



California
Center for
Tobacco
Cessation

Smoking Cessation
Leadership Center

UCSF

University of California
San Francisco

Trauma-Informed Care

in Tobacco Use Disorder Treatment

2025

What is Trauma?

Individual trauma results from a series of **events** or set of **circumstances** that is experienced by an individual as overwhelming or life-changing and that has a **profound effect** on the individual's psychological development or well-being, often involving a physiological, social, and/or spiritual impact.

What are Adverse Childhood Events/Experiences (ACEs)?

ACEs can lead to trauma. They can be types of abuse, neglect or household dysfunction, including physical and/or emotional abuse, sexual abuse, divorce, an incarcerated relative, as well as mental illness, violence, and/or substance abuse in the home.

Understanding the Connection Between Trauma, Childhood Adversity, and Tobacco Use

- Research demonstrates that trauma and adversity are associated with increased odds of early substance initiation such as alcohol, binge drinking, marijuana use, and daily tobacco use, as well as use and early initiation of vaping.¹⁻³
- Tobacco and other substances are often used as means of self-medicating or as a coping strategy.⁴
- Given most adults who smoke begin smoking before the age of 18, it is critical that early life risk factors for initiation be identified.^{5,6}
- Within the general population, **61%** of men and **51%** of women reported exposure to at least one traumatic lifetime event, with the majority reporting more than one traumatic event.⁷
- **90%** of public mental health clients have been exposed to trauma.⁸

What is Trauma-Informed Care?

Trauma-informed care is an approach based on the knowledge of the impact of trauma, aimed at ensuring that environments and services are appropriate for those who have experienced trauma. It aims to provide pathways to recovery while avoiding re-traumatization. This approach is characterized by understanding that tobacco use, health risk behaviors, chronic disease, and poor health outcomes may be a result of trauma and not an individual's choices.⁹



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Integrating a Trauma-Informed Approach

Those providing tobacco cessation services play a critical role in promoting and providing support for individuals trying to quit.

Six Key Principles of a Trauma-Informed Approach	Steps Tobacco Prevention/Cessation Service Providers Can Take
Safety Environments that consistently support stress de-escalation, healthy choices, and wellness practices.	Consider space setup, communications, logistics, and timing, as well as the differences in access to resources and social supports.
Trustworthiness & Transparency Staff that are well-trained to deliver trauma-informed services.	Provide/receive training and professional development. Develop systems for staff and agency accountability to deliver trauma-informed services.
Peer Support Recognition of oneself and the community as wise and resourceful.	Support individuals to help each other, teach each other, and share relevant skills and resources. Demonstrate willingness to listen without judgment.
Collaboration and Mutuality Opportunities to exercise voice, choice, and self-determination.	Allow individuals to opt in or out of services. Support individuals to consider, express, and adapt according to their preferences, wants, or needs.
Empowerment, Voice, and Choice Opportunities to practice and grow tangible skills for self-efficacy.	Incorporate decision-making and coping skills activities. Consider the unequal power relations affecting individuals in relationships and workplaces. Practice informed consent and confidentiality.
Cultural Humility & Responsiveness Culturally responsive interactions and experiences.	Bring consciousness to personal and systemic biases around different experiences with tobacco use. Consider social context, trauma backgrounds, and experiences within gendered roles.

Source: SAMHSA, <https://library.samhsa.gov/sites/default/files/sma14-4884.pdf>

Additional Resources:



CaCTC Webinar: Trauma-Informed Care and
Tobacco Cessation with Raul Almazar, RN, MA



Trauma Addictions Mental Health and
Recovery (TAMAR) Facilitators Manual



Find a Trained Cessation Counselor
1-800-QUIT-NOW



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References

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³ Williams L, Clements-Nolle K, Lensch T, Yang W. Exposure to adverse childhood experiences and early initiation of electronic vapor product use among middle school students in Nevada. *Addict Behav Rep*. 2020 Feb 19;11:100266. doi: 10.1016/j.abrep.2020.100266. PMID: 32467855; PMCID: PMC7244918.

⁴ Connecting the Dots: Addiction, Trauma and Tobacco Use. (2019, June 17). National Behavioral Health Network for Tobacco & Cancer Control. Retrieved July 1, 2020, from https://www.bhthechange.org/wp-content/uploads/2019/09/TI-MI-to-Support-Tobacco-Cessation_FINAL.pdf

⁵ Nichols, H. B. (2004). Childhood abuse and risk of smoking onset. *Journal of Epidemiology & Community Health*, 58(5), 402-406. doi:10.1136/jech.2003.00887

⁶ U.S. Department of Health and Human Services. Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2012

⁷ Olaya B, Alonso J, Atwoli L, Kessler RC, Vilagut G, Haro JM. Association between traumatic events and post-traumatic stress disorder: results from the ESEMeD-Spain study. *Epidemiol Psychiatr Sci*. 2015 Apr;24(2):172-83. doi: 10.1017/S2045796014000092. Epub 2014 Feb 25. PMID: 24565167; PMCID: PMC4143480.

⁸ Mueser, K.T., Goodman L.A., Trumbetta S.L., Rosenberg S.D., Osher, F.C., Vidaver, R., Auciello, P., & Foy, D.W. (1998). Trauma and posttraumatic stress disorder in severe mental illness. *Journal of Consulting and Clinical Psychology*, 66, 443-449.

⁹ SAMHSA's Trauma and Justice Strategic Initiative. (2014). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. from <https://store.samhsa.gov/system/files/sma14-4884.pdf>