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

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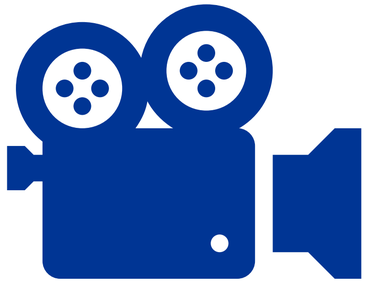

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Pose questions in the chat to **all participants**

Please complete the post-session **evaluation**

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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.

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 Centers of Excellence (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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Acknowledgements

- The COE project 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.

pennsylvania
DEPARTMENT OF HUMAN SERVICES

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PENNSYLVANIA
Statewide Tobacco-Free Recovery Initiative

Tobacco Recovery Champions

Tony Klein, MPA, NCACII
TOBACCOFREERECOVERYPA.COM

Evaluation Summary

Total Number of Attendees: 85

Total Number of Responses: 59

Response Rate: 73.8%

COE Learning Network: Learning to be Tobacco-Free

February 14, 2024

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	**52.5% (n=31)**	42.4% (n=25)	0% (n=0)	1.7% (n=1)	1.7% (n=1)
I plan to use what I learned on the job.	**50.8% (n=30)**	44.1% (n=26)	1.7% (n=1)	0% (n=0)	1.7% (n=1)
The content will help the COE program move forward.	45.8% (n=27)	**49.2% (n=29)**	1.7% (n=1)	0% (n=)	1.7% (n=1)
The training increased my knowledge about the content presented.	**52.5% (n=31)**	44.1% (n=26)	0% (n=0)	0% (n=)0	1.7% (n=1)

PENNSYLVANIA
Statewide Tobacco-Free Recovery Initiative

Evaluation Summary

Comments from Attendees

What additional materials, resources, or training opportunities do you think would be beneficial to your COE?	1. I think that this training was great! Thank you! 2. Very important topic. Would love more on this. 3. The reinforcement of MI was almost as valuable as the tobacco cessation content. The skills were highly transferrable to other evoking motivation for many personal changes. 4. Whatever helps recovering persons. 5. I thought all the materials and resources were great and resourceful.
What did you like MOST about this training?	1. Learning new stuff that I can use when working with a patient. 2. The information was very informative, and the trainer was very knowledgeable about the content. 3. Very Informative meeting, I smoked for 35 years, and I learned new things and strategies to help others. 4. good examples, good ideas on how to apply. 5. The slides and the presenter's knowledge of the subject matter. 6. General topic of discussion was extremely important. 7. Learning about tobacco MAT is often mis-prescribed/misunderstood and that there is a 12-step program for tobacco use. 8. Organized and informative 9. Meeting people where they are. 10. I liked the personal stories and experience. 11. All of it was very interesting.
How can the training be improved?	1. I think it's good already. 2. Host to not be so monotone. 3. Perhaps by being more interactive but I am not certain that is always necessary. 4. Great the way it is. 5. More participation from the audience

Objectives

People in the community become tobacco recovery hope dealers!

Part 1

- Review PA STFRI mission, vision and guiding principles.
- Identify the impact of TUD on the recovering community.
- Recognize barriers to tobacco recovery.

Part 2

- List strength-based recovery practices to mitigate the barriers.
- Apply an engagement and awareness strategy.
- Discuss the potential roles and responsibilities of a tobacco recovery champion.

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.

PENNSYLVANIA
Statewide Tobacco-Free Recovery Initiative

PA STFRI Guiding Principles

1. **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 other substances, tobacco interventions integrated into SUD treatment is associated with sustained drug and alcohol recovery. Tobacco abstinence is correlated to decreased anxiety, depression, and improvements to overall mood and quality of life.

PA STFRI Guiding Principles

2. Person-centered tobacco use disorder interventions align with harm reduction strategies and do not interfere with treatment access.

Proposed clinical performance standards reflect American Society of Addiction Medicine guidelines and comprise pathways of care that account for individual readiness and self-determination.

PA STFRI Guiding Principles

3. 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. A systems tobacco intervention approach tailored to vulnerable populations shows support for human rights and helps to mitigate societal stigma.

Painting The Picture – A Quick Background Review

- Tobacco Use Prevalence
- Impact on SUD and SUD Recovery
- Impact on Mental Health
- Morbidity and Mortality
- Identified Degree of Interest
- Societal & System Barriers
- Current Practice

Impact on Other Substance Use Disorders

- Nicotine primes the mesolimbic dopamine pathway and intensifies the rewarding effect of other substances. (Huang et al., 2013)
- 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. (Epstein et al., 2010)
- Nicotine and opioid addictions are mutually reinforcing, whereas tobacco use disorder treatment is associated with long-term abstinence after opioid treatment. (Marynak, 2018)
- Tobacco dependence treatment during addictions treatment was associated with a 25% increased likelihood of long-term abstinence from alcohol and illicit drugs. Not offering tobacco treatment in addictions programming is tantamount to increased harm. (McKelvey et al., 2017; Prochaska et al., 2004)

Impact on Mental Health

Smoking cigarettes or vaping nicotine is often used as a coping strategy by individuals who have depression, anxiety or other mental disorders. However, it could potentially worsen the existing mental health conditions. Nicotine interrupts the cerebral dopamine pathway leading to an increase in depressive symptoms.

Nicotine Consumption:

- Associated with impulsivity, mood disorders, anxiety, suicidality and depression.
- Increases sensitivity to stress and alters the coping mechanism in the brain.
- Results in a bidirectional, dose-response relationship – an increase in psychiatric symptoms correlates to increased exposure to nicotine and the reverse association is also true.

Misinformation

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.

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Statewide Tobacco-Free
Recovery Initiative

False Beliefs & Stereotyping

The tobacco industry created and reinforced false beliefs that using tobacco helps to manage stress and people with elevated life stressors should not try to stop smoking.

The messaging targeted individuals who have or who experience:

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

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH

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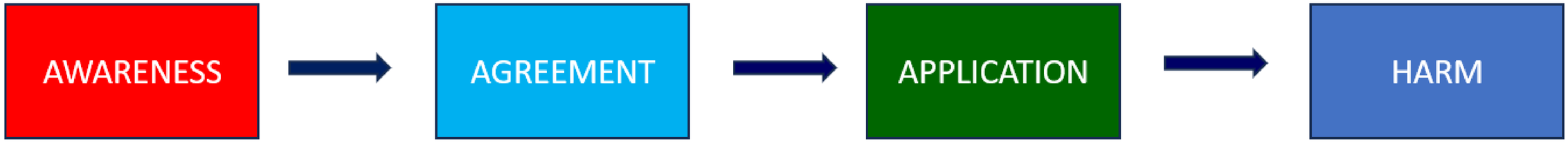
Self-Stigma Stage Model

Misinformation and stereotyping have led to normalizing tobacco use in the treatment and recovery community.



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

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

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

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

(Corrigan & Rao, 2012)

Stigmatizing 20th Century Beliefs

False narrative (belief echoes) passed down over the years 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.

Recovery Community

- Smoking is helpful to connect with others and create a network of recovery supports.
- It's not a problem – it's legal and we 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.

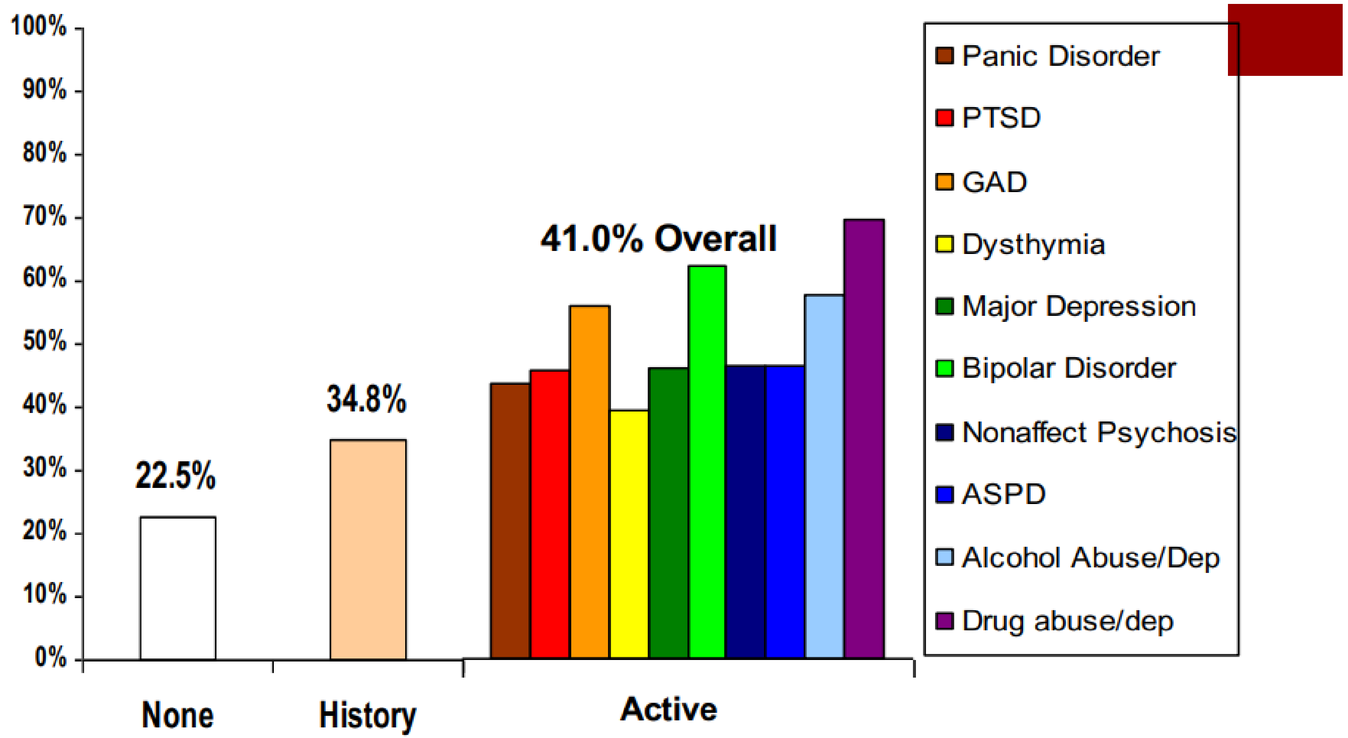
Tobacco Use Prevalence

U.S. National Data = 11.5%

Adult Men – 13.1% Adult Women – 10.2%

In Pennsylvania 19% of adults currently smoke cigarettes, use smokeless tobacco or electronic vapor products.

CDC Behavioral Risk Factor Surveillance System (BRFSS), 2021



STANFORD PREVENTION RESEARCH CENTER
the science of healthy living

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

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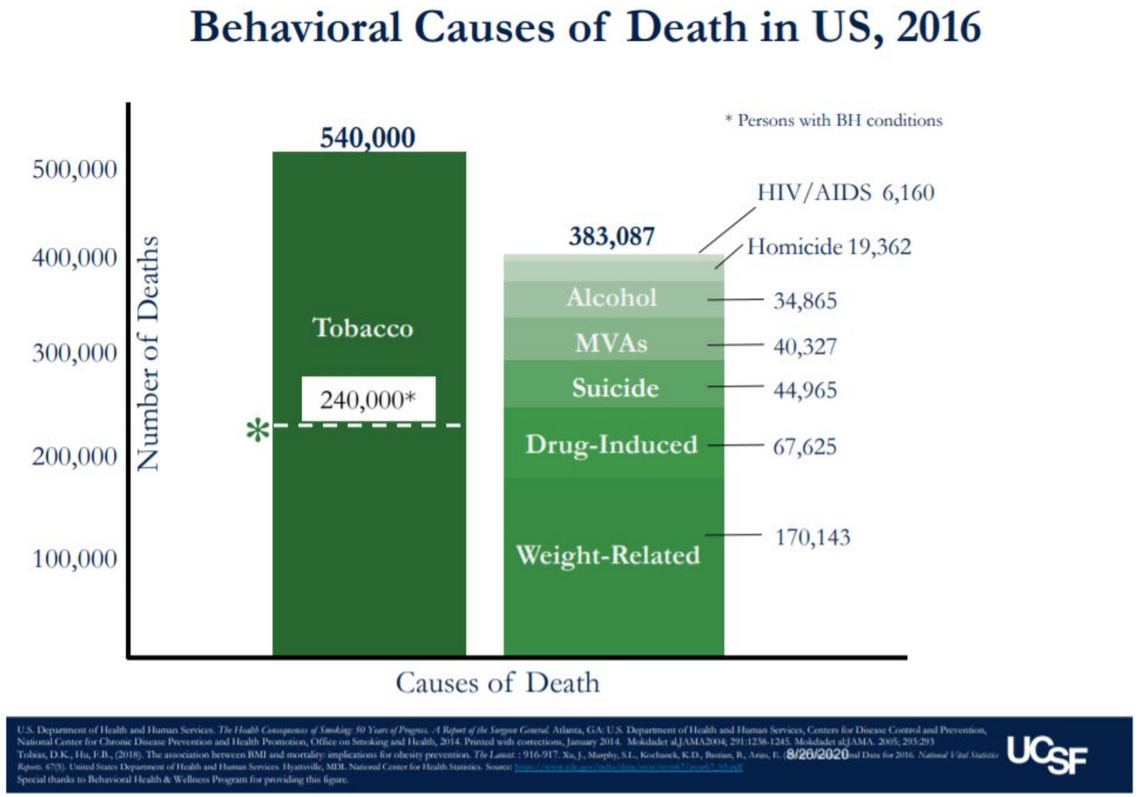
Tobacco-Related Disease & Death

Over 240,000 (45%) of the 540,000 annual tobacco-related deaths were individuals with mental and substance use disorders.

Centers For Disease Control and Prevention, 2016



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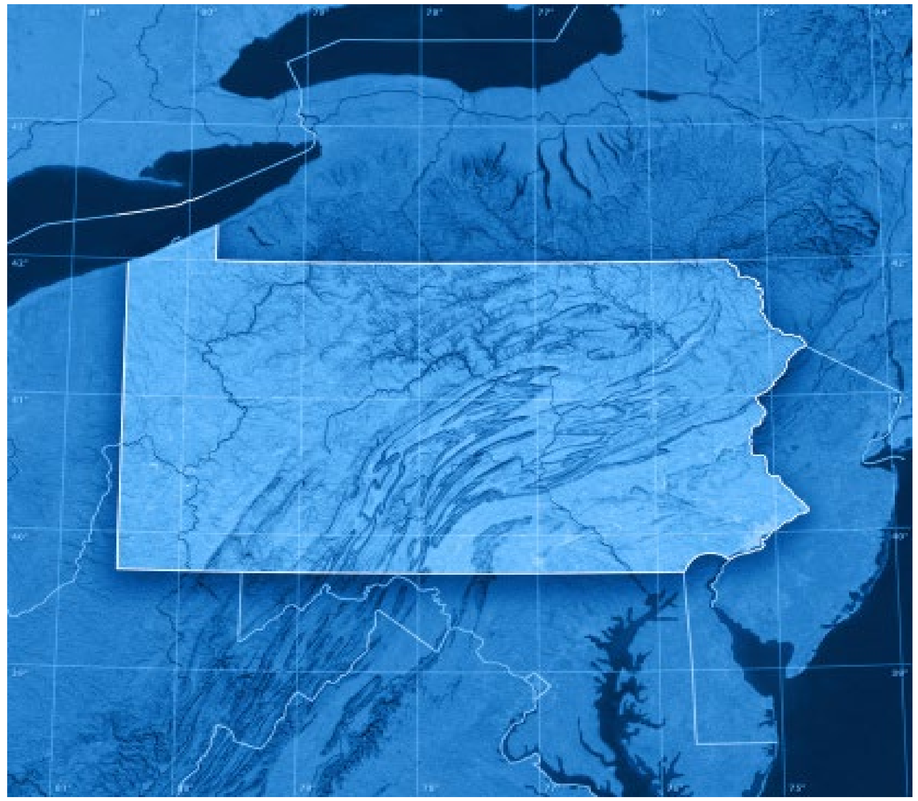
PA Opioid & Tobacco Deaths



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

9,900 **(45%)**

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Statewide Tobacco-Free
Recovery Initiative

Statewide Panel Survey

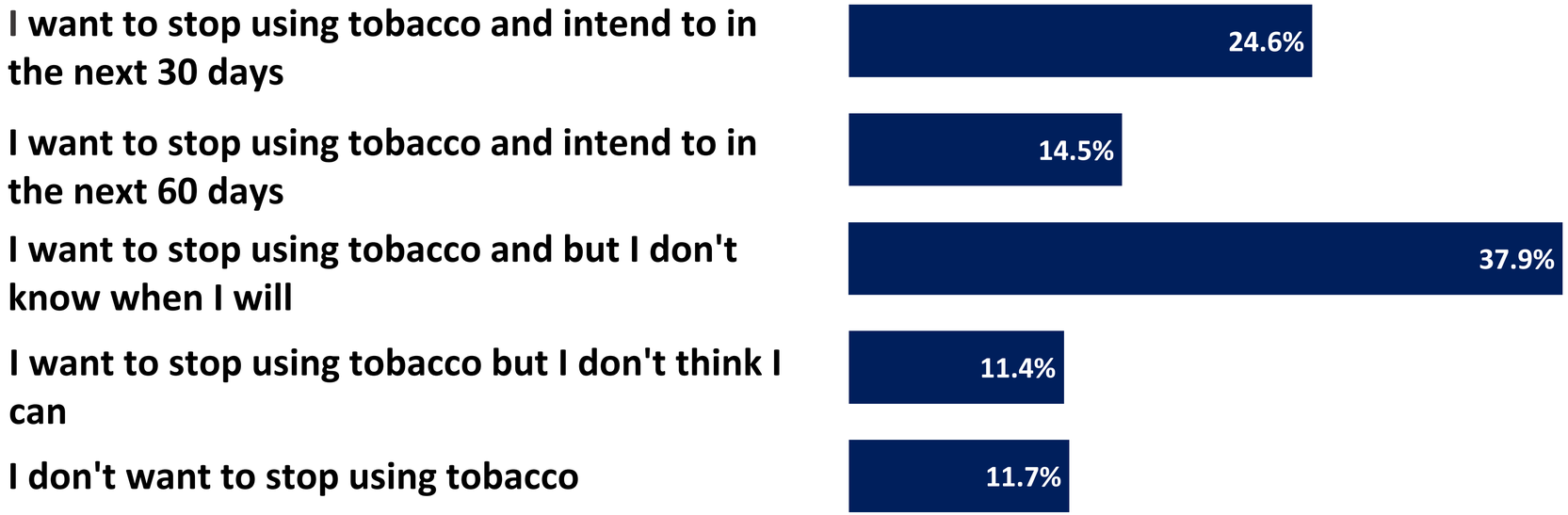
In May 2023, a statewide survey was distributed among individuals receiving care in behavioral health services.

Respondents were only able to complete the survey if they **screened positive for**:

1. being over the age of 18,
2. a Pennsylvania resident,
3. having a history of tobacco use, and
4. having a mental or substance use disorder diagnosis.

Tobacco Use & Interest to Stop

88% of respondents indicated **wanting to stop their tobacco use** (N=600).



77% reported having previously **made a quit attempt** (N=581).

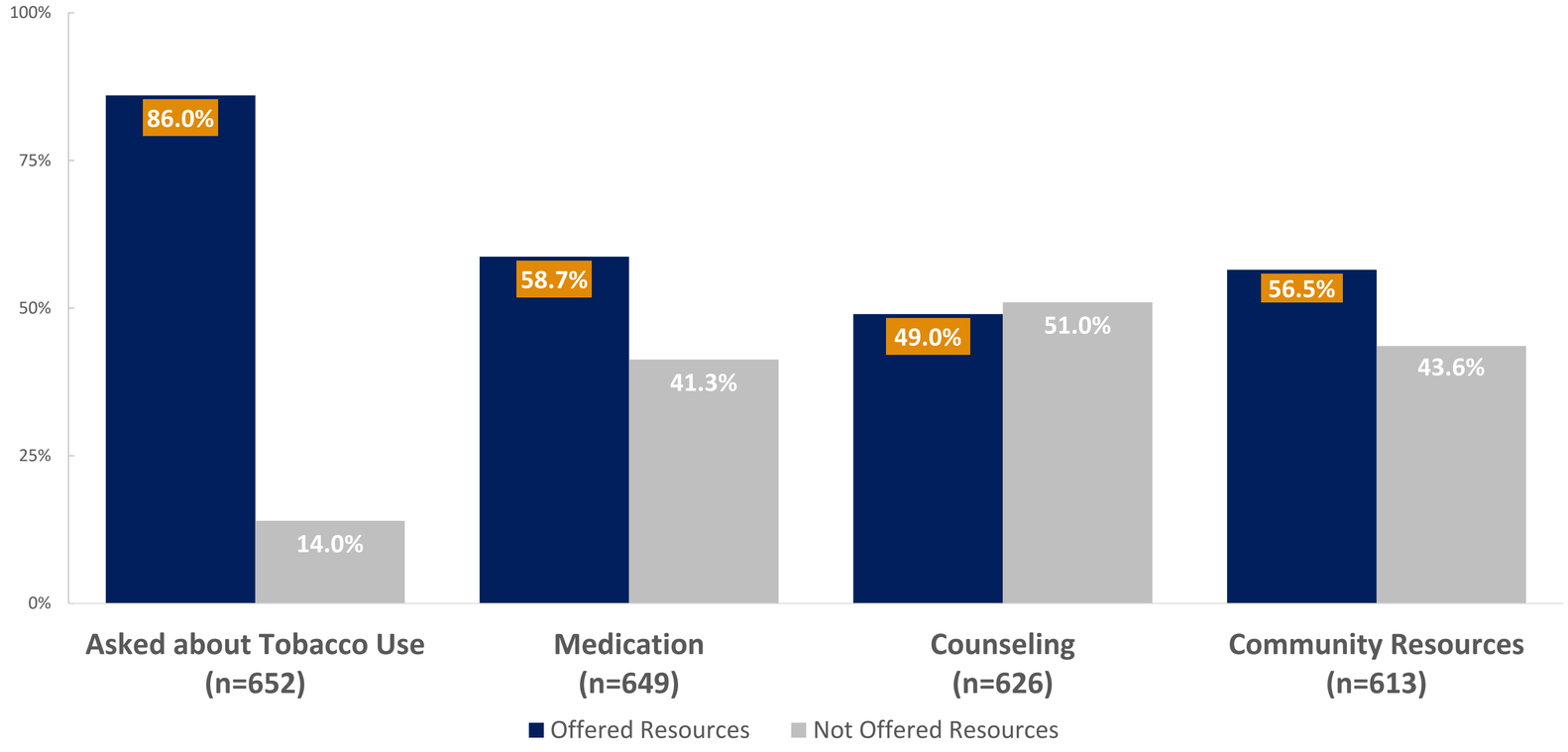
Tobacco Treatment Experience

91% of respondents agreed with the statement:

"Learning tobacco-free coping skills is helpful to mental health or substance use recovery." (N=613)

Over **85%** of respondents had been **asked about their tobacco use** upon admission to treatment

However, **<60%** were offered **nicotine replacement therapy** and **<50%** were offered **behavioral counseling** (N=652).



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RESEARCH & EVALUATION GROUP at PHMC

A Tobacco Use Disparity Group

- Greater use of addictive cigarettes, cigars, and vaping devices
- 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., 2013)

Adults with mental or substance use disorders represent 25% of the population yet consume over 40% of all the cigarettes smoked

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Your Thoughts?

William White Papers

Transformation is more jazz than scored music.

William L. White
author, senior research consultant

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Lessons Learned from SUD Treatment & Recovery History

Shared Objectives of SUD Providers and Recovery Allies:
Treatment access, quality of care, stigma reduction, and social support to advance long-term recovery.

Lesson 1: **Providers and recovery allies have a lengthy history of adapting to change and continuous quality improvement.**

- Moralistic view vs. medical model vs. recovery-oriented systems model
- Definition of recovery – anonymous vs. self-disclosure advocacy, individual vs. community-involved

Lesson 2: **Our understanding of quality care is influenced by social norms, common beliefs, and research findings.**

Favorable Influencing Factors

- Valid Research
- Expert Opinions
- Peer Lived Experiences

Unfavorable Influencing Factors

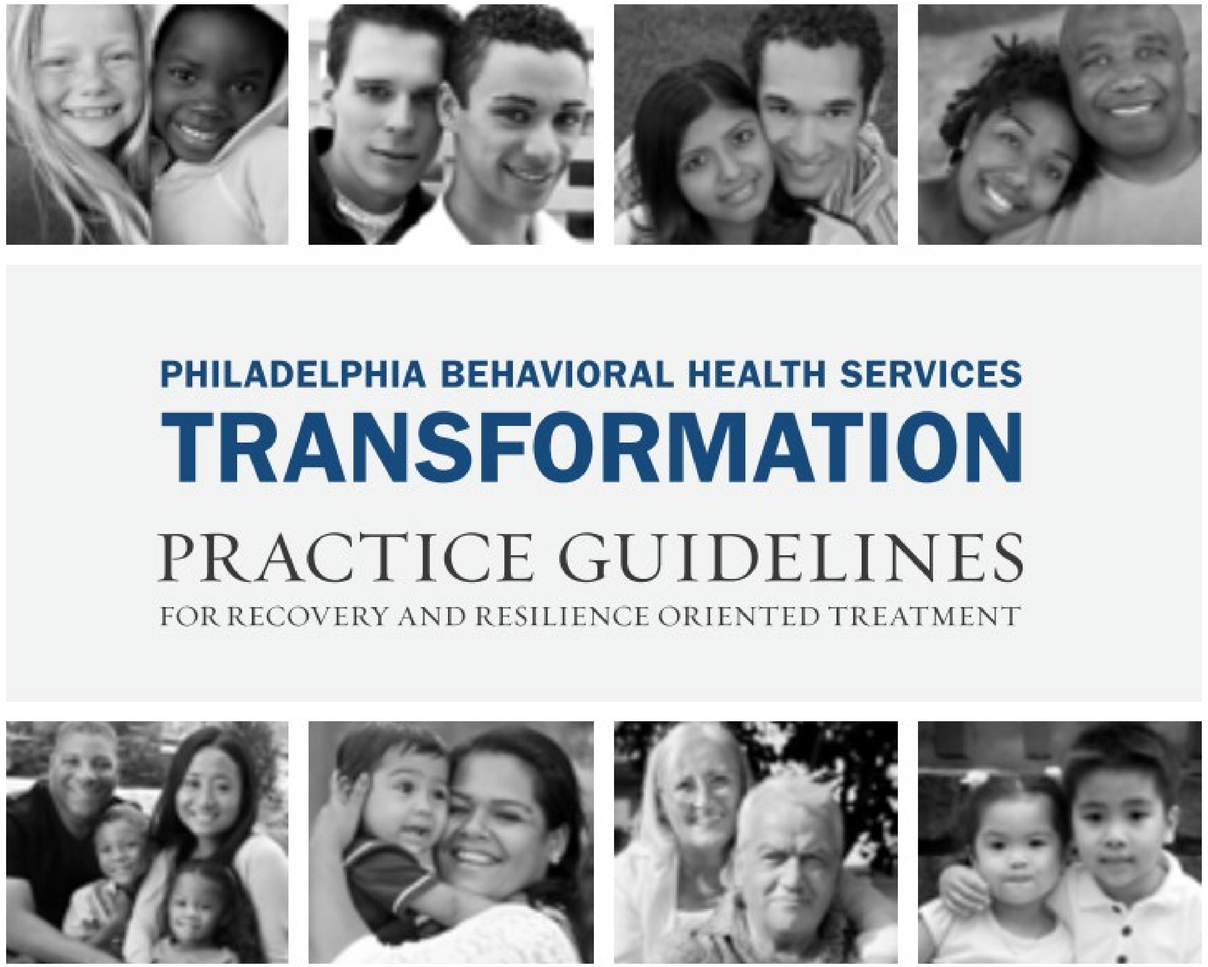
- Implicit Biases
- Social Stigma
- Commercial Interests

SAMSHA Guiding Principles of Recovery

Principle	Explanation
Hope	The belief that recovery is REAL. Hope is internalized and fostered by others, and it is the catalyst of the recovery process.
Person-Driven	Individuals define their own life goals and design their unique paths toward these goals.
Many Pathways	Recovery pathways are highly personalized. Recovery is non-linear, characterized by continual growth, and occasional setbacks.
Holistic	Recovery encompasses an individual's whole life, including mind, body, spirit, and community. The array of services and supports available should be integrated and coordinated.
Peer Support	Peers encourage and engage other peers and provide each other with a vital sense of belonging, supportive relationships, valued roles, and community.
Relational	Recovery is supported by the presence and involvement of people who believe in the person's ability to recover; who offer hope, support, and encouragement.
Culture	Values, traditions, and beliefs are key in determining a person's journey and unique pathway to recovery.
Trauma-Informed	Services and supports should be trauma-informed to foster safety and trust; this promotes choice, empowerment, and collaboration.
Strengths & Responsibilities	Individuals, families, and communities have strengths and resources that serve as a foundation for recovery. Individuals have a personal responsibility for their own self-care and journeys of recovery. Families have responsibilities to support their loved ones in recovery and stay well themselves. Communities have responsibilities to provide opportunities and resources to address discrimination and to foster social inclusion and recovery.
Respect	Acceptance and appreciation for people affected by mental health and substance use challenges are crucial to achieve recovery. Self-acceptance, developing a positive and meaningful sense of identity, and regaining belief in one's self are also important.

Arthur C. Evans, PhD

City of Philadelphia
DBHIDS
DEPARTMENT of BEHAVIORAL HEALTH and INTELLECTUAL disABILITY SERVICES



Philadelphia Behavioral Health Services Transformation Practice Guidelines for Recovery and Resilience Oriented Treatment, 2013

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Lessons Learned from Recovery-Focused System Transformation

Three Approaches to Recovery-Focused System Transformation		
		As applied to tobacco recovery interventions
Additive	• Focus on adding services to the existing treatment system. • Important treatment variables such as assessment processes, service planning, the nature of service relationships and the focus of services remain unchanged. • Fails to recognize that all services should be delivered to reflect the values and principles of recovery-oriented care.	• Offer on-site brief tobacco intervention services. • Provide information on community resources.
Selective	• Recognition that treatment practices must be changed. • Emphasis is on changing the treatment practices of select programs, protocols, or levels of care.	
Transformative	• The nature of treatment itself changes to align with the values and principles of recovery and resilience. • Services are provided in a seamless, integrated manner and regarded, not only as equal in importance, but also as indispensable in promoting sustained recovery.	• An interdisciplinary team model of intensive tobacco interventions is fully integrated into all care components (assessment, intake, psychoeducation, medication management, behavioral counseling, discharge recommendations).

Philadelphia Behavioral Health Services Transformation Practice Guidelines for Recovery and Resilience Oriented Treatment, 2013

NWPA Culture Change Pilots

COMMUNITY COUNSELING CENTER

Hermitage, Greenville & Grove City PA

ALPINE SPRINGS

Linesville, PA

Staff and Client Engagement Strategy: Program integration making "tobacco recovery" a topic relevant to overall recovery

Phase I: Analysis

- **Review Current State**
  - Program services and staffing structure
  - Tobacco Policy Assessment
- **Employee and Client Surveys**
  - K&A - Employee knowledge, attitudes and beliefs
  - K&A - Client knowledge, attitudes and beliefs
- **Provider Resources**
  - Review of survey outcome data to determine knowledge gaps

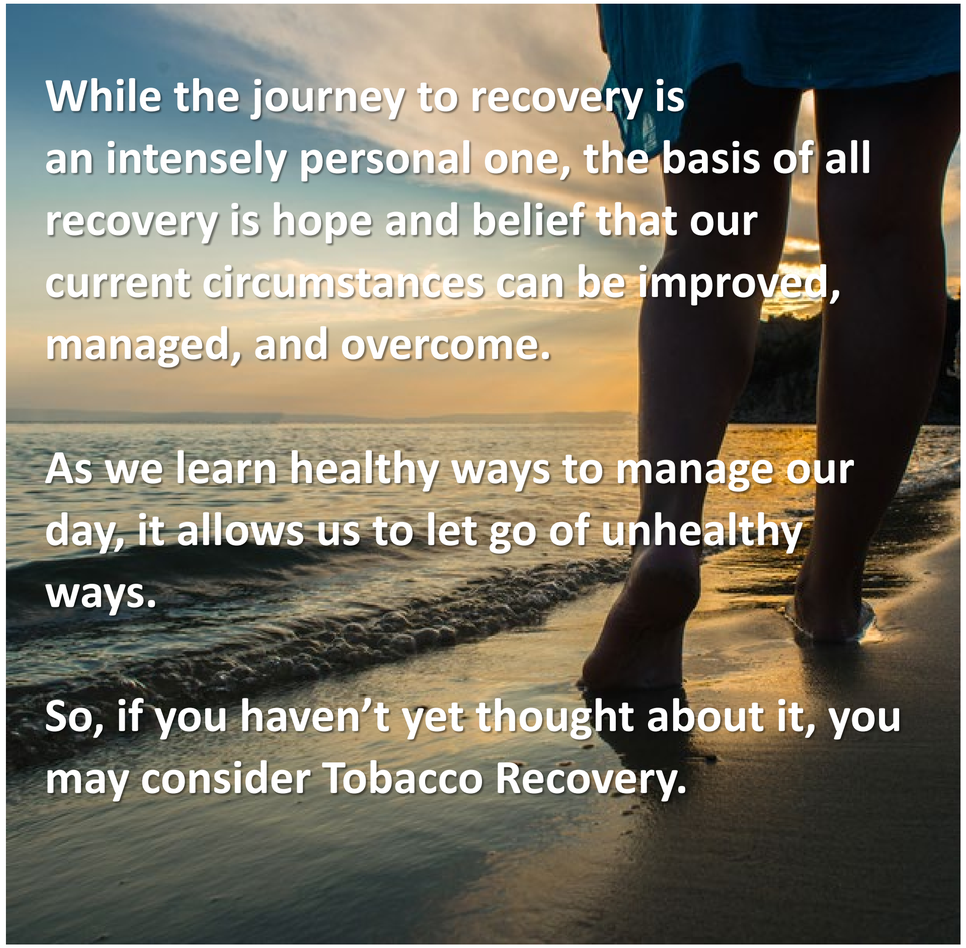
Phase II: Build Infrastructure

- **Develop Future State Vision**
  - Workgroup/Workplan
  - Tobacco integration champions
- **Consciousness Raising**
  - Employee education strategy
  - Client education strategy
  - System messaging strategy
  - Community outreach strategy
- **Project Activity and Program Readiness Monitoring**
  - Document workgroup and consciousness-raising activity
  - Repeat K&A surveys

Phase III: Policy Implementation

- **Technical Assistance**
  - Preparation
  - Integration
  - Sustainability
- **Coaching**
- **Evaluation**
  - Tobacco use denormalization
  - Utilization of clinical interventions
  - Impact to treatment outcomes
  - Repeat Tobacco Policy Assessment
- **Lessons Learned**
  - QI Process
  - Manualize clinical protocols

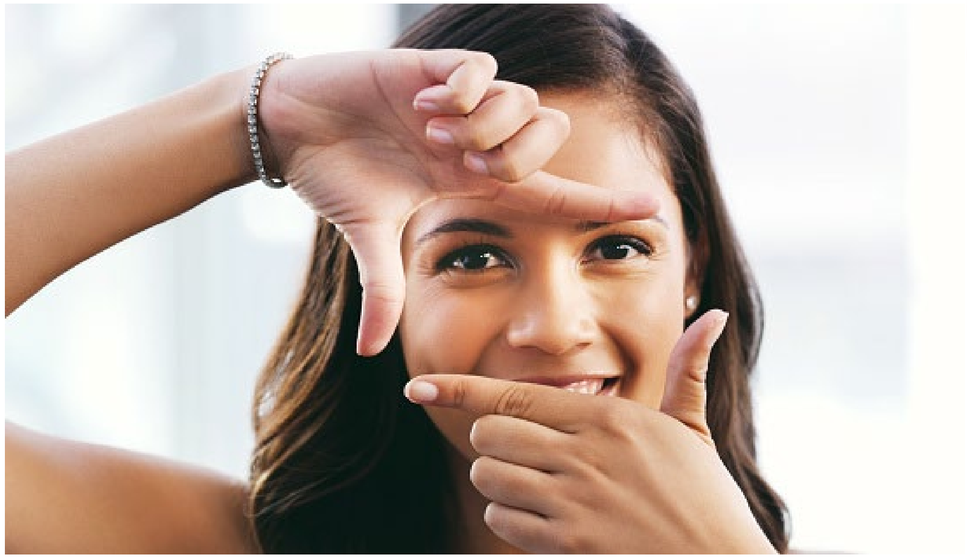
Hope-Inducing Messaging



Learning tobacco-free coping skills is totally achievable and 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 recovery

(BMJ, 2014)



Reframe Language

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

STAMP OUT STIGMA

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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Tobacco Awareness in Recovery

1. Tobacco's Association to AOD Use and Recovery
2. Stress and Tobacco Use
3. Target Marketing
4. Cost/Benefit Analysis
5. Behavior Change/Letting Go of Unhealthy Relationships
6. Open Discussion

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Tobacco Awareness in Recovery

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.	The session was interesting and held my attention.	2%	1%	14%	33%	50%
2.	The session was helpful to my personal journey of recovery.	2%	3%	23%	30%	42%
3.	I learned something new.	2%	2%	14%	28%	54%
4.	I would be interested in learning more about the topic.	4%	5%	30%	24%	37%
5.	Overall rating of the session.	Very Poor	Poor	Neutral	Good	Very Good
		1%	0%	11%	26%	62%

N=445
January - May 2023

Lessons Learned from NWPA Culture Change Pilots

Why is this topic difficult to talk about? … and why we need to.

- Change is difficult.
- Change naturally means uncertainty, and this is why many changes, even the best and most exciting ones can lead to anxiety.
- Change can challenge how we think, how we work, the quality of our relationships, and sense of identity.

Advocacy Efforts

- TALK ABOUT IT! - Tobacco Recovery <u>is</u> Recovery
- Information Sharing Using Recovery Oriented Messaging
- Demand Evidence-based Tobacco Use Disorder Treatment

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Collaborative Discussion

- What is a tobacco recovery champion?
- What does a tobacco recovery champion do?
- How do we engage our peers?
- How do we mobilize our community?
- How do we include this in our work?

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

Thank You

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Statewide Tobacco-Free Recovery Initiative

TOBACCOFREERECOVERYPA.COM

Your Thoughts?

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