BASICS OF TOBACCO 101 & TOBACCO USE DISPARITIES

BROWN BAG

FEBRUARY 2, 2024

Tobacco Treatment Training Program

EBCRP, LifeLong Medical Care

TACKLING TOBACCO TOGETHER
TOBACCO TREATMENT TRAINING PROGRAM
EAST BAY COMMUNITY RECOVERY PROJECT

alameda county behavioral health
MENTAL HEALTH & SUBSTANCE USE SERVICES

LifeLong Medical Care
Health Services For All Ages
a california health center

OUR PROGRAM

The Tobacco Treatment Training Program **helps behavioral health providers in Alameda County improve their tobacco use interventions**

Contracted with Alameda County Behavioral Health Care Services (ACBH) to support **ACBH-funded substance use disorder and mental health treatment providers**

Provide **free training and technical assistance** to healthcare staff and leadership

Program Manager – Tara Leiker, PhD
Program Coordinator – Sophia Artis

HOUSEKEEPING

Upon joining, all participants will be automatically muted. Participants are encouraged to turn their cameras on.

Please change your Zoom name to your first and last name and your organization/agency (e.g., "Jane Doe, LifeLong Medical Care").

This webinar is being recorded. The link to the recording will be shared after the training, along with a PDF of the slides.

Please use the Zoom Chat to ask questions. We will address questions during the Q&A period at the end of the training.

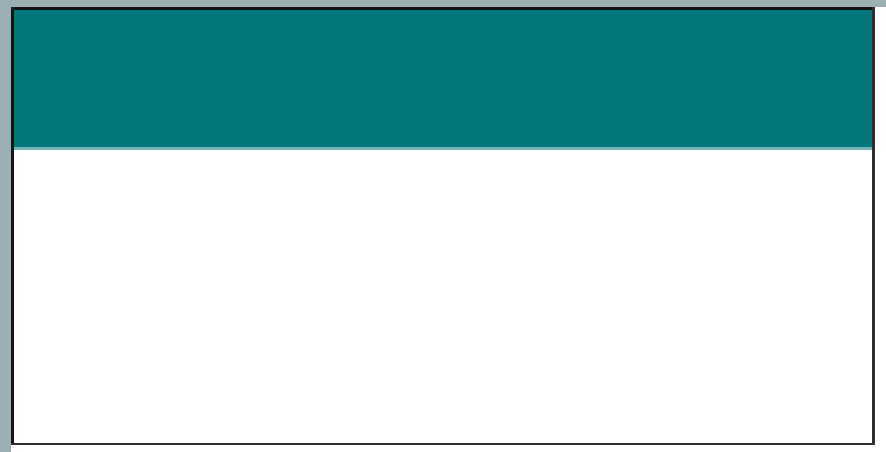
CONTINUING EDUCATION REMINDERS

This brown bag is eligible for one (1.0) hour of continuing education credit for LMFT's, LCSW's, LPCC's, LEP's, and SUD Counseling Staff as required by the California Board of Behavioral Sciences and by the California Consortium of Addiction Programs and Professionals (CCAPP).

To receive CE credit, attendees must be present for the entirety of the training and complete the post-test, which will be provided after the Q&A section.

Attendees who do not qualify for CE credit are eligible to receive a course completion certificate, also conditional on completion of the post-test.

PRE-TEST & PLEASE PUT YOUR NAME, ORGANIZATION, AND WHERE YOU'RE FROM IN THE CHAT BOX



LEARNING GOALS

- To be able to understand the myths and realities surrounding commercial tobacco use.
- To know the basic forms of evidence-based tobacco dependence screening and treatment strategies.
- To understand health literacy, as well as health inequities related to commercial tobacco use and control.
- To gain a basic understanding of how to integrate health literacy into commercial tobacco use treatment practices.
- To understand how to integrate the knowledge of health disparities in commercial tobacco use and control with evidence-based best treatment practices.

WHY IS LOOKING AT TOBACCO USE & DISPARITIES IMPORTANT?

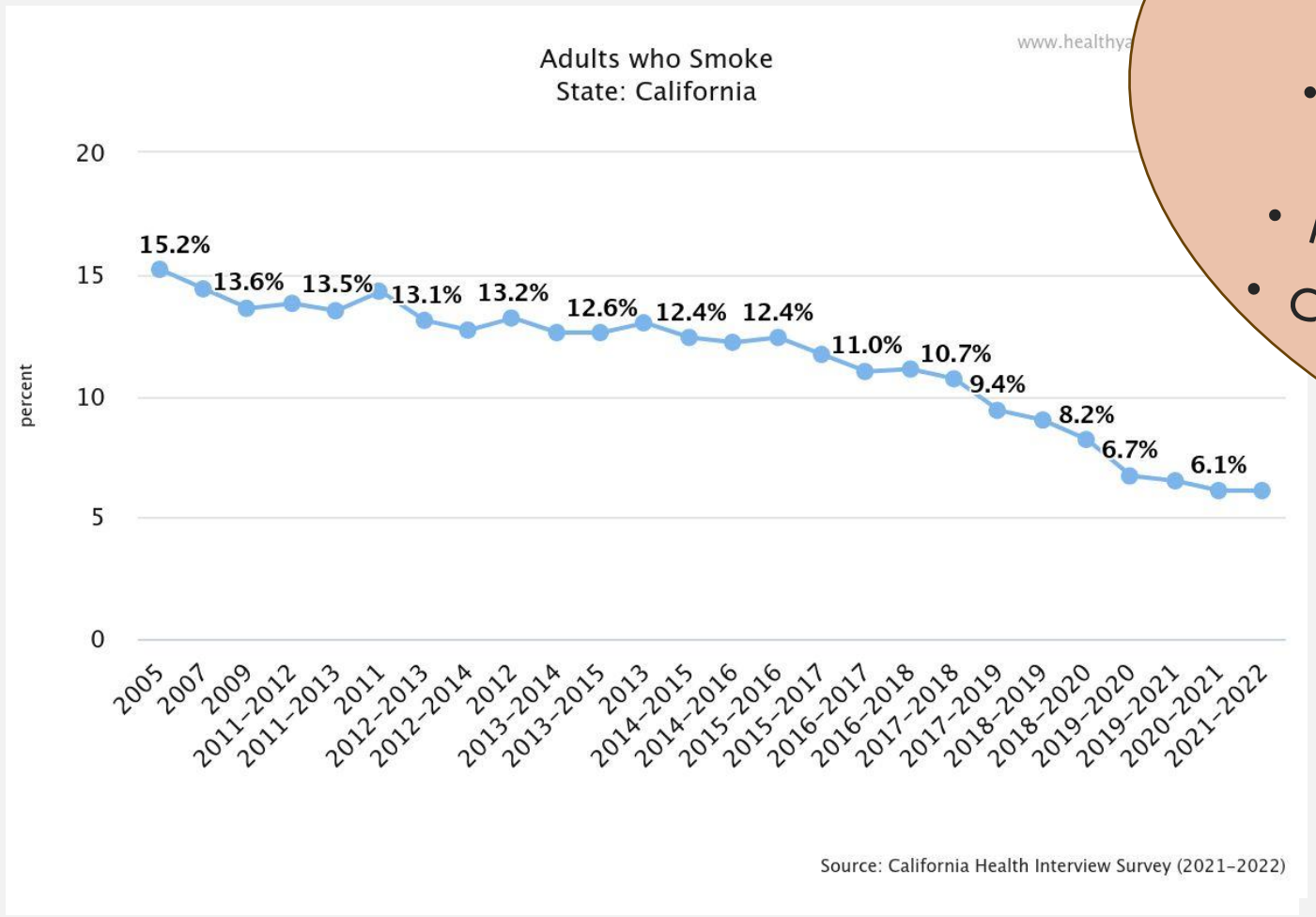
- Tobacco is the #1 current means responsible for preventable illness and death.
- CDC says using tobacco leads to premature death for ~500,000 people per year; for others contributes to profound pain and disability.
- WHO says 1/3 of all commercial tobacco users in America will die prematurely due to their dependence.
- Areas in America with high commercial tobacco use prevalence will have greater exposure to secondhand smoke for those without a tobacco use disorder.
  - Secondhand smoke can cause or exacerbate wide range adverse health effects such as cancer, respiratory infections, and asthma.

(Office of Disease Prevention and Health Promotion, n.d.)

DO YOU BELIEVE...

the rate of smoking in California has been increasing or decreasing? (poll)

SMOKING IN CALIFORNIA



GREAT NEWS!

- Overall smoking prevalence has decreased by more than 50% since 2005!
- California is 2nd to Utah with lowest prevalence of smokers
- National rate is 11.5%
- California is 6.1%

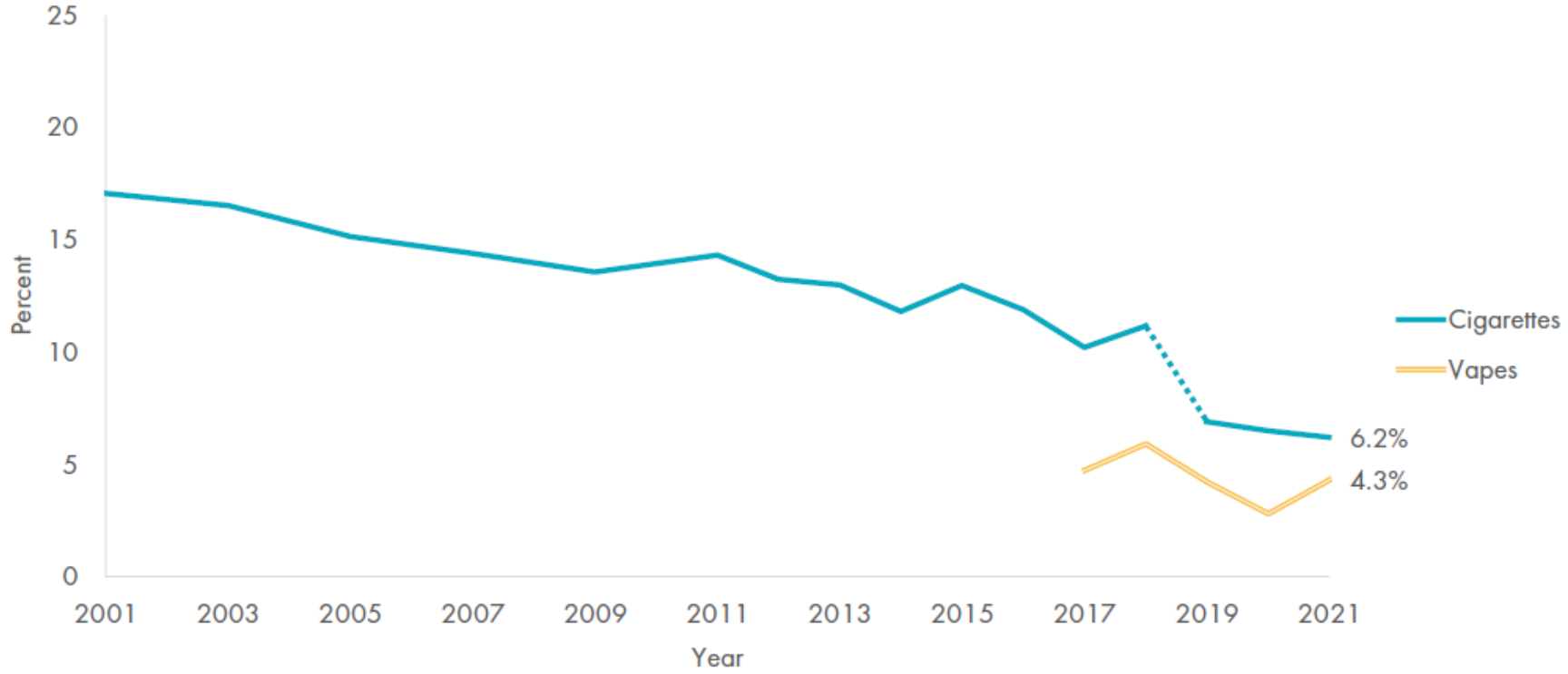
Newest Concern: e-Cigarettes!

- Exponential rise in popularity with adolescents.
- Teenage cigarette use continues to decline, e-cigarette use is steadily increasing.

(California Oral Health Technical Assistance Center. 2024)

CURRENT SMOKING & VAPING AMONG ADULTS IN CA

Figure 5. Current cigarette smoking and current vaping among adults aged ≥18 years —California Health Interview Survey, 2001 to 2021



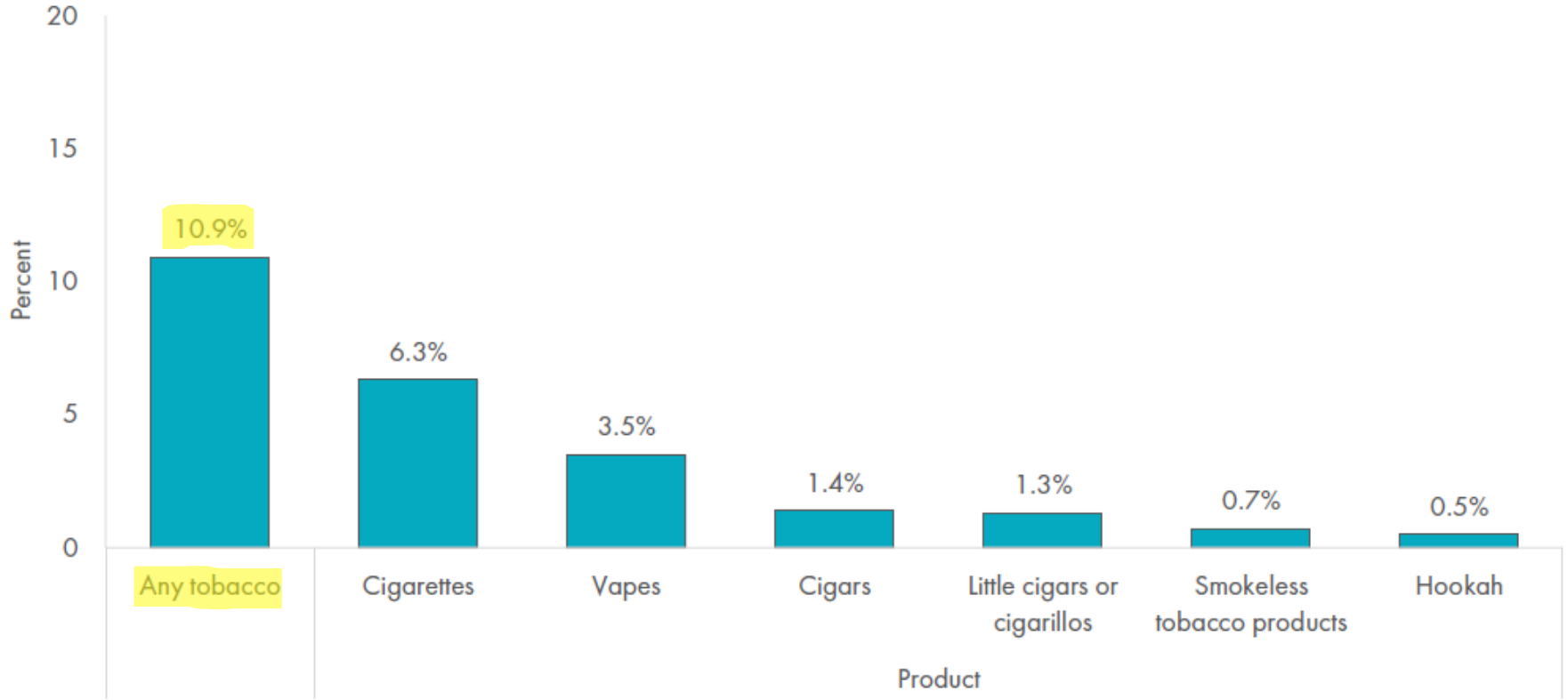
The dotted lines indicate a break in trend due to a methodology change. Prior to 2019, the survey was administered via computer-assisted telephone interview. Since 2019, the survey was administered via computer-assisted web interview and computer-assisted telephone interview. This methodology change significantly impacted cigarette smoking rates. Current vape use was first collected of all adults in 2017. See Additional Notes section for more information.

Source: California Health Interview Survey. CHIS 2001 to CHIS 2021 Adult Files. Los Angeles, CA: UCLA Center for Health Policy Research; October 2022.

ALL TOBACCO USE IN CALIFORNIA

Cigarettes were the most reported tobacco product used by California adults, followed by vapes, big cigars, little cigars or cigarillos, smokeless tobacco products, and hookah (Figure 6). Overall, 10.9% of California adults (about 3.2 million adults) reported current use of one or more tobacco products.

Figure 6. Current tobacco use among adults aged ≥18 years, by product—California Health Interview Survey, 2020-21



Tobacco use includes cigarettes, cigars, hookah, little cigars or cigarillos, smokeless tobacco products, or vapes. See Additional Notes section for more information.

Source: California Health Interview Survey. CHIS 2020 and CHIS 2021 Adult Files. Los Angeles, CA: UCLA Center for Health Policy Research; October 2022.

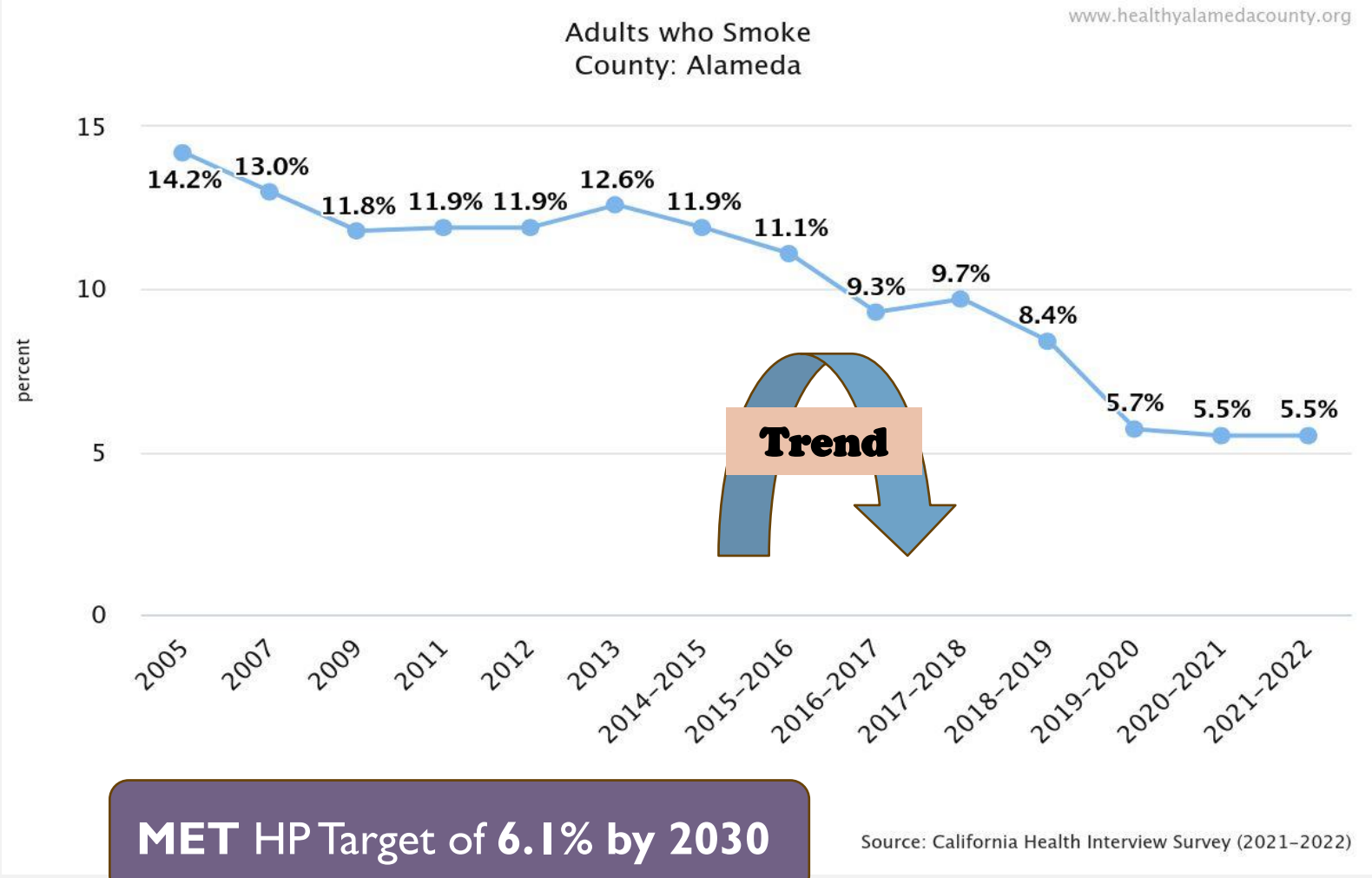
TOBACCO USE IN ALAMEDA COUNTY

MORE GOOD NEWS! 2022 Data

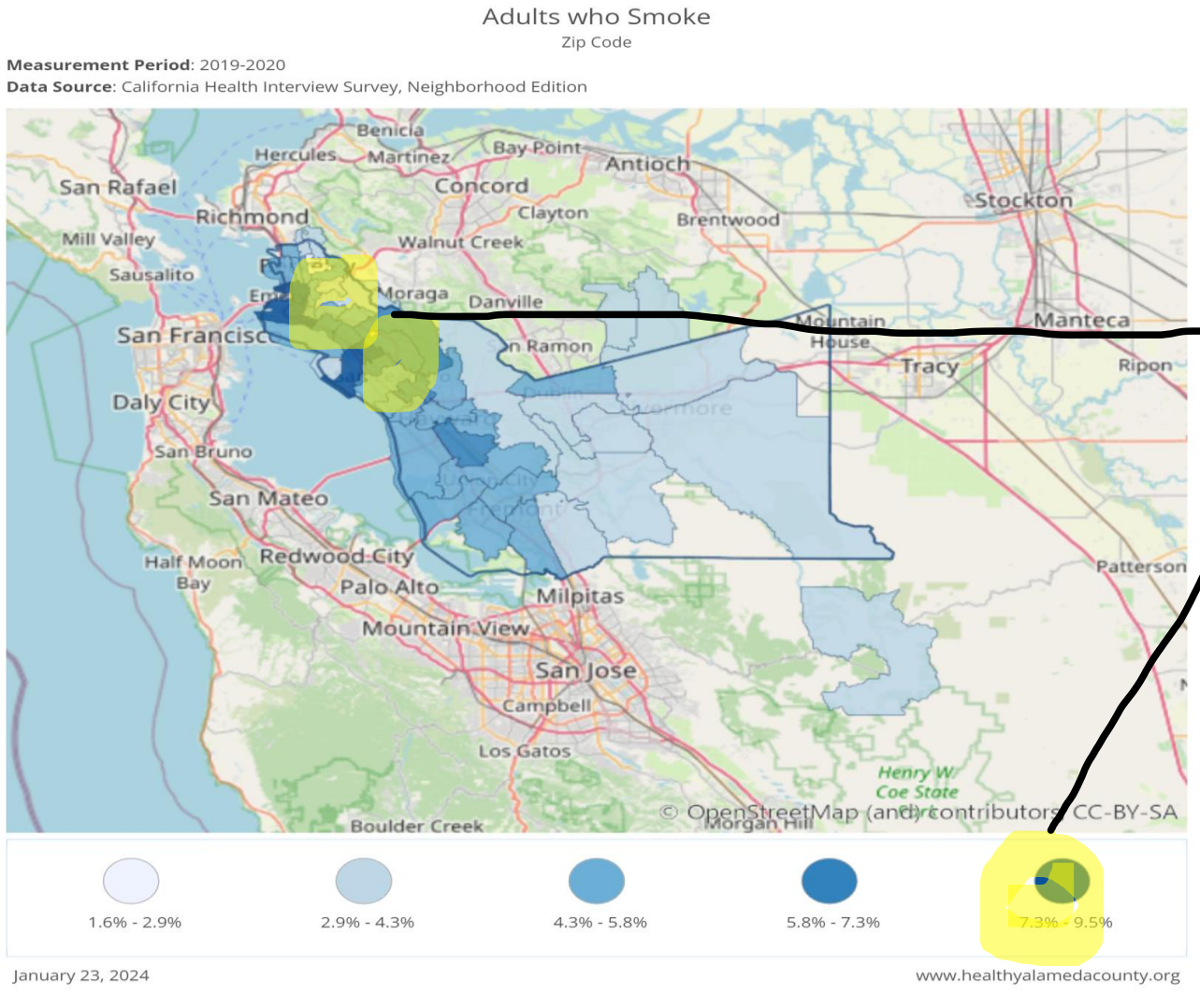
11.5% in U.S.

6.1% in CA

5.5% in Alameda County



MET HP Target of **6.1% by 2030**

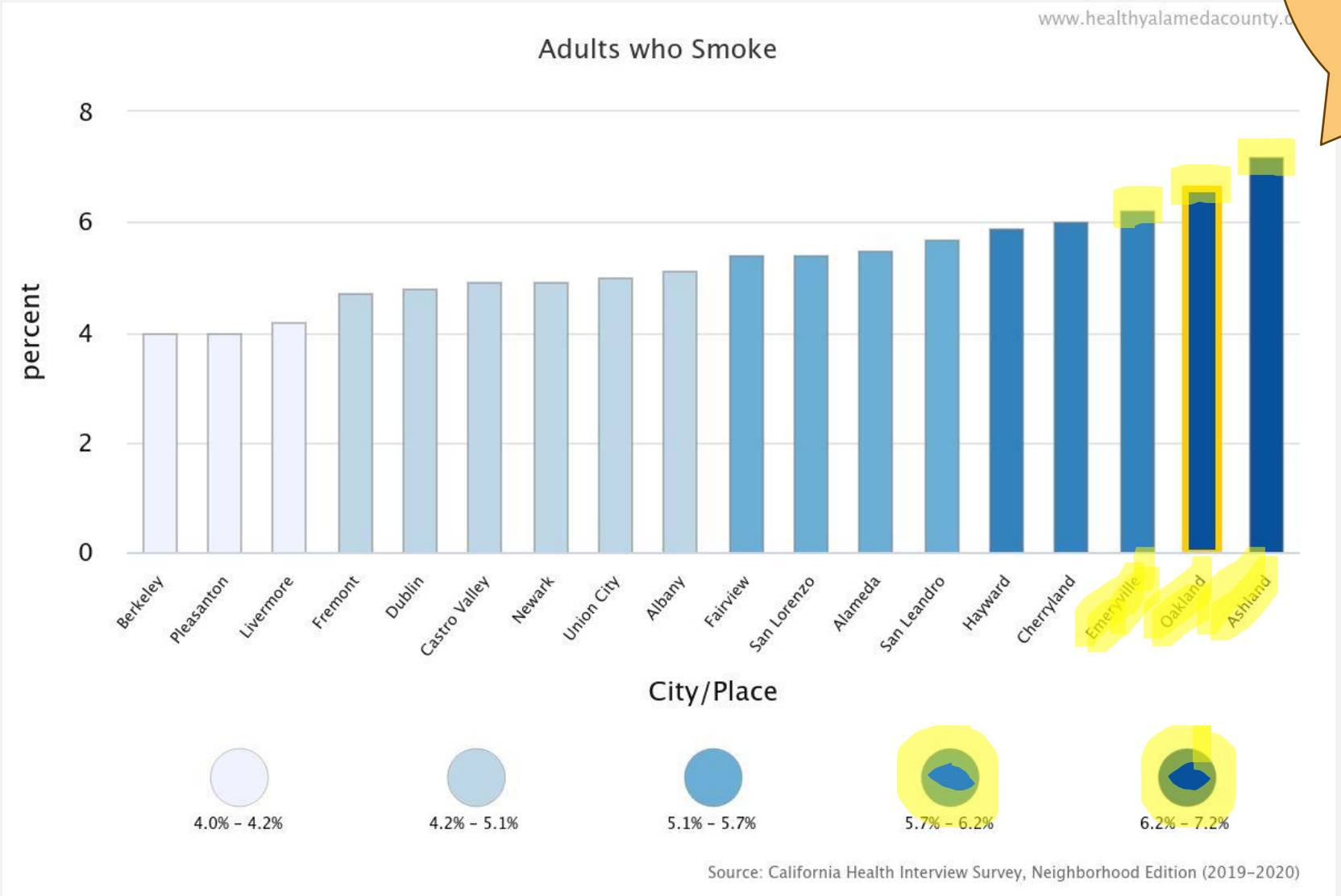


Highest Rate in Alameda County by Zip Code = **7.3% - 9.5%**

ALAMEDA COUNTY

SMOKING RATES OF CITIES

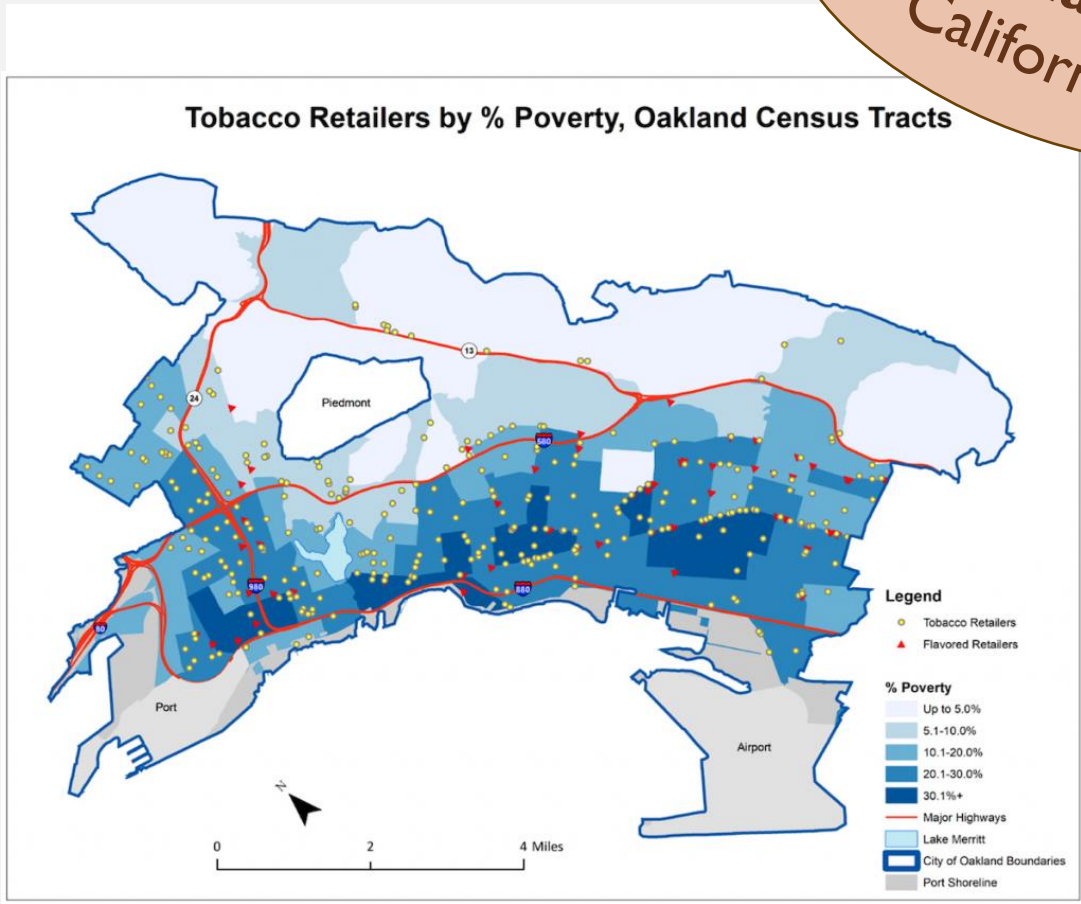
3 Cities Fall above the **6.1% Goal**



TARGETED CITY INEQUITIES

Oakland, California

- Oakland was 1st to ban flavored tobacco in 2017
- More than 56 adult-only shops with flavored tobacco popped up, in East and West Oakland which are predominantly Black & Latino
- Neighborhoods such as Fruitvale district - double the # of early asthma sufferers targeted
- Low-income neighborhoods still profitable for Big Tobacco
- Flavored tobacco and menthol popular with children and teens. 95% Black teen smokers - menthol cigarettes
- 99% tobacco retailers sell pack of 5 cigarillos for less than $2, a single for as little as 49 cents, making affordable for kids
- 2020 - loopholes closed by eliminating exemption allowing adult-only tobacco stores, ban on pharmacy tobacco product sales, and set minimum $8/pack of cigarettes or cigarillos and min pack size - 20.

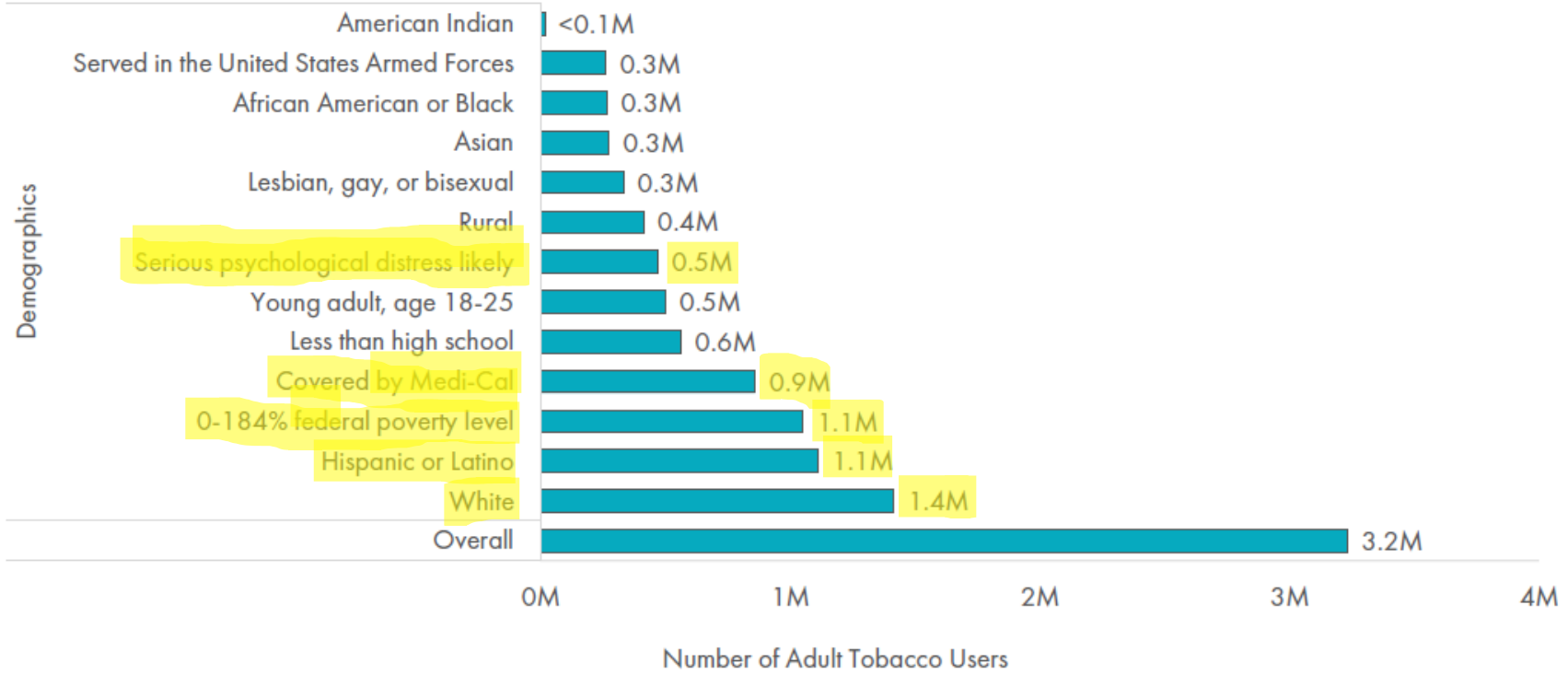


(Kassibian, 2020)

DEMOGRAPHICS OF ADULT TOBACCO USE IN CA

It is critical to look at the demographic characteristics of adults who use tobacco to inform and guide tobacco use prevention and cessation efforts. An estimated 3.2 million adults reported current tobacco use in California (Figure 3). Although Hispanic or Latino adults had a current tobacco use rate of 9.8% (Figure 1), Hispanic or Latino adults made up 34.4% (1.1 million) of all adults who reported current use of tobacco. This shows that despite a lower rate, tobacco use is a significant burden within the Hispanic or Latino population.

Figure 3. Number of adults ≥18 years who reported current tobacco use—California Health Interview Survey, 2020-21



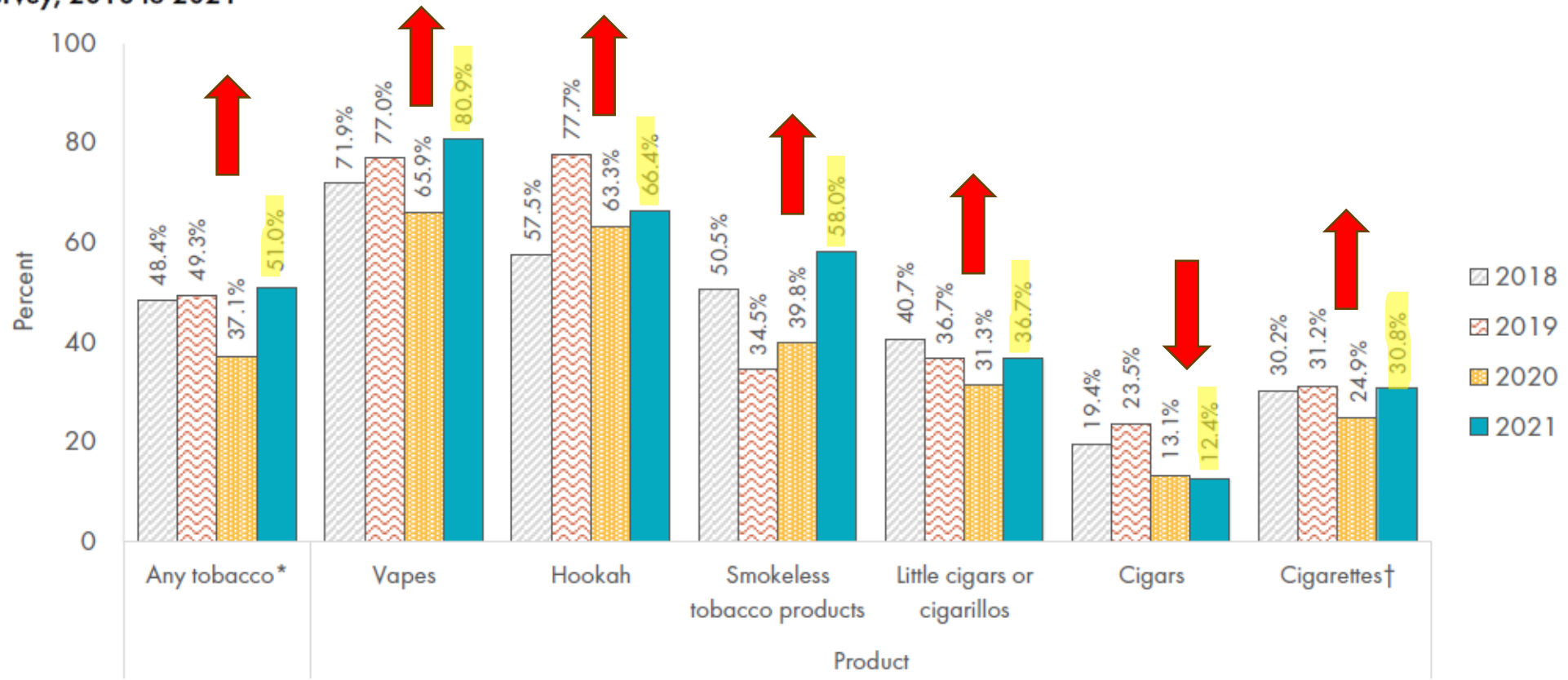
Tobacco use includes cigarettes, cigars, hookah, little cigars or cigarillos, smokeless tobacco products, or vapes. Racial groups include only non-Hispanic or Latino of a single race unless otherwise noted. Hispanic or Latino includes all racial groups. See Additional Notes section for more information.

Source: California Health Interview Survey. CHIS 2020 and CHIS 2021 Adult Files. Los Angeles, CA: UCLA Center for Health Policy Research; October 2022.

FLAVORED TOBACCO PRODUCTS

Among adults who reported current tobacco use, 51.0% used flavored tobacco products (Figure 10). Most people who vaped (80.9%) or used hookah (66.4%) used flavored varieties.

Figure 10. Flavored tobacco use among adults aged ≥18 years who currently use tobacco, by product—California Health Interview Survey, 2018 to 2021



Tobacco use includes cigarettes, cigars, hookah, little cigars or cigarillos, smokeless tobacco products, or vapes. Flavored cigarette use refers to menthol cigarette use. See Additional Notes section for more information.

* CTCP recommends that readers not compare the 2018-2020 flavored tobacco use rates with the 2021 flavored tobacco use rates due to changes to the menthol cigarette use definition. Menthol cigarette use rates changed from usual use to any use. Data is show together only for informational purposes.

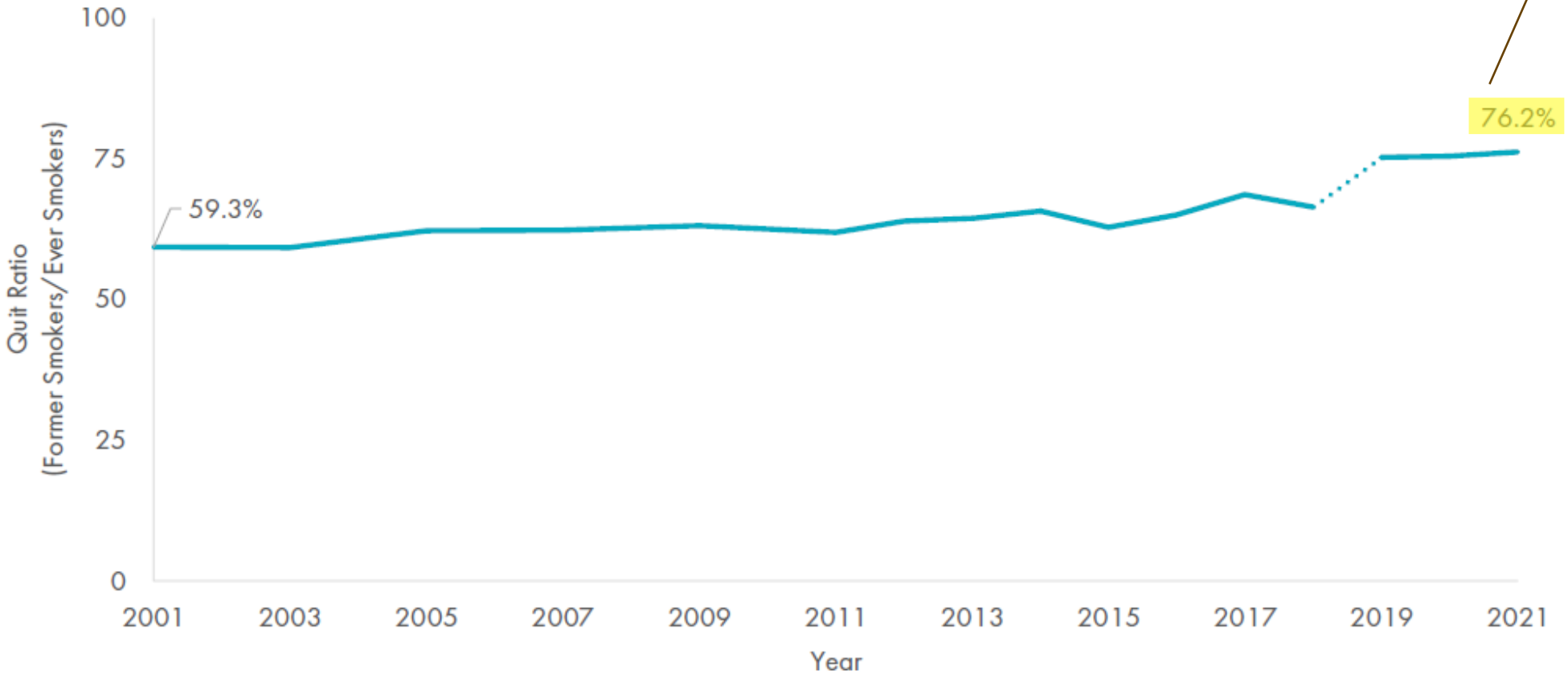
† CTCP recommends that readers not compare the 2018-2020 menthol cigarette use rates with the 2021 menthol cigarette use rates due to changes to the menthol cigarette use definition. Menthol cigarette use rates changed from usual use to any use. Data is show together only for informational purposes.

Source: California Health Interview Survey. CHIS 2018 to CHIS 2021 Adult Files. Los Angeles, CA: UCLA Center for Health Policy Research; October 2022.

TOBACCO CESSATION AND HEALTH

California tracks successful cigarette cessation by calculating the percentage of ever (lifetime use) cigarette California adult smokers who have successfully quit smoking. This measure is called a quit ratio. The quit ratio among California adults have slowly increased over the past decade (Figure 12). In 2021, the quit ratio was at 76.2%.

Figure 12. Percentage of ever cigarette adult smokers aged ≥18 years who have quit smoking (quit ratio)—California Health Interview Survey, 2001 to 2021



The dotted line indicates a break in trend due to a methodology change. Prior to 2019, the survey was administered via computer-assisted telephone interview. Since 2019, the survey was administered via computer-assisted web interview and computer-assisted telephone interview. This methodology change significantly impacted cigarette smoking rates. See Additional Notes section for more information.

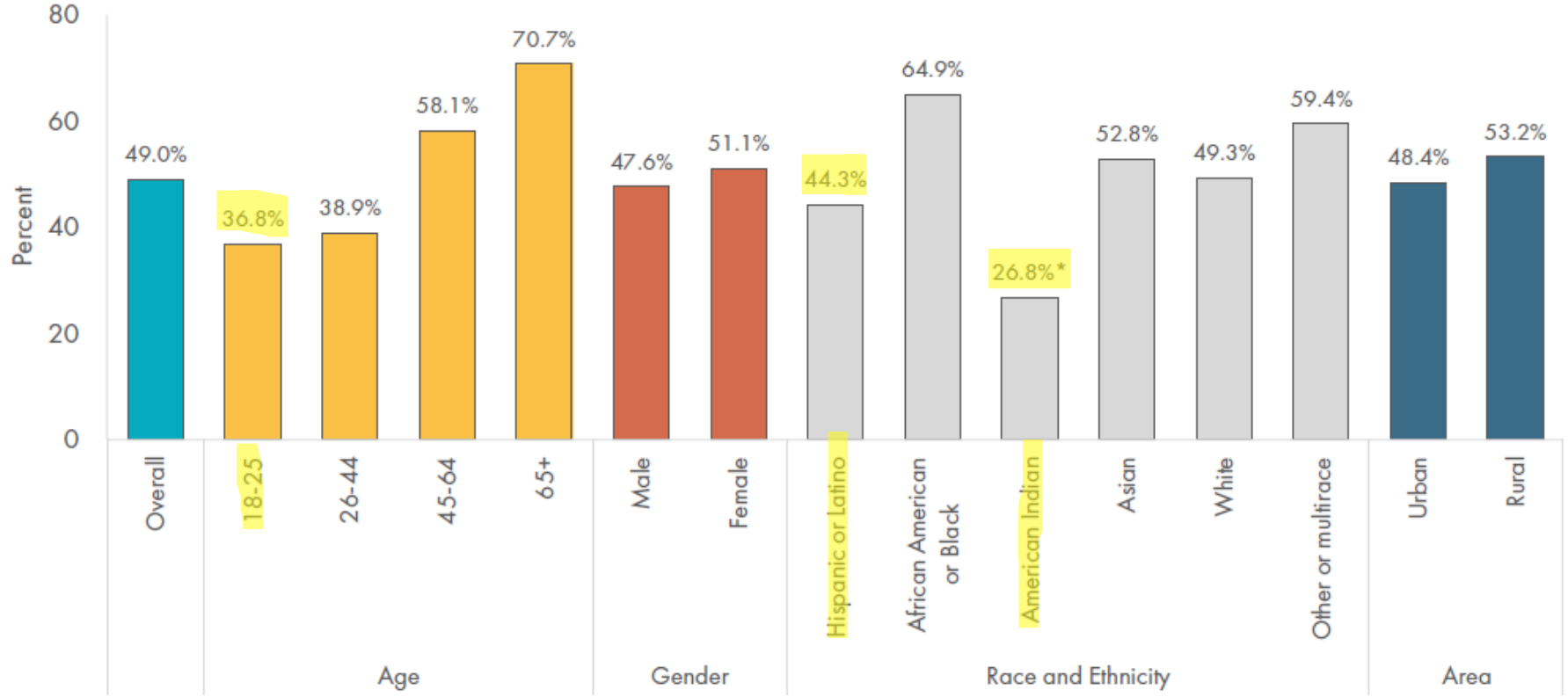
Source: UCLA Center for Health Policy Research. AskCHIS 2001-2021. Smoking status – current, former, never. Accessed February 9, 2023. https://ask.chis.ucla.edu/

A Promise of Success!

RACIAL DISPARITIES IN TREATMENT ADVISEMENT TO QUIT

Racial disparities were observed when it comes to health care professionals advising their patients to quit smoking cigarettes (Figure 15). Among adults who reported current cigarette use, only 44.3% of Hispanic or Latino were advised to quit smoking cigarettes compared to 49.3% of White adults.

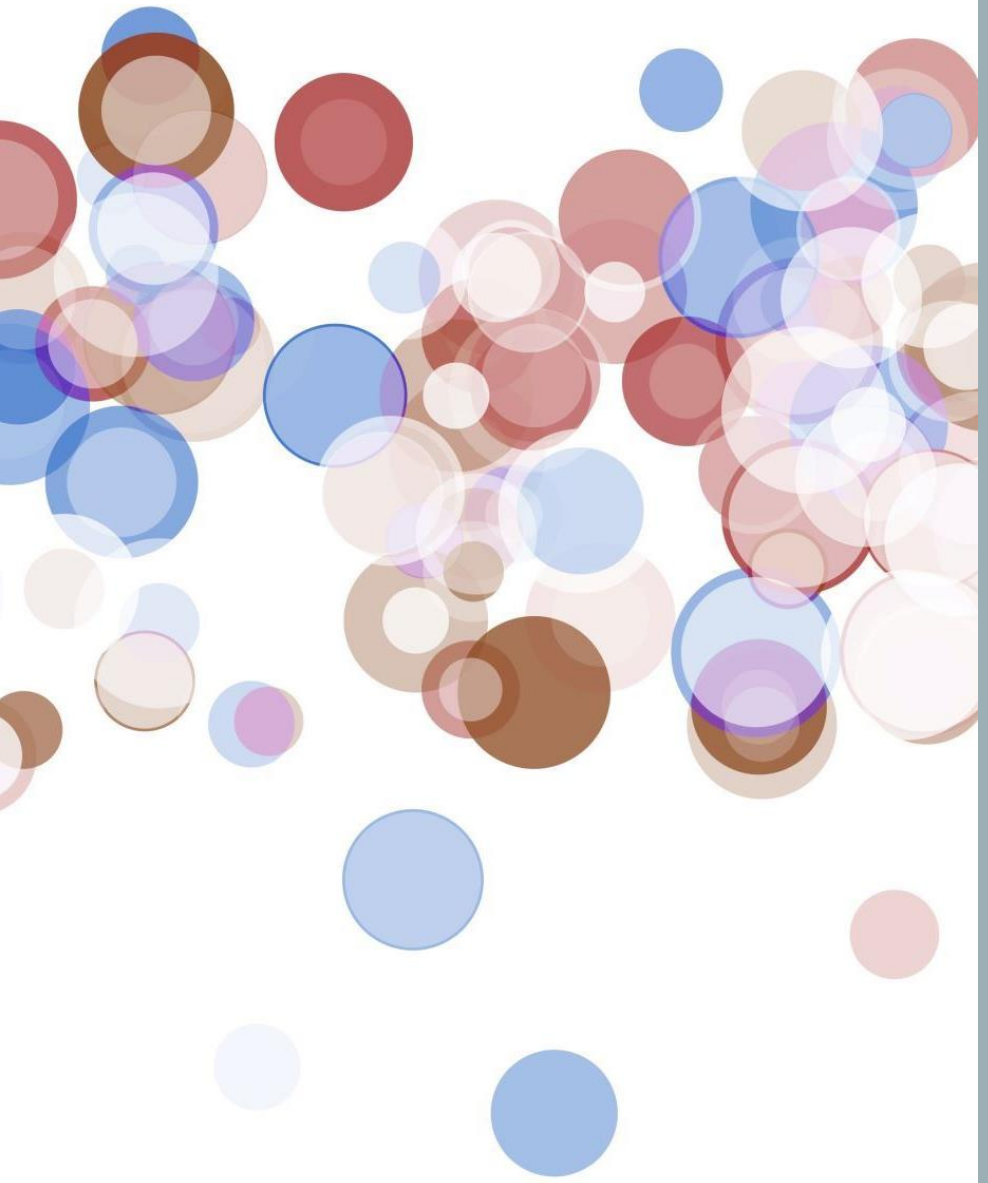
Figure 15. Advised to quit smoking cigarettes among adults aged ≥18 years who currently smoke cigarettes, by age, gender, race and ethnicity, and area—California Health Interview Survey, 2021



See Additional Notes section for more information.

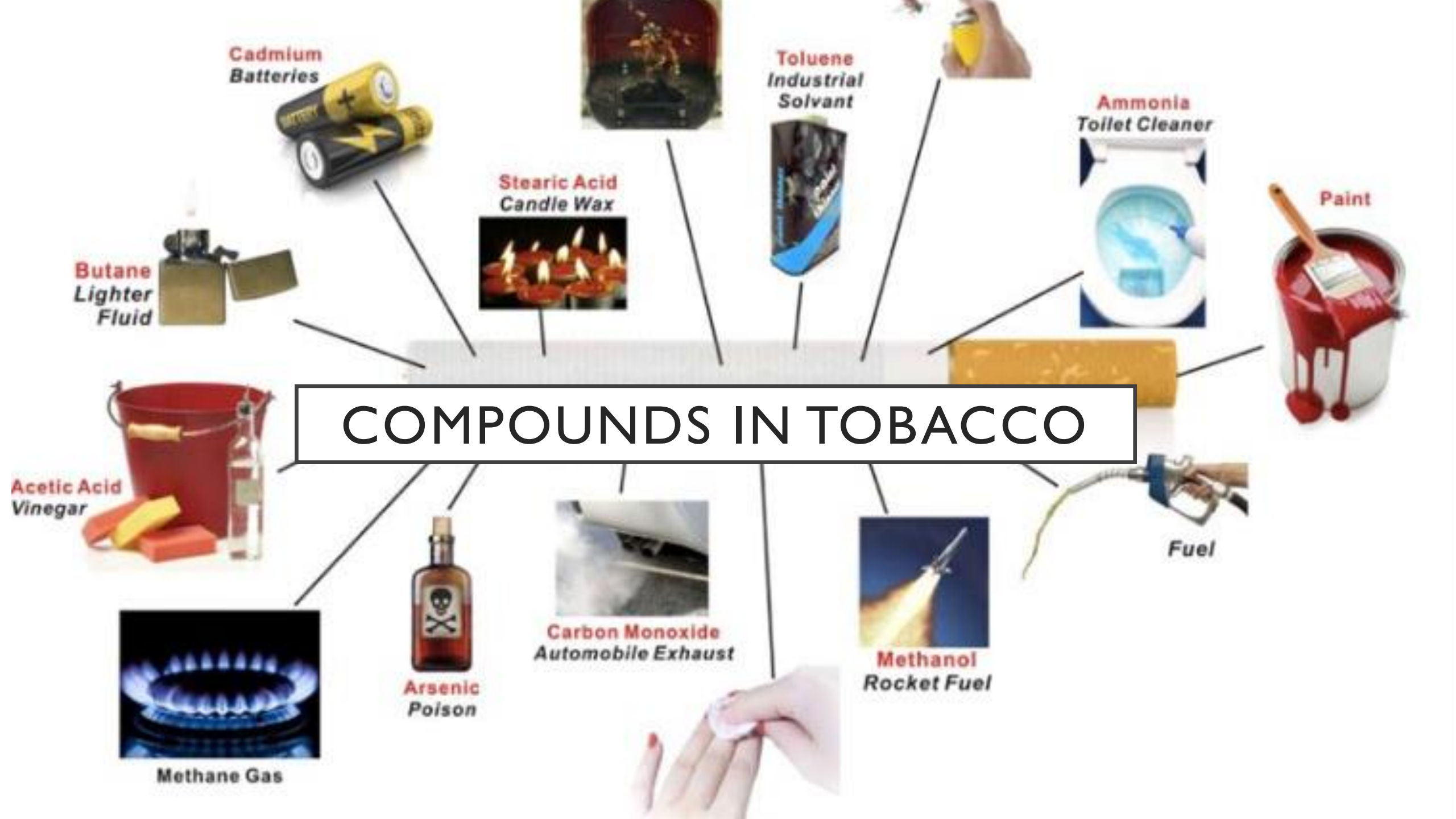
* Caution should be used as estimate is statistically unreliable.

Source: UCLA Center for Health Policy Research. AskCHIS 2021. Health professional gave advice to quit smoking. Accessed January 13, 2023. https://ask.chis.ucla.edu/



WATERFALL ACTIVITY: TRY TO LIST 3 COMPOUNDS EXISTENT IN TOBACCO

COMPOUNDS IN TOBACCO



CHEMICAL COMPOUNDS IN CIGARETTE SMOKE

THIS GRAPHIC OFFERS A SUMMARY OF A SELECTION OF HAZARDOUS COMPOUNDS IN CIGARETTE SMOKE & THEIR EFFECTS

ESTIMATED NUMBER OF CHEMICAL COMPOUNDS IN CIGARETTE SMOKE

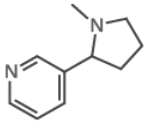
7,357

70

NUMBER OF THESE COMPOUNDS WITH CONFIRMED CARCINOGENIC ACTIVITY

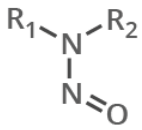
The compounds shown below are all found in cigarette smoke. The mass figures, given in µg, take into account both mainstream (inhaled) and sidestream smoke. 1 µg is equal to 1 millionth of a gram. Amounts of these compounds vary in different brands of cigarettes - these figures are approximate.

NICOTINE



- Approx. 919µg per cigarette
- Addictive
- Increases heart rate
- Increases blood pressure
- Increases blood glucose
- Lethal dose: around 500-1000mg

N-NITROSAMINES

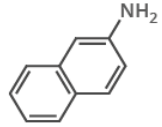


- Large class of compounds
- Several are tobacco-specific
- **Known human carcinogens**
- Most carcinogenic: NNK & NNN
- NNK: approx. 0.3µg per cigarette
- NNN: approx. 2-50µg per cigarette
- May cause reproductive damage

BENZENE

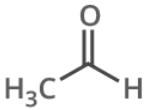
- Approx. 46-272µg per cigarette
- **Known human carcinogen**
- Damages bone marrow
- Lowers red blood cell count
- May harm reproductive organs

AROMATIC AMINES



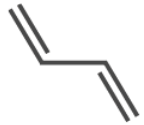
- Large class of compounds
- Includes 2-aminonaphthalene:
  - **Known human carcinogen**
  - Linked with bladder cancer
  - Approx. 0.04µg per cigarette

ACETALDEHYDE



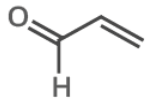
- Approx. 680-1571µg per cigarette
- **Known animal carcinogen**
- **Probable human carcinogen**
- Irritant to skin & eyes
- Irritant to respiratory tract

1,3-BUTADIENE



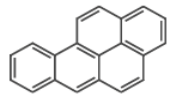
- Approx. 36-191µg per cigarette
- **Known human carcinogen**
- **Suspected human teratogen**
- Irritant to eyes & skin
- Irritant to upper respiratory tract

ACROLEIN



- Approx. 69-306µg per cigarette
- **Possible human carcinogen**
- **Known DNA mutagen**
- Irritant to skin & nasal passages
- May contribute to heart disease

POLYAROMATICS



- Large class of compounds
- Includes benzo[a]pyrene:
  - **Known human carcinogen**
  - **Known DNA mutagen**
  - Affects reproductive capacity
  - Up to 0.14µg per cigarette

DISEASES AND DEATH

Smoking leads to disease and disability. It harms nearly every organ of the body.

More than 16 million are living with a disease caused by smoking.

For every person who dies from smoking, at least 30 people live with a serious smoking-related illness.

Smoking causes cancer, heart disease, stroke, lung diseases, diabetes, and chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis.

Smoking increases risk for tuberculosis, certain eye diseases, and problems of the immune system, including rheumatoid arthritis.

Smoking is a known cause of erectile dysfunction in males.

Smoking is the leading cause of preventable death.

Worldwide, tobacco use causes more than 7 million deaths per year. If the pattern of smoking all over the globe doesn't change, more than 8 million people a year will die from diseases related to tobacco use by 2030.

Cigarette smoking is responsible for more than 480,000 deaths per year in the U.S., including more than 41,000 deaths from secondhand smoke exposure. This is ~ 1 in 5 deaths annually or 1,300 deaths every day.

On average, smokers die 10 years earlier than nonsmokers.

If smoking continues at the current rate among U.S. youth, 5.6 million younger than 18 are expected to die prematurely from a smoking-related illness. This is about 1 in every 13 aged 17 years or younger who are alive today.

(CDC, 2023)

PHYSICAL HEALTH IMPACTS

DANGER OF SMOKING

- LUNG CANCER
- BRAIN DAMAGE
- HEART DISEASES
- EYES DISEASES
- TEETH DISEASES
- WEAK BONES

- CIGARETTES
- E-CIGARETTES
- NATURAL TOBACCO
- EXOTIC SMOKING

SECOND AND THIRDHAND SMOKE: HIDDEN DANGERS

FIRSTHAND SMOKE
Harmful fumes inhaled by the smoker.

SECONDHAND SMOKE
A toxic cloud released from burning cigarettes, cigars, pipes or vaping devices.

THIRDHAND SMOKE
Poisonous residue that sticks to surfaces and objects after the smoke clears.

SECONDHAND DANGER ZONES

VEHICLES
Smoking circulates dangerous toxins. Cracking a window doesn't protect passengers.

WORKPLACES
Indoor smoking harms employee and customer health.

HOME
Pets and family are at risk. Opening a window isn't enough.

THIRDHAND EXPOSURES

MOUTH
Residue is swallowed when children put contaminated objects in their mouths.
TOYS | FURNITURE | DISHES

LUNGS
Residue attaches to dust and contaminates the air.

SKIN
Toxins are absorbed when skin touches contaminated surfaces.
CLOTHES | CARPET | UPHOLSTERY

HEALTH DANGERS

Second and thirdhand smoke pack a dangerous punch. Here are the risks:

ADULTS	CHILDREN	PREGNANCY/ INFANCY
Heart Disease	Asthma	Reduced Fertility
Lung Cancer	Bronchitis	Sudden Infant Death Syndrome (SIDS)
Stroke	Ear Infections	
	Lung Damage	
	Respiratory Infections	

BENEFITS OF TREATMENT

- Easier to Breath
- Fewer infections
- Able to exercise more
- Less chronic illness
- Fewer doctor visits
- Smell better
- Better relationships
- Less isolation
- More time in the day
- Improved self esteem

Feeling Accomplished!!

- Increased Job opportunities
- Expanded Housing opportunities
- Saved money – up to $300/month
- Reduced addictive behaviors than can trigger relapse to alcohol/drugs
- Improved mood
- Potential for less medication use

ATTEMPTING TO QUIT

70% of smokers want to quit

1/3 try every year

On average it takes 10 attempts to be successful

Only 3-5% of smokers achieve long-term abstinence on their own

WHY IS IT SO ADDICTING?: REWARD CIRCUIT

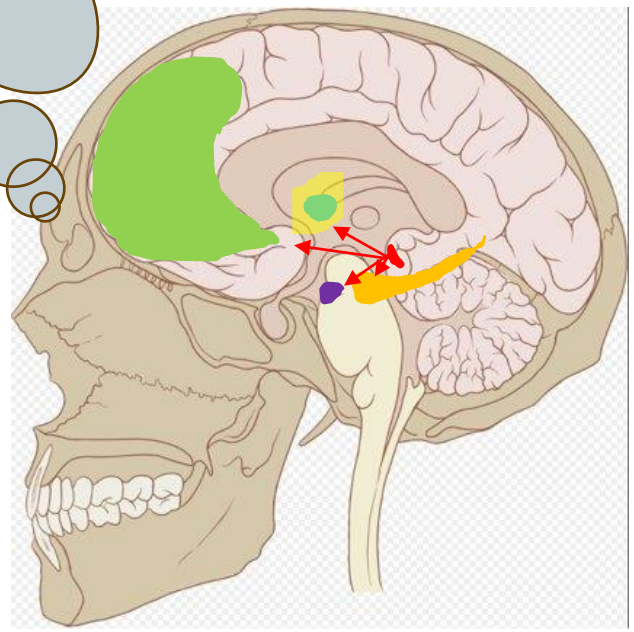
"That was good, let's do it again"

Pleasurable stimulus (food, sex, social interaction, drug)

Ventral Tegmental Area

Dopamine ↑ pleasure

Serotonin ↑ satiation



Frontal Cortex

- Attention, focus, planning

Nucleus Accumbens

- Motor response

Hippocampus

- Memory

Amygdala

- Emotional response

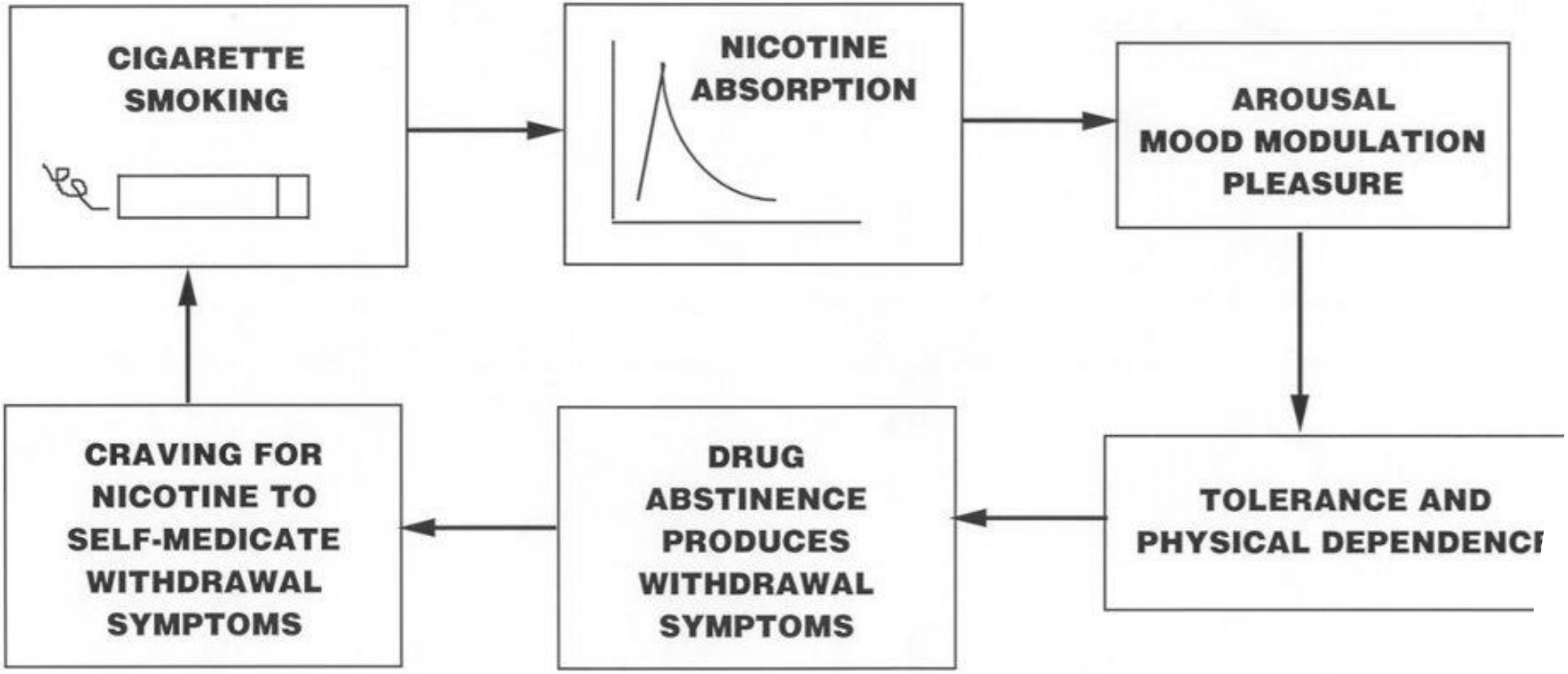
It takes 7 seconds for nicotine to reach the brain from the lungs, then heart. It triggers dopamine to release in the nucleus accumbens.

Tobacco is the third most addictive drug.

**The nucleus accumbens is considered the neural interface between motivation and action, playing a key role on feeding, sexual, reward, stress-related, and drug self-administration behaviors.

(Kumar et al. 2020)

NICOTINE ADDICTION CYCLE



DISPARITIES IN INDUSTRY OUTREACH

Billions of dollars are spent each year on marketing cigarettes.

KEEPING CUSTOMERS: THE REACH OF BIG TOBACCO

Smoking costs the U.S. hundreds of billions of dollars annually.

States do not spend much money from tobacco taxes and lawsuits to prevent smoking and help smokers quit.

Media Campaigns Target Specific Groups at Specific Times to Increase Sales

BIG TOBACCO TARGETS - INEQUITIES

- 10x more tobacco ads in Black neighborhoods
- The industry appropriates American Indian cultures in marketing using valued traditions to promote use
- The Hispanic American Chamber of Commerce was given $75,000 to mail 92,000 letters to urging businesses to protest tobacco tax increases
- The Asian American community was claimed to be a profitable target due to "being generally predisposed towards smoking"
- Children living in low-income housing projects were given free packs of cigarettes in the 50's
- In 1995, a targeted marketing plan called "Project SCUM" for the LGBTQ+ community
- Rural communities are one of Big Tobacco's best customers promoting the 'rural, rugged masculine' image

(A TOBACCO FREE CA Project, 2023)

Focus vs. Non Focus Communities

(Wright, 2009)

- **Focus Communities: Inner-city, Colored and Poor**
  - Less expensive, more desirable promotions
    - Buy 1, Get X Free
    - Summer/ Holidays
- **Non-focus Communities: Upscale, suburban, rural and white**
  - More expensive, less desirable promotions
    - Buy 2, Get X Free
    - Buy 3, Get X Free
- **Menthol Cigarettes Cheaper**
  - Non-focus- 50 cents off/ pack ($5.00 off/ ctn)
  - Focus- $1.00-$1.50 off/ pack ($10.00-15.00 off/ ctn)


"Us Tareyton smokers would rather fight than switch!"
"Wouldn't have it any other wa
It's got to be KOOL."
MAKING MENTHOLS BLACK...
Black Lungs, Black Lives:
https://www.youtube.com/watch?v=Eeg5BNx--uQ
MENTHOL I
KOOL
no doubt about it.
KOOL
FILTER KINGS
Newport
PLEASURE TO BURN

DISPARITIES IN SUD/MH POPULATIONS

FACTS

- People with severe mental health needs die 10-25 years sooner
- Half of people in substance use recovery die of tobacco-related diseases
- Studies show less than half of people in MH or SUD treatment are offered tobacco treatment services or support

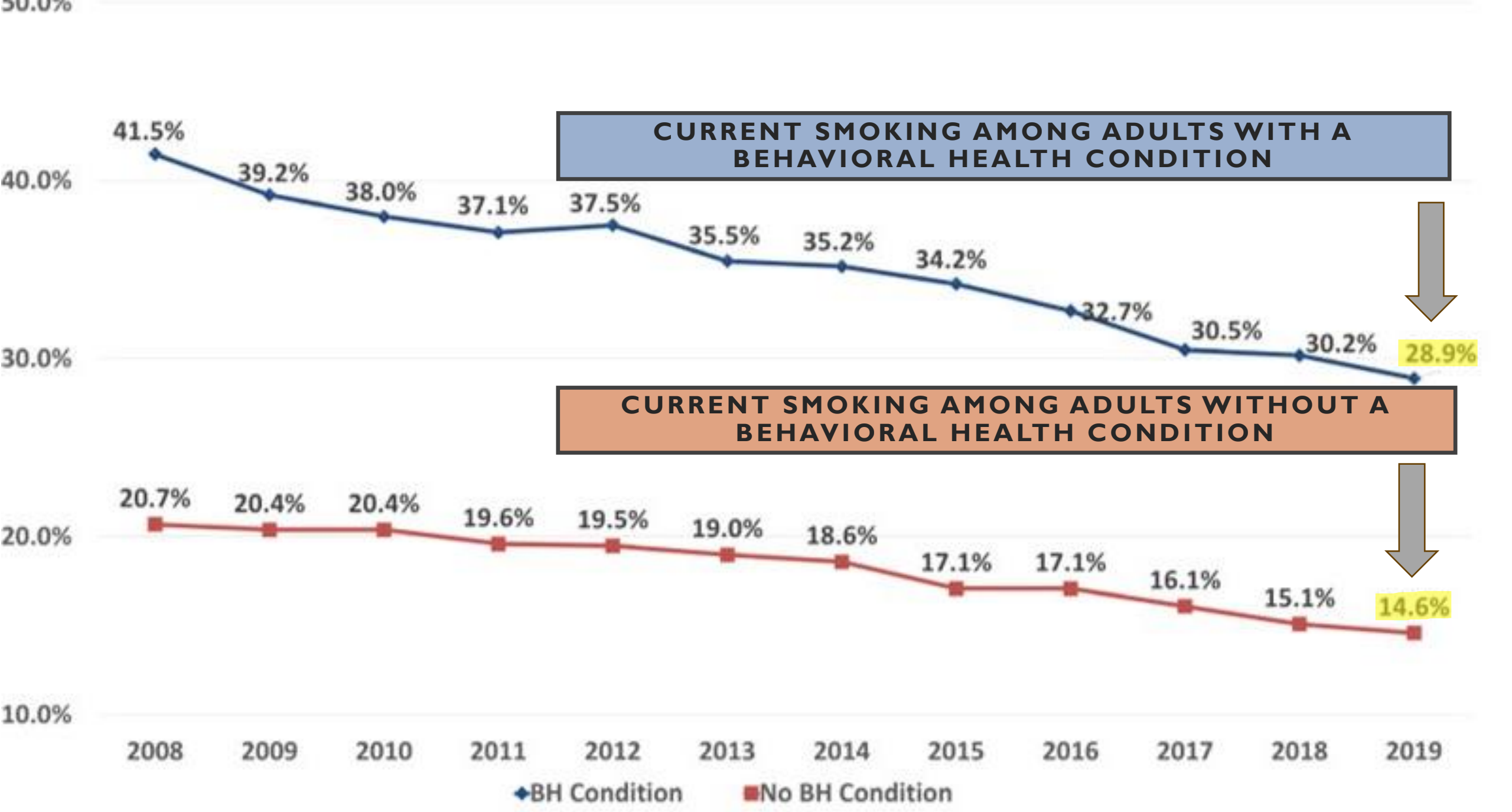
National BH Smoking Rate Breakdowns

Population	Smoking Rate
Alcohol Use	56.1% (past mo.); 43.5% (lifetime)[1]
Drug Addictions*	67.9% (past mo.); 49% (lifetime)[1]
Individuals receiving substance abuse treatment	77%[4]
Opioid-dependent individuals	92%[5]
Schizophrenia	70-85%[2]
Anxiety	54.6% (past mo.); 46% (lifetime)[1]
PTSD	44.6% (past mo.); 45.3% (lifetime)[1]
ADHD	41-42% (adults)[1]; 19-46% (adolescents)[3]
Bipolar Disorder	60-70%[5]

[1]Lasser et al. JAMA 2000; 284(20): 2606-2610.
[2]Ziedonis et al., Nic and Tob Res 2008;10(12):1691-1715.
[3]McLernon et al., Ann NY Acad Sci 2008;1141: 131-147.
[4]Kelly et al: Drug and Alcohol Review. 2012,31,638-644
[5]Brooner et al. Arch Gen Psychiatry. 1997;54:71-80.
[1]Thomson D, Berk M, Dodd S, et al. Tobacco Use in Bipolar Disorder. *Clin Psychopharmacol Neurosci* 2015;13(1):1-11

*Includes all substance use disorders outlined in DSM-III-R

(CDC, 2023; Smoking Cessation Leadership Center, 2021)



(National Survey on Drug Use and Health [NSDUH], 2019)

FREE CIGARETTE GIVEAWAYS FOR PSYCHIATRIC PATIENTS

RJR

Interoffice Memorandum

Subject: Gratis Request
Operation Santa Claus

Date: November 16, 1984

To: Peter Allan

From: Miriam G. Adams

OK PDA 11-20

Attached is a request for cigarettes for Operation Santa Claus. This is an event we have made donation to over the years, and last year we donated 60 cartons.

This is for a worthwhile cause but would have to be charged to CPR as RJRT does not have sufficient budget.

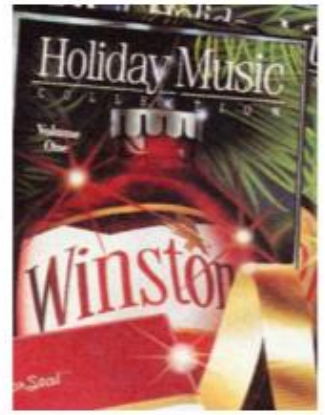
Your comments would be appreciated.

Operation Santa Claus
60 cartons of cigarettes
to the Forsyth County Residents of
John Umstead & Murdoch Center

Corporate Public Relations

MGA:bkm

Attachment



(Adapted from Prochaska, 2021)

SMOKING AS SELF-MEDICATION???

TRUTH TOBACCO INDUSTRY DOCUMENTS

- 28 proposals to TI relating to schizophrenia
  - 7 funded
    - All on self-medicating effects
  - 21 unfunded
    - Study of the high smoking prevalence
    - Health harms (e.g., cancers, medication interactions)
    - Nicotine withdrawal effects

Prochaska et al. (2008) Schizophrenia Bulletin

(Adapted from Prochaska. 2021)

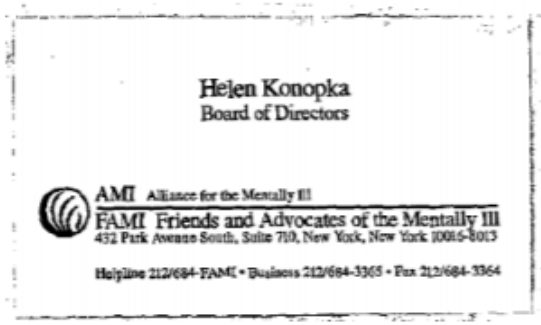
HOSPITAL SMOKING BAN EXEMPTION for MENTAL HEALTH

THE WALL STREET JOURNAL TUESDAY, OCTOBER 11, 1994

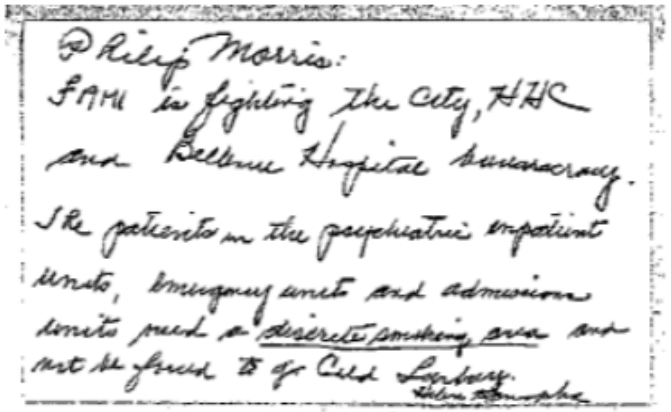
Mental Patients Fight to Smoke When They Are in the Hospital

"It's one of the very very few pleasures that schizophrenics and people with major depression have," says Helen Konopka, a 71-year-old retired New York teacher who organized a tidal wave of letters and petitions to the Joint Commission. She says

Ms. Konopka's crusade is backed by the National Alliance for the Mentally Ill, an influential advocacy group of patients and their families. The group says it hasn't had any contact with the tobacco industry.


Helen Konopka
Board of Directors

AMI Alliance for the Mentally Ill
FAMI Friends and Advocates of the Mentally Ill
432 Park Avenue South, Suite 710, New York, New York 10016-8013
Helpline 212/684-FAMI • Business 212/684-3305 • Fax 212/684-3364


Dear Rick Morris:
FAMI is fighting the City, HHC and Bellevue Hospital bureaucracy.
The patients on the psychiatric inpatient units, emergency units and admission units need a discrete smoking area and not be forced to go Cold Turkey.
Helen Konopka

The New York Times

SUNDAY, FEBRUARY 19, 1995

JCAHO ultimately "yielded to massive pressure from mental patients and their families, relaxing a policy that called on hospitals to ban smoking."

(Adapted from Prochaska. 2021)

MISCONCEPTIONS VS REALITY

Smoking helps people manage stress

Smoking helps manage mental health symptoms

Quitting Smoking will jeopardize sobriety or treatment outcomes

Smoking is a low priority problem

- **People are as motivated to quit as people who smoke without a mental illness.**
- **People are able to quit, especially when offered proven treatments.**
- **Quitting improves psychological well-being and sobriety**

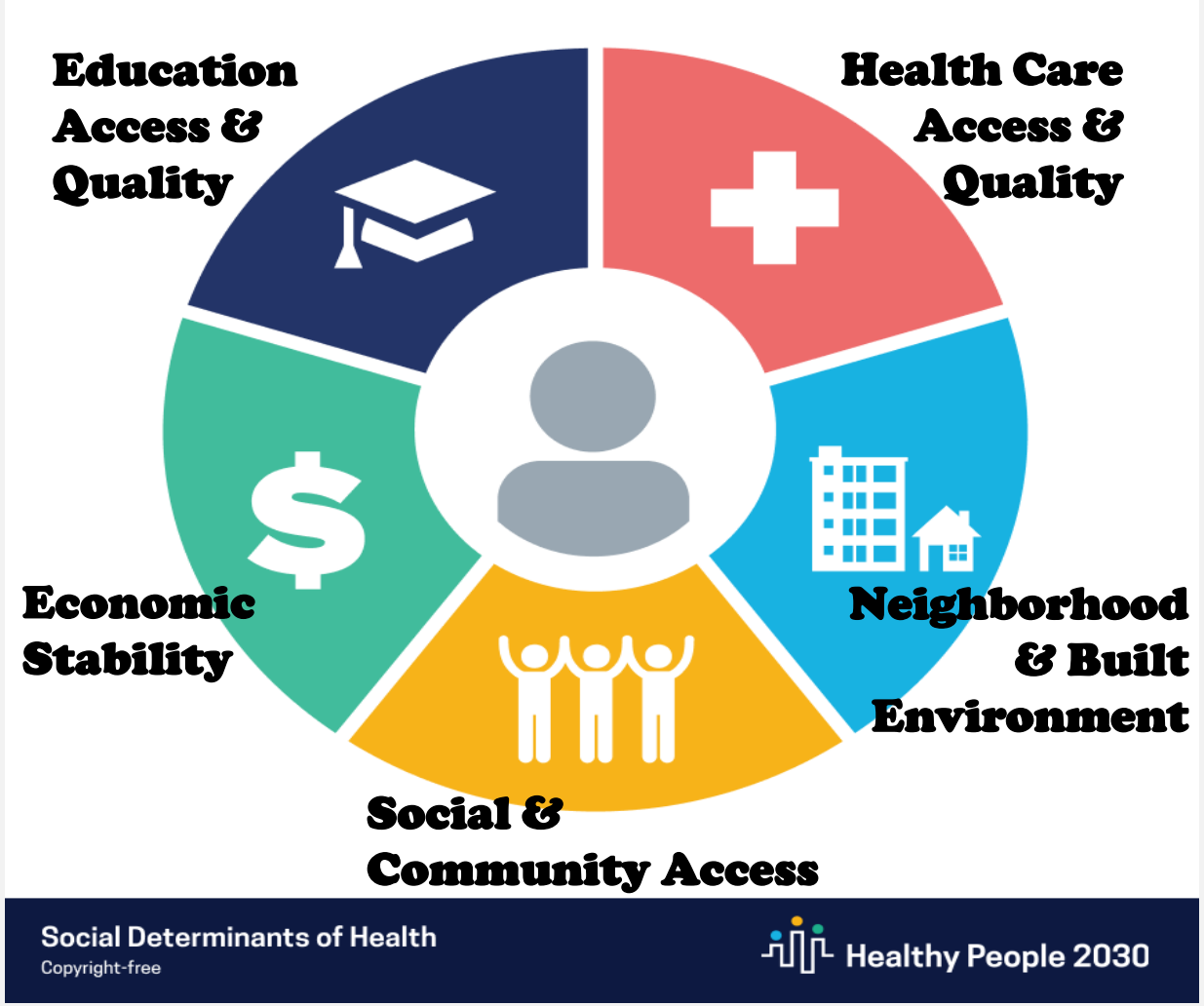
(Pagano et al., 2016)

SOCIAL DETERMINANTS OF HEALTH (SDOH)

SDOH: Major impact on health, well-being, and quality of life.

Examples:

- **Safe housing, transportation, and neighborhoods**
- **Racism, discrimination, and violence**
- **Education, job opportunities, and income**
- **Access to nutritious foods and physical activity opportunities**
- **Polluted air and water**
- **Language and literacy skills**



(Office of Disease Prevention and Health Promotion, n.d.)

HEALTH LITERACY

Personal health literacy: degree to which individuals can find, understand, and use information and services to make health-related decisions and take actions for themselves and others.

Organizational health literacy: degree to which organizations equitably enable individuals to find, understand, and use information and services to make health-related decisions and take actions for themselves and others.

(CDC, 2022)

HEALTH LITERACY & EQUITY

Emphasize people's ability to *use* health information rather than just understand it

Focus on the ability to make "well-informed" decisions rather than "appropriate" ones

Acknowledge that organizations have a responsibility to address health literacy

Incorporate a public health perspective

Health equity: attainment of highest level of health for all people. Achieving health equity will be when All have an opportunity to be as healthy as possible.

(CDC 2022)

HEALTH LITERACY: APPROPRIATE AND INCLUSIVE COMMUNICATION & MATERIALS

Health Equity Guiding Principles for Inclusive Communication

Adapt health communications to cultural, linguistic, environmental, and historical situation of intended audience

Key Principles

- Use **person-first language** instead of dehumanizing language.
  - Describe **people** as having a condition or circumstance, not being one. A case is an instance of disease, not a person.
  - Use patient to refer to someone receiving healthcare. **Humanize those you are referring to by using *people* or *persons*.**
- Remember there are many types of subpopulations.
  - Limit use of the term minority and define it when used. Be specific about the group you are referring to.
- Use non-violent sounding words when referring to people, groups, communities and public health activities

(CDC, 2022)

HEALTH LITERACY: APPROPRIATE AND INCLUSIVE COMMUNICATION & MATERIALS (CONTINUED)

- Consider context and audience to determine if language used could lead to negative assumptions, stereotyping, stigmatization, or blame.
- Do not assume people are refusing or choosing not to participate in a behavior or access a service – access, acceptability, or other structural issues may play a role.
- Avoid unintentional blaming.

Materials should be...

- sensitive to and translated into client's language as needed
- at an appropriate reading level, for even the most basic reader

Even people who read and are comfortable using numbers face health literacy issues, when they:

- aren't familiar with medical terms or how their bodies work.
- need to interpret statistics and evaluate risks and benefits affecting health and safety.
- are diagnosed with a serious illness and are scared and confused.
- have health conditions that require complicated self-care.
- are voting on an impactful community health issue, while relying on unfamiliar technical information.

(CDC, 2022)

LANGUAGE MATTERS

WHAT TERMS DO YOU HEAR CURRENTLY AROUND TOBACCO USE AND TREATMENT THAT COULD BE MORE ALIGNED WITH PERSON-FIRST AND RECOVERY LANGUAGE?

Terms We Hear	Recovery Language
"Smoking Cessation" or "Sensation"	Tobacco treatment/ tobacco recovery Nicotine dependence treatment Medication Management
Quit Date	Recovery start date- start tobacco recovery journey
Smoking	Commercial tobacco use
Smoker	Person with tobacco use disorder Person with tobacco use challenges Person living in tobacco recovery
Mental Illness	Mental health challenges Mental wellness challenges
Substance Use Disorder/Tobacco Use Disorder	Substance dependence challenges Tobacco use challenges/commercial tobacco use challenges
Addict	

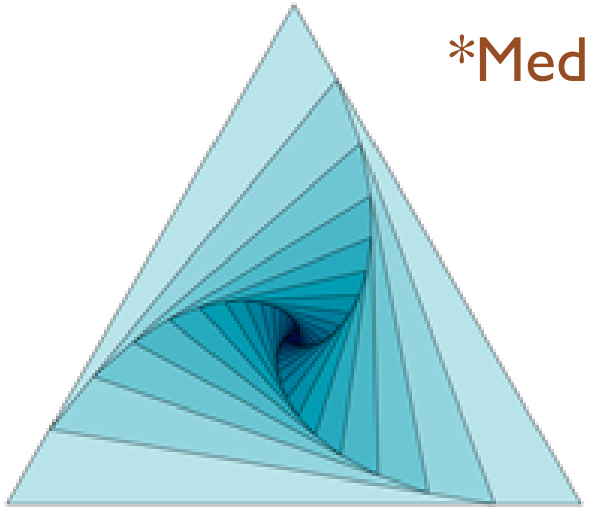
CORE COMPONENTS OF TOBACCO TREATMENT

Treatment Triangle

Medication-Assisted Pharmacotherapy

Physiological (Dependence)

*Medications



Counseling

Physical (Behaviors, Habits)

Support

Psychological (Moods, Feelings, Perceptions)

(True Alignment Counseling PLLC, 2021)

MEDICATION-ASSISTED PHARMACOTHERAPY

Strongly recommended as first line for smoking cessation

Exceptions:

- **Pregnant women**
- **Light/non-daily smoking**
- **Smokeless tobacco use**
- **Adolescents**

Official recommendation for other groups is counseling with careful consideration of pharmacotherapy

COMBINATION PHARMACOTHERAPY

Regimens with enough evidence to be 'recommended' first-line

- **Combination NRT**

  Long-acting formulation (patch)

  - Produces relatively constant levels of nicotine

  PLUS

  Short-acting formulation (gum, inhaler, nasal spray)

  - Allows for acute dose titration as needed for nicotine withdrawal symptoms

- **Bupropion SR + Nicotine Patch**

THE 5 A'S

ASK	ADVISE	ASSESS	ASSIST	ARRANGE
ASK about tobacco use: use simple questions with basic language that can be easily understood	**ADVISE** to change tobacco use while being sensitive to cultural differences and background of trauma	**ASSESS** willingness to make a change attempt while being person-centered and utilizing culturally-sensitive and trauma-informed approaches	**ASSIST** in attempt to cut down or quit with support and while acknowledging past successes	**ARRANGE** for follow-up considering their needs in doing so

Health Literacy, Disparities, & Evidence-Based Best Practices

TREAT TOBACCO DEPENDENCE *WHILE TREATING A CLIENT'S OTHER* BEHAVIORAL HEALTH ISSUES – *NOT AFTER*

CULTURAL SENSITIVITY IN TREATMENT

Be Attentive to the Individual

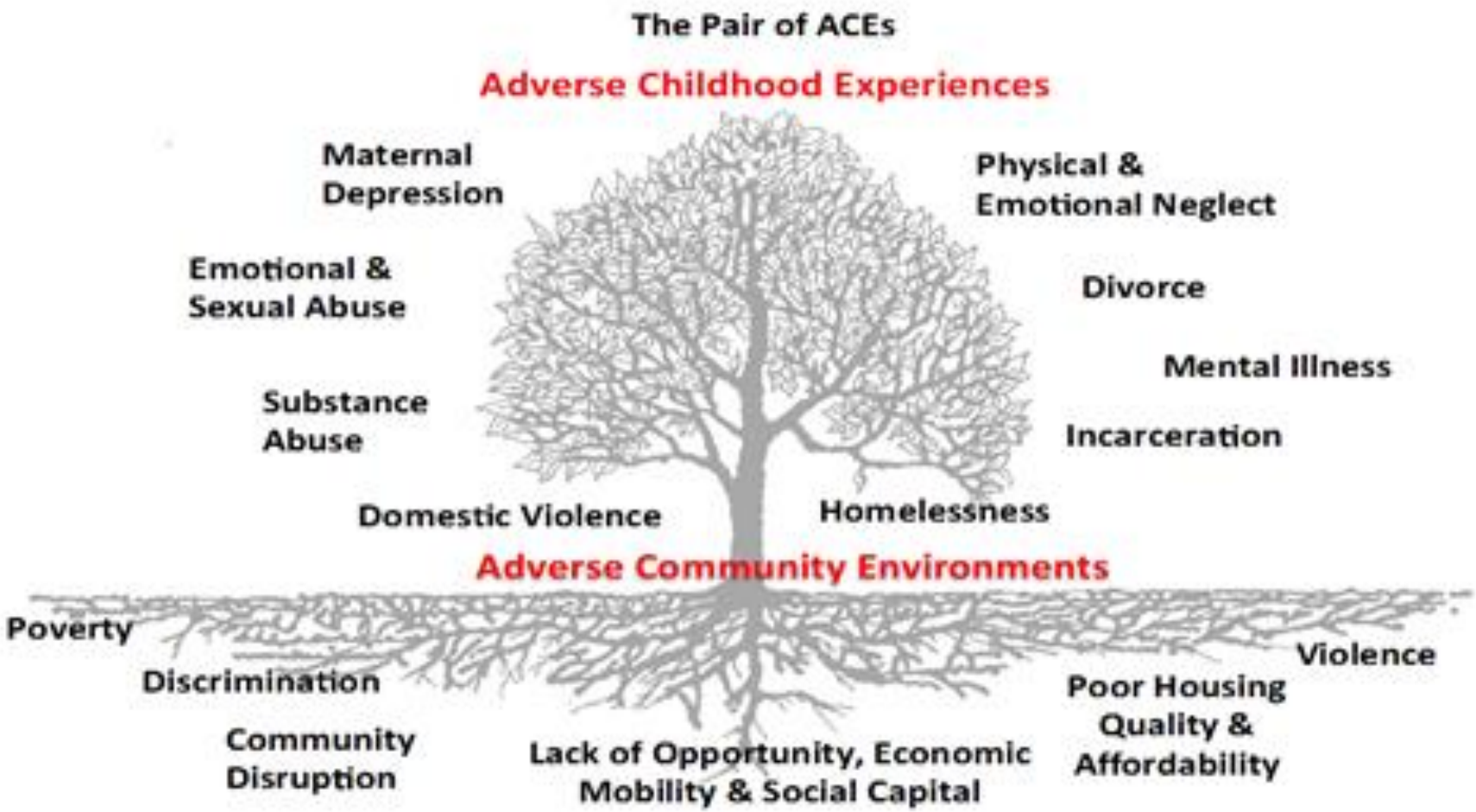
Cultural sensitivity allows a therapist to gain and maintain cultural competence.

Cultural competence - the ability to first recognize and understand one's own culture, how it influences the relationship with a client, and then understand and respond to a culture that is different from their own.

A need for an understanding may be based on characteristics such as age, beliefs, ethnicity, race, gender, religion, sexual orientation, or socioeconomic status.

ADVERSE CHILDHOOD EXPERIENCES (ACES)

- The "ACEs" Framework was introduced by Felitti et al.'s 1998 seminal study
- ACEs include a wide range of likely traumatic events that occur during youth
  - Abuse, neglect, witnessing violence, loss of a family member, growing up in a household with mental health and substance use challenges, instability due to loss of housing, parental separation, incarceration, etc
- ACEs are strongly associated with some of the most common and serious health conditions facing society.
- ACEs are highly prevalent and affect all communities.



Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. Academic Pediatrics. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

ACE STUDY: SUBSTANCE ABUSE

People with 4 or more childhood exposures (compared to none) were:

- **2.2 times more likely to smoke**
- 7.4 times more likely to report alcoholism
- 4.7 times more likely to use illicit drugs
- 10.3 times more likely to inject drugs

ACE STUDY: HEALTH AND DISEASE

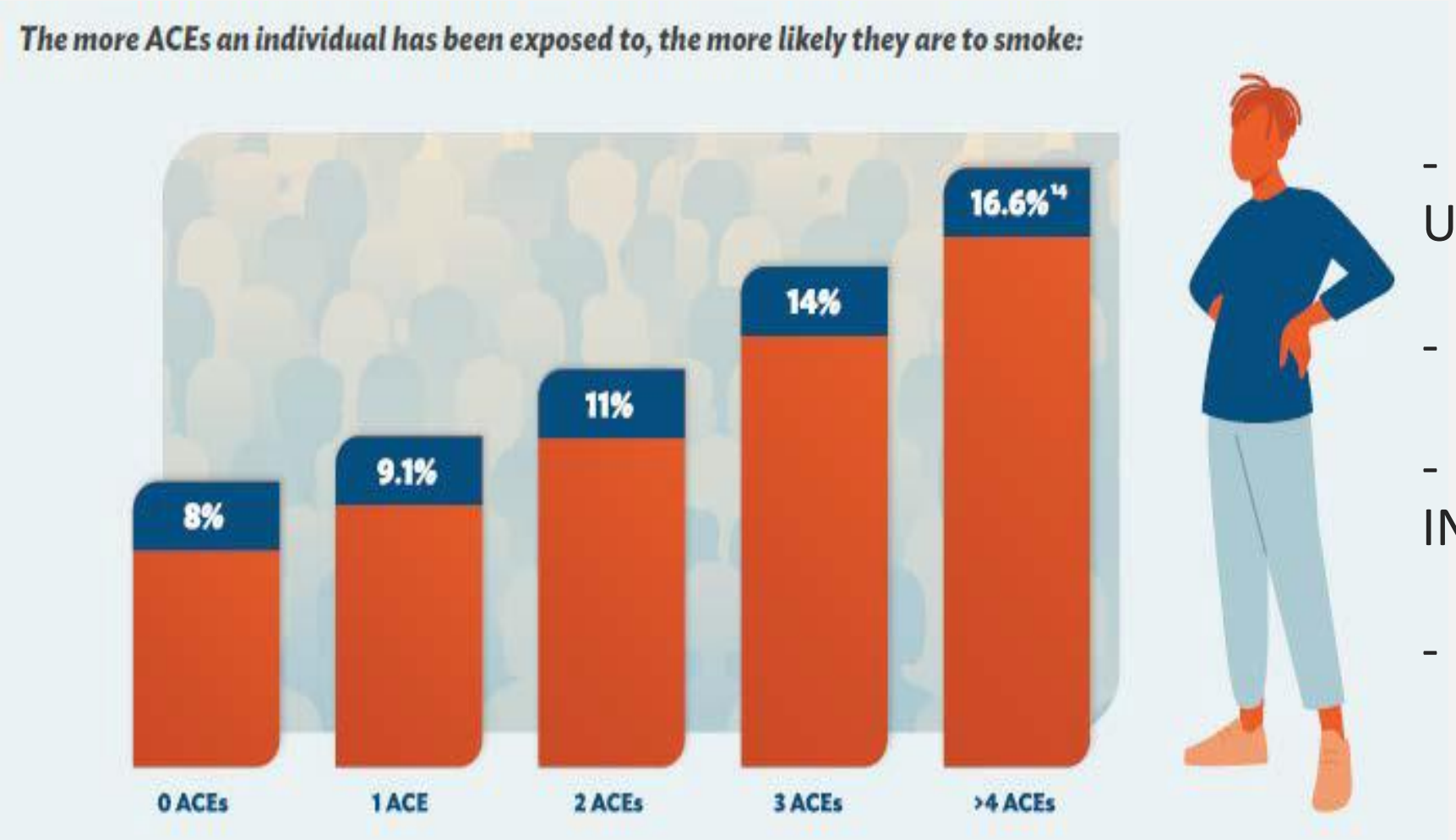
People with 4 or more childhood exposures (compared to none) were:

- **1.6** times more likely to be **severely obese**
- **2.2** times more likely to develop **heart disease**
- **1.9** times more likely to develop **cancer**
- **2.4** times more likely to suffer a **stroke**
- **3.9** times more likely to develop **chronic bronchitis or emphysema**
- **1.6** times more likely to develop **diabetes**

TRAUMA, TOBACCO, MH/SUD CHALLENGES

- Exposure to trauma elevates risk for mental health and substance use challenges throughout adolescence and adulthood (McLaughlin et al., 2020)
- 51% to 90% of public mental health clients report a history of trauma (Mueser et al., 2004)
- More than 70% of individuals in substance use treatment have a history of trauma exposure (Deykin & Buka, 1997)
- Use of substances such as tobacco products can often arise as a coping mechanism, a type of solution to the emotional, psychological and physical impact of trauma.

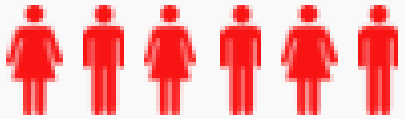
THE DOSE-RESPONSE RELATIONSHIP BETWEEN ACES AND TOBACCO USE



- INCREASED LIKELIHOOD OF USING TOBACCO
- EARLIER INITIATION
- LONGER DURATION OF USE INTO ADULTHOOD
- MORE PERSISTENT SMOKING

(ANDA ET AL., 1999; EDWARDS ET AL., 2007)

HIGHER ACE Score = Increased Smoking



6 of 100 people with 0 ACEs smoke

11 of 100 people with 3 ACEs smoke

17 of 100 people with 7 ACEs smoke

Source: Austin, E. The Effect of Adverse Experiences on the Health of Current Smoker. 2012.

SCREENING FOR TOBACCO DEPENDENCE

SAMPLE ALAMEDA COUNTY TOBACCO USE ASSESSMENT FORM (CONDENSED VERSION)

Helps providers identify individuals using tobacco products and refer them to counseling and medication. People with MI or SUD may need support through multiple quit attempts before being successful.

The client was advised that tobacco treatment interventions provided during SUD treatment are associated with an increased likelihood of long-term abstinence from alcohol and illicit drugs. ☐ Yes

ASSESSMENT

Has anyone in your home, or any other environment you spend a lot of time in, smoked cigarettes or vaped in the past two years?

- Yes
- No

Did you grow up around individuals who smoked or vaped?

- Yes
- No

Do you currently use tobacco products? *This includes cigarettes, cigarillos, chewing tobacco, and nicotine vaping devices.*

- Yes
- No: If no, stop the assessment

How soon after waking do you smoke or use tobacco? *Anything less than 30 minutes indicates high dependence on tobacco.*

- ≤ 5 minutes (high dependence)
- 6-30 minutes (moderate dependence)
- 31-60 minutes (low to moderate dependence)
- After 60 minutes (low dependence)

How many cigarettes are you currently smoking per day, if applicable?

- ≤ 10
- 11-20
- 21 to 30
- ≥ 31

TREATMENT

Have you tried to quit in the past? If so, which ways have you tried to quit?

- Cold turkey
- Counseling
- Nicotine replacement therapy (lozenge, patch, gum)
- Wellbutrin (bupropion)
- Chantix (varenicline)
- N/A

How ready are you to quit?

- Ready to quit
- Thinking about quitting within the next 30 days
- Not interested in quitting

Would you be interested in receiving any of the above medications? *Medication can increase your chances of quitting.*

- If yes, refer client to a medical provider
- Patient declined

Would you be interested in any of the following resources? *Counseling and support groups can increase your chances of quitting.*

- Nicotine Anonymous
- On-site Counselor
- Kick It California (*Hotline with coaches*) Kick It CA website | Text "Quit Smoking" to 66819 | Text "Quit Vaping" to 66819

FOLLOW-UP *(select all that apply)*

- Recommended for tobacco use treatment as part of SUD treatment plan
- Provided referral for medication assisted treatment
- Provided direct counseling about how tobacco use can affect long-term recovery from SUD
- Declined counseling
- Referred to Kick it California
- Other, please specify:

TOBACCO TREATMENT TRAINING PROGRAM
TOBACCO USE ASSESSMENT FORM

Tobacco Use Assessment Form

- Specifically targets tobacco use and dependence
- Available in Word format; customizable to your agency's needs
- Reflects Alameda County Behavioral Health Tobacco Policy

INTEGRATION OF TRAUMA-INFORMED & EQUITY-FOCUSED ASSESSMENTS

Incorporate ACEs-related questions into assessment to assess for potentially influencing traumatic experiences (dealt or undealt with)

Assessment should be conducted in a way that is sincerely client-focused and explore inconsistencies in self-reporting with genuine interest and concern

Questions should be general and constructed in a way that they are non-biased and without any assumptions

When conducting assessments be careful of tone and body language

Ensure to make proper referrals for support that is needed for the client following the assessment

TRAUMA-INFORMED APPROACH

A program, organization, or system that is trauma-informed is one that pre-emptively:

Realizes widespread impact of trauma and understands potential paths for recovery

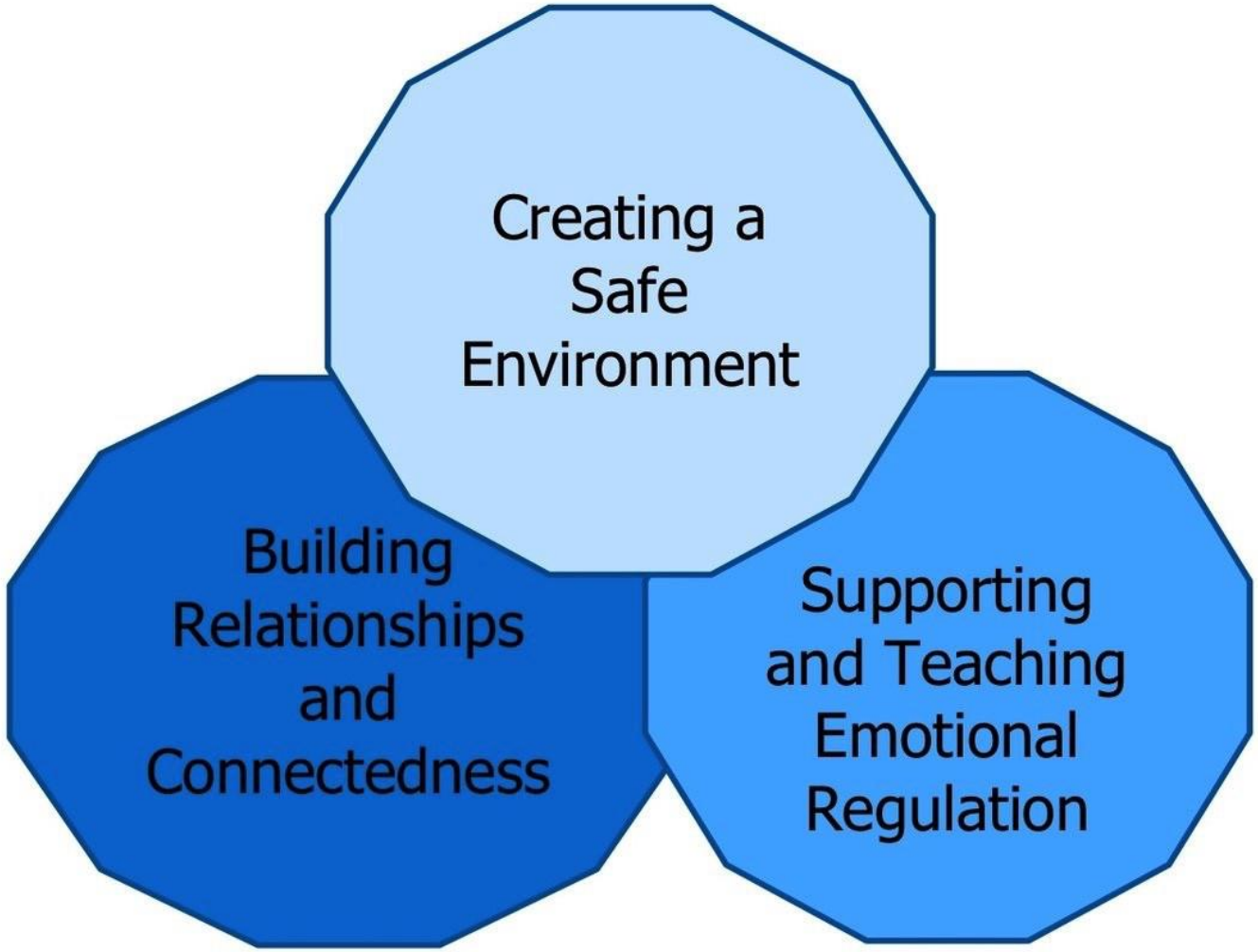
Recognizes signs and symptoms of trauma in clients, families, staff, and others involved with their system of care

Responds by fully integrating knowledge about trauma into policies, procedures, and practices

Seeks to actively resist *re-traumatization*

SAMHSA's 6 Principles of a Trauma-Informed Approach

Components of Trauma-Informed Care



- Substance Abuse for Mental Health Services Administration, 2014

01

Survivor's need to be respected, informed, connected, and hopeful regarding their own recovery.

02

Connect the interrelation between trauma and symptoms of trauma such as substance abuse, eating disorders, depression, and anxiety.

03

Need to work in a collaborative way with all involved, in a manner that empowers the client. Help them feel like the expert.

TRAUMA-SPECIFIC INTERVENTIONS

- ✓ Approach the context and situation, with attention to the individual person.
- ✓ Listen without judgment to their personal story.

ACTIVE LISTENING SKILLS & NONJUDGMENTAL COUNSELING

Break-out Practice Activity

Get ready to start your Tobacco Recovery Journey.

Set a recovery start date and stick to it – not even a single puff!
Think about past recovery attempts.
What worked and didn't?

Get support and encouragement.

Tell your family, friends, and coworkers.
Talk to your doctor or another provider.
Get group, individual, or telephone counseling.

Learn new skills and behaviors.

Change your routine up.
Reduce stress: Learn new skills.
Distract yourself from urges.
Plan something enjoyable to do each day.
Drink a lot of water and other fluids.

Get medication and use it correctly.

Talk with health provider about which medication will work best for you.

- **Be prepared for potential relapse triggers or relapse.**
- **Prep for difficult situations.**
- **Try not to stay around other people who have tobacco use challenges too long.**
- **If you are angry, upset, sad, or frustrated, don't engage in commercial tobacco use!**
- **Try other things to feel better, like take a walk.**
- **Eat a healthy diet and stay active.**
- **Avoid alcohol.**

CREATING A TOBACCO RECOVERY ACTION PLAN

GENTLE RECOVERY APPROACHES

Non-NRT Alternative options with evidence

Medication Preloading: Pills 6 weeks to 6 months before set quit date

Reduce to Recover: Pills + Setting goal to reduce total # cigs by 50%

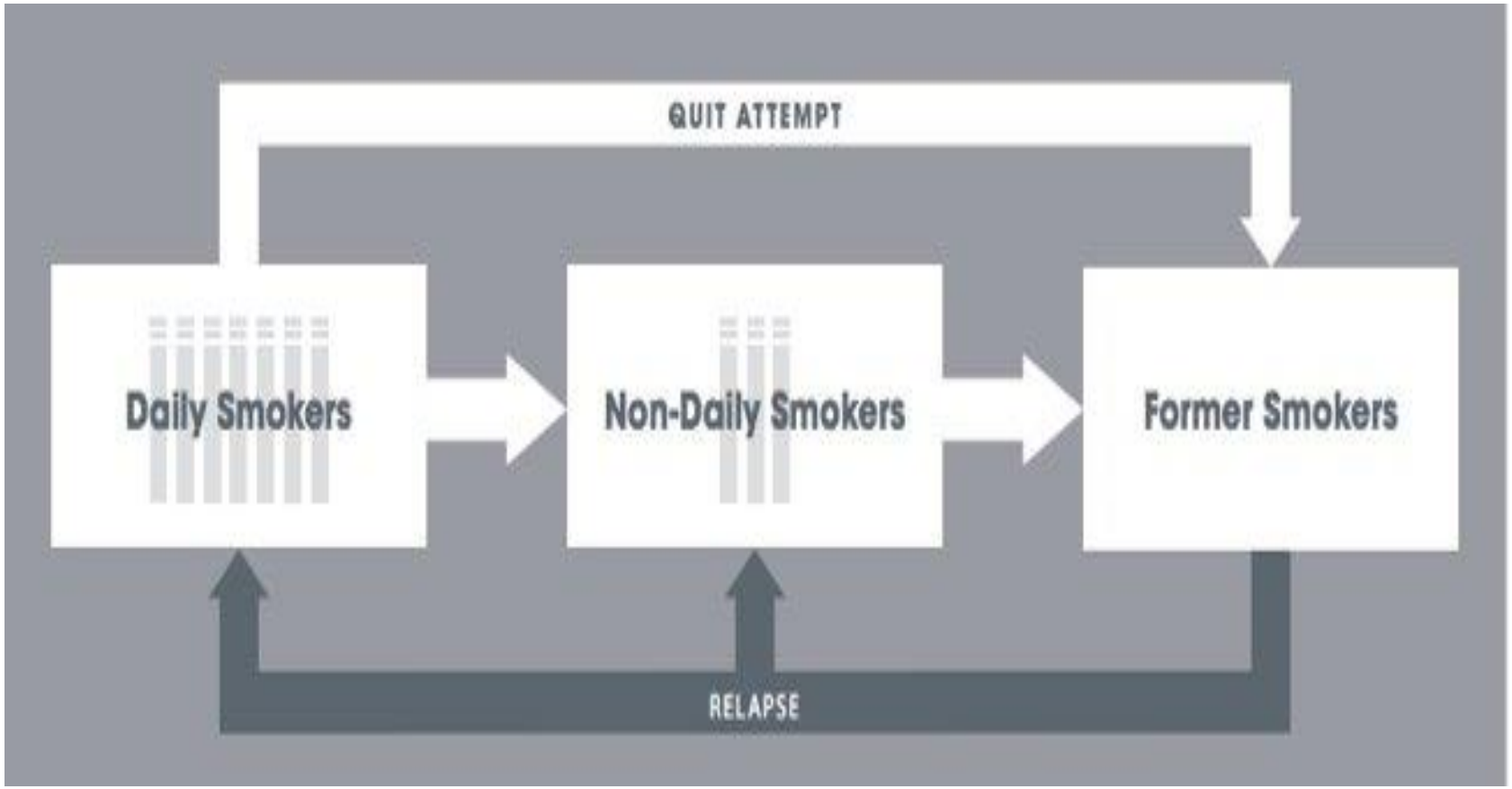
Continuing meds until no longer interested in cigs (12 weeks – 6+ months)

NRT: Intro to Nicotine Replacement Therapy

"Take a Recovery Day" or "Try Situational Recovery"

- No commercial tobacco use at work
- Stop for weekend with family
- NRT while hospitalized
- World No Tobacco Day (May)/Great American Smoke-out (Nov)

BUILDING THE RECOVERY MACHINE



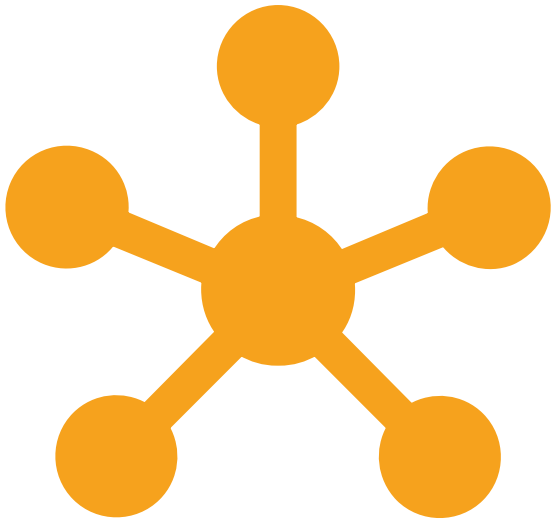
How You Can Help:

- Find out what helped to stay free from commercial tobacco
- Provide encouragement when someone relapses
- Let them know the options

Count every recovery attempt or step toward recovery as a success!

HEALTH LITERACY, DISPARITIES, & BEST PRACTICES: CREATING AN EFFECTIVE TREATMENT PLAN

- Create a simple treatment plan that is culturally responsive to the client
  - Translate any material and have an interpreter available while creating the treatment plan if needed for the client to fully understand
- The treatment plan should use simple and basic language, so the client and their supports are able to understand it completely
- While creating, be client-focused with sensitivity to their background as well as any traumas they have experienced
- Create clear, attainable, and realistic goals building upon prior client successes
- Include the best evidence-based treatment options (i.e., MAP inc. NRT)
- Include do-able coping skills and preparations for potential relapse
- Help the client to feel safe, invested, and empowered throughout the process



BRINGING IT ALL TOGETHER

Q&A

POST-TEST

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