



IHR

INSTITUTE FOR
HEALTH & RECOVERY

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Umass Chan Medical School's Center for Tobacco Treatment Research and Training

*“Delivering Tobacco Use Disorder Treatment Through
a Health Equity Lens”*

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Disclosure

I have no actual or potential conflict of interest in relation to this program/presentation.



About the Institute for Health & Recovery


The Institute for Health & Recovery (IHR) is a non-profit organization with offices and services throughout the state of Massachusetts. IHR provides counseling to individuals, youth and families struggling with addiction and mental health issues, many of whom have experienced violence.

IHR also provides training, consultation and technical assistance to state, local and national organizations to improve the integration of best practices and policies into prevention and treatment programs for families, taking what we learn from our direct service programs and using it to enhance programming.

IHR provides trauma-informed:

- Outpatient behavioral health treatment in home and community settings for those affected by substance use and mental health disorders
- Education and care coordination for youth & young adults
- Access to residential substance use treatment for families
- Prevention & Early Intervention services





About the Tobacco, Addictions, Policy & Education (TAPE) Project

SINCE 1994, the **Tobacco, Addictions, Policy and Education (TAPE) Project** has been a leader in helping substance use and mental health treatment programs in MA, the U.S. and Canada to address tobacco dependence with clients and staff through consultation, technical assistance and training.

In Massachusetts, the TAPE Project is available to work with all treatment programs in the statewide Department of Public Health, Bureau of Substance Addiction Services (BSAS) system and offers the following services free of cost to BSAS-funded programs:

- Staff training: virtual and on-site
- Program consultation and technical assistance
- Training and ongoing technical assistance for TECs
- Resources and referrals

**IHR's TAPE Project has been funded by MA DPH,
Bureau of Substance Addiction Services since 1994**





About the Behavioral Health Engagement on Nicotine Addiction (BHENA) Project

The BHENA (**Behavioral Health Engagement on Nicotine Addiction**) Project is an initiative funded by the MA Department of Public Health, Massachusetts Tobacco Cessation and Prevention Program (MTCP) and works with behavioral health organizations and social service agencies. The BHENA Project collaborates with organizations on addressing tobacco and how to plan and implement goals and system change. Ongoing consultation, technical assistance, and trainings are available to enhance staff's clinical knowledge and skills.

The BHENA Project offers the following services:

- Systems assessment
- Consultation and staff training (virtual and on-site)
- Technical assistance
- Referrals and information

WWW.HEALTHRECOVERY.ORG

| Toll Free: 1-866-705-2807

IHR's BHENA Project has been funded by MA Dept of Public Health, Massachusetts Tobacco Cessation and Prevention Program (MTCP) since 2014



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WILLKOMMEN
欢迎 स्वागत
BIENVENIDA
WELCOME
BIENVENUE ようこそ
добро пожаловать
ترحيب BEM-VINDO

wherever you are!

All references to “tobacco” in today’s training apply to **commercial tobacco products** produced by tobacco companies for recreational use and **NOT SACRED TOBACCO** used by American Indian and Alaska Native communities.

Agenda

- Importance of Health Equity
- Tobacco Use in Priority Populations and Industry Promotion
- Considering Social Determinants of Health When Addressing Tobacco/Nicotine Use
- The Intersectionality Framework
- Treating Tobacco Use Disorder in Priority Populations

**What priority populations
do you serve?**

The Importance of Health Equity

The Importance of Health Equity

Health equity is the fair and just opportunity for all people to be as healthy as possible, including the chance to be free from commercial tobacco



Health Inequity in Tobacco Use Prevalence

Smoking prevalence in U.S. general population: **11%**

THE INDIVIDUALS MOST LIKELY TO SMOKE TODAY ARE AMONG THE MOST VULNERABLE

- Substance Use Disorders
- Mental Health Conditions
- Trauma History
- HIV/AIDS
- Individuals w/ Disabilities
- Living in Poverty/Low SES
- Racial & Ethnic Minorities
- Gender Diverse Individuals
- LGBTQ+
- Less Education

2 – 5 times more likely to smoke cigarettes

Health Inequity in E-cigarette Use Prevalence

Vaping prevalence in U.S. adult population (18-49): 13%

Vaping prevalence in U.S. adolescent population: 17%

THE INDIVIDUALS MOST LIKELY TO VAPE TODAY ARE
AMONG THE MOST VULNERABLE

- Substance Use Disorders
- Mental Health Conditions
- Individuals w/ Disabilities
- Less Education
- Lower Income/Living in Poverty
- Gender Diverse Individuals
- LGBTQ+
- Adolescents

Dual product use is a significant concern as well

What Are the Drivers of Smoking-Related Health Disparities?

Tobacco industry
target marketing &
advertising

Use of flavors
(menthol)

Uneven protections
from exposure to
secondhand smoke
(SHS)

Barriers to
healthcare &
treatment

Pressures of
discrimination,
poverty, & other
social conditions



Source: <https://www.youtube.com/watch?v=ByR0cONMSf8>

Considering Social Determinants of Health When Addressing Tobacco/Nicotine Use

Social Determinants of Health



Why Address Social Determinants of Health in Tobacco/Nicotine Treatment?

- Social determinants of health (SDOH) influence access to resources and opportunities that affect health
- Many individuals also experience unmet SDOH needs (transportation issues, food & housing insecurity, social isolation), which can lead to a higher prevalence of tobacco use
 - Disproportionately affected by various health-related challenges that can interfere with tobacco cessation

Social Determinants of Health: Health Care Access & Quality



Provider Availability

Consistent access to a
Primary Care Provider

Provider Linguistic &
Cultural Competency

Health Literacy
Health Education

Health Coverage

Access to Insurance
Access to NRT

Quality of Care

Access to Evidence-
Based Interventions

Social Determinants of Health: Neighborhood & Physical Environment

Housing

Smoke-Free
Exposure to SHS/THS

Playgrounds/Parks

Physical activity

Zip Code/Geography

Exposure to Tobacco
Advertisements

Transportation

Medical appointments

Safety

Exposure to violence
Air and water quality



Social Determinants of Health: Economic Stability



Employment

Job opportunities
Health Insurance

Medical Bills

Tobacco related
conditions

Income/Debt

Financial stress

Expenses

Afford basic needs
Tobacco prices

Support

Assistance systems

Social Determinants Of Health: Education Access & Quality

Early Childhood Education

School resources

Vocational Training

Job opportunities
Income

Higher Education

Access to
postsecondary
education

Literacy/Language

Ability to understand & act
on health information



Social Determinants of Health: Social & Community Context



Community Engagement

Outreach programs

Social Integration

Distribution of
resources & services

Discrimination

Stigma

Chronic Stress

Poverty
MHD/SUD
Trauma & PTSD

Support Systems

Health Campaigns

Individuals Who Report Experiencing Discrimination Are More Likely to Smoke

- Racism
- Poverty
- Traumatic life events
- Employment
- Housing
- Education
- Racial, ethnic, & anti-immigrant prejudice
- Food insecurity



Image: NPR

Tobacco Use in Priority Populations and Industry Promotion

Commercial Tobacco Use Trends: Black People

#1 preventable cause of death in Black Americans

Black people are more likely to die from smoking-related disease than White people, even though:

- Usually start smoking at an older age
- Smoke fewer cigarettes per day
- More likely to try to quit



Commercial Tobacco Use Trends: American Indian/Alaska Native People

INDIGENOUS POPULATIONS AND COMMERCIAL TOBACCO USE

American Indians/Alaska Natives smoke at a higher percentage than all other racial/ethnic groups in the U.S.

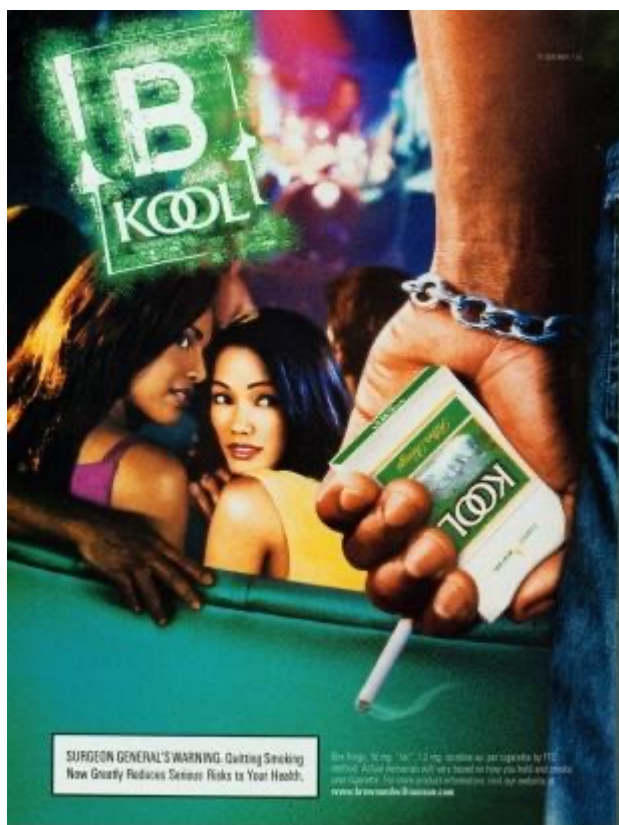
Indigenous populations smoke at a rate 1.5 times the national average.

Six of the 10 leading causes of deaths for American Indian/Alaska Native populations are linked to smoking.

American Indian/Alaska Native children are diagnosed with asthma at a rate 20 percent higher than other ethnic groups.

(*Centers for Disease Control and Prevention & Keep It Sacred)

Commercial Tobacco Use Trends: East Asian, Native Hawaiian, & Pacific Islander People

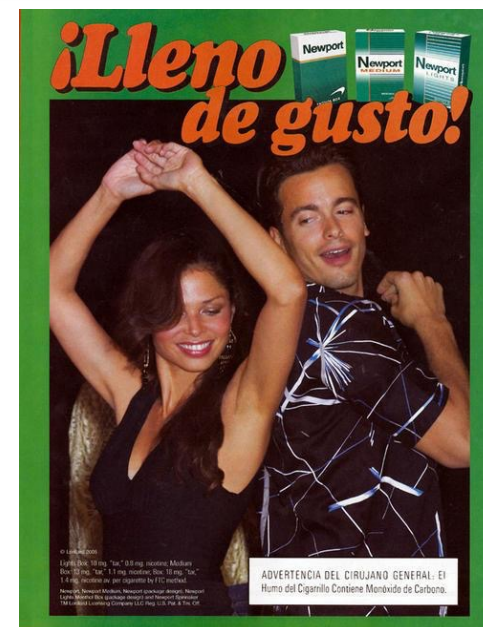


- Lower prevalence of smoking compared to other racial/ethnic groups but varies on the country of heritage:
 - 18.7% Native Hawaiian/Pacific Islander vs 11.5% Asian adults smoke
 - 20% Korean adults vs 7.6% Chinese adults smoke
- Lung cancer is the leading cause of cancer deaths among A/NH/PI adults

Commercial Tobacco Use Trends: Hispanic/Latinx People

Hispanic adults who were born in the U.S. are more likely to smoke cigarettes than Hispanic adults who live in the U.S. but were born in another country

- Puerto Rican people are more likely to smoke than Mexican and Dominican people in the U.S.
- People who report Cuban ethnicity smoke more cigarettes per day than people from other Hispanic ethnic groups in the U.S.
- Puerto Rican people are more likely to have asthma than any other racial/ethnic group



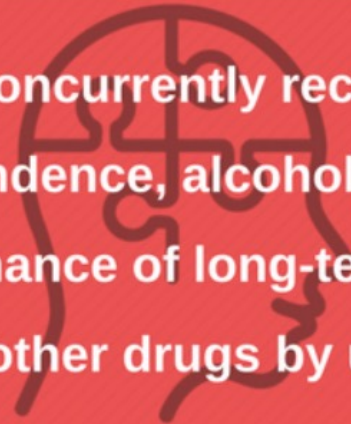
Commercial Tobacco Use Trends: Substance Use and Mental Health Disorders

- Between 65-85% of individuals in SUD treatment for alcohol or other drugs smoke or vape
- Between 74-97% of individuals who use illicit opioids or are receiving Medication Assisted Treatment smoke or vape
- Individuals with mental health disorders smoke 38% of all cigarettes in the U.S.
- Tend to have higher nicotine consumption, addiction rates



SMOKING IS THE BIGGEST KILLER FOR THOSE WITH A MENTAL ILLNESS OR SUBSTANCE USE DISORDER

When individuals concurrently receive treatment for both nicotine dependence, alcohol, and other drugs, they increase their chance of long-term abstinence from alcohol and other drugs by up to **25%**

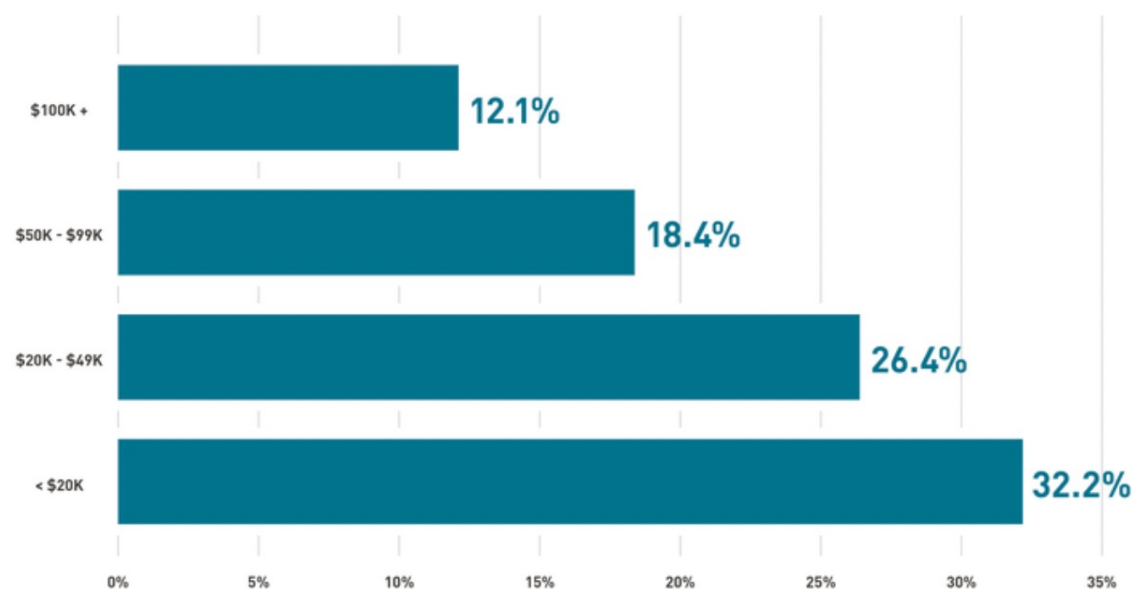


Commercial Tobacco Use Trends: Income and Education Levels

- Individuals with low incomes and low educational levels smoke at higher rates than individuals with higher incomes and educational levels
- 36% of individuals with a GED smoke, compared to 7% of individuals with a college degree



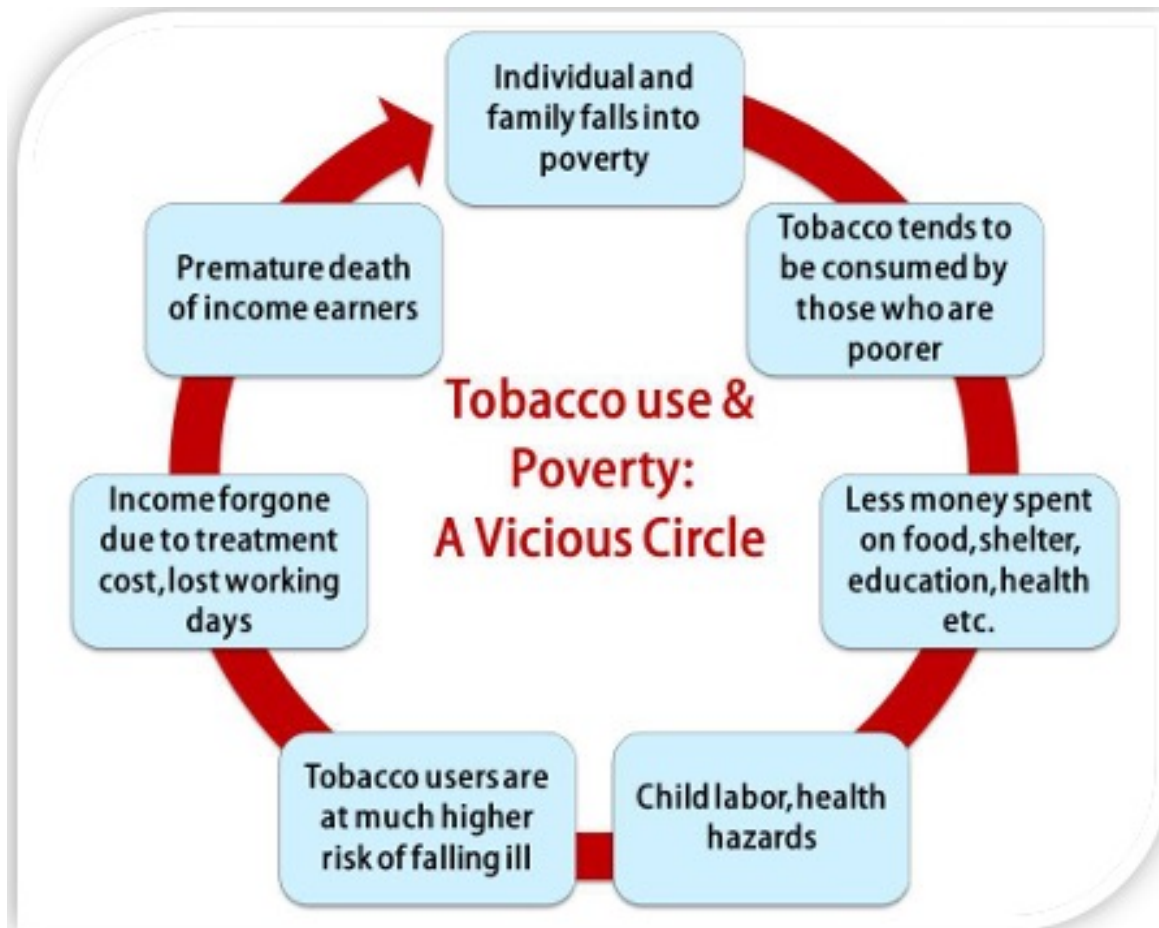
annual household income and tobacco use



Commercial Tobacco Use Trends: Individuals Experiencing Homelessness

- About 70%-80% smoke cigarettes
- Nearly 30% have serious mental illness and 50% have substance use disorders
- Most initiate smoking before age 16
- Susceptible to a range of chronic and infectious diseases that can be exacerbated by tobacco use

Tobacco Use & Poverty



Commercial Tobacco Use Trends: LGBTQ+

- 2-3x more likely to smoke and vape
 - Significantly more likely to use menthol cigarettes, which are easier to start and harder to quit
- Stress related to homophobia and transphobia linked to increased use
- Tobacco industry donates to AIDS and LGBTQ+ organizations and sponsors events like Pride parade



Commercial Tobacco Use Trends: Criminal-Justice Involved

- 80% smoke and/or use other tobacco products
- This population struggles with overlapping social determinants that increase their likelihood of using tobacco:
 - *Lower-income than non-justice-involved individuals*
 - *61% of inmates do not have a high school diploma*
 - *65% of prison population has a current substance use disorder*
 - *High rates of mental illness*
 - *25% of individuals in jails are experiencing “serious psychological distress”*

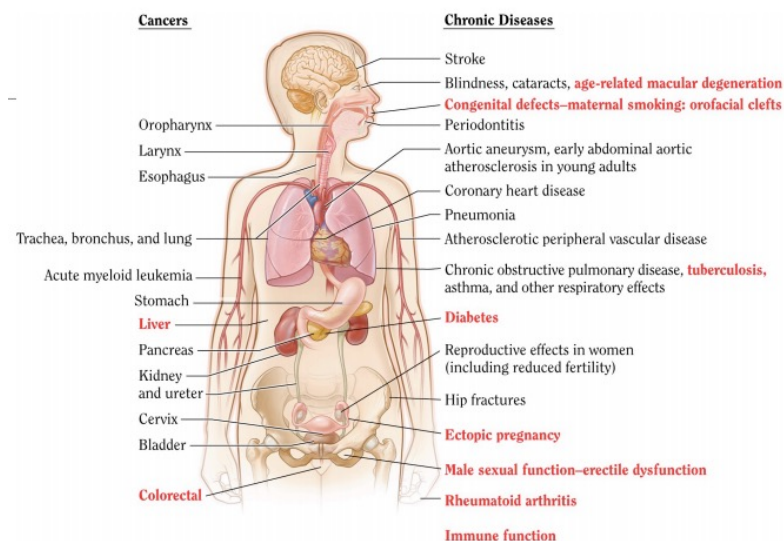
Commercial Tobacco Use Trends: People with Disabilities



- Current cigarette smoking is significantly higher among adults with a disability (27.8%) compared to adults without a disability
- The percentage of adults with disabilities using e-cigarettes is also higher (8%) compared to adults without disabilities
- 70% of Individuals with disabilities want to quit (same as those without)

The use of tobacco products, including vaping, can increase the prevalence and severity of many painful conditions:

- Pain related to inflammation
- Fibromyalgia
- Rheumatoid arthritis
- Joint disorders
- Spinal pain/disc degeneration
- Lower back pain
- Menstrual pain
- Headaches
- Oral pain (tooth, mouth ulcers)
- Skin conditions (acne, eczema)
- Poor wound healing
- Urinary tract infections
- HIV related bodily pain



What is the connection between tobacco use and pain?

Nicotine has some analgesic (pain relieving) properties that, at first, can help relieve acute pain

However, this physiological benefit decreases with continued tobacco/nicotine use

Tobacco/nicotine becomes a way to cope with pain:
-Distraction
-Relief from boredom, depression, anxiety, frustration



Tobacco Industry Target Marketing & Advertising: Use of Price Promotions

- Use of discounts and multi-pack coupons in lower-income neighborhoods
- Providing special materials to BIPOC business owners to drive sales
- Price cuts on commercial tobacco sold on AI/AN tribal lands



The use of promotions is the largest single category of marketing, accounting for 66.7% (\$5.8 billion) of expenditures

Tobacco Industry Target Marketing & Advertising: Misappropriate Culture

- Sponsor cultural events (e.g., Lunar New Year)
- Pop-up concerts in convenience stores
- Using images, symbols, & names with special meaning in tribal culture
- Advertising Spanish-language cigarette brands



Tobacco Industry Target Marketing & Advertising: Donations



Image: Beijing Review

- Historically Black colleges & universities
- Scholarship programs
- SUD & MH Treatment
- Political organizations
- Art communities
- Environmental groups

Philip Morris International donated \$60 million to social causes in 2020

Tobacco Industry Target Marketing & Advertising: Promotion of Menthol

- Aggressive marketing of menthol cigarettes to Black people
- Products are heavily promoted in stores in Black neighborhoods
- 85% of Black adults who smoke use menthol cigarettes



Health Disparity in Menthol Cigarette Use



Menthol cigarette use is associated with increased nicotine dependence and lower quit rates.

Different groups of people are more likely to smoke menthol cigarettes: Some racial or ethnic minorities (especially Black people), people in the LGBTQ+ community and people with mental health conditions.



Source: <https://www.youtube.com/watch?v=e5OK-C1GFCQ>

The Intersectionality Framework

Let's Do a Quick Exercise...

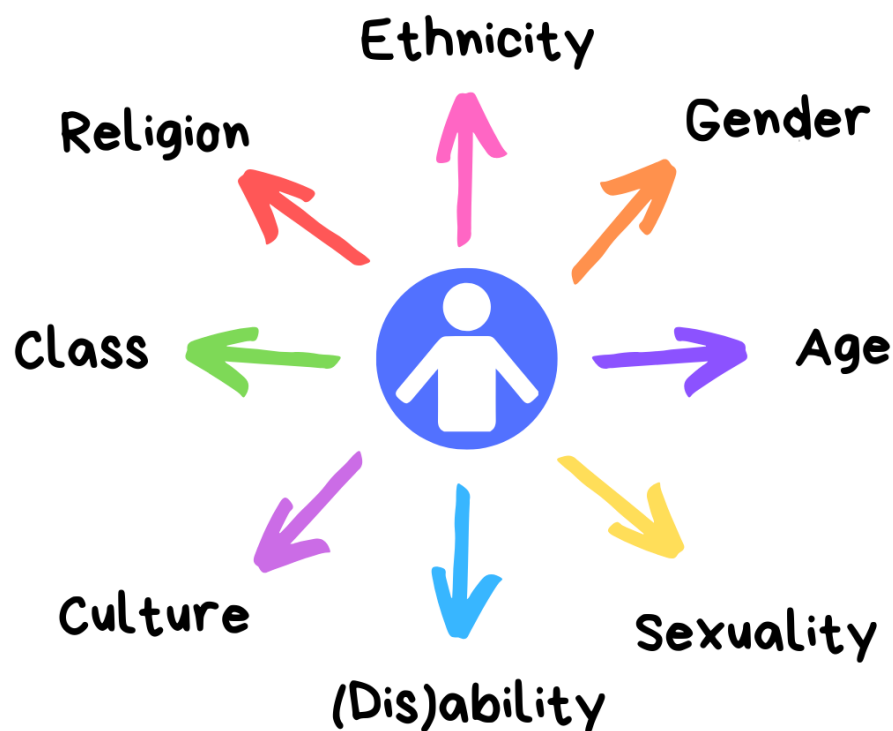
Spiritual Muslim Animal Lover Introvert Cancer Survivor
Christian College-Educated Millennial Parent
Grandparent Male Atheist Jewish Extrovert
Athlete In Recovery Baby Boomer Behavioral Health Condition
Yogi Vegetarian English as 2nd language Previous/Current Anxiety
Learning Disability Caregiver Female Non-binary Gen Z
LGBTQ+ Artist U.S. Citizen Physical Disability Single Parent
Single Veteran Married Hindu Musician Gen X

What is the Intersectionality Framework?

Intersectionality is the framework for understanding the multiple interlocking societal systems that reinforce privilege and oppression

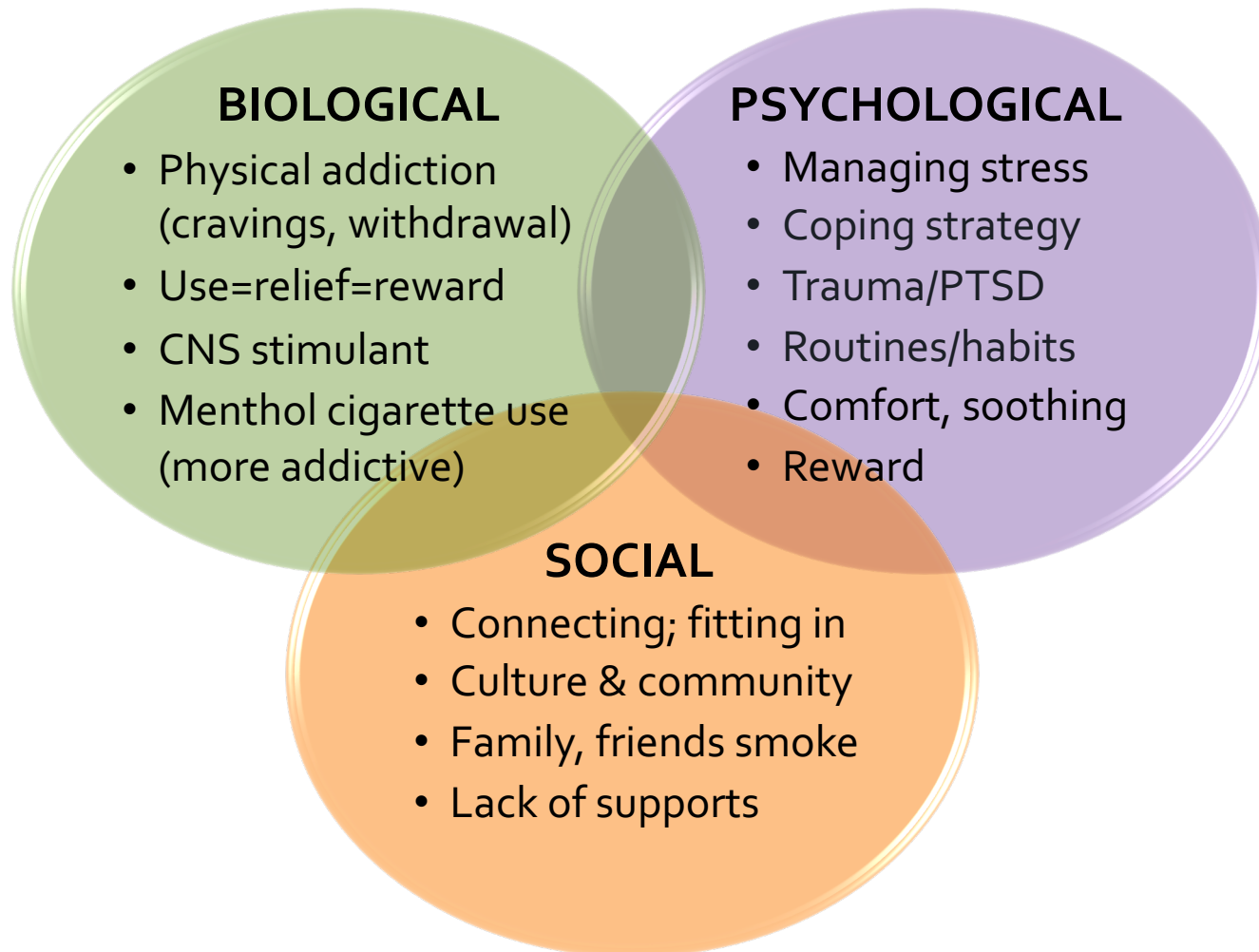
- Highlights that certain lived experiences may increase the risk for health inequities
- Explains how a sociodemographic attribute can prevent an individual from accessing certain privileges associated with another attribute (e.g., race & higher education)

Intersectionality and Tobacco/Nicotine Use Disorder



Treating Tobacco Use Disorder in Priority Populations

Bio-Psychosocial Model of Nicotine Dependence



Social and Racial Equity Considerations in the Treatment of Tobacco Dependence

- Smoking has been adaptive for survival
- Manage complex realities of life
- Issues: disempowerment and oppression
- Connected to wider social issues, including:
 - Systemic racism and sexism
 - Gender, racial and health inequities
 - Homophobia, transphobia, biphobia

Nearly **70%** of adults who smoke say they **want to quit**

Over **50%** of adults who smoke **try to quit** each year

3 in 5 adults (61.7%) who ever smoked cigarettes **have quit**



Challenges to Quitting

Over 40% of adults who smoke **do not receive advice to quit** from a professional

Fewer than one in three adults who smoke use cessation counseling or approved medication when trying to quit

Only 15.9% of Blacks and 16.4% of Hispanics reported using NRT, compared to 28.1% of Whites

Over **60%** of adults who vape nicotine say they **want to quit**

Over **15%** of adults who vape tried to quit in 2020

61% of adults who vape say they **plan to quit** in the future

Half of adults who vape also smoke cigarettes



Image: Association for Nonsmokers Rights Minnesota

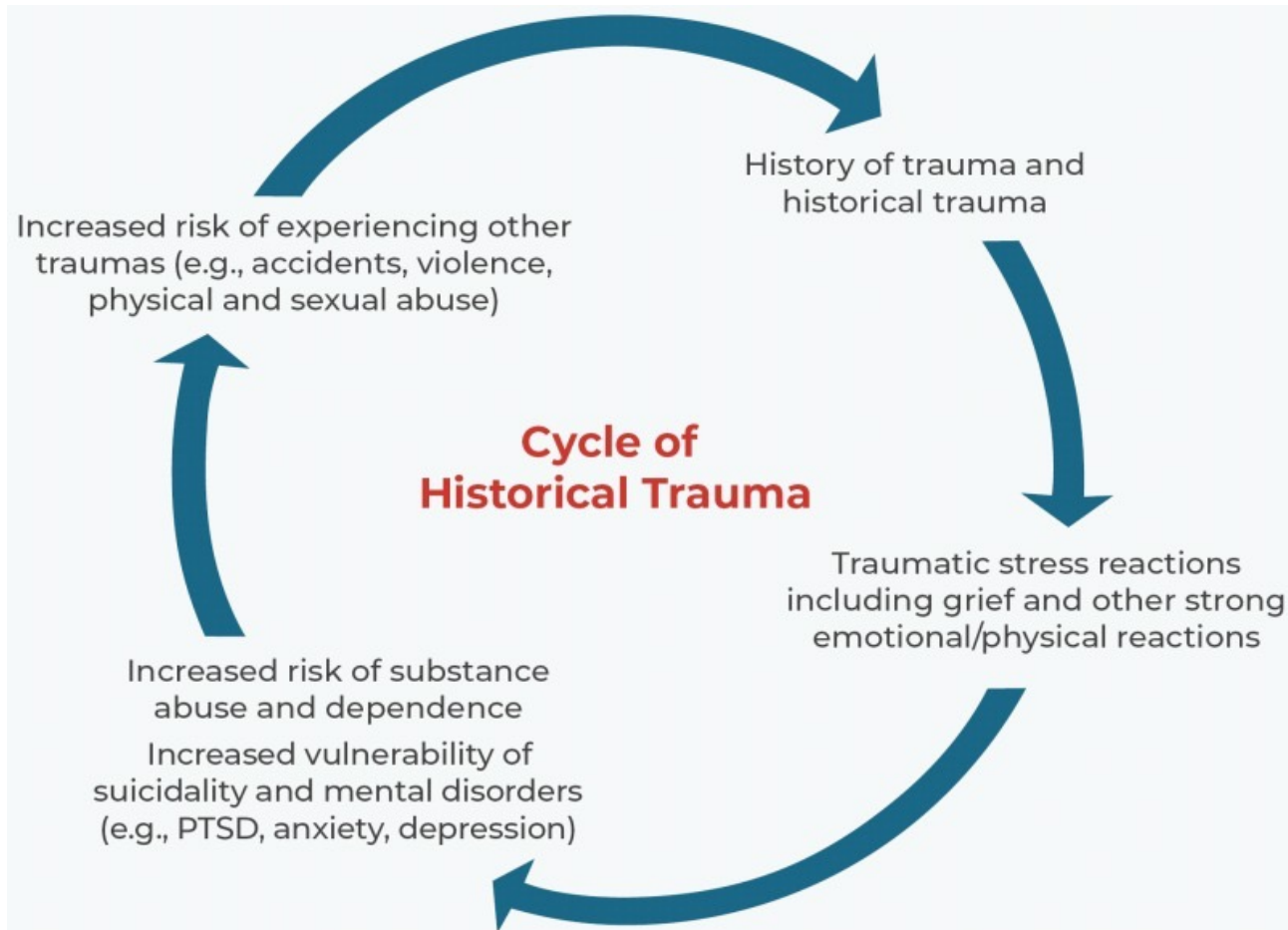
Cultural Responsiveness and the Process of Change

- The process of **change** is **similar** across ethnic, racial and cultural backgrounds. (SAMHSA, TIP 35, p. 26)
- The process of **engaging differs** across cultures, but **listening** lies at the heart of all of them. *Good listening crosses cultures.* (Miller & Rollnick, 2013, p. 349)

Barriers to Healthcare & Treatment: Mistrust in Government & Healthcare Systems

- Fear of discrimination and harm from systems meant to protect & improve health (e.g., the Tuskegee Study)
- Experiences discrimination in employment, housing, & education systems – acts of violence & hate crimes
- Results in BIPOC and other racial/ethnic minorities:
 - Being less likely to receive clinical advice to quit smoking
 - Less likely to use cessation counseling or medication when trying to quit
 - Less likely to use the Quitline

Cycle of Historical Trauma



Trauma and Tobacco Use

- Trauma history: smoke more, lower quit rates
- More difficulty quitting: higher nicotine dependence, more severe withdrawal symptoms, hypersensitivity to nicotine withdrawal symptoms
- Coping with stress, PTSD symptoms, regulating emotions, feeling ‘in control’

Trauma-informed Tobacco Dependence Treatment

Addressing tobacco dependence through a trauma-informed lens helps us to recognize and honor:

- The adaptive function of tobacco use
- The overall role of tobacco use in the context of a person's life
- How their specific life circumstances contribute to tobacco use

Trauma-informed Tobacco Dependence Treatment

- Change and healing take time
- Empower individuals to discover safe ways of changing their relationship with tobacco
- Build on lessons learned in other areas
- Provide choices and control for individuals to identify any small, manageable step they feel willing and able to take now
- Keep the conversation going!



Reframing the Experience of Stress Relief

People associate smoking with stress relief, but nicotine is a stimulant that causes stress on the body by increasing heart rate, pulse, blood pressure.

Many withdrawal symptoms cause stress:

- ✓ Difficulty sleeping, fatigue
- ✓ Difficulty concentrating, restlessness
- ✓ Irritability, anxiety, headaches

Tobacco use provides relief from withdrawal symptoms. This is associated with stress relief.



Understanding and Enhancing Motivation



- Dynamic, fluctuates
 - Can be influenced
-
- Addiction and trauma hijack motivation
 - Redirect energy toward healthy goals

Personal Relevance



\$\$\$



MI Change Ruler

Importance



Confidence



Readiness



Strategies for Evoking Hope and Confidence

Increase optimism about the possibility of change by focusing on internal

- Ask open-ended questions that draw out a person's strengths and abilities
- Review past successes in making difficult changes (e.g. SUD recovery)
- Affirm small steps; reinforce any positive changes

Examples of Evoking Hope and Confidence

“Knowing yourself as well as you do, how do you think you could quit (or cut down) smoking if you ever decided you wanted to?”

“Tell me about a time you made a difficult change in your life. How did you do it?” **Follow up with:** “Imagine you decided to quit, how could you apply what you learned then to quitting tobacco use?”

“What personal strengths do you have that would help you succeed in quitting if you ever decided you wanted to?”

“What are you learning in recovery that could help you quit tobacco use someday?”

Learn (Safe) Coping Skills to Replace Smoking

- Help to identify safe coping skills
- Draw from past/current successes
- Experiment with new coping skills
- Write them down
- Keep them visible
- Practice, practice, practice

SAFE



**KEEP
CALM
AND USE
COPING
SKILLS**

Harm Reduction in Tobacco Dependence Treatment

- Harm reduction recognizes the importance of providing support to individuals who are unable or not ready to quit
- Empowers individuals to discover safe ways to change their relationship with tobacco
- Gives individuals choices and control to identify any small change that they feel ready to take. **For example:**
 - Reducing the amount smoked per day or week
 - Developing one or more non-smoking routines
 - Learning alternative ways to manage stress/emotions
 - Keeping a smoking log and identify patterns, triggers

Harm Reduction

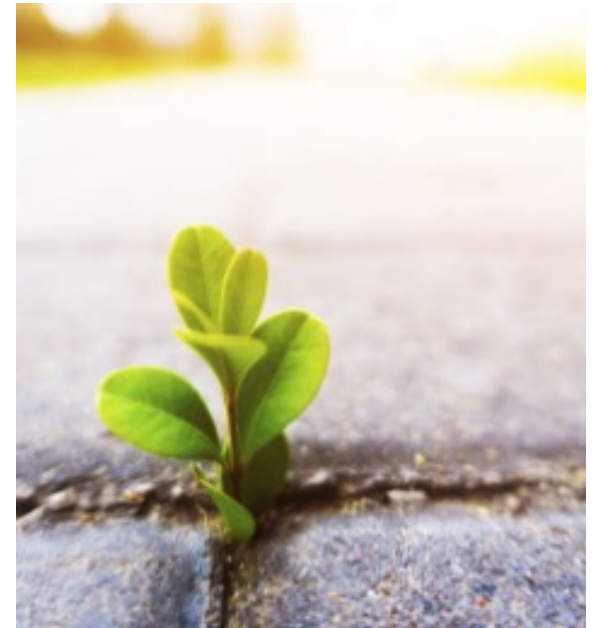
- Harm reduction offers support to improve wellness and reduce other harms associated with tobacco use

For example:

- Discuss opportunities to reduce exposure to second-hand smoke for themselves and others
- Ensure that individuals have the opportunity to identify their needs and goals to reduce tobacco-related harms
- Connect individuals to a range of resources such as nutritional support, stress management support, exercise resources

What about individuals who aren't ready to make a change?

- Everyone can benefit from learning additional coping skills and developing a plan to manage stress
- Meet people “where they are” and focus on planting seeds of awareness
- Celebrate the small steps!



Big Picture:

Strategies to Eliminate Smoking-Related Health Disparities

- Provide barrier-free, widely promoted, coverage for all evidence-based cessation treatment by all types of health insurance
- Integrate clinical screening & treatment for commercial tobacco use in all health care settings & with all types of patients
- Increase access to culturally-tailored cessation services
- Share health messages that feature people of all races/ethnicities and their experiences





Achieving Health Equity

- Valuing every person and their health fairly
- Addressing problems with systems in our environment, unfair practices, and unjust conditions that can weaken the health of specific population groups
- Working with different population groups in specific, sensitive ways to address health conditions that affect them

Health equity is the fair and just opportunity
for all people to be as healthy as possible

Suggested Next Steps:

How Do I Incorporate This Into My Work With Clients?

- Continue to seek out opportunities (like this webinar!) to increase your awareness and share the information with your colleagues
- Check-in with unconscious biases that may come up for you: We all have them



Image: Stockton University

- Practice trauma-informed care
- Brush up on Motivational Interviewing skills
- Ask questions that will help you provide an affirming and safe environment (example: pronouns)
- What are your ideas??



Thank you!

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