

Why Tobacco-Free Recovery?

Tobacco Recovery and Wellness Initiative (TRWI) Talking Points

Principal Messages:

- 1) **Treating tobacco use disorder concurrently with mental illness and other 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.**
- 2) **Philadelphia was an early adopter to a recovery-oriented system of care model. Individuals receiving care in the DBHIDS network of services 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. TRWI is an evidenced-based care improvement initiative to further advance a hope-inducing spirit of recovery.**
- 3) **Failure to treat tobacco dependence in mental health and addiction treatment settings is not consistent with a harm reduction model. Providers in mental health and addiction treatment settings have an ethical duty to intervene on patients' tobacco use and provide available evidence-based treatments.**

There is strong evidence to support that addressing tobacco in the behavioral health setting improves treatment outcomes

- The U.S. Department of Health and Human Services recommends that all smokers with psychiatric illness, including substance use disorders, should be offered tobacco dependence treatment, and clinicians must overcome their reluctance to treat this population.
- A review of 24 studies published from 2006 to 2016 concluded that quitting smoking has a positive effect on substance use outcomes, tobacco treatment should be offered to any individual who reports substance use and that not offering tobacco treatment in SUD treatment is tantamount to increased harm.
- Studies have shown that tobacco treatments do not appear to have an adverse effect on psychiatric symptoms. On the contrary, patients may demonstrate significantly improved clinical status following tobacco treatment regardless of abstinence status.
- A meta-analysis of 19 randomized controlled trials with individuals in current treatment or recovery concluded that alcoholics provided tobacco dependence treatment during addictions treatment was associated with a 25% increased likelihood of long-term abstinence from alcohol and illicit drugs.
- Nicotine primes the brain for addiction and affects the same pathways as alcohol, opiates, cocaine, and marijuana. Evidence indicates that tobacco use interventions, both counseling and medication, are effective in treating smokers who are receiving treatment for chemical dependency.

Patients and staff are motivated to recover from their tobacco use disorder and a tobacco-free treatment and work setting will help them

- The Center for Disease Control and Prevention reported in 2015 that 7 out of 10 smokers want to quit. Studies have demonstrated that smokers with mental illness are just as ready to quit as the general population. The principal barrier to moving into an action stage of change for individuals receiving care is the treatment setting where tobacco use is still used as a prime form of socialization.
- Research shows that individuals receiving behavioral health services are disproportionately affected by tobacco use, want to quit smoking, and are not receiving adequate tobacco treatment. TRWI is designed to fill that void.
- Care settings that maintain a smoking culture serve to initiate tobacco use disorder. Studies have indicated that 15% of people in drug treatment started smoking in treatment. In 2007 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.”
- Upon early TRWI implementation, several DBHIDS network residential drug and alcohol treatment providers have initially reported that as result of tobacco-free policy, staff training, and tobacco recovery treatment many clients and staff have successfully stopped their tobacco use.
- Tobacco free environments are essential to support tobacco recovery clinical interventions.

Tobacco-free drug and alcohol treatment settings do not prevent access to treatment or result in members leaving treatment early

- In 2015, 14 acute and extended acute inpatient psychiatric treatment facilities in Philadelphia and surrounding counties implemented tobacco-free policies. Post -implementation evaluation data did not indicate significant changes in voluntary admission or the incidences of seclusion and restraint.
- In 2008, New York State implemented a policy requiring all state-certified substance abuse treatment programs to implement tobacco-free ground, have “no evidence” of smoking among staff, and make tobacco use disorder treatment available for all clients. According to 2010 data from multiple sources, the number of admissions system-wide remained stable and was not negatively impacted by the implementation of the tobacco regulation.
- Several residential drug and alcohol treatment providers implemented tobacco-free policies that included tobacco dependence treatment at their sites in advance of the broader January 1, 2019 network-wide implementation target date and have not reported a decline in their census or other issues preventing access to treatment or services.
- In 2018, all six state psychiatric hospitals in Pennsylvania announced tobacco and vape free policies.
- Community Behavioral Health (CBH) is closely monitoring several evaluation metrics for residential drug and alcohol treatment programs, including admissions and AMA discharge data. The TRWI team will respond accordingly to any changes in admission or AMA discharge rates to ensure that members receive the highest quality addiction and psychiatric treatment services.

Quality of life, wellness and physical health are fundamental to long-term recovery.

- Nearly half of all cigarettes in the United States are consumed by individuals with an addiction or mental illness resulting in a disproportionate degree of tobacco-related disease.
- Over 200,000 of the 480,000 annual deaths from smoking occur among patients with mental illness and/or substance use disorders.
- A majority of individuals receiving behavioral health services are living at or below poverty levels. A 2004 study identified that on average 27% of a monthly budget of public assistance received is spent on tobacco products.
- Untreated tobacco dependence can be a barrier to secure and maintain housing.
- The tobacco and vaping industries target vulnerable youth, minorities, individuals with mental illness and substance use disorders, and LGBTQ populations. Current e-cigarette company claims of vaping as a harm reduction method is reflective of Big Tobacco's marketing campaigns of the 1970's that encouraged "light-filtered" cigarettes as a safer alternative to stronger brands. Repeated exposure over a long time to e-cigarette vapor poses substantial potential risk. Although companies state that e-cigarettes are safe, there is no scientific evidence to support this view. Long-term data showing that vaping is a "healthier alternative" than cigarette smoking does not exist.
- There is no risk-free level of exposure to secondhand smoke. The health conditions caused by secondhand smoke in adults include coronary heart disease, stroke, and lung cancer. Infants and children exposed to secondhand smoke have more frequent and severe asthma attacks, respiratory infections, ear infections, and a higher incidence of sudden infant death syndrome.

There are significant and comparable experiences in other settings that have implemented tobacco-free policies to protect and promote the public's health while resetting norms and expectations about tobacco use

- Research findings demonstrate that tobacco-free policies help to increase quit attempts, reduce overall tobacco consumption and deter youth from starting to use tobacco.
- Numerous indoor and outdoor public venues, such as restaurants, workplaces, parks, multi-unit housing properties have been tobacco-free for years. This has reset norms and expectations about the use of tobacco in public venues without causing declines in revenue, employment, and business activity.