



IHR

INSTITUTE FOR
HEALTH & RECOVERY

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Umass Chan Medical School's Center for Tobacco Treatment Research and Training

*Tailoring and Delivering Evidence-Based Tobacco
Treatment to Individuals from Underserved
Populations:*

Behavioral Health Conditions

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Disclosure

I have no actual or potential conflict of interest in relation to this program/presentation.



About the Institute for Health & Recovery


The Institute for Health & Recovery (IHR) is a non-profit organization with offices and services throughout the state of Massachusetts. IHR provides counseling to individuals, youth and families struggling with addiction and mental health issues, many of whom have experienced violence.

IHR also provides training, consultation and technical assistance to state, local and national organizations to improve the integration of best practices and policies into prevention and treatment programs for families, taking what we learn from our direct service programs and using it to enhance programming.

IHR provides trauma-informed:

- Outpatient behavioral health treatment in home and community settings for those affected by substance use and mental health disorders
- Education and care coordination for youth & young adults
- Access to residential substance use treatment for families
- Prevention & Early Intervention services





About the Tobacco, Addictions, Policy & Education (TAPE) Project

SINCE 1994, the **Tobacco, Addictions, Policy and Education (TAPE) Project** has been a leader in helping substance use and mental health treatment programs in MA, the U.S. and Canada to address tobacco dependence with clients and staff through consultation, technical assistance and training.

In Massachusetts, the TAPE Project is available to work with all treatment programs in the statewide Department of Public Health, Bureau of Substance Addiction Services (BSAS) system and offers the following services free of cost to BSAS-funded programs:

- Staff training: virtual and on-site
- Program consultation and technical assistance
- Training and ongoing technical assistance for TECs
- Resources and referrals

**IHR's TAPE Project has been funded by MA DPH,
Bureau of Substance Addiction Services since 1994**





About the Behavioral Health Engagement on Nicotine Addiction (BHENA) Project

The BHENA (**Behavioral Health Engagement on Nicotine Addiction**) Project is an initiative funded by the MA Department of Public Health, Massachusetts Tobacco Cessation and Prevention Program (MTCP) and works with behavioral health organizations and social service agencies. The BHENA Project collaborates with organizations on addressing tobacco and how to plan and implement goals and system change. Ongoing consultation, technical assistance, and trainings are available to enhance staff's clinical knowledge and skills.

The BHENA Project offers the following services:

- Systems assessment
- Consultation and staff training (virtual and on-site)
- Technical assistance
- Referrals and information

WWW.HEALTHRECOVERY.ORG

| Toll Free: 1-866-705-2807

IHR's BHENA Project has been funded by MA Dept of Public Health, Massachusetts Tobacco Cessation and Prevention Program (MTCP) since 2014



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All references to “tobacco” in today’s training apply to **commercial tobacco products** produced by tobacco companies for recreational use and **NOT SACRED TOBACCO** used by American Indian and Alaska Native communities.

Agenda

- Prevalence and Patterns
- Impacts on Treatment and Recovery
 - Old ways of thinking
 - New ways of thinking
- Treating Tobacco Use Disorder in Behavioral Health

Prevalence and Patterns

Tobacco Dependence: A Neglected Epidemic in Behavioral Health Treatment

- Largely ignored as a health or treatment issue
- Not universally addressed in mental health (MH) and substance use disorder (SUD) treatment programs, despite high smoking prevalence
- Part of staff culture in MH and SUD treatment as well
- Staff who smoke are less likely to address tobacco use with people served

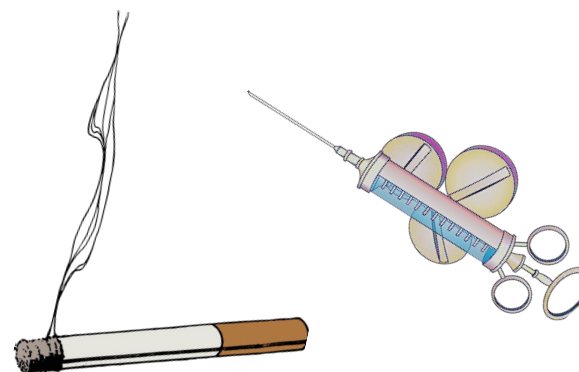
Tobacco and Substance Use Disorders

- Between 65-85% of individuals in SUD treatment for alcohol or other drugs smoke or vape
- Between 74-97% of individuals who use illicit opioids or are receiving Medication Assisted Treatment smoke or vape
- Tend to have higher nicotine consumption, addiction rates
- Tobacco use causes more deaths among individuals with a history of participation in SUD treatment than alcohol/other drugs

Co-Use of Nicotine and Opioids

- Enhances the rewarding effects of each other, reinforcing the use of each drug
- Nicotine increases sensitivity of pain receptors in the brain
- Causes cross-tolerance, increasing use of one or both drugs, making quitting either more difficult
- This bi-directional priming and tolerance includes illicit drugs and prescribed use of methadone or buprenorphine

Opioid use increases the toxicity of smoking and smoking-related health consequences resulting in higher rates of disease, disability, and death



Tobacco and Mental Health Disorders

- Current and past episodes of **depression** is associated with high levels of smoking (59%) and poorer treatment outcomes
- Individuals with **anxiety** use tobacco products at higher rates, for longer periods, and have lower quit rates
- Tend to have high nicotine consumption, addiction rates, and exhibit greater cravings/nicotine withdrawal scores

Tobacco and Schizophrenia and Other Psychotic Disorders

- Nicotine addiction is the most common substance addiction in people with schizophrenia and other psychotic disorders (80-90%)
 - Addicted to nicotine at up to 3x the rate of the general population
 - Tend to take more frequent puffs, inhale more deeply, and smoke down to the cigarette butt
 - Individuals who smoke more often tend to have higher rates of psychiatric hospitalization

Smoking and Trauma



People with a history of trauma are more likely to use nicotine to regulate negative moods and to deal with stress and anxiety

- Worsens symptoms of PTSD (startle response, emotional reactivity, sleep disturbance, depression, anxiety)
- Nicotine sharpens attention and impairs the brain's ability to repress fear-related memories
- Chemicals in tobacco smoke interfere with brain chemicals involved in controlling fear

Tobacco Industry Tactics

- Targets advertising to populations with mental illness
- Funded research to show that persons with mental illness use nicotine to alleviate negative mood
- Provided free or cheap cigarettes to psychiatric facilities
- Supported efforts to block smoke-free psychiatric hospital policies
- Donates to SUD and MH treatment centers and organizations



Impacts on Treatment and Recovery

Longstanding Culture of Smoking



OUTDATED THINKING:

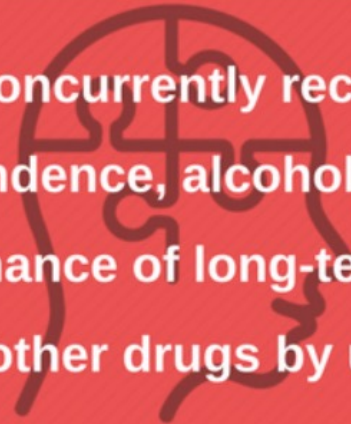
- Quitting tobacco use will undermine substance use treatment & recovery; worsen mental health conditions
- Smoking viewed as a vital coping strategy; a form of harm reduction
- Least of people's problems
- Not interested in quitting

Compared to general population, people with behavioral health conditions smoke more cigarettes, smoke more frequently and have higher levels of nicotine dependence



SMOKING IS THE BIGGEST KILLER FOR THOSE WITH A MENTAL ILLNESS OR SUBSTANCE USE DISORDER

When individuals concurrently receive treatment for both nicotine dependence, alcohol, and other drugs, they increase their chance of long-term abstinence from alcohol and other drugs by up to **25%**



The Connection Between Tobacco Use and Relapse to Other Substances



BIOLOGICAL

- Nicotine, alcohol and illicit drugs activate same part of the brain that is involved in addictive behaviors
- All reinforce cravings for each other
- Eliminating tobacco use can reduce urges/cravings for other substances

PSYCHOLOGICAL AND BEHAVIORAL

- Smoking went hand-in-hand with past substance use
- Behavior of smoking can be a drug cue and a relapse trigger

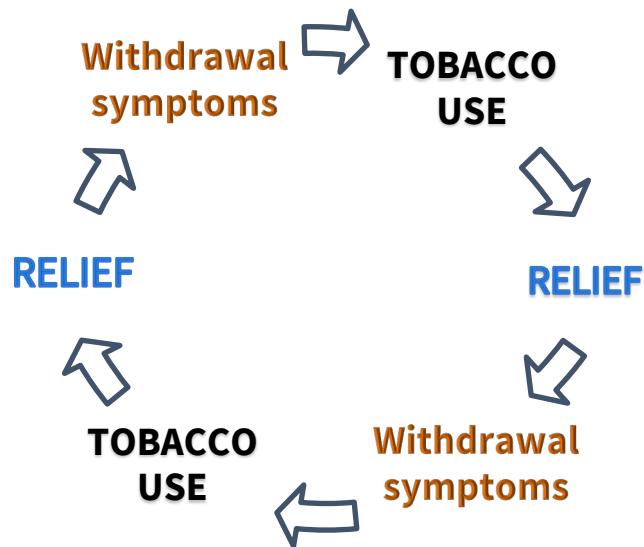
Smoking Cessation and Mental Health

Beyond initial withdrawal symptoms, quitting tobacco use (compared with not quitting) is associated with:

- Reduced depression
- Reduced anxiety and stress
- Improved positive mood
- Improvements in coping with trauma and PTSD
- Improved psychological quality of life



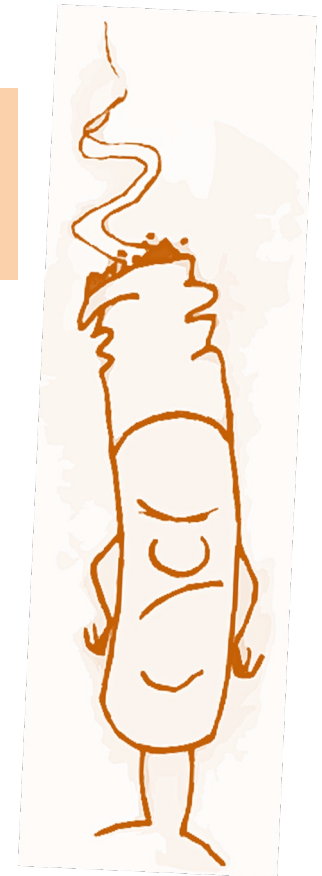
Smoking, Vaping and Stress



The common misconception that smoking relieves stress is rooted in the nicotine withdrawal cycle

Smoking only addresses withdrawal symptoms and makes the cycle continue

Smoking is a deadly and ineffective long-term coping strategy for managing stress



Treating Tobacco Use Disorder in Behavioral Healthcare Settings

Creating a Culture of Recovery

SAMHSA's definition of Recovery: *A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.*

Major pillars of a life in recovery:

- Health
- Home
- Purpose
- Community



Personal Relevance



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Bio-Psychosocial Model of Nicotine Dependence

BIOLOGICAL

- Physical addiction (cravings, withdrawal)
- Use=relief=reward
- CNS stimulant
- Menthol cigarette use (more addictive)

PSYCHOLOGICAL

- Managing stress
- Coping strategy
- Trauma/PTSD
- Routines/habits
- Comfort, soothing
- Reward

SOCIAL

- Connecting; fitting in
- Culture & community
- Family, friends smoke
- Lack of supports

Pharmacotherapy AND counseling dramatically increases the likelihood of a successful quit attempt

Learn (Safe) Coping Skills to Replace Smoking

- Help to identify safe coping skills
- Draw from past/current successes in treatment and recovery
- Experiment with new coping skills
- Write them down
- Keep them visible
- Practice, practice, practice

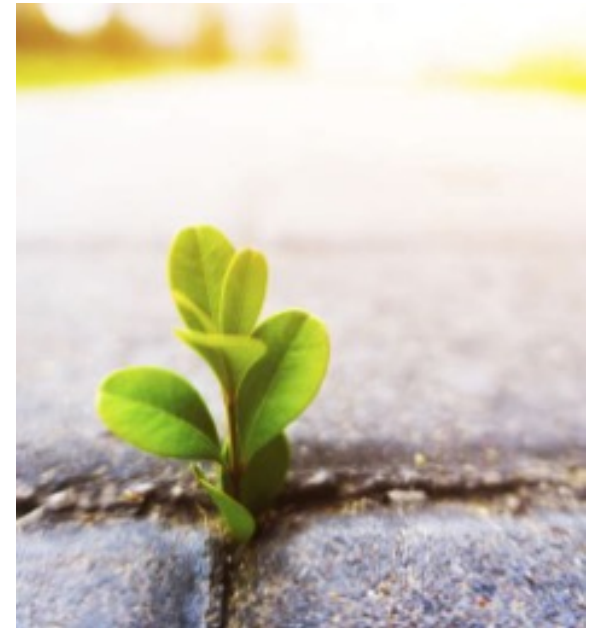
SAFE



**KEEP
CALM
AND USE
COPING
SKILLS**

What about individuals who aren't ready to make a change?

- Everyone can benefit from learning additional coping skills and developing a plan to manage stress
- Meet people “where they are” and focus on planting seeds of awareness
- Celebrate the small steps!



Advice from Peer Ex-Smokers

“Don’t think of it as losing a friend, think of it as gaining your freedom.”

“The best thing I ever did was to make it into recovery. The next best thing was to quit smoking.”



“I never realized until I quit that the nicotine was what made me feel anxious and the addiction kept me feeling like it was the only way to cope.”



Thank you!

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