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- Access to the **Chat** box

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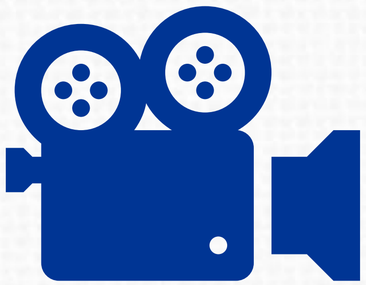

This session is being recorded to **Tomorrow's Healthcare**.



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



Please complete the post-session **evaluation**.

University of Pittsburgh

School of Pharmacy
Implementation and Research Center for Healthy Communities

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Mutual Agreement

- Everyone on every Learning Network 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 these 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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- 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.
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- 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 University point of contact.**

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

University of Pittsburgh
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Implementation and Research Center for Healthy Communities

Harm Reduction Applied to Tobacco Use

Tony Klein, MPA, NCACII

TOBACCOFREERECOVERYPA.COM

PENNSYLVANIA
Statewide Tobacco-Free Recovery Initiative

Learning Objectives

Participants will be able to:

- Define harm reduction.
- Cite two ways the tobacco industry has leveraged harm reduction in their marketing strategies.
- Identify how harm reduction can be used as a bridge to tobacco use disorder treatment.

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 person-centered tobacco interventions serve to maximize treatment outcomes, mitigate health disparities, and allows all Pennsylvanians to thrive in their recovery.

PA STFRI Guiding Principles



- **Treating tobacco concurrently with other behavioral disorders is safe and maximizes treatment outcomes.**

Tobacco interventions integrated into substance use disorder treatment is associated with sustained drug and alcohol recovery.

Learning tobacco-free coping skills is correlated with reduced anxiety, less depression and an improvement to overall mood and quality of life.

PA STFRI Guiding Principles



- **Person-centered tobacco use disorder interventions do not interfere with treatment access or retention.**

Proposed clinical performance standards reflect evidence-based guidelines and comprise pathways of care that account for individual readiness and self-determination.

PA STFRI Guiding Principles

- **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.

Tobacco interventions tailored to the recovering community shows support for human rights and helps to mitigate social stigma.





Why Talk About Tobacco in Behavioral Health?

A landmark 11-year study conducted at the Mayo Clinic in Rochester, Minnesota found that **over half of people who were treated for a substance use disorder died from an illness caused by tobacco use.**

Another way to think about this is that they died from an untreated, rarely discussed addiction after being treated for other addictions by people who specialize in treating addiction.



Why Talk About Tobacco in Behavioral Health?

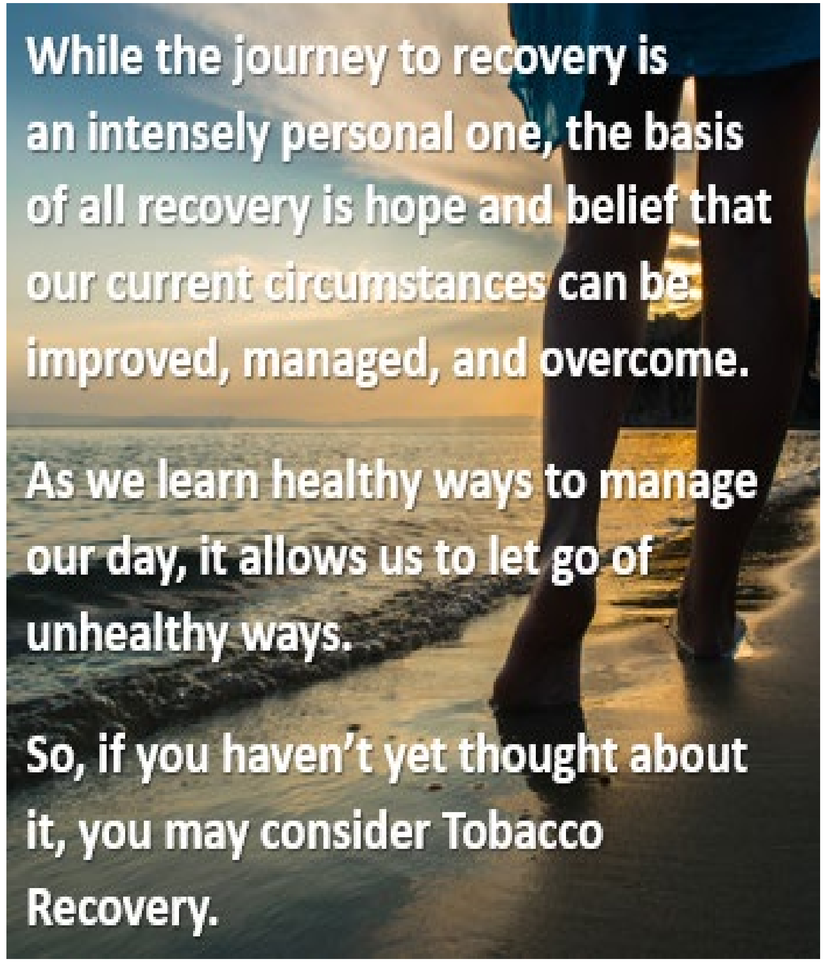
Tobacco and tobacco related illness is the leading cause **death in the recovery community.**

Every year in Pennsylvania **among people with MH/SUD** there are **more tobacco related deaths than from suicide and accidental drug overdose.**

3,937 Pennsylvanians died from opioid related accidental overdose – July 2023 through July 2024.
CDC National Center for Statistics, 2025

22,000 Pennsylvanians die each year due to their own tobacco use.
American Lung Association's State of Tobacco Control Report, 2025

9,900 (45% of 22,000) Pennsylvanians with behavioral health conditions that die each year due to their own tobacco use.



Why Talk About Tobacco in Behavioral Health?

When **addiction treatment is delivered** in a tobacco recovery supportive model of care, **recovery rates have been shown to be increased by 30%.**

Tobacco use disorder interventions reduces relapse to other substances and supports long-term recovery.

After five years of abstinence, **the risk of relapse** for someone with a substance use disorder **is much lower and comparable to that of the general population**.

Parks MJ, Blanco C, Creamer MR, et al. Cigarette Smoking During Recovery From Substance Use Disorders. JAMA Psychiatry. Published online August 13, 2025.



Why is this a Controversial Topic?

There is a long history of **tobacco use as the social norm** in the recovery community.

Historically, attempts to address tobacco have not worked well in the treatment and recovery community.

For decades, the tobacco industry has made **false claims of how their products are designed to reduce harm** to their consumers.

"Harm Reduction" or maintaining profits by addicting youth and keeping adults' nicotine addicted?



Tobacco Industry's History of Deception



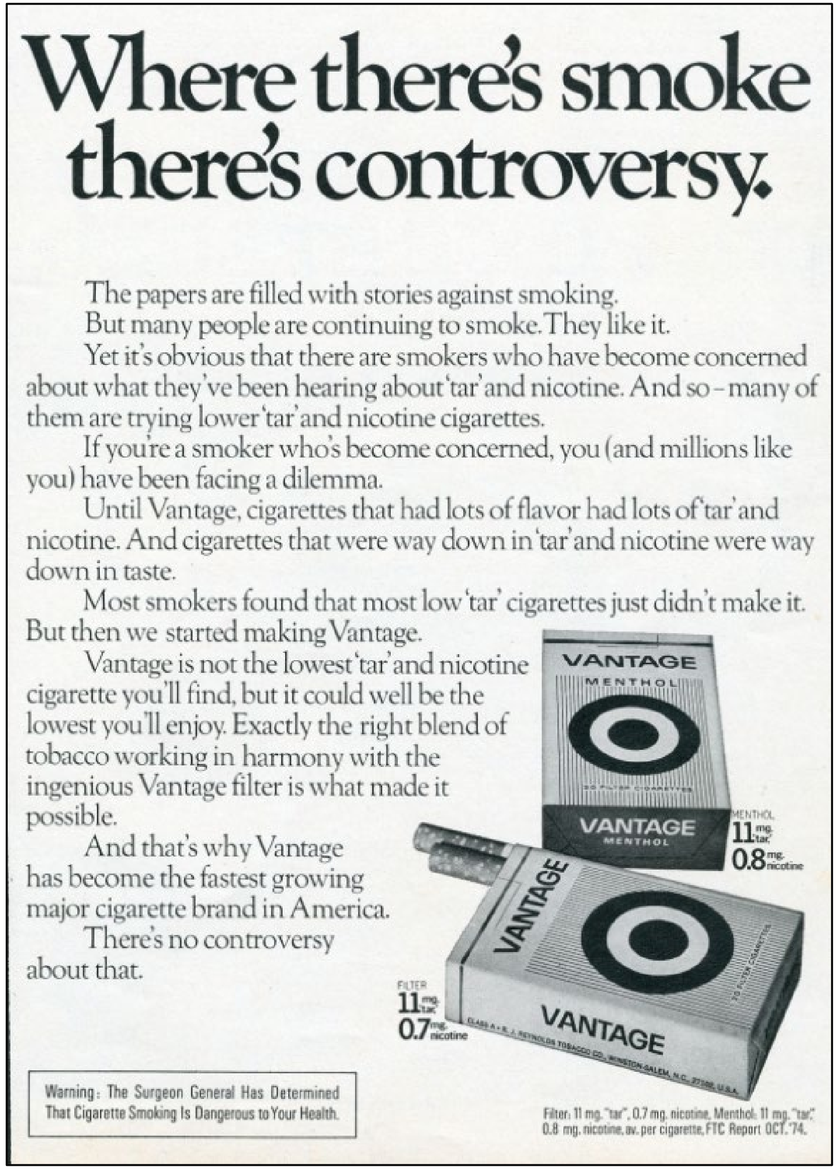


Industry Targeting and Misinformation

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 their products were safe and not addicting.**

False Claims

Specially designed Filters



Where there's smoke there's controversy.

The papers are filled with stories against smoking.
But many people are continuing to smoke. They like it.
Yet it's obvious that there are smokers who have become concerned about what they've been hearing about 'tar' and nicotine. And so – many of them are trying lower 'tar' and nicotine cigarettes.
If you're a smoker who's become concerned, you (and millions like you) have been facing a dilemma.
Until Vantage, cigarettes that had lots of flavor had lots of 'tar' and nicotine. And cigarettes that were way down in 'tar' and nicotine were way down in taste.
Most smokers found that most low 'tar' cigarettes just didn't make it. But then we started making Vantage.
Vantage is not the lowest 'tar' and nicotine cigarette you'll find, but it could well be the lowest you'll enjoy. Exactly the right blend of tobacco working in harmony with the ingenious Vantage filter is what made it possible.
And that's why Vantage has become the fastest growing major cigarette brand in America.
There's no controversy about that.

VANTAGE MENTHOL
MENTHOL 11 mg. tar 0.8 mg. nicotine
FILTER 11 mg. tar 0.7 mg. nicotine
VANTAGE

Warning: The Surgeon General Has Determined That Cigarette Smoking Is Dangerous to Your Health.

Filter: 11 mg. "tar", 0.7 mg. nicotine, Menthol: 11 mg. "tar", 0.8 mg. nicotine, av. per cigarette, FTC Report OCT. '74.



False Claims

Kent's Filter contained crocidolite asbestos





False Claims

True's exclusive tar and nicotine reduction system





False Claims

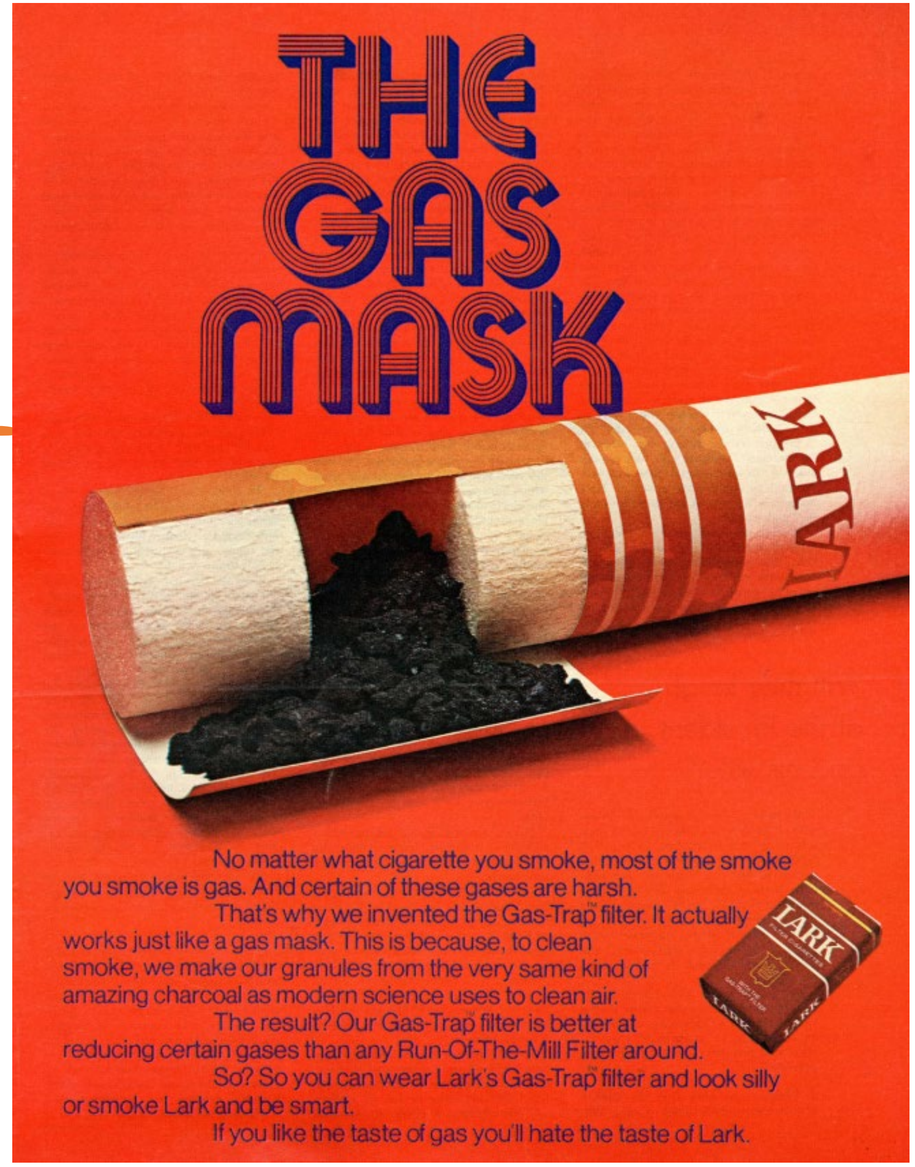
Evidence Based Testing

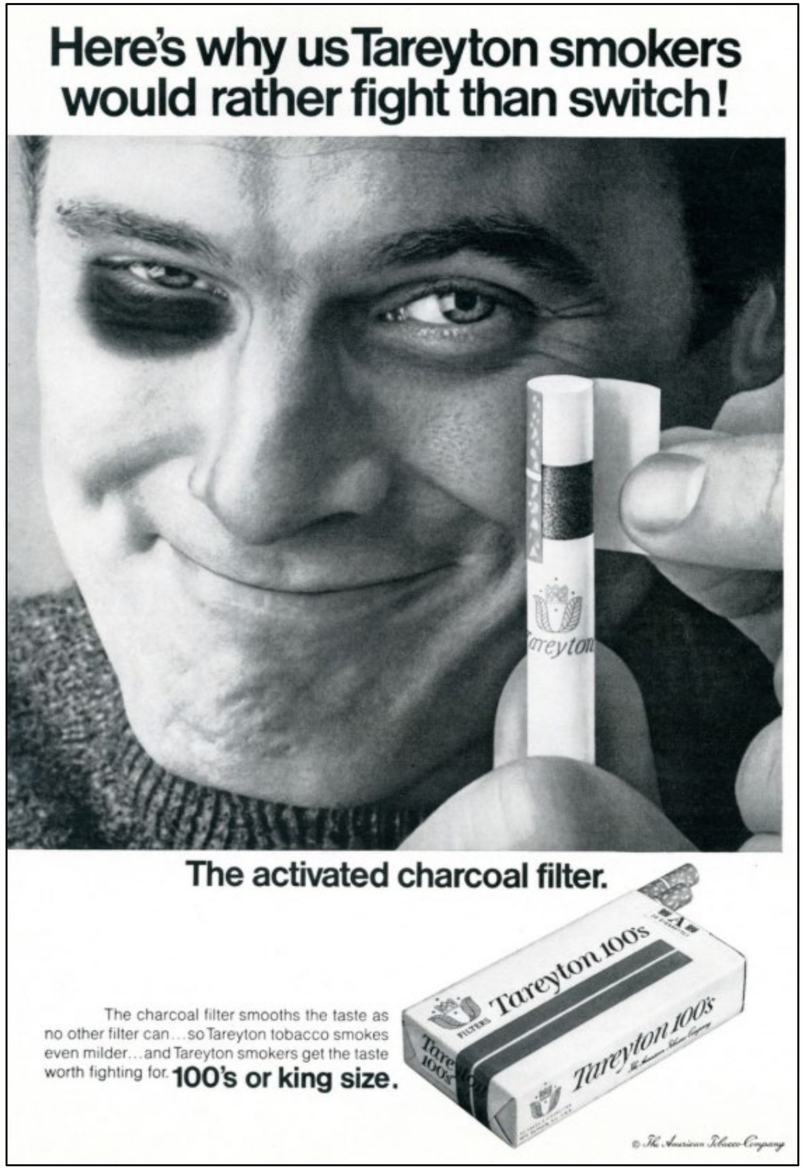




False Claims

Gas Trap Filters to "Clean" Smoke





False Claims

Misleading Health Benefits





NATIONAL ASSOCIATION OF ATTORNEYS GENERAL

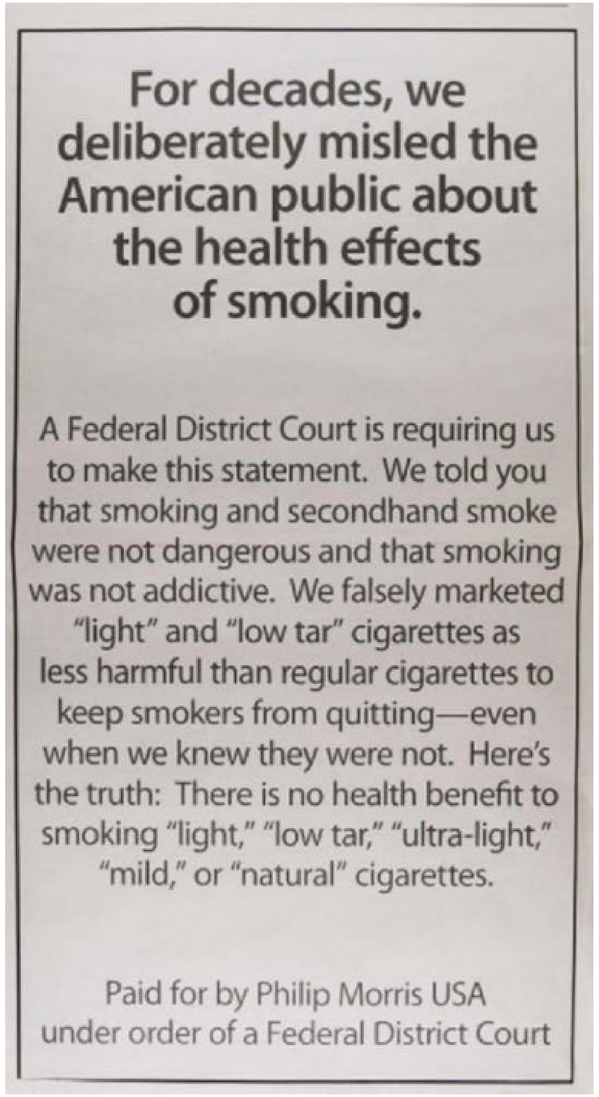
Tobacco Master Settlement Agreement

- The **MSA** was entered into on November 23rd, 1998, originally between the four largest United States tobacco companies and the attorneys general of 46 states.

- **The states settled their Medicaid lawsuits against the tobacco industry for recovery of their tobacco-related health-care costs.** In exchange, the companies agreed to **curtail or cease certain tobacco marketing practices**, as well as to pay, in perpetuity, various annual payments to the states to compensate them for some of the medical costs of caring for persons with smoking-related illnesses.

- The money also funds an advocacy group called the **Truth Initiative** and maintains a public archive of documents resulting from the cases.

Publicly Admit to False Marketing



For decades, we deliberately misled the American public about the health effects of smoking.

A Federal District Court is requiring us to make this statement. We told you that smoking and secondhand smoke were not dangerous and that smoking was not addictive. We falsely marketed "light" and "low tar" cigarettes as less harmful than regular cigarettes to keep smokers from quitting—even when we knew they were not. Here's the truth: There is no health benefit to smoking "light," "low tar," "ultra-light," "mild," or "natural" cigarettes.

Paid for by Philip Morris USA
under order of a Federal District Court

Court Ordered 2006
Issued 2017 (11 years of delay)

So, do we now believe Altria?



Emergence of "Harm Reduction" Products

PHILIP MORRIS INTERNATIONAL



e-Cigarettes



Heated Tobacco



Nicotine Pouches

Stanford MEDICINE | Stanford Research into the Impact of Tobacco Advertising

Why Quit? Switch.







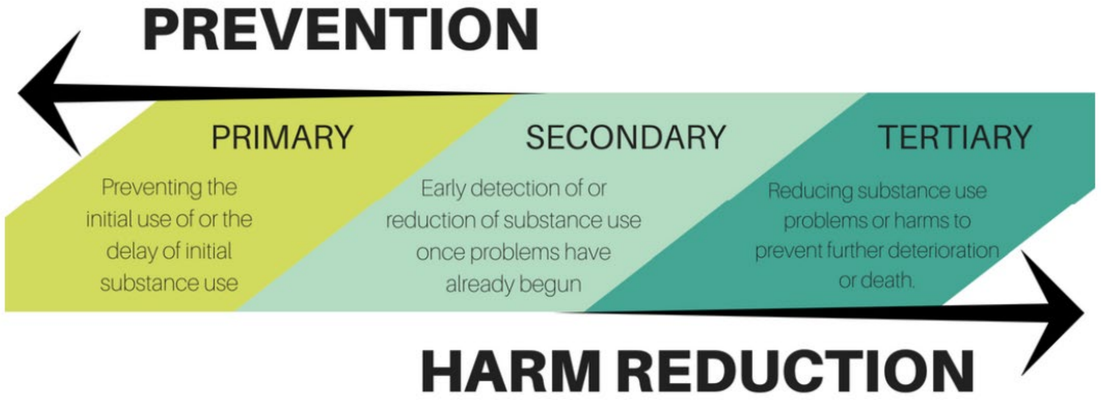
Wonder how everything from bike helmets, to sunscreen, to naloxone, can be considered “harm reduction”?

Well, the basic concept of harm reduction provides evidence-based interventions focused on reducing harm to people. Bike helmets prevent brain injury, sunblock prevents cancer, and naloxone can save the life of someone who has overdosed on opioids.



Harm Reduction For Substance Use Disorders

Harm reduction is widely viewed as a first step and a vital pathway to formal treatment for substance use disorders. Instead of requiring immediate and total abstinence, harm reduction strategies meet people "where they are" to reduce the negative consequences of drug use. By building trust and connecting individuals with non-judgmental support, these programs make it more likely that a person will seek additional treatment when they are ready.



Harm Reduction to Prevent Opioid Overdose



Naloxone distribution: Providing the opioid overdose reversal medication naloxone (Narcan) to people who use drugs, their friends, and family, along with training on how to use it. This is a critical and life-saving intervention.

Drug-checking services: Offering testing strips for fentanyl and xylazine, which are often found in unregulated drug supplies. This allows users to test their drugs to reduce their risk of an overdose.

Overdose Prevention Sites (OPS): Medically supervised facilities where people can use pre-obtained drugs in a safe, hygienic environment. Staff can intervene in case of an overdose and provide referrals to medical and social services.

Syringe Services Programs (SSPs): Providing free, sterile needles, syringes, and other injection equipment. These programs also offer safe disposal of used equipment and testing for infectious diseases like HIV and hepatitis C (HCV).

Medication-assisted treatment (MAT): Providing evidence-based medications such as methadone, buprenorphine, and naltrexone. MAT can reduce withdrawal symptoms and cravings and is often combined with counseling.

Tobacco Harm Reduction

How do we define it?



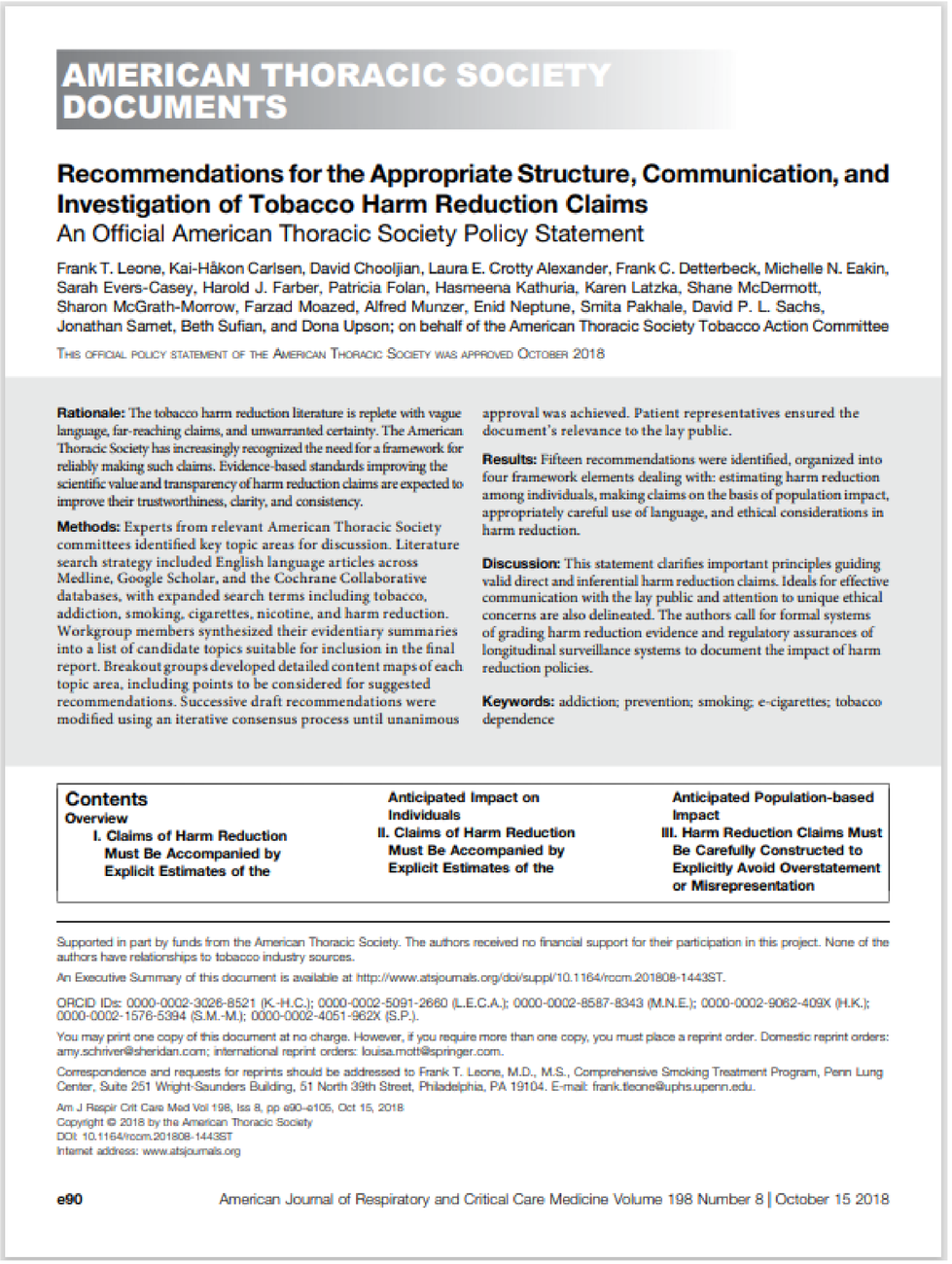
ATS
American Thoracic Society

The tobacco harm reduction literature is replete with vague language, far-reaching claims, and unwarranted certainty.

The American Thoracic Society has increasingly recognized the need for a framework for reliably making such claims.

Evidence-based standards improving the scientific value and transparency of harm reduction claims are expected to improve their trustworthiness, clarity, and consistency.

October 2018



AMERICAN THORACIC SOCIETY DOCUMENTS

Recommendations for the Appropriate Structure, Communication, and Investigation of Tobacco Harm Reduction Claims

An Official American Thoracic Society Policy Statement

Frank T. Leone, Kai-Håkon Carlsen, David Chooljian, Laura E. Crotty Alexander, Frank C. Detterbeck, Michelle N. Eakin, Sarah Evers-Casey, Harold J. Farber, Patricia Folan, Hasmeena Kathuria, Karen Latzka, Shane McDermott, Sharon McGrath-Morrow, Farzad Moazed, Alfred Munzer, Enid Neptune, Smita Pakhale, David P. L. Sachs, Jonathan Samet, Beth Sufian, and Dona Upson; on behalf of the American Thoracic Society Tobacco Action Committee

This official policy statement of the American Thoracic Society was approved October 2018

Rationale: The tobacco harm reduction literature is replete with vague language, far-reaching claims, and unwarranted certainty. The American Thoracic Society has increasingly recognized the need for a framework for reliably making such claims. Evidence-based standards improving the scientific value and transparency of harm reduction claims are expected to improve their trustworthiness, clarity, and consistency.

Methods: Experts from relevant American Thoracic Society committees identified key topic areas for discussion. Literature search strategy included English language articles across Medline, Google Scholar, and the Cochrane Collaborative databases, with expanded search terms including tobacco, addiction, smoking, cigarettes, nicotine, and harm reduction. Workgroup members synthesized their evidentiary summaries into a list of candidate topics suitable for inclusion in the final report. Breakout groups developed detailed content maps of each topic area, including points to be considered for suggested recommendations. Successive draft recommendations were modified using an iterative consensus process until unanimous approval was achieved. Patient representatives ensured the document's relevance to the lay public.

Results: Fifteen recommendations were identified, organized into four framework elements dealing with: estimating harm reduction among individuals, making claims on the basis of population impact, appropriately careful use of language, and ethical considerations in harm reduction.

Discussion: This statement clarifies important principles guiding valid direct and inferential harm reduction claims. Ideals for effective communication with the lay public and attention to unique ethical concerns are also delineated. The authors call for formal systems of grading harm reduction evidence and regulatory assurances of longitudinal surveillance systems to document the impact of harm reduction policies.

Keywords: addiction; prevention; smoking; e-cigarettes; tobacco dependence

Contents

Overview
I. Claims of Harm Reduction Must Be Accompanied by Explicit Estimates of the Anticipated Impact on Individuals
II. Claims of Harm Reduction Must Be Accompanied by Explicit Estimates of the Anticipated Population-based Impact
III. Harm Reduction Claims Must Be Carefully Constructed to Explicitly Avoid Overstatement or Misrepresentation

Supported in part by funds from the American Thoracic Society. The authors received no financial support for their participation in this project. None of the authors have relationships to tobacco industry sources.

An Executive Summary of this document is available at http://www.atsjournals.org/doi/suppl/10.1164/rccm.201808-1443ST.

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For example, a claim of X is healthier than Y would not be considered valid, because it fails to explicitly state the anticipated health effect on individuals and populations, and the use of vague terms like "healthier" does not go far enough in explicitly avoiding overstatement.

1. Claims of harm reduction must be accompanied by explicit estimates of the **anticipated impact on individuals**.
2. Claims of harm reduction must be accompanied by explicit estimates of the **anticipated population-based impact**.
3. Harm reduction claims must be carefully constructed to **explicitly avoid overstatement or misrepresentation**.
4. The investigation and/or regulation of potential harm reduction strategies must pay careful attention to the **ethical considerations** unique to this concern.

American Journal of Respiratory and Critical Care Medicine Volume 198 Number 8 | October 15, 2018

GLOBAL ACTION TO END SMOKING

Accelerating Research & Education to Save Lives

Influence Public Health Research

Our Mission

Our charitable mission is to end combustible tobacco use, which remains the leading preventable cause of death globally.

Who We Are

Global Action to End Smoking supports science-based Global efforts to end the smoking epidemic through traditional and new methods.

We focus on three main subject areas: Health and Science Research, Cessation Education, and Agricultural Transformation.

World Health Organization

PMI Funded $80 Million Annually

Filter

WHO is alerting Member States and the public health community that the **Foundation for a Smoke-Free World, funded by tobacco company Philip Morris**, and which WHO previously advised against partnering with in 2017, has changed its name to **Global Action to End Smoking.**

WHO maintains its firm position that it will not partner with this organization and strongly recommends that governments and the public health community do the same. Our concerns remain: Global Action to End Smoking operates using funds from Philip Morris International. **Its activities support a broader tobacco industry strategy to mislead the public about the dangers of tobacco and nicotine product use.** WHO is particularly concerned about potential efforts to target children and young people, creating a new generation of tobacco and nicotine users.

WHO urges governments and the public health community to remain vigilant and prioritize genuine, independent public health efforts to end tobacco and nicotine use.

June 2024

Electronic cigarettes for smoking cessation

Results from the most recent Cochrane update

November 2025

Lindson N, Livingstone-Banks J, Butler AR, McRobbie H, Bullen CR, Hajek P, Wu AD, Begh R, Theodoulou A, Notley C, Rigotti NA, Turner T, Fanshawe T, Hartmann-Boyce J. Electronic cigarettes for smoking cessation. Cochrane Database of Systematic Reviews 2025

NIHR | National Institute for Health and Care Research

UNIVERSITY OF OXFORD

PENNSYLVANIA Statewide Tobacco-Free Recovery Initiative

The updated Cochrane review results included 104 studies representing over 30,336 participants. Studies compared nicotine e-cigarettes with various tobacco products, behavioral treatment and no support.

REVIEW- How many people:

- stopped smoking for at least six months; and
- had unwanted effects, reported on after at least one week of use.

FINDINGS:

- People are more likely to stop smoking for at least six months using nicotine e-cigarettes than using nicotine replacement therapy.
- Nicotine e-cigarettes may help more people to stop smoking than no support or behavioral support only and may not be associated with serious unwanted effects.

Electronic cigarettes for smoking cessation

Results from the most recent Cochrane update

November 2025

Lindson N, Livingstone-Banks J, Butler AR, McRobbie H, Bullen CR, Hajek P, Wu AD, Begh R, Theodoulou A, Notley C, Rigotti NA, Turner T, Fanshawe T, Hartmann-Boyce J.
Electronic cigarettes for smoking cessation. Cochrane Database of Systematic Reviews 2025

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PENNSYLVANIA Statewide Tobacco-Free Recovery Initiative

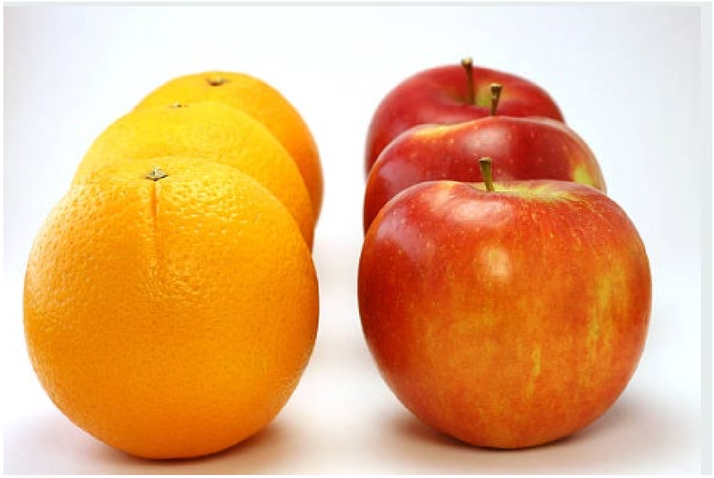
Cited Limitations

- The main limitation of the evidence base remains imprecision for some comparisons and for safety outcomes due to the relatively small number of randomized controlled trials contributing, often with low event rates.
- More evidence is needed, particularly about the effects of newer types of e-cigarettes that have better nicotine delivery than older types.
- Confounding Variable – Nicotine Concentration limits in UK vs. USA.

Nicotine Concentration Comparison

USA vs. United Kingdom

- US e-cigarette nicotine concentrations are often significantly higher than in the UK, with no legal maximum in the US allowing products up to 59 mg/mL or more.
- Conversely, the UK caps nicotine at 20 mg/mL.
- In summary, US vapes can be roughly three times stronger in nicotine concentration than those permitted for sale in the UK.
- **High-strength US vapes (e.g., 5% or 50-59 mg/mL) are illegal in the UK.**



U.S. Product Nicotine Content Comparison



1 CIGARETTE – contains 10 - 12mg of nicotine but the user absorbs 1 – 2 mg. A pack of cigarettes delivers approximately 22 – 26 mg to the bloodstream.

POD SYSTEMS (JUUL) - A single 5% JUUL Pod contains roughly 40 mg.

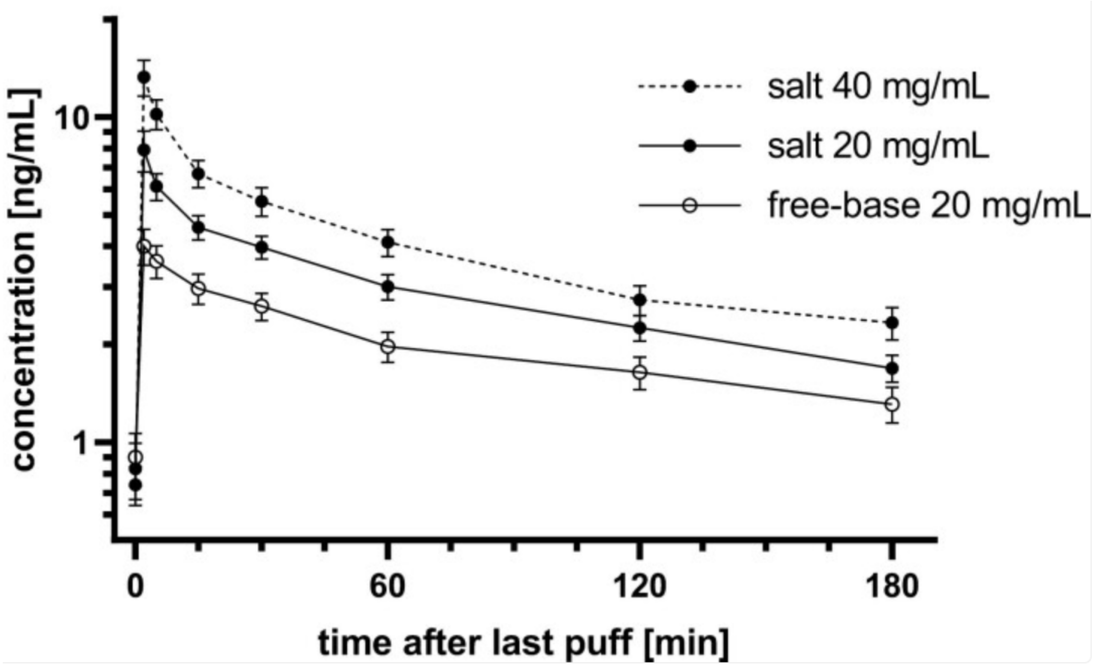
DISPOSIBLE VAPES (Puff Bar, Lost Mary) – Most popular disposables contain .5 (50mg/mL) nicotine salt. Some high-capacity disposables offer thousands of puffs, equivalent to hundreds of cigarettes.

1 SUORIN POD can contain high amounts of nicotine, roughly equivalent to 90 cigarettes, depending on the e-liquid used.

Nicotine Salts Are Now The Norm

USA vapes use nicotine salts which allow higher concentrations to be inhaled with less throat irritation compared to older freebase nicotine products.





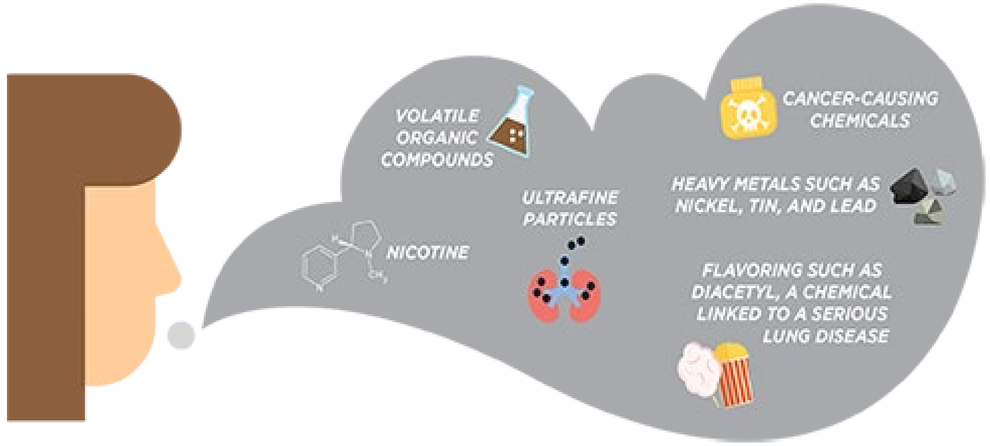
PENNSYLVANIA
Statewide Tobacco-Free Recovery Initiative

Christen SE. et. al. Pharmacokinetics and Pharmacodynamics of Inhaled Nicotine Salt and Free-Base Using an E-cigarette: A Randomized Crossover Study. Nicotine Tob Res. 2024 Sep

What's in the Aerosol?

The aerosol, which many believe is harmless water vapor, consists of many chemicals, heavy metals and fine particles – many of which are toxic and dangerous – and seep deep into the lungs when vaping and cause lung damage, cell damage and a reduced ability to fight off infections.





CDC.gov

- Formaldehyde, Acetaldehyde, Sucralose
  (carcinogenic)
- Vegetable glycerin
  (Acrolein linked to lung & heart disease)
- Vitamin E acetate
  (interferes with normal lung functioning)
- Metal particles (heating coil)
  (may cause blood vessel damage, inflammation, and nervous system effects)
- Propylene glycol - cloud
  (inhalation injury)

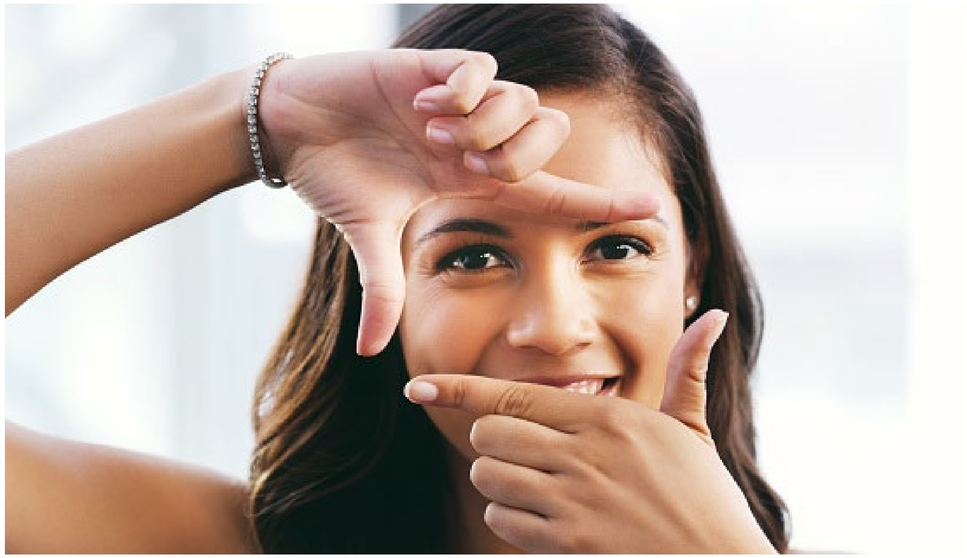
Practical Application of Engagement

Recovery-oriented tobacco harm reduction strategies should:

- **Be person-centered,** specific to age, community and demographic.
- Avoid exaggerated claims or have low expectations of success.
- Be open and transparent.
- **Be normalized** and part of what we offer and talk about, before formal treatment, at all stages of treatment, after treatment and with those not interested in treatment, **just like any other recovery-oriented strategy.**



People change through the heart, then through the mind.



Reframe Language

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

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

PENNSYLVANIA
Statewide Tobacco-Free
Recovery Initiative

Ambivalence & Behavior Change

Up to 80 percent of people in behavioral health are interested in stopping smoking.

Prochaska et al. 2004,



- Many who use tobacco products have 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

A Recovery Orientation

Tobacco Recovery is SUD Recovery!



1. Recovery emerges from hope
2. Recovery is person-driven
3. Recovery occurs via many pathways
4. Recovery is holistic
5. Recovery is supported by peers and allies
6. Recovery is supported through relationship and social networks
7. Recovery is culturally based and influenced
8. Recovery is supported by addressing trauma
9. Recovery involves individual, family, and community strengths and responsibility
10. Recovery is based on respect

A Hope-Inducing Intervention



Learning tobacco-free coping skills is 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; 348:g1151. *Change in mental health after smoking cessation: systematic review and meta-analysis.* Published 13 February 2014.

Pharmacologic Treatment to Reduce Craving and Withdrawal

American Thoracic Society Clinical Practice Guideline, May 2020

- Encouraging participants in **all stages of readiness** to try medications upon admission into your program is highly recommended.
- Tobacco withdrawal medication can **enhance motivation** to stop smoking.
- Guideline evaluated the impact of starting pharmacologic interventions **before a commitment** for sustained tobacco abstinence.
- Data from over 1300 subjects revealed a **doubling of the likelihood to stop** smoking at some point one month after starting pharmacologic therapy.



Initiating Pharmacologic Treatment in Tobacco-Dependent Adults

American Thoracic Society Clinical Practice Guideline, May 2020

For tobacco-dependent adults in whom treatment is being initiated:

1. varenicline over a nicotine patch (strong recommendation)
2. varenicline over bupropion (strong recommendation)
3. varenicline plus a nicotine patch over varenicline alone (conditional recommendation)
4. varenicline over electronic cigarettes (conditional recommendation)
5. **In tobacco-dependent adults who are not ready to discontinue tobacco use**, we recommend that clinicians begin treatment with varenicline rather than waiting until patients are ready to stop tobacco use (strong recommendation).
6. **For tobacco-dependent adults with comorbid psychiatric conditions, including substance-use disorder, depression, anxiety, schizophrenia, and/or bipolar disorder, for whom treatment is being initiated**, we recommend varenicline over a nicotine patch (strong recommendation).
7. **For tobacco-dependent adults for whom treatment is being initiated with a controller**, we recommend using extended-duration (>12 week) over standard-duration (6–12 week) therapy (strong recommendation).

How Harm Reduction Acts as a Bridge to SUD treatment



Builds trust and connection: Harm reduction programs, like syringe service programs and safe consumption sites, offer a safe, low-barrier entry point to care. By providing immediate, compassionate support, they build a trusting relationship that can lead to further engagement.

Increases treatment entry rates: Research consistently shows that engaging in harm reduction services increases the likelihood of entering formal addiction treatment. For example, **people who begin using syringe service programs are five times more likely to enter drug treatment than those who do not.**

Prioritizes survival: The philosophy of harm reduction acknowledges that a person cannot recover if they are no longer alive.

Emphasizes incremental change: Harm reduction accepts that any positive change is a step toward wellness. Individuals set their own goals, which can build confidence and ultimately lead to a desire for complete abstinence.

Combats stigma: By treating substance use as a public health issue rather than a moral failing, harm reduction addresses the intense stigma often associated with drug use.

Pharmacotherapy to Reduce Harm

For many people, the best method is to **combine a long-acting product,** like the skin patch, **with a fast-acting one**, like the gum or lozenge. This provides a steady base of nicotine all day to reduce withdrawal symptoms while also allowing acute dose titration as needed to manage sudden craving.









Varenicline

Varenicline, sold under the **brand name Chantix** is a prescription medication and is considered one of the **most successful single-agent therapies available**.



How it works:

- **Reduces nicotine craving and withdrawal symptoms** by acting as a partial agonist on nicotinic acetylcholine receptors.
- Stimulates the receptors to a lesser degree than nicotine, which helps to **ease withdrawal symptoms**.
- Blocks nicotine from binding to the receptors, which **reduces the satisfying "reward" of smoking**.

Bupropion SR Tablets

Bupropion, sold under the **brand name Zyban** is also a prescription medication to reduce withdrawal symptoms.



How it works:

- **Inhibits** the reuptake of dopamine and norepinephrine neurotransmitters associated with **pleasure and reward**.
- Useful in **reducing** impulsivity of tobacco **craving and withdrawal**.
- Can be used alone or in combination with other nicotine replacement medications.

Reducing Harm From Tobacco Use



Advice from the recovery advocacy community:

- Talking about tobacco recovery should occur in all our care and support settings.
- Ask for permission to talk about tobacco use and emphasize the physical and mental health benefits.
- Encourage the use of varenicline or other withdrawal medications to manage withdrawal discomfort to enhance hope for tobacco recovery.
- A recovery-orientation means we meet people where they are at and see recovery as a process.
- A no wrong door approach – pursue tobacco harm reduction as a part of MH/SUD recovery from recovery initiation through to long term recovery.

Maximize 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.

- 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.



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

Maximize Outcomes

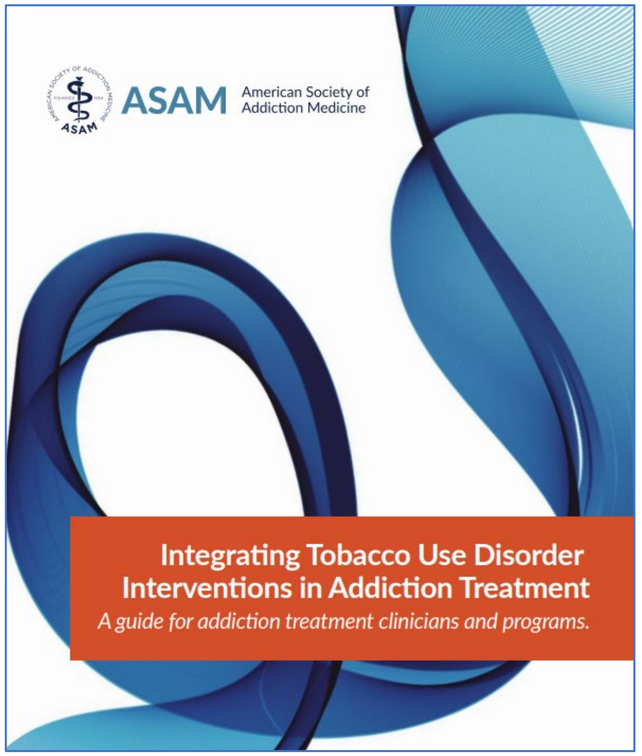
Data indicates that targeting tobacco use during substance use treatment can improve abstinence rates from both tobacco and other substances. In fact, combining treatments is the most effective way to address multiple co-occurring substance use disorders.

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

Nicotine and opioid addictions are mutually reinforcing, whereas tobacco use disorder treatment is associated with long-term abstinence after opioid treatment.

Marynak et al. CDC Morbidity and Mortality Weekly Report, May 11, 2016

ASAM Guidelines



“Utilize harm reduction principles to reduce harms associated with tobacco use.”

FDA-approved Nicotine Replacement Therapy products are recommended as a first-line approach

“There is ongoing controversy over the potential effectiveness of [vaping devices]. Some [vaping] products may help to reduce the use of combustible cigarettes and their associated harms.

However, these products have not been approved as safe and effective medical interventions for tobacco use disorder in the United States.

Patients who use vaping devices…should be informed of the risks for lung injury.”

March 2022

American Lung Association

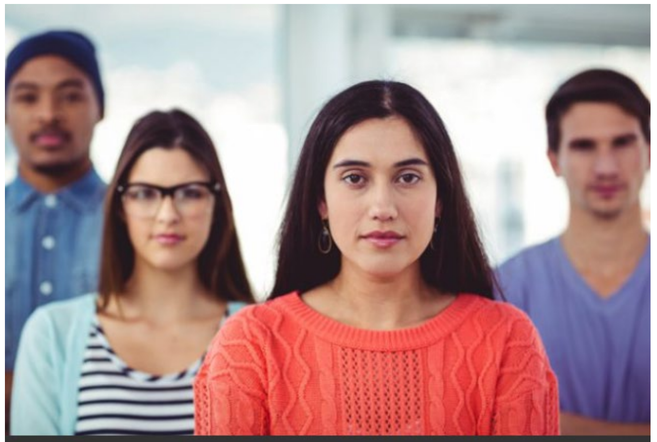
- The American Lung Association (ALA) does not endorse the concept of tobacco harm reduction **through the use of alleged reduced-harm products**, including e-cigarettes.

- ALA believes that so-called "reduced-harm tobacco products" may actually discourage tobacco users from quitting their addiction entirely.

- They argue that claims of **reduced risk associated with these products are unproven** and could lead to reduced quit attempts and potentially encourage initiation of tobacco use among non-users.

What is the Position of U.S. Researchers?

CDC Centers for Disease Control and Prevention



E-cigarettes are not safe for youth, young adults, and pregnant women, as well as adults who do not currently use tobacco products.

- No tobacco products, including e-cigarettes, are safe.
- E-cigarettes should not be used by youth, young adults, or people who are pregnant.
- Adults who have never smoked or used other tobacco products, including e-cigarettes, should not start.
- E-cigarettes may have the potential to benefit adults who smoke and are not pregnant if they are used as a complete substitute for smoked tobacco products. However, no e-cigarette has been approved by the FDA as a smoking cessation aid.
- More research is needed to better understand the short- and long-term health effects of using e-cigarettes as well as whether e-cigarettes can be effective at helping adults quit smoking.

May 2024

PENNSYLVANIA
Statewide Tobacco-Free Recovery Initiative

pennsylvania
DEPARTMENT OF HEALTH



PA Free Quitline

1-800-QUIT-NOW (784-8669)
1-855-DEJELO-YA (335-3569)

pa.quitlogix.org

It's Free. It's Confidential. No Judgement.

Coaching over the telephone, online and technology-based support including email, text, and chat.

- 24/7 availability
- Multi-lingual services
- Specialized services for pregnant and postpartum callers and Pennsylvanians with behavioral health challenges
- Free nicotine replacement therapy if medically eligible

National Jewish Health

PENNSYLVANIA
Statewide Tobacco-Free Recovery Initiative

Summary



PENNSYLVANIA
Statewide Tobacco-Free
Recovery Initiative

- Tobacco harm reduction is an evidence-based, public health intervention designed to minimize the negative consequences of nicotine use. Rather than requiring immediate abstinence, it focuses on "meeting people where they are," providing non-judgmental, compassionate, and practical tools to promote safety, dignity, and positive change.
- Nicotine withdrawal medication used prior to a commitment to abstinence can enhance motivation to stop smoking.
- When reviewing the literature to decide on whether or not to use non-combustible nicotine delivery products we should take into consideration the nicotine concentration differences found in the U.K. vs. U.S.
- Some members of the tobacco control community believe that these products have great potential to reduce mortality and morbidity among tobacco users who completely switch to them. Others believe that we will be addicting another generation to tobacco products.
- More research is necessary to better understand the efficacy and long-term safety of non-combustible nicotine delivery products developed for the U.S. market.

PA STFRI Education and Training Opportunities

PENNSYLVANIA
Statewide Tobacco-Free Recovery Initiative
TOBACCOFREERECOVERYPA.COM

Pennsylvania
Department of Drug and Alcohol Programs
Training Management System

Live Webinar Training

The Rationale: Addressing Tobacco Use in Behavioral Health Services

Tobacco Recovery: Learning to be Tobacco-Free!

Pharmacotherapy: Managing Tobacco Withdrawal with Confidence

Vaping: What we know and what we don't know

On-Demand eLearning

Module 1: The Rationale for Addressing Tobacco Use in Behavioral Health Services

Module 2: Tobacco Use Disorder Treatment in Behavioral Health Services: Pharmacological Treatments

Module 3: Tobacco Use Disorder Treatment in Behavioral Health Services: Behavioral Counseling Interventions

Module 4: Tobacco Recovery in Behavioral Health Services

Part 1: Proposed Clinical Performance Standards

Part 2: Tobacco Policy

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Statewide Tobacco-Free Recovery Initiative

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Questions



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Wrap up and Next Session

- Please complete the **session evaluation**
- Slides and recording available on Tomorrow's Healthcare
- **Next Session:** December 16th: **Navigating SNAP Work Requirements**



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