
- My NA sponsor told me that I shouldn't stop smoking.
- Nearly everyone I know in long-term recovery smokes cigarettes.
- Smoking is how I manage my anxiety.

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Stage Model of Self-Stigma

Cultural perpetuation by normalizing the tobacco industry's narrative

AWARENESS	→	AGREEMENT	→	APPLICATION	→	HARM

AWARENESS

Everyone knows that most people with mental and substance use disorders should not try to stop smoking. **(Misinformation)**

AGREEMENT

That's right. Stopping smoking is too stressful for people in recovery. **(Internalizing the misinformation)**

APPLICATION

I am a person in recovery, so I am not able to stop smoking. **(Self-identification and poor self-efficacy)**

HARM

Because I'm not able to stop smoking, why try? **(Hopelessness and apathy = tobacco use normalization)**

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Tobacco Use Disparity Group

- 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

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.

6,287 Pennsylvanians died from opioid related accidental overdose – September 2021 through September 2022.
CDC National Center for Health Statistics, 2022

22,000 Pennsylvanians die each year due to their own tobacco use.
CDC Behavioral Risk Factor Surveillance System, 2021

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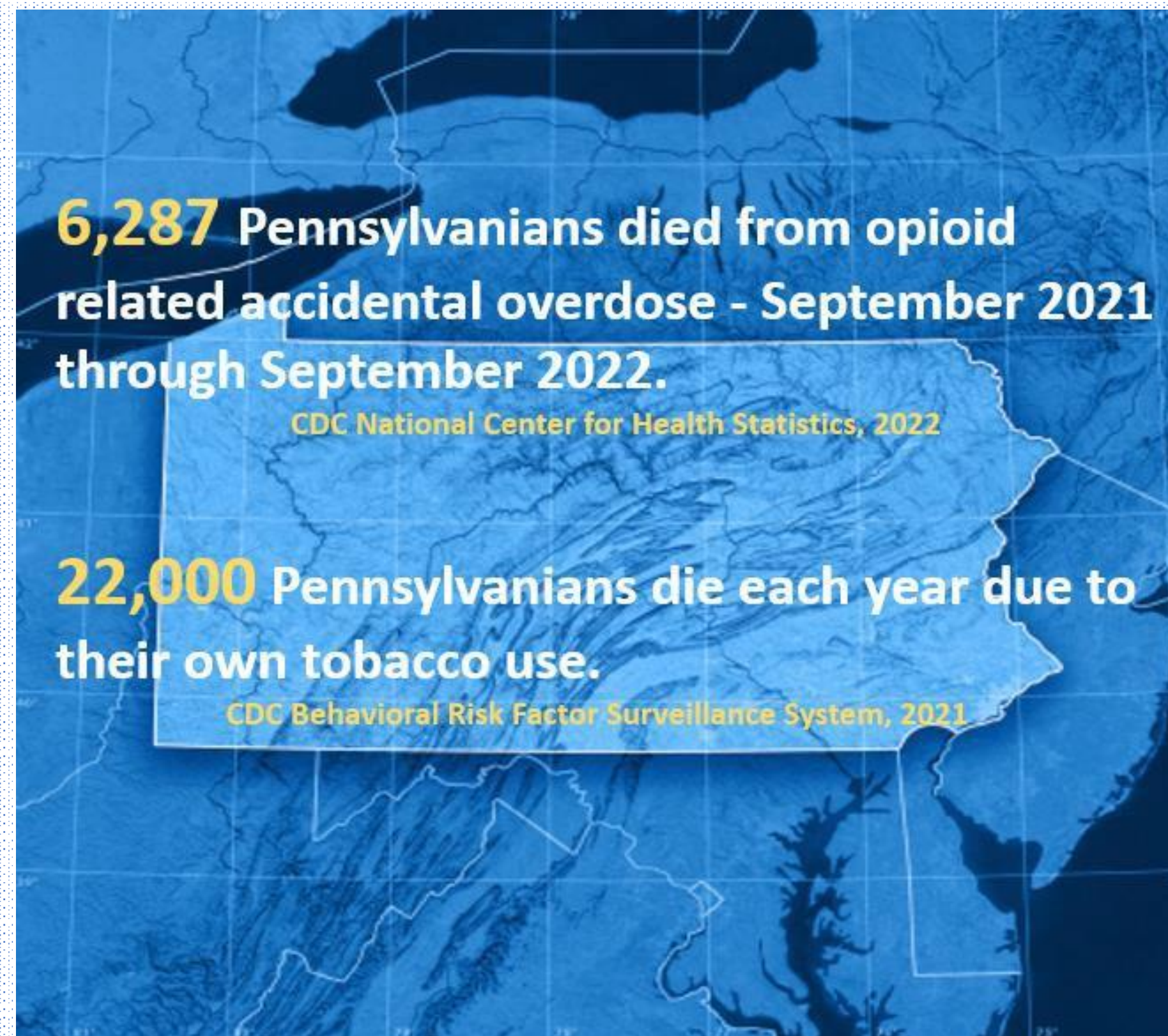
THINGS WE CAN DO

1. Know the facts. **Educate yourself** about the impact of tobacco use specific to the physical, mental, and spiritual aspects of life.

2. Be aware of your attitude and behavior. Examine your own thinking, reinforced by upbringing and society.

3. Talk About it! **Pass on facts** and challenge the misinformation.

4. Offer encouragement. Meet people where they're at, not leave them where they're at.

5. Choose your words carefully. Use terms that realistically define tobacco use disorder and recovery-oriented behavior change.

6. Focus on the positive. Highlight the rewards of tobacco recovery.

7. Advocate for evidence-based tobacco use disorder treatment interventions integrated into behavioral health services.

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PA STFRI SUD Media Campaign

Let's Talk About it!

Model success:
"My name is Bill. I'm a person in long-term recovery. I've not used alcohol or other drugs including tobacco for over three decades."

Lead with facts:
"Tobacco-related illness has long been a leading cause of death in the recovery community, yet we don't talk about it and the silence is killing us."
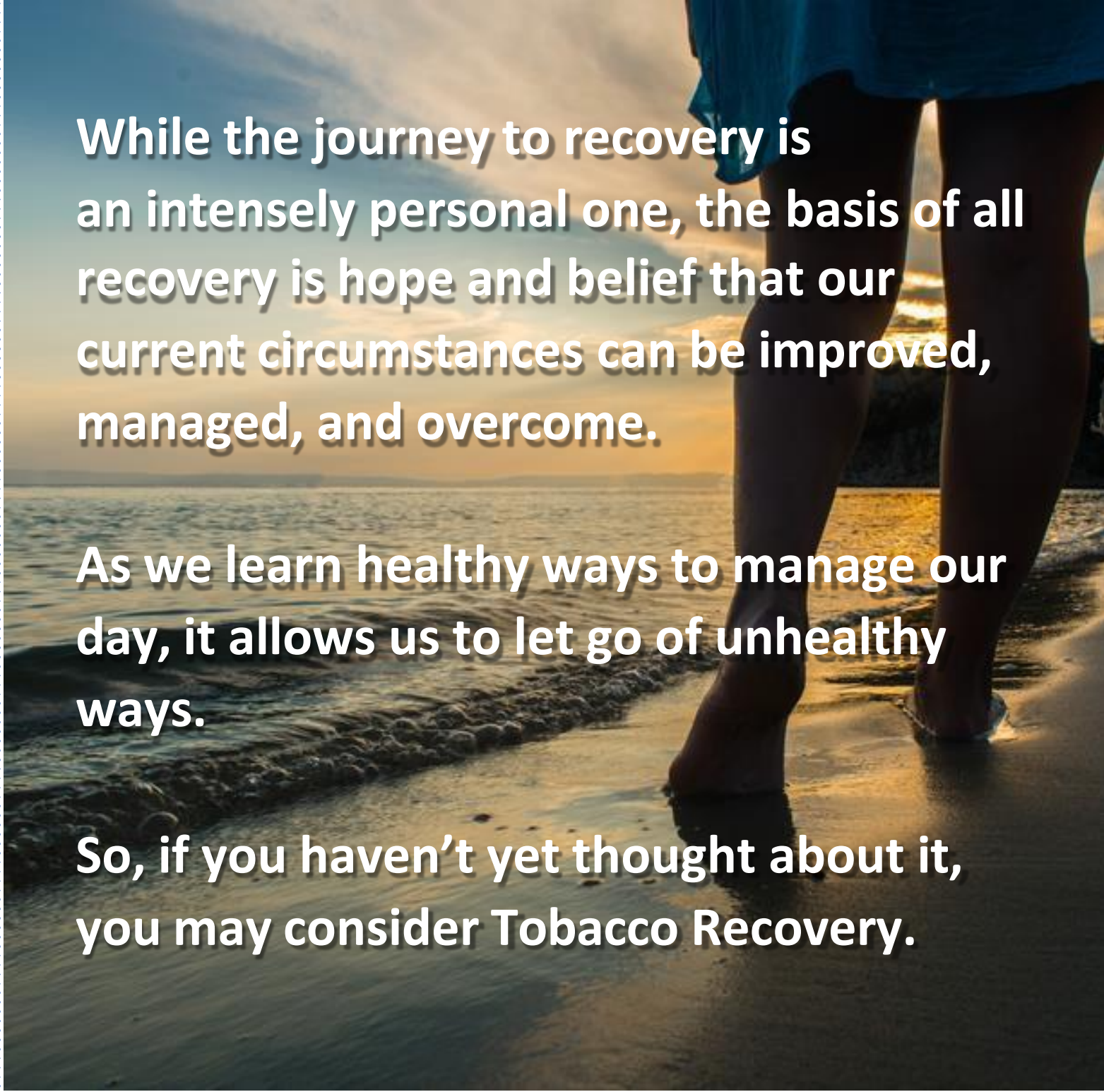
Provide a strength-based mindset:
"Many of the same supports and coping skills we learn to sustain recovery from other substances can also work for tobacco recovery."

Pass on a positive expectation:
"Tobacco recovery is recovery Let's talk about it!"

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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 is <u>achievable</u> and can:

STAMP OUT STIGMA

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

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

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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

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POLLING QUESTIONS REVISITED

COMMON BELIEFS AND ATTITUDES

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