Connecting the Dots:
Addiction, Trauma and Tobacco Use

National Behavioral Health Network
For Tobacco & Cancer Control

Monday, June 17, 2019,
12:00pm ET

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STATE ASSOCIATIONS OF ADDICTION SERVICES
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WELCOME!

Margaret Jaco Manecke, MSSW
Project Manager, Practice Improvement
National Council for Behavioral Health

Karen Johnson, MSW, LCSW
Senior Director of Trauma-Informed Services
National Council for Behavioral Health

Taslim van Hattum, LCSW, MPH
Director of Practice Improvement
National Council for Behavioral Health

Housekeeping

o Webinar is being recorded. All participants placed in "listen-only" mode.

  ➢ Recording will be posted on **BHtheChange.org**

o For audio access, participants can either dial into the conference line or listen through your computer speakers.

o Submit questions by typing them into the chatbox.

o PDFs of today's presentation slides and our presenter bios available for download in the handouts pane.

National Behavioral Health Network
For Tobacco & Cancer Control

- Jointly funded by CDC's *Office on Smoking & Health* & *Division of Cancer Prevention & Control*

- Provides resources and tools to help organizations reduce tobacco use and cancer among people with mental illness and addictions

- 1 of 8 CDC National Networks to eliminate cancer and tobacco disparities in priority populations

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Today's Overview

- Overview of Addiction, Trauma and Adverse Childhood Experiences (ACEs)

- ACES and Smoking Associations

- Trauma-Informed Approaches

- Trauma-Informed Approaches and Smoking Cessation Examples

Gabor Mate's Definition of Addiction

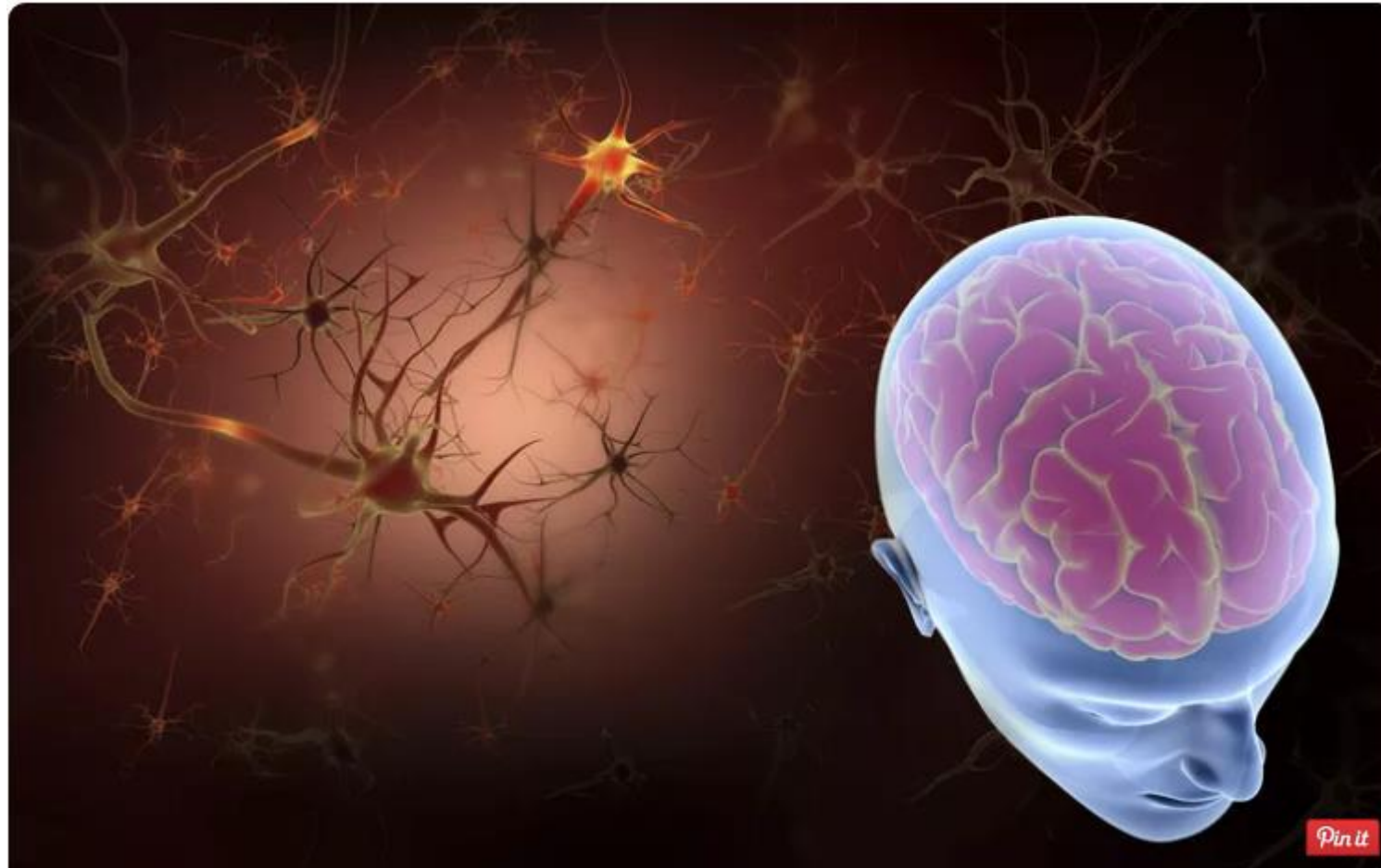Any behavior that a person is not able to give up and is associated with:

- Craving and temporary relief

- Long-term negative consequences

Early emotional loss is the template

for all addictions

Mate, Gabor, *(2010). In the realm of the hungry ghosts.* Berkley, CA: North Atlantic Books. Print.
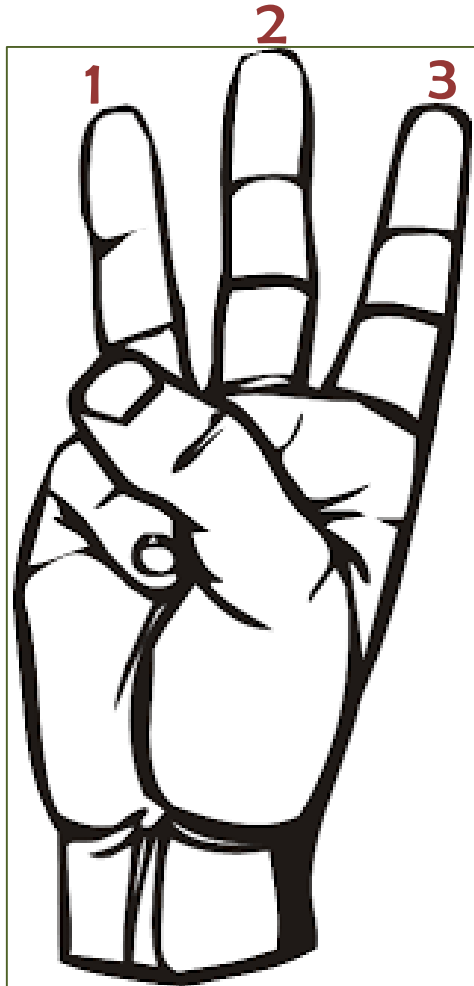
Nicotine dependence
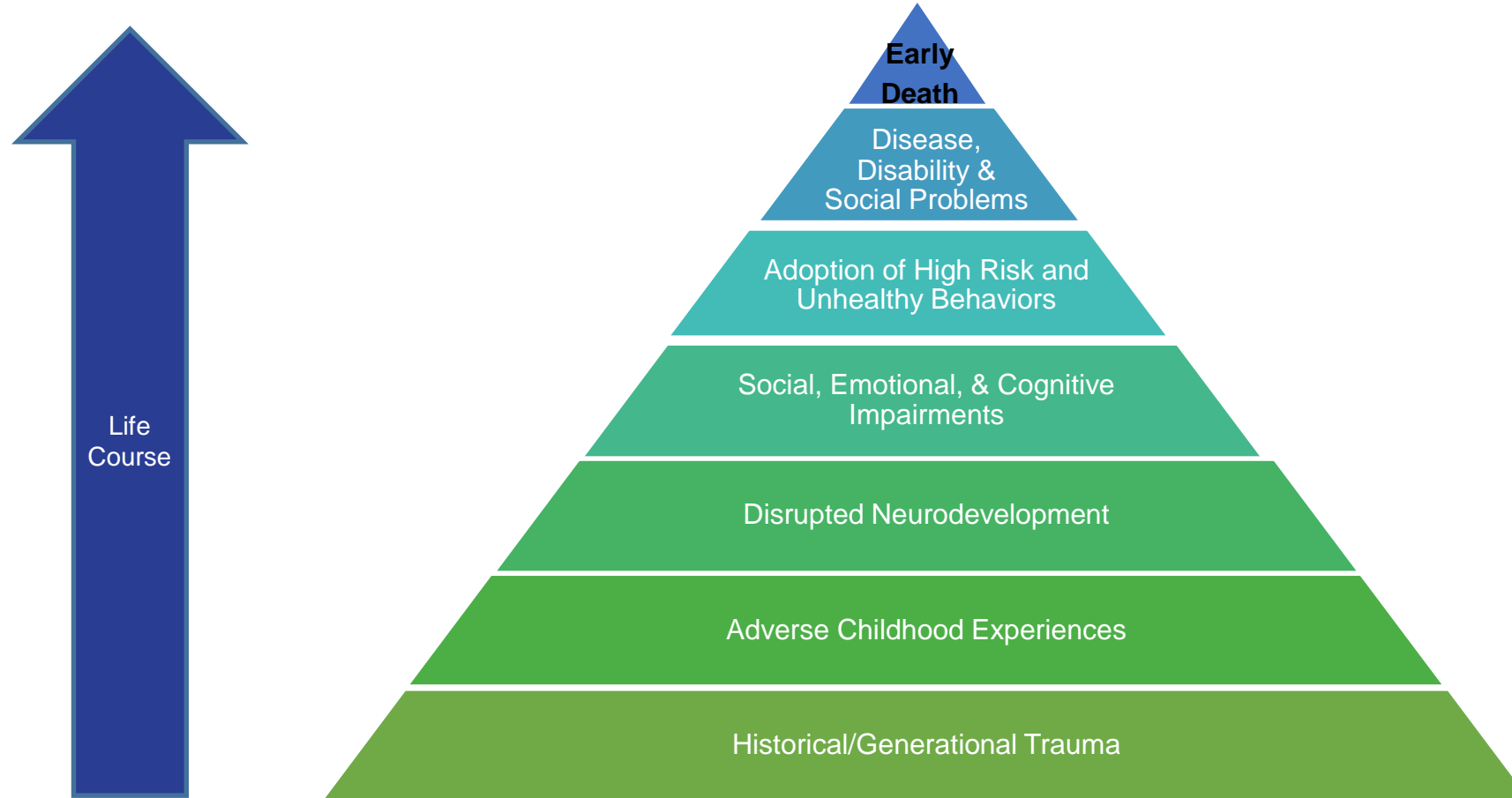

Image taken from verywell mind

Trauma includes three key elements

"Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being."
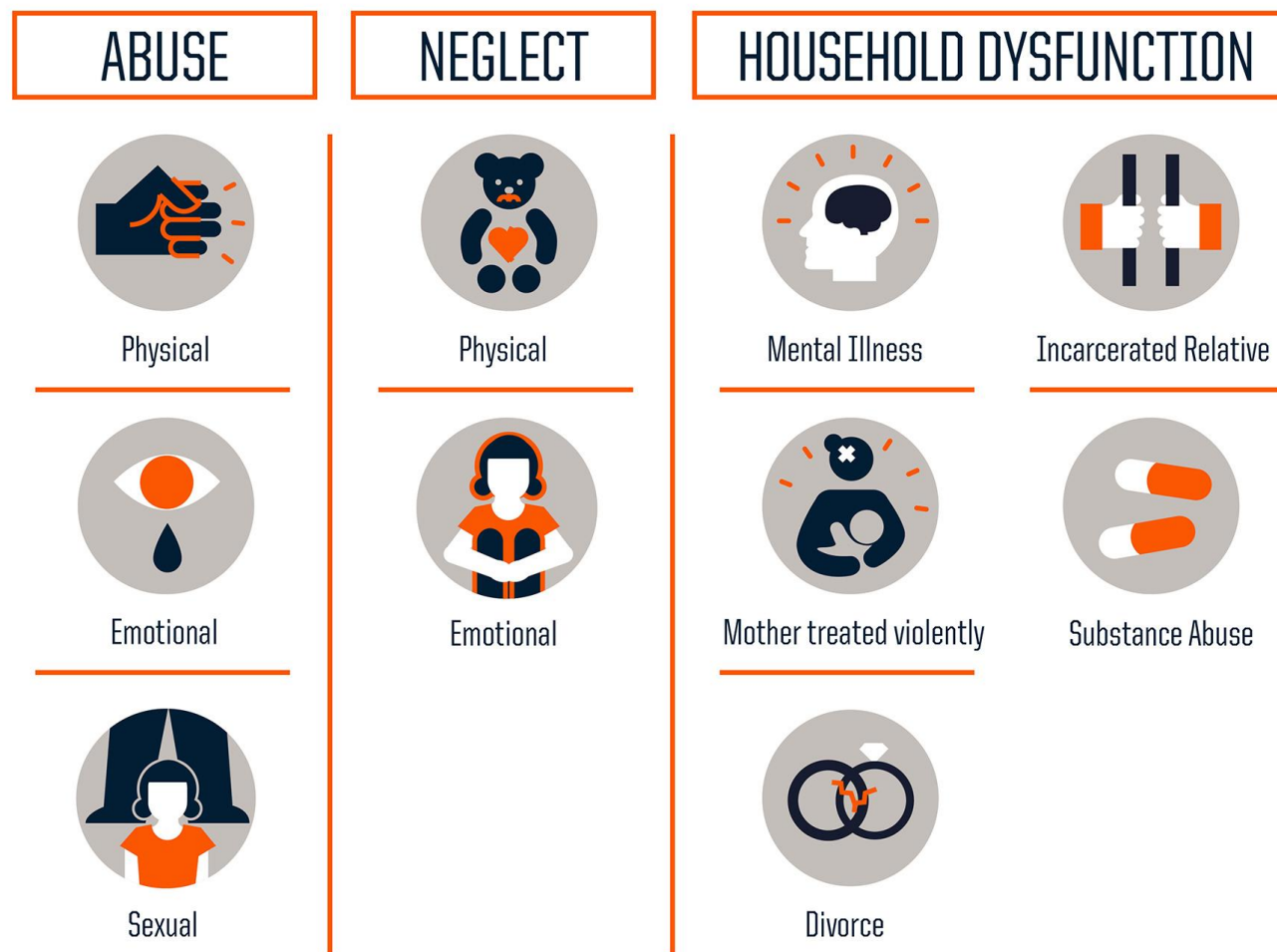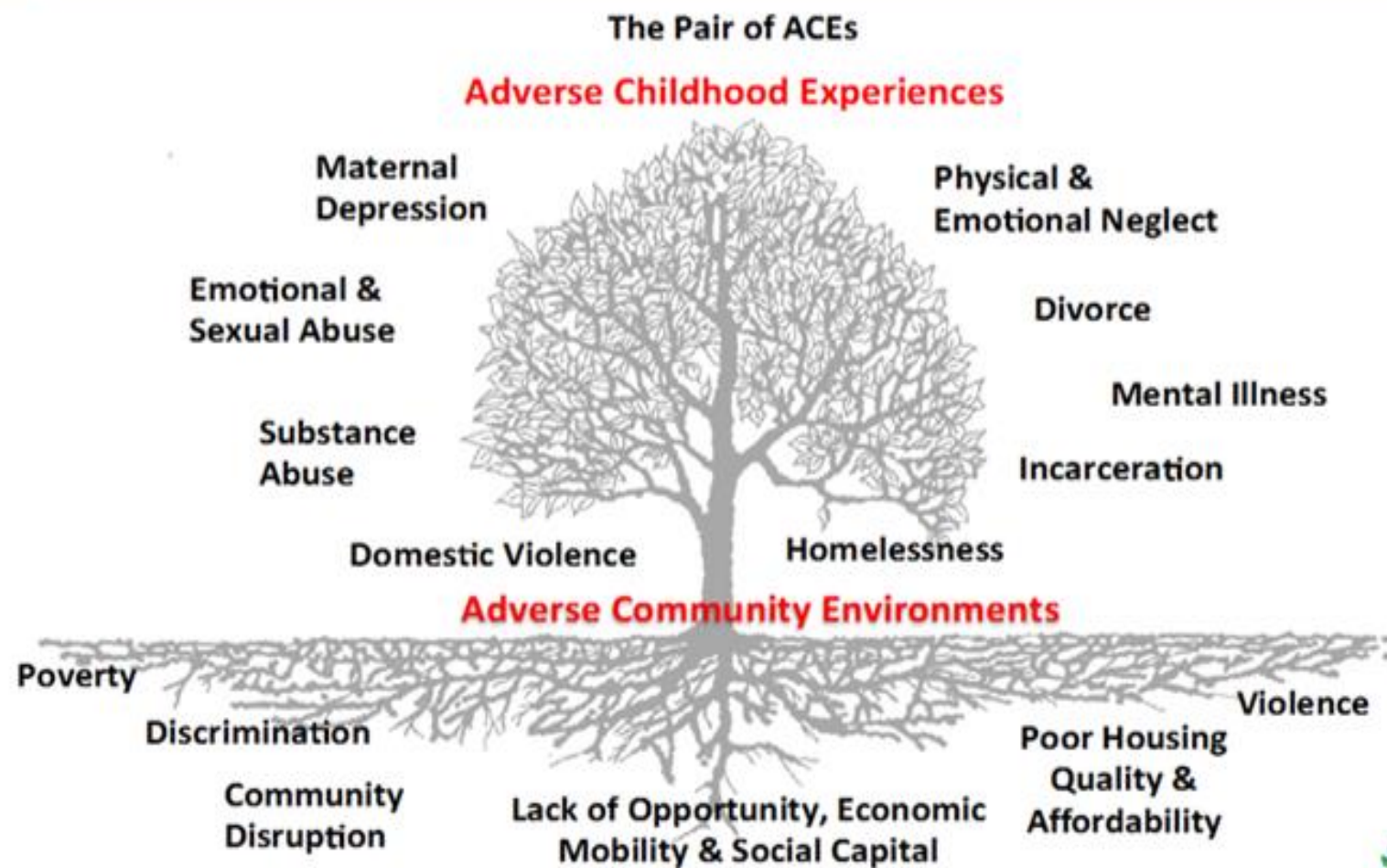
SAMHSA 2012

Adverse Childhood Experiences (ACE) and adolescent health. Retrieved from
https://www.cdc.gov/violenceprevention/acestudy/

Types of Adverse Childhood Experiences

ABUSE	NEGLECT	HOUSEHOLD DYSFUNCTION	
Physical	Physical	Mental Illness	Incarcerated Relative
Emotional	Emotional	Mother treated violently	Substance Abuse
Sexual		Divorce	

Centers for Disease Control and Prevention

How Common Are ACEs?

	ZERO	WOMEN	MEN
ZERO	36%	34%	38%
ONE	26%	24%	28%
TWO	16%	15%	16%
THREE	9%	10%	9%
FOUR or more	12%	15%	9%

ACEs Connection

ACEs Connection

Continuum of Stress

POSITIVE STRESS

Mild/moderate and short-lived stress response necessary for healthy development

TOLERABLE STRESS

More severe stress response but limited in duration which allows for recovery

TOXIC STRESS

Extreme, frequent, or extended activation of the body's stress response without the buffering presence of a supportive adult

Intense, prolonged, repeated and unaddressed

Social-emotional buffering, parental resilience, early detection, and/or effective intervention

ACEs Connection

Addiction and the Brain

As Gabor Mate notes in his book, *In the Realm of Hungry Ghosts* (2010), substance addicts "self-medicate to sooth their emotional pain – but more than that, their brain development was sabotaged by their traumatic experiences."

Gabor Mate, MD.

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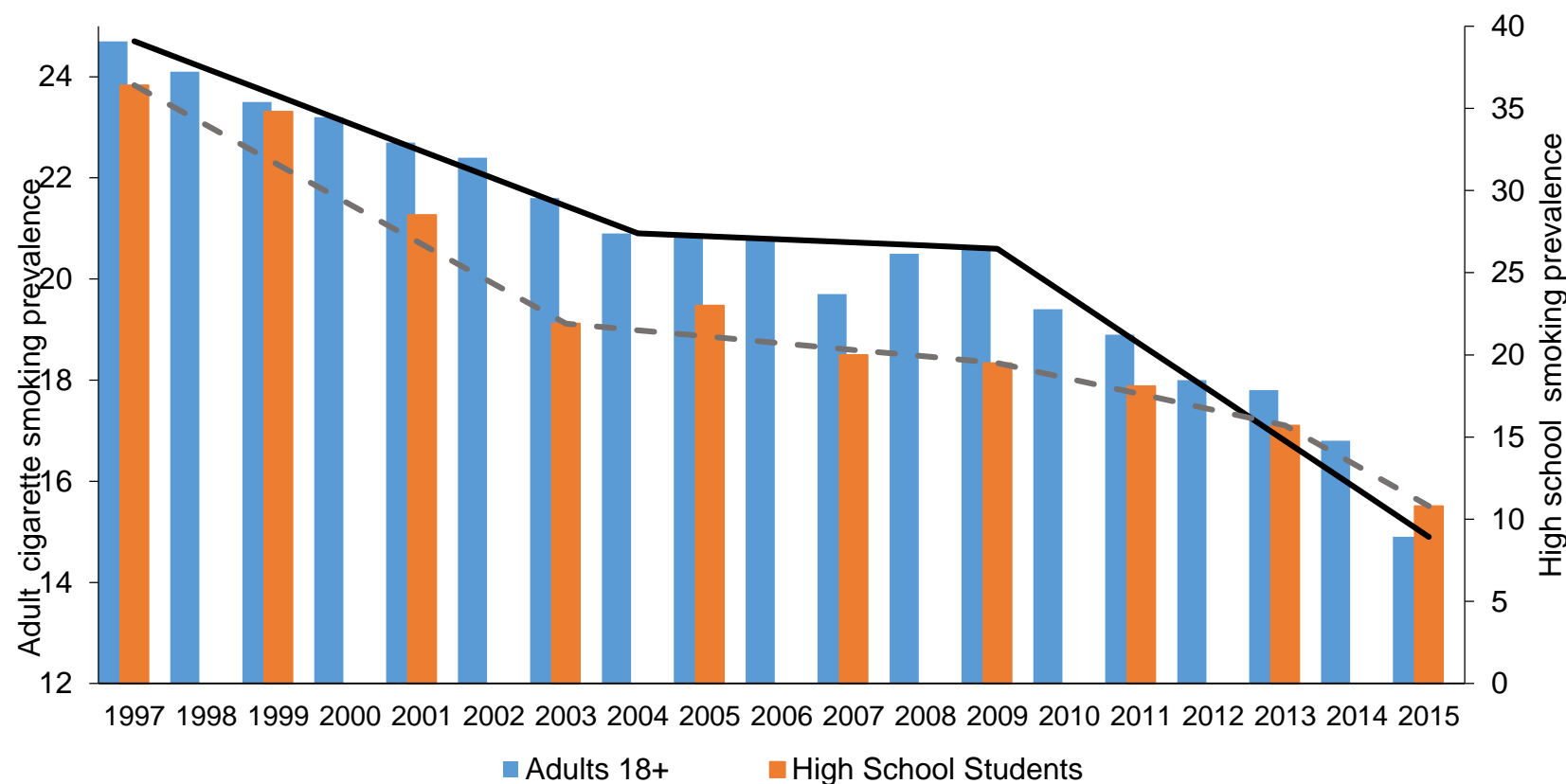
Making Connections

- Sources estimate that 25 -75% of abuse and/or violent trauma survivors develop alcohol misuse issues
- Survivors of accidents, illness, or natural disasters have between 10 to 33% higher rates of addiction
- A diagnosis of PTSD increases the risk of developing alcohol misuse
- Male and female sexual abuse survivors experience a higher rate of addiction compared to those who have not survived such abuse

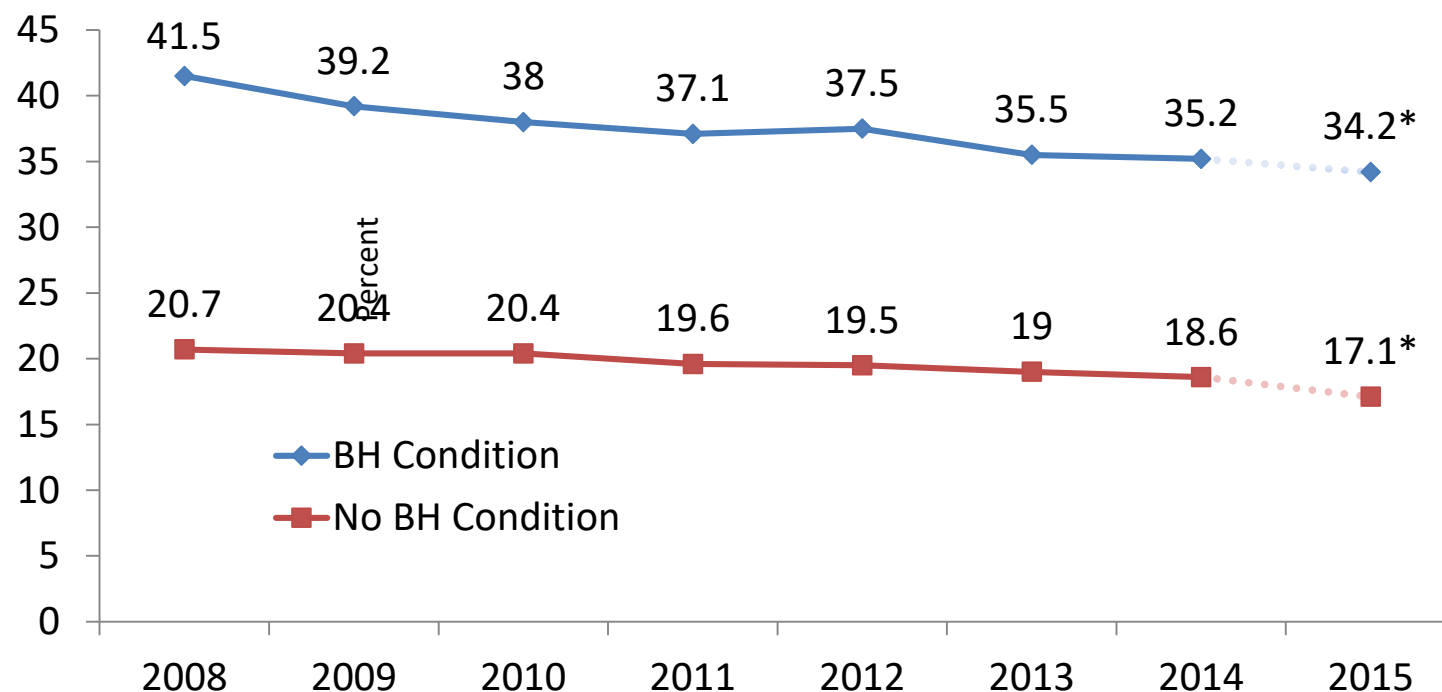The Correlation Between Trauma and Substance Abuse. Retrieved June 14, 2019 from
https://www.palmerlakerecovery.com/blog/trauma-substance-abuse/

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Current smoking among adults (age≥18) with past-year behavioral health (BH) condition: NSDUH, 2008–2015

Percent

BH Condition values: 41.5 (2008), 39.2 (2009), 38 (2010), 37.1 (2011), 37.5 (2012), 35.5 (2013), 35.2 (2014), 34.2* (2015)

No BH Condition values: 20.7 (2008), 20.4 (2009), 20.4 (2010), 19.6 (2011), 19.5 (2012), 19 (2013), 18.6 (2014), 17.1* (2015)

Legend:
- ◆ BH Condition
- ■ No BH Condition

X-axis: 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015

Adults with mental health or substance use disorders represent 25% of the population, but account for 40% of all cigarettes smoked by U.S. adults

* Due to changes in survey questions regarding substance use disorders in 2015, this data is not comparable to prior years.

Sources: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH), 2008-2015; SAMHSA, Center for Behavioral Health Statistics and Quality. The NSDUH Report: Adults With Mental Illness or Substance Use Disorder Account for 40 Percent of All Cigarettes Smoked [PDF–563 KB]. March 20, 2013. Rockville, MD [accessed 2016 May 18].

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An Overview of the Problem: Smoking Prevalence

- Lifetime smoking rates are even higher in individuals who are diagnosed with major depression disorder (59%), bipolar disorder (83%), or schizophrenia and other psychotic disorders (90%).

- A recent study found that adults with psychiatric disorders are almost twice as likely as those without such disorders to smoke (Lasser 2000)

- The interference of depression with quitting attempts has been well documented (Anda 1990; Breslau 1993; Covey 1990)
  - Depressed smokers are more likely than nondepressed smokers to relapse (Covey 1990)
  - Depression has been found to maximize withdrawal-related symptoms and discomfort (Wetter 2000)

- Individuals who have a substance use disorder tend to be more heavily nicotine-dependent.
  - For example individuals who use cocaine (approximately 80%) and opioids (more than 80%) have high rates of co-morbid cigarette smoking behavior

Source Courtesy of AAFP: Tobacco Cessation Behavioral Health Facts. Accessed at https://www.aafp.org/patient-care/public-health/tobacco-nicotine/office-champions/behavioral-health

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An Overview of the Problem: Smoking Prevalence

- More than 80% of youth with substance use disorders report current tobacco use, most report daily smoking, and many become highly dependent, long-term tobacco users.

- An estimated 200,000 adults who have a mental health disorder and comorbid substance use disorder die from tobacco-related causes each year.
  - Due to higher smoking prevalence
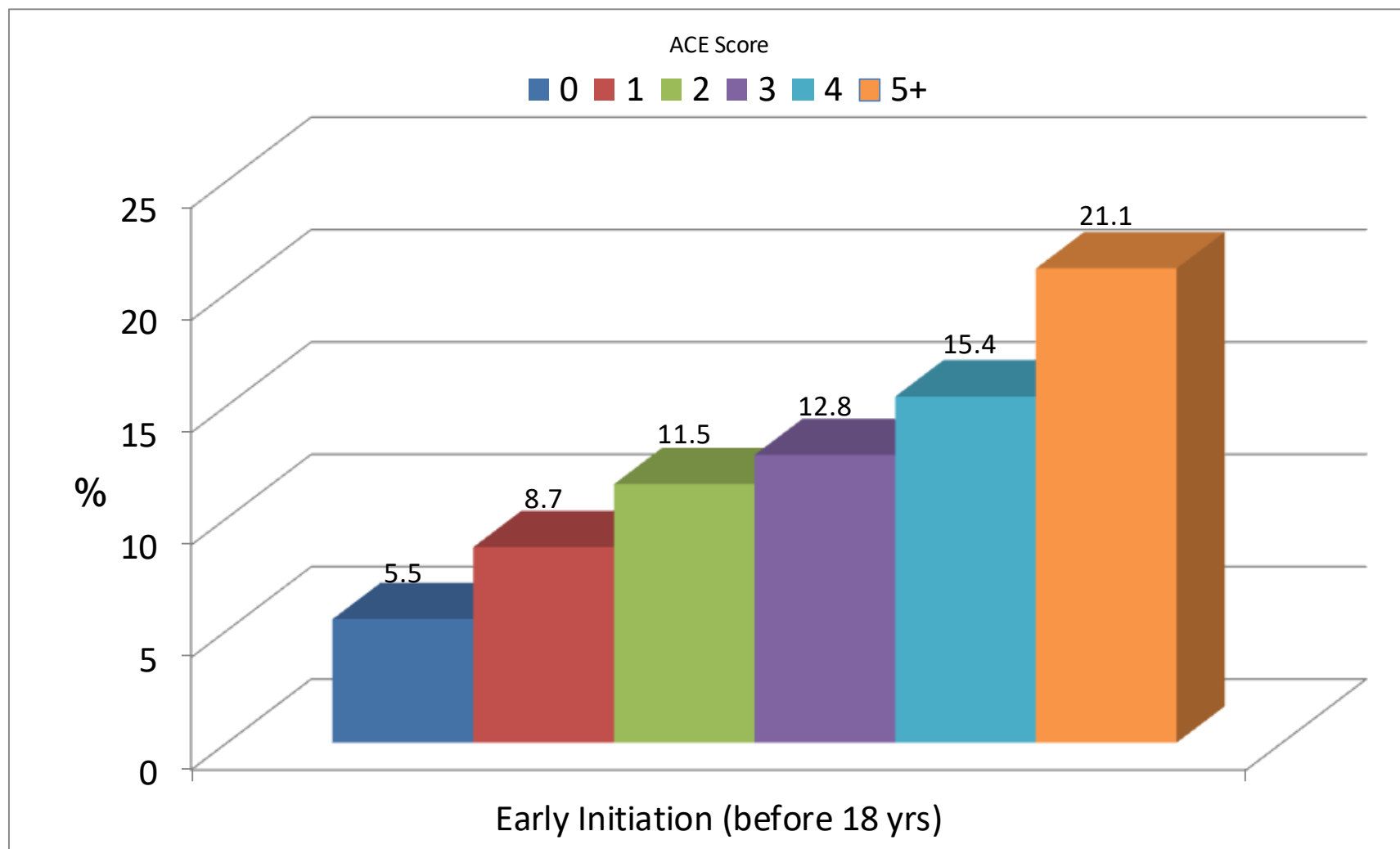 - Disparities in access to prevention and treatment

Prevalence of Trauma in Behavioral Health Treatment Settings

- Majority of adults and children in inpatient psychiatric and substance use disorder treatment settings report a trauma history (Lipschitz et al., 1999; Suarez, 2008; Gillece, 2010).

- 43% to 80% of individuals in psychiatric hospitals have some form of experienced physical or sexual abuse.

- 51% to 90% "public mental health clients" are exposed to trauma (Goodman et al., 1997; Mueser et al., 2004).

- 2/3 of adults in SUD treatment report child abuse and neglect (SAMHSA, CSAT, 2000).

- A survey of adults in SUD treatment found that more than 70% had a history of trauma exposure (Suarez, 2008).
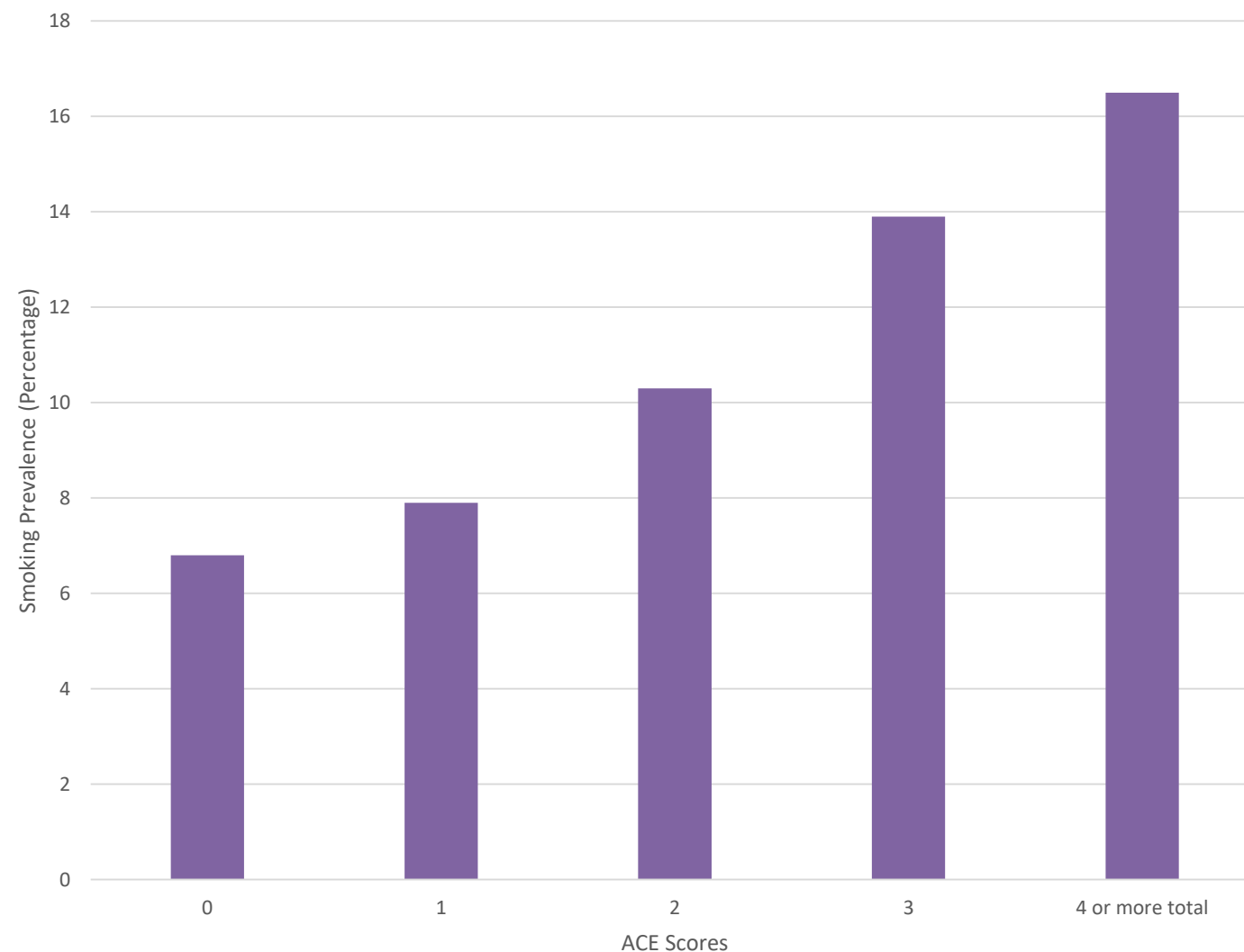
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Smoking: Age at First Use

ACE Score
0 | 1 | 2 | 3 | 4 | 5+

- 5.5
- 8.7
- 11.5
- 12.8
- 15.4
- 21.1

% (y-axis: 0, 5, 10, 15, 20, 25)

Early Initiation (before 18 yrs)

Anda, R. F., Croft, J. B., Felitti, V. J., Nordenberg, D., Giles, W. H., Williamson, D. F., & Giovino, G. A. (1999). Adverse childhood experiences and smoking during adolescence and adulthood. *Journal of the American Medical Association*, 282, 1652–1658.
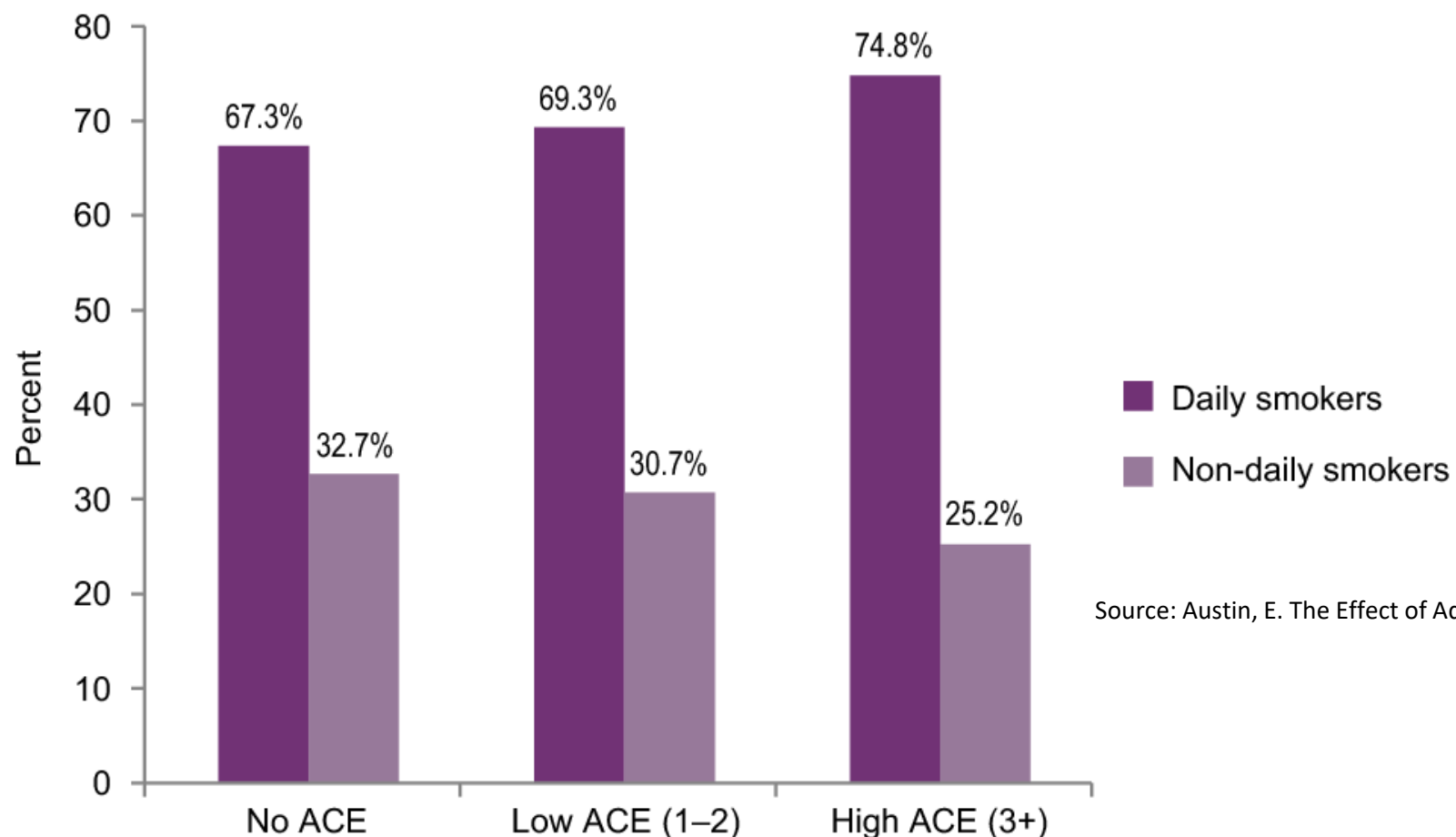
ACEs and Current Smoking Prevalence

Source: Original ACE study data American Journal of Preventative Medicine (1988)

Smoking Prevalence

Figure 1.
Prevalence of Daily and Non-daily Smoking
by Adverse Childhood Experiences (ACE) Study Groups

Source: Austin, E. The Effect of Adverse Experiences on the Health of Current Smoker. 2012.

What Does Trauma Specifically Have to Do With Smoking? …and …How Do We Address It?

ACEs → Health Risk Behaviors → Long Term Health Consequences

- Reports of trauma exposure in early adulthood were associated with up to a two-fold increased risk of smoking (Roberts, Fuemmeler, McClernon, & Beckham, 2008).

- Individuals who have been exposed to trauma and develop a full diagnosis of PTSD smoke more intensely. Rates of current cigarette smoking and nicotine dependence have been shown to be three times higher in individuals with PTSD than those in the general population (Roberts, Fuemmeler, McClernon, & Beckham, 2008).

Link Between Trauma and Smoking

- Experiences of abuse and household dysfunction lead children and adolescents to engage in risky behaviors, like smoking, as a means of self-medicating or as an avoidant coping strategy

- Evidence has shown that experiencing child abuse is associated with more severe nicotine withdrawal and nicotine dependence suggesting that some ACEs make tobacco cessation more difficult (Smith, Hoish, Saddleson et al., 2013)

So How Do We Build Stronger, More Supportive and Responsive Systems to Address Trauma and Addiction?

Using Trauma-Informed Approaches to Build Stronger Systems to Address Addiction

Trauma-Informed Approaches is "A strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that **emphasizes physical, psychological and emotional safety for both providers and survivors** and that creates opportunities for survivors to rebuild a sense of **control and empowerment**" (Hopper, Bassuk, & Olivet, 2010, p. 82)

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Paradigm Shift in Trauma-Informed Approaches

- Acknowledges common connections between substance use and trauma

- Recognizes range of responses people can have

- Recognizes that trauma responses impact the ability to develop trusting relationships

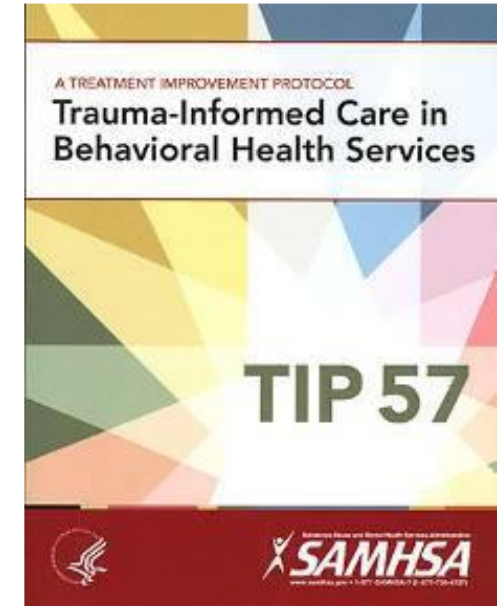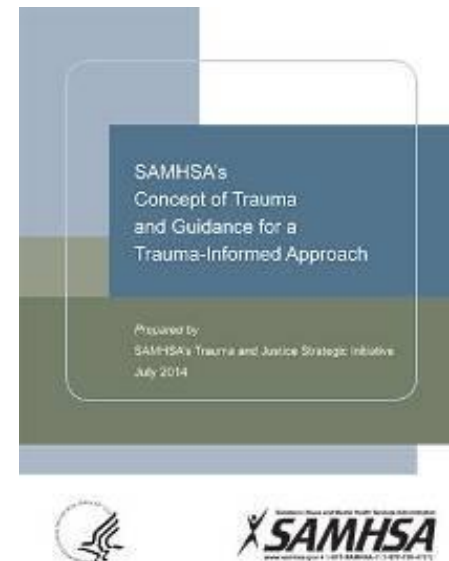- Makes adaptations to reduce retraumatization and respond to awareness of trauma

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The Four 'R's

o Realizes the widespread impact of trauma and understands potential paths for recovery

o Recognizes the signs and symptoms of trauma in clients, families, staff, and other involved with the system

o Responds by fully integrating knowledge about trauma into policies, procedures, and practices

o Resists re-traumatization

Source: Handbook. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach, 2014.

Principles of a Trauma-Informed Approach

- Safety

- Trustworthiness and transparency

- Peer support

- Collaboration and mutuality

- Empowerment, voice and choice

- Consideration of cultural, historical, and gender issues

Fallot & Harris, 2009

"An addict needs shame like a man dying of thirst needs salt water"

Terrence Real
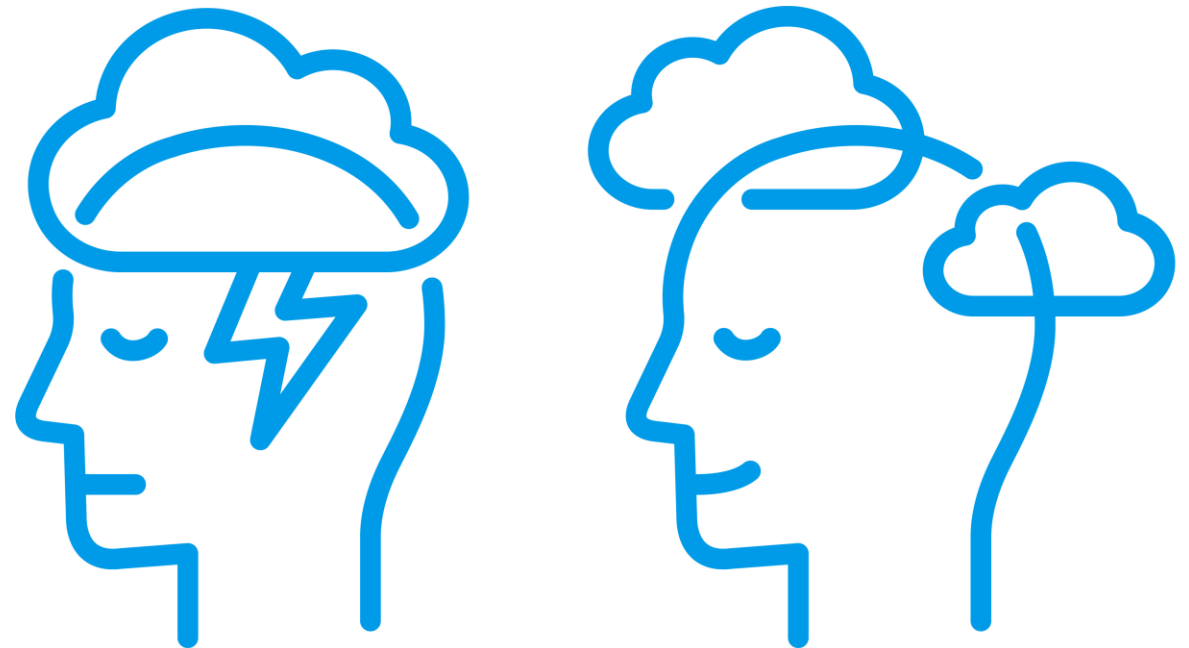

Johann Hari
Everything You Think you Know About Addictions is Wrong

Some Core Aspects of Integrating a Trauma-Informed Approach

- Train staff about trauma, sensitive practice and sharing of critical information
  - *Have you ever trained staff around how ACEs impact smoking initiation risk and use?*
- Screen and assess for trauma
  - *Are you reminding staff to screen for tobacco use? With the high rates of overlap these two are interconnected and deeply impact each other.*
- Communicate a sensitivity to trauma issues
  - *Have you ever explained to a patient/client how trauma impacts smoking?*
- Create a safe and comfortable environment
  - *Have you and your staff been trained on person first language around tobacco use?*
  - *Have you and your staff been trained on trauma-informed motivational interviewing?*
- Provide services in a trauma-informed manner
  - *Are you using non-stigmatizing language around tobacco use as an addiction versus just a personal preference and behavior?*

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Trauma-Informed Cessation Support

- Recognizes the individuals with a behavioral health condition want to quit at the same rate as the general population
- Frames smoking as a coping mechanism that can be replaced
- Helps identify alternative adaptations that are empowering
- Eliminates punishment, controls (around medications) or orders
- Supports the slow process of change and healing

Tobacco Cessation Interventions and Smoke-Free Policies in Mental Health and Substance Abuse Treatment Facilities — United States, 2016

Intervention	Mental Health Tx Facilities	Substance Abuse Tx Facilities
	2016	2016
Tobacco Use Screening	48.8%	64.0%
Cessation Counseling	37.7%	47.3%
Nicotine Replacement Therapy	25.1%	26.3%
Non-nicotine Cessation Medications	21.5%	20.3%
Smokefree Building/Grounds	48.5%	34.5%

Source: Tobacco Cessation Interventions and Smoke-Free Policies in Mental Health and Substance Abuse Treatment Facilities — CDC MMWR United States, 2016
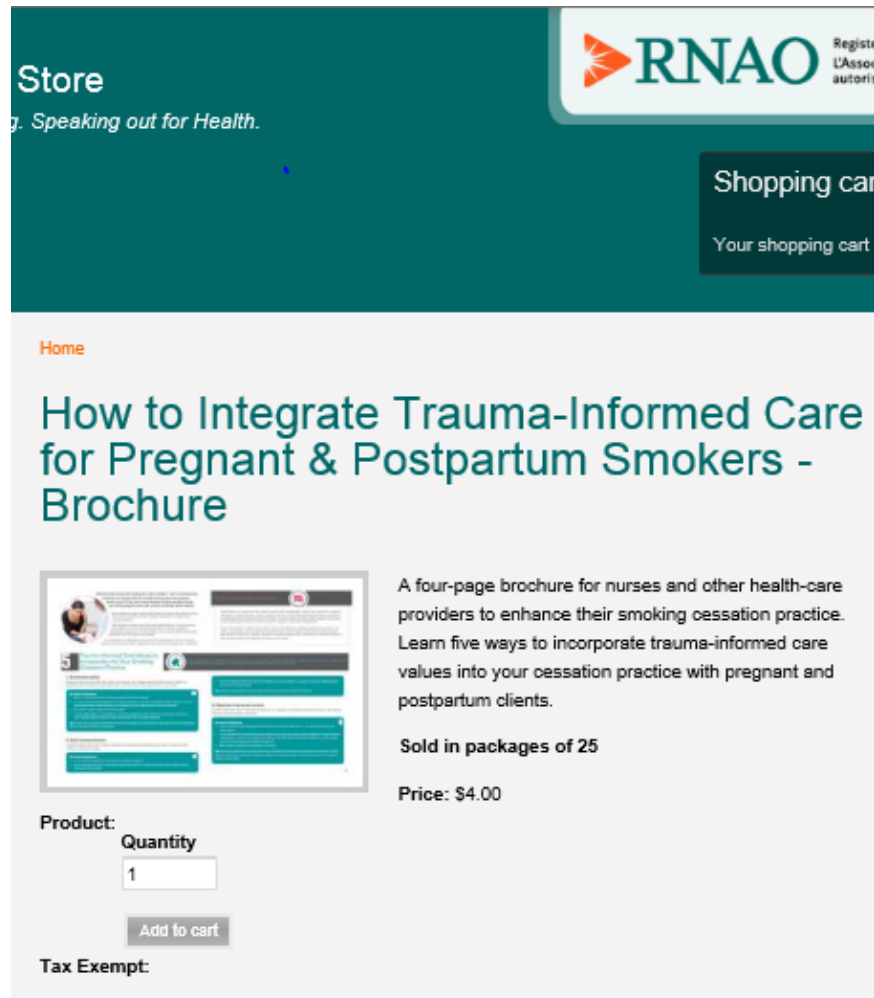
Trauma-Informed Cessation Considerations

- **Strengths-Based and Strengths Building Interventions and Processes**
  - Recovery is possible (If you treat the trauma→ you may see symptom reduction)
    - Evidence Based Interventions
    - *Programs that address the underlying emotional problems caused by ACES may prove as useful as traditional cessation strategies*
  - Matching Cessation Efforts to Task Efficacy
  - Trauma Informed Motivational interviewing
  - Harm reduction

Cessation practice should incorporate the following trauma-informed care values:

- Emphasize safety (keeping in mind that smoking is NEVER safe!) and use non-shaming and stigmatizing language
  - This does not mean "creating" safe places to smoke, this means engaging in health education around the harms of tobacco use.
- Build trustworthiness
- Maximize choice and control (There are seven FDA approved methods for supporting cessation, have you tried all of these with your patient? Would you try all seven with drug-resistance depression or an infection?)
- Collaboration

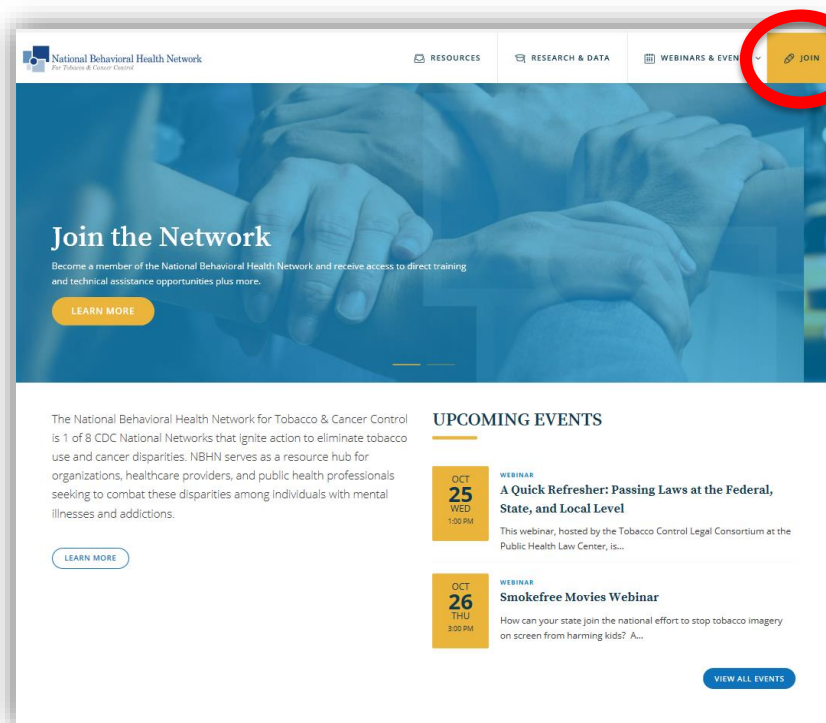# Trauma-informed tobacco intervention

Provides questions that guide the practitioner to apply trauma-informed principles

- Emphasize safety
- Build trust
- Maximize choice and control
- Collaborate
- Empower

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QUESTIONS?