

ADDRESSING TOBACCO USE IN PREGNANT PERSONS WITH SUBSTANCE USE DISORDERS

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HOUSEKEEPING ITEMS

Presentation is being recorded.

Slides and recording will be made available after the presentation at [HelpUsQuit.org](https://www.HelpUsQuit.org).

Please mute yourself when you are not speaking.

Submit questions by entering them in the chat box.

PROJECT PARTNERS

This webinar is possible through the support and partnership of the Wisconsin Division of Care and Treatment Services (DCTS) and Wisconsin Tobacco Prevention and Control Program (TPCP).

PRIORITY POPULATIONS

DHS 75.24(10)

(a) A service shall prioritize admission in the following order:

1. Pregnant women who inject drugs
2. Pregnant women that use drugs or alcohol
3. Persons who inject drugs
4. All others

TODAY'S AGENDA

Part 1:

- Understand tobacco use disparities among people with substance use disorders and pregnant individuals
- Recognize the risks of using tobacco during the perinatal period with co-use of other substances
- Review evidence-based tobacco treatments and supportive resources during pregnancy

Part 2:

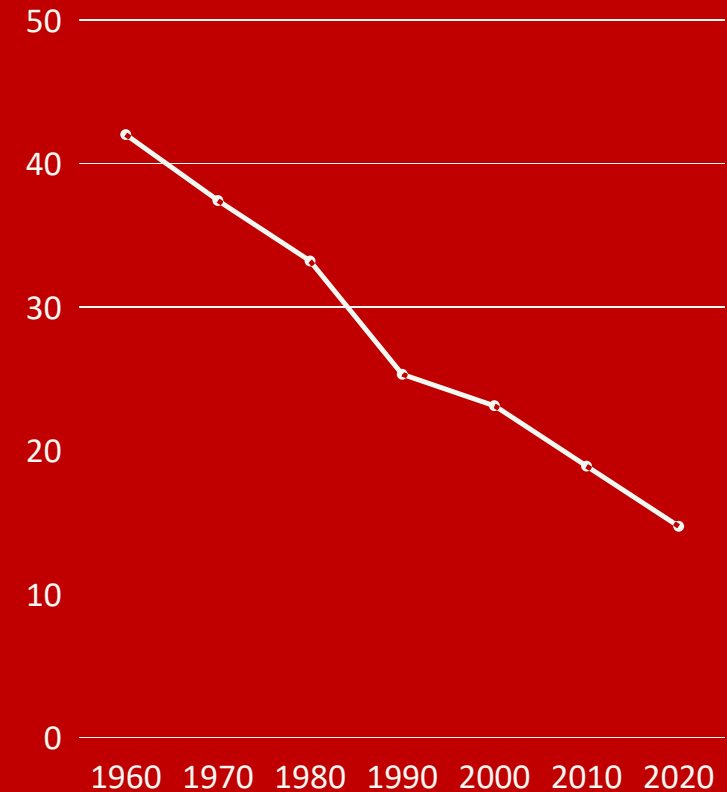
- Complete training to become First Breath provider

Tobacco is the #1 cause of preventable death and disease in the United States

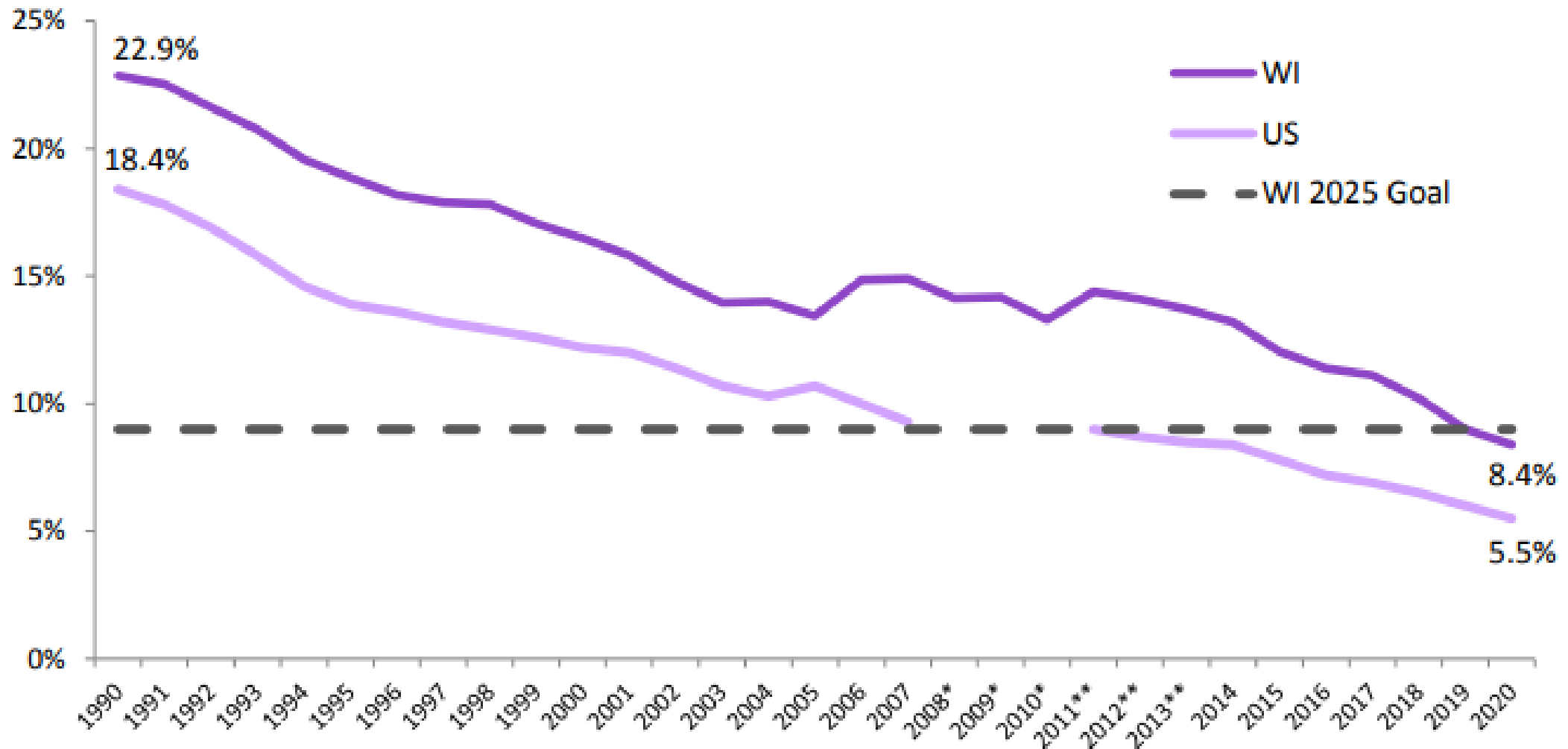
- Tobacco kills over 480,000 Americans each year
- One in five deaths directly caused by tobacco use
- Tobacco can harm every part of the body

Smoking Prevalence Among Adults

18 and Older, United States, 1960-2018

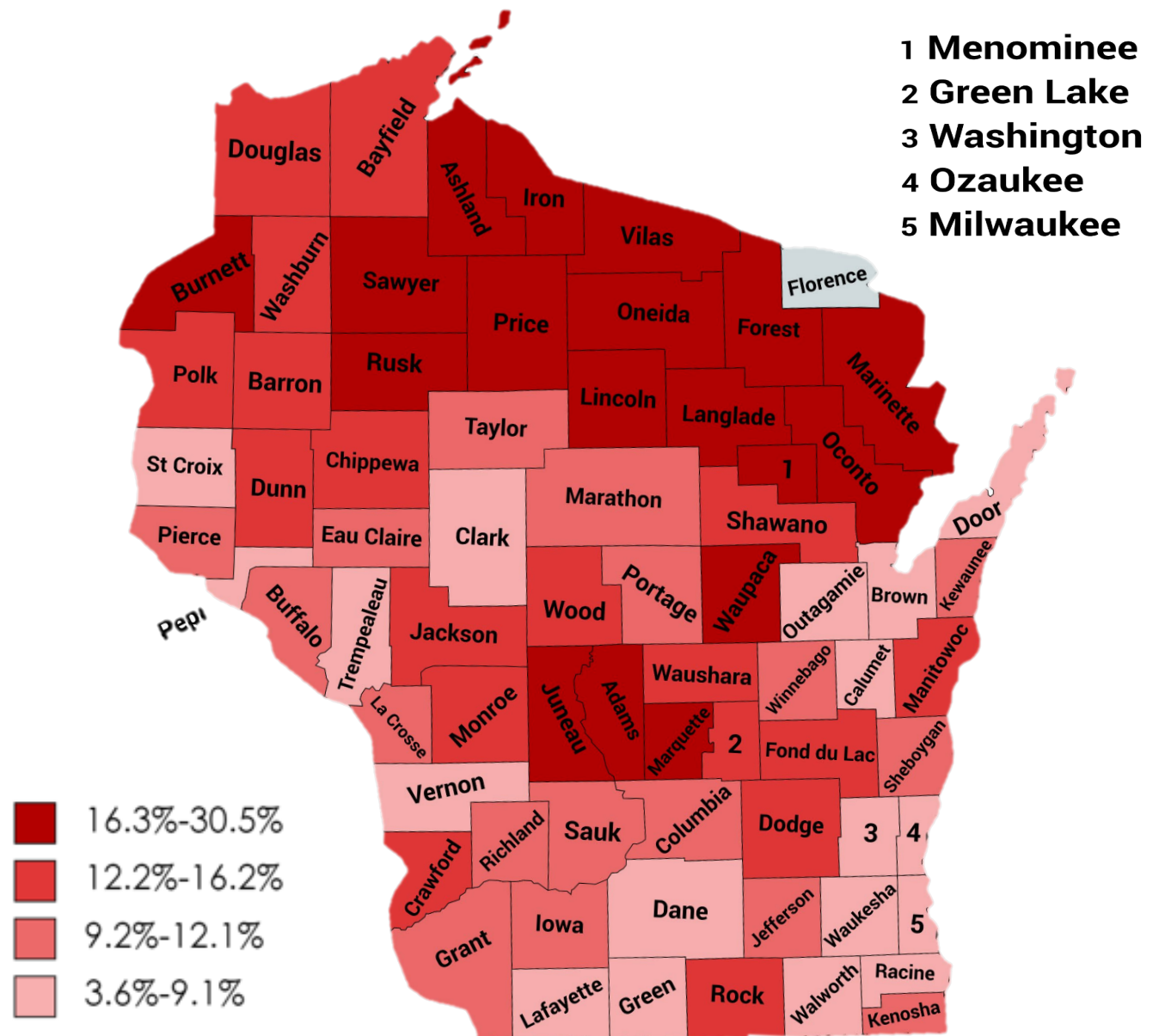


TRENDS IN PREVALENCE OF SMOKING DURING PREGNANCY, 1990-2020



Source: Palmersheim KA, Zusevics KL. Wisconsin Tobacco Facts: Smoking During Pregnancy (May 2022). Milwaukee, WI: University of Wisconsin-Milwaukee, Center for Urban Population Health; 2022 (May).

SMOKING PREVALENCE DURING PREGNANCY BY COUNTY



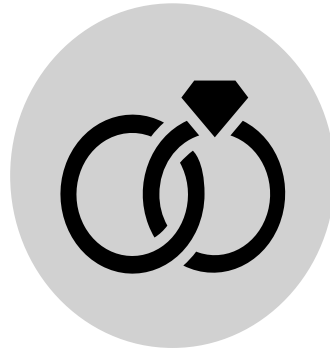
Source: Palmersheim KA, Zusevics KL. Wisconsin Tobacco Facts: Smoking During Pregnancy (May 2022). Milwaukee, WI: University of Wisconsin-Milwaukee, Center for Urban Population Health; 2022 (May).

TOBACCO USE DISPARITIES DURING PREGNANCY



Education level

<High school 17.4%
College degree 0.9%



Marital Status

Not married 18.8%
Married 3.5%



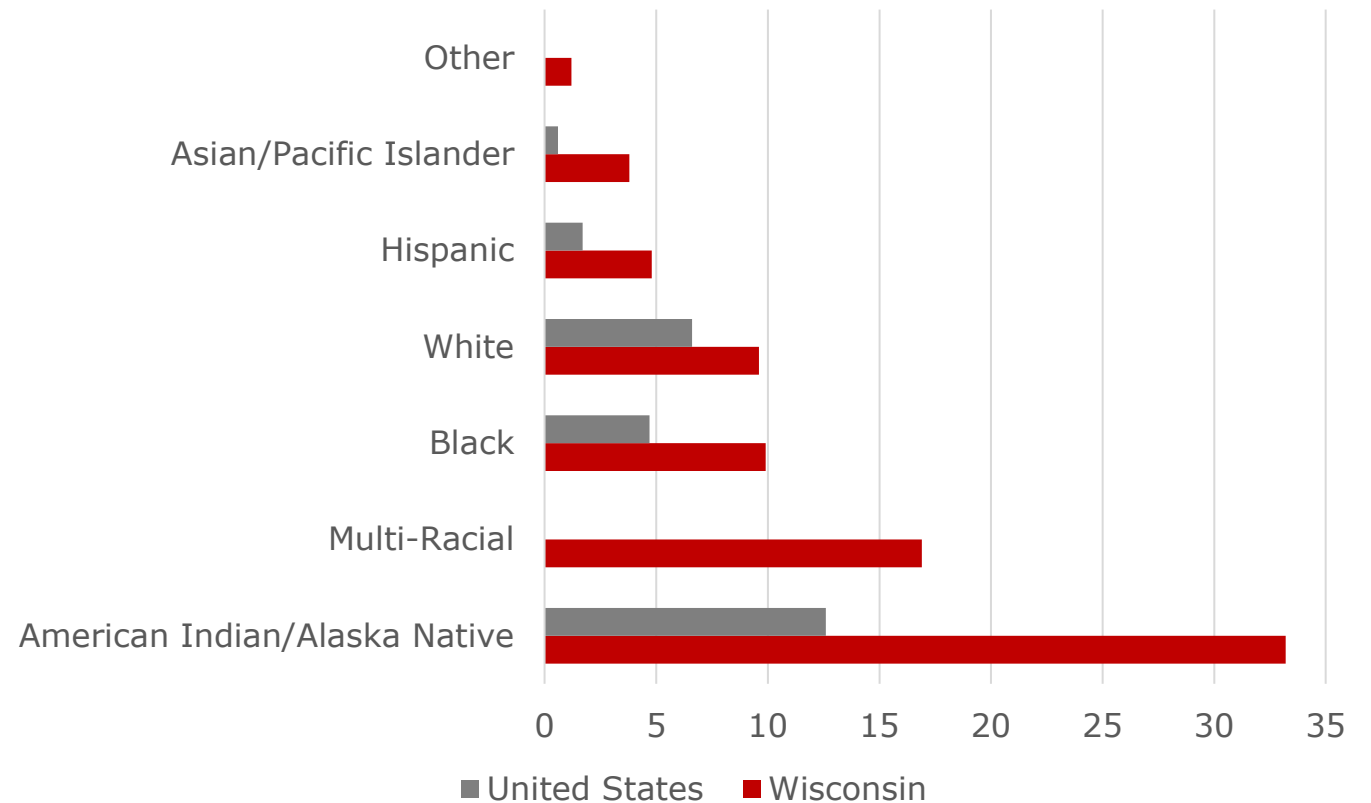
Prenatal care

No prenatal care 31.6%
First trimester 7.9%

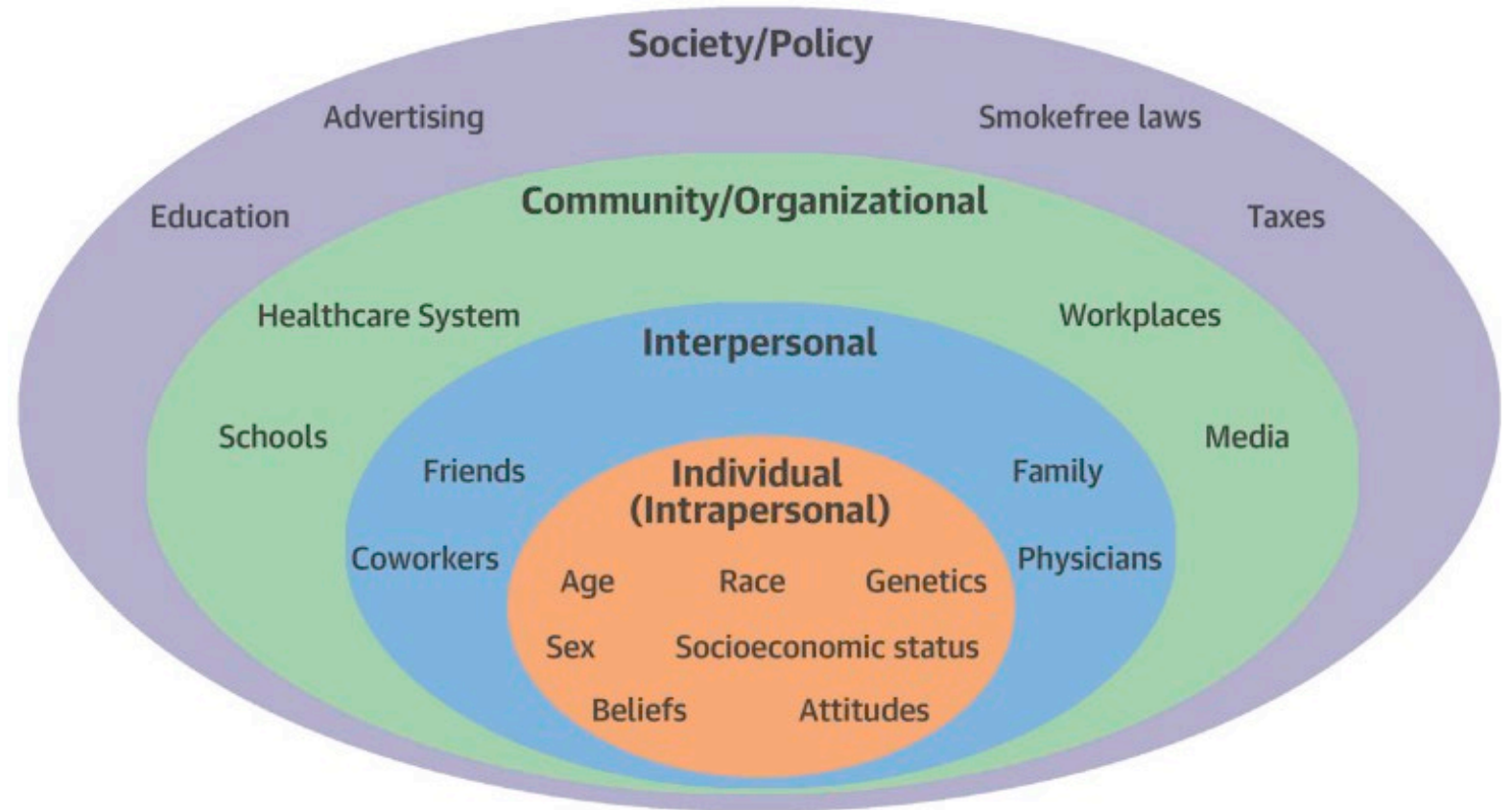
The tobacco industry has a history of:

- Targeting minority and marginalized populations
- Advertising in publications, communities, and venues
- Sponsoring cultural events
- Misappropriating cultural imagery

Prevalence of Smoking During Pregnancy by Race/Ethnicity, Wisconsin and United States, 2018-2020



SOCIO- ECOLOGICAL MODEL OF FACTORS ASSOCIATED WITH SMOKING



Kalkhoran, S. et al. J Am Coll Cardiol. 2018;72(9):1030-45.

MECHANISM OF SMOKING ON PREGNANCY OUTCOMES

Nicotine

- Neurotoxin
- Interferes with normal neurotransmitter function
- Can be harmful to developing fetus
 - Fetus is most sensitive to nicotine during third trimester

Carbon Monoxide

- Toxic gas contained in cigarette smoke
- Reduces oxygen carrying capacity in the blood

RISKS OF USING TOBACCO DURING PREGNANCY

- Infertility
- Spontaneous miscarriage
- Preterm birth
- Premature rupture of membranes
- Ectopic pregnancy
- Stillbirth
- Gestational diabetes
- Placenta previa
- Placental abruption



RISKS OF TOBACCO USE TO CHILD

Fetal Risks

- Low birth weight
- Growth restriction
- Birth defects (orofacial clefts, limb reduction, heart defects)
- Neurologic and neurodevelopmental effects (development abnormalities in the brain)

Offspring Risks

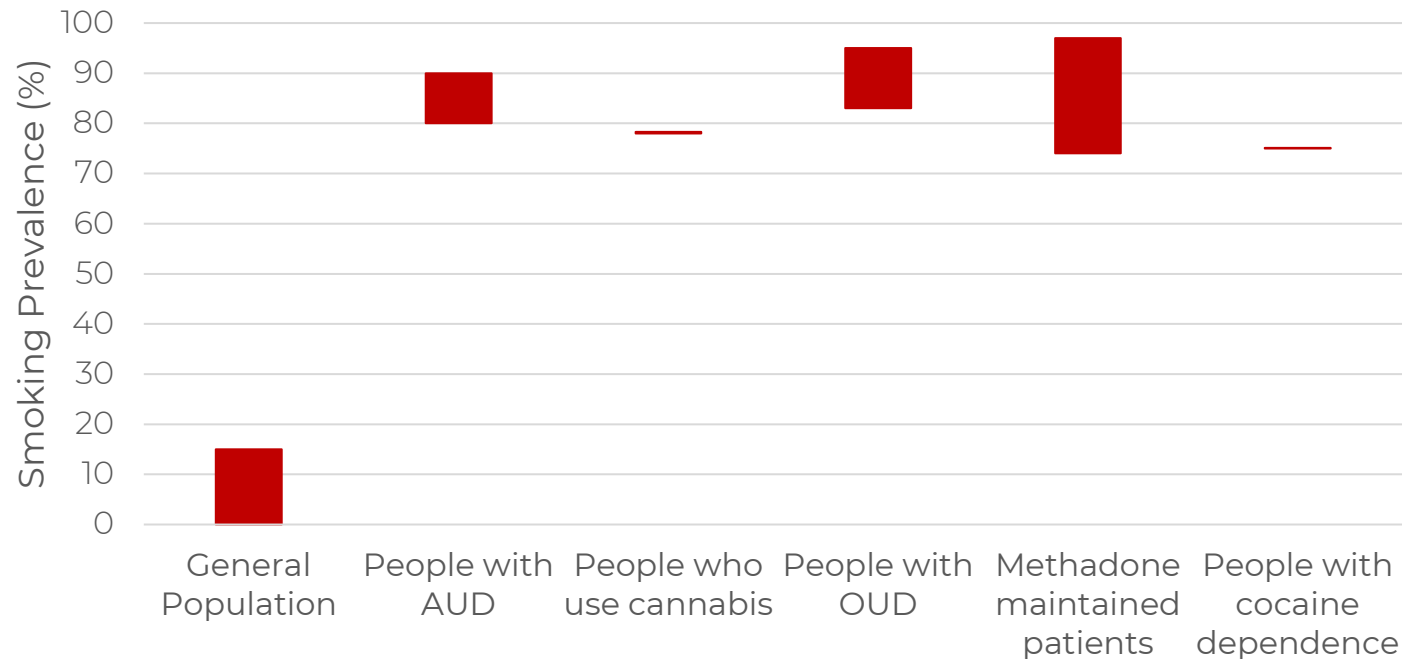
- Sudden Infant Death Syndrome (SIDS)
- Respiratory effects
- Cognition
- Behavior
- Type 2 diabetes
- Bone fractures
- Childhood obesity
- Psychiatric disorders
- Nicotine dependence and future substance use

SECONDHAND SMOKE EXPOSURE

- Secondhand smoke exposure during pregnancy is associated with many of the same adverse pregnancy outcomes
 - Low birth weight
 - Stillbirth
 - Congenital malformation
 - Cardiovascular effects
 - Neurologic effects
- Staying tobacco free after birth will continue to reduce risk of adverse health outcomes
 - Respiratory infections/asthma
 - Middle ear infections
 - SIDS

CO-MORBID TOBACCO AND SUBSTANCE USE

Smoking Prevalence Co-Use with other Substances



- People with SUD are **3-5 times** more likely to smoke than people without SUD
- One study found that among people in rural WI who inject drugs, **more than 92%** reported smoking

COMPLEX PHYSIOLOGIC EFFECTS OF CO-USE

Co-use of multiple substances increases the use of one or both substances

Nicotine:

- Enhances stimulant effects (cocaine, meth)
- Alleviates drug withdrawal (opioids, THC, alcohol)
- Alleviates drug-induced cognitive effects (THC, stimulants)
- Enhances tolerance (opioids)

TOBACCO AND RECOVERY

There is **no evidence** of increased use of other substances during smoking cessation treatment

Tobacco cessation during SUD treatment **enhances** long-term sobriety

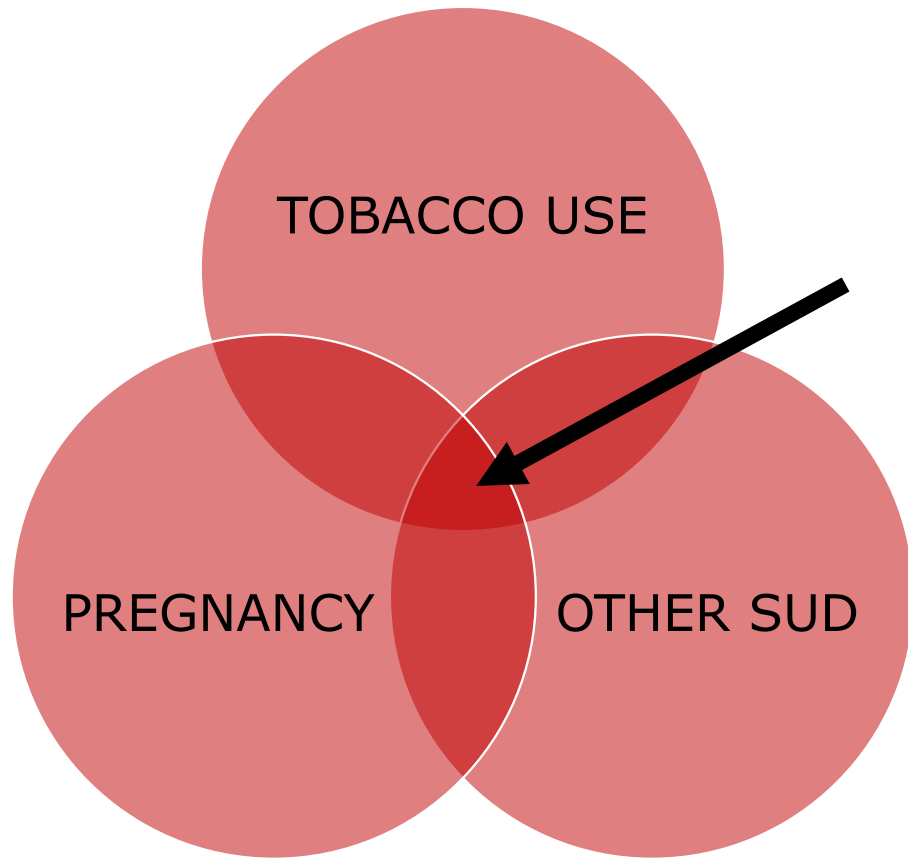
- Abstinence rates are about **25%** greater for clients in treatment for SUD when smoking cessation treatments are provided
- One study found people who quit smoking in the first year of AUD treatment were **2-3 times** more likely to be sober 9 years later

Tobacco use can lead to other substance relapse

- The more you smoke, the greater the likelihood of relapsing and doing so more quickly

People with behavioral health conditions who smoke die up to **25** years prematurely

INTERSECTIONALITY



- Up to **95%** of pregnant individuals seeking treatment for alcohol and other substances use tobacco
- Smoking prevalence may be up to **4 times** higher than pregnant persons without SUD

FETAL HEALTH OUTCOMES OF CO- TOBACCO USE

- Potential additive risks of adverse fetal outcomes with co-substance use
- Smoking predicts greater duration and severity of neonatal abstinence syndrome (NAS)
- Smoking may be more of a contributing factor to low birth weight than other substance use
- Eliminating smoking would have a greater impact on decreasing poor birth outcomes than elimination of any other substance

BENEFITS OF CESSATION

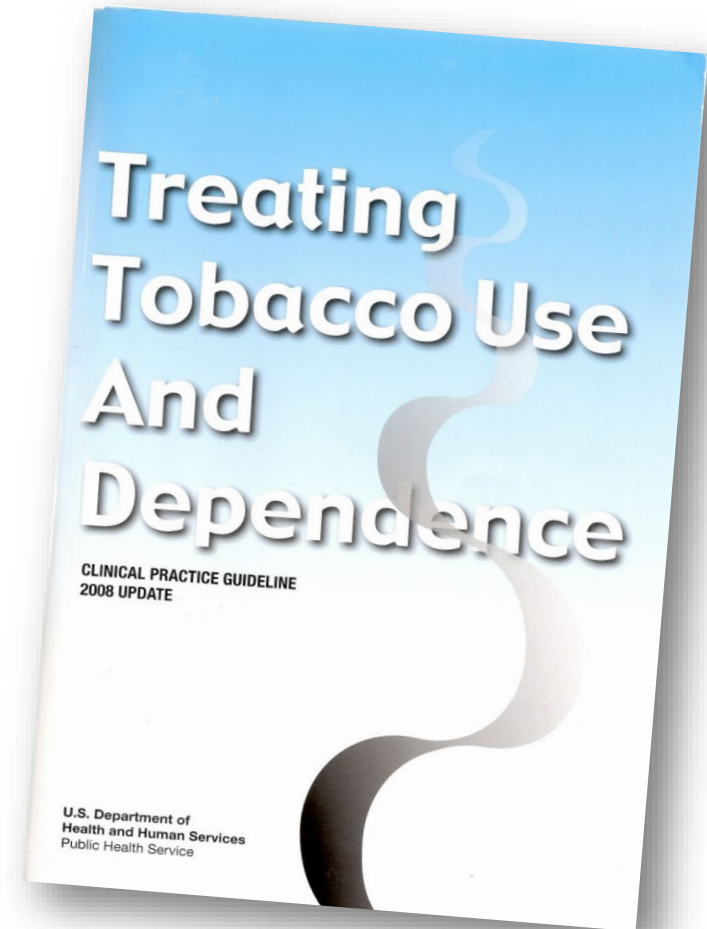
- Many studies suggest individuals who stop smoking in the first trimester have body and weight measurements comparable to infants of a nonsmoker
- Quitting smoking at any stage of pregnancy has benefits for pregnant individual and baby



EVIDENCE BASE FOR TREATING TOBACCO USE

Tobacco treatment involves:

- Medication (insufficient evidence during pregnancy)
- Counseling
 - Skills-based, problem solving
 - **Social support**



HOW TO SUPPORT CLIENTS

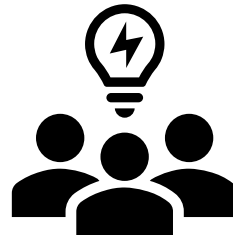
TOBACCO INTEGRATION



ASSESS FOR
TOBACCO USE



VISIT
HELPUSQUIT.ORG



CONTACT YOUR
ROS

SUPPORT SERVICES



REFER TO
QUIT LINE



REFER TO
FIRST BREATH

ASSESS FOR TOBACCO USE

“Have you used tobacco products in the past 30 days, including cigarettes, smokeless tobacco, cigars, e-cigarettes, vaping devices, etc?”

- Build into intake and assessments
 - Increases equity
- Document tobacco use in client chart or treatment plan
- No level of tobacco use is safe
 - If someone screens positive for tobacco, offer appropriate treatment and support options

Wisconsin Tobacco Quit Line

Free, confidential, tailored phone-, web-, text-, and group-based counseling and support

Available to anyone **13 years and older** to quit cigarettes, e-cigarettes, or smokeless tobacco

Eligible callers can receive free nicotine replacement therapy

Available 24/7

1-800-QUIT-NOW (800-784-8669)

1-877-2NO-FUME

Text READY to 34191

Contact a UW-CTRI Regional Outreach Specialist (ROS) to set up direct referrals



First Breath



Free, statewide program to help people make positive changes to their tobacco, alcohol, and substance use during pregnancy and beyond

Support during pregnancy, post-partum and caregiving periods

Services include:

- *One-on-one counseling with health educator*
- *Monthly check-ins*
- *Individualized quit plan*
- *Text messages with tips and encouragement*
- *Gifts for participation*

Join us for Part 2 to become a First Breath Provider and be ready to provide referrals for your clients

PRIORITY AND INTERIM SERVICES

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(a) A service shall prioritize admission in the following order:

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4. All others

(b) When a waitlist exists for services for pregnant women, the service shall either initiate *interim services* or notify the department within 2 business days.

Questions

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