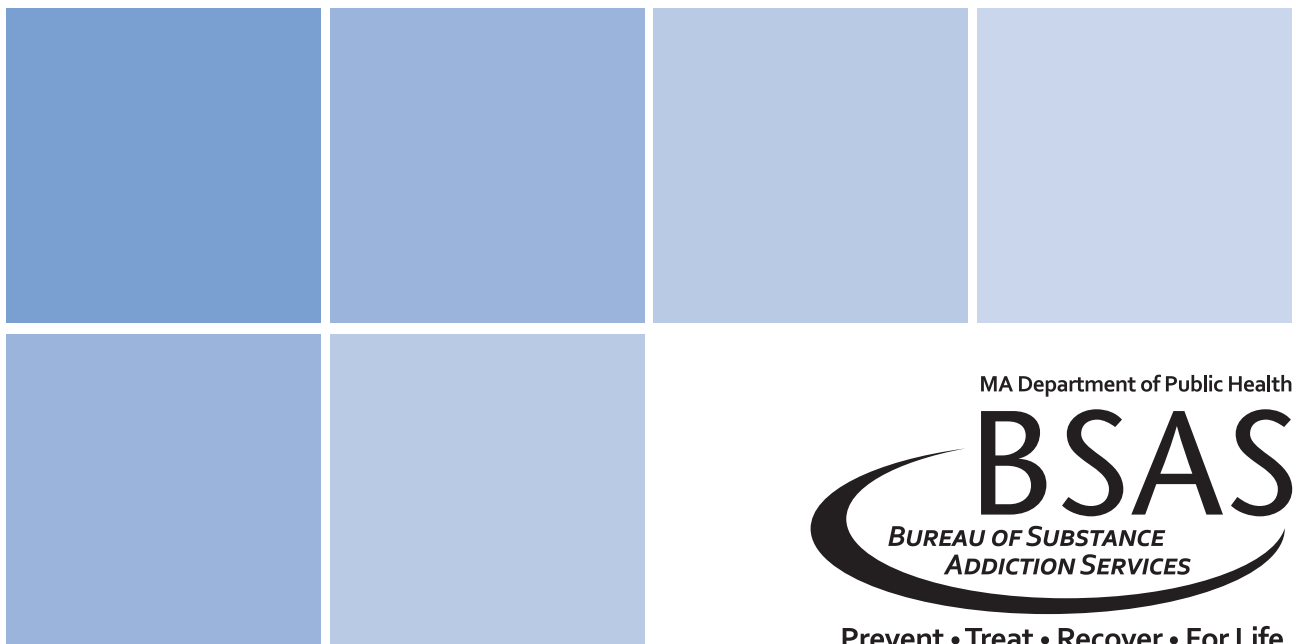


Getting Started with Tobacco Awareness Groups



About the TAPE Project

Since 1994, the Tobacco, Addictions, Policy and Education (TAPE) Project, funded by the Massachusetts Bureau of Substance Addiction Services (BSAS), has been a leader in helping substance use and mental health treatment programs in Massachusetts, the United States, 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 programs in the statewide BSAS system and offers the following services free of cost to BSAS-funded treatment programs:

- On-site staff training and consultation
- Technical assistance, consultation, and training
- Workshops for staff who smoke and are interested in quitting

TAPE Project – Resources

Our e-newsletter, *TAPE Project News*, provides information on tobacco and nicotine dependence treatment and TAPE Project announcements. To subscribe to *TAPE Project News*, enter your information and select “Tobacco Education and Treatment” in the Mailing List Signup box at: www.healthrecovery.org/subscribe

Explore the TAPE Project’s **Pinterest** site for infographics, videos, and other resources: pinterest.com/healthrecovery

Free **Online Trainings** and **Tobacco Education Handouts** are available on IHR’s Tobacco Education and Treatment Programs site: www.healthrecovery.org/our-work/tobacco

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Introduction and Welcome

These handouts and worksheets are designed for use by staff and participants in substance use treatment settings.

- Many people in early recovery may be clear upon intake that they are not thinking about stopping tobacco or nicotine use in the first few months of being free from alcohol and other drugs.
- It is also important to remember that some clients may be considering quitting while in treatment and that many may have tried to stop on their own or had the desire to quit at some point in their history.
- In addition, some people enter treatment in recovery from tobacco use, or have never smoked/vaped. The information provided in this booklet may help prevent relapse to tobacco use, as well as prevent clients from picking up a cigarette or e-cigarette for the first time. Let's help keep people tobacco-free!

Our handouts are designed to help program participants discover new awareness and understanding about their relationship to nicotine and tobacco. They will help them identify personal barriers to quitting, and present a roadmap to help them quit when they are ready.

Using these pages in group or individual treatment can plant seeds for change, and strengthen an individual's desire for change.

In addition, there are a number of handouts that will help staff maintain ongoing conversations about tobacco use with clients using Stages of Change and Motivational Interviewing approaches. The handouts offer strategies for starting the conversation, and describe specific ways to keep it going.

After an explanation of and outline for 10 Tobacco Awareness Group sessions, this booklet is organized into the following five sections:

1. Tobacco Use: Impacts on Recovery
2. Health Concerns and Consequences
3. Preparing to Quit: What Helps?
4. Talking About Tobacco Use
5. Integrating Tobacco Education and Treatment

Section 1 answers the question "Why address tobacco use in recovery?" It reviews the connection between tobacco, alcohol, and other drug use, including smoking's impact on common medications.

Section 2 looks at the impact of secondhand smoke on adults and children, and reviews more of the health reasons to quit. The health handout covers many of the lesser-known consequences of tobacco use. Clients living with teeth and gum disease, experiencing erectile dysfunction or looking to prevent diabetes and vision problems may not be aware there is a connection with their smoking. Section Two ends by giving group leaders information on electronic cigarettes, or e-cigarettes (such as JUUL, tanks, vape pens).

Section 3 helps people learn how to identify and address barriers to quitting tobacco use, such as dealing with cravings and withdrawal symptoms. It ends with a template for a personalized quitting plan that addresses all aspects of tobacco/nicotine addiction.

Section 4, "Talking about Tobacco Use," provides staff with strategies for tailoring support to clients' Stage of Change. Handouts and directions are provided for two motivational interviewing tools, the Readiness Ruler and the Decisional Balance, which offer opportunities to increase clients' awareness and facilitate self-exploration regarding readiness to quit. The final two handouts present common statements made by clients in the precontemplation stage and offers reflective responses and open-ended questions which staff can use to keep the conversation going about tobacco use, in group and individual sessions.

Section 5 can assist with the integration of tobacco/nicotine awareness at the program level. The first handout, for use in a program staff meeting, has discussion questions to generate ideas about how to create a supportive atmosphere in which to address tobacco use. The other two handouts offer specific suggestions for integrating tobacco issues into an array of treatment groups.

We encourage you to utilize these handouts in individual and group treatment sessions. Although some sheets can be given as "homework" or filled out with a peer, staff members are urged to walk through answers and responses with clients, in order to listen and learn from them, and to make this a collaborative process.

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- Creating a Supportive Atmosphere for Addressing Tobacco Use
- Integrating Tobacco Topics into other Groups
- Talking about Tobacco in Addiction Treatment Groups

What is a Tobacco Awareness Group?

THE PURPOSE of the tobacco awareness group is to help participants discover a new understanding about their relationship with tobacco and identify barriers to quitting. A tobacco awareness group is about introducing new thinking and insight, not about taking action or making behavioral changes. It is for individuals in the early Stages of Change: precontemplation and contemplation.

THE GROUP LEADER uses motivational interviewing techniques and group facilitation strategies to focus on specific topic areas that help participants think differently about their tobacco use.

Objectives of the tobacco awareness group are to help participants:

- Develop insight into tobacco use behavior
- Identify advantages to quitting
- Develop ambivalence (mixed feelings) about their tobacco use
- Identify the relationship between tobacco use and alcohol/other drug use (AOD)
- Talk about the role of tobacco use in recovery and relapse from AOD

Desired outcomes and long-term goals of the tobacco awareness group include:

- To raise awareness of tobacco related topics
- To develop “discrepancy” (the ability to recognize how current tobacco use conflicts with the person’s future goals or current values)
- To normalize and resolve ambivalence in favor of change
- To increase motivation to change
- To help participants move to the next stage of change

Source:

Tobacco Recovery Resource Exchange <https://tobaccorecovery.oasas.ny.gov>

Tobacco Awareness Group Curriculum Module 3

Tobacco Awareness Groups: 10 Topics for Discussion

Many of these topics are covered in this booklet. More information can also be found on the following websites: smokefree.gov and www.cdc.gov/tobacco

1. Is tobacco use a substance use recovery issue?

- Is smoking a substitution for other drug or alcohol use?
- Explore the role of smoking/using tobacco in recovery
- Ask permission to offer information about special health issues, how smoking can be a trigger in relapse to alcohol/other drugs
- Stopping everything all at once: ways to cope without smoking
- Discuss how both of the founders of A.A. died from smoking-related illnesses

2. Ingredients in cigarettes and cigarette smoke/secondhand smoke

- Anatomy of a cigarette, including tars and nicotine
- Tobacco processing: from field to consumer
- Ingredients in cigarettes and smokeless tobacco
- What is secondhand smoke? What is thirdhand smoke?
- Harm reduction and secondhand/thirdhand smoke

3. Nicotine: the addictive substance

- How is nicotine a drug?
- The effect of nicotine on the brain
- Effects on the heart and body
- Similarities with other drugs
- Smoking and stress management

4. Health information

- Short and long-term health consequences of tobacco: present information that is relevant now, such as the relationship between smoking and fatigue, loss of stamina, coughing, respiratory infections
- Less obvious tobacco-related health consequences, such as gum disease, cervical cancer; infertility in men and women; loss of vision; disc degeneration; diabetes
- Gender-specific health consequences, health issues in different racial and ethnic groups
- The impact of smoking on people living with HIV/AIDS and Hepatitis C Virus
- The impact of smoking on commonly prescribed medications (certain anti-anxiety meds, anti-depressants, and anti-psychotic medications, HIV treatment medications, insulin, etc.)
- Discuss the health impact of smoking on each individual and his/her loved ones

5. Weight gain after quitting: myths, realities, and prevention

- Nicotine and body metabolism
- Healthy eating and exercise tips
- Early recovery from nicotine addiction is not a time to diet, as food deprivation can jeopardize quit attempts
- Body image: media manipulation and developing a healthy sense of self
- The relationship between food and moods
- Identifying eating disorders and resources for support

6. Advertising/media awareness

- Examine magazine advertisements and ask: how does the tobacco industry convince us that there is no problem with smoking?
- Discuss placement of ads and to whom they are targeted

7. Decisional Balance

- What are the benefits of smoking and what is the downside of smoking?
- What is the downside of quitting and what are the benefits of quitting?
- Explore personal barriers to quitting, including fears about quitting, and a list of personal concerns and reasons to stop smoking

8. The process of quitting tobacco use: Part 1

- Importance of having a Quit Plan
- Learning from past quit attempts: What worked? What was difficult? What did you not expect or prepare for? How can this information help now?
- Preparation and practice before quitting
- Build support system: review/provide resource lists of quit smoking programs, Smoker's Helpline, Nicotine Anonymous; individual and group counseling; hypnosis; acupuncture; others resources people have heard about or tried
- Discuss applying 12 Step recovery tools to recovery from nicotine addiction

9. The process of quitting tobacco use: Part 2

- Benefits of stopping smoking
- Normalize the experience of quitting smoking: what to expect
- Understanding and dealing with physical withdrawal symptoms: considering nicotine replacement therapy, Zyban, or Chantix
- Learn stress management skills and relaxation techniques
- Dealing with psychological cravings: identify triggers and learn cognitive and behavioral strategies, positive self-talk, stress management skills, relaxation techniques, as well as substitute behaviors (i.e. drinking water)
- Dealing with others in the quitting process: advantages/disadvantages of quitting with someone else; seeking support; watching out for others' sabotage
- Practice new behaviors: limit-setting and assertiveness

10. Change is a process: A stage based model of behavior change

- Explore the following: What makes change difficult? What makes it happen? What promotes change?
- Learn about the Stages of Change model: discuss what stage each person is regarding tobacco use and other behaviors they wish to change. What helped them get from the previous stage into the present one? What will help them move to the next stage?
- Change is a process, it does not happen overnight; any positive change should be celebrated; the process of quitting smoking is not an all or nothing one
- Most people make multiple quit attempts before quitting for good. Don't give up!

Why Address Tobacco Use in Substance Use Treatment Programs?

Smoking Prevalence

- 13.7% of the general adult population in the U.S. smoke cigarettes (*CDC 2018*)
- 13.4% of the general adult population in Massachusetts smoke cigarettes (*MDPH 2019*)
- 5.8% of high school students (grades 9-12) in the U.S. smoke cigarettes, and 31.2% of high school students use some type of tobacco product (*CDC 2019*)
- 27.5% of high school students use e-cigarettes (*CDC 2019*)
- As many as 95% of people entering treatment for substance use disorders smoke cigarettes (*Chun et al. 2009*)
- As many as 30-35% of staff working in addiction treatment services smoke cigarettes (*Parks et al. 2006*)

Research Findings: Smoking is a Recovery Issue

Tobacco-related diseases are the leading cause of death among people previously treated for alcohol and/or other drug dependence. (*Hurt et al. 1996*)

- People with behavioral health conditions die about five years earlier than people without such conditions, more than 50% from tobacco-attributable diseases. (*Druss et al. 2011*)
- The rate of tobacco-related deaths is substantially higher for people who have received substance use disorder (SUD) treatment services compared with the general population. (*Bandiera et al. 2015*)
- Recovery rates are enhanced by not smoking and the continued use of nicotine may be a factor in alcohol relapse and other drug use. (*Shiffman & Balabanis 1996; Stuyt 1997; Prochaska et al. 2004; Gulliver et al. 2006; Tsoh et al. 2011*)
- "Participation in smoking cessation efforts while engaged in other SUD treatment has been associated with a 25% greater likelihood of long-term abstinence from alcohol and other drugs." (*Prochaska et al. 2004*)
- Substance use and smoking can be treated simultaneously without endangering recovery from alcohol and drug addiction. (*Prochaska et al. 2017; Compton 2018*)
- Treatment for heroin, cocaine, or alcohol addiction may be more effective if it included concurrent treatment of tobacco addiction. (*Taylor et al. 2000*)
- "Smoking status (nonsmoker, chipper, heavy smoker) proved a more powerful predictor of cocaine and opiate use than daily methadone dose." (*Frosch et al. 2000*)
- "Continued smoking among smokers and smoking initiation among nonsmokers is associated with greater odds of SUD relapse." (*Weinberger et al. 2017*)

Health Impacts

Smoking negatively impacts the metabolism and efficacy of a variety of medications, including anti-depressants, anti-anxiety medications, anti-psychotic medications, HIV medications, asthma medications, and oral contraceptives. (Ryan 2006)

- Among people with alcohol use disorder (AUD) who smoke:
 - The incidence of pancreatitis is 10 times greater than in people with AUD who do not smoke. (Pitchumoni et al. 1988)
 - The risk of cirrhosis is 3 times greater than in people with AUD who do not smoke. (Klatsky & Armstrong 1992)
 - The risk for developing mouth and throat cancer is 38 times greater than those who do not smoke nor drink. (Blot 1992)
- Smoking slows brain recovery in people with AUDs and after mild traumatic brain injury. (Durazzo et al. 2007; 2013)
- For people with HIV/AIDS, smoking exacerbates HIV-related health conditions, impacts the course of treatment, and decreases efficacy of medications. HIV disease increases the prevalence of smoking-caused illnesses such as lung cancer and emphysema. (Rossouw et al. 2015)
- Women with HIV who are on highly active anti-retroviral therapy (HAART) and who smoke are more likely than non-smokers to be diagnosed with ailments associated with AIDS and more likely to die – regardless of how much they smoke. Smokers have higher CD4 counts, indicating poorer health, and do not benefit as much from HAART as non-smokers. (Feldman et al. 2006)
- Nicotine may speed up elimination of Ritonavir (HIV treatment medication), reducing drug levels and increasing risk of drug resistance. (Rose et al. 1997)
- Heavy smokers diagnosed with Hepatitis C virus (HCV) face a significantly greater risk of developing a form of cancer known as non-Hodgkin's lymphoma (NHL). (Talamini et al. 2005)
- "For people with HCV, smoking rapidly causes liver inflammation and worsens liver damage. Those with HCV who smoked 20 or more cigarettes/day and frequently drank alcohol were 7 times more likely to have elevated liver enzyme levels (indicator of liver damage)." (Wang et al. 2002)
- "Among substance using pregnant women, smoking cessation may have a greater impact on birth weight than eliminating illicit drug use." (Bailey et al. 2012)

Youth and Tobacco

Nicotine in tobacco products can produce structural and chemical changes in the developing brain that make young people vulnerable to alcohol and other drug addiction and mental illness. (Siqueira 2017)

- The 2016 Surgeon General's report *E-Cigarette Use Among Youth and Young Adults* concluded that there is substantial evidence that e-cigarette use among youth increases the risk of cigarette use.
- Smoking by youth in substance use disorder treatment is at high rates and correlated to the onset and progression of other drug use. (Fortuna et al. 2012)
- Children who smoke are almost 4 times more likely to develop asthma than those who do not smoke. (Gilliland et al. 2006)
- Smoking slows the normal development and growth of lung function, especially in girls. (Gold et al. 1996)
- Adolescents who smoke have measurable deficits in lung function consistent with early signs of obstructive airway disease. (Gold et al. 1996)

Source:

Please contact the TAPE Project for a list of referenced articles on this handout by calling +1.617.661.3991 or by emailing tape@healthrecovery.org

Tobacco Use and Mental Health

Key Concerns

- Smoking rates are 2-3 x higher among people with mental illness, when compared to the general population, and up to 5 x higher among people with schizophrenia, bipolar disorder, post-traumatic stress disorder (PTSD), and alcohol/illicit drug use disorders. (*Prochaska et al. 2017*)
- 36-53% of all deaths among people with schizophrenia, bipolar disorder, major depression, and substance use disorders are attributable to tobacco-related conditions. (*Callaghan et al. 2014; Callaghan et al. 2016; Williams 2018*)
- Smoking cessation does not harm mental health. (*Prochaska 2010; Ragg et al. 2013; Taylor et al. 2015*)
- Smoking cigarettes "reduces drug levels of many antipsychotics and antidepressants, including clozapine, olanzapine, and fluvoxamine. Smoking results in the need for higher medication doses, which may pose a risk of medication toxicity during a quit attempt." (*Williams et al. 2014; emphasis added*) "Therapeutic drug monitoring should be used where possible." (*NSW 2016; emphasis added*)

Depression, Anxiety, and Trauma

- Quitting smoking contributes to positive changes in mental health. It "is associated with reduced depression, anxiety, and stress and improved positive mood and quality of life." It can be equally or more effective than "antidepressant treatment for mood and anxiety disorders." (*Taylor et al. 2014; see also Prochaska et al. 2017; Lechner et al. 2019*)
- Smoking can lead to a decreased ability to deal with fear and anxiety after a traumatic event. Smoking cessation may improve treatment after trauma and could prevent conditions like PTSD from developing. (*Haaker et al. 2017*)

Serious Mental Illness (SMI)

- People with schizophrenia or major depression are not at risk of worsening symptoms when quitting smoking (*Ragg et al. 2013*), and quitting was not found to be "associated with heightened binge drinking or symptoms of depression and anxiety among smokers with SMI." (*Hammett et al. 2019*)
- "Treating tobacco dependence is effective in patients with SMI" and does not worsen the mental state of patients with stable psychiatric conditions. (*Banham & Gilbody 2010*)
- Bupropion and varenicline are effective for people with SMI, with no significant increases in neuropsychiatric adverse events relative to nicotine patch or placebo. Varenicline has been shown to have greater efficacy when compared to nicotine patch or bupropion. (*Anthenelli et al. 2016; Peckham et al. 2017*)

Substance Use Disorders

- Participation in smoking cessation efforts while engaged in other substance use treatment has been “associated with a 25% increased likelihood of long-term abstinence from alcohol and illicit drugs.” (Prochaska et al. 2004)
- “Continued smoking among smokers and smoking initiation among nonsmokers is associated with greater odds of SUD relapse.” (Weinberger et al. 2017)

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Interaction of Nicotine with Alcohol and Stimulants

Nicotine and Alcohol

- "Approximately 75% of individuals being treated for Alcohol Use Disorder (AUD) smoke cigarettes." (*Winhusen 2017*)
- Co-occurring Tobacco Use Disorder and AUD is widely accepted but it is not clear whether nicotine use leads to AUD or alcohol use to the maintenance of nicotine dependence. (*Tarren & Bartlett 2017*)
- The interactions of alcohol and tobacco are complex, but at their core, the drugs reinforce (increase) each other's use. (*McKee & Weinberger 2013, Oliver et al. 2013, Ostroumov et al. 2015*) This has also been found for the relationship of alcohol and e-cigarettes. (*Hershberger et al. 2016*)
- Interactive effects of alcohol and nicotine affect cravings and use: alcohol use "increases craving to smoke, decreases time to initiate smoking and increases smoking self-administration. Similarly, tobacco and nicotine increase alcohol craving, decrease subjective effects of alcohol, and increase alcohol consumption." (*Verplaetse & McKee 2017*)
- Smoke-free legislation, which has reduced smoking and smoking-related diseases, "has added public health benefits by reducing alcohol consumption and alcohol use disorders among segments of the population (i.e. heavy drinkers, smokers) most at risk to experience adverse alcohol-related consequences." (*McKee & Weinberger 2013*)
- Reducing the amount of nicotine in cigarettes may reduce alcohol use. (*Dermody et al. 2016*)

Nicotine and Stimulants

- About 75% of cocaine users and 87% of methamphetamine users smoke. (*Cross et al. 2017*)
- Data analysis showed an apparent "emergence of a pattern of cocaine use leading to increased craving for cigarettes and subsequent increased consumption of cigarettes." (*Brewer et al. 2013*)
- Cigarette smoking may increase the cravings for and subjective high produced by cocaine. (*Brewer et al. 2013*)
- Smoking cessation makes it more likely to remain abstinent from cocaine. (*Winhusen et al. 2014*)

Smoking Cessation and Relapse to Alcohol and Other Drugs

- Participation in smoking cessation efforts while engaged in other substance use treatment has been "associated with a 25% increased likelihood of long-term abstinence from alcohol and illicit drugs." (*Prochaska et al. 2004*)
- "Continued smoking among smokers and smoking initiation among nonsmokers is associated with greater odds of SUD relapse." (*Weinberger et al. 2017*)

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Treating Opioid Use Disorder: Tobacco's Impact

Medications

Components of tobacco smoke often interact with medications used by people with substance use disorders (SUDs). This affects how well medications, such as insulin, Zyprexa and methadone, work in the body, and how quickly they are cleared from the body.

- For smokers, usual medication doses might need to be adjusted for those effects.
- When smokers stop or cut back on their tobacco use:
 - Medication levels need to be checked and medical care coordinated
 - Lower doses of medications may be needed
 - "Patients on methadone should be monitored for signs of methadone toxicity upon the start of smoking cessation, and the dose of methadone should be adjusted accordingly."
(Wahawisan et al. 2011)

(Kroon 2007; Wahawisan et al. 2011; Zevin & Benowitz, 1999)

Neonatal Opioid Withdrawal Syndrome (NOWS)/Neonatal Abstinence Syndrome (NAS)

- Smoking can make an infant's NOWS/NAS last longer and be more severe. Reductions in numbers of cigarettes smoked by the mother can lead to improved neonatal outcomes.
- "Regardless of prenatal methadone or buprenorphine exposure, heavier cigarette smoking was associated with more compromised birth outcomes." (Jones et al. 2013)
- Nicotine can harm infant development and the mother's health, so stopping or cutting down on tobacco and e-cigarette use during pregnancy is a great decision. Being around secondhand smoke is also harmful.

(Choo et al, 2004; Jones et al. 2013)

Relapse to Alcohol and Other Drugs

- Participation in smoking cessation efforts while engaged in other SUD treatment has been associated with a 25% greater likelihood of long-term abstinence from alcohol and other drugs.
- Continuing or starting cigarette use after stopping alcohol and other drug use is associated with increased likelihood of relapse.
- Individuals tested positive for opioids and cocaine significantly more often during times when they were smoking cigarettes than when they were not.

(Prochaska et al. 2004; Shoptaw et al, 2002; Weinberger et al. 2017)

Smoking, HIV and Hepatitis C Virus

- If you smoke and have HIV, you are more likely to get HIV-related infections.
- People living with HIV who adhere to antiretroviral therapy but smoke cigarettes are more likely to die from lung cancer than from AIDS-related causes.
- Smoking is associated with the most common type of liver cancer, and possibly with increased progression of liver scarring.
- Smoking increases the severity of liver lesions, or tumors, in patients with chronic hepatitis C.

(Hagström et al. 2017; Pessione et al. 2001; Reddy et al. 2017)

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Cigarette Smoke Ingredients

There are over 7,000 chemicals that have been identified in cigarette smoke, some of which are listed below. Of these, at least 250 are known to be harmful and at least 69 of the toxic chemicals in secondhand tobacco smoke cause cancer. Children are especially susceptible to these poisons. For them, exposure to secondhand smoke can cause middle ear infections, decreased lung function, lower respiratory tract infections, and increase the intensity of asthma conditions. Inhaling secondhand smoke causes lung cancer in nonsmoking adults.

There is No Safe Level of Exposure to Secondhand Smoke

Some of the chemicals found in Secondhand Smoke and their common uses:

Acetone <i>Nail Polish Remover</i>	Nitrobenzene <i>Gasoline Additive</i>	Vinyl Chloride <i>Makes PVC2</i>
Hydrogen Cyanide <i>Gas Chamber Poison</i>	Carbon Monoxide <i>Car Exhaust</i>	Hexamine <i>Barbecue Lighter</i>
Acetic Acid <i>Vinegar</i>	Nitrous Oxide Phenols <i>Disinfectant</i>	Butane <i>Cigarette Lighter Fluid</i>
Methane <i>Swamp Gas</i>	DDT/Dieldrin <i>Insecticides</i>	Nicotine <i>Insecticide/Addictive Drug</i>
Ammonia <i>Floor/Toilet Cleaner</i>	Formaldehyde <i>Preservative – Body Tissue</i>	Cadmium <i>Rechargeable Battery</i>
Methanol <i>Rocket Fuel</i>	Naphthalene <i>Mothballs</i>	Ethanol <i>Alcohol</i>
Arsenic <i>Poison</i>	Toluene <i>Industrial Solvent</i>	Stearic Acid <i>Candle Wax</i>

Cancer Causing Agents

Nitrosamines	P.A.H.s
Crysenes	Dibenz Acidine
Cadmium	B-Napthylamine
Benzo(a)pyrene	Urethane
Polonium 210	N.Nitrosornicotine
Nickel	Toluene

Toxic Metals

Aluminum	Silicon
Zinc	Silver
Magnesium	Titanium
Mercury	Lead
Gold	Copper

Sources:

- Massachusetts Tobacco Cessation and Prevention Program makesmokinghistory.org
- National Cancer Institute www.cancer.gov

Hazards of Secondhand Smoke Exposure

Secondhand Smoke (SHS) Exposure Risks

- **NO SAFE LEVEL OF EXPOSURE**

Scientific evidence indicates that there is no safe level of exposure to SHS. Separating smokers from nonsmokers, cleaning the air, and ventilating buildings cannot eliminate SHS exposure. Conventional air cleaning systems can remove large particles, but not the smaller particles or the gases found in SHS.

- **SECONDHAND SMOKE IS TOXIC**

SHS contains more than 7,000 chemicals, 250 chemicals of which are known to be toxic, including at least 69 that cause cancer such as arsenic, carbon monoxide, ammonia and formaldehyde. These chemicals are also present in smoke from other tobacco products including cigars and cigarillos. SHS from cigars contains a higher concentration of ammonia, carbon monoxide, and many other toxic chemicals compared to cigarettes.

- **FIRES**

Over 25% of deaths from home fires are due to cigarettes or other smoking related materials.

Selected Risks for Non-Smoking Adults

- **HEART DISEASE**

SHS exposure increases risk of heart disease by 25 -30%. Breathing SHS for even a short time can have immediate adverse effects on the cardiovascular system, interfering with the normal functioning of the heart, blood, & vascular systems in ways that increase the risk of heart attack and stroke.

- **LUNG CANCER**

SHS exposure increases the risk of lung cancer by 20 - 30%. Some scientific studies have found that SHS may also cause other types of cancer.

- **RESPIRATORY CONDITIONS**

Even brief exposure can trigger respiratory symptoms, including coughing, phlegm, wheezing, and breathlessness. SHS can trigger asthma attacks and cause bronchitis and emphysema.

Smoking and Pregnancy

Smoking during pregnancy is the single most preventable cause of illness and death among infants.

- **FETAL DEVELOPMENT**

Nicotine is a vasoconstrictor which means that it causes blood vessels to become smaller, limiting nutrition and oxygen flows to the fetus.

- **DEVELOPMENTAL DELAYS**

Smoking and SHS exposure during pregnancy both increase the risk of developmental delays in speech, language learning, and development.

- **PREGNANCY COMPLICATIONS**

Women who smoke during pregnancy are about twice as likely to experience premature rupture of membranes, placental abruption, and placenta previa during pregnancy. These conditions can lead to preterm birth, slowed fetal growth, birth defects, still birth, and hemorrhage (uncontrolled bleeding).

- **LOW BIRTH WEIGHT**

Pregnant women exposed to SHS are 20% more likely to have a low birth weight baby, a leading cause of infant death. Babies of women who smoke during pregnancy weigh an average of 200 grams less than infants born to non-smoking women.

- **PRETERM DELIVERY**

Women who smoke during pregnancy are 30% more likely to give birth prematurely.

Selected Risks for Children

- **PREVALENCE & INCREASED RISK**

During 2013-2014, 38% of U.S. children aged 3–11 years – or 14 million children – were exposed to secondhand smoke. An additional 9.1 million non-smoking adolescents were also exposed. Because their bodies are developing, infants and young children are especially vulnerable to the poisons in secondhand smoke.

- **ASTHMA**

SHS exposure can cause inflammation of the lining of children's airways, increasing the frequency of asthma attacks and severity of symptoms. It is also a risk factor for new cases of asthma in children who have not previously displayed symptoms. SHS causes over 202,000 asthma episodes in children per year.

- **RESPIRATORY INFECTIONS**

Exposure to SHS can cause children's lungs to produce mucus, increasing their risk for lower lung infections such as pneumonia and bronchitis. SHS causes 150,000 to 300,000 respiratory infections each year in children younger than 18 months. Babies whose mothers smoke while pregnant or who are exposed to secondhand smoke after birth have weaker lungs than other babies, which increase the risk for many health problems.

- **EAR INFECTIONS**

SHS exposure can cause children's middle ear to become inflamed, preventing fluid from draining and increasing the likelihood of infection. Children exposed to SHS are more likely to need an operation to insert ear tubes for drainage. SHS causes over 750,000 ear infections each year.

- **SIDS: Sudden Infant Death Syndrome**

Smoking and exposure to smoke during pregnancy is a risk factor for SIDS. Infants who are exposed to secondhand smoke after birth are also at a greater risk of SIDS.

Sources:

- The Health Consequences of Involuntary Exposure to Tobacco Smoke – A Report of the Surgeon General – 2006 www.ncbi.nlm.nih.gov/books/NBK44324
- Center for Disease Control – www.cdc.gov/tobacco and MMWR "Exposure to SHS Among Nonsmokers, US, 1988-2014" www.cdc.gov/mmwr/volumes/67/wr/mm6748a3.htm
- Environmental Protection Agency – www.epa.gov/indoor-air-quality-iaq/secondhand-smoke-and-smoke-free-homes
- American Cancer Society – www.cancer.org/cancer/cancer-causes/tobacco-and-cancer.html
- American Lung Association – www.lungusa.org

Health Consequences of Smoking

Cancer

- Cancer is the second leading cause of death in the U.S. Researchers have estimated that over 1,500 people a day die of cancer.
- Smoking can damage important genes that control the growth of cells and lead to cancer.
- People who smoke are 20 times more likely to develop lung cancer than nonsmokers. Smoking causes 90% of lung cancer deaths in men and 80% in women.

Lung cancer
Bladder cancer
Cervical cancer
Kidney cancer
Laryngeal cancer
Leukemia
Oral cancer
Pancreatic cancer
Stomach cancer



Cardiovascular Disease

- Heart disease is the leading cause of death and stroke is the third leading cause of death in the U.S.
- The risk of dying from heart disease is 4 times higher for people who smoke than non-smokers.

Heart disease
Stroke
Abdominal aortic aneurysm
Peripheral vascular disease



Respiratory Diseases

- People who smoke have more upper and lower respiratory tract infections than nonsmokers because smoking damages the body's defenses against infections.
- COPD (chronic obstructive pulmonary disease) includes chronic bronchitis and emphysema. It is the fourth leading cause of death in the U.S. and over 90% of the 100,000 COPD deaths per year are caused by smoking.

Chronic bronchitis
Emphysema
Pneumonia
Chronic coughing
Chronic wheezing



Reproduction

- Babies whose mothers smoke before and after birth are 3 to 4 times more likely to die from sudden infant death syndrome.
- Low birth weight babies are at greater risk for childhood and adult illnesses. Low birth weight is also the leading cause of neonatal death.

Fetal and infant death
Stillbirths
Lower fertility
Low birth weight
Pregnancy complications



Other Effects

- People who smoke are less healthy overall than nonsmokers.
- Smoking harms the immune system and increases the risk of infections.
- Smoking increases the risk of complications after surgery.

Cataracts
Gum disease
Hip fractures
Low bone density
Peptic ulcer disease
Erectile dysfunction



Source: The Health Consequences of Smoking, a Report of the Surgeon General, 2004.

More Good Reasons to Quit: Lesser Known Health Consequences

LOSS OF EYESIGHT: Smokers are 2.5-3 times more likely to develop diseases that result in loss of vision.

WEAKENED SPINE: Smoking reduces blood flow to the spinal discs, which weakens them and reduces amounts of nutrients and oxygen they receive. A smoker's repetitive coughing may damage discs, resulting in back trouble.

INCREASED OPERATION RISKS: Because the lungs are severely irritated from smoke, smokers require more anesthesia and are at greater risk for complications from surgery. Smokers have an increased length of stay in the recovery room and a greater need for supplemental oxygen after surgery.

MALE REPRODUCTIVE ISSUES: Smoking can cause impotence, decreased sperm production, lessen sperm count and mobility and change sperm shape.

PRESCRIPTION COMPLICATIONS: Smokers often need to be on higher doses of medications than nonsmokers.

CUTS AND BROKEN BONES HEAL SLOWER: Slower blood and oxygen flow throughout the body delays healing.

DENTAL DISEASE: Smoking changes saliva, creates more plaque & staining, and raises the temperature of the mouth, which contribute to dental issues. Smokers are more likely to lose teeth and have gum diseases.

IMMUNE & AUTOIMMUNE DISORDERS: Smoking is a cause of regular inflammation and damaged immune function. Smoking is a cause of rheumatoid arthritis and can affect treatment.

LIVER & COLORECTAL CANCERS

FEMALE REPRODUCTIVE ISSUES: Smoking increases rate of miscarriages, pregnancy complications, premature births and low birth weight – a leading cause of infant death.

BONES: Smoking contributes to shrinking bone mass that causes bones to become brittle and more likely to break.

DIABETES: Smoking is a cause of type 2 diabetes. Smokers are 30-40% more likely to develop diabetes than nonsmokers.

DISEASE RISKS FOR WOMEN ARE EQUAL TO THOSE FOR MEN: Female smokers are just as likely as men to get lung cancer, COPD, and cardiovascular diseases.

Source:

The Health Consequences of Smoking- 50 Years of Progress: A Report of the Surgeon General (2014), U.S. Department of Health and Human Services, www.cdc.gov/tobacco

Cigarettes: What the Warning Label Doesn't Tell You (1996), American Council on Science and Health, (212) 362-7044 www.acsh.org

Vaping/E-Cigarettes and Recovery

What is vaping?

- Vaping is the act of inhaling and exhaling an aerosol produced by an e-cigarette or other electronic device.
 - The aerosol is often wrongly referred to as a vapor, but consists of fine particles that can penetrate the skin and deeply into the lungs. Many of these particles contain varying amounts of toxic chemicals, which have been linked to heart and respiratory diseases and cancer.

What is an e-cigarette?

- Electronic cigarettes (e-cigarettes) are battery-powered devices that deliver nicotine and flavorings to the user.
- They include vape pens, pod devices (such as JUUL), mods, and PVs (personal vaporizers).
- All e-cigarettes have a mouthpiece, a battery that powers the device, a heating device (or atomizer) that turns a liquid solution into an aerosol, and a cartridge or pod containing the liquid.

How do e-cigarettes affect someone in recovery from alcohol/other drug (A/OD) use?

- Nicotine is an addictive drug. It activates the same “reward pathways” in the brain as A/ODs. The nicotine content in e-cigarettes can be very high and users may get even more nicotine from vaping than they would from traditional (combustible) cigarettes.
 - Nicotine can harm the developing brain and is unsafe for youth, young adults, and pregnant women.
- Individuals with a history of substance use disorders are more likely to be addicted to nicotine than the general population. The behaviors surrounding these addictions tend to be linked — physically, psychologically and socially.
- There is growing concern about the dual use of combustible cigarettes and electronic devices. Studies suggest an increased risk of heart disease and respiratory health effects from dual use when compared to smoking combustible cigarettes only. (*Osei et al. 2019; Wang et al. 2018*)
- Recovery rates are enhanced by not using nicotine and the continued use of nicotine may be a factor in relapse to A/OD use.
- Problematic alcohol use was found to be significantly higher among e-cigarette users compared to non e-cigarette users. (*Hershberger et al. 2016*)

- There are over 15,000 flavors of liquid nicotine, which are designed to appeal to both youth and adults. Many of these flavors smell or taste like alcoholic drinks, which may be triggering to someone in recovery.
→ Examples include: Absinthe, Whiskey, Piña Colada, Champagne, Margarita, Gin Joint, Red Wine, Rum & Coke, Tom Collins, Cognac, Kentucky Bourbon, Strawberry Daiquiri, Amaretto, Vodka
- Aside from alcohol flavoring, some e-cigarettes have been shown to contain enough alcohol to impact the user's motor skills. The alcohol content researchers measured ranged from .4% to 23.5%. (Valentine et al. 2016)
- Some manufacturers say their products contain a trace amount of alcohol while others maintain their flavors are alcohol free. While the FDA has regulatory authority over e-cigarettes, thorough product and pre-market reviews are only just beginning, and there is no way to know for sure what the available e-liquids contain.

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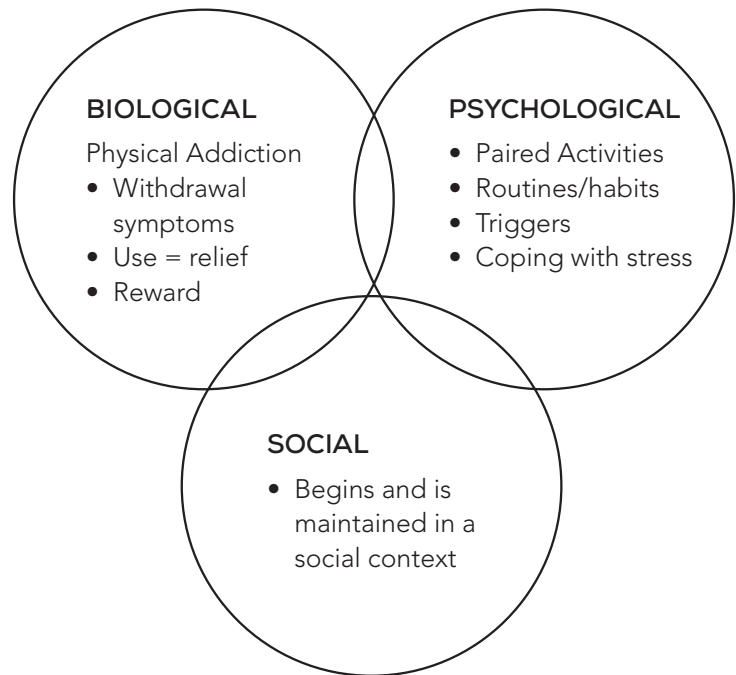
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The Biopsychosocial Model of Tobacco Dependence

Facts

- Nicotine is comparable to other drugs, like heroin or cocaine, in its addictive potential
- Success increases when there is a plan developed ahead of time that combines NRT or medication, cognitive and behavioral strategies for coping with stress, and counseling



Treatment should address all three aspects of the addiction:

Biological (Physical)

- Consider over-the-counter nicotine replacement therapy (NRT) options such as the patch, gum, lozenge and, *by prescription*, inhaler and nasal spray
- Bupropion (aka: "Zyban" or "Wellbutrin") *by prescription* — to reduce cravings
- Varenicline (aka: "Chantix") *by prescription* — to block nicotine from the brain
- If NRT or other Rx is not an option, learn cognitive-behavioral techniques to manage symptoms

Psychological

- Cognitive-behavioral approach: identify triggers/paired activities and develop new coping strategies for those situations. Change thinking: "Smoking is not an option" and change behaviors: "Coffee is a trigger. Instead, I will drink water."
- Stress management skills

Social

- Develop coping strategies for social triggers
- Develop social supports for a tobacco-free lifestyle
- Access counseling for support and help to learn new coping strategies

The Biology of Addiction: Nicotine and the Brain

Inhaling tobacco smoke and aerosol

- Nicotine moves from the lungs into the bloodstream, reaching the brain in 7-10 seconds
- The nicotine delivery from e-cigarettes is usually slower, but devices such as JUUL deliver it almost as quickly as cigarettes
- Once in the brain, nicotine triggers a number of chemical reactions that create temporary feelings of pleasure for the smoker
- These pleasurable feelings subside within minutes, leading to the need to use tobacco again

Nicotine instructs the brain to release adrenaline

- This stimulates the central nervous system
- It increases the heart rate
- It increases blood pressure
- It decreases blood flow to the heart muscle

Nicotine instructs the body to release excess glucose into the bloodstream

- This inhibits the release of insulin from the pancreas (a hormone responsible for removing excess sugar from the blood)
- This leaves the smoker in a slightly hyperglycemic condition by causing more sugar to stay in the blood than is normal
- High blood sugar acts as an appetite suppressant, which may be why smokers think their cigarettes reduce hunger

Of primary importance to nicotine's addictive nature

- Nicotine activates "reward pathways," the brain circuitry that regulates feelings of pleasure and reward
- Like cocaine, heroin and marijuana, nicotine increases levels of the neurotransmitter dopamine (a brain chemical related to feelings of cravings) in these reward circuits
- People with nicotine dependence have been shown to be particularly sensitive to changes in dopamine levels related to tobacco use, but natural dopamine levels do return after quitting

Nicotine's cycle of addiction

- The acute effects of nicotine wear off in a few minutes, as do the associated feelings of reward
- As the nicotine level drops in the blood, people who smoke feel edgy and agitated
- This is the start of nicotine withdrawal
- Nicotine withdrawal symptoms may begin within a few hours after the last cigarette, quickly driving people back to tobacco use
- In order to relieve the discomfort of withdrawal, people who smoke light up another cigarette... and then another...and another... and so goes the vicious cycle of nicotine addiction

Nicotine withdrawal

- Withdrawal symptoms peak within the first few days of tobacco cessation and may subside within a few weeks. For some people, however, symptoms may persist for months
- While physical withdrawal is related to the biological effects of nicotine, many behavioral and psychological factors can also affect the severity of withdrawal symptoms
- Most people have developed habits and routines around their tobacco use which then become triggers for smoking
- For some people, the feel, smell, and sight of a cigarette and the ritual of obtaining, handling, lighting, and smoking the cigarette are all associated with the pleasurable effects of smoking and can make withdrawal or craving worse
- Tobacco use is often a way to cope with feelings or situations which will also make withdrawal or craving worse

Tobacco addiction is a chronic disease that usually requires multiple attempts to quit.

Sources:

Tobacco Addiction, National Institute on Drug Abuse Research Report Series; NIH Publication Number 06-4342, Revised 2006

www.drugabuse.gov/publications/drugfacts/cigarettes-other-tobacco-products

Symptoms of Nicotine Withdrawal

Stopping tobacco use can bring about a variety of symptoms associated with physical and psychological withdrawal. Most symptoms decrease sharply during the first few days of quitting, followed by a continued, but slower rate of decline in the second and third week of abstinence. For some people, coping with withdrawal symptoms is like “riding a roller coaster” — there may be sharp turns, slow climbs and unexpected plunges. Most symptoms pass within two to four weeks after stopping.

Symptom	Cause	Average Duration	Relief
Irritability	Body's craving for nicotine	2 to 4 weeks	Walks in nature, exercise, hot baths, relaxation techniques
Fatigue	Nicotine is a stimulant	2 to 4 weeks	Take naps, exercise on a regular basis, stretching
Insomnia	Nicotine affects brain wave function, influences sleep patterns; coughing and dreams about tobacco use are common	1 week	Exercise, stretching, short brisk walks, avoid caffeine in the afternoon/evening, relaxation techniques
Cough, Dry Throat, Nasal Drip	Body getting rid of mucous which blocked airways and restricted breathing	A few days	Drink plenty of fluids, try cough drops
Dizziness	Body is getting extra oxygen	1 or 2 days	Take extra caution, move slowly
Lack of Concentration	Body needs to adjust to not having constant stimulation from nicotine	A few weeks	Plan workload accordingly, increase exercise, avoid additional stress during first few weeks
Tightness in the Chest	Probably due to tension created by body's need for nicotine, may be caused by sore muscles from coughing	A few days	Relaxation techniques, especially deep breathing
Constipation, Gas, Stomach Pain	Intestinal movement decreases for a brief period	1 or 2 weeks	Drink plenty of fluids, add roughage to diet (i.e. fruits, vegetables, whole grain cereals)
Hunger	Craving for cigarette can be confused with hunger pang; oral craving/desire for something in the mouth	Up to several weeks	Drink water or low-caloric liquids, be prepared with low caloric snacks
Craving for a Cigarette	Withdrawal from nicotine, a strongly addictive drug	Most frequent first 2 or 3 days; can happen occasionally for months or years	Wait out the urge, urges last only a few minutes, distract yourself, exercise, go for a walk around the block

How to Handle Cravings in Tobacco-Free Environments

How do I get through the rough spots?

- Take extra care of yourself. Drink water, eat well, exercise, and get enough sleep. This can help you have the energy you may need to handle extra stress.
- If you miss the feeling of having a cigarette in your hand, hold something else – a pencil, a paper clip, a coin, or a marble, for example.
- If you miss the feeling of having something in your mouth, try mints, cinnamon sticks, sugarless gum, sugar-free lollipops, or celery. Some people chew on a straw or stir stick.
- Avoid temptation – stay away from activities, people, and places you link with your tobacco use.
- Create new habits and a tobacco-free environment around you.
- Take deep breaths to relax. Picture your lungs filling with fresh, clean air.
- Remember your end goal (why you are in treatment) and the fact that the urge to use tobacco will lessen over time.
- Remember that this is a learning process. Be patient with yourself.
- Brush your teeth and enjoy that fresh taste.
- Exercise in short bursts (try alternately tensing and relaxing muscles, push-ups, lunges, walking up the stairs, or touching your toes).
- Call a friend, family member, or 1-800-QUIT-NOW when you need extra help or support.
- Eat 4 to 6 small meals during the day instead of 1 or 2 large ones. This keeps your blood sugar levels steady, your energy balanced, and helps prevent the urge to use tobacco. Avoid sugary or spicy foods, which could trigger a desire to smoke.
- Above all, reward yourself for doing your best. Give yourself rewards often and keep your mind on today. Plan to do something fun.

When you get cravings

Cravings are real and can be intense — it's not just your imagination. You may also notice that your mood changes, and your heart rate and blood pressure may go up, too. Try these tips to get through these times, and hang in there — the cravings will get better:

- Keep substitutes handy that you can suck or chew on, such as carrots, pickles, apples, celery, raisins, or sugar-free gum or hard candy.
- Know that anger, frustration, anxiety, irritability, and even depression are normal after quitting and will get better as you learn ways to cope that don't involve tobacco. See your doctor if these feelings last for more than a month.
- Go for a walk. Exercise can help your body heal, improve your mood, and relieve stress.

- Learn to relax quickly and deeply. Go limp. Think about a soothing, pleasing situation, and imagine yourself there. Get away from it all for a moment. Focus on that peaceful place and nothing else.
- Tell yourself “no.” Say it out loud. Practice doing this a few times, and listen to yourself. Some other things you can say to yourself might be, “I’m not smoking right now,” or “I will not let my friends and family down.” And most important, “I will not let myself down by using tobacco.”

Staying tobacco-free over weekends and holidays

The first few weeks of treatment can be hard for anyone. And staying away from smoking/vaping when you are home (especially for a holiday) may be extra tough. Some special efforts can help you celebrate the holidays without giving in to the urge to use tobacco. Many of these ideas can also help throughout the year.

- **Don’t overdo it.** Without tobacco, you might be inclined to go overboard with the holiday feasting. Be aware of how much you’re eating; it may be easy to give in to these other temptations. If you do overdo it, forgive yourself. Remember, next year it won’t be as hard.
- **Avoid spicy and sugary foods.** Spicy and sugary foods tend to make people crave cigarettes more.
- **Nibble on low-calorie foods.** Low-calorie foods such as carrot sticks, apples, and other healthy snacks can help distract your mouth without filling it up.
- **Stretch out meals.** Eat slowly and pause between bites to make a meal more satisfying. For snack or dessert, grab an orange or tangerine, or crack some nuts — something that will keep your hands busy, too.
- **Keep busy at events by being of service.** Helping out, serving snacks, and meeting guests will help keep your mind off tobacco. If the urge to use tobacco presents itself, put something in your hand. A small straw is a perfect substitute.
- **Treat yourself to something special.** Celebrate not using tobacco.
- **Cope with frustration.** Any added frustration can leave you wanting to use tobacco. For example, if you know you’ll be waiting in a long line, take along your favorite magazine or book, check your email, or text a friend. When you feel you’re about to lose control, stop and think. Take a deep breath and start talking with someone in line next to you, or start looking at what you brought with you.

Get support you can count on

If you’re thinking about reaching for a cigarette or e-cigarette, reach for help instead! Ask your friends and family to encourage the new non-smoking you, reach out to a support group, visit Nicotine Anonymous at www.nicotine-anonymous.org, or call 1-800-QUIT NOW.

Adapted from American Cancer Society:

www.cancer.org/healthy/stay-away-from-tobacco/guide-quitting-smoking.html

Ready to Quit Smoking?

Prepare, Plan, Practice!

1. Make a list of the most important reasons why you want to quit

- What are the most important reasons of all? Is there one that is THE most important?
- Write it down, carry it with you always, and look at it often

2. Set a quit date

- Set a date for 2-4 weeks from when you are ready to quit
- Use this time to prepare a quit plan and practice new coping skills
- As your quit date approaches, throw away all of your cigarettes or devices, matches, ashtrays, vape pods

3. Make a quit plan

- How will you deal with the psychological and social triggers for smoking? What people, places and things are your triggers? What are other coping strategies to use instead of tobacco use? Who are people that can support you?
- How will you cope with the physical withdrawal? Nicotine replacement therapy (NRT) such as the patch or gum? Chantix? Zyban? Talk with your health care provider about what choice makes sense for you. Make sure you have what you need before your quit date
- Medication and support/counseling may increase your ability to quit successfully
- **Write down your quit plan!**

4. Preparing to quit

- Tell friends and family members the date you are planning to quit and ask for their support
- Tapering is one method to quit, gradually lowering the number of cigarettes you smoke per day
- Each day try to smoke 2-3 fewer cigarettes and make a note at the end of the day of how many you smoked
- Choose one thing you would usually do while smoking (talking on phone, drinking coffee, etc.) and practice doing it without smoking from now on
- Try to add another non-smoking activity every couple of days up until your quit date
- Each time you want to smoke, pause long enough to feel and recognize the urge, then make a conscious choice to smoke or not smoke
- Practice new coping strategies for delaying and resisting the urge to smoke
- Anticipate situations that you think will be difficult for you – how can you plan ahead for these situations?
- Make a list of things that you can do instead of smoking when the craving hits

5. Get your supports ready

- Talk to friends, family, co-workers, treatment providers
- Get additional support through community resources such as Nicotine Anonymous, 1-800-QUIT-NOW, www.makesmokinghistory.org or other on-line community forums

6. Create a new smoke-free place in your life

- Choose an area where you currently smoke such as the car, living room, bus stop, and decide to not smoke there from now on

7. Create new rituals

- After meals instead of having a cigarette, have a cup of tea, brush your teeth or go for a walk
- When you first wake up, brush your teeth instead of having a cigarette, do jumping jacks for a few minutes or go straight into the shower
- **Begin to break the connection between smoking and routine activities**

8. Learn & practice new ways to manage stress without smoking

- Try deep breathing, muscle relaxation, and positive self-talk
- Make a list of all the things you can do to RESIST the urge to smoke

9. Practice eating well

- Have lots of healthy snacks on hand, such as fresh fruit and vegetables, nuts, or whole-grain crackers
- Start to cut down your caffeine intake
- **Drink lots of water or seltzer**

10. Exercise

- Exercise can **relieve stress** and **take your mind off cravings**
- It is also a way to **prevent weight gain** after quitting and re-regulate your brain chemicals
- Each day, choose to do one active thing instead of smoking when you get a craving for a cigarette. For example:
 - Go for a walk
 - Take the stairs instead of the elevator
 - Do jumping jacks
 - Use small hand weights or squeeze a ball

Be creative about ways to build activity into your day!

11. Take a trial run

- Pick a day when you will try to go for 8 – 24 hours in a row without smoking
- Know that you can return to smoking after 8 – 24 hours if you want to
- Notice how you are able to resist the urge to smoke
- Pay attention to which cigarettes or times of the day were the most challenging

12. On your quit date

- Have some sugar-free gum or candy on hand and carry bottled water to sip when you have the urge to smoke
- Refer to your quit plan for inspiration and guidance

PLAN PERSONAL REWARDS TO CELEBRATE EACH TOBACCO-FREE MILESTONE

Celebrate the 1st day, 2nd day, 3rd day, 1st week, 1st month, etc.
Some people put the money they would have spent on cigarettes towards the reward!

My Quit Smoking Plan

My Quit Date: _____

My reasons for quitting: (Be as specific as possible)

- 1.
- 2.
- 3.
- 4.

My plan to manage stress & negative moods:

- 1.
- 2.
- 3.
- 4.

My plan to manage being around others who smoke:

- 1.
- 2.
- 3.
- 4.

My plan for managing nicotine withdrawal:

- 1.
- 2.
- 3.
- 4.

People & places for support:

- 1.
- 2.
- 3.
- 4.

I will reward myself in the following ways when I quit:

- 1.
- 2.
- 3.
- 4.

[illegible]

Stages of Change Model Applied to Counseling for Nicotine and Tobacco Dependence

	Precontemplation	Contemplation	Preparation	Action	Maintenance
Essential cognition	"I have no interest in quitting smoking"	"I want to quit, but I really like smoking"	"I am ready to quit smoking"	"I don't smoke anymore"	"I am a nonsmoker"
Ambivalence	Not ambivalent; wants to keep smoking	Ambivalent	Not ambivalent; wants to stop smoking	Frequently wants to smoke again	Occasionally wants to smoke again
Behavior	Rejects new information	Willing to receive new information	Requesting advice and information	Accepts new information	Gives information
Characteristic resistance	Denial, defiance, rationalization, ignorance	Fear of failure, fear of consequences of smoking	Fear of failure, ignorance	Frustration	Self-righteousness
Counseling approach	Acceptance, patience, acknowledging; encourage client to listen to the experience of others; be satisfied with minimal progress; conceptualize this client as an addict in deep denial, not as a troublemaker; introduce ambivalence: "Is there any way at all in which you would be better off if you quit smoking? That might be something to think about."	Acceptance, patience; review coping skills and addiction knowledge; identify the resistance; explore potential barriers to success; explore both sides of the ambivalence: "What do you like about smoking? How would you be better off if you quit? What will you miss most about smoking? Which withdrawal symptoms gave you trouble in the past?"	Directness, clarity, specific suggestions; identify an approach that the client will accept; identify sources of support; prescribe nicotine patch or gum. Use approval, praise, encouragement; make follow-up appointment: "You have made good decision. Let's work together. How can I help you? What problems do you anticipate?"	Identifying relapse issues as they arise; dealing with strategies to counter pressures to relapse; providing encouragement and support; treating depression if it occurs; encouraging use of Nicotine Anonymous and peer support: "How have you done since we last met? How did you deal with wanting to smoke? Tell me what's worked for you."	Praise, reassurance; identifying relapse issues and patterns of behavior; group or individual psychotherapy dealing with core issues; providing support to others: "Let's talk about the person you want to be. What are you doing to become more like that person? What issues have appeared in your recovery?"
Goal	The client will move from Precontemplation to Contemplation	The client will move from Contemplation to Preparation	The client will move from Preparation to Action	The client will move from Action to Maintenance	The client will discover the truth about his or her life
Primary Objective	Introduce ambivalence	Resolve ambivalence in favor of smoking cessation	Provide strategies for smoking cessation	Eliminate relapse triggers	Promote emotional and spiritual growth

Adapted from the "Clean and Free Workbook – The Facilitator's Guide." Used with permission from the author, Terry A. Rustin, M.D.

Making Connections: Tobacco Use and Recovery Issues

Conversations about RECOVERY from other substance use dependence

- What role did tobacco use play in your past drug/alcohol use?
- What is it like to still smoke cigarettes and not use other substances?
- What similarities do you see in your dependence on tobacco and your dependence on other drugs/alcohol (behaviors, ways of thinking, etc.)?
- How do you feel that smoking cigarettes helps you in recovery?
- In what ways does smoking cigarettes interfere with your recovery?

Conversations about dealing with STRESS/NEGATIVE EMOTIONS

- How do you feel smoking cigarettes helps you manage stress/negative emotions?
- What other skills do you have for managing stress/negative emotions for those times you can't smoke a cigarette?
- What skills are you learning/have you learned in recovery to manage your cravings to use other drugs/alcohol?
- In what ways does smoking cigarettes add to your stress?

Conversations about RELEVANT HEALTH ISSUES

- Would it be o.k. if I told you some information about the effect of smoking cigarettes on...?
 - **Recovery from other substances:** Research shows that quitting tobacco use helps in the recovery from alcohol and other substance use disorders.
 - **Hepatitis-C:** Smoking worsens liver damage and increases risk for a form of cancer called non-Hodgkin's Lymphoma.
 - **HIV:** Smoking worsens HIV-related health problems and interferes with effectiveness of HIV treatment medications.
 - **Diabetes:** Smoking interferes with insulin levels and also causes diabetes.
 - **Medications:** Smoking interferes with the effectiveness of many commonly prescribed medications.
- What do you think about this information?

Conversations about FAMILY MEMBERS' HEALTH

- What do you know about the dangers of secondhand and thirdhand smoke exposure for infants, children, and pets?
- Would it be o.k. if I told you some more information about this?

Conversations about FINANCES

- How does spending money on cigarettes affect your ability to pay for other things?
- How would your life be different if you had all the money you spend on cigarettes saved up for a year? Five years?

Conversations about FUTURE GOALS/VALUES

- How might smoking get in the way of your hopes for the future?
- How does smoking fit in with the importance you place on being a good parent/worker/student/mentor?

Use the space below to identify OTHER ISSUES where a person's tobacco use could come up in conversation? What might you ask?

Working with Clients in Precontemplation

Characterized by:

Person has no interest in quitting; no ambivalence about tobacco use

Primary Objective:

Introduce ambivalence

- Begin where the client is: Ask what the “good” things are about smoking
- Slowly begin to ask questions that draw out the “not-so-good” sides of smoking
- Ask questions that encourages the person to express their **own reasons** for wanting to quit (don’t assume you know what these reasons are)
- Don’t lecture or argue or push clients too fast
- Stay non-judgmental and supportive when asking questions

Examples of open-ended questions to engage a client in precontemplation:

Start where the client is:

- “What do you like about smoking?”
- “What are some of the good things for you about continuing to smoke?”
- “How does smoking fit into your life?”

Questions to help you and the client understand what purpose tobacco use serves (and barriers to quitting):

- “What would you miss most if you couldn’t smoke anymore?”
- “What would you be losing if you ever decided to quit?”
- “What happens when you think about quitting? How do you feel?”
- “What are your (concerns) (worries) (fears) when you think about quitting?”

Questions to help the client recognize how tobacco use is a problem:

- “What difficulties have you had in relation to your smoking?” (Health/finances/relationships)
- “What do you know about smoking and your family’s health?”
- “What do you know about how smoking affects long-term recovery? Living with HIV? HepC?”

Questions to introduce the *possibility* of change:

- "What do you imagine it would be like if you weren't a smoker anymore?"
- "What would be the best part of not being a smoker anymore?"

Questions to help client discover reasons for quitting:

- "Is there any way you might be better off if you quit?"
- "What would have to happen for you to even consider quitting?"
- "What would have to happen for you to want to quit?"
- "What do you imagine will happen if you continue to smoke?"

Check in with the client:

- "What is it like for you to be talking about this?"

Working with Clients in Contemplation

Characterized by:

Ambivalence (the person is thinking about quitting, but isn't ready to commit yet)

Primary Objective:

Resolve ambivalence in favor of quitting

- Explore the good and not-so-good sides of smoking and quitting (decisional balance)
- Explore barriers to quitting; the fears and areas of concern
- Help the person begin to identify triggers and patterns (habits and routines) of smoking
- Remain non-judgmental and supportive – do not pressure in favor of quitting

Examples of open-ended questions to engage a client in contemplation:

"What do you like about smoking?"

"What are some of the good things for you about smoking? How does smoking help you?"

"What would you be losing if you quit?"

"What would you miss the most about smoking if you quit?"

"What would be the most difficult times not to be able to smoke?"

"In what ways does smoking not fit into your life so well?"

"What do you dislike about smoking?"

"What worries do you have about your smoking?"

"What difficulties have you had in relation to your smoking?"

"What are the reasons you are thinking about quitting?"

"In what ways would you be better off if you quit?"

"What do you imagine it would be like if you weren't a smoker anymore?"

"What are your concerns and fears about quitting?"

"What holds you back from trying to stop smoking?"

"What support would you need to successfully stop smoking?"

"What would have to happen for you to feel ready to quit?"

"What would make the advantages of quitting outweigh the disadvantages of quitting for you?"

FOR SOMEONE WITH PAST QUIT ATTEMPTS

Most smokers who have past quit attempts view these as 'failures' because they ultimately relapsed. Our job is to reframe these past attempts as 'building blocks' or 'stepping stones' on the road to recovery from nicotine addiction. We need to listen for and highlight strengths that the client may be overlooking as they describe past quit attempts. Each quit attempt is a learning opportunity and brings the smoker closer to quitting for good the next time around. Our message is: don't give up!

"When you've quit in the past, who or what helped you to make the quit attempt? What motivated you?"

"How did you manage to do it?"

"What went well during the quit attempt? What benefits did you notice?"

"What withdrawal symptoms were the hardest to deal with?"

"What situations (triggers) were the hardest to deal with?"



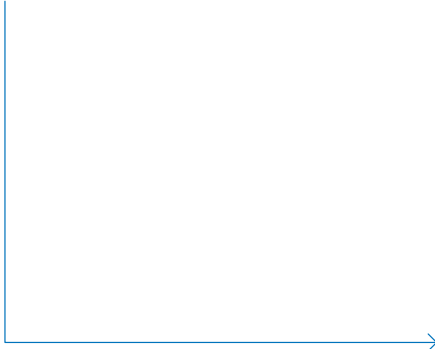
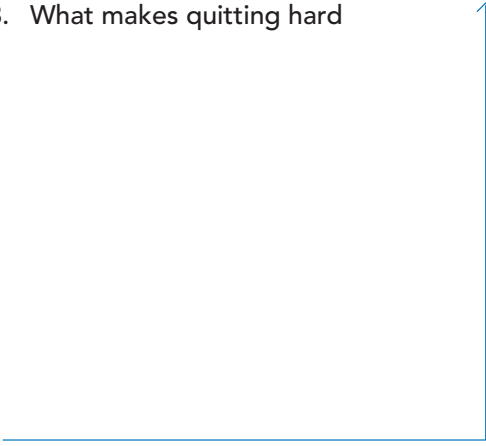
"What contributed to the relapse? What could/would you do differently next time?"

"What holds you back from trying to stop smoking again?"

Exploring All Sides – Decisional Balance Sheet

When we think about making changes, we often have mixed feelings about it. There may be a behavior we need to change but we may also have very good reasons for not wanting to change. We may feel confused or overwhelmed and just give up thinking about it. Examining the benefits and costs of both changing and not changing is one way to help us understand what keeps us stuck and what we need to move forward.

Below are some questions for you to reflect on regarding your tobacco use. Write some responses in each of the boxes below. Then look at the overall picture. Talk about your responses with someone and explore what you would need in order for the benefits of quitting to outweigh the benefits of continuing to use tobacco. What would you need for the downside of using tobacco to outweigh the downside of quitting? Can you identify some smaller steps that you feel ready to take toward your goal of quitting?

	Tobacco Use	Quitting
Benefits	1. What I like about using tobacco 	4. The good things that will happen if I quit 
Costs	2. What concerns me if I continue to use tobacco 	3. What makes quitting hard 

Readiness Ruler

Topic: _____

Importance Ruler

- For a moment, forget about everyone else. How important is it to **you** to make a change around _____?
- On a scale of 0-10, with "0" being "NOT AT ALL IMPORTANT" and "10" being "EXTREMELY IMPORTANT," where are you on the ruler?

Not At All Important

Extremely Important



Confidence Ruler

- If you decide that you **do** want to make a change around _____, how confident are you that you would be successful in achieving your goals?
- On a scale of 0-10, with "0" being "NOT AT ALL CONFIDENT" and "10" being "EXTREMELY CONFIDENT," where are you on the ruler?

Not At All Confident

Extremely Confident



Clinician Guide for Using the "Readiness Ruler" Worksheet

Start out saying something like: "I know that you and I have been talking about your tobacco use. Would it be ok if we talked about this a little bit more, and I asked you a few questions?"

Use the "Importance and Confidence Ruler" worksheet and ask the client the following questions:

For Further Discussion: THE ISSUE OF IMPORTANCE

"I see that the Importance Ruler scale is at _____. "

- If the number is **4 or below**, you might want to say: "Can you tell me why it is at _____ and not at (a number slightly lower)?"
- If the number is **5 or above**, you might want to say: "It looks like this is a [somewhat] [very] important issue for you!"
- If the number is **zero**, you might want to say: "It looks like this is NOT an issue that you feel needs any change at this time. Do I have this correct? " and/or: "Is there anything that would ever make the number on this scale increase?"

YOU CAN CONTINUE TO EXPLORE IMPORTANCE BY ASKING:

- "What are some things that determine that this issue is [a little] [somewhat] [extremely] important to you?"
- "What would you need to help you move that importance number from a _____ to a _____ ?" (For example, from a 4 to a 6. Use small increments.)
- "What would make this issue more important for you?"

For Further Discussion: THE ISSUE OF CONFIDENCE

"I see that the Confidence Ruler scale is at _____. "

- If the number is **4 or below**, you might want to say: "Can you tell me why it is at _____ and not at (a number slightly lower)?"
- If the number is **5 or above**, you might want to say: "It looks like you are [somewhat] [very] confident you can make this change!"
- If the number is zero, you might want to say: "What would help move that number from a zero to a one?"

YOU CAN CONTINUE TO EXPLORE CONFIDENCE BY ASKING:

- "What are some things that make you [a little] [somewhat] [very confident] that you can make this change?"
- "What would you need to help move your confidence level from a _____ to a _____ ?" (For example, from a 4 to a 6. Remember to use small increments.)
- "What would give you more confidence to make a change?"

Keep the Conversation Going: Pushback Statements and Responses

"I don't want to quit."

"What do you like about smoking? What does it do for you?"

"In what ways would you be better off if you quit smoking?"

"Would you be open to discussing coping strategies for those times when you are unable to smoke?"

"Tell me about your day as a smoker."

"I'm probably never going to quit, it's hopeless. At least I'm staying away from a drink/drug."

"It's great that you are staying sober!"

"You feel like it's hopeless. What makes you think that?"

"What tools do you currently use to stay sober that might be helpful for those times when you can't smoke?"

- Ask about past quit attempts (if any) and highlight motivations, strengths, learning opportunities

"Smoking is too big a part of my life — everyone around me does it."

"How does smoking fit into your life?"

"In what ways does smoking not fit into your life so well?"

- Identify supportive individuals who do not smoke
- Explore awareness of the biological (physical addiction), psychological (habits, triggers, paired activities), and social (friends, group contexts) aspects of smoking

"Why are we talking about smoking when I need to focus on getting a job/place to live?"

"I know that is very important to you. How do you think smoking might impact your job/apartment search?"

"How much do you spend on tobacco/nicotine each month? What else could you do with that money?"

- Discuss the benefits/costs of smoking: Ask how the costs (\$ and others) may affect how the client reaches their goals for a life in recovery

"What difficulties have you had in relation to your smoking?" (health / financial / relationships)

- Potential points to make: some employers do not hire people who smoke; housing options will be restricted

"Maybe I'll quit/cut down later, after treatment. It's just too much to think about right now."

"What feels safe about continuing to smoke?"

"Can I share some information about smoking and stress with you? [If answer is yes] Research shows that nicotine increases anxiety and tension levels and that smoking is not a stress reliever even though it may feel that way sometimes."

"I understand that it feels overwhelming to give up a lot. What role does tobacco play in your life right now?"

"How might quitting/cutting down be easier when you leave treatment? Harder?"

"I'd go crazy and relapse if I had to stop smoking — it's the only thing keeping me together. It's my only reward."

"I hear what you are saying. It's important to have ways to reward yourself. In what other ways could you reward yourself?"

"It sounds like you are worried about managing stress without smoking. Would you be open to discussing alternative coping strategies?"

"Can I share some information about smoking and recovery with you? [If yes] Quitting smoking can actually enhance your recovery and lessen the chance of relapse."

Keep the Conversation Going: Responding to Pregnant and Parenting Women

<i>Parenting is so difficult! I need a cigarette and a break after being with my toddler all morning. It helps my stress level.</i>	<ul style="list-style-type: none"> • Parenting is challenging. What feels like the hardest times for you? Who can you talk with for support? How do you feel smoking cigarettes helps you deal with stress? • What other skills do you have for dealing with stress or when you are upset and you can't smoke a cigarette? [If none] Can I share some ideas that have helped other people (deep breathing, taking a walk, doing jumping jacks, watching a funny video on your phone, talking to someone)?
<i>Recovery is stressful for me and smoking relaxes me. Being relaxed is better for me and my baby.</i>	<ul style="list-style-type: none"> • We all need to find ways to relax, especially during recovery. Tell me about other ways that you relax. What other coping strategies have you used in your recovery? • What are some other ways you could relax when smoking is not an option? • Can I share some information about smoking and stress with you? [If yes] We now know that nicotine increases anxiety and tension levels and that smoking is not a stress reliever even though it may feel that way. [If pregnant] Also, every puff of a cigarette increases the carbon monoxide in your blood, taking oxygen away from your baby. [Explain carbon monoxide if client does not know what it is.]
<i>I am three months pregnant. There is no point in stopping now, the damage is done.</i>	<ul style="list-style-type: none"> • There are benefits to stopping smoking at any stage of your pregnancy. Every small step that you take is important for your health and for the baby. Quitting is important to your health, too. • Can I share some information with you? [If yes] The good news is that right now, as your baby's lungs are developing, stopping now will help your baby's lungs work better. • In addition, stopping smoking means your baby's birth weight will be healthier. Babies born at a healthy birth weight eat better and can fight off infections better. • Quitting now will increase the chances of your baby being born at full term. The last few weeks before birth are very important. Being born at full term gives important organs like the brain and the lungs more time to develop.
<i>I don't smoke near my kids, so how could my smoking hurt them?</i>	<ul style="list-style-type: none"> • That's great that you don't smoke near your kids. Sounds like you already know about secondhand smoke. What have you heard about it? • In addition to not smoking near your kids, can I share some things that other people do to protect their children from cigarette smoke? (Ex: Not smoke in car/home, wash hands, change clothes, etc.) • Have you heard of thirdhand smoke? [If yes] What have you heard? [If no] Can I share some information with you (stays in your clothes, settles on surfaces, toxic for kids and pets)?

<i>Smoking is too big a part of my life to change. All my friends here smoke — it's "Mom time."</i>	<ul style="list-style-type: none"> • "Mom time" is definitely important. What other fun and relaxing things can you and other moms do together? [If no ideas] Can I share some things I've heard other moms do together? [If yes] Make/share a bowl of microwave popcorn, color or draw, take a walk together, do group stretches or relaxation exercises. • What are other ways you could take "Mom time"? • It is hard to imagine not smoking when everyone else is and when smoking is such a big part of your life. • Help me understand how smoking fits into your life. What is a typical day like for you? What are your smoking routines? What are your most/least important/favorite cigarettes?
<i>I'm probably never going to quit. At least I am staying away from a drink/drug.</i>	<ul style="list-style-type: none"> • It is great that you are in recovery, and staying away from alcohol and drugs. That is so important for you and your family. • In what ways does smoking cigarettes make your recovery easier? Harder? • Can I share some information about smoking and recovery with you? [If yes] Quitting smoking can actually make your recovery more successful and lessen the chance of relapse.
<i>I've thought about quitting smoking, but my partner smokes so it would be really hard.</i>	<ul style="list-style-type: none"> • Tell me why you've thought about quitting. (or: What has made you think about quitting?) • What are your hopes for quitting smoking? • Quitting can be hard when partners and family members are smokers. If you could talk with your partner, what would you want to say? Can you talk safely with your partner about their smoking? • What kinds of support would you need to quit? In addition to your partner, who else could support you? • How can I support you with this?
<i>Maybe I'll quit later, after the baby is born. It's too stressful now.</i>	<ul style="list-style-type: none"> • It feels too stressful to think about quitting right now. • How do you feel smoking helps you deal with stress? In what ways does smoking add more stress to your life? • What are other ways you deal with stress when you can't smoke? • You mentioned that maybe you'll quit later. Tell me more about why you may want to quit sometime. • Have you tried to quit before? What were your reasons? What was hard? What helped? • I understand that you feel like quitting is too hard right now. What are your thoughts about cutting down on smoking, or smoking fewer times in a day? Could I share some strategies with you?
<i>If I stop smoking, then I'll gain too much weight."</i>	<ul style="list-style-type: none"> • Have you tried to quit in the past and had a problem with gaining too much weight? [If yes, explore further] [If no] What makes you worry that will happen to you? • There are many things that people can do to prevent a lot of weight gain after quitting. Would it be o.k. if I shared some things that have helped others (healthy eating, exercise, being active)? • A lot of weight gain that happens after quitting has to do with stress. It becomes easy to substitute eating for smoking rather than learning other ways to deal with stress. What do you think about that? How do you manage stress when you can't smoke?

Creating a Supportive Atmosphere for Addressing Tobacco Use

In order to incorporate awareness of tobacco education and treatment into your program, discuss the following questions in staff meetings or as part of clinical case conferences:

1. What messages should we, our agency/program and program staff, give to clients about tobacco and nicotine dependence treatment?
2. What is/should be the role of different staff in addressing tobacco use and nicotine dependence?
3. What could we do to integrate nicotine dependence issues into current individual and group counseling, intake and assessment protocols, treatment plans, and other program activities?
4. What things could be added to or integrated into our agency/program environment to promote recovery from nicotine and increase awareness?
5. What can our agency do to support us in this work? What do we need?

On the next page are a few common challenges and possible solutions to addressing tobacco issues. These ideas come from experienced Tobacco Education Coordinators and substance use treatment program directors.

Challenge	Solutions
"No one has time to develop and start a tobacco education group."	<ul style="list-style-type: none"> • Add "tobacco/e-cigarette fact of the week" to bulletin boards • Talk about tobacco use in morning check-in meetings • Add 1 fact or 1 question on tobacco to an ongoing group meeting • Integrate tobacco info into alcohol and other drug education groups • Implement a specific committed day and time for a tobacco group • Find Nicotine Anonymous' website (www.nicotine-anonymous.org) and download a meeting format; try a Nic-A meeting in your program • Research and find a group curriculum to use. Have each staff member develop or present 1 section of the curriculum and rotate leadership • Contact TAPE Project for group curriculum ideas
"Clients are only asked about tobacco use and interest in quitting when they first get into the program."	<ul style="list-style-type: none"> • Ask about client's interest in quitting smoking during referral contact • Treatment plans should include regular check-ins about a client's Stage of Change around tobacco use • Talk weekly with clients about their motivation to change and/or their quit plan • Provide a standard form or set of open-ended questions to reassess client's tobacco use status regularly • Include check-in time in weekly tobacco group to review clients' readiness and road blocks to quitting
"It is hard to be the only staff person who cares about tobacco issues and it feels like nothing is changing."	<ul style="list-style-type: none"> • Remember: success is about small steps, not just about people quitting smoking • Educate other staff around health consequences of smoking, facts about impact of tobacco use on recovery • Increase staff comfort with talking about the issue with clients: do in-house trainings, advocate to send more staff to trainings • Every client should have a tobacco-related treatment plan so that all counselors focus on the issue • Organize annual Great American Smokeout Day activities
"Staff members who are smokers do not want to do groups or bring up smoking/tobacco use issues."	<ul style="list-style-type: none"> • Remind staff who smoke that their experience can help them relate to and help others • Raise staff awareness of free resources to help with their own smoking • Supervisors: help staff with skills to separate their own issues from the clients' issues ("Clients are quitting smoking, but I'm not ready to") • Treating tobacco use is a part of effective, evidence-based SUD treatment • Offer the TAPE Project's voluntary staff training, "For Smokers Only: Thinking About Change?" for staff considering quitting
"Most clients feel it is too stressful and too much for them to quit smoking now."	<ul style="list-style-type: none"> • Discuss how tobacco use actually worsens stress • Increase clients' confidence in their ability to develop and use non-smoking coping skills to handle stress • Teach basic stress management skills: deep breathing; seeking support; exercise; meditation; taking breaks • Create alternate activities for clients (e.g. craft groups, exercise groups) • Help clients set smaller goals (e.g. delay tobacco use for just 1 hour or 1 day)

Integrating Tobacco Topics into other Groups

TOPIC	Alcohol/Drug Education	Vocational Groups	Health & Wellness Groups	Pregnancy/ Parenting Groups
Tobacco 101	Information on tobacco and nicotine as one of the drugs your program addresses	Impact of smoke-free environments; all worksites in MA are smoke-free by law	Tobacco products and ingredients; second-hand smoke; impact of use on self and others; benefits of stopping	Impact on kids, pregnancy; secondhand & thirdhand smoke; making changes around where to smoke and/or vape
Nicotine: the addictive substance	Impact of nicotine on brain & body; as addictive as cocaine, heroin; use keeps “pilot light” of addiction burning	Interference in job performance because of the need for breaks; EAP programs to help with quitting; health plan options for quitting	Decisional Balance: risks and benefits of tobacco/nicotine use; exploration of nicotine addiction	Review of nicotine’s impact on pregnancy and perinatal health; exploration of nicotine addiction; alternatives to dealing with stress
The ‘quitting’ process	Similarities to stopping alcohol and other drug (AOD) use; past quit attempts and/or cutting down	Support at work; EAP resources; how to manage work stress without smoking	Management of withdrawal symptoms and stress when quitting	Ways to take healthy breaks; stress management when quitting or cutting down
Advertising/ media	Marketing of addictions, “pushed” to consumers, especially youth (use magazine ads)	Comparison of cost of tobacco to the amount that could be saved; smoking’s impact on the budget	Messaging of tobacco ads about health and body size; realities of smoking	Tobacco industry marketing to kids; messages and information to share with children and youth
Stages of Change: change is a process	Exploration of Stages of Change with regards to tobacco use; what helps people change	Identification of barriers and facilitators to change, and who can provide support; application to stopping smoking	Maintenance of healthy changes; ways to help add a positive health behavior and take away a negative behavior	Ideas for changes in behavior around smoking/vaping to lower risks; maintenance of positive changes after baby’s birth
Health information & benefits of stopping	Information on health consequences of nicotine addiction and health benefits from quitting	Emphasis on how smoking takes a toll on daily quality of life: smell, breath, interpersonal consequences, impact on work; stamina, fatigue	Identification of benefits of stopping for body, mind, and connections with others	Risks of smoking in pregnancy; benefits of quitting for mom and baby; importance of staying quit after baby is born
Tobacco/nicotine use is a recovery issue	Statistics about smoking and relapse to alcohol and other drugs (AOD); tools for recovery from other substance use disorders; dealing with feelings in recovery	Coping mechanisms for triggers while at work; alternative actions to smoking	Exploration of a broader vision of recovery, including health and wellness: smoking increases stress; smoking interferes with a full recovery from other SUD; setting of health goals, such as exercise goals	Interferences of smoking with being a parent in recovery (secondhand/ thirdhand smoke, money, time); goals for recovery — how smoking helps/ hurts

TOPIC	Alcohol/Drug Education	Vocational Groups	Health & Wellness Groups	Pregnancy/ Parenting Groups
Weight gain concerns after quitting smoking	"Healthy substitutions" in recovery: activities to do instead of using alcohol, tobacco, or other drugs	Healthy lunches at work; self-care on the job; stress management; how to unwind after work; exercise as a daily habit	Nutritional education; simple ways to begin to exercise; metabolism and weight gain; body image issues, education about and referrals for eating disorders	Healthy weight gain in pregnancy and weight loss after pregnancy
Relapse prevention	Universal recovery tools: HALT (recovery reminder not to become too Hungry, Angry, Lonely, or Tired); positive self-talk; asking for help; learning from past attempts; identifying triggers	Identification of stressful situations and planning ahead; application of other recovery tools at work	HALT (recovery reminder not to become too Hungry, Angry, Lonely, or Tired); cognitive and behavioral skills	Anticipation of stressful situations with pregnancy and kids; identification of supporting people/ places/ activities

Talking about Tobacco in Addiction Treatment Groups

Talking about tobacco can naturally be integrated into a variety of addiction treatment groups. This is not to say the groups should focus only on tobacco use. Nor does it mean the focus is on convincing people to quit. The idea is to help individuals make connections between the group topic and how tobacco plays a role. The objective is to raise awareness about the ways tobacco is used to cope, to manage feelings, and to fill important needs. This can also open the door to exploring the 'downside' of tobacco use and alternative ways to get a person's needs met.

Here is a list of groups typically offered in substance use disorder treatment programs with examples of questions that can integrate the topic of tobacco use into conversations:

ANGER MANAGEMENT GROUP

- What role does tobacco use play in how you manage anger?
- How do you feel it helps you manage anger?
- What is the downside of using tobacco to manage your anger?
- How does it get in the way of helping you?
- What are other (healthier) coping skills you use (or want to learn) to manage your anger?
- What would it take to become interested in learning new (healthier) ways to manage your anger other than smoking?

STRESS MANAGEMENT GROUP

- What role does tobacco use play in how you manage stress?
- How do you feel it helps you manage stress?
- What is the downside of using tobacco to manage your stress?
- How does it get in the way of helping you?
- How does it add more stress to your life? To your body?
- What are other healthier coping skills you use (or want to learn) to manage your stress?
- What would it take for you to become interested in learning healthier ways to manage your stress other than smoking?

HEALTH & WELLNESS GROUP

- What do you already know about how smoking affects your health?
- For individuals living with HIV/AIDS or Hepatitis C Virus, how does smoking put you at greater risk?
- What is the connection between smoking and diabetes?
- What is the effect of secondhand smoke on non-smokers?
- How does smoking affect mental health (anxiety, depression, stress)?
- What are some lesser known health consequences of smoking?
- Why do people continue to smoke despite serious health consequences?

LIFE SKILLS GROUP

- How does spending money on cigarettes affect your ability to pay for other things/save money?
- Can we figure out how much you spend on cigarettes each month? (Ask how much each person smokes per week and do the calculations on a flipchart. Add up what it comes to over periods of time – 3 months, 6 months, 1 year, etc.).
- How would your life be different if you had this money?
- What would it take for the downside of spending so much money on cigarettes to outweigh the reasons for smoking?
- What would you need in order to consider quitting or cutting down?

WOMEN'S / MEN'S / TRANSGENDER / GENDER NONCONFORMING GROUP

- How is smoking part of your gender identity?
- How do you feel smoking affects your sense of who you are? How does it get in the way of who you want to be?
- How does smoking fit in with feeling or trying to look independent/powerful or strong/tough/cool?
- How do cigarette ads make smoking look appealing to different genders?
- What are these ads pretending to sell?
- What are some reasons why people of different genders and sexual orientations smoke?
- What needs are being met by smoking?
- What are other (healthy) ways to get those needs met?

PARENTING GROUP

- How do you feel your tobacco use affects your parenting?
- In what ways does it get in the way of being the parent you want to be? Are there ways you feel like it helps?
- What do you know about the effect of secondhand (SHS) and thirdhand smoke (THS) exposure on babies & kids?
- What changes would you be willing to make in your smoking routine to help protect your kids from the dangers of SHS and THS exposure?
- (If not willing to make changes) What would have to happen for you to become interested in making some changes in your smoking routines to help protect your kids?

TRAUMA RECOVERY GROUP

- In conversations about safe coping skills and replacing the need for substances to manage emotions, explore the ways tobacco use fits in.
- How do you feel tobacco use helps you?
- How does tobacco use get in the way?
- What other things do you – or could you – do besides use tobacco?

RELAPSE PREVENTION GROUP (for other substance use disorders)

- In what ways do you feel that tobacco use helps you in your recovery?
- What similarities are there between tobacco use and other substance use?
- How was tobacco use a part of your past substance use?
- In what ways does your continued tobacco use keep addictive thinking and behavior active?
- In what ways does or could your tobacco use cause problems in your recovery from other substances?
- What do you know about the effect of tobacco use on relapse and recovery?

