SMOKING &

RECOVERY

TOOLKIT

SMOKINGANDRECOVERYTOOLKIT.COM

2021

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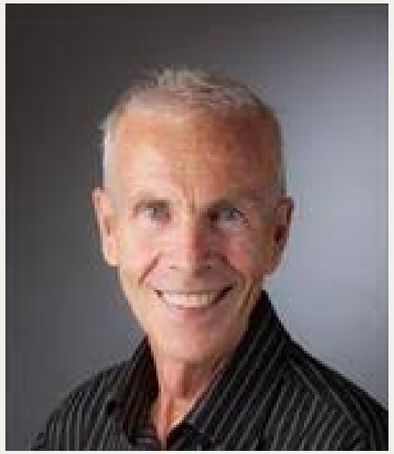
CONTRIBUTORS TO THE TOOLKIT



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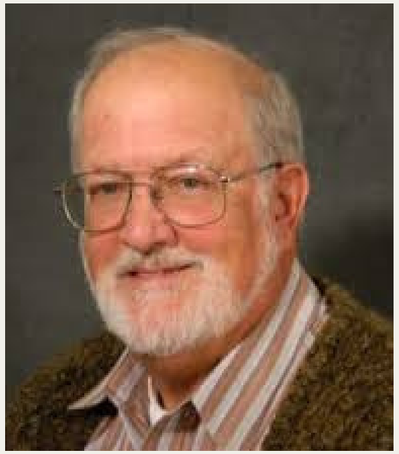
Kevin is a clinical professor in the School of Nursing, University of California, San Francisco. Following decades of direct service, management, teaching and research in the behavioral health arena, he now is active in applying harm-reduction principles and practices to help tobacco users challenged by substance use and mental health disorders.



John de Miranda

Author

With a professional background in the human services field that spans 40+ years, John has served as program administrator, management consultant, therapist, educator, government official, thought leader, and researcher. Following graduation from Wesleyan University (Middletown, Connecticut), he earned a Master's Degree in Counseling & Consulting Psychology from Harvard University. He was awarded a 2019 and 2020 Tobacco Harm Reduction scholarship from Knowledge Action Change a program of the Foundation for a Smoke Free World. He is a person in long-term recovery from a substance use disorder.

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Toolkit Design

Samantha is the creator of Recovery Tree, a nonprofit Recovery Community Organization with the mission of building a support network for persons suffering from Substance Use Disorder. The RCO will utilize a virtual platform to build relationships and promote advocacy for the recovery community. She plans to launch the nonprofit in 2021.

TOOLKIT
DISCLAIMER

SRT

The Smoking and Recovery Toolkit (SRT) is provided for educational purposes only and is not to be construed as medical/legal advice nor clinical consultation. The purpose of the SRT is to assist people in recovery from alcohol and/or drug problems, those in treatment for alcohol and/or drug problems and active users of drugs and/or alcohol to lower their risk for smoking-related health problems. These three groups comprise the primary focus of the information in the Toolkit. Unless otherwise identified, the opinions contained in the SRT are solely those of its author, John de Miranda.

ACKNOWLEDGMENTS

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SRT

SECTION 1

INTRODUCTION TO THE PROBLEM ADDRESSED BY THE TOOLKIT

01

THE PROBLEM ADDRESSED BY THE TOOLKIT

It is widely recognized that there are very high rates of cigarette smoking among the Toolkit's three target populations:

- **alcohol and/or drug users**
- **persons in recovery from alcohol and/or drug problems**
- **and persons in treatment for an alcohol and/or drug problem**

SMOKING & SUBSTANCE USE DISORDER TREATMENT - PIONEERS

Within these the groups, the percentage of smokers is staggering and so too the incidence of smoking-related illness and death. The seriousness of the link between smoking and recovery is captured in the fact that the co-founders of Alcoholics Anonymous, Bill Wilson and Dr. Bob Smith, both died of smoking-related diseases. Bill Wilson died from emphysema complicated by pneumonia, and Dr. Bob Smith died from colon cancer, for which smoking is a major risk factor.

Marty Mann, often referred to as the First Lady of Alcoholics Anonymous, "smoked like a chimney" and died of a stroke, according to a biographer.

While general population smoking rates have been trending downward for years, there are no indications that cigarette smoking rates are decreasing among the three populations targeted by this Toolkit. The relationship between substance use disorder and tobacco use is well-documented.

85%

ONE STUDY FOUND THAT AMONG PERSONS WITH AN ALCOHOL USE DISORDER,THE SMOKING RATE CAN BE AS HIGH AS 85%.

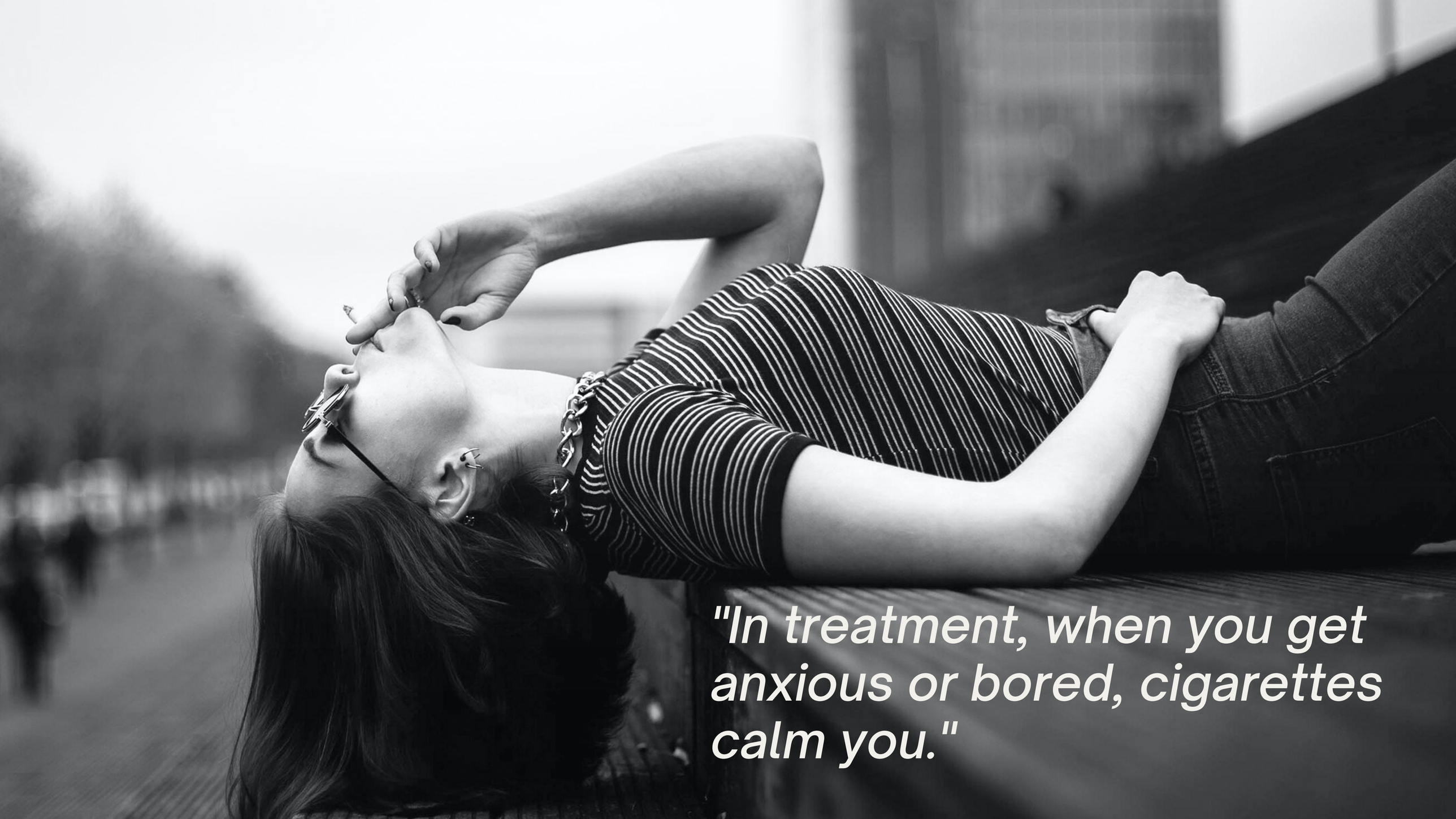
AMONG PERSONS IN TREATMENT FOR SUBSTANCE USE DISORDERS, SMOKING RATES RANGING FROM 50-98% HAVE BEEN REPORTED.

We have seen a dramatic change in how cigarette smoking is perceived within the general population. Price increases, smoking restrictions, and health concerns have combined to make **cigarette smoking taboo** for large segments of society. Cigarette smoking and those who partake are increasingly marginalized and even demonized.

The situation is different within the recovery community and the majority of alcohol and drug treatment programs. Cigarette smoking is more likely viewed as a **necessary evil** that helps individuals maintain an alcohol and drug-free lifestyle. Recovery culture promotes the belief that addressing addiction to cigarette smoking may jeopardize a person's recovery, even though credible research demonstrates just the opposite. Persons that end their cigarette use have improved outcomes regarding their recovery from other substances.

The problem of cigarette smoking among the three populations targeted by this Toolkit is aggravated by the historic lack of attention paid by professionals and leadership in the treatment/recovery world. With a few exceptions, in the past the collective strategy has been to look the other way and deny the contradiction of promoting an “almost” drug-free recovery that maintains **the fiction that cigarette smoking is somehow OK**.

An important assumption underlying this Toolkit is that **traditional smoking cessation approaches fall short** for the alcohol and drug-involved populations because they demand a commitment to “quitting.” The abstinence requirement creates a high threshold that prevents many of these smokers from seeking help.


"In treatment, when you get anxious or bored, cigarettes calm you."

In the treatment and recovery world we have learned that a more nuanced approach can achieve better results. **An abstinence-only philosophy is a remnant of drug war thinking** and is counterproductive of engagement.

A 2021 study of recovery community centers in the U.S. northeast found that **61%** of participants were current smokers. This was not a treatment population, but rather the 275 participants were mostly persons in recovery from a substance use disorder.

I found that vaping was a step in the right direction, and from there I was able to step down to nicotine mints in order to spare my lungs. The benefits of these harm reduction techniques were quickly noticeable, and the support I have received from my friends and family is overwhelmingly positive.

RISK REDUCTION APPROACH

This Risk Reduction Approach, sometimes termed Harm Reduction, offers the full array of practices including **Safer Nicotine Products (SNP)** for the smoker's consideration. These include electronic vaping devices and smokeless powder nicotine products.

CHANGE THE WAY YOU THINK ABOUT SMOKING

Instead of the question, “Are you ready to quit smoking cigarettes?”
the Risk Reduction Approach would ask,

“Are you concerned and would you like to do something about your cigarette smoking?”

HOW TO USE THE TOOLKIT

The materials in this Toolkit are divided into two sections: **organization** and **individual** tools.

The organization tools include basic educational materials and examples of policies and practices that will enable an organization to “up its game” by addressing cigarette use among persons in treatment.

1	2	3
A checklist that will allow agencies to assess where on the spectrum of best practices they are at present.	An 8-level hierarchy of practices that describe how individual programs can improve their policies and practices.	A training PowerPoint is provided that can be viewed by all staff to better understand why organizational change is necessary

The elements in the organization section apply equally to treatment programs and Recovery Community Centers (RCCs). With minor modifications, they may also be useful to sober living environments and recovery residences.

"I think my body's been telling me to quit for seven years and I'm trying to finally listen to it."

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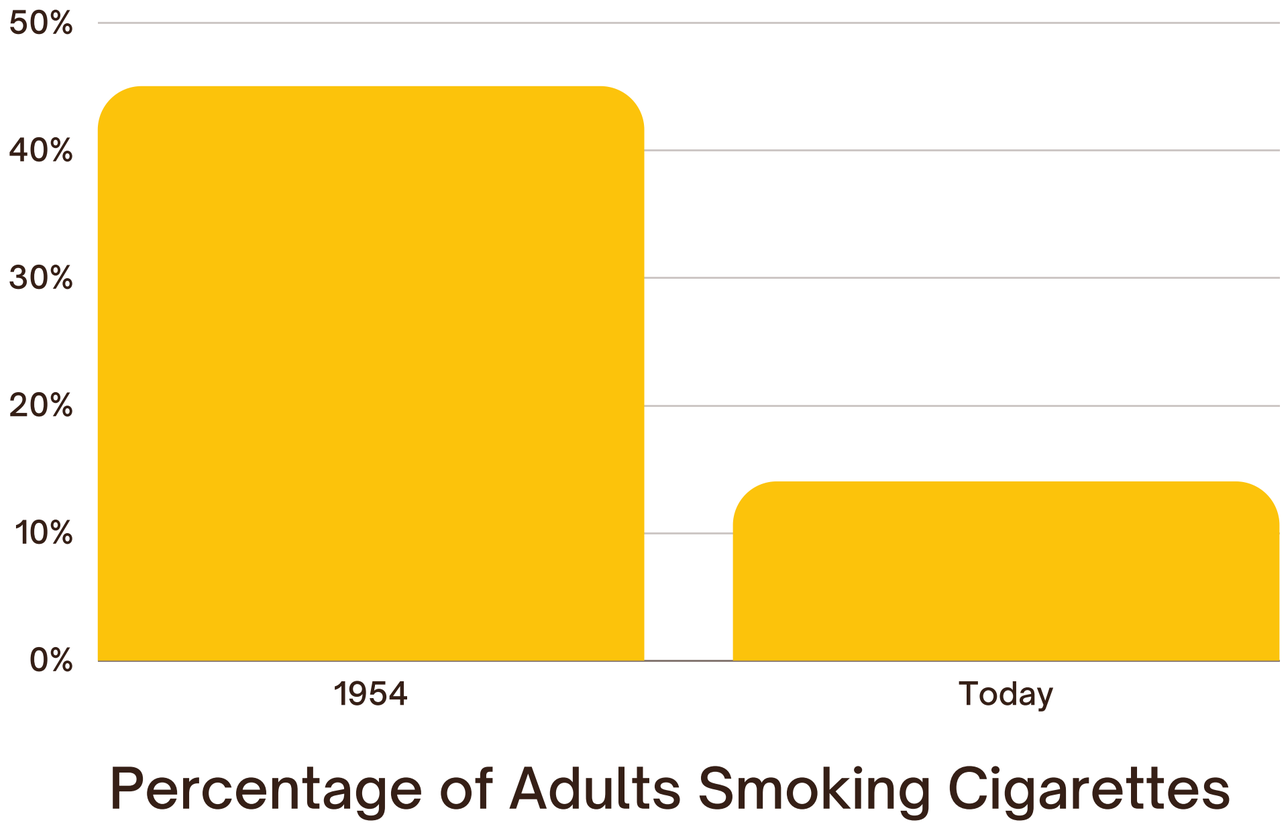
TOOLS FOR THE ORGANIZATION

SECTION 2

02

WHAT'S THE PROBLEM?

In 1954, the percentage of adults smoking cigarettes was **45%.** Today the percentage has decreased to **14%.** This change has resulted from robust public policy innovation and changes in how Americans view their personal health. Without a doubt, it is a major public health success story.



Percentage of Adults Smoking Cigarettes

SMOKING BEHAVIOR IN RECOVERY

For persons with a substance use disorder or who are in recovery, as well as for those who operate **treatment facilities**, smoking behavior has not much changed since the 1950s. There is a tolerance for cigarette smoking that can take years off the lifespan unless aggressively addressed. For many with a substance use problem who are addicted to cigarettes, their smoking is closely aligned with their identity and their recovery. **Fear of relapse** to drugs or alcohol motivates many to continue smoking despite the lethality of cigarettes.

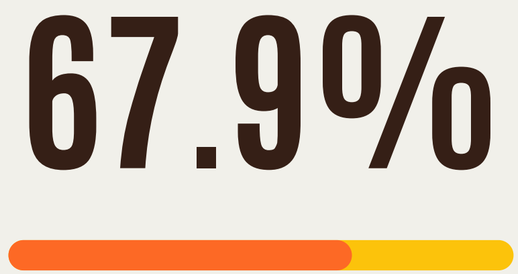
RESEARCH ACCUMULATES YEARLY THAT

Unaddressed addiction to cigarettes undermines **complete recovery.**

Treating all addictions simultaneously leads to the **best outcomes.**

Treatment and recovery centers need to **“up their game”** in addressing smoking.

THE NATIONAL COMORBIDITY SURVEY DATA PUBLISHED IN *NICOTINE & TOBACCO RESEARCH (JUNE 2011)* REPORTED A SMOKING PREVALENCE OF 56.1% AMONG PERSONS WITH PAST-MONTH ALCOHOL USE DISORDERS AND 67.9% AMONG THOSE WITH SUDS.



CURRENT LITERATURE CITES SMOKING PREVALENCE AMONG TREATMENT CLIENTS AS RANGING BETWEEN 49% AND 98%.

THE NICOTINE & TOBACCO RESEARCH REPORT CONCLUDED:

"The very high smoking rates reported in addiction treatment samples warrant significant, organized, and systemic response from addiction treatment systems, from agencies that fund and regulate those systems, and from agencies concerned with tobacco control."

"Everybody else in the house is smoking, so I want to be part of it."

CALL TO ACTION

While most treatment and recovery centers have adopted appropriate signage and smoking policies that align with general community practice, there is a tendency to **“look the other way”** when it comes to directly addressing this addiction. Some of this reluctance stems from not knowing what to do.

This Toolkit has been created to provide **answers and solutions.**

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TOOLS FOR THE INDIVIDUAL

SECTION 3

03

WHAT'S YOUR PROBLEM?

Smoking cigarettes is **risky business.** Whatever pleasures are received from smoking must be weighed against the long-term health consequences of introducing 70 known cancer-causing chemicals into your lungs. Our days are spent managing risk. Should I cross the street before waiting for the light to change? Can I drive another few miles before stopping for gas? What about that frayed wire on my toaster?

The items in the individual section are designed to motivate individuals to think seriously about the risks they face and to take steps to **lower their risk profile.**

Included in the Toolkit are handouts that will help determine the Stage of Change and which strategy to use. The **Simple Plan** enables users to implement the change that best fits their use and to examine their cigarette use within the context of their alcohol and drug history.

An educational PowerPoint is also provided that speaks specifically to the populations targeted by the Toolkit, i.e. persons in recovery, persons in treatment and persons actively using alcohol and/or illicit drugs.

INDIVIDUAL PERSPECTIVE

Throughout these materials, the Toolkit also offers **first person accounts** and quotations from those who have struggled with alcohol, drug and cigarette addiction. These commentaries are derived from a variety of sources including, focus groups held at the Tobacco Harm Reduction Research Project, alcohol and drug counseling course students at the University of California, San Diego and focus groups conducted in fulfillment of a 2019 Tobacco Harm Reduction Scholarship.

SMOKING BEHAVIOR AND YOUR RECOVERY

Improving health by lowering risk involves changing behaviors. Despite the TV ads, there is no magic way to lose weight or prevent disease. The Greek philosopher Socrates suggested:

"The secret of change is to focus all of your energy not on fighting the old, but on building the new."

Stages of Change Process

There are several steps involved in what is called the Stages of Change Process

Step 1

Pre-contemplation
(also known as blissful ignorance)

Step 2

Contemplation
(Concern about something)

Step 3

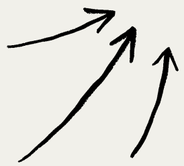
Preparation
(Getting ready to change)

Step 4

Action
(Changing behavior)

Step 5

Maintenance
(Keeping up the change)



you are probably here!

As you read this you are acknowledging that you have moved from the pre-contemplation stage to contemplation, or maybe even preparation stage.

YOUR SMOKING INVENTORY

CAGE

(Self-Assessment)

CAGE is an acronym for four questions that may help you decide if you need to cut down or quit smoking.

Positive responses to **two** or more of these questions indicate a **positive** screening test for tobacco addiction.

01

Cut Down

Have you ever felt a need to **Cut Down** or control your smoking but had difficulty doing so?

02

Annoyed

Do you ever get **Annoyed** or angry with people who criticize your smoking or tell you that you ought to quit smoking?

03

Guilty

Have you ever felt **Guilty** about your smoking or about something you did while smoking?

04

Eye Opener

Do you ever smoke within 30 minutes of waking up (**Eye Opener**)?

ADDITIONAL SELF-ASSESSMENT QUESTIONS

- Is it hard to keep from smoking in places where you are not supposed to?
- Do you ever feel nervous, restless or anxious when you can’t smoke?
- Have you ever listed the positive benefits against negative aspects of your cigarette smoking?
- If you have tried to reduce or quit smoking in the past, what were the reason(s) that you were either initially or eventually unsuccessful?

THANK YOU

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