Recovery-Oriented Tobacco Interventions in Addiction Services

Tony R. Klein, MPA, NCACII

April 30, 2021
Moderator

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Deputy Director

Smoking Cessation Leadership Center
University of California, San Francisco

A National Center of Excellence for Tobacco-Free Recovery

Catherine.Saucedo@ucsf.edu
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For technical assistance please contact (877) 509-3786 or Jessica.Safier@ucsf.edu.

Visit CABHWI.ucsf.edu for more information
CDC Tips Campaign 2021 – celebrating 10 years!

SCLC will partner with the CDC to promote 1 800 QUIT NOW through new ads as well as some former favorites

Check out effectiveness stats in this AJPM article also in the Resources: Fact Sheets & Reports section of our website: https://www.ajpmonline.org/article/S0749-3797(20)30468-2/fulltext
I COVID QUIT!

- Launched March 31

- SCLC’s own campaign funded by Robert Wood Johnson Foundation

- Real people sharing their UNSCRIPTED experiences of improved mental health after quitting smoking—and they did it during the COVID-19 pandemic!

- FREE videos, digital images and toolkit for your use at ICOVIDQUIT.org

—I have more self-esteem now that tobacco isn’t controlling me—Patanisha, ex-smoker
Today’s Presenter

Tony R. Klein, MPA, NCACII
Consultant and Clinical Trainer
Tobacco Recovery and Wellness Initiative
RECOVERY ORIENTED INTERVENTIONS IN ADDICTION SERVICES

Tony Klein, MPA, NCACII
TOBACCO RECOVERY & WELLNESS INITIATIVE
TRWIPhiladelphiaTraining@gmail.com
Webinar Objectives

- Apply strategies to tailor evidence-based tobacco dependence practice guidelines to a behavioral health population.
- Assemble participant capacity to discuss the topic within a narrative of drug and alcohol recovery.
- Analyze a tobacco behavioral counseling model that ensures matching the intervention to client stage-readiness.
20th Century Beliefs

• First Things First – we need to be in recovery for at least 12-months before stopping our smoking.
• I need to smoke to manage my anger.
• It’s not a problem – it’s legal and you don’t get high from smoking a cigarette.
• If I stop smoking, I’ll start to get high again.
• Smoking calms me down when I’m anxious.
• My NA sponsor told me that I shouldn’t stop smoking.
• Everyone I know in long-term recovery smokes cigarettes.
• Smoking is helpful to connect with others and create a network of recovery supports.
Tobacco use is a social and cultural problem with an individual addictive component

**Tobacco Intervention Goals:**

1. “Denormalize” tobacco use behavior within the treatment setting and recovery community.
2. Reduce tobacco use in the clinical population.
Reframe Language

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

<table>
<thead>
<tr>
<th>Common Terminology</th>
<th>Preferred Terminology</th>
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<tbody>
<tr>
<td>Smoking</td>
<td>Tobacco Use Disorder</td>
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<tr>
<td>Smoker</td>
<td>Person with a Tobacco Use Disorder</td>
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<tr>
<td>Quit Date</td>
<td>Recovery Start Date</td>
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<td>Habit</td>
<td>Chronic Disorder</td>
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<td>Cessation</td>
<td>Tobacco Treatment, Recovery</td>
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What is the Problem?

Untreated Tobacco Use Disorder in the Behavioral Health Setting Sustains Alcohol and Illicit Drug Use and Other Self-Harm Behaviors

- Tobacco Use Disorder is not a separate issue. For most, tobacco use is fundamental to drug use ritual and is associated with increased symptoms of mental illness.
- Smoking and psychiatric symptoms influence each other.
- Nicotine addiction and opioid addiction are mutually reinforcing.
- Smoking may serve as a stimulus to other substance use and reinforces substance abuse coping beliefs.
- Smoking is a lethal and ineffective long-term coping strategy for managing stress.
# Consciousness-Raising Activity

<table>
<thead>
<tr>
<th>What influences professionals to adopt new modalities?</th>
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<tbody>
<tr>
<td>Research Data</td>
</tr>
<tr>
<td>Professional Recommendations</td>
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<tr>
<td>The Experience of Experts</td>
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<tr>
<td>The Experience of Peers</td>
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<tr>
<td>Personal Experience</td>
</tr>
</tbody>
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| What influences clients to accept new ideas? |
September is Recovery Month
Consider Tobacco Recovery in Your Journey

Studies have shown that learning tobacco-free coping skills can:

- decrease depression, anxiety, and stress
- increase positive mood and quality of life
- boost self-confidence and self-image
- improve physical health and wellness
- enhance the probability of long-term abstinence from alcohol and other drugs

While the journey to recovery is an intensely personal one, the basis of all recovery is hope and belief that your current circumstances can be improved, managed, and overcome. As we learn healthy ways to manage our day, it allows us to let go of unhealthy ways. So, if you haven’t yet thought about it, consider Tobacco Recovery. You’re worth it!
Alcohol, Tobacco & Drug-Free Policy

Consider “Alcohol, Tobacco and Drug-Free” Language

We Need Your Help

ABC Center strives to maintain a healthy and safe environment

This Facility is

“Alcohol, Tobacco, and Drug-Free”

By not using these substances we can support one another in recovery and make a positive difference in our community

Thank You for Your Support

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[Image of an alcohol-free sign]
Embrace Life!

Be Physically, Emotionally & Spiritually Healthy... Be Alcohol, Tobacco & Drug-Free
Tobacco Recovery is safe, achievable, contributes to longer term sobriety, reduces social stigma, and enhances the health and quality of life of people in recovery.

- Change is always possible and the extent to which people’s lives can change is often beyond what we can imagine.
- The Tobacco Recovery & Wellness Initiative is an evidenced-based care improvement initiative to further advance a hope-inducing spirit of recovery.
Is this a Social Justice Issue? A Tobacco Use Disparity Group

- High prevalence of tobacco use
- More severe tobacco dependence
- Targeted by the tobacco industry
- Disproportionate health burden
- Heavy tobacco economic burden
- Reduced access to treatment resources

J. Williams et al. *Smokers with behavioral health comorbidity should be designated a tobacco use disparity group.* American Journal Public Health. 2013 Sep; 103(9):1549-55.
INDIVIDUALS RECEIVING CARE IN THE BH SETTING DESERVE ENVIRONMENTS THAT:

- Promote hope to improve their health and wellness.
- Contribute to living a self-directed life and strive to reach their full potential.
- Recognize that addressing tobacco in treatment is safe, achievable, and enhances overall recovery.
- Address bias and misinformation that are barriers to tobacco-free settings and effective clinical services.

“I did then what I knew how to do. Now that I know better, I do better.”

-Maya Angelou
**Advocacy Efforts**

- “Denormalize” tobacco use behavior within the treatment setting and recovery community.

- Create Awareness – challenge the 20th Century beliefs.

- Demand evidence-based tobacco use disorder treatment.

- TALK ABOUT IT!
TOBACCO RECOVERY IS RECOVERY!

Did you Know That Learning Tobacco-Free Coping Skills...

- is safe for persons pursuing other addiction recovery.
- contributes to longer term sobriety.
- reduces social stigma.
- increases positive mood and decreases depression, anxiety, and stress.
- improves self-confidence and self-image, and...
- enhances the health and quality of life for persons in other addiction recovery.

Consider Tobacco Recovery in Your Journey

While there is no one way to be in recovery, it begins the moment a person decides to make better choices about their physical and mental well-being, work to live a meaningful self-directed life, and strive to achieve their full potential.

While the journey to recovery is a personal one, the basis of all recovery is hope and belief that your current circumstances can be improved, managed, and overcome. So, if you haven't yet thought about it, consider Tobacco Recovery. As we learn healthy ways to manage our day, it allows us to let go of unhealthy ways!

Tobacco use disorder is the leading cause of death in the recovery community and we do not even talk about it.

Many of the pioneers of twentieth century addiction treatment and recovery mutual aid societies died of smoking-related disorders:

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

Source: Smoking and Addiction Recovery: For People in Recovery Bill White (2013)

More information on the history of tobacco and the recovery movement can be found online: www.pro-a.org

WE MUST SUPPORT TOBACCO RECOVERY BY STARTING TO...

TALK ABOUT IT! TALK ABOUT IT!

THE BEST TIME TO TAKE THIS STEP FOR YOURSELF AND FOR THOSE YOU LOVE IS RIGHT NOW!

PRO-A wants to ensure that Tobacco Recovery Resources are available in every recovery community center across Pennsylvania.

Tobacco Recovery Resources:
- PRO-A Website for Tobacco Recovery Resources
- Nicotine Addictions Internet Meetings
- PA Department of Health / PA FREE Quit Line
- American Lung Association Resource Page
- Quit Aids Tobacco Recovery Resources
- CRS / CRF Tobacco Recovery Training

It’s Time to Set the Record Straight – We Deserve Tobacco-Free Recovery!

Pennsylvania Statewide Tobacco-Free Recovery Initiative (STRI)

The Pennsylvania Department of Health, the Department of Human Services, and the Department of Drug and Alcohol Programs shared their commitment to support the Pennsylvania Statewide Tobacco-Free Recovery Initiative (STRI), a five-year CDC-funded project to advance evidence-based tobacco interventions in the behavioral health setting.

The Initiative offers state-wide consultation, training and technical assistance to treatment providers and community partners, recovery community organizations to develop tobacco-free policies and integrate a tobacco-free recovery system of care into existing behavioral health services.

For More Information on STRI – [LINK HERE]

We who are: The Pennsylvania Recovery Organizations Alliance (PORA) is the statewide non-profit, 501(c)(3) group of recovery advocacy organizations dedicated to supporting individuals in recovery and educating the public on addiction and recovery.

PORA provides no direct state-funded treatment or recovery support services, which uniquely qualifies PORA to carry out our mission statewide, free from real or perceived role conflicts in relation to our drug and alcohol service delivery system.

Our Vision: A strong statewide network of those concerned about substance use disorders and committed to recovery, recovery community organizations, advocacy groups, family groups, drug and alcohol service system entities, all united in common purpose.

Our Mission: To mobilize, educate and advocate in order to eliminate the stigma and discrimination toward those affected by substance use disorders to ensure hope, health and justice for individuals, families and those in recovery.

Want to get involved? Join PRO-A at [www.pro-a.org]... IT’S FREE!

909 South 14th Street, Suite 200, Harrisburg, PA 17101 | 1.800.208.6064 Toll Free | 717.257.8200 | proa.208@proa.org - www.proa.org
ADVANCING A NEW NORMAL

Old Way of Thinking

Perpetuate Addiction

Maintain Social Stigma

Accept Disability/Death

Sustain Harmful Coping

New Way of Thinking

Promote Recovery

Encourage Advocacy

Promote Wellness

Embrace Resiliency
NICOTINE: PRIMING ADDICTION PATHWAYS

Denise Kandel, Eric Kandel & Amir Levine
Columbia University, 2011
“Put it before them briefly so they will read it, clearly so they will appreciate it, picturesquely so they will remember it and, above all, accurately so they will be guided by its light.”

Joseph Pulitzer
## System Integration Strategies

Program Integration = Intensive TUD Treatment and Culture Change

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<thead>
<tr>
<th></th>
<th>Current Protocol</th>
<th>Protocol with Added Tobacco Intervention</th>
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<tr>
<td>Assessment</td>
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<td>Intake Orientation</td>
<td></td>
<td></td>
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<tr>
<td>Treatment Planning</td>
<td></td>
<td></td>
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<tr>
<td>Program Therapies</td>
<td></td>
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<tr>
<td>Psychoeducation</td>
<td></td>
<td></td>
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<tr>
<td>Case Review</td>
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<td>Discharge Planning</td>
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Integrated Message of Support

Hope   Coping   Achievement   Relationships   Choice   Identity

- 12-Month Campaign
- Monthly Newsletter Theme
- Daily Reading
- Art Therapy – poster/slogan contests
- Community Group Meeting Discussion
- Recovery Peer Specialist Engagement
- Tobacco Champion Engagement
- Recovery Support Services Activity
COUNSELING STRATEGY

Motivational Interviewing
(Tobacco Awareness Counseling)

40%

Cognitive Behavioral Therapy
(Tobacco Recovery Counseling)

40%

20%

Norcross, J.C. Psychotherapy Relationships That Work, Seymour Fisher Memorial Workshop, State University of New York Upstate Medical Center, October 2005
Treatment Interventions

Behavioral Counseling to Match Intervention to Client Stage-Readiness:

**Tobacco Awareness**
- Cognitive
  - Engagement
  - Develop Interest
  - Highlight Importance
  - Advance Stage-Readiness

**Tobacco Recovery**
- Behavioral
  - Learn Coping Skills
  - Elevate Confidence
  - Embrace Lifestyle Change
  - Understand Pharmacotherapy Options
COMPONENTS OF CBT PROGRAM

How is your life going to improve by being tobacco-free?

- Define “Recovering” Identity
- Thoroughly process personal motivation
- Setting Goals and Self-Reward
- Tracking and Understanding Tobacco Use Behavior
- Learning about and Coping with Triggers
- Using NRT/Learning about Medication
- Coping with Withdrawal and Physical Cravings
- Assertiveness Training
- Relapse Prevention Strategies
**Tobacco Awareness Facilitation**

**Objectives**
- Promote insight into tobacco use behavior
- Identify relationship to primary diagnosis
- Express a recovery-oriented message
- Promote ambivalence
- Elicit change talk

**Methods**
- Motivational Interviewing
- Narrative Therapy
- Psychoeducation (foster teachable moments)
**SUGGESTED AWARENESS TOPICS**

- Identify the traditional use of tobacco in the recovering community.
- Explore the impact of tobacco industry targeting and other influencing factors.
- Process how cigarette smoking is used for emotional coping, filling boredom and socialization.
- Share information on how additives in the tobacco mix boosts the addicting properties of cigarettes.
- Highlight and thoroughly explore that for many, tobacco is fundamental to alcohol and drug use rituals.
- Acknowledge how tobacco-free coping skills increases the probability of long-term recovery.
- Conduct a decisional balance exercise – impact to recovery.
Tobacco Awareness Facilitation

Counseling Strategy

- Avoid taking sides (neutral position)
- Approach the topic from the clients’ perspective, experiences, and existing understanding of recovery principles
- Foster teachable moments
- Establish a group consensus
- Clearly summarize key points of the discussion
The more change talk that clients demonstrate, the more likely it is that they will move towards making a change.
TOBACCO AWARENESS FACILITATION

Create a safe therapeutic environment to set the tone and direction of the discussion

- A person-centered approach to support autonomous motivation
- Set the Stage - provide a brief overview of the topic of discussion
- Emphasize to the group that their verbal contribution is valuable – encourage peer to peer dialogue
- Ask the group for their permission to explore the topic
“Good morning everyone. Today, I’d like to explore some aspects of addiction and recovery that may be new to some of us. What you do with this information is totally up to you; nonetheless, it’s important for me to share it with you and it will be interesting to see if any of us can relate to the topic from your personal experiences. So, with your help, I’d like explore how tobacco use may be a part of the use ritual of other substances. Does anyone in this room hit on a cigarette or a cigar while drinking or getting high? Is tobacco a part of your drug use ritual? [Ask for a show of raised hands and wait for a response.] I believe that you’ll find this discussion helpful. Is it okay to talk about this?”
“So, let’s start by seeing if there is a connection for some of us to alcohol. When you’re drinking, is a cigarette a part of the picture? Would anyone like to share your experiences?”

As clients disclose their personal experiences, use reflective listening responses and summarizing as much as possible. The objective is to sustain and enrich the dialogue keeping the center of attention on the clients, not turn the session into a question and answer process. Thoroughly explore the associations of tobacco to alcohol, marijuana, heroin, cocaine, etc.
Tobacco Awareness Facilitation

As clients verbally contribute to the session, explore the following:

- Was it never, sometimes or always a part of your use ritual?
- Would you hit on the cigarette before, during, or after the blunt?
- So, it sounds like a cigarette was a major player in your drug use ritual. What did it do for you that made it so important?
- Did the cigar affect your high? Can you say more...what do you mean?
- What would you do if you had a bag of dope, but didn’t have a cigarette? Would the experience be different?

Typically, you will encounter a session with most clients acknowledging that tobacco use is central to their drug use ritual. As these conclusions are shared, it’s helpful to amplify your reflective responses, keep the dialogue flowing, maintain the emotional energy, and repeatedly summarize client disclosure to reinforce the key points being made. When appropriate, establish group consensus.
"I always need to smoke a cigarette when using. I go through a whole pack when drinking or getting high and I totally panic when I’m down to my last cigarette or run out."

**Content Reflection**

“There is a strong association between tobacco and other drug use.”

**Feeling Reflection**

“You get anxious when you run out of cigarettes.”

**Meaning Reflection**

“So, it sounds like you’re addicted to tobacco.”
CASE EXAMPLE

- Therapeutic Community
- Harlem NYC
- 50 Adult Males
- Community Meeting
- Tobacco Awareness Group
THE PARADOX

- As one walks through a drug recovery process, the cigarette is often the last thread of a tangible link to one’s old identity (a person in active addiction) while developing a new identity (a person in recovery).

- Tobacco use provides a sense of familiar comfort yet may inhibit growth to the key objectives of recovery: cognitive and behavioral change to redefine self and lifestyle.
The group was engaged in a discussion of direct relevance and interest to their drug recovery. Peer to peer discussion was encouraged. The self-disclosure of the group members validated the significant role that tobacco plays in drug use ritual. The discussion exposed “ambivalence,” the paradox of the costs and benefits of continuing to smoke cigarettes. Group consensus on the key points was made. And...as a result, new insight into the topic was achieved and “change talk” was demonstrated by group members.
Respect...

Because everyone deserves the best care possible.

On April 1, 2018 PPMC will become a tobacco-free facility
Knowledge... is power

Smoking makes it harder to stop using alcohol, cocaine and heroin.

PPMC is a tobacco-free facility
Reach…

Talk to staff about the smoking medications and groups available to help.

PPMC is a tobacco-free facility
COMMITMENT to change all the things that keep you from getting sober.

That’s why PPMC is a tobacco-free facility
The language we use is fundamental in creating environments conducive to a recovery-oriented process.

We need to strategically challenge prevailing 20th Century beliefs that serve as barriers to addressing tobacco use disorder in addiction services.

Tobacco use disorder is a chronic condition that requires a longitudinal treatment strategy provided throughout all levels of care.

Recovery-oriented tobacco interventions designed to engage our entire clinical population integrated into existing programming advances client stage-readiness and serves to denormalize tobacco use in the treatment culture.

Tobacco Recovery is Recovery – TALK ABOUT IT!
Thank You

Tony Klein, MPA, NCACII
TRWIPhiladelphiaTraining@gmail.com

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

Big Book of Alcoholics Anonymous
Submit questions via the ‘Ask a Question’ box
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1-800-784-8669

For details on your state services, go to: http://map.naquitline.org

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www.BecomeAnEx.org

To order Quit Now cards visit: http://smokingcessationleadership.ucsf.edu

✓ Refer your clients to cessation services
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  • PDF of the presentation slides
  • Instructions on how to claim FREE CME/CEUs
  • Information on certificates of attendance
  • Other resources as needed

• All of this information will be posted to our website!
Save the Date!

SCLC’s next live webinar, “Improving Tobacco Cessation with Adult Inpatient Psychiatric Clients”, is with Glorimar Ortiz, PhD, Missy Rand, LPC, CSAC, and Lucille Schacht, PhD, CPHQ, of the National Research Institute, with NASMHPD

- Wednesday, May 19, 2021, 2-3 pm EDT
- Registration is open on our website!
Contact us for technical assistance

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- Copy and paste the post webinar survey link: https://ucsf.co1.qualtrics.com/jfe/form/SV_3PloJ17DnI0HdOZ into your browser to complete the evaluation