

# SMOKING &

# RECOVERY

# ORGANIZATION TOOLS



SMOKINGANDRECOVERYTOOLKIT.COM

2021

# TOOLKIT

## DISCLAIMER



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

Smoking & Recovery Toolkit | 2021  
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# TOOLS FOR THE ORGANIZATION

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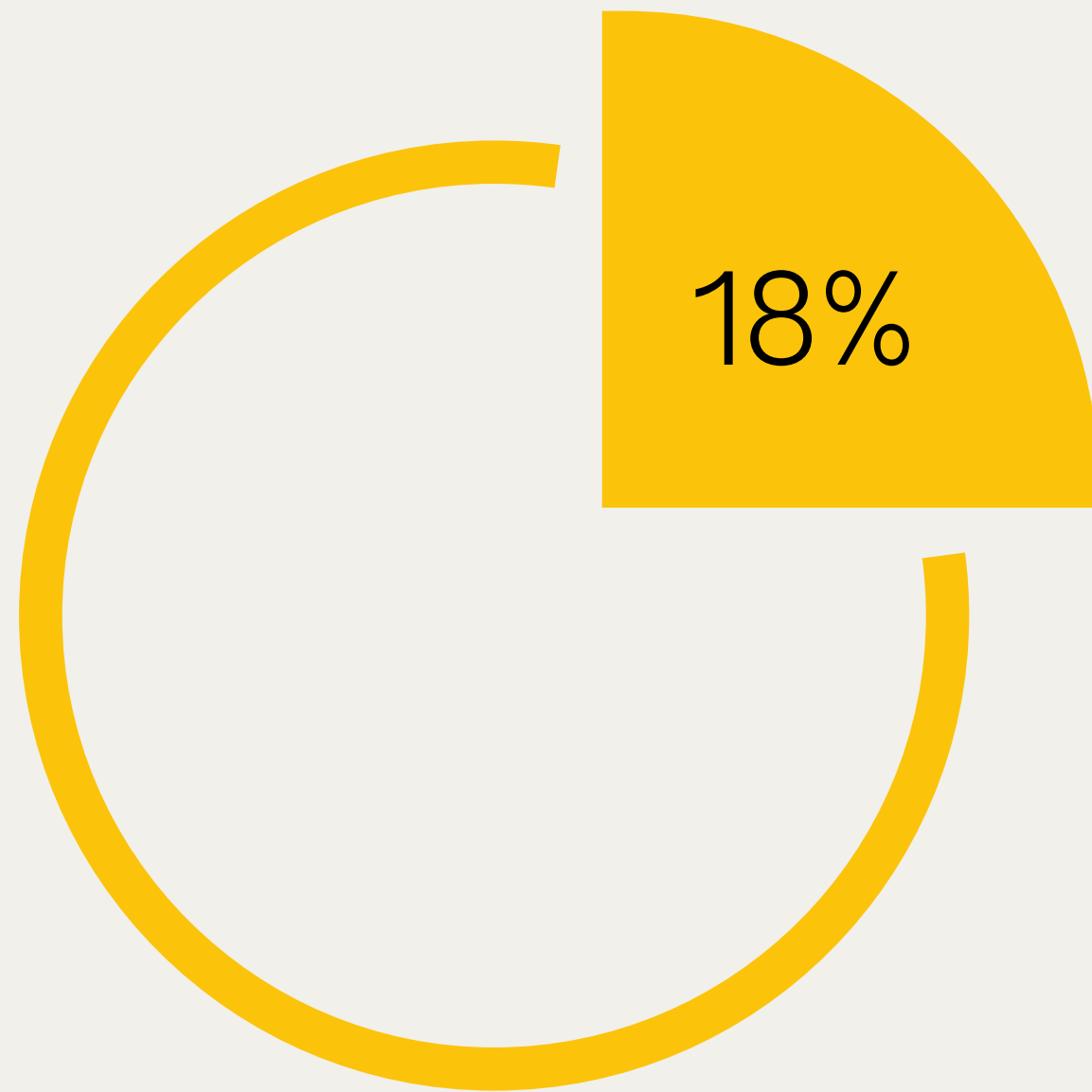


# SMOKING & RECOVERY TOOLKIT

The Organization component of the Toolkit assists treatment facilities to address smoking during recovery. With these tools you can educate staff with the PowerPoint, and you can assess current policies and practice with the Tobacco Use & Intervention Policy Elements and Organizational Levels of Smoking Awareness Checklist.

# WHAT WE KNOW FROM RESEARCH

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The Substance Abuse and Mental Health Services Administration reports that adults with Substance Use Disorder (SUD) account for more than **18%** of all cigarettes smoked in the United States.

# WHAT WE KNOW FROM RESEARCH

The majority of patients in treatment believe it is better to quit within **6 months** of stopping drugs rather than waiting until later.

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Many studies have found that quitting smoking improves the chances of sustained sobriety for patients treated for addictions to alcohol and other drugs.


# WHAT WE KNOW FROM RESEARCH

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For persons entering SUD treatment, smoking estimates as high as **97%** have been reported.

Up to **80%** of smokers who enter treatment for addiction do want to quit using tobacco, as well.

**80%**





# MORTALITY

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Persons discharged from the Mayo Clinic with diagnoses of alcohol abuse were much more likely to die from smoking-related illnesses than anything else.

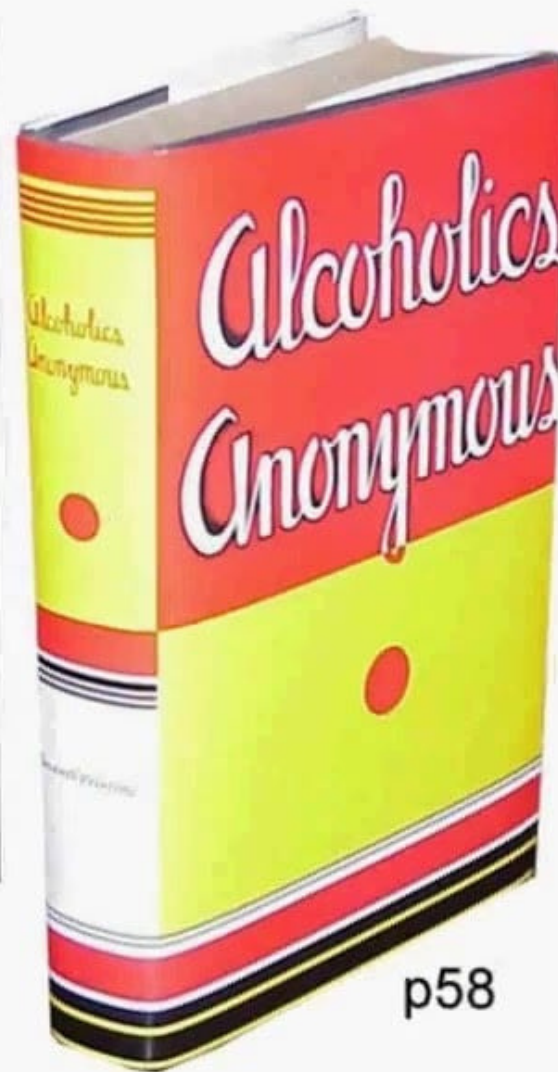
The most common cause of death in long-term recovering alcoholics is related to health consequences of cigarette smoking.

# SMOKING & SUBSTANCE USE DISORDERS - PIONEERS

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Dr Robert Smith  
AA Co-founder



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Bill Wilson  
AA Co-founder

The co-founders of Alcoholics Anonymous, Bill Wilson and Dr. Bob Smith, both died of a 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.



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# A 2011 RESEARCH REPORT IN NICOTINE & TOBACCO RESEARCH 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.”

# THE PHILADELPHIA STORY

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The Philadelphia Department of Behavioral Health and its leadership have a well-deserved reputation for pioneering recovery-oriented systems of care. Effective January 1, 2019, the agency initiated an **aggressive** policy to address the problem of nicotine addiction among those receiving Substance Use Disorder (SUD) services in contracted facilities. The policy covers 9 detox facilities, 32 short-term rehabilitation programs, 31 long-term rehab programs, and 8 halfway houses.



Behavioral Health  
Commissioner, David T. Jones,  
a passionate proponent of the  
policy, believes that  
aggressively addressing  
tobacco addiction will  
**dramatically** improve all  
treatment outcomes.





## According to Jones:

"Smoking among Philadelphians who have a substance use or alcohol problem is at 69% and 48%, respectively. By comparison, smoking among Philadelphians not using drugs or alcohol hovers at around 22%. Tobacco use kills more of our citizens than both opioid overdose and gun violence together."

# WHAT'S WRONG WITH THE PHILADELPHIA APPROACH

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## Unintended Harms\*

- A barrier to treatment initiation
- Decrease in treatment retention
- Disproportionately punishes marginalized populations
- Violates harm reduction principal to “meet people where they’re at”
- Reaffirms the idea that coercion and prohibition are effective strategies
- Includes ban on e-cigarettes

\* Brooke Feldman, Filter (magazine), February 12, 2019

# COMMUNITY ACTIVISTS PROTEST THE PHILADELPHIA BAN

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# MYTHS AND BARRIERS

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Sobriety trumps damage from cigarette smoking



Recovery should not trump the danger of smoking cigarettes.

# MYTHS AND BARRIERS

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## Recovery Culture

Groups that share a common purpose often develop norms and practices. Recovery culture is mostly positive and life-affirming, but when it comes to smoking, ignoring the real danger is life threatening.



# Tobacco use in the treatment trenches

By John de Miranda

"Cigarettes allow you to maintain some control over your life. Smoking is a big part of the day in rehab. The breaks from group are smoking breaks. It's calming. Maybe we are just substituting the cigarettes for drugs. Not all houses are smoke-free. Smoking bans in rehab are counterproductive. My parole agent couldn't believe that you could get kicked out of rehab for smoking tobacco. What you learn in rehab about staying away from drugs is not transferable to quitting cigarettes. Cigarettes don't put you in jail. Maybe just deal with one substance at a time. Some rehab programs give you smokes. After the first 10 days in rehab I was told to no more cigarettes."

"One is too many and 100 are not enough. I had quit but started again when I started to go to AA meetings. I can quit easily in prison but start again when I come out. In prison drug thinking stays with you because there are drugs around, but nobody smokes so nicing ( Nic: to crave nicotine. Pronounced "nick") doesn't last. Always trying to reduce or quit. When the California prison ban started we smoked apple seeds, banana peels and used chewing tobacco. Cigs are crazy expensive. Got to budget for food, housing and smokes. Smoking cigarettes is how my addiction shows up today. I'm at 3-4 packs a day. No intention to quit; grandma smoked from 17 to 102. I would like to be not addicted to anything but I'm not ready."

"Drinking and tobacco go hand-in-hand. The only time I smoke is a cigarette after smoking crack. Meth kinda freezes your lungs and cigarettes are a break from the pipe. Cigarettes prolong the high, especially with weed. Cigarettes were my gateway drug. I always need a cigarette after hitting heroin. When I didn't have drugs I used cigarettes. I only smoke when I am in my addiction. I had quit smoking but started again when I got into rehab. Smoking tobacco brings balance to drinking and helps you pace yourself."

# TOBACCO HARM REDUCTION

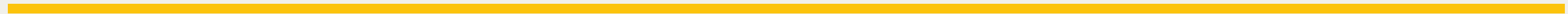
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Tobacco harm reduction refers to public health strategies that assist current smokers to lower their risk of disease and disability by switching to safer nicotine products. Noteworthy is a concurrent understanding that nicotine is used by millions with substantially reduced risks.

# NICOTINE

“People smoke for the nicotine, but die from the tar.”

Mike Russell, MD, British Psychiatrist



“Despite public service announcements that seek to scare young people, nicotine has more in common with caffeine than heroin.”

John de Miranda, Speaking at the Cape Cod Symposium on Addiction

# NICOTINE

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In Sweden, many people get their nicotine from sucking smoke-free tobacco called "snus." Research there has put rates of lung cancer, heart disease and other smoking-related illness among the lowest in Europe.

# DECREASING TOBACCO RISKS

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Cessation approaches have a **significant failure rate**.

Surveys carried from 2013 to 2015 in the UK and France suggest that on the contrary, the availability of safer alternatives to smoking is associated with decreased smoking prevalence and increased smoking cessation.



# TOBACCO HARM REDUCTION STRATEGIES

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- Cutting down (decreasing use)
- Cessation programs
- Mutual Support (self-help)
- Nicotine replacement
- Snuff, snus, pinch, dip
- E-cigarettes

# CESSATION

## Cessation Programs

Hospitals & Health Care Systems

American Lung Association

American Cancer Association

California Smokers Helpline

([www.nobutts.org](http://www.nobutts.org))

# MUTUAL SUPPORT (SELF-HELP)

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## Nicotine Anonymous



[www.nicotine-anonymous.org](http://www.nicotine-anonymous.org)

Nicotine Anonymous ("NicA") is a non-profit 12-step fellowship of men and women helping each other live nicotine-free lives. Nicotine Anonymous welcomes all those seeking freedom from nicotine addiction, including those using cessation programs and nicotine withdrawal aids. The primary purpose of Nicotine Anonymous is to help all those who would like to cease using tobacco and nicotine products in any form.

# MUTUAL SUPPORT (SELF-HELP)

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Self-Management and Recovery Training



[www.smartrecovery.org](http://www.smartrecovery.org)

Self-Management And Recovery Training (SMART) is a global community of mutual-support groups. At meetings, participants help one another resolve problems with any addiction (to drugs or alcohol or to activities such as gambling or over-eating). Participants find and develop the power within themselves to change and lead fulfilling and balanced lives guided by our science-based and sensible 4-Point Program.®

# NICOTINE REPLACEMENT

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Nicotine Replacement is a treatment to help people stop or reduce their inhalation of combustible tobacco.

Replacement products use low doses of nicotine that present minimal risk. These products do not contain many of the toxins found in smoke. The goal of therapy is to cut down on cravings for nicotine and ease the symptoms of nicotine withdrawal

- Patches
- Gum/lozenges
- Nasal spray



# WHAT'S NEXT?

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Innovation in addiction treatment can be slow. For example, it has taken more than 20 years for motivational and harm reduction strategies to be widely adopted. Hopefully, tobacco harm reduction policies and practices will spread more quickly.

Now that are familiar with the Organizational tools, take a look at the Individual Toolkit.

# THANK YOU

*CONTACT US FOR REFERENCES*

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