

---

Smoking Cessation  
Leadership Center



---

University of California  
San Francisco

# Recovery-Oriented Tobacco Interventions in Addiction Services

Tony R. Klein, MPA, NCACII

April 30, 2021

# Moderator

**Catherine Saucedo**

Deputy Director

Smoking Cessation Leadership Center  
University of California, San Francisco

A National Center of Excellence for Tobacco-  
Free Recovery

[Catherine.Saucedo@ucsf.edu](mailto:Catherine.Saucedo@ucsf.edu)



# Disclosures

This UCSF CME activity was planned and developed to uphold academic standards to ensure balance, independence, objectivity, and scientific rigor; adhere to requirements to protect health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA); and include a mechanism to inform learners when unapproved or unlabeled uses of therapeutic products or agents are discussed or referenced.

The following faculty speakers, moderators, and planning committee members have disclosed they have no financial interest/arrangement or affiliation with any commercial companies who have provided products or services relating to their presentation(s) or commercial support for this continuing medical education activity:

**Anita Browning, Christine Cheng, Brian Clark, Anthony R. Klein, MPA, NCACII, Jennifer Matekuare, Ma Krisanta Pamatmat, MPH, Jessica Safier, MA, Catherine Saucedo, Steven A. Schroeder, MD, and Aria Yow, MA.**

# Thank you to our funders



# Housekeeping

- We are using the webinar platform, **GlobalMeet**
- All participants will be in **listen only mode** and **the audio will be streaming via your computers.**
- Please **make sure your computer speakers are on** and adjust the volume accordingly.
- If you do not have speakers, please click on the link, **'Listen by Phone'** listed on the left side of your screen, for the dial-in number.
- **This webinar is being recorded** and will be available on SCLC's website, along with a PDF of the slide presentation.
- Use the **'ASK A QUESTION' box** to send questions at any time to the presenter.

# CME/CEU Statements

## **Accreditations:**

The University of California, San Francisco (UCSF) School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

UCSF designates this live activity for a maximum of *1.0 AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the webinar activity.

**Advance Practice Registered Nurses and Registered Nurses:** For the purpose of recertification, the American Nurses Credentialing Center accepts *AMA PRA Category 1 Credit™* issued by organizations accredited by the ACCME.

**Physician Assistants:** The National Commission on Certification of Physician Assistants (NCCPA) states that the *AMA PRA Category 1 Credit™* are acceptable for continuing medical education requirements for recertification.

**California Pharmacists:** The California Board of Pharmacy accepts as continuing professional education those courses that meet the standard of relevance to pharmacy practice and have been approved for *AMA PRA category 1 Credit™*. If you are a pharmacist in another state, you should check with your state board for approval of this credit.

**California Psychologists:** The California Board of Psychology recognizes and accepts for continuing education credit courses that are provided by entities approved by the Accreditation Council for Continuing Medical Education (ACCME). *AMA PRA Category 1 Credit™* is acceptable to meeting the CE requirements for the California Board of Psychology. Providers in other states should check with their state boards for acceptance of CME credit.

**California Behavioral Science Professionals:** University of California, San Francisco School of Medicine (UCSF) is approved by the California Association of Marriage and Family Therapists to sponsor continuing education for behavioral health providers. UCSF maintains responsibility for this program/course and its content.

Course meets the qualifications for 1.0 hour of continuing education credit for **LMFTs, LCSWs, LPCCs, and/or LEPs** as required by the California Board of Behavioral Sciences. Provider # 64239.

**Respiratory Therapists:** This program has been approved for a maximum of 1.0 contact hour Continuing Respiratory Care Education (CRCE) credit by the American Association for Respiratory Care, 9425 N. MacArthur Blvd. Suite 100 Irving TX 75063, Course # 185253000.

**California Addiction Counselors:** The UCSF Office of Continuing Medical Education is accredited by the **California Consortium of Addiction Professional and Programs (CCAPP)** to provide continuing education credit for California Addiction Counselors. UCSF designates this live, virtual activity, for a maximum of 1.0 CCAPP credit. Addiction counselors should claim only the credit commensurate with the extent of their participation in the activity. Provider number: 7-20-322-0722.

A banner image featuring a teal text box on the left and a background of bright yellow autumn leaves against a blue sky. The text box contains the following information:

California  
Behavioral Health  
& Wellness Initiative

THE FUTURE LOOKS BRIGHT  
cabhwi.ucsf.edu

## California Behavioral Health & Wellness Initiative

THE FUTURE LOOKS BRIGHT  
cabhwi.ucsf.edu

- **Free CME/CEUs** will be available for all eligible California providers, who joined this live activity thanks to the support of the California Tobacco Control Program (CTCP)
- For our California residents, SCLC offers regional trainings, online education opportunities, and technical assistance for behavioral health agencies, providers, and the clients they serve throughout the state of California.
- For technical assistance please contact (877) 509-3786 or [Jessica.Safier@ucsf.edu](mailto:Jessica.Safier@ucsf.edu).
- Visit [CABHWI.ucsf.edu](http://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](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 [ICOIDQUIT.org](https://ICOIDQUIT.org)

# 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.



# *20<sup>TH</sup> 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

## Common Terminology

- Smoking
- Smoker
- Quit Date
- Habit
- Cessation

## Preferred Terminology

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

# *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*

---

What influences professionals to adopt new modalities?

---

Research Data

---

Professional Recommendations

---

The Experience of Experts

---

The Experience of Peers

---

Personal Experience

---

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**



# ***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.*

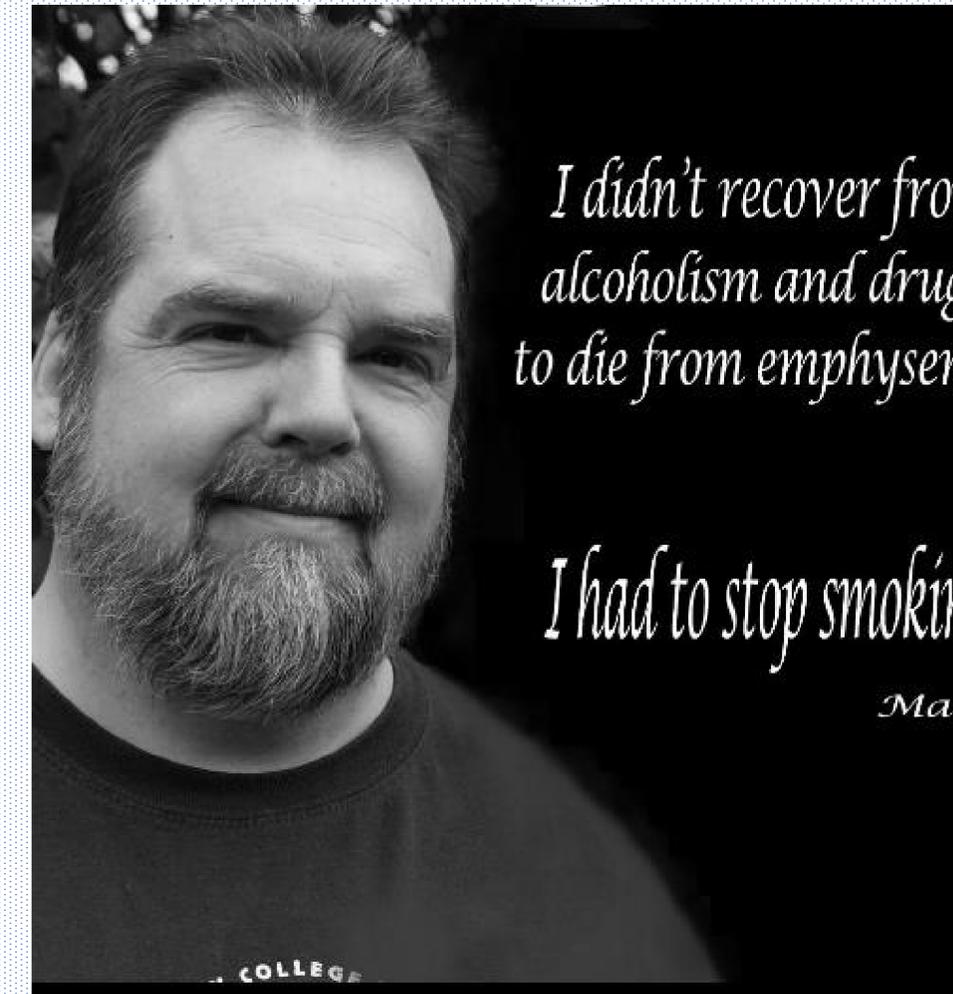
# *INDIVIDUALS RECEIVING CARE IN THE BH SETTING DESERVE ENVIRONMENTS THAT:*



- 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.

# ADVOCACY EFFORTS

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



It's time to address tobacco as equal to alcohol and other d

Most people with substance dependence and many with ment health disorders are also addicted to nicotine. They are sick an dying from tobacco caused diseases at more than 4 times the rate of the general population, resulting in the loss of from 10 to 24 years of their expected life span. More than a million alcoholics, drug addicts and the mentally ill have died from tobacco since 9/11.

Support the Integration of Nicotine Dependence into Wisconsin Addiction and Mental Health Services Project.

Sauk County Tobacco Free Coalition/Sauk County Department of Public Health



# PRO•A

## TOBACCO RECOVERY IS RECOVERY!

PRO•A TOBACCO RECOVERY INFORMATION & RESOURCE SHEET

### 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 (emphysema) and Dr. Robert Holbrook Smith (cancer), co-founders of Alcoholics Anonymous;
- Mrs. Marty Mann (cancer), founder, National Council on Alcoholism and Drug Dependence;
- Danny C. (cancer) and Jimmy K. (emphysema and cancer), key figures in the founding of Narcotics Anonymous;
- Charles Dederich (cardiovascular disease), founder of Synanon;
- Dr. Marie Nyswander (cancer), co-developer of methadone maintenance; and
- Senator/Governor Harold Hughes (emphysema), 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 \(2011\)](#)

More information on the history of tobacco and the recovery community from recovery historian Bill White - [HERE](#)

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 Web Page for Tobacco Recovery Resources](#)
- [Nicotine Anonymous Internet Meetings](#)
- [PA Department of Health / PA.FREE Quit Line](#)
- [American Lung Association Resource Page](#)
- [Quit Assist Tobacco Recovery Resources](#)
- [CRS / CFRS Tobacco Recovery Training](#)

### It's Time to Set the Record Straight - We Deserve Tobacco-Free Recovery!

#### Pennsylvania Statewide Tobacco-Free Recovery Initiative (STFRI):

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 (STFRI), 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 STFRI - [LINK HERE](#)

**Who we are:** The Pennsylvania Recovery Organizations - Alliance (PRO•A) is the statewide non-profit, 501(c)(3) grassroots advocacy organization dedicated to supporting individuals in recovery and educating the public on addiction and recovery. PRO•A provides no direct state-funded treatment or recovery support services, which uniquely qualifies PRO•A 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](http://www.pro-a.org) ... IT'S FREE!

900 South Arlington Avenue, Suite 254A Harrisburg, PA 17109 . 1014 | 1.800.858.6040 Toll Free • 717.545.8929 | [proa.asst@pro-a.org](mailto:proa.asst@pro-a.org) • [www.pro-a.org](http://www.pro-a.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



# ADVANCING A NEW NORMAL

*“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**

## 20 Tobacco Statements

Reinforce the importance to treat tobacco use disorder in addiction services by regularly sharing one statement with your staff at routine meetings, in newsletters, employee memos, etc.

- 1) Evidence indicates that tobacco use interventions, both counseling and medication, are effective in treating smokers who are receiving treatment for chemical dependency.  
*Fiore, M. C. et al. 2008*
- 2) Considerable research indicates that tobacco dependence treatment does not interfere with patients' recovery from the abuse of other substances.  
*Fiore, M. C. et al. 2008*
- 3) Quitting smoking has a positive effect on substance use treatment outcomes. [Tobacco treatment] should be offered to any individual who reports substance use. Not offering [tobacco treatment] in SUD treatment is tantamount to increased harm.  
*K. McKelvey, et al. 2017*
- 4) Alcoholics provided [tobacco dependence treatment] during addictions treatment was associated with a 25% increased likelihood of long-term abstinence from alcohol and illicit drugs.  
*Prochaska et al., 2004*
- 5) Two Fundamental Goals of Tobacco Interventions: 1) “Denormalize” tobacco use within the treatment and recovering community culture. 2) Provide treatment to assist clients to establish and maintain tobacco abstinence as part of “a day at a time” recovery.  
*CBH, TRWI, 2017*
- 6) Nicotine has a cascade effect on a variety of neurotransmitters and is one of the most potent stimulants of the midbrain dopamine reward pathway.  
*Pomerleau, 1992*
- 7) Among males with heroin addiction, tobacco use was responsible for more deaths than accidental drug poisoning, overdose, suicide, homicide, accidents, and chronic liver disease examined over a 33-year period.  
*Hser et al. 2001*
- 8) Cigarette smokers relapsed...

# *SYSTEM INTEGRATION STRATEGIES*

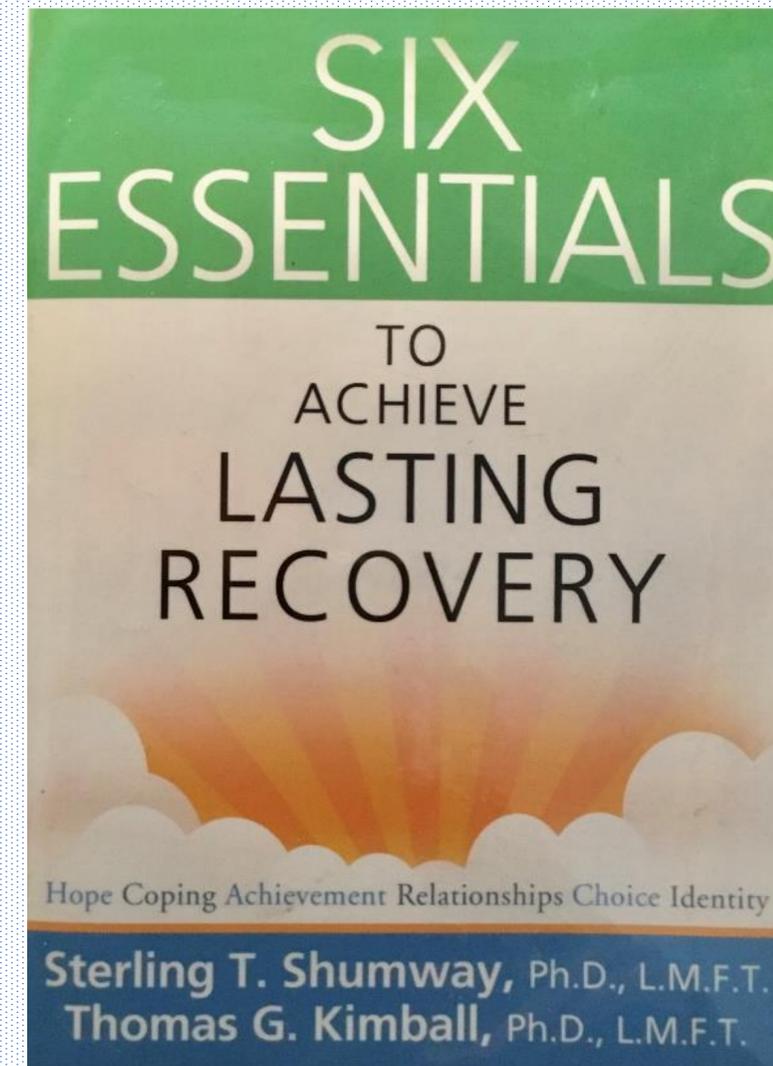
**Program Integration = Intensive TUD Treatment and Culture Change**

	Current Protocol	Protocol with Added Tobacco Intervention
Assessment		
Intake Orientation		
Treatment Planning		
Program Therapies		
Psychoeducation		
Case Review		
Discharge Planning		

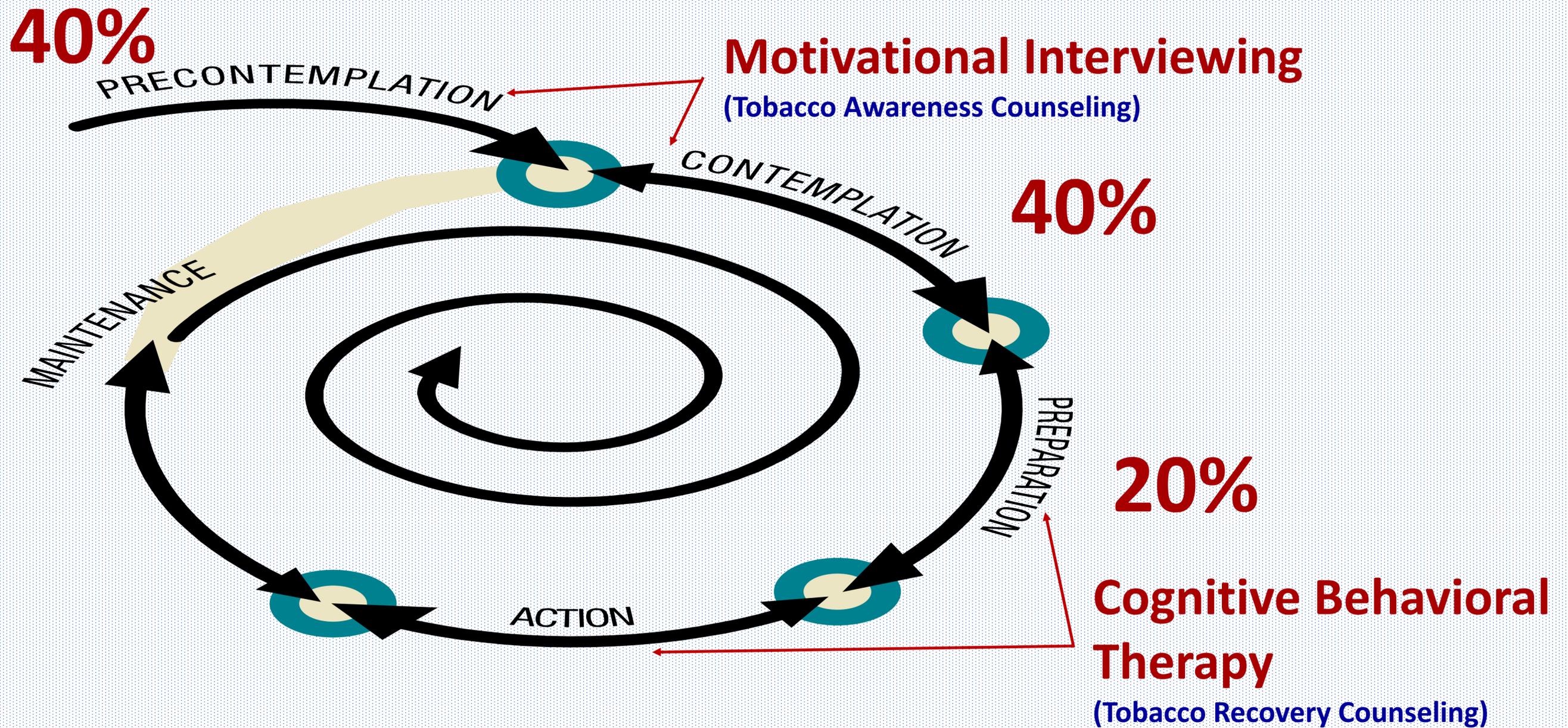
# *Integrated Message of Support*

*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



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.

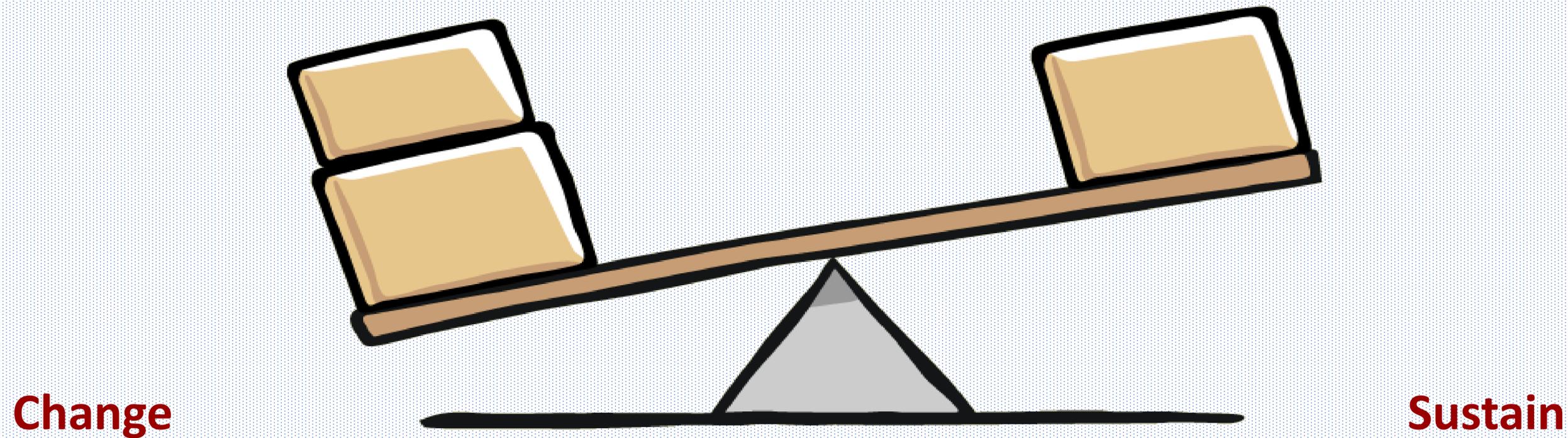
# *TOBACCO AWARENESS FACILITATION*

## 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

# *TOBACCO AWARENESS FACILITATION*

*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

# *TOBACCO AWARENESS FACILITATION*

## **Sample Dialogue – Setting The Stage**

*“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?”*

# *TOBACCO AWARENESS FACILITATION*

***“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.

# *REFLECTIVE LISTENING*

**Simple, Amplified and Double-Sided Reflection**

**“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**

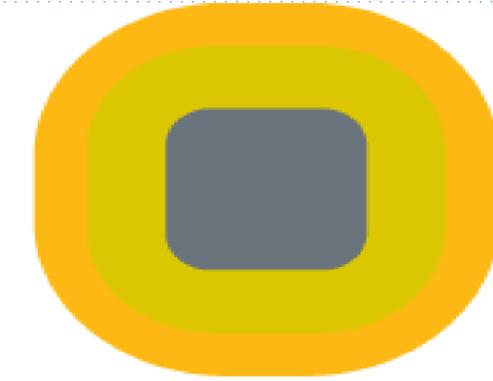
**“You get anxious when you run out of cigarettes.”**

## **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



Odyssey  
House

Where  
Recovery  
Lives



# *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.

# *CLINICAL OBJECTIVES MET*

- 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.



**Total**  
Recovery  
Pain Medicine

**PPMC is a tobacco-free facility**

# Reach...

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



**Total**  
Recovery  
Pain Medicine

**PPMC is a tobacco-free facility**

# COMMITMENT

to change <sup>all</sup> the things that  
keep you from getting sober.



**That's why PPMC is a tobacco-free facility**

# *KEY POINTS*

- The language we use is fundamental in creating environments conducive to a recovery-oriented process.
- We need to strategically challenge prevailing 20<sup>th</sup> 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***

# Q&A

- Submit questions via the **'Ask a Question' box**



# CME/CEU Statements

## **Accreditations:**

The University of California, San Francisco (UCSF) School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

UCSF designates this live activity for a maximum of *1.0 AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the webinar activity.

**Advance Practice Registered Nurses and Registered Nurses:** For the purpose of recertification, the American Nurses Credentialing Center accepts *AMA PRA Category 1 Credit™* issued by organizations accredited by the ACCME.

**Physician Assistants:** The National Commission on Certification of Physician Assistants (NCCPA) states that the *AMA PRA Category 1 Credit™* are acceptable for continuing medical education requirements for recertification.

**California Pharmacists:** The California Board of Pharmacy accepts as continuing professional education those courses that meet the standard of relevance to pharmacy practice and have been approved for *AMA PRA category 1 Credit™*. If you are a pharmacist in another state, you should check with your state board for approval of this credit.

**California Psychologists:** The California Board of Psychology recognizes and accepts for continuing education credit courses that are provided by entities approved by the Accreditation Council for Continuing Medical Education (ACCME). *AMA PRA Category 1 Credit™* is acceptable to meeting the CE requirements for the California Board of Psychology. Providers in other states should check with their state boards for acceptance of CME credit.

**California Behavioral Science Professionals:** University of California, San Francisco School of Medicine (UCSF) is approved by the California Association of Marriage and Family Therapists to sponsor continuing education for behavioral health providers. UCSF maintains responsibility for this program/course and its content.

Course meets the qualifications for 1.0 hour of continuing education credit for **LMFTs, LCSWs, LPCCs, and/or LEPs** as required by the California Board of Behavioral Sciences. Provider # 64239.

**Respiratory Therapists:** This program has been approved for a maximum of 1.0 contact hour Continuing Respiratory Care Education (CRCE) credit by the American Association for Respiratory Care, 9425 N. MacArthur Blvd. Suite 100 Irving TX 75063, Course # 185253000.

**California Addiction Counselors:** The UCSF Office of Continuing Medical Education is accredited by the **California Consortium of Addiction Professional and Programs (CCAPP)** to provide continuing education credit for California Addiction Counselors. UCSF designates this live, virtual activity, for a maximum of 1.0 CCAPP credit. Addiction counselors should claim only the credit commensurate with the extent of their participation in the activity. Provider number: 7-20-322-0722.

## Free 1-800 QUIT NOW cards

Take Control

**1-800-QUIT-NOW**

Call. It's free. It works.

1-800-784-8669

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



✓ Refer your clients to cessation services

A banner image featuring a teal text box on the left and a background of bright yellow autumn leaves against a blue sky. The text box contains the following information:

California  
Behavioral Health  
& Wellness Initiative

THE FUTURE LOOKS BRIGHT  
cabhwi.ucsf.edu

## California Behavioral Health & Wellness Initiative

THE FUTURE LOOKS BRIGHT  
cabhwi.ucsf.edu

- **Free CME/CEUs** will be available for all eligible California providers, who joined this live activity thanks to the support of the California Tobacco Control Program (CTCP)
- For our California residents, SCLC offers regional trainings, online education opportunities, and technical assistance for behavioral health agencies, providers, and the clients they serve throughout the state of California.
- For technical assistance please contact (877) 509-3786 or [Jessica.Safier@ucsf.edu](mailto:Jessica.Safier@ucsf.edu).
- Visit [CABHWI.ucsf.edu](http://CABHWI.ucsf.edu) for more information

# Post Webinar Information

- You will receive the following in our post webinar email:
  - Webinar recording
  - 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

- Visit us online at [smokingcessationleadership.ucsf.edu](https://smokingcessationleadership.ucsf.edu)
- Call us toll-free at **877-509-3786**
- Copy and paste the post webinar survey link:  
[https://ucsf.co1.qualtrics.com/jfe/form/SV\\_3PloJ17DnIOHdOZ](https://ucsf.co1.qualtrics.com/jfe/form/SV_3PloJ17DnIOHdOZ) into your browser to complete the evaluation

**UCSF** Smoking Cessation  
Leadership Center

National Center of Excellence for  
Tobacco-Free Recovery

UCSF

University of California  
San Francisco