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from NATIONAL COUNCIL FOR MENTAL WELLBEING

# Harm Reduction Approaches to Tobacco Cessation & Recovery

*South Dakota Spring Tobacco Control Initiative*

Wednesday, March 20<sup>th</sup>

*Presented by*  
**Alex Hurst, MHA**  
Coyle Shropshire

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Welcome from The National Behavioral Health Network Team!



**Alex Hurst, MHA**  
*He, him*  
Project Director




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*She, hers*  
Project Coordinator



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## Learning Objectives

- Name the principles of harm reduction
- Review harm reduction strategies in tobacco cessation and recovery
- Discuss practical strategies on how to apply harm reduction principles in tobacco reduction and cessation efforts

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## Agenda

- ✓ Housekeeping
- ✓ Introduction to NBHN
- ✓ CEU information
- ✓ Overview of harm reduction philosophy, principles, strategies, and evidence
- ✓ Adapting harm reduction principles to tobacco cessation and recovery
- ✓ Harm reduction and recovery resources
- ✓ Q&A

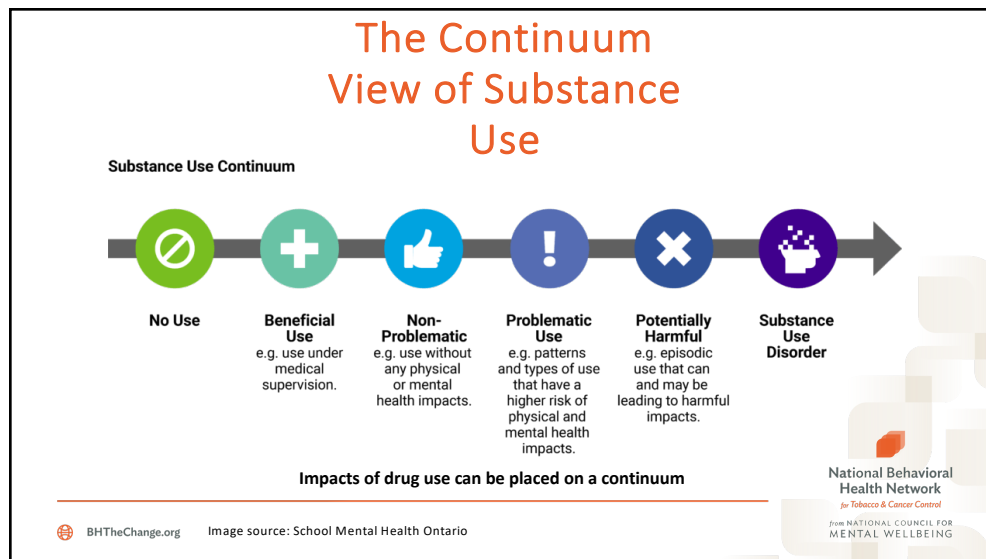
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## Is Substance Use Disorder (SUD) a Chronic Disease?

- In short, yes.

When thinking about substance use disorder recurrence or “relapse”:

- Relapse rates in SUD recovery are similar to recurrence rates for several other chronic diseases
- Focus on relapse adds to negative public attitudes that treatment and recovery are hopeless
- Lots of people in recovery have never relapsed, and therefore may not be visible to the public in the same way



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Source: Kelly, J. F., Greene, M. C., Bergman, B. G., White, W. L., & Hoepfner, B. B. (2019). How Many Recovery Attempts Does It Take to Successfully Resolve an Alcohol or Drug Problem? Estimates and Correlates From a National Study of Recovering U.S. Adults. *Alcoholism: clinical and experimental research*, 43(7), 1533–1544. <https://doi.org/10.1111/acer.14097>  
Image source: MDPi

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## The Continuum of Substance Use & Recovery Is Not Linear

### Continuum of Addiction Recovery

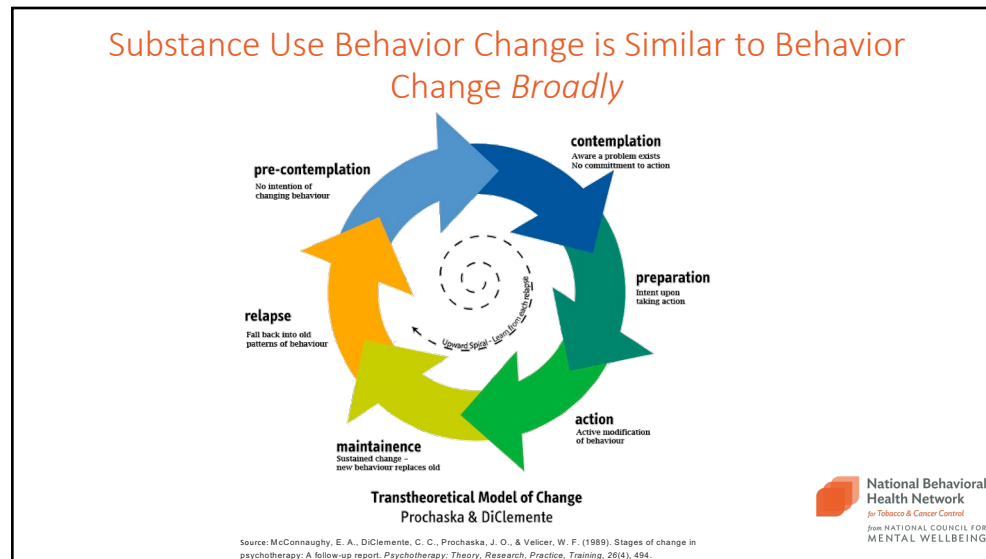


William White

Source: White, W. L. (2007). Addiction recovery: Its definition and conceptual boundaries. *Journal of substance abuse treatment*, 33(3), 229-241.

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### Changing the Addiction Paradigm?

The cover features a purple background with a circular seal containing the text 'FACING ADDICTION IN AMERICA' and 'The Surgeon General's Report on Alcohol, Drugs, and Health'. Below the seal, it says 'EXECUTIVE SUMMARY' and 'U.S. Department of Health & Human Services'.

- Moving from addiction as a moral failing to a chronic brain disorder
- Moving from criminal justice approaches to public health strategies
- Dropping old, stigmatizing language and developing new terminology
- Developing a science base that informs policy and practice
- Addressing substance use, misuse, and disorders across a full continuum and the lifespan: *prevention, treatment, recovery management*

Sources: John F. Kelly PhD, Richard Saitz MD & Sarah Wakeman MD (2016) Language, Substance Use Disorders, and Policy: The Need to Reach Consensus on an "Addiction-ary", *Alcoholism Treatment Quarterly*, 34:1, 116-123, DOI: 10.1080/07347324.2016.1113103

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## Harm Reduction Philosophy



- **Meeting people where they're at, but not leaving them there**
  - Recognizing that change is a process and helping people in their journey along that process without judgment
- Harm reduction is...
  - "...a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use."
  - "...a movement for social justice built on a belief in, and respect for, the rights of people who use drugs."
- In particular, harm reduction "emphasizes **kindness and autonomy** in the **engagement of people who use drugs.**"

Sources:  
National Harm Reduction Coalition. 2019. "Principles of Harm Reduction." Harmreduction.org. <https://harmreduction.org/about-us/principles-of-harm-reduction/>  
Substance Abuse and Mental Health Services Administration. 2023. "Harm Reduction." <https://www.samhsa.gov/find-help/harm-reduction>

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## 6 Pillars of Harm Reduction

### **Harm reduction...**

1. Is guided by **people who use drugs (PWUD)** and with **lived experience** of drug use
2. Embraces the **inherent value of people**
3. Commits to **deep community engagement** and community building
4. Promotes **equity, rights, and reparative social justice**
5. Offers **lowest barrier access** and **non-coercive support**
6. Focuses on **any positive change**, as defined by the person

Want to know more? Substance Abuse and Mental Health Services Administration. 2023. *Harm Reduction Framework*.  
<https://www.samhsa.gov/sites/default/files/harm-reduction-framework.pdf>

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12 Core Principles of Harm Reduction

Respect autonomy	Practice acceptance and hospitality	Provide support
Connect family (biological or chosen)	Provide many pathways to wellbeing across the continuum of health and social care	Value practice-based evidence and on-the-ground experience
Cultivate relationships	Assist, not direct	Promote safety
Engage first	Prioritize listening	Work toward systems change

Source: SAMHSA Harm Reduction Framework retrieved from BHTTheChange.org <https://www.samhsa.gov/sites/default/files/harm-reduction-framework.pdf>

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**The harm reduction philosophy is not a new idea.**

**It has been long implemented in public health.**

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**WHAT'S HARM REDUCTION?**

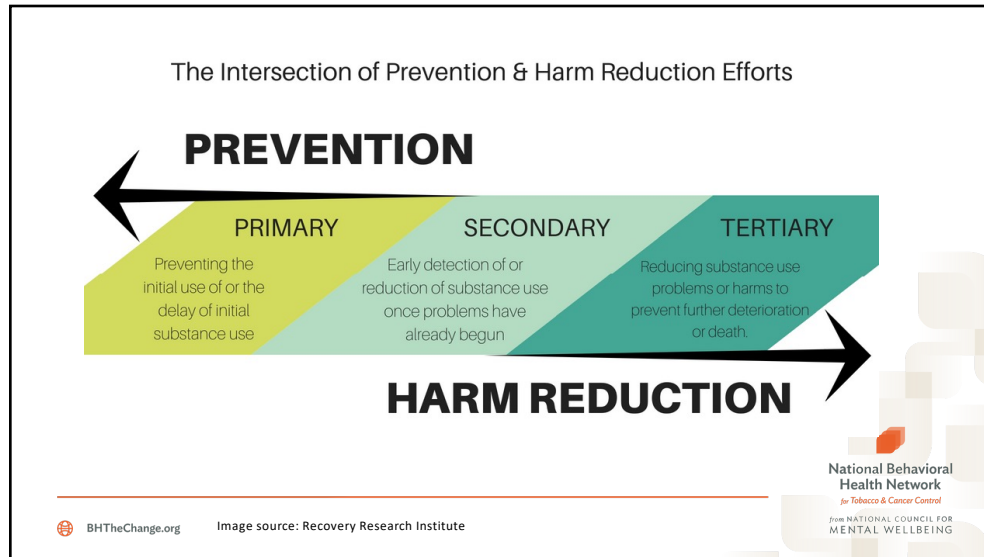
Bike Helmets	Designated Driver
Face Masks	Methodone
Naloxone	Nicotine Patch
Syringe Exchange	Safety Belts
Speed Limits	Sunscreen

**ALL OF THE ABOVE!**

Image source: Sandstone Care

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**Benefits of Harm Reduction for Substance Use Disorder**


- Increase referrals to support programs and health and social services
- Reduce stigma and increase access to health services
- Reduce sharing of substance use equipment
- Reduce the risk of infectious disease such (e.g. hepatitis, HIV, STDs, COVID)
- Reduce overdose deaths and other early deaths among people who use substances, including alcohol
- Increase knowledge around safer substance use

Source: National Harm Reduction Coalition

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## Harm reduction is NOT:



- ✗ A way to minimize or ignore the real and tragic harm and danger associated with illicit drug use
- ✗ Just theoretical, but fundamentally pragmatic
- ✗ An assigned set of regulations or policies
- ✗ A threat to abstinence-based goals
- ✗ A greenlight to let a client make ill-informed decisions or do whatever they want

Sources: University of Nevada Reno School of Medicine; Erickson P. G. (1995). Harm reduction: what it is and is not. *Drug and alcohol review*, 14(3), 283-285. <https://doi.org/10.1080/09595239500185361>

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## Key Takeaways

- Harm reduction requires a radical commitment to not impose one's **values, agendas and projections** on the person we're trying to help.
- Substance use disorder **alters the brain** which helps explain why people persist with use despite serious, even catastrophic, risks.
- People are unlikely to give up their **coping behaviors until** they have better ones to replace them with.
- Recognize that **people are the authority on themselves** and have the right to make their own health care decisions even when they contradict provider recommendations.


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Source: Tatarsky, A. (2019). The Challenge of Harm Reduction. Changing Attitudes Toward Addiction Treatment. *Psychotherapy Networker* Sept/Oct 2019



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Poll Time!

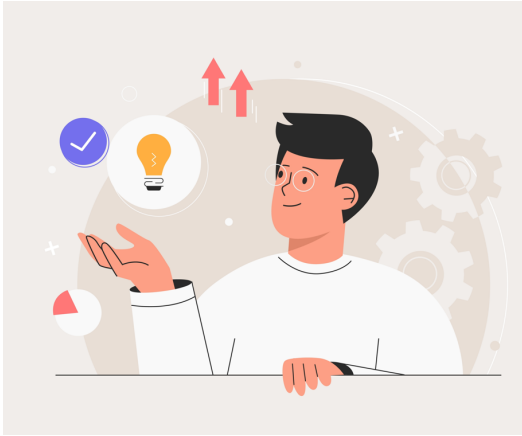


Which of the following is NOT a principle of harm reduction?

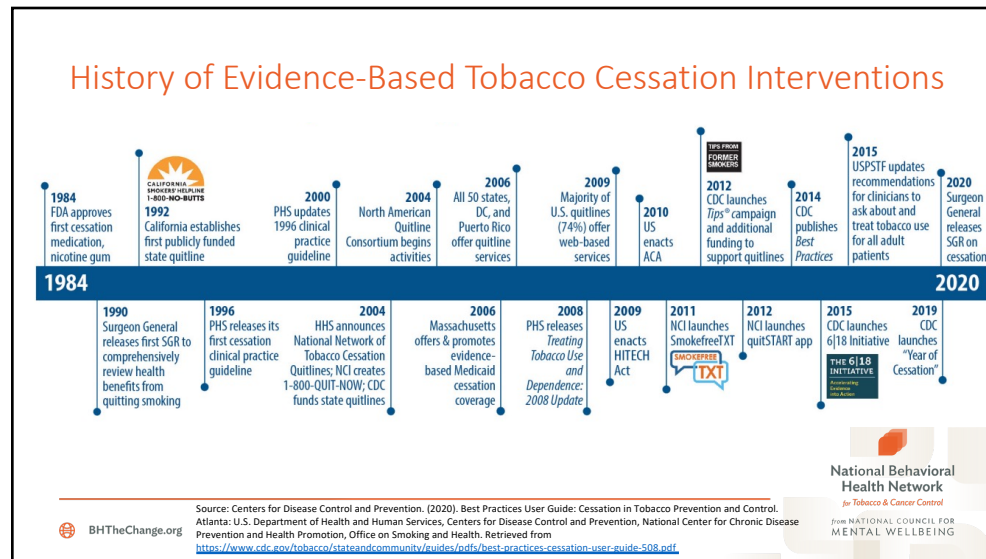


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Adapting harm reduction principles to tobacco cessation and recovery



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## Why Is Tobacco Cessation and Recovery Important?

**About 34 million U.S. adults currently smoke cigarettes.**

- Smoking is the leading cause of preventable disease, disability and death in the United States
- 480,000 Americans die from smoking each year, accounting for nearly 1 in 5 deaths
- 16 million Americans live with a smoking-related disease
- Smoking-related death and disease cost the United States over \$300 billion each year

  
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BHTheChange.org Source: U.S. Department of Health and Human Services

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## Why is Tobacco Cessation and Recovery Important?

Tobacco cessation **improves health, saves lives, and reduces financial burden, including:**

- Reduces risk of premature death and can add as much as a decade to life expectancy
- Reduces risk for many adverse health effects, including reproductive health outcomes, cardiovascular diseases, chronic obstructive pulmonary disease (COPD), and 12 types of cancer
- Benefits people who have already been diagnosed with coronary heart disease or COPD
- Reduces the financial burden that smoking places on people who smoke, healthcare systems, and society
- Has benefits at any age, with greater benefits for those who quit earlier in life

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Source: U.S. Department of Health and Human Services

  
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## Why Harm Reduction for Tobacco Cessation?

▶ **Nearly 70%** of adults who smoke say they want to quit



▶ Each year, **over 50%** of adults who smoke try to quit



▶ **3 in 5** adults who ever smoked have quit



- **More than two thirds** of those who try to quit tobacco use a non-proven approach, such as going “cold turkey” – abruptly stopping use entirely.
- However, only **about 3-5%** of individuals who use unproven methods are ultimately successful in stopping smoking.


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Source: U.S. Department of Health and Human Services

  
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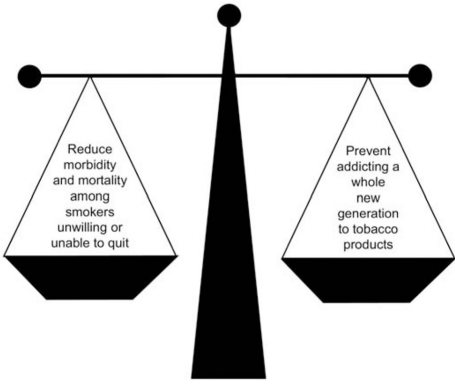
“Tobacco harm reduction recognizes that tobacco abstinence or never using tobacco is the *ideal* outcome but accepts *alternative ways* to reduce harm among tobacco users”.



Hatsukami DK, Carroll DM. Tobacco harm reduction: Past history, current controversies and a proposed approach for the future. *Prev Med.* 2020;140:106099. doi:10.1016/j.ypmed.2020.106099

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## Tobacco Harm Reduction – Finding A Balance



Reduce morbidity and mortality among smokers unwilling or unable to quit

Prevent addicting a whole new generation to tobacco products

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Hatsukami, D. K., & Carroll, D. M. (2020). Tobacco harm reduction: Past history, current controversies and a proposed approach for the future. *Preventive medicine, 140*, 106099. <https://doi.org/10.1016/j.ypmed.2020.106099>

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## Harm Reduction Strategies for Tobacco Cessation – What are they?

- ✓ Reducing intake of tobacco products through a time delay approach/ cutting down on cigarettes smoked each day
- ✓ Nicotine replacement therapies (NRTs) also known as Medication assisted treatment (MAT)
- ✓ Non-combustible and reduced-risk tobacco products
- ✓ Reducing dual use of ENDS and commercial combustible cigarettes
- ✓ Behavioral supports



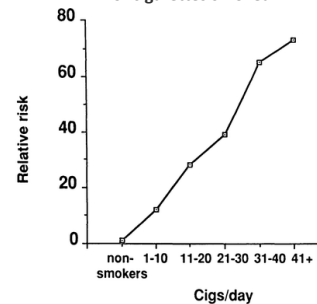
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## Time Delay and Cutting Down

Clients can reduce their tobacco use by taking a **“time delay” approach** – every time they have a tobacco craving, the client tells themselves to wait a designated period (5, 10, 15 minutes) before using a tobacco product.

Relative risk of lung cancer in male smokers of filtered cigarettes by number of cigarettes smoked



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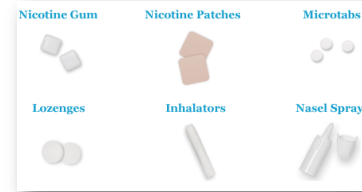
Source: Hughes, J. R. (1995). Applying harm reduction to smoking. *Tobacco Control*, 4(Suppl 2), S33-S38.

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## Nicotine Replacement Therapy = Medication Assisted Treatment

- Reduces physical withdrawal from nicotine
- Eliminates the immediate, reinforcing effects of nicotine that is rapidly absorbed via tobacco smoke
- Allows patient to focus on behavioral and psychological aspects of tobacco cessation



Use of NRT products approximately doubles quit rates.

BHTheChange.org Sources: Fiore et al., 2008; Stead et al., 2012; Hartmann-Boyce et al., 2018

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## Non-combustible and reduced-risk tobacco products

Evidence shows that exclusive use of these specific non-combustible/smokeless tobacco products (such as SNUs) poses *lower risks* than cigarette smoking for many of the major causes of tobacco-related disease, such as oral cancer.



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Source: FDA (<https://www.fda.gov/tobacco-products/advertising-and-promotion/modified-risk-tobacco-products>)

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Addressing the Elephant in the Room: E-cigarettes



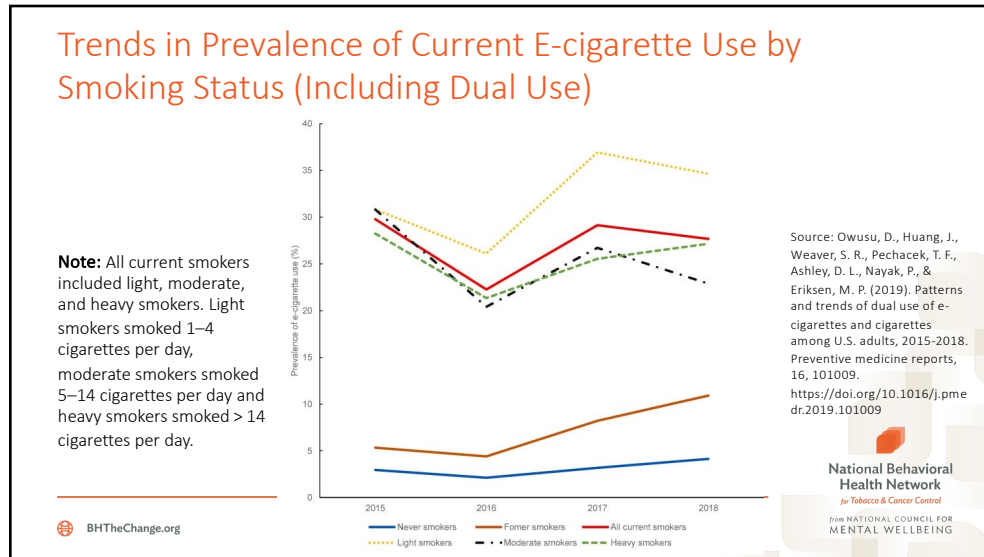
E-cigarettes/Electronic Nicotine Delivery Systems (ENDs) are not a form of tobacco harm reduction

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## Reducing Dual Use of Combustion Cigarettes and ENDs

- Some individuals continue to engage in dual use of electronic nicotine delivery systems and commercial combustible cigarettes.
- Higher levels of nicotine consumption can lead to higher levels of nicotine dependence
- For clients with dual use:
  - Supporting individuals to choose the least harmful option, and exclusively utilizing it, is a harm reduction practice.
  - Addressing dual use means acknowledging that some individuals may continue using nicotine or tobacco in a reduced capacity while simultaneously working toward quitting completely (i.e. recovery)
  - *Keep the focus on minimizing harm while supporting the client's cessation journey.*

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## Behavioral Supports

***Behavior change supports can help clients minimize adverse health consequences associated with tobacco use.***

These may include:

- Providing counseling and individual supports to develop coping strategies, manage triggers, and adopt healthier habits
- Engaging individuals in support groups and other group-based interventions
- Meeting individuals where they are and setting *realistic goals*:
  - Recognizing that not all smokers may be ready or willing to quit immediately
  - Setting achievable goals that gradually reduce smoking frequency and quantity
- Incorporating Harm Reduction into Recovery Planning, Monitoring and Follow-Up:
  - Regularly assess progress
  - Adjust strategies as needed
  - Provide ongoing support to individuals engaged in harm reduction efforts.

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## Beyond the individual level: decreasing harm from smoking on a systems level

*May include:*

- ✓ Reducing exposure to second and third-hand smoke
- ✓ Comprehensive tobacco-free policies
- ✓ Increasing tobacco taxes

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## Decreasing Second and Thirdhand Smoke Exposure

Exposure to secondhand can be higher in certain communities, particularly those with high levels of indoor smoking or outdoor tobacco use.

*Approaches to decreasing smoke exposure include:*

- ✓ Not allowing smoke or aerosol inside tobacco-free hospitals/facilities, homes or vehicles
- ✓ Opening a window if an individual is smoking inside their care or an enclosed space
- ✓ Washing down surfaces with soap and water, and cleaning carpets and fabrics periodically
- ✓ To reduce third-hand exposure to family members, wearing a jacket when smoking or vaping outside and storing the jacket away from other clothing.
- ✓ Regularly washing hands and face to remove residue from skin


Source: Drehmer, J. E., Walters, B. H., Nabi-Burza, E., & Winickoff, J. P. (2017). Guidance for the Clinical Management of Thirdhand Smoke Exposure in the Child Health Care Setting. *Journal of clinical outcomes management* : JCOM, 24(12), 551-559.

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### Comprehensive Tobacco-Free Campus/ Ground Policies

- Both an organizational and individual level practice that can successfully reduce tobacco use amongst individuals who smoke.
- Tobacco free policies:
  - Have been shown to reduce tobacco use in workplace, care settings and community settings
  - Can play an integral role in encouraging clients to take steps towards reducing their tobacco use

Source: Hopkins DP, Razi S, Leeks KD, Priya Kalra G, Chattopadhyay SK, Soler RE. Smokefree Policies to Reduce Tobacco Use: A Systematic Review. *American Journal of Preventive Medicine*. 2010;38(2, Supplement):S275-S289. doi:10.1016/j.amepre.2009.10.029




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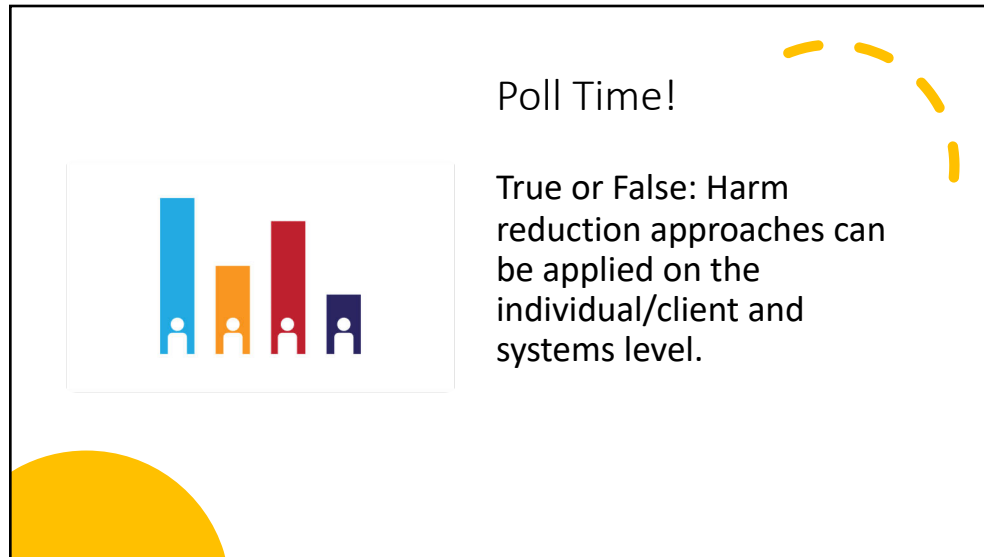
### Community Opportunities

- Substance use harm reduction education programs with youth (Safety First)
  - Significant relationship between increased knowledge and skills with reduced substance use (Fischer, 2022)
- Think outside the box
  - NRT vending machines (Giles & Bauer, 2021)
  - Change the environment – reduce stigma



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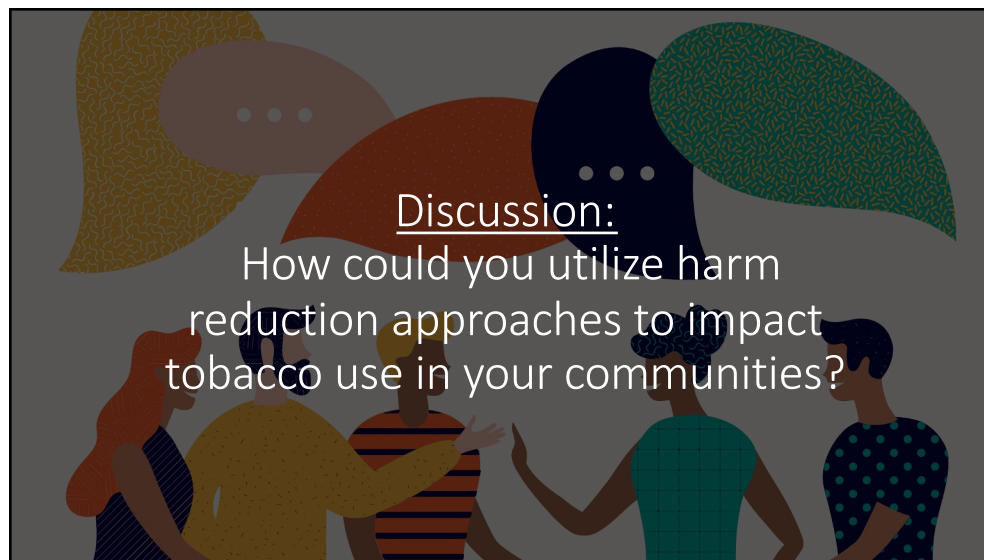
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Poll Time!

True or False: Harm reduction approaches can be applied on the individual/client and systems level.

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Discussion:  
How could you utilize harm reduction approaches to impact tobacco use in your communities?

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BHTheChange@thenationalcouncil.org*

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