
Smoking Cessation
Leadership Center



University of California
San Francisco

Making the Case: Framing for Tobacco-Free Behavioral Health Settings

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November 5, 2020

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A National Center of Excellence for Tobacco-
Free Recovery

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- **Free CME/CEUs** will be available for all eligible California providers, who joined this live activity thanks to the support of the California Tobacco Control Program (CTCP)
- For our California residents, SCLC offers regional trainings, online education opportunities, and technical assistance for behavioral health agencies, providers, and the clients they serve throughout the state of California.
- For technical assistance please contact (877) 509-3786 or Jessica.Safier@ucsf.edu.
- Visit CABHWI.ucsf.edu for more information

Today's Presenter

Julie Sweetland, PhD

Senior Advisor

FrameWorks Institute

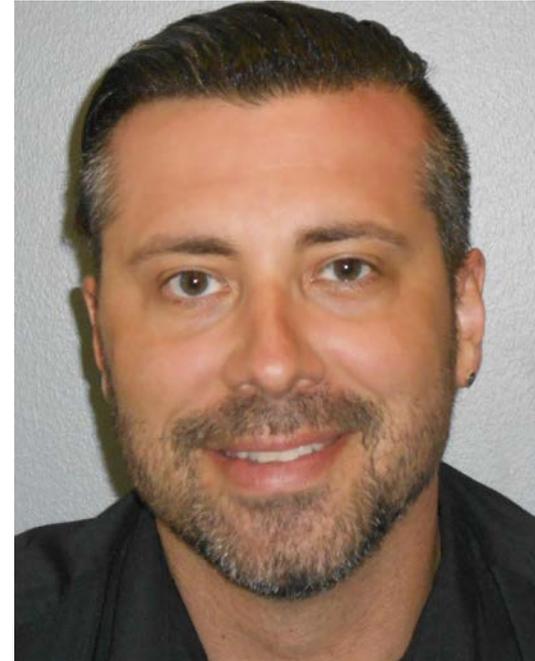


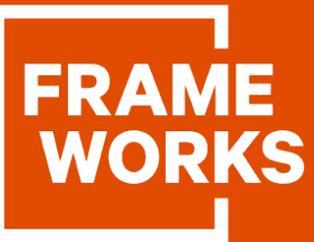
Today's Presenter

Ryan Coffman, MPH, CHES, CTTS-M

Tobacco Policy and Control Program
Manager

Philadelphia Department of Public
Health





Making the Case: Framing for Smoke- Free Behavioral Health Settings

Ryan Coffman, MPH, CHES, CTTS-M
Tobacco Policy and Control Program Manager,
Philadelphia Department of Public Health

Julie Sweetland, PhD
Senior Advisor, FrameWorks Institute
Tobacco Disparities Framing Project

Thanks for having me today!

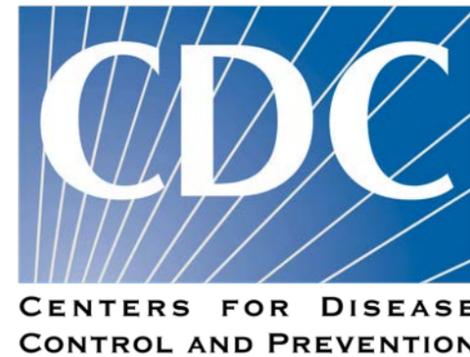


Julie Sweetland, PhD
Senior Advisor, FrameWorks Institute



Sharing the work of
a team of FrameWorks researchers

Tobacco Disparities Framing Project



Long-term goal:

Build public support for evidence-based approaches to eliminating tobacco-related health disparities

Short-term goal:

Equip and mobilize tobacco control community to use evidence-based framing in their outreach & messaging

**Supported through a cooperative agreement between
ChangeLab Solutions & CDC Office of Smoking & Health
(Cooperative Agreement Number NU38OT000307)**

A very active Advisory Group guided this framing work

Americans for Nonsmokers Rights Foundation

CADCA

California Tobacco Control Program

Campaign for Tobacco Free Kids

LGBT Link

National African American Tobacco Control Leadership Council

National African American Tobacco Prevention Network

National Behavioral Health Council

North Carolina Tobacco Prevention and Control Branch

***Nuestras Voces* / Alliance for Hispanic Health**

Self-Made Health Network

Truth[®] Initiative

Walsh Center for Rural Analysis

descriptive research

how people
think now

reframing research

how to spark
new thinking

Summary of research conducted Jan 2018 - Sept 2019

descriptive research

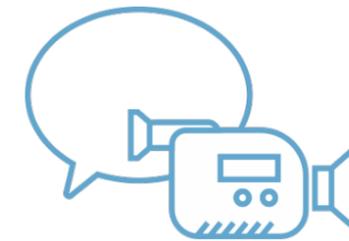


77 interviews across the US

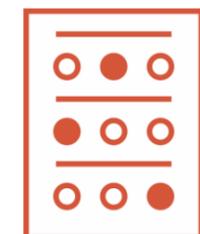
reframing research



Tool Design



On-the-Street Interviews



Controlled Experiments

Sampled more than **10,000** Americans

More details in the memo, "Justice in the Air"

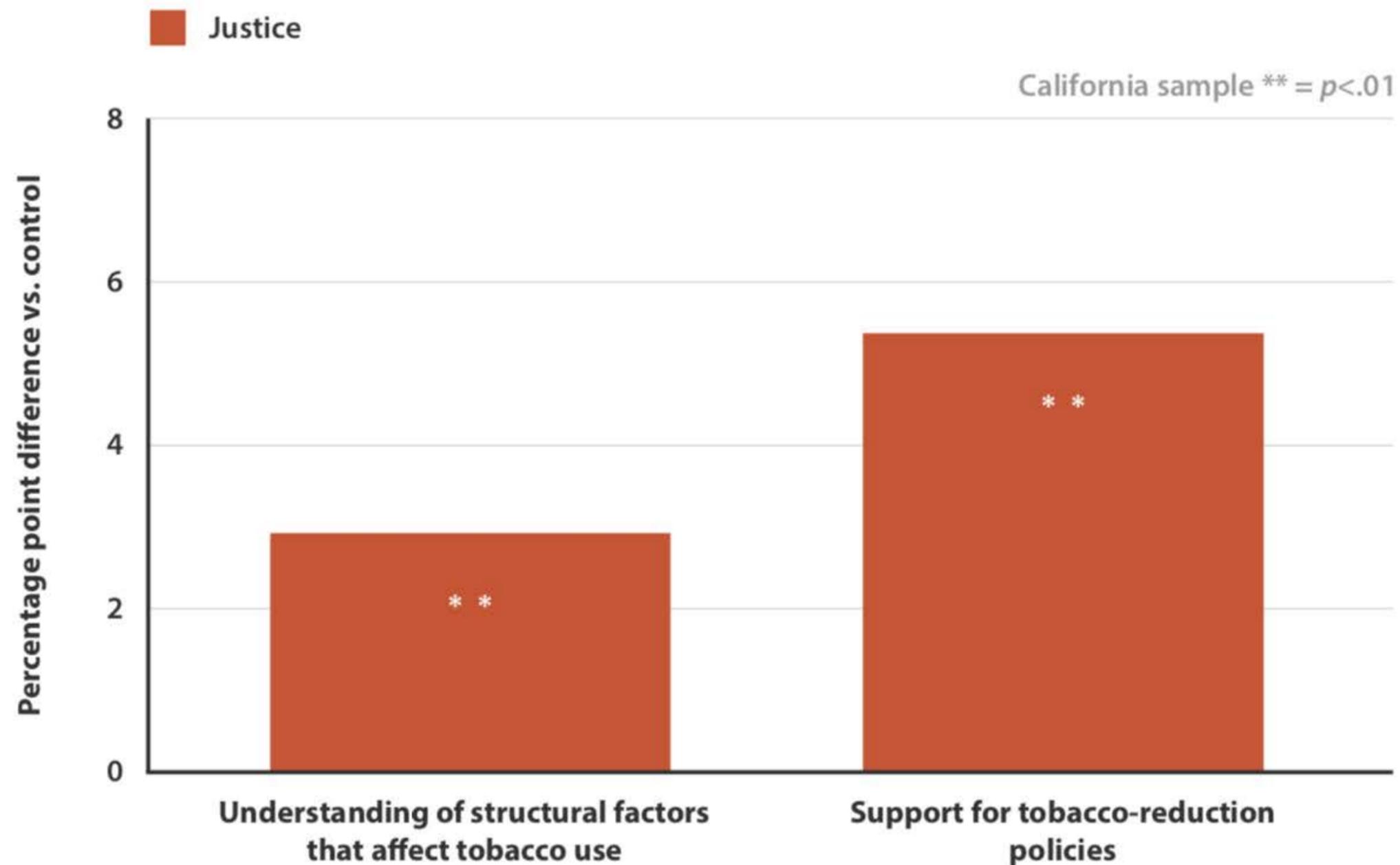
Recommendation #1

Advance an affirmative vision for health equity.

Help us see what we can gain, not just what we are losing.

Framing with “justice” helps people rethink tobacco issues

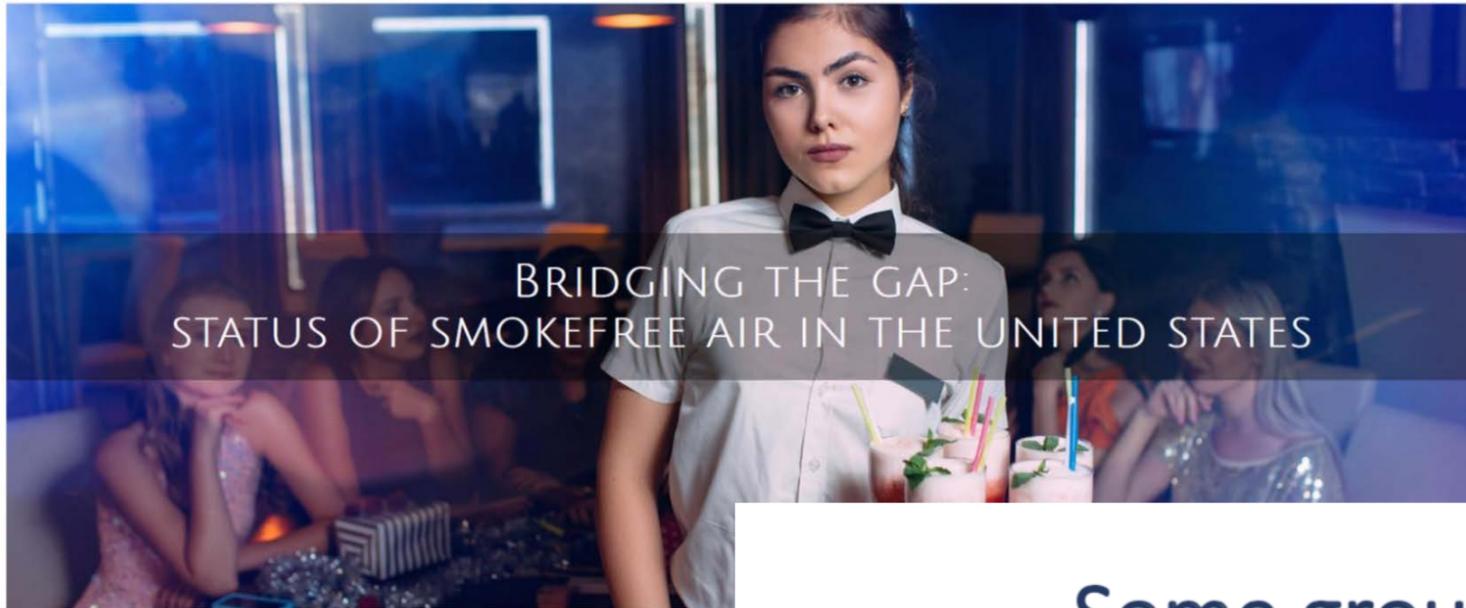
Justice-themed headline: “In Order to Create a Just Society, We Need to Make Sure Everyone Has a Fair Chance at Achieving Good Health.”



Using a 'justice' frame

- **Make the story “about” our shared commitment to justice, not “about” health burdens.** Emphasize that basic fairness and equity are at stake.
- **Develop the theme.** Elaborate on the idea over a sentence or two. Return to the idea throughout a communication.





Some groups are less likely to be protected from secondhand smoke

Justice demands that everyone's right to breathe clean air is protected, regardless of their age, race, class, or identity. Justice also calls us to actively work toward equality: when we see that some groups are more exposed to secondhand smoke than others, we must work to eliminate the disparities. According to the CDC, some groups are at higher risk of secondhand smoke exposure than others. Inequity linked to class, race, ethnicity, and sexual orientation are also linked to disparities in secondhand smoke exposure.

Framed with ‘their health burdens’

Approximately 1 in 4 adults in the U.S. has some form of behavioral health condition, and these adults consume almost 40% of all cigarettes smoked by adults. People with behavioral health conditions die about 5 years earlier than those without these disorders; many of these deaths are caused by smoking cigarettes.

Reframed with “our responsibility to ensure justice”

To live up to our ideals of fairness, we need to make sure that everyone has access to the same resources, supports, and protections, so everyone has a fair chance to be healthy. Right now, fewer than half of the nation’s mental health facilities offer treatments that can end a dependence on nicotine. To advance justice, we need to change this.

Recommendation #2

**Give contemporary examples
of tobacco industry tactics that drive disparities.**

Framed with ‘ancient history’

“Big Tobacco’s playbook is full of marketing plans to target marginalized social groups, including people with behavioral health conditions. One example is “Project SCUM” (Sub Culture Urban Marketing), a marketing strategy deployed in San Francisco in the mid-1990s to attract homeless customers. One tobacco company donated cases of cigarettes to homeless shelters on Christmas Eve. Many offered discounts to psychiatric facilities who bought in bulk.”

Reframed with ‘then AND now’

“The tobacco industry has long targeted people with behavioral health conditions, labeling them as “downscale markets.” Two decades ago, companies sent free or discounted cigarettes to psychiatric hospitals in an effort to hook patients. Today, their marketing strategies target low-income neighborhoods. As a result, people who have a serious mental illness are twice as likely as the general population to live in a neighborhood with lots of stores that sell tobacco and high levels of advertisements.”

Recommendation #3

**Use data to support your story.
Don't expect it to speak for itself.**

Framed with ‘list of subpopulations’

“Although cigarette smoking has declined significantly since 1964, disparities in tobacco use remain across groups defined by race, ethnicity, region, and socioeconomic status. Tobacco-related diseases now disproportionately affect people of color, people with lower levels of income, and people with serious mental illnesses.”

Reframed with ‘policy context’

“Since 1964, the US has steadily expanded protection from commercial tobacco. As a result, there is less smoke in the air and fewer advertisements for addictive products like cigarettes and e-cigarettes. But these protections, which most Americans now take for granted, are less likely to cover the places where people with mental illnesses live - or where they get treatment.”

Framed with “stack of stark statistics”

“People with mental illness smoke at two to four times the rate of the general population. Smoking rates are especially high among patients with serious mental illness. The disparity in smoking prevalence is costing lives. A recent study estimated that tobacco-related diseases accounted for about half of the deaths among people with schizophrenia, bipolar disorder, or depression.”

Reframed with “numbers nested in narrative”

“When people are under pressure from multiple forms of stress – like financial strain, discrimination, or housing insecurity – they become much more likely to smoke. People with behavioral health conditions are significantly more likely to have stressful living conditions than the general population. This helps to explain why adults with a mental illness are twice as likely to smoke than adults without these disorders.”

Recap of how to frame data

- **Use data to tell a structural story.** Provide facts and data about places and environments at least as often as statistics about people.
- **Always pair outcomes with explanations.** Don't mention prevalence, correlations, or risk factors and leave the public to interpret what they mean.
- **Signpost cause-and-effect relationships.** Make liberal use of phrases like *this helps to explain* or *this is one reason why*.



This project has yielded new resources... we hope you'll take advantage of them!

**JUSTICE
IN THE AIR**

Framing Tobacco-Related Health Disparities

A FrameWorks Strategic Brief
February 2020

We ask that you refrain from sharing this research on listserve, social media, or other public-facing platforms. This report is not intended for public distribution. It is designed for the benefit of stakeholders in the health equity and tobacco control movements. If you have any questions about sharing this research, please feel free to reach out to FrameWorks Institute at info@frameworksinstitute.org.

In partnership with
ChangeLab Solutions

TALKING ABOUT TOBACCO-RELATED HEALTH DISPARITIES

A Guide for Public Health Professionals

Stronger tobacco protections improve population health. Yet, even well-intended policies and programs may end up widening health disparities if they don't benefit those communities who are most deeply affected by tobacco-related health issues. This guide offers evidence-based advice for communicators between public health, disparities among groups, control. If not carefully worded, communications could inadvertently reinforce unproductive misconceptions about communities who are disproportionately affected by tobacco-related diseases. With the right framing, outreach and education messaging can be more constructive.

1. Consistently use language that expands the

People need to equate tobacco with cigarettes, and tend to be perceived most favorably to misperceptions. Advocate use means often used tobacco from the. Adapt language that keeps tobacco in the picture in the public mind, as discussed below.

Instead of this ❌
Cigarettes and other tobacco products

Try this ✓
We work to reduce the use and misuse of drugs and alcohol.

TALKING ABOUT TOBACCO-RELATED HEALTH DISPARITIES

A Guide for Racial and Ethnic Justice Advocates

Uneven tobacco protections are a major driver of disease and early death in communities of color across America. It is critical to include tobacco control as part of the racial equity conversation—and just as important to push for policies designed to eliminate disparities in tobacco-related health problems. This guide offers evidence-based communications strategies for talking about tobacco control as an important racial equity issue. If not carefully worded, communications about tobacco-related health disparities could inadvertently reinforce the misconception that they are due to poor personal choices. With the right framing, outreach and education messaging can set up more productive conversations about systemic and structural changes.

1. Explain "how it happens" before talking about

It is especially important to highlight different experiences before mentioning disparities. If not, people can fall back on negative stereotypes about the statistics.

Instead of this ❌
Tobacco-related diseases disproportionately affect Black, Hispanic, Asian American, and Native American communities. Cancer, heart disease, and stroke—all of which can be caused by cigarette smoking—are among the leading causes of death among African Americans and Hispanics. Native Americans and Alaska Natives have a higher risk of tobacco-related disease and death due to high prevalence of cigarette smoking and other commercial tobacco use.

Try this ✓
The health of people living in rural areas is impacted by tobacco use more so than those in urban and metropolitan areas, often because of socioeconomic factors, culture, policies, and lack of proper health care.

TALKING ABOUT TOBACCO-RELATED HEALTH DISPARITIES

A Guide for Children and Youth Advocates

Stronger tobacco protections improve children's health. Yet, even well-intended policies and programs may end up widening health disparities if they don't benefit those communities who are most deeply affected by tobacco-related health issues. This guide offers evidence-based advice for communicators between public health, disparities among groups, control. If not carefully worded, communications could inadvertently reinforce unproductive misconceptions about communities who are disproportionately affected by tobacco-related diseases. With the right framing, outreach and education messaging can be more constructive.

1. Explain "how it happens" before talking about

It is especially important to highlight different social contexts or conditions that communities experience before mentioning disparities. If messaging highlights only the affected populations, people can fall back on negative stereotypes about those communities to explain away the statistics.

Instead of this ❌
The US has steadily expanded tobacco protections since 1964—with less smoke in the air and fewer advertisements for harmful products as a result. But these health protections, which most Americans now take for granted, are less likely to cover the places where rural people in our state live, learn, work, and play. That's why we are adjusting our tobacco control and prevention efforts to make sure they fully serve our rural communities.

TALKING ABOUT TOBACCO-RELATED HEALTH DISPARITIES

A Guide for Health Equity Advocates

Uneven tobacco protections are a major driver of disease and early death in marginalized communities across America. It is critical to include tobacco control as part of the equity conversation—and just as important to push for policies designed to eliminate disparities in tobacco-related health problems. This guide offers evidence-based communications strategies for talking about tobacco control as an important equity issue. If not carefully worded, communications about tobacco-related health disparities could inadvertently reinforce the misconception that they are due to poor personal choices. With the right framing, outreach and education messaging can set up more productive conversations about systemic and structural changes.

1. Explain "how it happens" before talking about

It is especially important to highlight different social contexts or conditions that communities experience before mentioning disparities. If messaging highlights only the affected populations, people can fall back on negative stereotypes about those communities to explain away the statistics.

Try this ✓
Harmful tobacco products, like cigarettes, chewing tobacco, e-cigarettes, and cigars.

Try this ✓
Our work reduces the use and misuse of harmful substances, like tobacco, alcohol, marijuana, and other drugs.

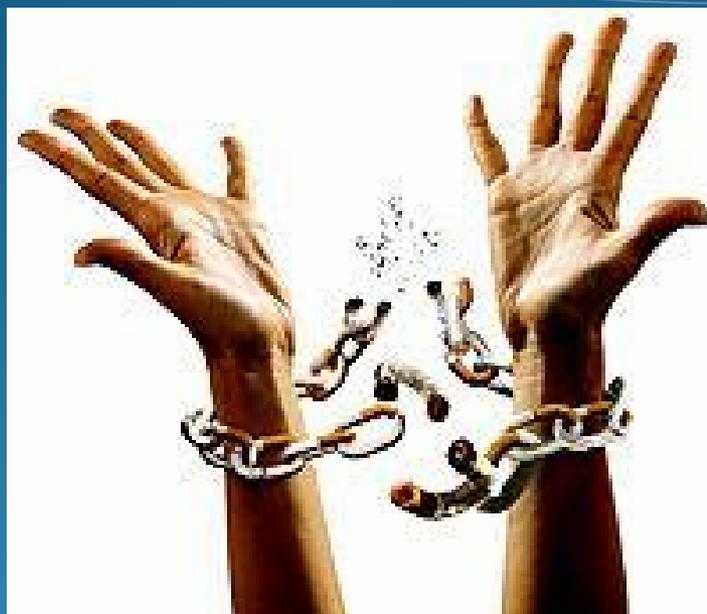
Pointing Out Inequity
Curated talking points on tobacco-related health disparities

NOVEMBER 2019
A resource from the Tobacco Disparities Messaging Project

We Can't Quit Now
Mapping the Gaps between the Tobacco Control Field and Public Understandings of Tobacco-Related Health Disparities in the United States

OCTOBER 2018
A FrameWorks Map the Gaps Report

©FrameWorks Institute 2018



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Philadelphia Department of Public Health

JUSTICE IN THE AIR

Framing Tobacco-Related Health Disparities

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Friends Hospital is a tobacco-free facility

We care about your
health and wellness.

For help in quitting
smoking or tobacco
use, please ask a
member of your
treatment team.

www.FriendsHospital.com

10 Recommendations

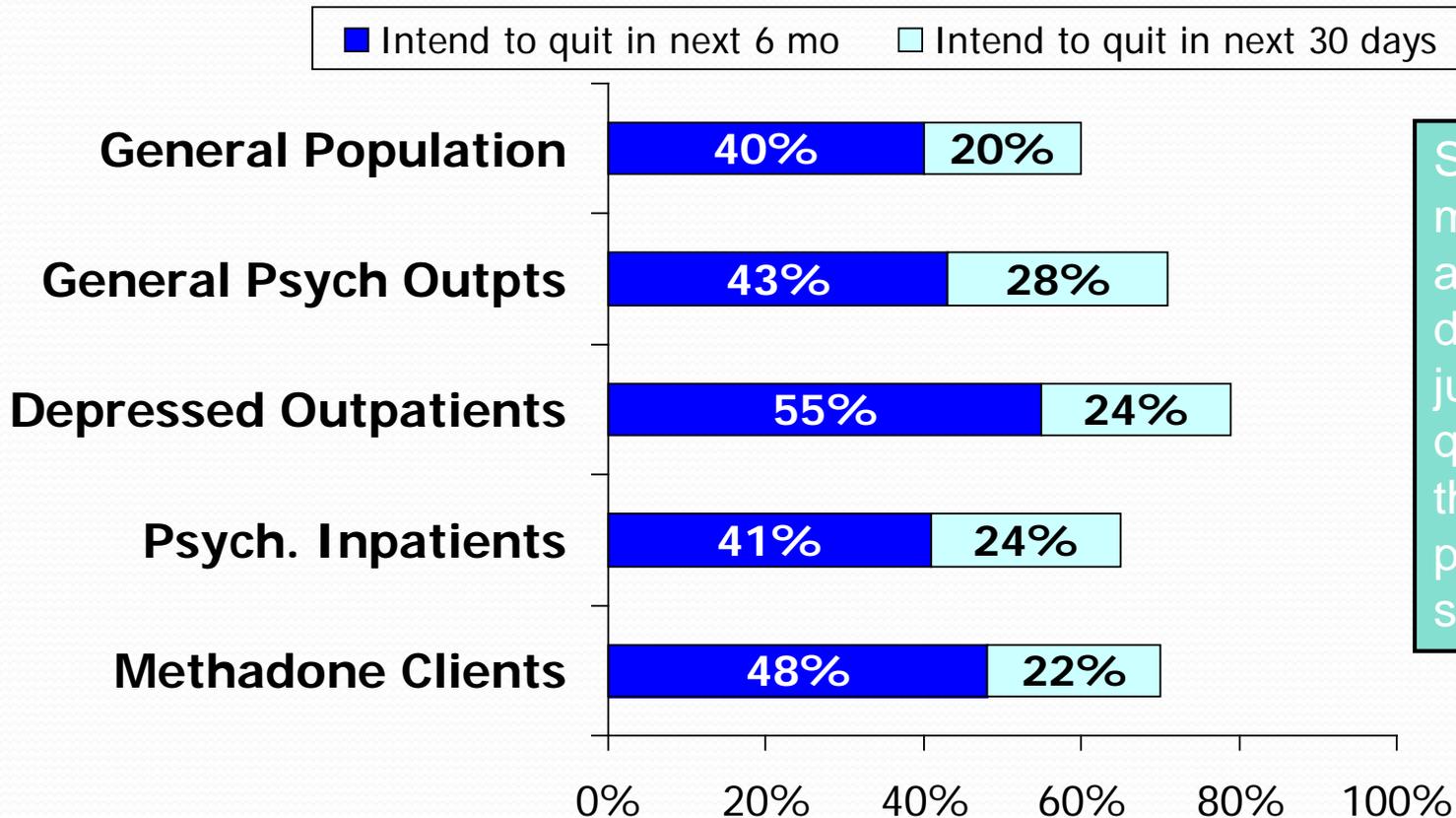
1. **Talk about tobacco control as an issue of fairness and justice.**
2. Expand the public's mental model of "tobacco."
3. **Give contemporary examples of industry tactics that are driving disparities.**
4. Connect the dots between youth susceptibility, industry targeting, and disparities.
5. **Don't just point to prevalence—explain the drivers of disparities.**
6. Use a Pressure metaphor to explain environmental stressors.
7. **Offer policy-level solutions that directly address disparities.**
8. Frame and explain data—don't expect it to tell a story by itself.
9. Avoid framing disparities as an economic issue, a crisis, or the "last mile" for tobacco control.
10. **Don't avoid talking about disparities—but take care to avoid cultural deficit framing**

**“Don’t avoid talking about
disparities—but take care to
avoid cultural deficit
framing”**

PSYCHIATRIC PROVIDERS' BELIEFS about SMOKING

- Meta-analysis of 38 studies
- 16,369 mental health professionals:
 - 42% perceived barriers to treating smoking
 - 41% had negative attitudes toward smoking cessation
 - 45% had permissive attitudes toward smoking
- Providers' most commonly held beliefs:
 - Smokers with mental illness don't want to quit: 51%
 - Quitting smoking is too stressful for these patients: 38%

Readiness to Recover From Tobacco Use*



Smokers with mental illness or addictive disorders are just as ready to quit smoking as the general population of smokers.

* No relationship between psychiatric symptom severity and readiness to quit

Behavioral Health Providers Are Uniquely Positioned to Catalyze Culture Change

- Integrated mental health and addiction services
- Interventions matched to motivational level
- Often the clinician for whom contact is the most frequent and who knows the patient best
- Tobacco-free behavioral healthcare is increasingly the norm and expectations
- Psychopharmacology
- Case management
- Experts in Psychosocial treatment
 - Individual, group, etc.
- Instilling a sense of hope into the spirit of recovery
- Able to identify and address any changes in psychiatric symptoms during the quit attempt

ADVANCING A NEW NORMAL

FORMER PERSPECTIVE

CURRENT PERSPECTIVE

Perpetuate Addiction



Promote Recovery

Maintain Social Stigma



Encourage Advocacy

Accept Disability/Death



Promote Wellness

Sustain Harmful Coping



Embrace Resiliency

REFRAME LANGUAGE

The language we use is fundamental in creating environments conducive to a recovery process. – Bill White

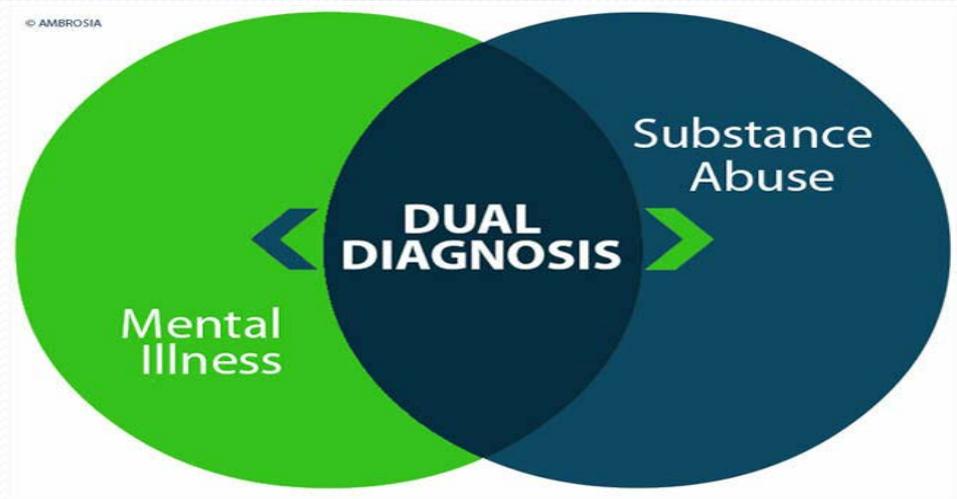
Common Terminology	Preferred Terminology
Smoking	Tobacco use
Smoker	Individual with Tobacco Use Disorder
Quit date	Recovery start date
Habit	Chronic brain disease
Cessation	Tobacco use disorder treatment, recovery
Smoking Ban	Tobacco and vape-free policy Tobacco-free quality of care improvement initiative

Recovery-Oriented Message – Working Definition of Recovery

- Deserve environments that promote hope to improve their health and wellness, live a self-directed life, and strive to reach their full potential.
- Change is always possible and the extent to which people's lives can change is often beyond what we can imagine.
- **STFRI is an evidenced-based, quality of care improvement initiative to further advance a hope-inducing spirit of recovery.**



Redefining Norms and Treatment is Part of the Behavioral Health Culture



**“Offer policy level solutions that
directly address disparities”**

TRWI/STFRI Primary Message

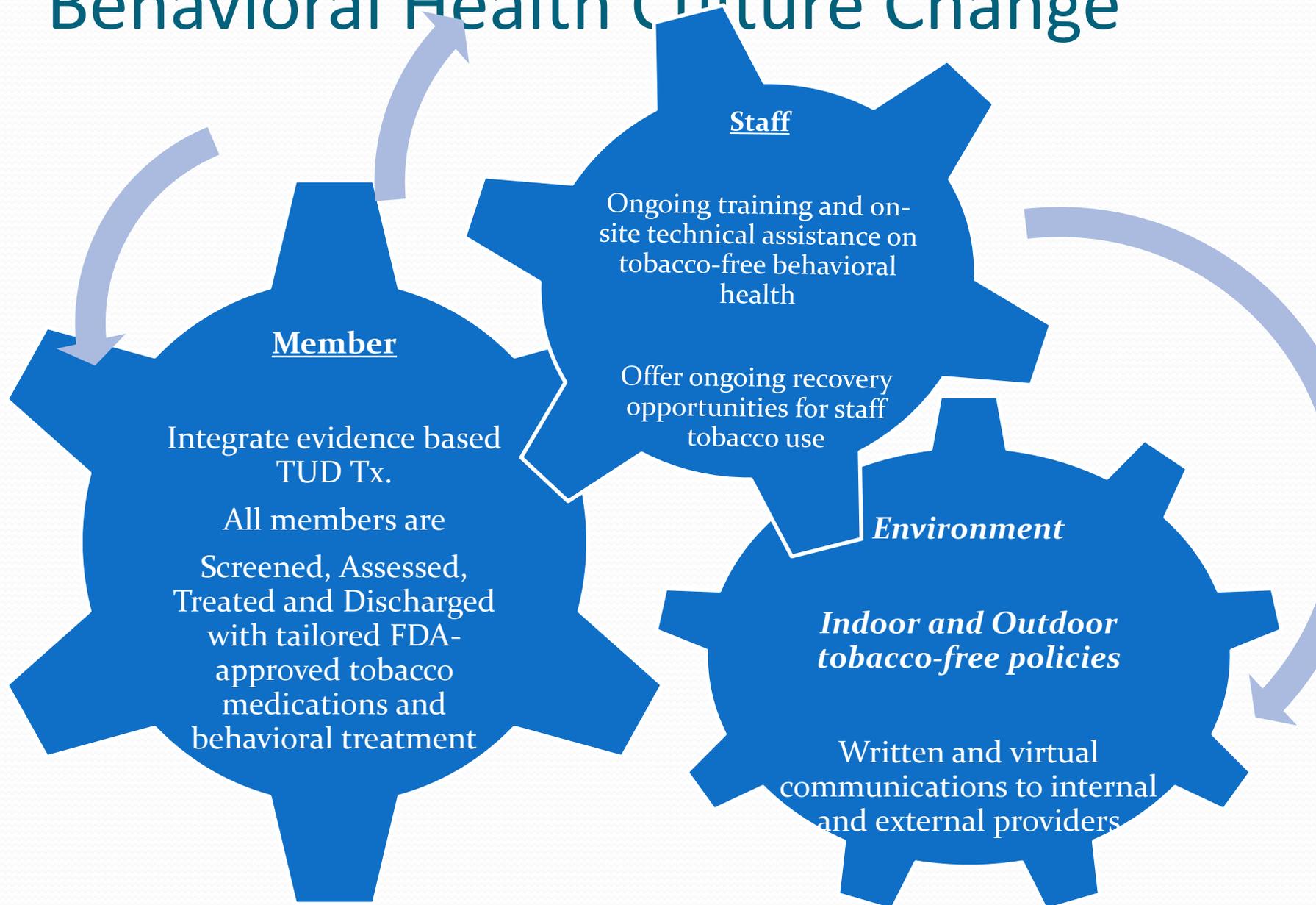
- **Treating TUD concurrently with mental illness and addictive disorders is:**
 - Safe
 - Improves treatment outcomes
 - Contributes to longer term sobriety
 - Reduces social stigma
 - And enhances the health and quality of life of people in recovery.



Tobacco Recovery & Wellness Initiative (TRWI)

- Formed in 2013
- Collaboration between:
 - Philadelphia Department of Public Health Tobacco Policy and Control Program (TPCP)
 - University of Pennsylvania's Comprehensive Smoking Treatment Program (CSTP)
 - Department of Behavioral Health and Intellectual disAbilities (DBHIDS)
 - Tony Klein, Regional Consultant

Creating a Tobacco-Free Behavioral Health Culture Change



Expansion to the Statewide Tobacco Free Recovery Initiative (STFRI)

- CDC-funded statewide expansion in PA of tobacco-free behavioral health treatment settings and improve the provision of TUD Tx services
 - Aligning different state-level efforts and partners
 - Foster collaboration between key partners
 - Apply the evidence-base and redefine culture
 - Accelerate the timeline towards this goal
 - Leverage TRWI experiences

“Don’t just point to prevalence—explain the drivers of disparities.”

These are Factors
That We Have the Power to Change!

Biologic & Pharmacologic

Genetic predisposition

Alleviation of withdrawal

Pleasure effects

Weight control

Psychological/Behavioral

Conditioning effects

Coping tool

Social interactions

Boredom

**Tobacco
Use
Disorder**

Systemic & Treatment

Insufficient staff training

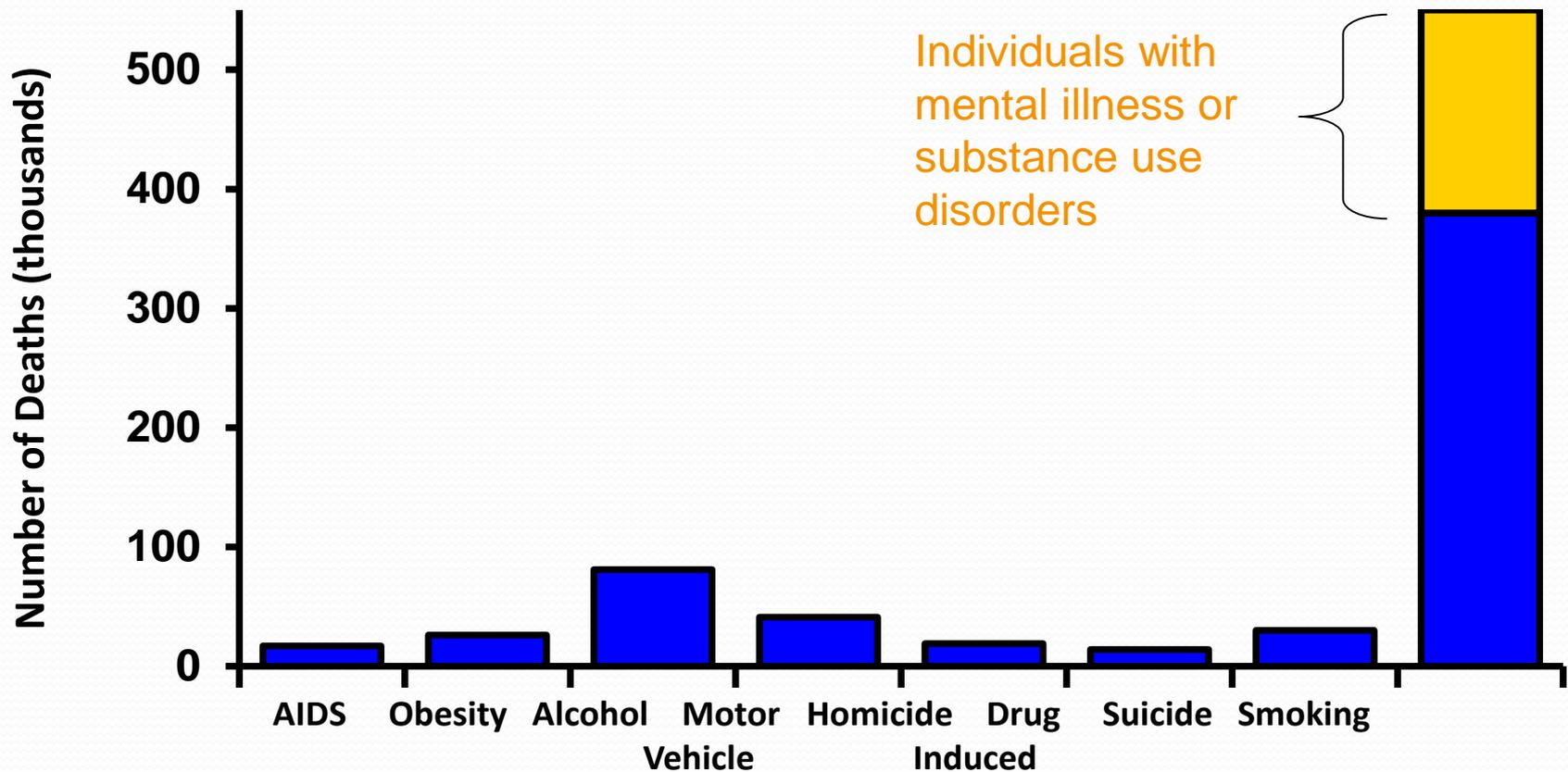
Lack/insufficient TUD Tx and tobacco/vape-free policies

Smoke Breaks

**“Tobacco Control as an issue
of fairness and justice”**

**“Give contemporary
examples of industry tactics
that are driving disparities.”**

COMPARATIVE CAUSES of ANNUAL DEATHS in the United States



Source: CDC

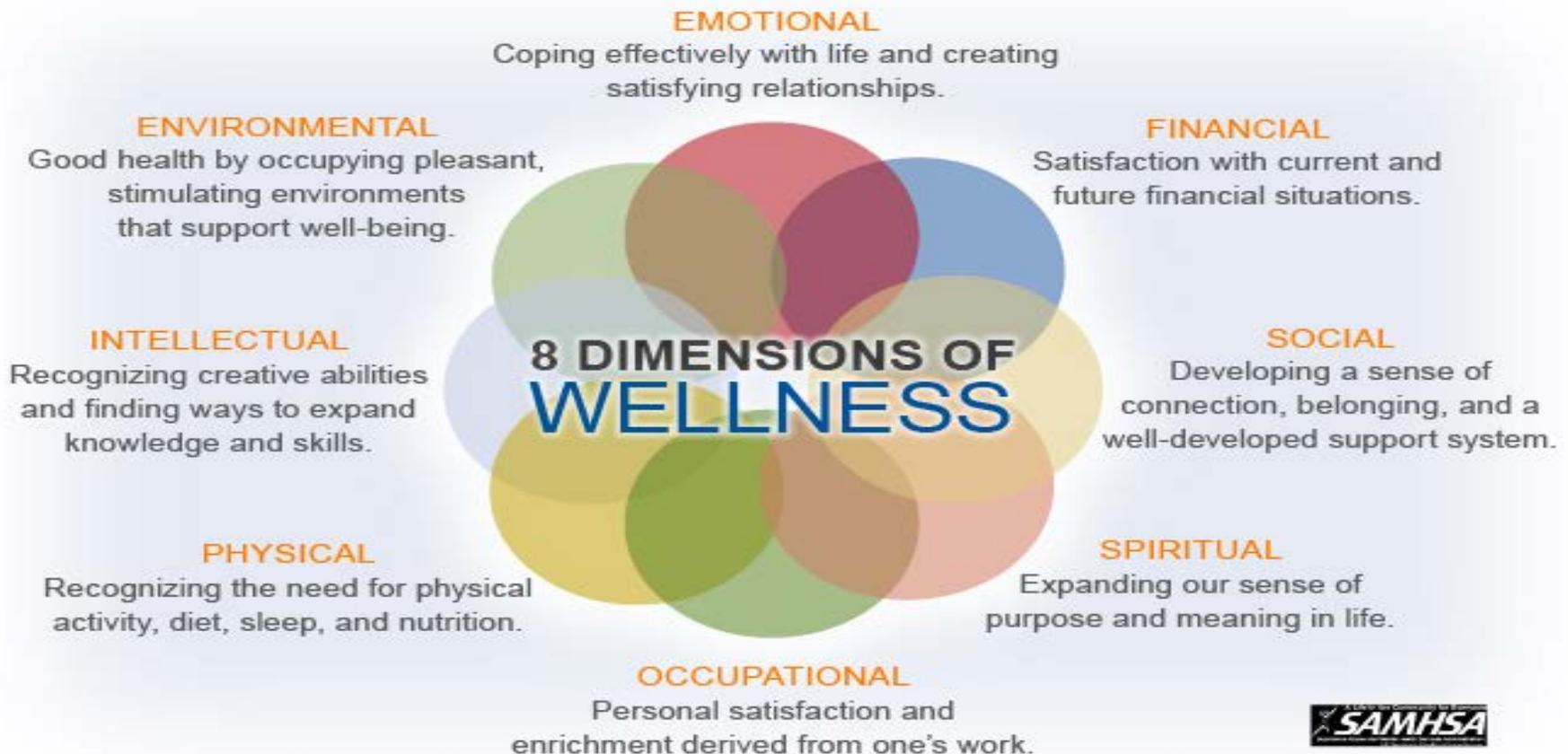
We have a moral obligation

- TUD Tx should be offered to any individual who reports substance use and that *not offering tobacco treatment in SUD treatment is tantamount to increased harm*
- Providers in behavioral health settings have an ethical duty to intervene on patients' tobacco use and provide available evidence-based treatments
- We offer and provide treatment for behavioral health issues regardless of the motivation of the individuals and prospect of relapse
- TUD Tx do not appear to have an adverse effect on psychiatric symptoms. On the contrary, stress, anxiety, depression and emotional well-being improve as a result of tobacco abstinence
- Individuals in current treatment or recovery who were provided TUD Tx during addictions treatment was associated with a **25% increased** likelihood of long-term abstinence from alcohol and illicit drugs.

Patients and Staff Deserve Settings That Promote Recovery from Tobacco Use

- Patients and staff *deserve and want* healthy, clean and safe settings to work and receive care, services and treatment
- Free and low-cost training and technical assistance opportunities are available for new and current staff
- Studies have indicated that 15% of people in drug treatment started smoking in treatment.
- The National Association of State Mental Health Program Directors reported that 20% of persons with schizophrenia began smoking in treatment settings, receiving cigarettes for “good behavior.”

Tobacco use undermines the mission of the profession and organization



Promoting Smoking For Stress Relief

During the conference, Dr. Selye proposed a five-step project for advancing the concept that stress is related to disease, that "deviation" of stress is necessary, and that cigarette smoking is an acceptable deviation.

In the first place, he said that the tobacco industry should change its manner of defense. The industry should not quibble with the meaning of the association between smoking and disease. Instead, he said, the industry should introduce a new, affirmative method of defense, which should emphasize the value of

1005083899

Source: <https://www.industrydocuments.ucsf.edu/docs/tsny0101>

- 2 -

smoking as a "prophylactic and curative" measure.

Promoting Tobacco Use as "Self-Medication"

YB

Re: Research Proposal for July/83 - June/84
"Tobacco Smoking As a Coping Mechanism in
Psychiatric Patients: Psychological, Behavioral
and Physiological Investigations"
Phase I

These 3 studies, plus the remaining 3 planned for next year promise to bear fruitful findings. It is particularly interesting that the psychiatrists, who are medical professionals, are very aware of the role of tobacco use in patients and are very interested in these studies. If tobacco can be shown to be an efficient form of "self-medication" for these patients then this would be significant bonus for the tobacco industry.

RJR- MACDONALD INC. Research and Development/
455 ...

Dr. Knott has been sponsored by CTMC for some years. Up to last year his own salary was paid by us - so he was totally dependent on CTMC funding. He became, however, a permanent member of the Royal Ottawa Hospital in 1984, and since then we only support the cost of his assistants.

The latest request is addressing the problems that restriction on smoking in the workplace or elsewhere may have on inducing stress on the smoker. Once again he seems to be looking at this from our point of view.

Reinforced by ~\$1 million/hour

Newport **pleasure!**
Fire it UP!
Newport
Newport
Newport

Newport

© Lorillard 2003
Newport and Fire it UP are registered trademarks of Lorillard Tobacco Company.
Lights Box: 9 mg. "tar," 0.8 mg. nicotine; Medium Box: 12 mg. "tar," 0.9 mg. nicotine; Box: 15 mg. "tar," 1.3 mg. nicotine av. per cigarette by FTC method.

SURGEON GENERAL'S WARNING: Cigarette Smoke Contains Carbon Monoxide.

B KOOL

KOOL

SURGEON GENERAL'S WARNING: Quitting Smoking Now Greatly Reduces Serious Risks to Your Health.

CML
THE CITY EDITION

7
THE CASBAH
THE CASBAH HAS LIFT-OFF: PARTY PICTURES INSIDE

7th HEAVEN
The Casbah Has Lift-off: Party Pictures Inside

Roll Your Own • Phoenix Rising • Camel Cash Getaway • Feast in Your Frig

Deconstructing the relationship between stress and tobacco use

- Stress can be a strong trigger for tobacco use and contributor to relapse
- Tobacco use is often presented as a coping skill for stress and obstacle to tobacco-free policies in behavioral health treatment settings
- Alleviating nicotine withdrawal, not stress management
- Tobacco use worsens anxiety, depression and stress
- Identifying health and productive coping mechanisms

**“Don’t expect data to speak
for itself – pack in
explanation.”**

Making it Real



- 60 y/o AA Male
- Remote Hx of Cocaine Use Disorder
- Asked his counselor about combining his recovery from tobacco with crack cocaine
- Was told to focus on recovery from cocaine
- Continued to smoke
- Hx of 2 MI's, HTN, Strokes
- “Why didn't my counselor listen to me?”
- We can change this.

The Alcohol Analogy



**Drug Free
Workplace**

 **No Drugs**

 **No Alcohol**

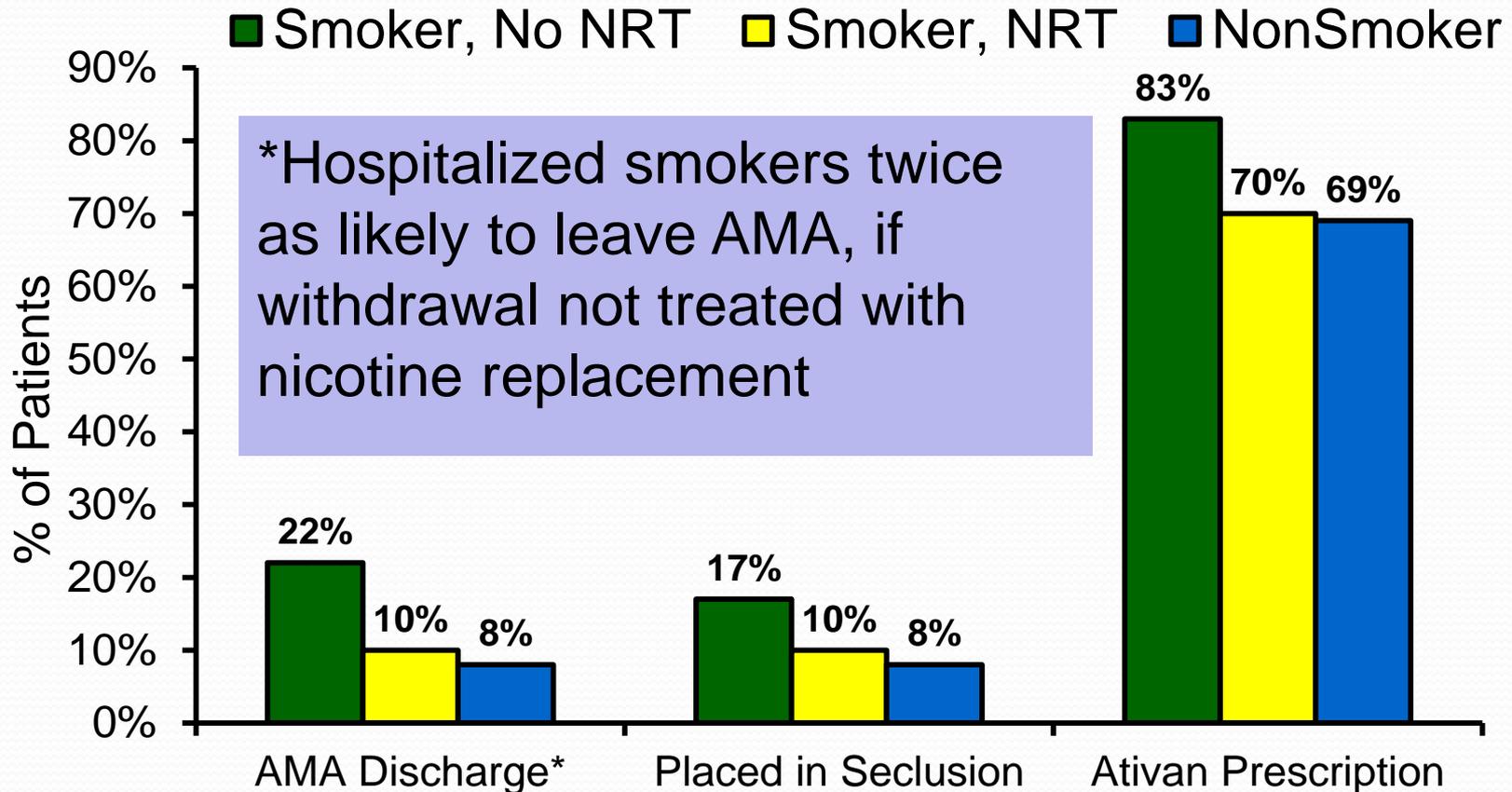
 **No Tobacco**

The company has zero tolerance policy regarding the use of drugs and alcohol, and smoking while working.

SafeWork



TOBACCO IMPACTS TREATMENT



Current TRWI Data

- No adverse impact on voluntary and involuntary admissions
- Increased volume
- No significant increase in AMA discharge rate
- No significant increase on seclusion or restraint incidents
- A significant increase in the odds of NRT prescriptions after discharge

A Word on Harm Reduction

- Harm Reduction International
 - “Harm reduction refers to policies, programs and practices that aim to reduce the harms associated with the use of psychoactive drugs in **people unable or unwilling to stop**.
 - The defining feature [is] the focus on the prevention of harm, rather than on the prevention of drug use itself... Harm reduction complements approaches that seek to prevent or reduce the overall level of drug consumption.”

A Word on Harm Reduction

“How do we know that a person is unable or unwilling to stop if we are not offering integrated treatment and tobacco-free treatment settings? There is ample evidence demonstrating that TUD Tx is safe and effective for our members and staff.

“By not addressing tobacco use, we are putting members at acute risk for other forms of SUD relapse and increased harm. Tobacco-free behavioral health treatment settings are “not forcing individuals to quit”, just to refrain from substance use with support while receiving SUD treatment. This is identical to our approach for other substances and in other settings.

These includes settings where members have often experienced abstinence in other settings and may have received TUD Tx. We must also be cautious when applying a harm reduction perspective to tobacco use, as there is no safe form of tobacco product use and given that the Tobacco Industry has promulgated their own “harm reduction” narrative.”



Accommodation.
The word is getting around.



WARNING: This product contains nicotine. Nicotine is an addictive chemical.

Sage smoked for 23 years, and switched to JUUL in 2018.

"I hadn't planned to switch. But after about a week of having the JUUL in my hand, I started reaching for it over my pack of cigarettes."

Make the Switch



Designed for adult smokers. Not for sale to minors. NOT FOR SALE TO MINORS. This is an approved product and your health is our top priority. © 2018 JUUL Labs, Inc. All rights reserved.



Don't Quit, **Switch!**
See Why Millions
Have Switched To **V2 Cigs.**



No Smoke
No Odor
No Guilt
No Kidding!



America's #1 Electronic Cigarette Brand

See Why >

SURGEON GENERAL'S WARNING: Smoking Causes Lung Cancer, Heart Disease, Emphysema, And May Complicate Pregnancy.

WARNING: Smoking is addictive and dangerous to your health. Reductions in carcinogens (PAHs, nitroamines, and catechols) have NOT been proven to result in a safer cigarette. This product produces tar, carbon monoxide, and other harmful by-products.

OMNI Kings: 15 mg. "tar," 1.0 mg. nicotine, av. per cigarette by FTC Method.
OMNI Lights: 10 mg. "tar," 0.8 mg. nicotine, av. per cigarette by FTC Method.

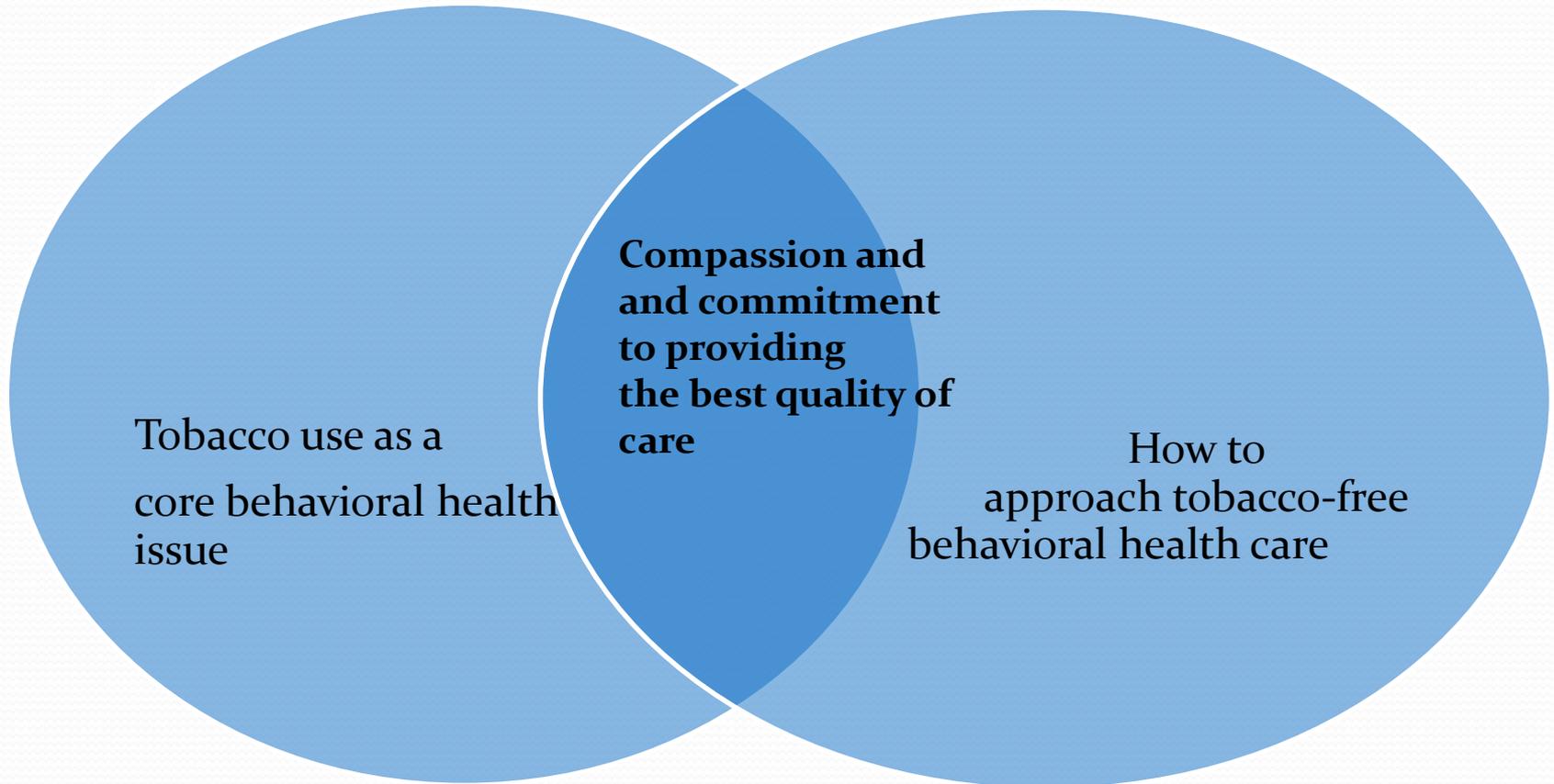
Reductions in carcinogens are in comparison to similar conventional brand smokes.

NEW! Omni
Reduced carcinogens. Premium taste.

Introducing the first premium cigarette created to significantly reduce carcinogenic PAHs, nitroamines, and catechols, which are the major causes of lung cancer in smokers.

For more information call 1-866-639-OMNI or visit us at www.omnicigs.com

Common Ground and For Discussion

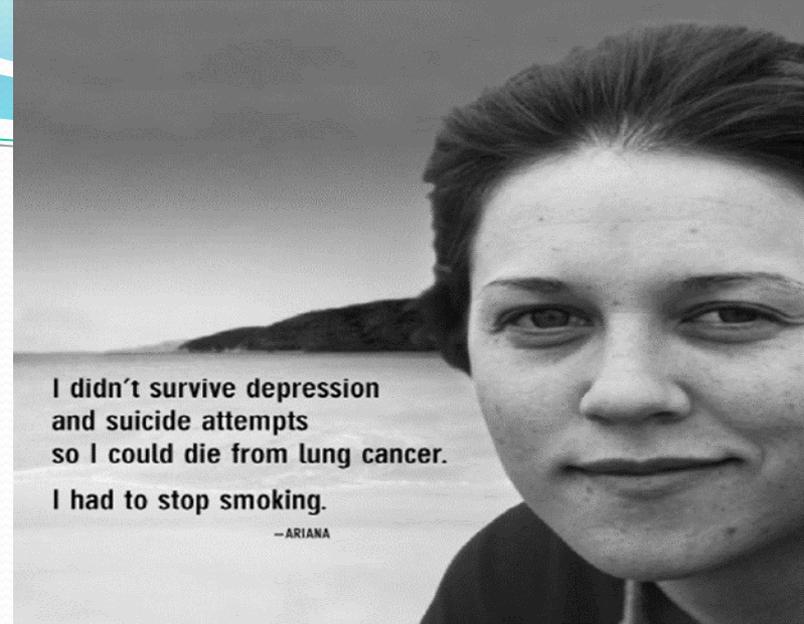


Ryan Coffman

Tobacco Policy and
Control Program
Manager

215-685-5620

ryan.coffman @phila.gov



I didn't survive depression
and suicide attempts
so I could die from lung cancer.
I had to stop smoking.

—ARIANA

CIGARETTES ARE MY GREATEST ENEMY

TOBACCO CAUSES MORE DEATHS THAN AIDS, DRUGS, BREAST CANCER AND GAY BASHING COMBINED

Funded by the American Legacy Foundation. However, this does not necessarily represent the views of the foundation, foundation staff, or its board of trustees. Designer: James Wood Advertising (www.jameswoodadvertising.com)



I didn't survive drugs and alcohol
so I could die from cancer.

I had to stop smoking.

—SELMA

CIGARETTES ARE MY GREATEST ENEMY

TOBACCO CAUSES MORE DEATHS THAN HIV, DRUGS, BREAST CANCER AND GAY BASHING COMBINED



For information call
1-800-QUITNOW
www.smokefree.gov

Q&A

- Submit questions via the **'Ask a Question' box**



CME/CEU Statements

Accreditations:

The University of California, San Francisco (UCSF) School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

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Course meets the qualifications for 1.0 hour of continuing education credit for **LMFTs, LCSWs, LPCCs, and/or LEPs** as required by the California Board of Behavioral Sciences. Provider # 64239.

Respiratory Therapists: This program has been approved for a maximum of 1.0 contact hour Continuing Respiratory Care Education (CRCE) credit by the American Association for Respiratory Care, 9425 N. MacArthur Blvd. Suite 100 Irving TX 75063, Course # 184225000.

New! California Addiction Counselors: The UCSF Office of Continuing Medical Education is accredited by the **California Consortium of Addiction Professional and Programs (CCAPP)** to provide continuing education credit for California Addiction Counselors. UCSF designates this live, virtual activity, for a maximum of 1.0 CCAPP credit. Addiction counselors should claim only the credit commensurate with the extent of their participation in the activity. Provider number: 7-20-322-0722.

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1-800-784-8669

For details on your state services, go to: <http://map.naquitline.org>



✓ Refer your clients to cessation services



- **Free CME/CEUs** will be available for all eligible California providers, who joined this live activity thanks to the support of the California Tobacco Control Program (CTCP)
- For our California residents, SCLC offers regional trainings, online education opportunities, and technical assistance for behavioral health agencies, providers, and the clients they serve throughout the state of California.
- For technical assistance please contact (877) 509-3786 or Jessica.Safier@ucsf.edu.
- Visit CABHWI.ucsf.edu for more information

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 - Instructions on how to claim FREE CME/CEUs
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