

# Tobacco Use as a Stumbling Block to Community Inclusion: Practical Tips for Minimizing Tobacco as a Barrier to Recovery

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# Learning Objectives

1. Embrace the importance of addressing tobacco in mental health settings
2. Explain how tobacco use impacts community inclusion
3. Describe tools and resources to manage tobacco cravings
4. Consider which strategies would be most helpful for you and/or the people you support

# Tobacco Use and Behavioral Health: A Lethal Inequity

# Smoking and Death Rates

Smoking is the leading cause of preventable death.

[https://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/fast\\_facts/index.htm](https://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm)

Cigarette smoking is responsible for more than 480,000 deaths per year in the United States, including more than 41,000 deaths resulting from secondhand smoke exposure.

[www.cdc.gov/tobacco/data\\_statistics/sgr/50th-anniversary/index.htm](http://www.cdc.gov/tobacco/data_statistics/sgr/50th-anniversary/index.htm) 2014

Smoking kills more people than alcohol, AIDS, car accidents, illegal drugs, murders, and suicides combined, with thousands more dying from spit tobacco use. [www.tobaccofreekids.org](http://www.tobaccofreekids.org)

# Tobacco Use & Behavioral Health

- Individuals with MI account for about 25% of the adult population, but consume almost 40% of cigarettes sold in the USA
- Smoking prevalence for those with any mental illness (AMI) is 2-3 times higher than the overall population
- Highest rates in persons with schizophrenia and bipolar disorder
- Individuals with SMI who are receiving services in public MH system tend to be heavier smokers and extract more nicotine for each cigarette they smoke\*

*Schroeder, S.A. (2016)-World Psychiatry, 2016 Smoking cessation should be an integral part of serious mental illness treatment*

# Why is There A Health Inequity?

- Stress
- Hopelessness and Boredom
- Tobacco Marketing
- Smoking Culture in the Behavioral Health System
- Lack of Staff Training

# Role of the Tobacco Industry (1970's-Present)

- Targeted marketing to homeless population (high % people with SMI); RJ Reynolds: Project SCUM (Subculture Urban Marketing)
- Provided sponsorship, donations & free cigarettes to mental health & homeless facilities  
*Apollonio & Malone (2005) Journal of Tobacco Control*
- Monitored or directly funded research supporting the idea that individuals with schizophrenia are less susceptible to the harms of tobacco and that they need tobacco as self-medication  
*Prochaska, et. al. (2008). Schizophrenia Bulletin.*
- People who have a serious mental illness are twice as likely as the general population to live in a low-income neighborhood with high levels of tobacco advertisements and stores that sell tobacco.
- E-cigarettes marketed to young people.



# Role of the Mental Health System

- Use of cigarettes as reward or incentive
- Belief that smoking cessation results in decompensation, infringes on freedom or takes away the “only pleasure”
  - 1990 JCAHO Hospital Smoking Ban: AMI/FAMI successfully advocated for smoking areas in MH facilities; "it is inhumane to rob these patients of their autonomy and dignity by infringing on one of the few remaining freedoms historically allowed patients."
- Perception that tobacco interventions belong in primary care settings
- Limited tobacco cessation services in U.S. mental health treatment facilities (SAMHSA 2017):
  - Only 39% of MH treatment facilities in the United States provided cessation counseling
  - Only about 25% of these facilities offered nicotine replacement therapy and/or other tobacco cessation medications

*\*Prochaska and Hall; (2008) Schizophrenia Bulletin*

*Implementing Tobacco Cessation Treatment for Individuals with Serious Mental Illness: A Quick Guide for Program Directors and Clinicians*

[https://store.samhsa.gov/sites/default/files/d7/priv/pep19-02-00-001\\_0.pdf](https://store.samhsa.gov/sites/default/files/d7/priv/pep19-02-00-001_0.pdf)



# Smoking and COVID-19

- You can't smoke and properly wear a face covering.
- Sharing cigarettes and gathering in “smoking circles” is even riskier behavior due to COVID.
- Among young people who were tested for the virus that causes COVID-19, the research found that those who vaped were five to seven times more likely to be infected than those who did not use e-cigarettes. *Stanford University School of Medicine, 2020*
- “At the time of this study, the available evidence suggests that smoking is associated with increased severity of disease and death in hospitalized COVID-19 patients” *World Health Organization, June 2020.*

# Bottom Line (Health and Mortality)

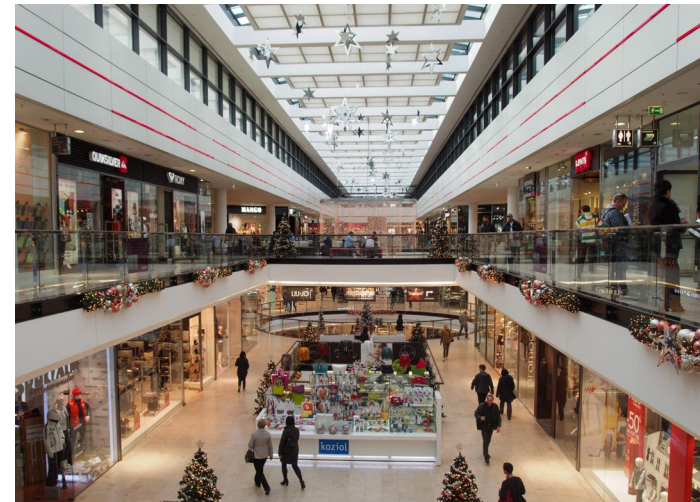
- People with SMI Die 10-25 Years Prematurely Largely Due to Tobacco Use
- Poor Health is a Barrier to Community Inclusion
- Health Inequity: Smoking Disproportionately Impacts People with Behavioral Health Conditions Yet Is Not Consistently Addressed as a Barrier to Recovery

# Tobacco Use as a Barrier to Recovery and Community Inclusion

# Things sure have changed since the 1950's...



# What do these settings have in common???



# Consider this....

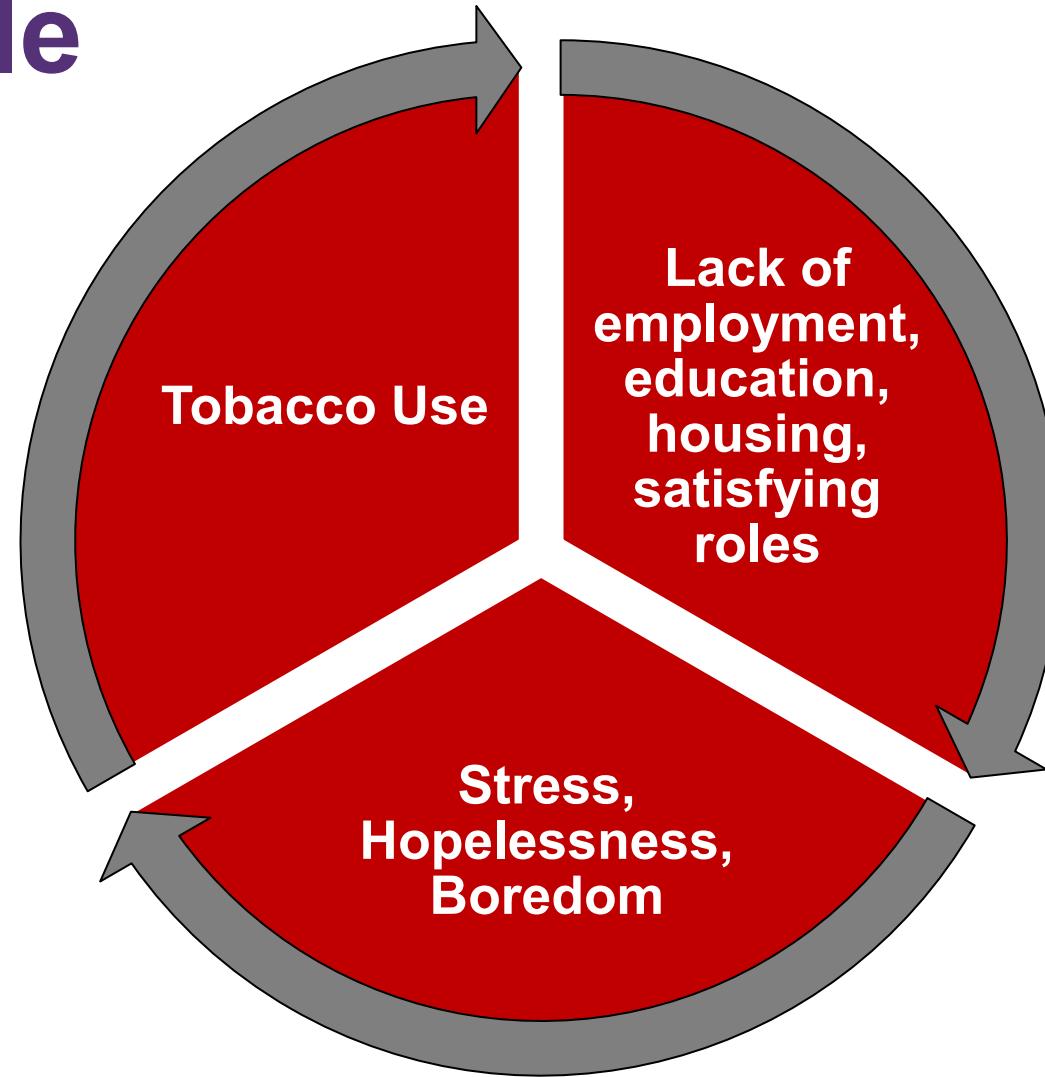
1. Employer interviews two qualified candidates. One of the candidates has a strong tobacco odor.
2. College student steps out in the middle of class to have a cigarette.
3. Person wants to rent an apartment but landlords have put no-smoking clause in lease.
4. Person is invited to a family gathering but must travel for 3 hours by bus.

# Think of someone you know that uses tobacco.

What are some ways that smoking might be a barrier to community inclusion and recovery for that person?



# Vicious Cycle





# Bottom Line (Community Inclusion)

- Smoking has increasingly become a stigmatizing behavior
- Tobacco users may be less likely to leave settings where it's easy to smoke due to anxiety about withdrawal symptoms
- Smoking may jeopardize employment, housing, educational and social opportunities---i.e.

RECOVERY

# Mission Essential

Our collective mission is to promote recovery, wellness, community inclusion and social justice.

Addressing tobacco use is essential to achieving our mission.



# Minimizing the Impact of Tobacco Use on Community Inclusion: Cessation is Not the ONLY Option!

# Nicotine 101: Why Tobacco is Addictive

- Nicotine is a non-carcinogenic chemical in tobacco that is highly addictive
- Nicotine activates the dopamine reward pathway in the brain (creating a pleasurable “buzz”) and reinforces the need for tobacco
- Lack of nicotine in addicted person causes a drop in dopamine resulting in cravings and withdrawal symptoms
- Person becomes dependent on nicotine to obtain a sense of pleasure and to avoid unpleasant withdrawal symptoms

# Nicotine Withdrawal

- Irritability/frustration/anger
- Anxiety
- Difficulty concentrating
- Restlessness/impatience
- Depressed mood
- Insomnia
- Increased appetite/weight gain
- Cravings



# Nicotine Withdrawal: The discomfort is real!

Smoking calms  
me down, helps  
me focus

- Person experiences discomfort but may not recognize as withdrawal
- Person takes in more nicotine by smoking
- Person gets relief from withdrawal
- Person interprets tobacco as “calming”, etc. instead of recognizing that it provides relief from withdrawal

Or is it relief from nicotine  
withdrawal?



# Managing Withdrawal: Nicotine Replacement Therapy (NRT)

“NRT reduces withdrawal feelings by giving you a small controlled amount of nicotine---but none of the other dangerous chemicals found in cigarettes. This small amount of nicotine helps satisfy your craving for nicotine and reduces the urge to smoke...NRT is safe and effective.”

Smokefree.gov

# NRT Products

- Nicotine Patch (OTC)
- Nicotine Gum (OTC)
- Nicotine Lozenge (OTC)
- Nicotine Inhaler
- Nicotine Nasal Spray



# Not Ready to Quit?

- Use NRT to manage cravings in tobacco-free settings
- Best management strategy: patch plus 1 fast acting NRT (e.g., lozenge, gum)
- All 5 NRT products covered by Medicaid (“free” NRT)
- FDA: Safe to use NRT while still smoking cigarettes

# NRT Education Video

In this 15-minute video, learn how Nicotine Replacement Therapy products can be used to manage tobacco cravings and withdrawal symptoms when you're in a place where you can't smoke...even if you're not ready to quit smoking! Get detailed information about how to properly use all 5 NRT products so that you get maximum relief.

<https://www.youtube.com/watch?v=UOEpWE8GY0Q>

# Other Medications That Can Help

## Varenicline (Chantix)

- Most effective treatment according to multiple studies
- Reduces cravings and decreases the pleasurable effects of tobacco
- People who aren't ready to quit can still take varenicline

## Bupropion (AKA Wellbutrin, Zyban)

- Anti-depressant which also reduces cravings and maybe mood changes from nicotine withdrawal
- Can use with NRT or varenicline

# Other Strategies for Managing Cravings

- Recognizing withdrawal symptoms and knowing they too will pass
- Mindfulness Exercises
- Tobacco-focused WRAP plan
- “Hand/mouth” substitutes: toothpicks, cinnamon sticks, etc.
- Staying hydrated
- Movement
- Hugs!
- Other strategies you have used?

# Personal Story of Managing Tobacco Use and Cravings

# Personal Story

Gita Enders, LMSW, MA, CPRP, NYCPS

Director of Peer Services

NYC Health + Hospitals | Office of Behavioral Health

# Discussion

# What Would You Find Helpful?

- What was your experience when you were someplace where you couldn't smoke? What have others that smoke shared with you about their experience?
- What strategies do you find helpful, or you think would be helpful, for you and/or the people you support to manage cravings and increase community inclusion?
- Other questions or comments?



# Resources

# Resources

## Videos:

- [Be Free with NRT](#)
- [Becoming Tobacco Free](#)

Nicotine Replacement Therapy Educational Handouts: [Patch](#), [Gum](#), [Inhaler](#), [Lozenge](#), [Nasal Spray](#)

Other Languages: Simplified Chinese – [Patch](#), [Gum](#), [Inhaler](#), [Lozenge](#), [Nasal Spray](#)

Traditional Chinese – [Patch](#), [Gum](#), [Inhaler](#), [Lozenge](#), [Nasal Spray](#)

Bengali – [Patch](#), [Gum](#), [Inhaler](#), [Lozenge](#), [Nasal Spray](#)

Creole – [Patch](#), [Gum](#), [Inhaler](#), [Lozenge](#), [Nasal Spray](#)

Italian- [Patch](#), [Gum](#), [Inhaler](#), [Lozenge](#), [Nasal Spray](#)

Korean – [Patch](#), [Gum](#), [Inhaler](#), [Lozenge](#), [Nasal Spray](#)

Russian – [Patch](#), [Gum](#), [Inhaler](#), [Lozenge](#), [Nasal Spray](#)

Spanish – [Patch](#), [Gum](#), [Inhaler](#), [Lozenge](#), [Nasal Spray](#)

## [Varenicline Educational Handout](#)

Other Language: [Simplified Chinese](#) | [Traditional Chinese](#) | [Bengali](#) | [Creole](#) | [Italian](#) | [Korean](#) | [Russian](#) | [Spanish](#)

## [Bupropion Education Handout](#)

Other Language: [Simplified Chinese](#) | [Traditional Chinese](#) | [Bengali](#) | [Creole](#) | [Italian](#) | [Korean](#) | [Russian](#) | [Spanish](#)

# Resources

Academy of Peer Services Talking About Tobacco Series: <https://www.academyofpeerservices.org/express/apsomh/layout/APSCourseCatalog.pdf>

Strategies for Behavioral Health Equity – Practices/Approaches for Continuous Quality Improvement to Reduce Disparities for Marginalized Populations.....	26
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