



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

**[TOBACCOFREERECOVERYPA.COM](http://TOBACCOFREERECOVERYPA.COM)**

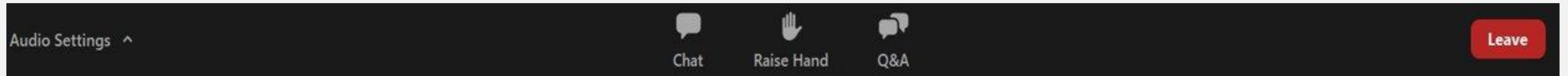
The PA STFRI is supported by the Pennsylvania Department of Health  
through a grant from the Centers for Disease Control and Prevention



***THE RATIONALE:  
ADDRESSING TOBACCO  
USE IN BEHAVIORAL  
HEALTH SERVICES***

# WELCOME!

This is a Zoom platform. If you move your cursor to the bottom of your screen you will see a menu that offers you access to the Chat box.



We encourage comments and questions throughout the training. Please Chat your comments to “All Participants” throughout the session. The instructor will periodically review the Chat box and respond.

# COMPLETION CERTIFICATE

To receive a certificate:

1. Participate in the total 1-hour of training.
2. At the end of the training, you will be provided a QR Code to access an evaluation form and 10 post test questions.
3. Complete the evaluation form and post test. A passing grade is when you correctly answer 8 out of the 10 post test questions.
4. You will automatically receive an email to notify you of a passing grade or the need to repeat the post test.
5. A completion certificate will be emailed to you within 7 days. You will also receive a copy of the PowerPoint presentation.

# *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.

# LEARNING OBJECTIVES

Upon completion of this training participants will be able to:

- Define the origin of prevailing tobacco-related social norms in the treatment and recovery culture.
- Cite data to demonstrate that Pennsylvanians with mental and substance use disorders have disproportional tobacco-related health disparities and inadequate access to appropriate tobacco treatment services.
- Identify strategy to denormalize tobacco use in behavioral health settings and support evidence-based tobacco use disorder interventions within a recovery-oriented framework.

# MISINFORMATION & 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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# *TOBACCO EXECUTIVES TESTIFY TO CONGRESS*



# WHAT THE INDUSTRY REALLY KNEW...

“Nicotine is addictive. We are, then, in the business of selling nicotine, an addictive drug.”

**Brown & Williamson Tobacco Company, 1963**

“The habitual use of tobacco is related primarily to psychological and social drives, reinforced and perpetuated by the pharmacological actions of nicotine on the central nervous system.”

**British American Tobacco, 1963**

“The cigarette should not be construed as a product but a package. The product is nicotine... Think of a puff of smoke as the vehicle of nicotine.”

**Philip Morris, 1971**

“Very few consumers are aware of the effects of nicotine, i.e., its addictive nature and that nicotine is a poison...“The absorption of nicotine through the lungs is as quick as the junkie’s fix.”

**Brown & Williamson Tobacco Company, 1973**

“Large numbers of people will continue to smoke because they can’t give it up. They can no longer make an adult choice.... BAT should learn to look at itself as a drug company rather than as a tobacco company.”

**British American Tobacco, 1980**

“Nicotine is an alkaloid derived from the tobacco plant. It is a physiologically active, nitrogen containing substance. Similar organic chemicals include nicotine, quinine, cocaine, atropine and morphine.”

**Philip Morris, 1993**



# 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.”

# BOGUS RESEARCH

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KANSAS CITY, MISSOURI 64108  
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JOHN C. BODS  
DONALD F. MOEL  
EVERETT A. OLSON, JR.  
JOHN T. MARTIN  
DAVID W. SHINN  
WILLIAM K. RAUGH, JR.

FRANK P. SEBREE (1934-1940)  
SAM B. SEBREE (1930-1932)  
EDGAR SHOOK (1934-1970)

RUSSELL S. NOBLEY  
LEE E. STANFORD  
DAVID R. HARDY  
WILLIAM G. ZIMMERMAN  
ROBERT E. NORTHRIP  
PATRICK HILARNET  
C. KEITH LARSON  
JOHN C. MONICA  
CHARLES R. WALL  
HARVEY L. KAPLAN  
SAM L. COLVILLE  
DAVID H. ROBERTS

January 10, 1972

Thomas F. Ahrensfeld, Esq.  
DeBaun Bryant, Esq.  
Frederick P. Haas, Esq.  
Cyril F. Hetsko, Esq.  
Henry C. Roemer, Esq.  
Arthur J. Stevens, Esq.  
Addison Yeaman, Esq.

Dr. Hans Selye began a research program entitled "Stress and Relief from Stress" in April of 1969 under joint funding by the Canadian and American tobacco industries. The American support was provided as a three-year Special Project of the Council for Tobacco Research with an annual payment of \$50,000.00. The Ad Hoc Committee of the Canadian industry has made equal support payments during this period.

Dr. Selye has recently written to CTR (see enclosed) requesting a commitment for a continuation of this research program for an additional three years. He is anxious for an early consideration of his proposed research program to assure continuation of his trained staff.

I am advised that the Canadian industry is in favor of continuing its support of Dr. Selye's research program for an additional three-year period. On that basis I recommend an equal commitment by the American industry as a CTR Special Project. Dr. Selye was recently described in the enclosed article which appeared in Fortune magazine as "the world's top authority on stress".

59787 6388

## Promoting Smoking For Stress Relief

During the conference, Dr. Selye proposed a five-step project for advancing the concept that stress is related to disease, that "deviation" of stress is necessary, and that cigarette smoking is an acceptable deviation.

In the first place, he said that the tobacco industry should change its manner of defense. The industry should not quibble with the meaning of the association between smoking and disease. Instead, he said, the industry should introduce a new, affirmative method of defense, which should emphasize the value of

1005083899

Source: <https://www.industrydocuments.ucsf.edu/docs/tsny0101>

“During the conference, Dr. Selye proposed a five-step project For advancing the concept that stress is related to disease, that ‘deviation’ of stress is necessary, and that cigarette smoking is an acceptable deviation.”

# DECEPTIVE ADVERTISING



**ARE YOU A PENCIL CHEWER?**

**JANGLED NERVES**

**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 FLY THE MAIL AT NIGHT**

**IT IS MORE FUN TO KNOW**  
Camels are made from finer, MORE EXPENSIVE tobaccos than any other popular brand. They are milder, richer in flavor. They never get on your nerves or get in your nerves.

**STEADY SMOKERS TURN TO CAMELS**

**Camel's Costlier Tobaccos**  
NEVER GET ON YOUR NERVES  
NEVER TIRE YOUR TASTE

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

**COCKER SPANIEL**  
Spencer Spaniel, shown here to the Cocker in profile of family. Most people are familiar with the Cocker, but the Spaniel is a more refined breed, with its own characteristics. Usually in the wild, it can be trained to perform various tasks. One of its best friends.

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

**AND SO IS SHE**

**YOU** and the cocker spaniel have something important in common. A complicated nervous system, highly strung! But the cocker is kinder to his nerves... he can't help it. And you'll find that, too, probably go with a real hot cup... household duties, social activities, each with its own contribution to nervous tension.

Your nerves can stand as much—and no more, in, when you feel yourself getting jumpy or irritable, just run up and smoke a Camel. You'll find Camels so mild—pleasantly soothing and comforting to the nerves. Make it a point to "Let up... light up a Camel." Notice the difference in the way you feel at the end of the day. Nervous moments—unpleasant—your daily life far more enjoyable. So keep Camels handy—let their soothing tobacco be your frequent reminder that your nerves enjoy a rest when you "Let up... light up a Camel."

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

# DECEPTIVE ADVERTISING

IT'S A PSYCHOLOGICAL FACT: PLEASURE HELPS YOUR DISPOSITION

*How's your disposition today?*

**OVER WIP LIPS & TENDERS** when the more smoke you see... the more you enjoy! That's only natural when little pleasures like this come. But... it's a psychological fact that pleasure helps your disposition! That's why everyday pleasures... like smoking, for instance... seem so much. For if you're a smoker, it's important to smoke the most pleasure-giving cigarette... Camel.



**For more pure pleasure... have a Camel**

*"I've tried 'em all... but I like Camels for me!"*  
Rock Hudson



NO OTHER CIGARETTE IS SO RICH-TASTING YET SO MILD!

ROCK HUDSON ADMITS WITH Camel means enjoyment. Even in your pain pleasure in Camel's Silver Series, genuine mildness! Good reason why today more people smoke Camels than any other cigarette.

Remember this: pleasure helps your disposition. And for more pure pleasure... have a Camel!

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 will be, not killed... no "washed-out" let-down to mar the good 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 favorite in old-fashioned tobacco enjoyment. At better stands, 20 for 25c. The Austin Fisher Tobacco Co., Inc., Louisville, Ky.

**SMOKE 16% COOLER BY TEST**

How the coolness of Spud smoke was proved scientifically, and what "Smoke 16% Cooler by Test" means to you, are told in this little book, sent gratis 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



**BEHINDS**  
Swift, graceful, and remarkably wise. Ancient Egyptian and Greek myths stamped him as a symbol of serenity. Disappointed times and great hunting can be found on Egyptian carvings dating to 2000 B. C. Racing has made him the most popular in the U. S.

IT'S thrilling to watch the flashing 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 wear 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 take life more calmly, pleasantly, profitably!

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'd find many a Camel smoker in this nerve-straining profession.

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

**ELKAY WINDMILL** Audley D. Carver says: "My work requires great concentration. Naturally, it's a strain on the nerves. My method for avoiding rapid, open nerves is to rest now and then, and to let up and light up a Camel. That's a simple, pleasant way to relax nerve tension."

**Smokes 10 packs of Camels and find out why they are the LARGEST-SELLING CIGARETTE in America**

**DID YOU KNOW?**  —that tobacco is considerably weaker in nicotine! That at one stage, practically all the nicotine is removed from cigarette tobacco, and just the proper amount returned in manufacturing process! That there are more than 40 huge air-conditioning machines when Camels are made! Camel spends millions in research for just all the nicotine and ripe tobacco of Camel's best, more expensive tobacco.

**LET UP — LIGHT UP A CAMEL!**

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

# DECEPTIVE ADVERTISING

To keep a slender figure  
*No one can deny...*



Reach  
for a  
**LUCKY**  
instead of a  
sweet

**LUCKY STRIKE**  
"IT'S TOASTED"  
CIGARETTES

"It's toasted"  
No Throat Irritation - No Cough.

**IS THIS YOU FIVE YEARS FROM NOW?**  
*When tempted to over-indulge*  
**"Reach for a Lucky instead"**



*Be moderate—be moderate in all things, even in smoking. Avoid that future shadow by avoiding over-indulgence, if you would maintain that modern, ever youthful figure. "Reach for a Lucky instead."*

**Lucky Strike**, the finest Cigarette you ever smoked, made of the finest tobacco—The Cream of the Crop—**"IT'S TOASTED."** **Lucky Strike** has an extra, secret heating process. Everyone knows that heat purifies and so 20,679 physicians say that **Luckies** are less irritating to your throat.

**"It's toasted"**  
**Your Throat Protection — against irritation — against cough.**

\*We do not say smoking Luckies reduces flesh. We do say when tempted to over-indulge, "Reach for a Lucky instead."

Cigarettes are like women.  
The best ones are thin and rich.

Silva Thins are thin and rich. Thin so they taste light. Lighter than other 100's



Lighter than most kings. Rich because — Well, because rich is better.

*Silva*  
**THINS**

Silva Thins are thin and rich.



# DECEPTIVE ADVERTISING



IT'S A PSYCHOLOGICAL FACT: **PLEASURE HELPS YOUR DISPOSITION**

*How's your disposition today?*

**FEEL SCRATCHY AS A CAT?** It's only human to feel "itchy" when little annoyances pile up. But one help to your disposition is your everyday pleasures. They're really important. That's why, if you're a smoker, you're wise to choose the cigarette that gives you the most pleasure — and that's Camel.



For more pure pleasure  
...have a  
**Camel**

Choose your cigarette for pleasure! Because pleasure helps your disposition. And more people smoke Camels than any other cigarette because Camels give them more pure pleasure. No other cigarette has Camels' richer blend of costly tobaccos. No other cigarette is so rich-tasting yet so mild! So, for more pure pleasure — have a Camel!



No other cigarette is so  
**rich-tasting, yet so mild!**



Alive with pleasure!  
**Newport**

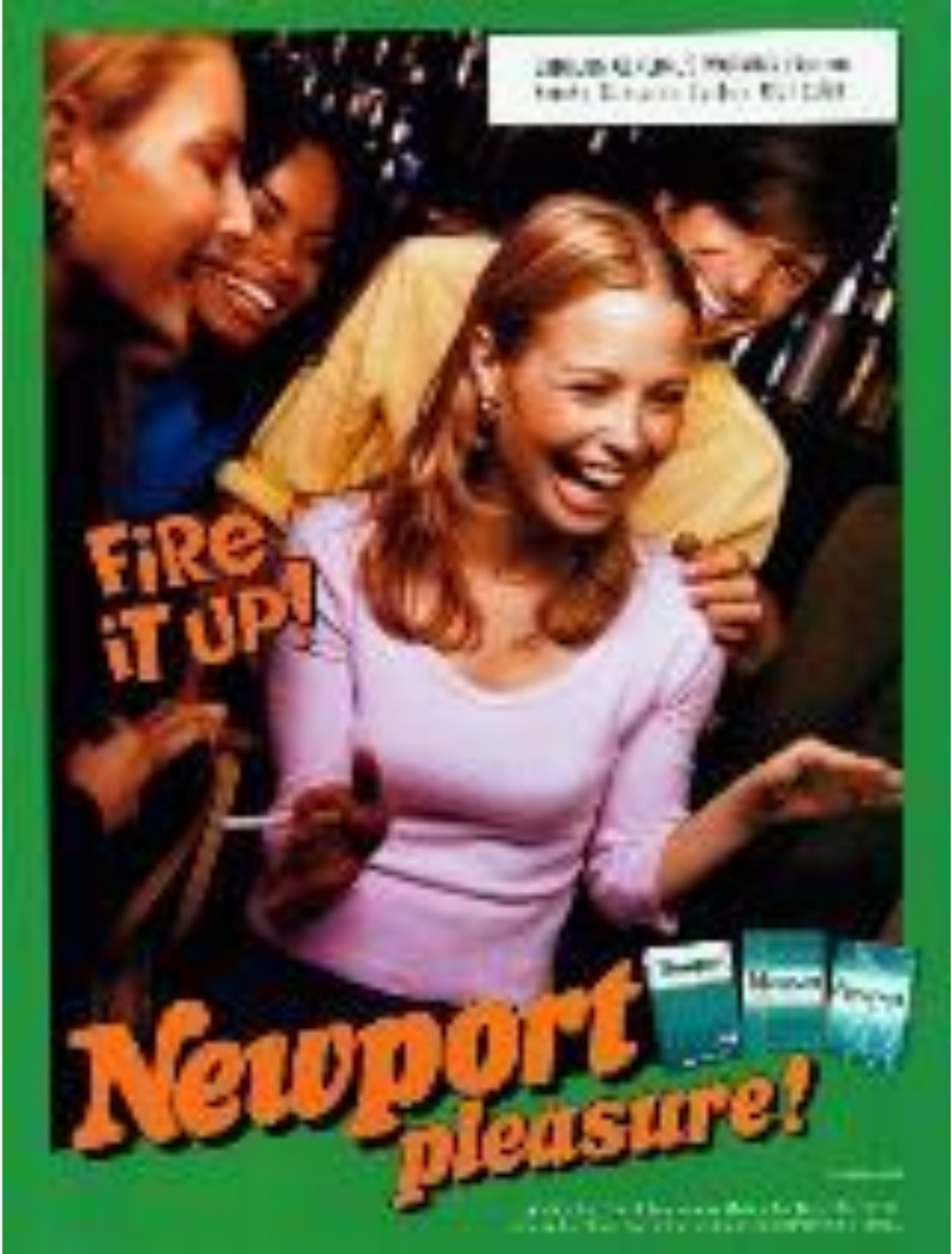
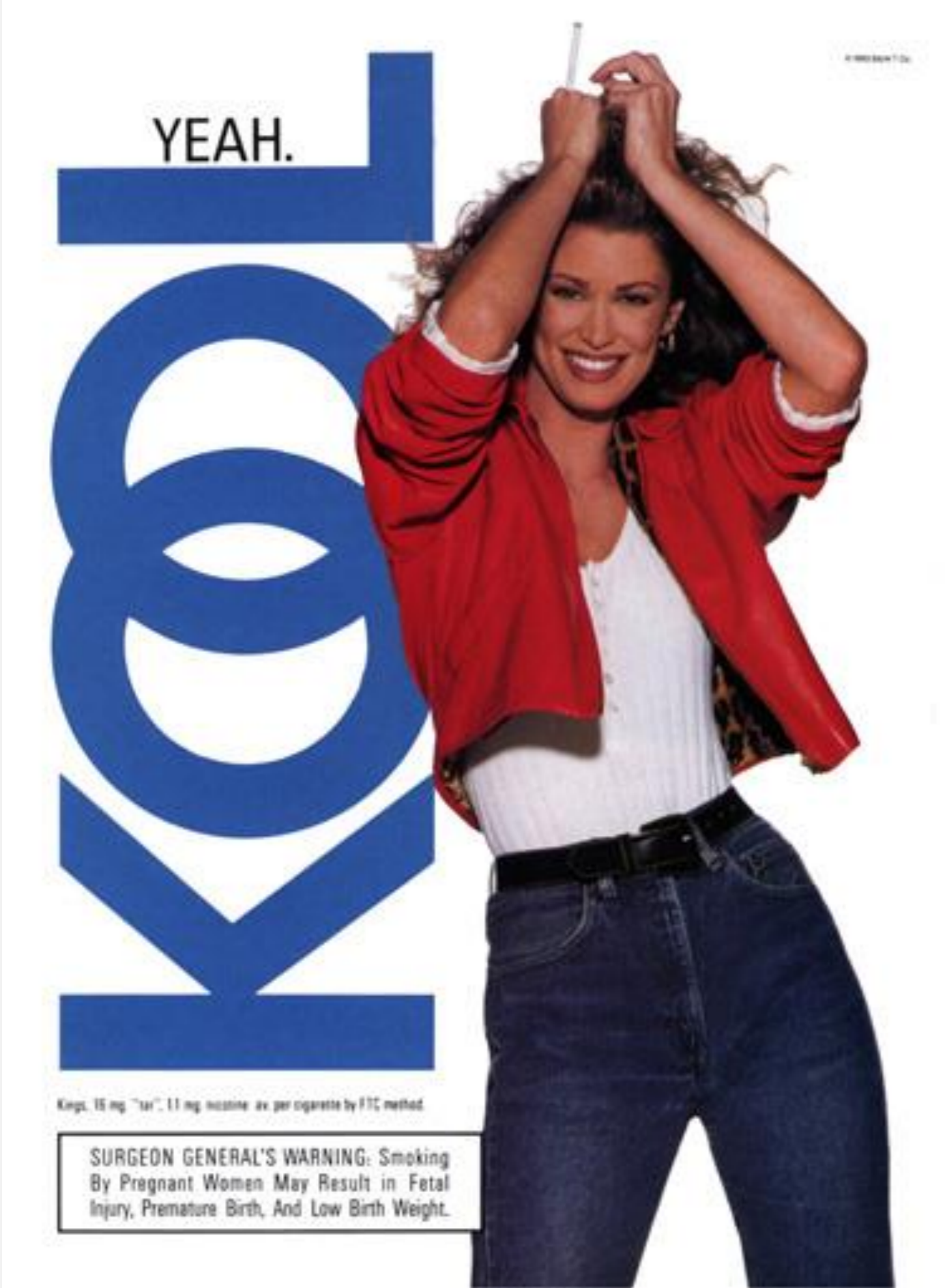
After all, if smoking isn't a pleasure, why bother?

**SURGEON GENERAL'S WARNING: Smoking Causes Lung Cancer, Heart Disease, Emphysema, And May Complicate Pregnancy.**



PENNSYLVANIA  
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# DECEPTIVE ADVERTISING



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

**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.



# 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.

- 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

- 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.

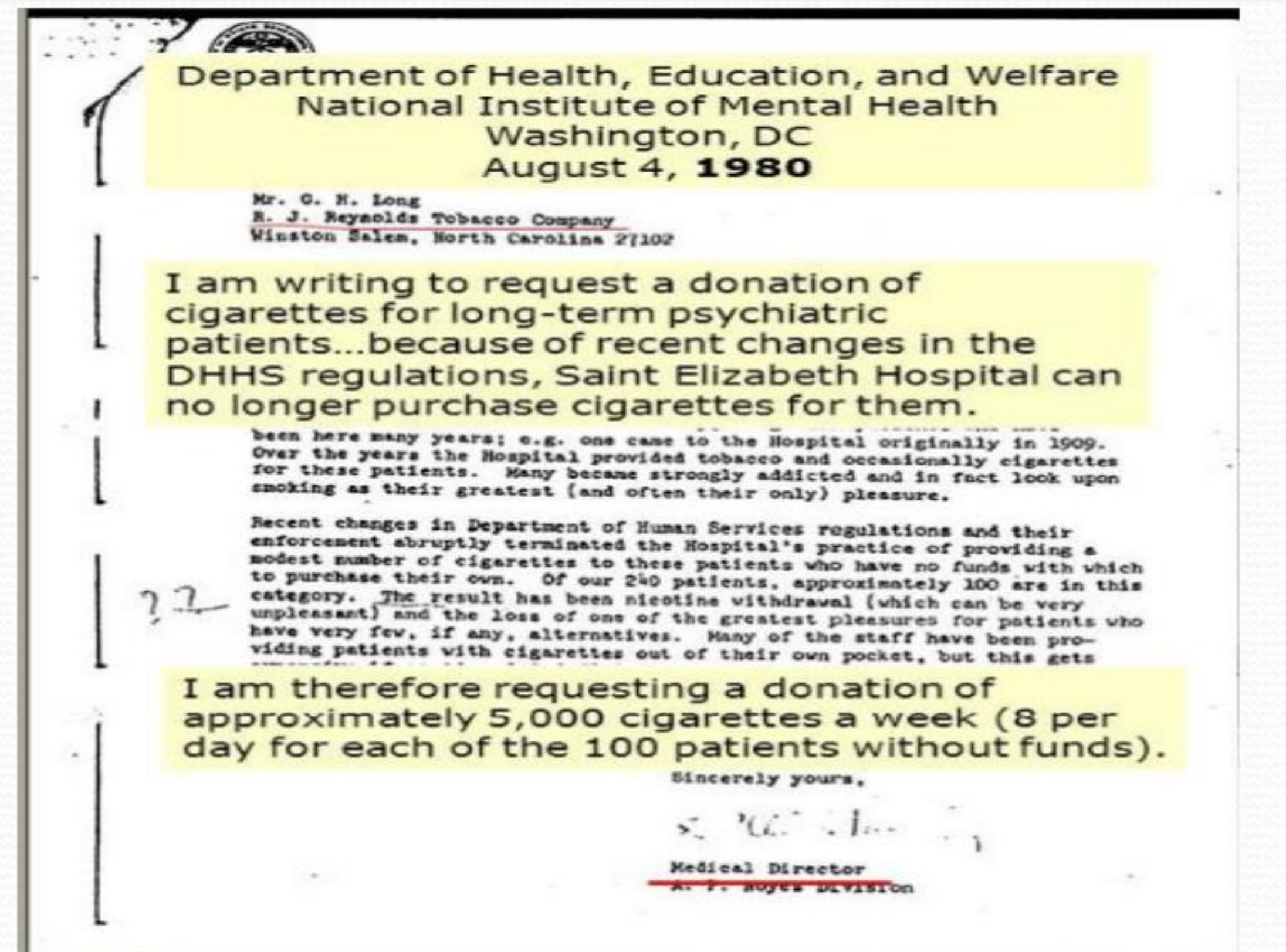
# SMOKING AND VAPING PRODUCES CHRONIC STRESS

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

## Cycle of Tobacco Withdrawal



# DONATE CIGARETTES TO INITIATE & SUSTAIN TUD



“Smoking is associated with greater depressive symptoms, greater likelihood of psychiatric hospitalization, and increased suicidal behavior. Unfortunately, historically, the mental health system bought into the smoking myth and used cigarettes and outdoor smoke breaks...”

“They even accepted free or discounted cigarettes from tobacco companies, as did homeless shelters and soup kitchens, where there are frequently many people with mental health disorders.”

Judith Prochaska, PhD, MPH

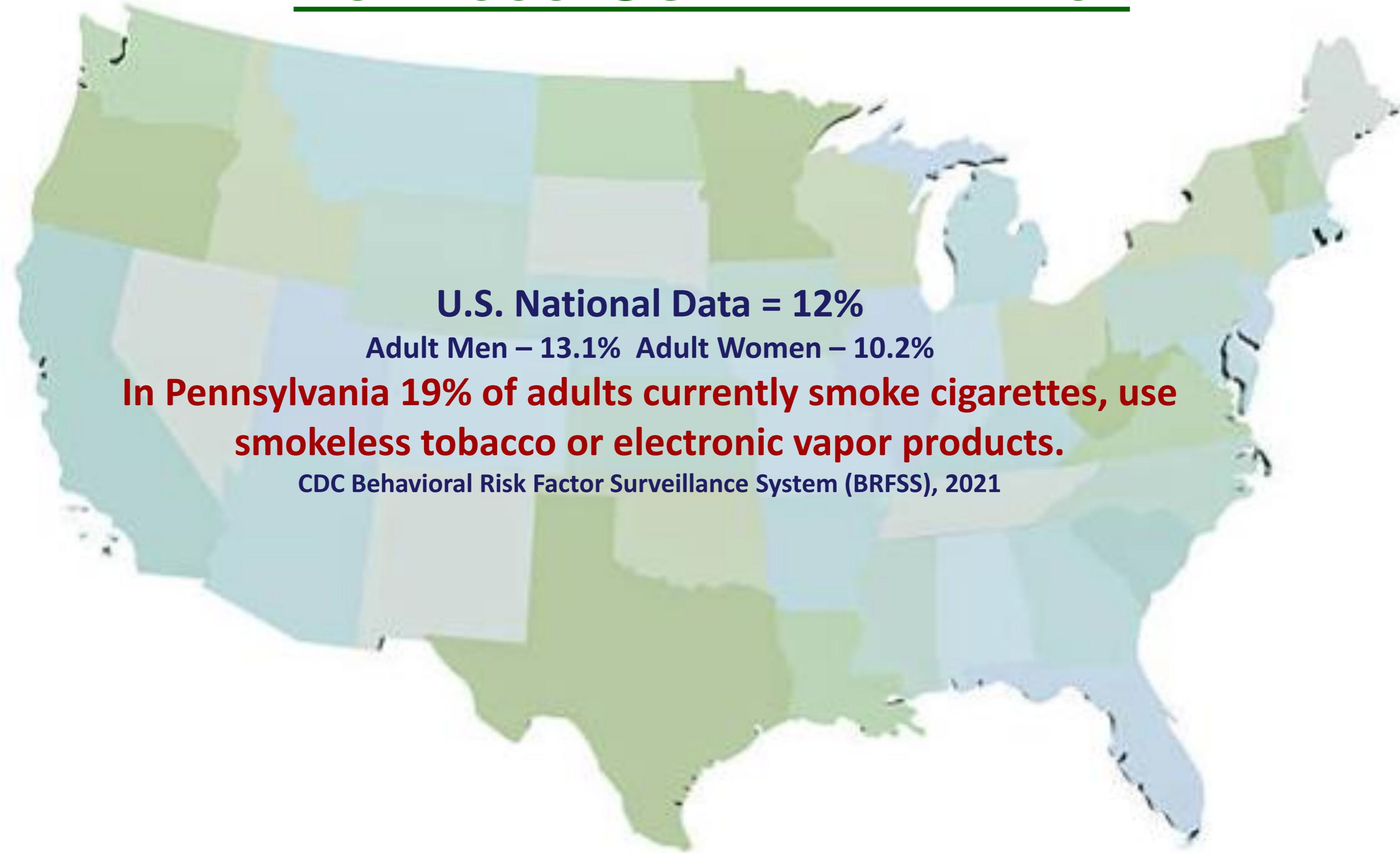
# *DENY THE SCIENCE*



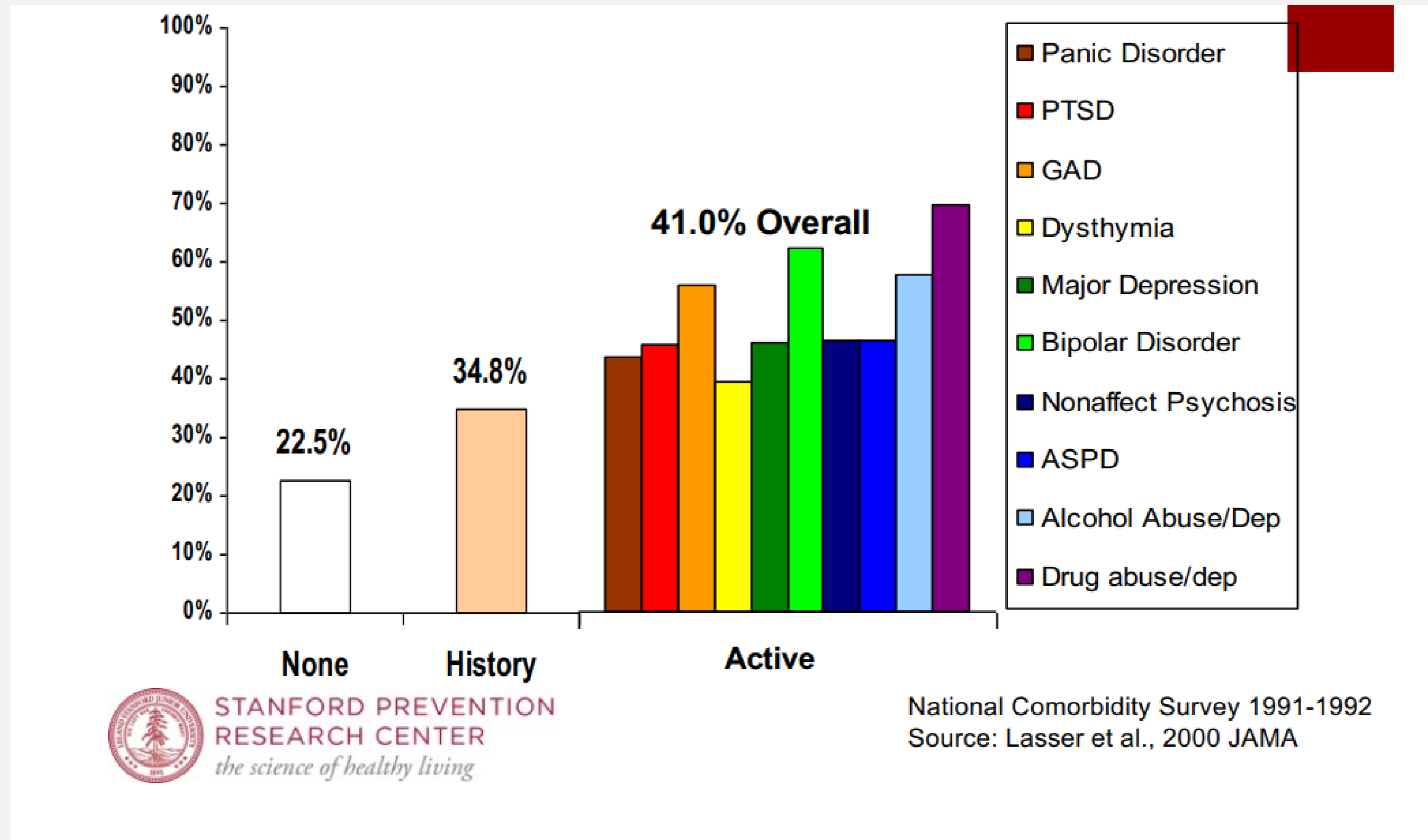
# CREATE DOUBT



# TOBACCO USE PREVALENCE



# TOBACCO USE RATES BY PSYCHIATRIC HISTORY



ADULTS WITH MENTAL OR SUBSTANCE USE DISORDERS REPRESENT 25% OF THE POPULATION  
YET CONSUME OVER 40% OF ALL THE CIGARETTES SMOKED

- 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



## Tobacco Use Disparity Group – Behavioral Health Population

Source: 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.



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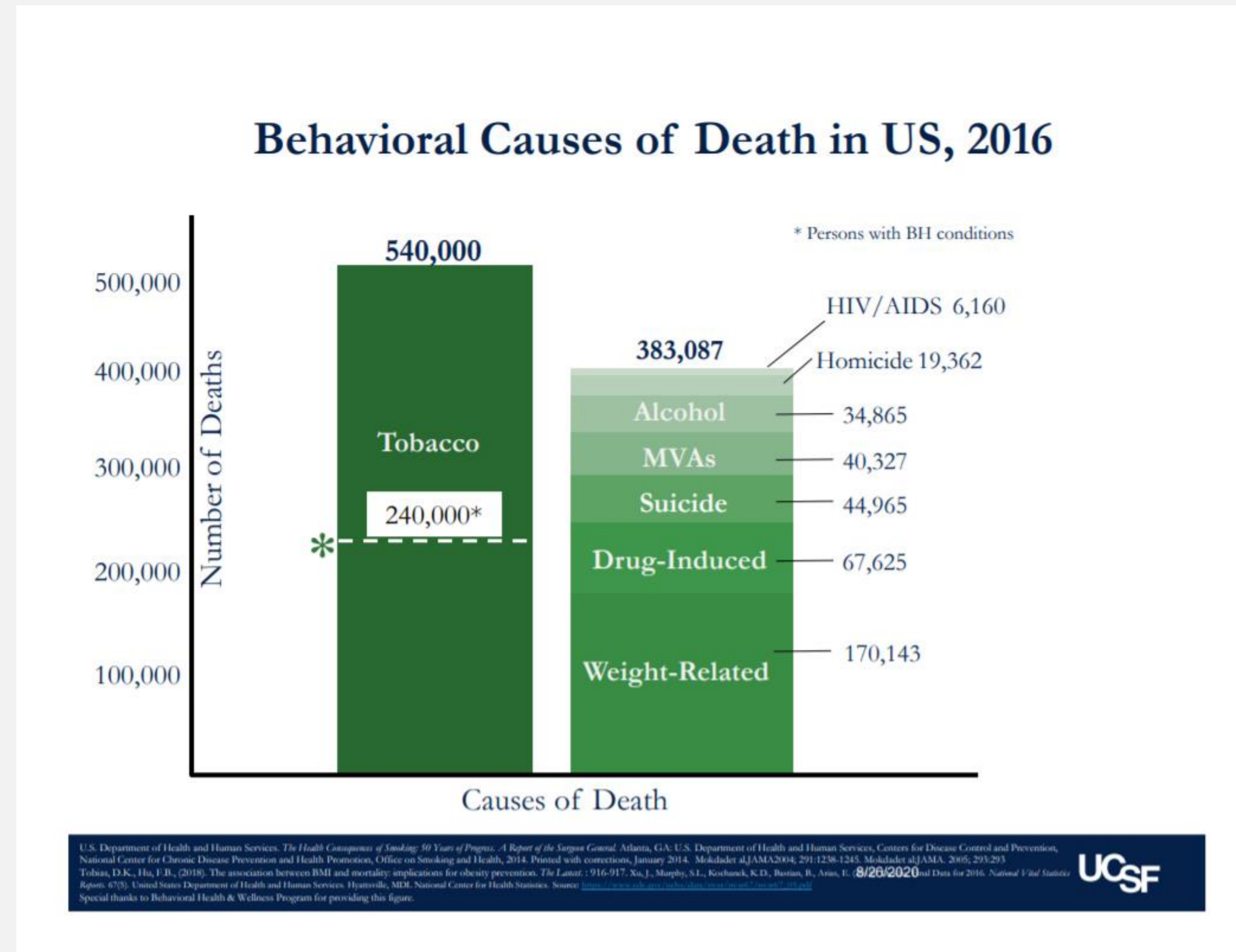
# TOBACCO-RELATED DISEASE & DEATH

Over 240,000 of the 540,000 annual deaths are individuals with mental illness and/or substance use disorders.

Centers For Disease Control and Prevention, 2016

Tobacco use kills two times as many people as drug overdoses and eight times as many people as gun homicides in Philadelphia.

Philadelphia Department of Public Health, 2016



# PA TOBACCO AND OPIOID DEATHS

**Tobacco use leads to more deaths than all other substances that mental health and substance use providers focus on as a priority.**



**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



## Many of the pioneers of addiction treatment and recovery mutual aid societies died of tobacco-related disease

**Many of us have and continue to lose family members and other significant people in our lives to tobacco.**

- Bill Wilson (emphysema) and Dr. Robert Holbrook Smith (cancer), co-founders of Alcoholics Anonymous
- Mrs. Marty Mann (cancer), founder, National Council on Alcoholism and Drug Dependence
- Danny C. (cancer) and Jimmy K. (emphysema and cancer), key figures in the founding of Narcotics Anonymous
- Charles Dederich (cardiovascular disease), founder of Synanon
- Dr. Marie Nyswander (cancer), co-developer of methadone maintenance
- Senator/Governor Harold Hughes (emphysema), sponsor of landmark alcoholism treatment legislation and founder of the Society of Americans for Recovery

# *TOBACCO USE DISORDER*

## **PHYSICAL**

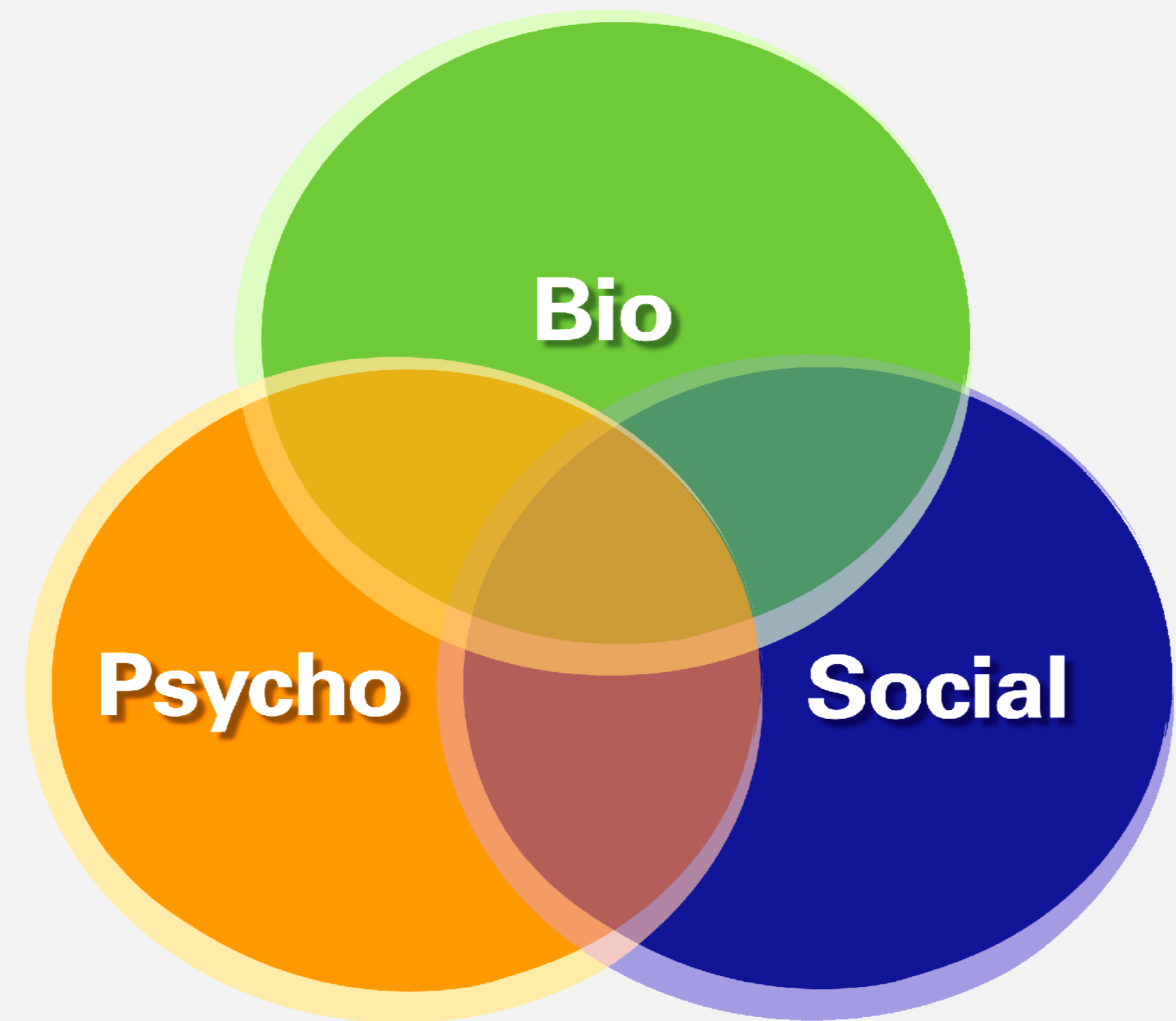
- Nicotine dependence

## **BEHAVIORAL**

- Routines & Rituals
- Environmental triggers

## **EMOTIONAL**

- Mood-regulation
- “Relationship”



# TOBACCO INDUSTRY RESEARCH

## *USA Philip Morris Behavioral Research Lab Project 1620*

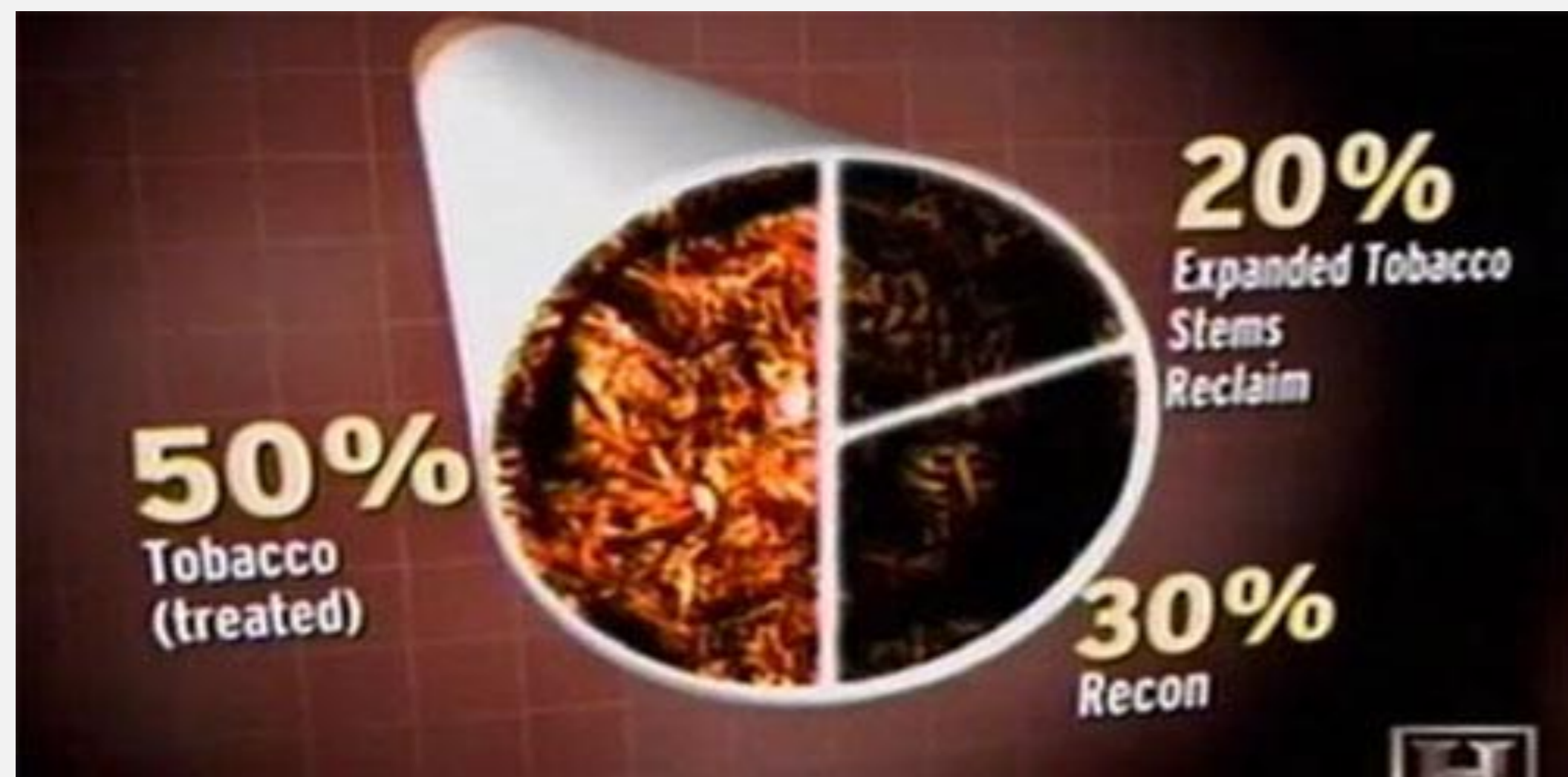


“...to study the basic dimensions of the cigarette as they relate to cigarette acceptability...[and] to record and interpret changes in smoke inhalation patterns [and nicotine retention] in response to changes in smoke composition”, and **“to develop a better understanding of the actions of nicotine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

# *NICOTINE: PRIMING ADDICTION PATHWAYS*



Denise Kandel, Eric Kandel & Amir Levine  
Columbia University, 2011



DID YOU KNOW?

MORE THAN 7,000 CHEMICALS ARE FOUND IN A SINGLE PUFF OF CIGARETTE SMOKE



# FREEBASING

**FREEBASING IS A METHOD OF USING A DRUG TO INCREASE ITS POTENCY**

## COCAINE

Cocaine is made from two chemicals, which make up its base:

- Alkaloid (base)
- Hydrochloride (salt)

Freebasing changes the structure by removing the cocaine base from the salt form.

The user puts the base form of the drug in a glass pipe with sodium bicarbonate to “free from its base,” and heats it until it boils.

The end product is smokable crystal rocks = crack.

The inhaled vapors results in a faster, more intense high.

## NICOTINE

Cigarettes are a form of freebased nicotine.

Freebasing nicotine makes it easier for the drug’s chemicals to cross the body’s membranes.

Tobacco companies add ammonia in the form of diammonium phosphate to the tobacco mix to make nicotine more bioavailable to the brain.

Cigarettes are engineered to promote addiction, not intoxication.





# NICOTINE NEUROCHEMISTRY

*Nicotine has a cascade effect on a variety of neurotransmitters and is one of the most potent stimulants of the midbrain dopamine reward pathway.*

## Drug action of nicotine releases:

### Excitatory, activating, stimulating neurotransmitters

- Norepinephrine
- Glutamate

### Inhibitory, calming, relaxing neurotransmitters

- GABA
- Serotonin

### Rewarding neurotransmitters

- Dopamine

### Analgesic neurotransmitters

- Endorphins
- Enkephlins



Nicotine affects the same neural pathway as alcohol, opiates, cocaine, and marijuana.

**Pierce & Kumaresan. 2006**

Tobacco use reinforces the effects of alcohol and cocaine.

**Little, 2000; Wiseman & McMillan. 1998**

Tobacco use has a modulating effect by reducing cocaine induced paranoia.

**Wiseman & McMillan. 1998**



# ***SUBSTANCE USE DISORDER***

## ***BIDIRECTIONAL RELATIONSHIP***

Nicotine primes addiction pathways. ... [and] affects activation of the mesolimbic dopamine system the same as alcohol, opiates, cocaine, and marijuana.

**Kendel & Levine 2011**

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.

**DH. Epstein et. al., *Tobacco, cocaine, and heroin: Craving and use during daily life. Addictive Behaviors, 35(4):318-24. April 2010***

In the current context of rising demand for opioid addiction treatment, it is noteworthy that 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, 2018**

Research 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**

# HANDLING/DOSE MANIPULATION

- Tobacco users titrate their dose and nicotine level
- Nicotine dose varies with puff volume, depth of inhalation, rate and intensity of puffing
- Tobacco users with behavioral health disorders often titrate higher levels of nicotine breathing in deeper & holding smoke in lungs longer



# BEHAVIORAL/PSYCHOLOGICAL FACTORS

■ *“My cigarettes were a barometer of how I felt. If I was tense, I smoked more cigarettes ...there was a predictable consistency in my self-destructive behavior. If I was feeling relaxed and good in relation to myself, I would probably cut down on the number of cigarettes I smoked. It all seemed to hinge on how I viewed myself.”*

■ *“People come and go, and I can’t trust anyone; however, there is one relationship that I can trust. My Newports have always been there for me.”*



# WHAT IS THE PROBLEM?

## ***UNTREATED TOBACCO USE DISORDER IN THE BEHAVIORAL HEALTH SETTING 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.
- Smoking 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 abuse coping beliefs.
- Smoking is a lethal and ineffective long-term coping strategy for managing stress.



# ADVOCACY EFFORTS



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



# REFRAME LANGUAGE

*The language we use is fundamental in creating environments conducive to a recovery process.* – Bill White

## Common Terminology

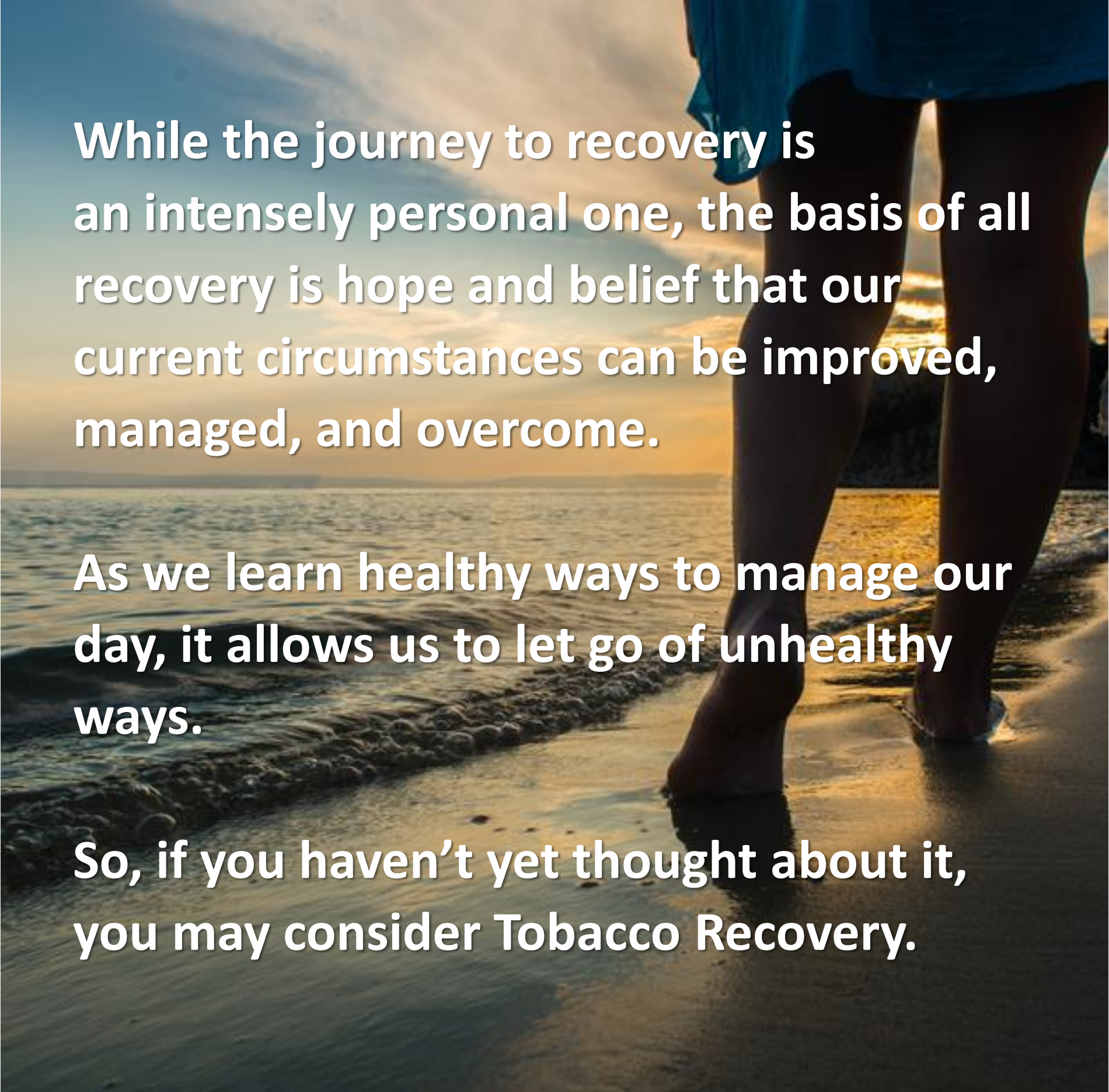
- Smoking
- Smoker
- Quit Date
- Habit
- Cessation

## Preferred Terminology

- Tobacco Use Disorder
- Person with a Tobacco Use Disorder
- Recovery Start Date
- Chronic Disorder
- Tobacco Treatment, Recovery



# RECOVERY-ORIENTED 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 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.

# ***Embrace Life!***

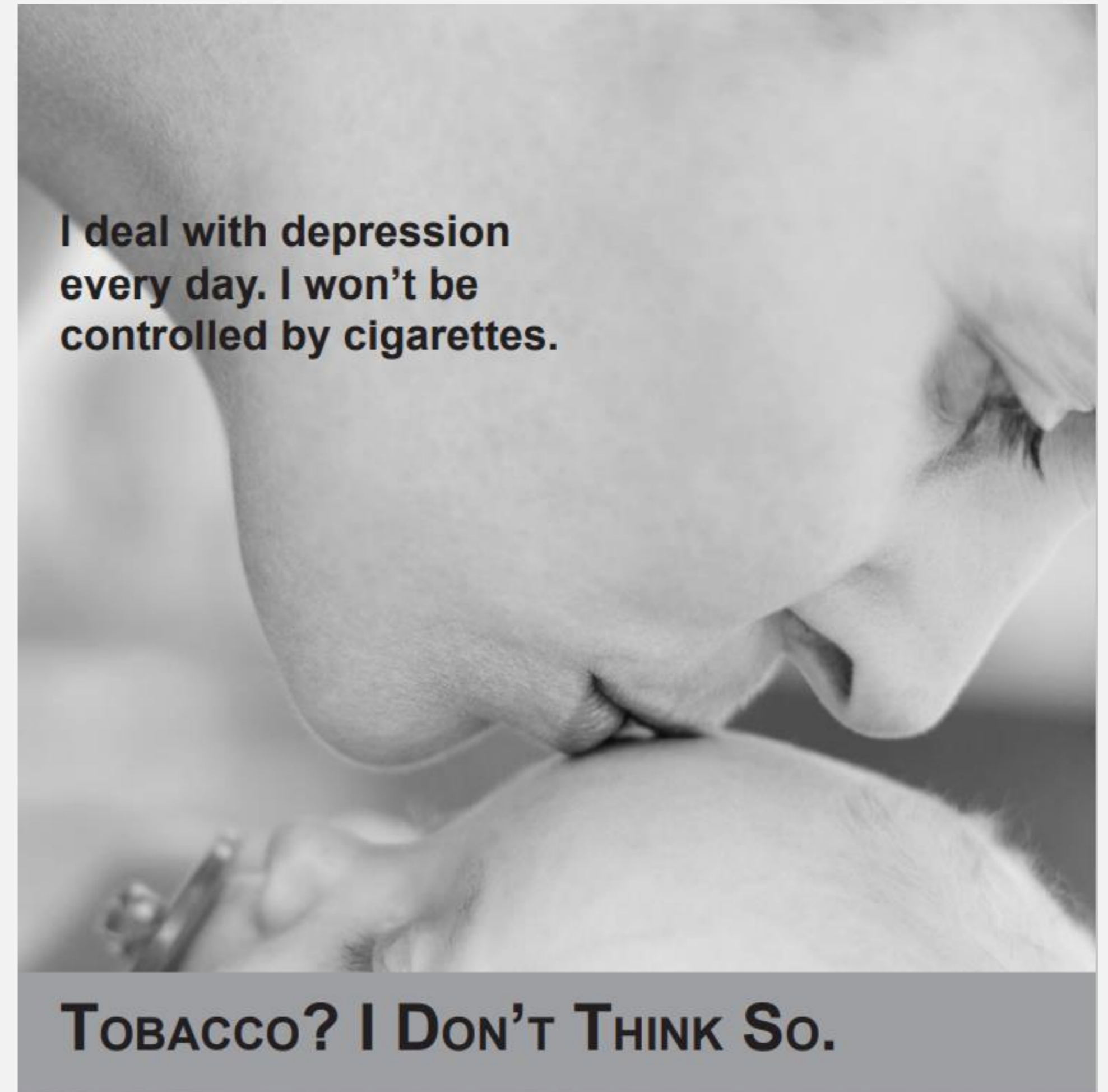
***Be Physically, Emotionally & Spiritually Healthy... Be Alcohol, Tobacco & Drug-Free***



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

# TREATMENT PROVIDER GOALS

- “Denormalize” tobacco use behavior within the treatment setting and recovery community
- Integrate evidenced-based tobacco use disorder treatment into ongoing care

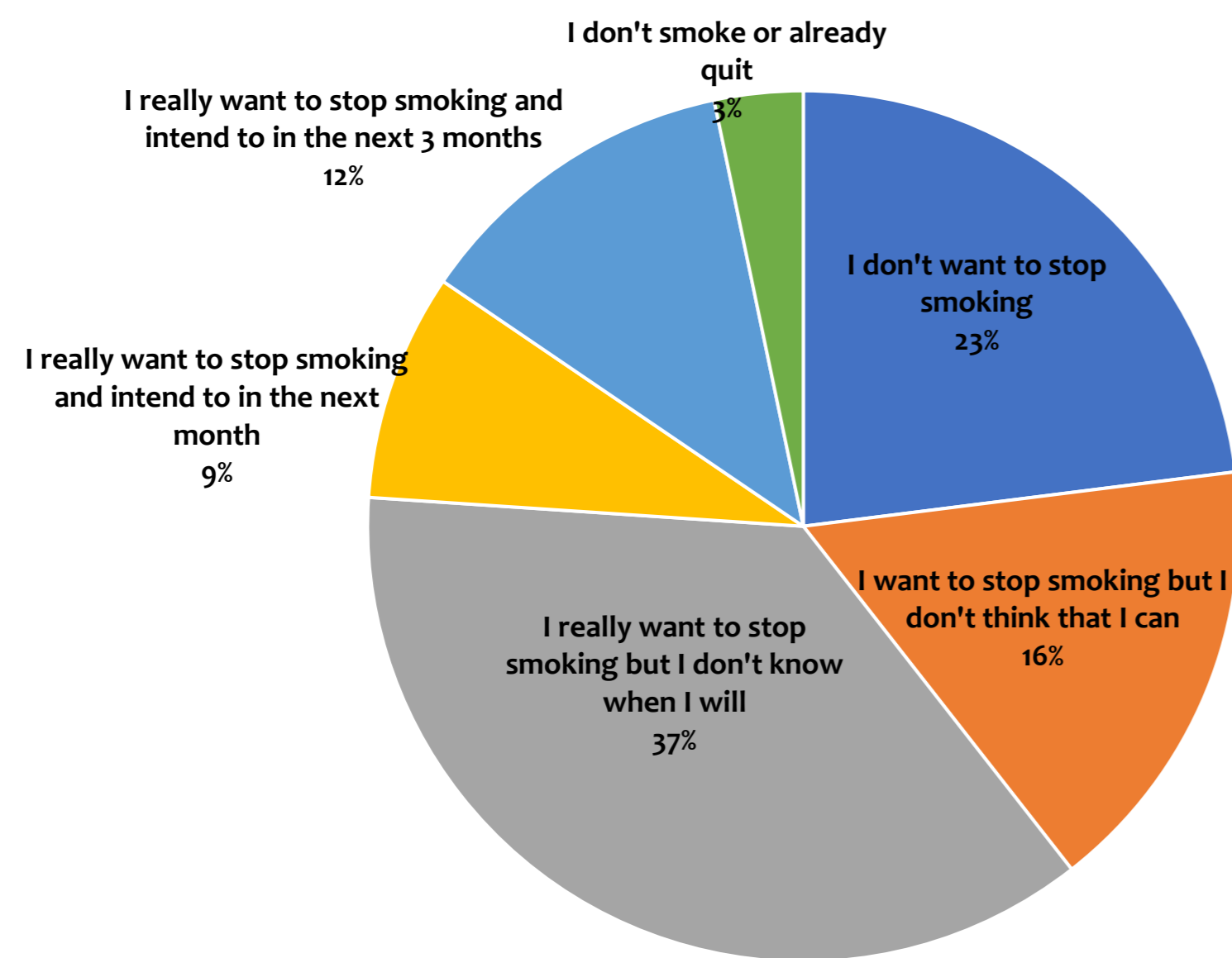


# CLIENT INTEREST VS. PROVIDER PERCEPTION

## CLIENT SURVEY n=239

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

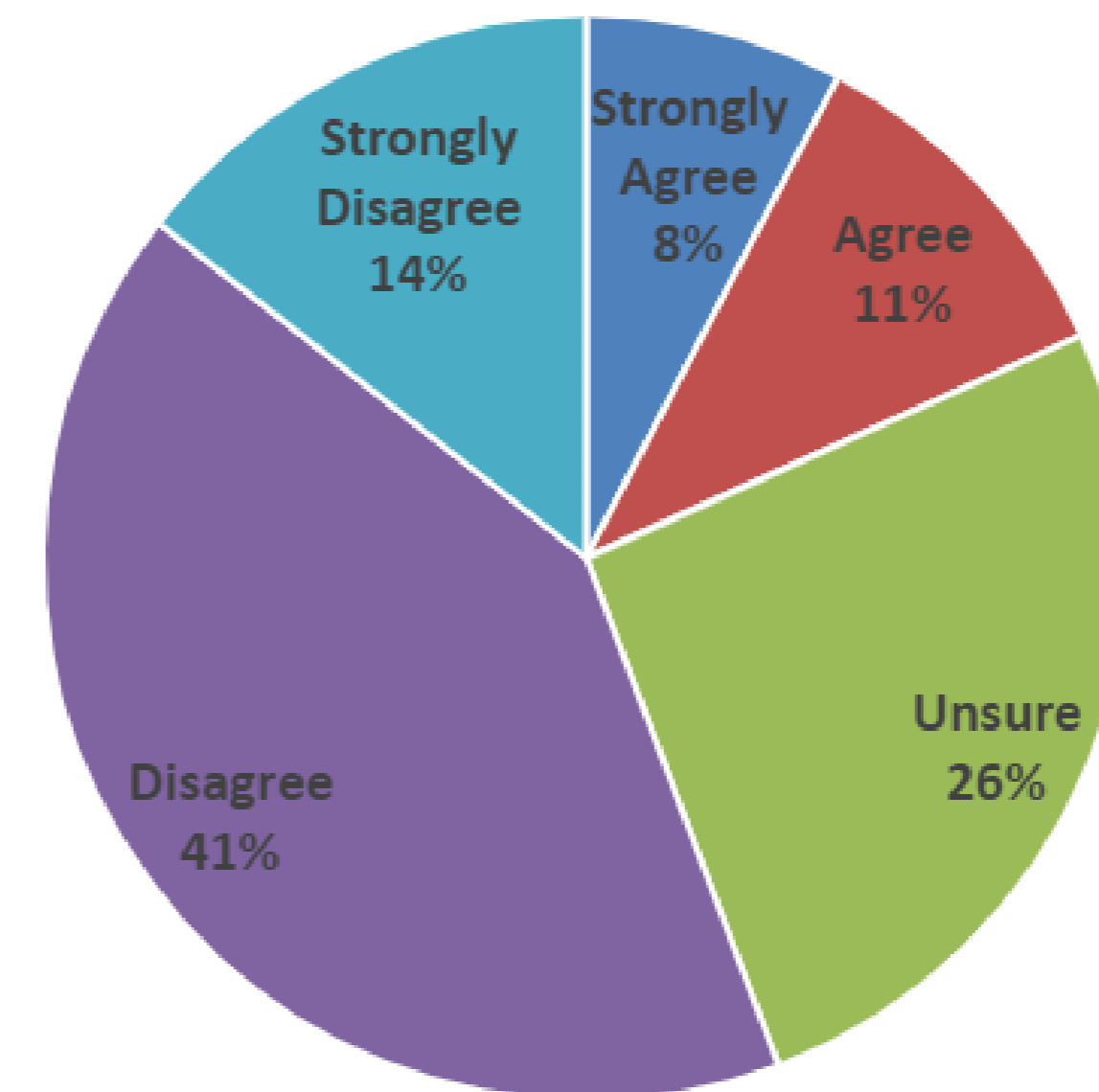
**3 out of 4 are interested.**



## PROVIDER SURVEY n=107

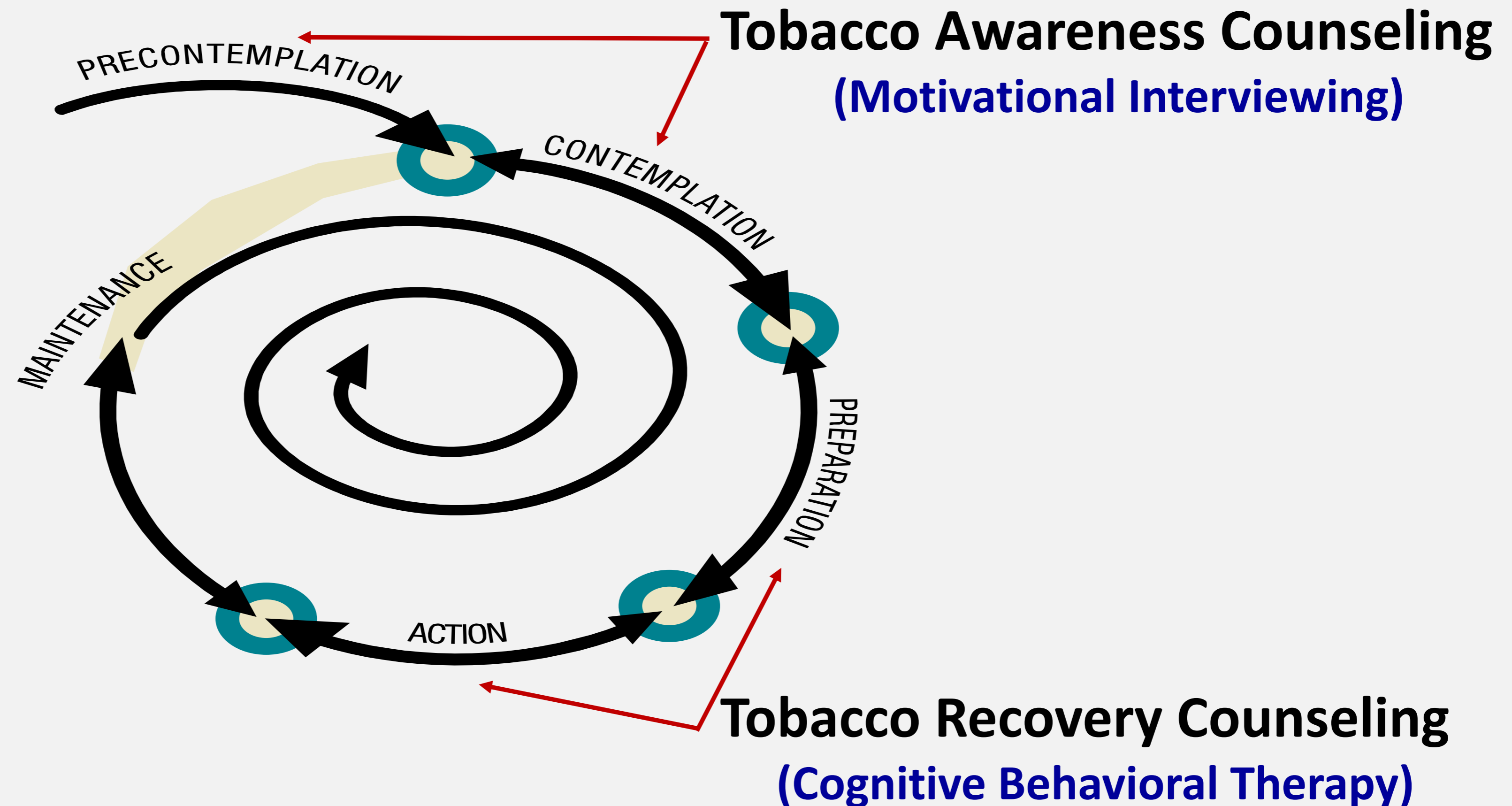
The majority of clients in drug and alcohol treatment are interested in stopping their tobacco use.

**Only 2 out of 10 agree or strongly agree.**



# ENGAGEMENT STRATEGY

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



# EVIDENCE-BASED TREATMENT

## Tobacco Use Disorder treatment tailored to the needs of people with mental and substance use disorders

*"I did then what I knew how to do. Now that I know better, I do better."*

-Maya Angelou

- 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.

# EVIDENCE-BASED TREATMENT

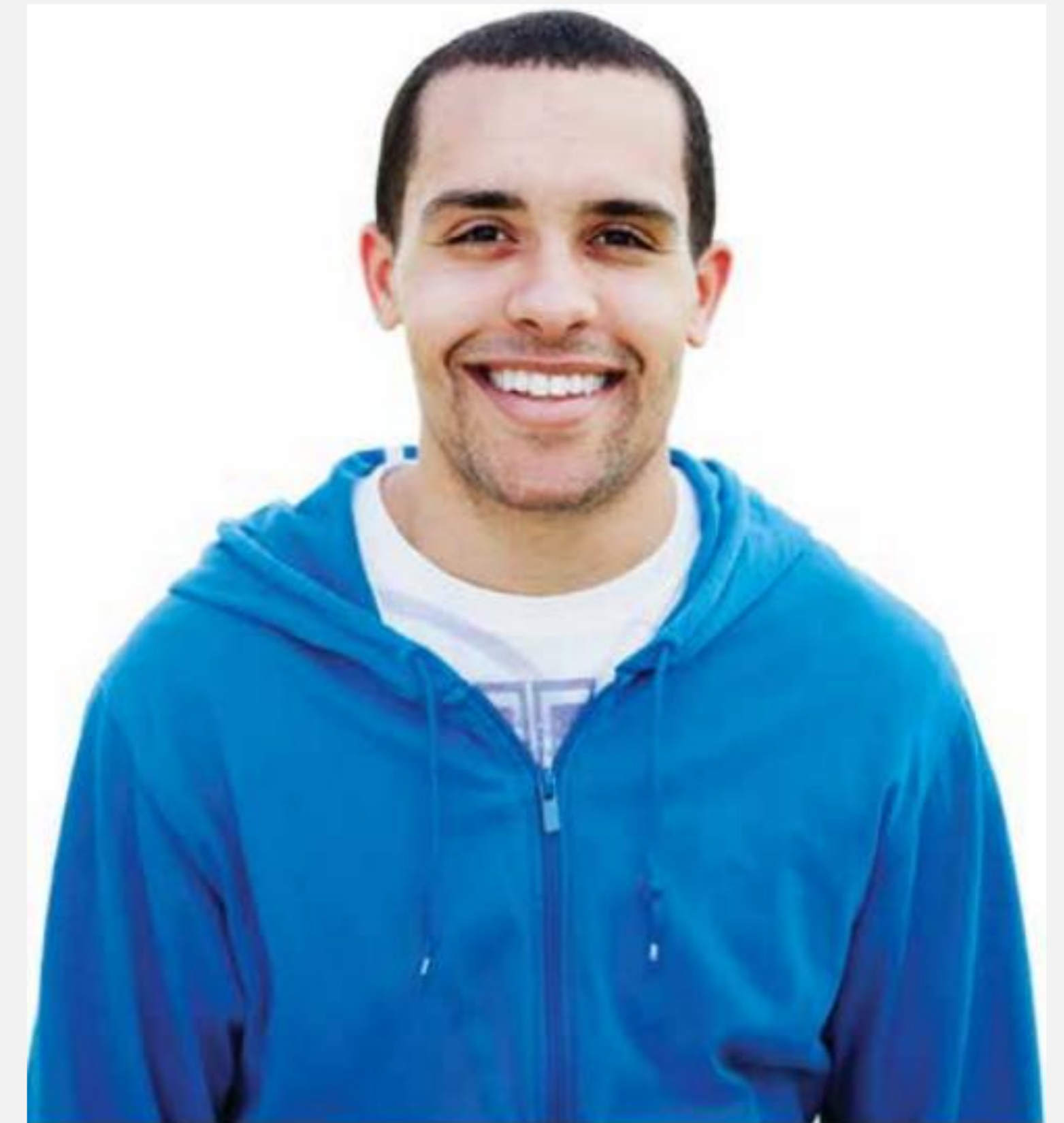
**Tobacco Use Disorder interventions require a longitudinal care model, the same as with the assessment and management of other SUDs and chronic illnesses**



- Recovery-Oriented Model
- Integrated into Existing Care Components (screening, diagnosing, charting, discharge planning)
- Pharmacotherapy
- Practical Counseling (problem/skills training)
- Social support delivered as part of treatment

# 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.
- 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.





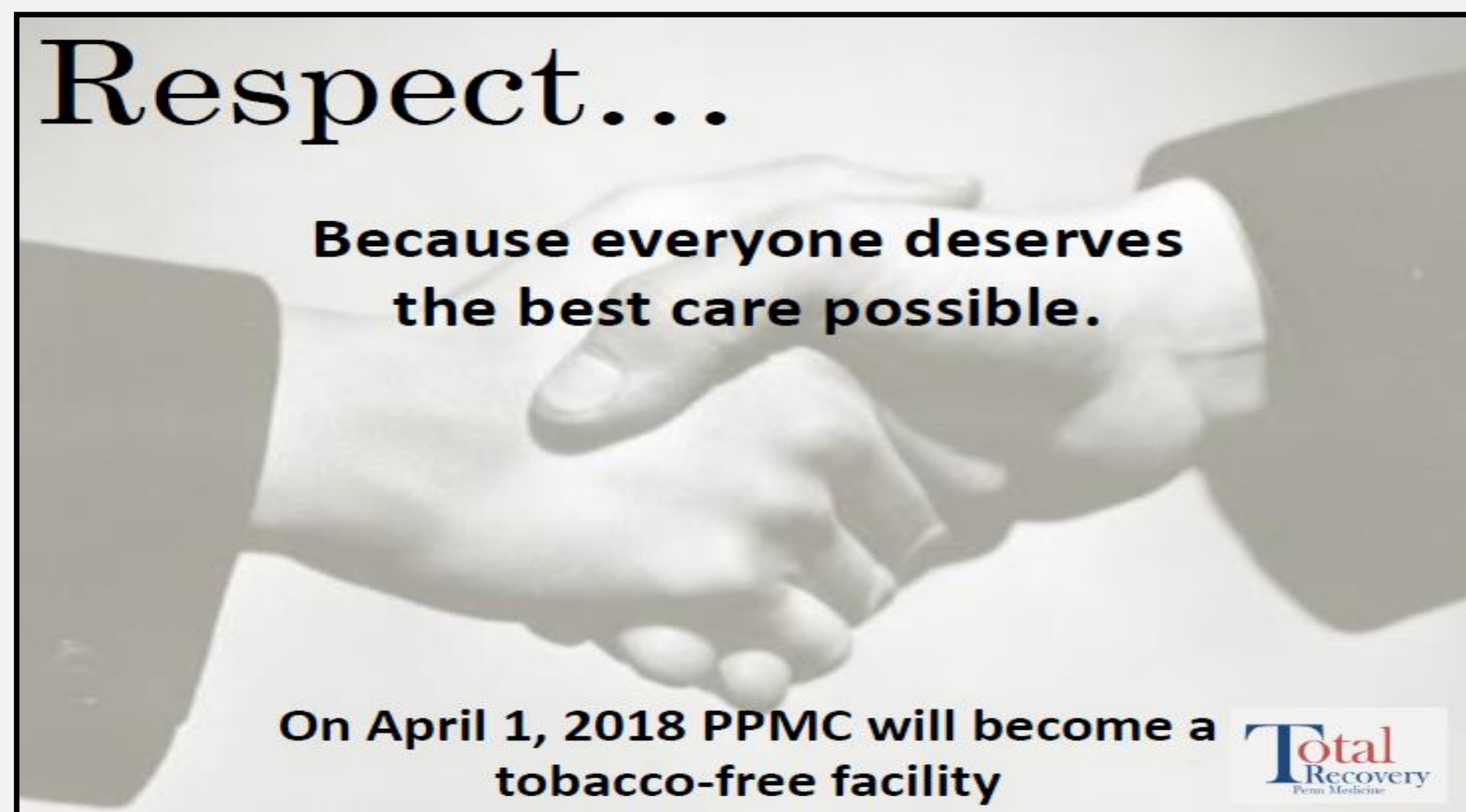
# ADDRESSING TOBACCO IMPROVES TREATMENT OUTCOMES



- Considerable research indicates that tobacco use disorder treatment does not interfere with recovery from other substances.
- Tobacco use disorder treatment during drug and alcohol 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.



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**.



# Let's Talk About it!

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





# Courage...

Don't let fear of the unknown limit you.

*“When I stopped living in the problem and began living in the answer, the problem went away.”*

*Big Book of Alcoholics Anonymous*

- Pennsylvanians in behavioral health services are disproportionately affected by tobacco use and are not receiving adequate information and treatment services.
- Prevailing 20th Century beliefs on tobacco serve as barriers to tobacco recovery interventions.
- Learning tobacco-free coping skills is safe, achievable, contributes to longer term sobriety, reduces social stigma, and enhances the health and quality of life of people in recovery.
- Treatment providers need to integrate evidence-based tobacco use disorder treatment in their programming.
- Tobacco Recovery *is* Recovery – It's time to change the way our behavioral health system handles tobacco.



# EVALUATION & COMPLETION CERTIFICATE

Complete the evaluation form and posttest. A passing grade is when you correctly answer 8 out of the 10 post test questions.

You will automatically receive an email to notify you of a passing grade or the need to repeat the post test. A completion certificate will be emailed to you within 7 business days. You will also receive a copy of the PowerPoint presentation.

Contact: [William.G.Wilson@phila.gov](mailto:William.G.Wilson@phila.gov)



## CONTACT US

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**PENNSYLVANIA**

**Statewide Tobacco-Free  
Recovery Initiative**

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