Harm Reduction Applied to Treating Tobacco Use

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Learning Objectives

Lung Mind Alliance
A commercial tobacco-free future for Minnesotans with mental illness or substance use disorders

This presentation provides education on commercial tobacco products.

Traditional tobacco is for spiritual, cultural and ceremonial use, and it ensures the continuance of the Native way of life.

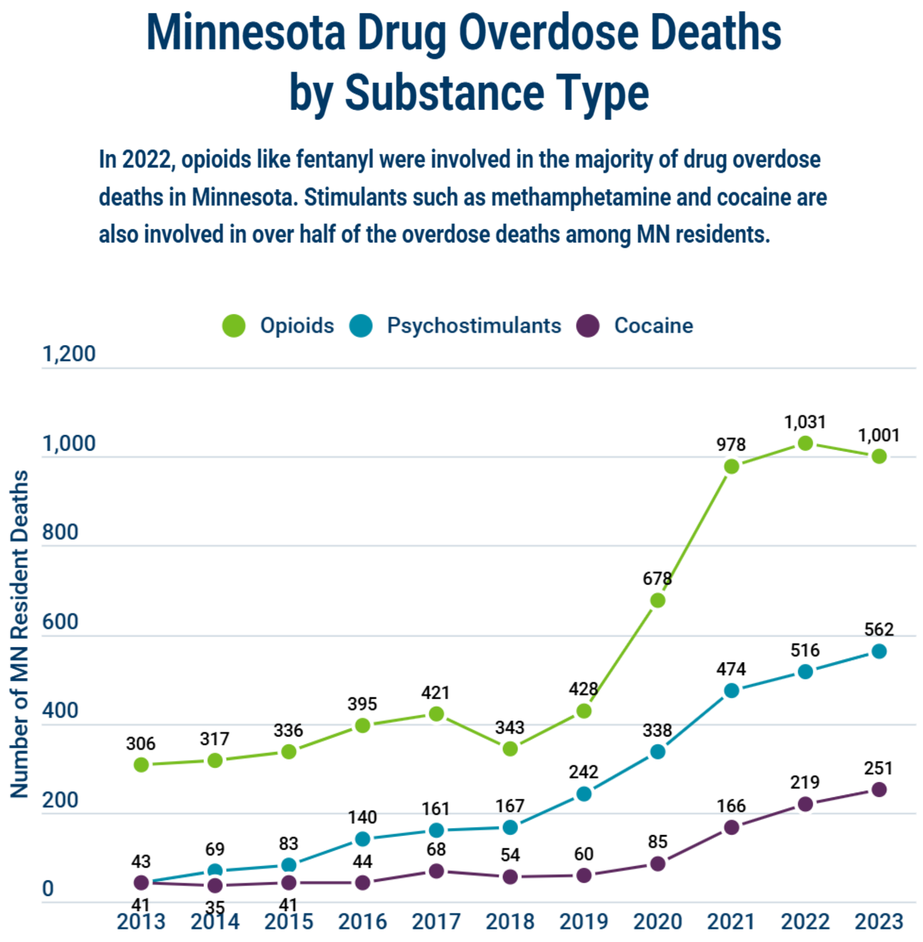
Participants will be able to:

- Describe three principals of harm reduction.
- Identify two ways harm reduction principals can be used in treatment for tobacco use disorder.
- Identify two ways the tobacco industry has leveraged harm reduction in their marketing strategies.

Why Talk About Tobacco in Behavioral Health?

A landmark 11-year study conducted at the Mayo Clinic in Rochester, Minnesota found that **over half of people who were treated for a substance use disorder died from an illness caused by tobacco use.**

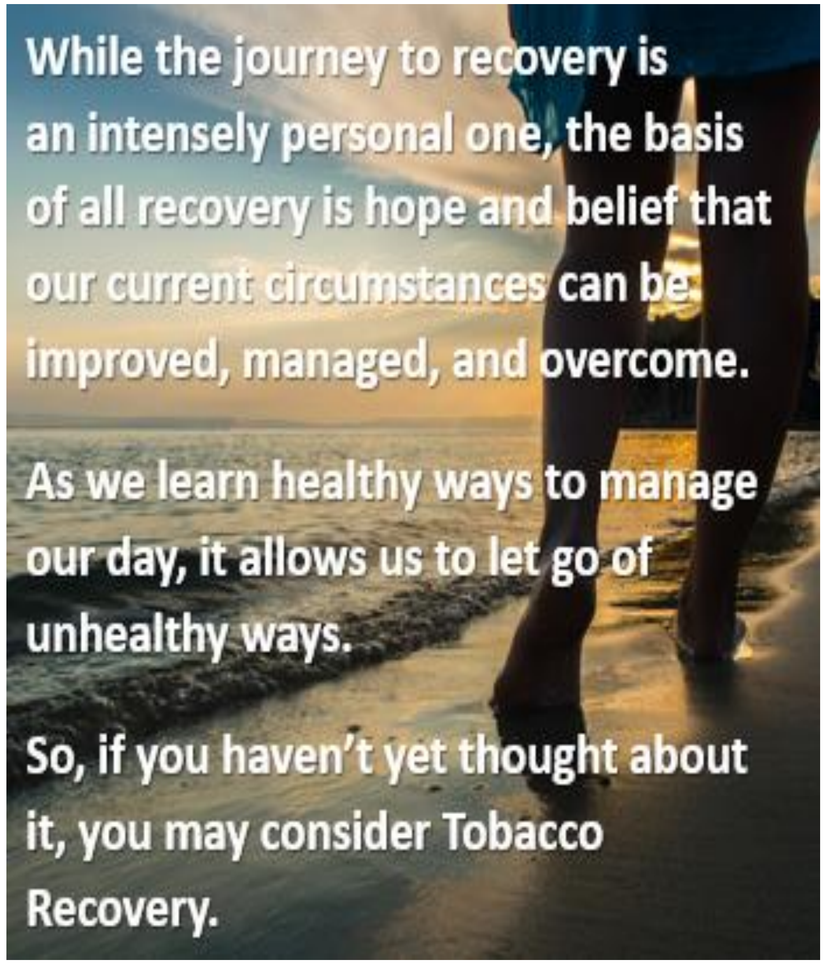
Another way to think about this is that they died from an untreated, rarely discussed addiction after being treated for other addictions by people who specialize in treating addiction.



Why Talk About Tobacco in Behavioral Health?

Tobacco and tobacco related illness is the leading cause **death in the recovery community.**

Every year in Minnesota **among people with MH/SUD** there are **more tobacco related deaths than from suicide and accidental drug overdose.**



Why Talk About Tobacco in Behavioral Health?

When **addiction treatment is delivered** in a tobacco recovery supportive model of care, **recovery rates have been shown to be increased by 30%.**

Tobacco use disorder interventions reduces relapse to other substances and supports long-term recovery.

After five years of abstinence, **the risk of relapse** for someone with a substance use disorder **is much lower and comparable to that of the general population**.

Parks MJ, Blanco C, Creamer MR, et al. Cigarette Smoking During Recovery From Substance Use Disorders. JAMA Psychiatry. Published online August 13, 2025.

Why is this a Controversial Topic?

There is a long history of **tobacco use as the social norm** in the recovery community.

Historically, attempts to address tobacco have not worked well in the treatment and recovery community.

For decades, the tobacco industry has made **false claims of how their products are designed to reduce harm** to their consumers.

“ **Nicotine is addictive**. We are, then, in the business of selling nicotine – an addictive drug. ”

- Brown and Williamson (1963)

"Harm Reduction" or maintaining profits by addicting youth and keeping adults' nicotine addicted?

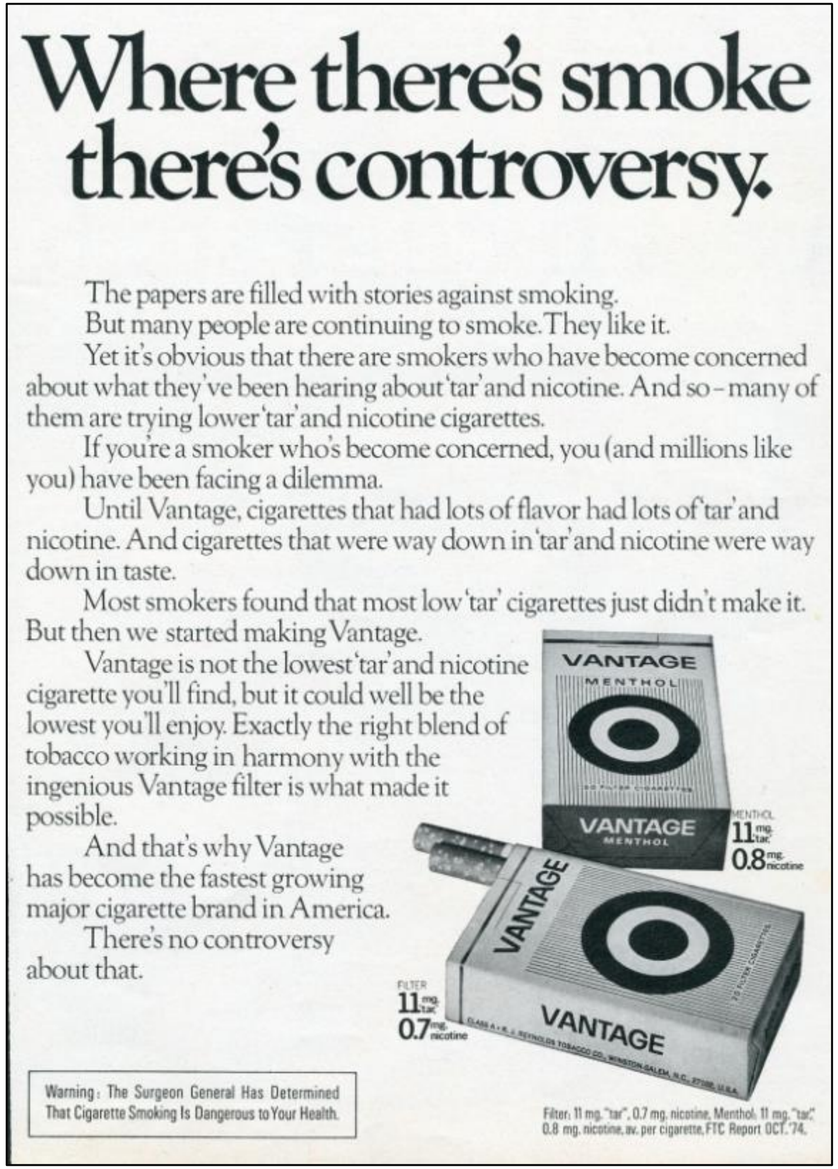
Tobacco Industry's History of Deception

Industry Targeting and Misinformation

In the 1950's when medical research first validated that smoking caused lung cancer, a priority of the cigarette companies was to counter that information through misleading ad campaigns to deny the findings, create doubt, and develop a deceptive narrative that **not only glamorized smoking but emphasized that their products were safe and not addicting.**

False Claims

Specially designed Filters

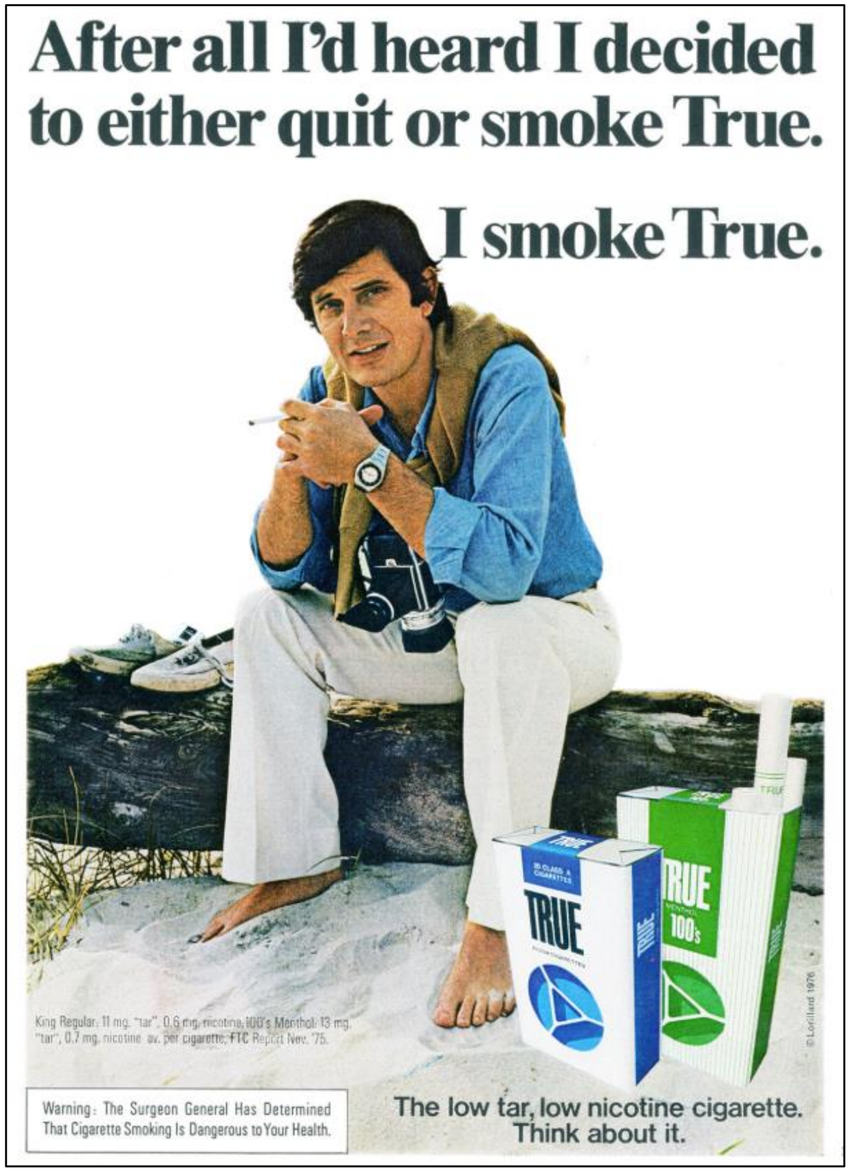


False Claims

Kent's Filter contained crocidolite asbestos

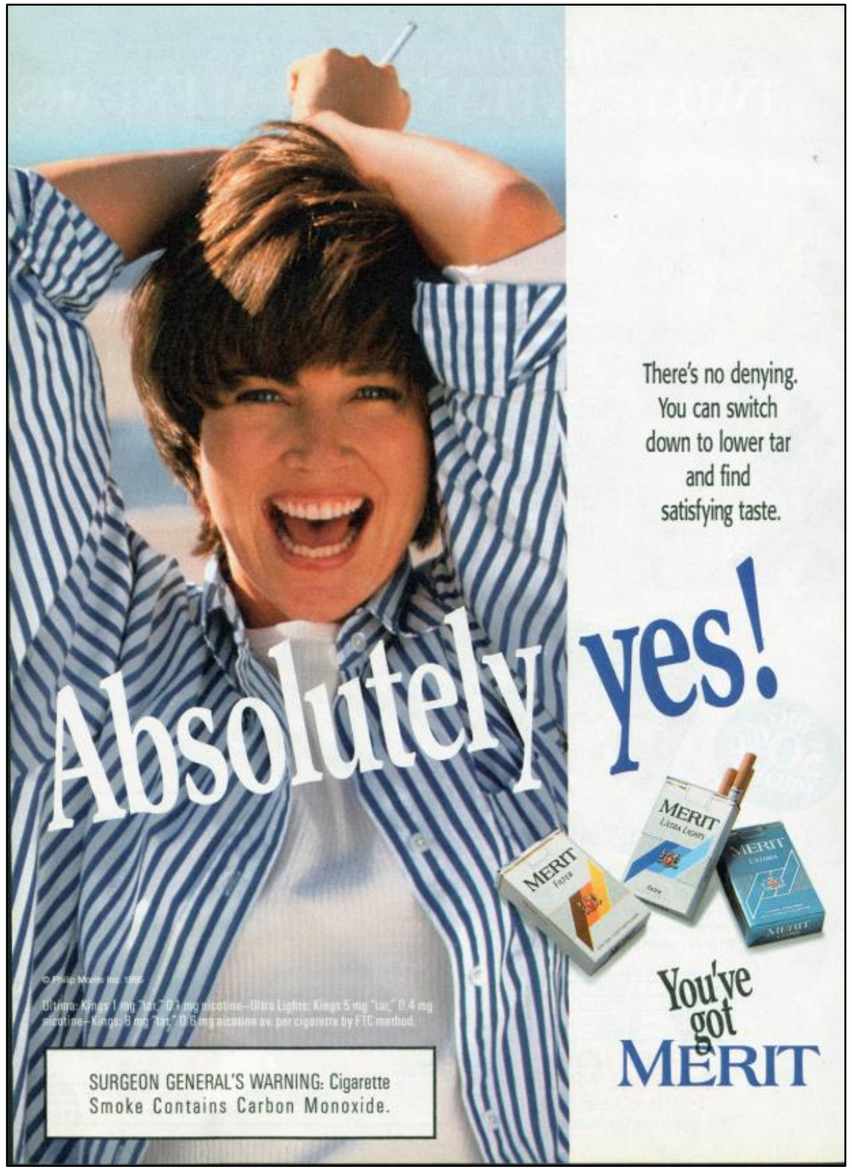
False Claims

True's exclusive tar and nicotine reduction system



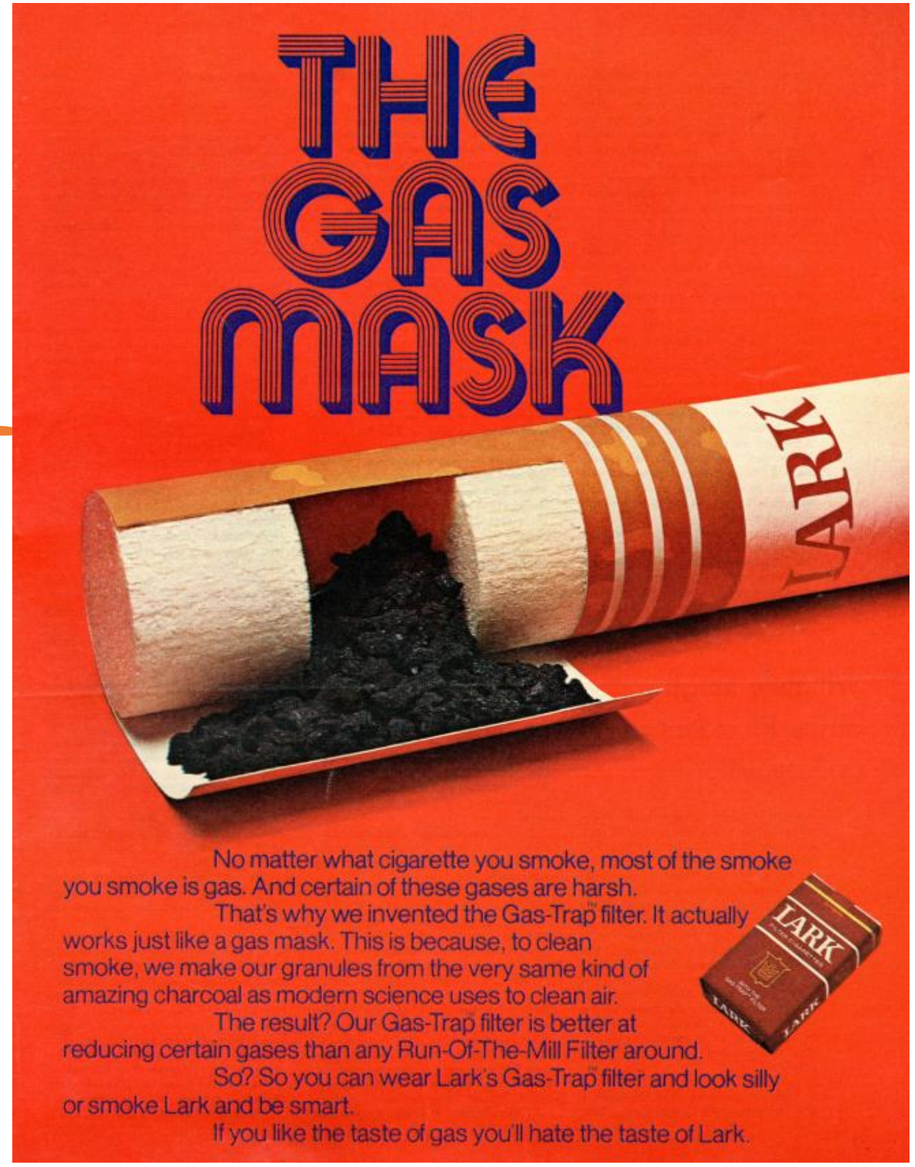
False Claims

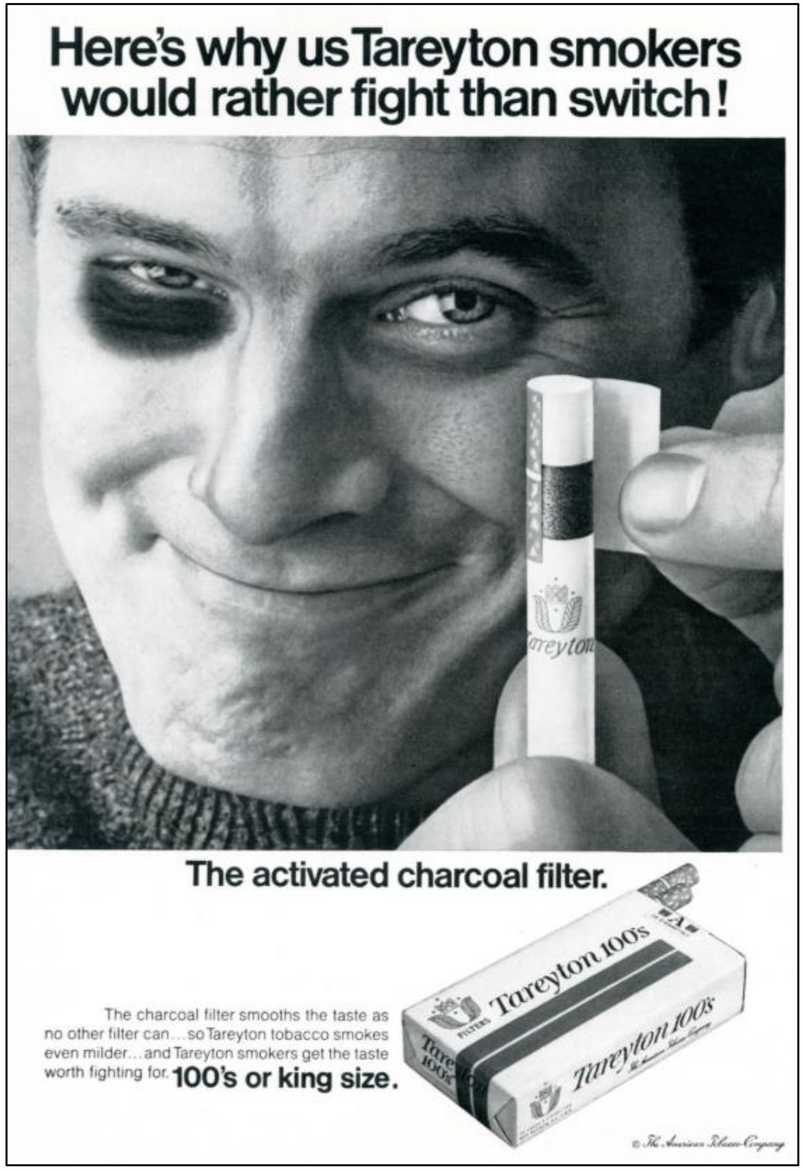
Evidence Based Testing



False Claims

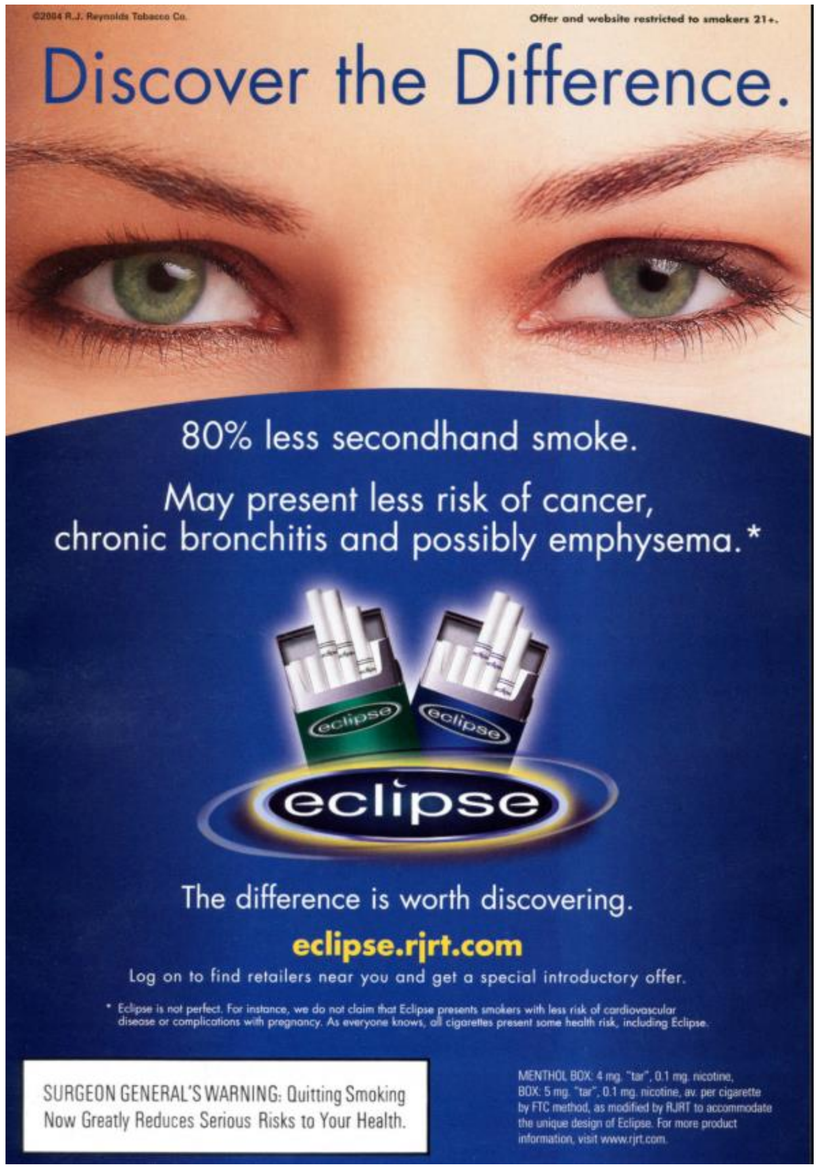
Gas Trap Filters to "Clean" Smoke





False Claims

Misleading Health Benefits



False Claims

Nicotine is not Addictive!

NATIONAL ASSOCIATION OF ATTORNEYS GENERAL

Tobacco Master Settlement Agreement

- The **MSA** was entered into on November 23rd, 1998, originally between the four largest United States tobacco companies and the attorneys general of 46 states.

- **The states settled their Medicaid lawsuits against the tobacco industry for recovery of their tobacco-related health-care costs.** In exchange, the companies agreed to **curtail or cease certain tobacco marketing practices**, as well as to pay, in perpetuity, various annual payments to the states to compensate them for some of the medical costs of caring for persons with smoking-related illnesses.

- The money also funds an advocacy group called the **Truth Initiative** and maintains a public archive of documents resulting from the cases.

MN Settlement

- Endowment for research
- ClearWay MN (life limited)
- Annual payments based on sales in MN into perpetuity

- Tobacco industry documents

Star Tribune
NEWSPAPER OF THE TWIN CITIES
Minneapolis Edition
www.startribune.com

Terms of the
TOBACCO SETTLEMENT

$466.4 million
Legal fees to Robins Kaplan Miller & Ciresi law firm.

69 million
Cross and Blue Shield of Minnesota

MONEY: Tobacco companies agree to pay $61 billion over 25 years to the state of Minnesota. Co-plaintiff Blue Cross and Blue Shield of Minnesota will receive $469 million in annual installments over five years. Law firm Robins Kaplan Miller & Ciresi earns legal fees of $466.4 million.

MARKETING: Tobacco companies are prohibited from targeting Minnesota children in marketing or promotions and from using billboards or mass transit to advertise their products. No merchandise (caps, shirts, gym bags) with tobacco logos may be distributed or sold in the state.

MOVIES: Tobacco companies agree to stop paying placement fees to have their products appear in movies. The provision applies across the nation.

MISCELLANEOUS: Tobacco industry pays to operate the Minnesota document depository in northeast Minneapolis for 10 years; to shut down the Council for Tobacco Research; to increase its reporting of state lobbying expenditures and to pay $102 million to create a smoking cessation fund.

$7 BILLION DEAL

innesota, industry settle suit before jury starts deliberations

Phelps and Melissa Levy
Staff Writers

closely watched Minnesota tobacco trial ...nesday Friday with a $7 billion out-of-...ment.
...dmark deal was struck the same day ...County jurors were scheduled to begin ...ions.
...thout a verdict, Minnesotans will feel the ...the settlement for years to come. Tobacco ...will come down in the state. The industry ...ohibited from targeting children in ad... And the Legislature will sort out how to ...billion that tobacco firms must pay the ...years.
...peared favorable for the state and co-...e Cross and Blue Shield of Minnesota, ...s said they would have prevailed if the ...to the jury.
...General Hubert Humphrey III, who ...n Blue Cross, was exuberant about ...
...smothered, and they have succes... he told a roomful of cheering ...St. Paul Radisson Hotel shortly ...Kenneth Fitzpatrick approved ...
...ipools released its claim of ...the settlement because we ...ld be extremely difficult to ... When the government ...ve powers against a politi... it can ultimately produce ...s of the cases."

Star Tribune photo by Richard Sa...

Lead state attorney Michael Ciresi, left, and Minnesota Attorney General Hubert Humphrey III declared victory over the tobacco industry after the sides reached an out-of-court settlement after months of courtroom testimony. Lead tobacco attorney Peter Blaukley said the deal was a "step in the right direction" toward a national resolution.

Publicly Admit to False Marketing

For decades, we deliberately misled the American public about the health effects of smoking.

A Federal District Court is requiring us to make this statement. We told you that smoking and secondhand smoke were not dangerous and that smoking was not addictive. We falsely marketed "light" and "low tar" cigarettes as less harmful than regular cigarettes to keep smokers from quitting—even when we knew they were not. Here's the truth: There is no health benefit to smoking "light," "low tar," "ultra-light," "mild," or "natural" cigarettes.

Paid for by Philip Morris USA
under order of a Federal District Court

Court Ordered 2006
Issued 2017 (11 years of delay)

How do they really feel?

"We don't smoke this s**t, we just sell it. We reserve the right to smoke for the young, the poor, the Black, and the stupid."

R.J. Reynolds executive

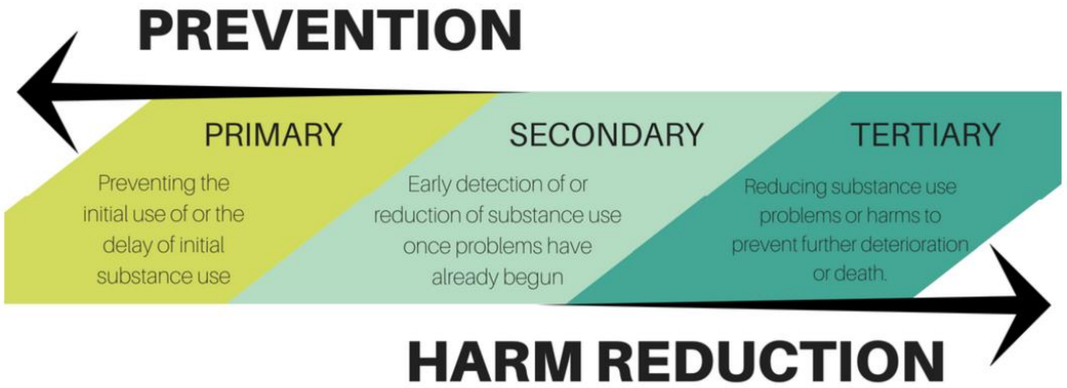
So, do we now believe Altria?

Wonder how everything from bike helmets, to sunscreen, to naloxone, can be considered “harm reduction”?

Well, the basic concept of harm reduction provides evidence-based interventions focused on reducing harm to people. Bike helmets prevent brain injury, sunblock prevents cancer, and naloxone can save the life of someone who has overdosed on opioids.

Harm Reduction For Substance Use Disorders

Harm reduction is widely viewed as a first step and a vital pathway to formal treatment for substance use disorders. Instead of requiring immediate and total abstinence, harm reduction strategies meet people "where they are" to reduce the negative consequences of drug use. By building trust and connecting individuals with non-judgmental support, these programs make it more likely that a person will seek additional treatment when they are ready.



Harm Reduction to Prevent Opioid Overdose

Naloxone distribution: Providing the opioid overdose reversal medication naloxone (Narcan) to people who use drugs, their friends, and family, along with training on how to use it. This is a critical and life-saving intervention.

Drug-checking services: Offering testing strips for fentanyl and xylazine, which are often found in unregulated drug supplies. This allows users to test their drugs to reduce their risk of an overdose.

Overdose Prevention Sites (OPS): Medically supervised facilities where people can use pre-obtained drugs in a safe, hygienic environment. Staff can intervene in case of an overdose and provide referrals to medical and social services.

Syringe Services Programs (SSPs): Providing free, sterile needles, syringes, and other injection equipment. These programs also offer safe disposal of used equipment and testing for infectious diseases like HIV and hepatitis C (HCV).

Medication-assisted treatment (MAT): Providing evidence-based medications such as methadone, buprenorphine, and naltrexone. MAT can reduce withdrawal symptoms and cravings and is often combined with counseling.

Tobacco Harm Reduction

How do we define it?

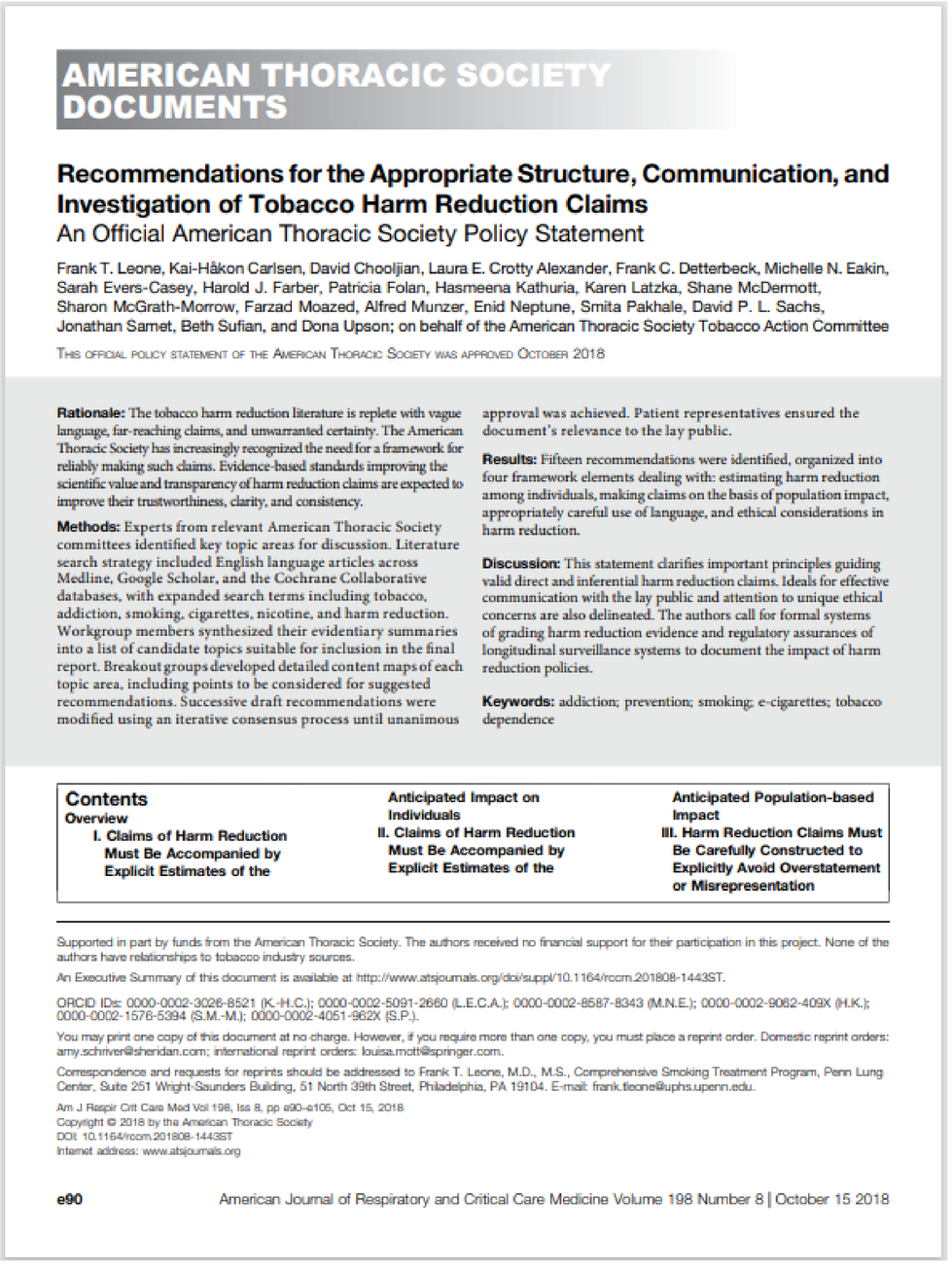
ATS
American Thoracic Society

The tobacco harm reduction literature is replete with vague language, far-reaching claims, and unwarranted certainty.

The American Thoracic Society has increasingly recognized the need for a framework for reliably making such claims.

Evidence-based standards improving the scientific value and transparency of harm reduction claims are expected to improve their trustworthiness, clarity, and consistency.

October 2018



AMERICAN THORACIC SOCIETY DOCUMENTS

Recommendations for the Appropriate Structure, Communication, and Investigation of Tobacco Harm Reduction Claims

An Official American Thoracic Society Policy Statement

Frank T. Leone, Kai-Håkon Carlsen, David Chooljian, Laura E. Crotty Alexander, Frank C. Detterbeck, Michelle N. Eakin, Sarah Evers-Casey, Harold J. Farber, Patricia Folan, Hasmeena Kathuria, Karen Latzka, Shane McDermott, Sharon McGrath-Morrow, Farzad Moazed, Alfred Munzer, Enid Neptune, Smita Pakhale, David P. L. Sachs, Jonathan Samet, Beth Sufian, and Dona Upson; on behalf of the American Thoracic Society Tobacco Action Committee

This official policy statement of the American Thoracic Society was approved October 2018

Rationale: The tobacco harm reduction literature is replete with vague language, far-reaching claims, and unwarranted certainty. The American Thoracic Society has increasingly recognized the need for a framework for reliably making such claims. Evidence-based standards improving the scientific value and transparency of harm reduction claims are expected to improve their trustworthiness, clarity, and consistency.

Methods: Experts from relevant American Thoracic Society committees identified key topic areas for discussion. Literature search strategy included English language articles across Medline, Google Scholar, and the Cochrane Collaborative databases, with expanded search terms including tobacco, addiction, smoking, cigarettes, nicotine, and harm reduction. Workgroup members synthesized their evidentiary summaries into a list of candidate topics suitable for inclusion in the final report. Breakout groups developed detailed content maps of each topic area, including points to be considered for suggested recommendations. Successive draft recommendations were modified using an iterative consensus process until unanimous approval was achieved. Patient representatives ensured the document's relevance to the lay public.

Results: Fifteen recommendations were identified, organized into four framework elements dealing with: estimating harm reduction among individuals, making claims on the basis of population impact, appropriately careful use of language, and ethical considerations in harm reduction.

Discussion: This statement clarifies important principles guiding valid direct and inferential harm reduction claims. Ideals for effective communication with the lay public and attention to unique ethical concerns are also delineated. The authors call for formal systems of grading harm reduction evidence and regulatory assurances of longitudinal surveillance systems to document the impact of harm reduction policies.

Keywords: addiction; prevention; smoking; e-cigarettes; tobacco dependence

Contents

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Internet address: www.atsjournals.org

For example, a claim of X is healthier than Y would not be considered valid, because it fails to explicitly state the anticipated health effect on individuals and populations, and the use of vague terms like “healthier” does not go far enough in explicitly avoiding overstatement.

1. Claims of harm reduction must be accompanied by explicit estimates of the **anticipated impact on individuals**.
2. Claims of harm reduction must be accompanied by explicit estimates of the **anticipated population-based impact**.
3. Harm reduction claims must be carefully constructed to **explicitly avoid overstatement or misrepresentation**.
4. The investigation and/or regulation of potential harm reduction strategies must pay careful attention to the **ethical considerations** unique to this concern.

American Journal of Respiratory and Critical Care Medicine Volume 198 Number 8 | October 15, 2018

GLOBAL ACTION TO END SMOKING

Accelerating Research & Education to Save Lives

Influence Public Health Research

Our Mission

Our charitable mission is to end combustible tobacco use, which remains the leading preventable cause of death globally.

Who We Are

Global Action to End Smoking supports science-based Global efforts to end the smoking epidemic through traditional and new methods.

We focus on three main subject areas: Health and Science Research, Cessation Education, and Agricultural Transformation.

World Health Organization

PMI Funded $80 Million Annually

Filter

WHO is alerting Member States and the public health community that the **Foundation for a Smoke-Free World, funded by tobacco company Philip Morris**, and which WHO previously advised against partnering with in 2017, has changed its name to **Global Action to End Smoking.**

WHO maintains its firm position that it will not partner with this organization and strongly recommends that governments and the public health community do the same. Our concerns remain: Global Action to End Smoking operates using funds from Philip Morris International. **Its activities support a broader tobacco industry strategy to mislead the public about the dangers of tobacco and nicotine product use.** WHO is particularly concerned about potential efforts to target children and young people, creating a new generation of tobacco and nicotine users.

WHO urges governments and the public health community to remain vigilant and prioritize genuine, independent public health efforts to end tobacco and nicotine use.

June 2024

HARM REDUCTION STRATEGIES

truth initiative
freedom from nicotine addiction

PUBLIC HEALTH STRATEGY	TOBACCO INDUSTRY STRATEGY
WHAT IS IT?	
Careful deployment of alternatives that are tightly focused on helping tobacco users who otherwise would not quit.	Grow the market for nicotine by introducing new products and appropriating public health language to attract consumers.
WHO' BEHIND IT?	
Public health experts with a public health motive.	Tobacco companies with a profit motive.
HOW ARE PRODUCTS PROVEN TO REDUCE HARM?	
Independent scientific research and rigorous regulatory oversight that considers impact on public health.	Products enter the mass market before any evaluation of their public health impact. Research is often industry-sponsored.

HARM REDUCTION STRATEGIES

truth initiative
freedom from nicotine addiction

PUBLIC HEALTH STRATEGY	TOBACCO INDUSTRY STRATEGY
WHERE ARE PRODUCTS AVAILABLE?	
Specific establishments where products are distributed by qualified individuals and with controls to people who are already addicted to more harmful products.	Products are sold in consumer stores, gas stations, near schools, and in places that consumers of all ages regularly go. Sold to consumers regardless of smoking status.
HOW ARE PRODUCTS MARKETED?	
Products are designed and promoted with controls to ensure they are not attractive to non-users prior to introduction to the market.	Products are designed and marketed in ways that appeal to a broad audience including youth. These tactics include flavoring, sleek product design, colorful packaging, and widespread marketing campaigns.

National Academy of Medicine

"A product is harm-reducing if it lowers total tobacco-related mortality and morbidity even though use of that product may involve continued exposure to tobacco related toxicants."

In simple terms, using less toxic products that are less potent less frequently.

Ambivalence & Behavior Change

Up to 80 percent of people in behavioral health are interested in stopping smoking.

Prochaska et al. 2004,

- Many who use tobacco products have a low degree of confidence in their ability to stop their use.
- Poor self-efficacy is often driven by:
  - Misinformation
  - Stereotyping
  - Societal & Self-Stigma
  - Cultural Perpetuation
  - Lack of treatment support

A Recovery Orientation

Tobacco Recovery is SUD Recovery!

1. Recovery emerges from hope
2. Recovery is person-driven
3. Recovery occurs via many pathways
4. Recovery is holistic
5. Recovery is supported by peers and allies
6. Recovery is supported through relationship and social networks
7. Recovery is culturally based and influenced
8. Recovery is supported by addressing trauma
9. Recovery involves individual, family, and community strengths and responsibility
10. Recovery is based on respect

A Hope-Inducing Intervention

Learning tobacco-free coping skills is achievable and can:

- decrease depression, anxiety, and stress
- increase positive mood and quality of life
- boost self-confidence and self-image
- improve physical health and wellness
- enhance the probability of long-term recovery

BMJ 2014; 348:g1151. *Change in mental health after smoking cessation: systematic review and meta-analysis.* Published 13 February 2014.

Pharmacologic Treatment to Reduce Craving and Withdrawal

- Encouraging participants in **all stages of readiness** to try medications upon admission into your program is highly recommended.
- Tobacco withdrawal medication can **enhance motivation** to stop smoking.
- Guideline evaluated the impact of starting pharmacologic interventions **before a commitment** for sustained tobacco abstinence.
- Data from over 1300 subjects revealed a **doubling of the likelihood to stop** smoking at some point one month after starting pharmacologic therapy.

Initiating Pharmacologic Treatment in Tobacco-Dependent Adults

An Official American Thoracic Society Clinical Practice Guideline

Frank T. Leone*, Yuqing Zhang*, Sarah Evers-Casey, A. Eden Evins, Michelle N. Eakin, Joelle Fathi, Kathleen Fennig, Patricia Folan, Panagis Galiatsatos, Hyma Gogineni, Stephen Kantrow, Hasmeena Kathuria, Thomas Lamphere, Enid Neptune, Manuel C. Pacheco, Smita Pakhale, David Prezant, David P. L. Sachs, Benjamin Toll, Dona Upson, Dan Xiao, Luciane Cruz-Lopes, Izabela Fulone, Rachael L. Murray, Kelly K. O'Brien, Sureka Pavalagantharajah, Stephanie Ross, Yuan Zhang, Meng Zhu, and Harold J. Farber; on behalf of the American Thoracic Society Assembly on Clinical Problems

This official clinical practice guideline was approved by the American Thoracic Society May 2020

Background: Current tobacco treatment guidelines have established the efficacy of available interventions, but they do not provide detailed guidance for common implementation questions frequently faced in the clinic. An evidence-based guideline was created that addresses several pharmacotherapy-initiation questions that routinely confront treatment teams.

Methods: Individuals with diverse expertise related to smoking cessation were empaneled to prioritize questions and outcomes important to clinicians. An evidence-synthesis team conducted systematic reviews, which informed recommendations to answer the questions. The GRADE (Grading of Recommendations, Assessment, Development, and Evaluation) approach was used to rate the certainty in the estimated effects and the strength of recommendations.

Results: The guideline panel formulated five strong recommendations and two conditional recommendations regarding pharmacotherapy choices. Strong recommendations include using varenicline rather than a nicotine patch, using varenicline rather than bupropion, using varenicline rather than a nicotine patch in adults with a comorbid psychiatric condition, initiating varenicline in adults even if they are unready to quit, and using controller therapy for an extended treatment duration greater than 12 weeks. Conditional recommendations include combining a nicotine patch with varenicline rather than using varenicline alone and using varenicline rather than electronic cigarettes.

Conclusions: Seven recommendations are provided, which represent simple practice changes that are likely to increase the effectiveness of tobacco-dependence pharmacotherapy.

Keywords: dependence; pharmacotherapy; smoking; tobacco; treatment

Initiating Pharmacologic Treatment in Tobacco-Dependent Adults

American Thoracic Society Clinical Practice Guideline, May 2020

For tobacco-dependent adults in whom treatment is being initiated:

1. varenicline over a nicotine patch (strong recommendation)
2. varenicline over bupropion (strong recommendation)
3. varenicline plus a nicotine patch over varenicline alone (conditional recommendation)
4. varenicline over electronic cigarettes (conditional recommendation)
5. **In tobacco-dependent adults who are not ready to discontinue tobacco use**, we recommend that clinicians begin treatment with varenicline rather than waiting until patients are ready to stop tobacco use (strong recommendation).
6. **For tobacco-dependent adults with comorbid psychiatric conditions, including substance-use disorder, depression, anxiety, schizophrenia, and/or bipolar disorder, for whom treatment is being initiated**, we recommend varenicline over a nicotine patch (strong recommendation).
7. **For tobacco-dependent adults for whom treatment is being initiated with a controller**, we recommend using extended-duration (>12 week) over standard-duration (6–12 week) therapy (strong recommendation).

How Harm Reduction Acts as a Bridge to SUD treatment

Builds trust and connection: Harm reduction programs, like syringe service programs and safe consumption sites, offer a safe, low-barrier entry point to care. By providing immediate, compassionate support, they build a trusting relationship that can lead to further engagement.

Increases treatment entry rates: Research consistently shows that engaging in harm reduction services increases the likelihood of entering formal addiction treatment. For example, **people who begin using syringe service programs are five times more likely to enter drug treatment than those who do not.**

Prioritizes survival: The philosophy of harm reduction acknowledges that a person cannot recover if they are no longer alive.

Emphasizes incremental change: Harm reduction accepts that any positive change is a step toward wellness. Individuals set their own goals, which can build confidence and ultimately lead to a desire for complete abstinence.

Combats stigma: By treating substance use as a public health issue rather than a moral failing, harm reduction addresses the intense stigma often associated with drug use.

Varenicline

Varenicline, sold under the **brand name Chantix** is a prescription medication to help people to stop smoking and is considered one of the **most successful single-agent therapies available**.

How it works:

- **Reduces nicotine craving and withdrawal symptoms** by acting as a partial agonist on nicotinic acetylcholine receptors.
- Stimulates the receptors to a lesser degree than nicotine, which helps to **ease withdrawal symptoms**.
- Blocks nicotine from binding to the receptors, which **reduces the satisfying "reward" of smoking**.

Bupropion SR Tablets

Bupropion, sold under the **brand name Zyban** is also a prescription medication to help people to stop smoking.

How it works:

- **Inhibits** the reuptake of dopamine and norepinephrine neurotransmitters associated with **pleasure and reward**.
- Useful in **reducing** impulsivity of tobacco **craving and withdrawal**.
- Can be used alone or in combination with other nicotine replacement medications.

Combination Nicotine Replacement Therapy

For many people, the best method is to **combine a long-acting product,** like the skin patch, **with a fast-acting one**, like the gum or lozenge. This provides a steady base of nicotine all day to reduce withdrawal symptoms while also allowing acute dose titration as needed to manage sudden craving.

Practical Application of Engagement

Recovery-oriented tobacco harm reduction strategies should:

- **Be person-centered,** specific to age, community and demographic.
- Avoid exaggerated claims or have low expectations of success.
- Be open and transparent.
- **Be normalized** and part of what we offer and talk about, before formal treatment, at all stages of treatment, after treatment and with those not interested in treatment, **just like any other recovery-oriented strategy.**

People change through the heart, then through the mind.

Reframe Language

The language we use is fundamental in creating environments conducive to a recovery process.

Common Terminology

- Smoking
- Smoker
- Quit Date
- Habit
- Cessation

Preferred Terminology

- Tobacco Use Disorder
- Person with a Tobacco Use Disorder
- Recovery Start Date
- Chronic Disorder
- Tobacco Treatment, Recovery

Reducing Harm From Tobacco Use

Advice from the recovery advocacy community:

- Talking about tobacco recovery should occur in all our care and support settings.
- Ask for permission to talk about tobacco use and emphasize the physical and mental health benefits.
- Encourage the use of varenicline or other withdrawal medications to manage withdrawal discomfort to enhance hope for tobacco recovery.
- A recovery-orientation means we meet people where they are at and see recovery as a process.
- A no wrong door approach – pursue tobacco harm reduction as a part of MH/SUD recovery from recovery initiation through to long term recovery.

American Lung Association

- The American Lung Association (ALA) does not endorse the concept of tobacco harm reduction **through the use of alleged reduced-harm products**, including e-cigarettes.

- ALA believes that so-called "reduced-harm tobacco products" may actually discourage tobacco users from quitting their addiction entirely.

- They argue that claims of **reduced risk associated with these products are unproven** and could lead to reduced quit attempts and potentially encourage initiation of tobacco use among non-users.

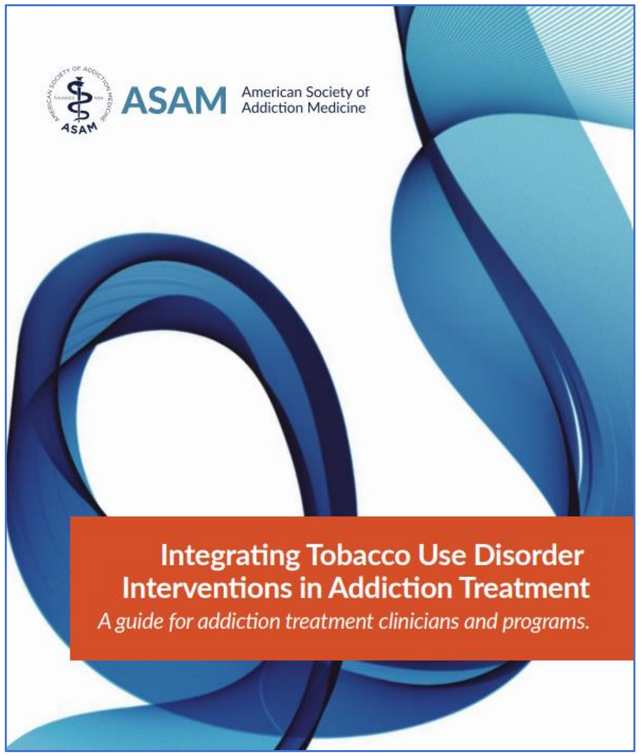
American Lung Association

- ALA emphasizes that any claims made about such products require thorough review and regulation by the Food and Drug Administration (FDA) under the Tobacco Control Act's public health standards.

This includes careful consideration of:

  - The product's individual health risks.
  - The likelihood of existing users switching from traditional tobacco products versus quitting altogether.
  - The possibility of attracting new users who didn't previously use tobacco products.
  - The product's risks and benefits compared to approved tobacco cessation treatments.

ASAM Guidelines



“Utilize harm reduction principles to reduce harms associated with tobacco use.”

FDA-approved Nicotine Replacement Therapy products are recommended as a first-line approach

“There is ongoing controversy over the potential effectiveness of [vaping devices]. Some [vaping] products may help to reduce the use of combustible cigarettes and their associated harms.

However, these products have not been approved as safe and effective medical interventions for tobacco use disorder in the United States.

Patients who use vaping devices…should be informed of the risks for lung injury.”

March 2022

Reinforcing and Bidirectional

Nicotine primes addiction pathways…. affects activation of the mesolimbic dopamine system the same as alcohol, opioids, cocaine, and marijuana, and intensifies the rewarding effect of other substances.

Kendel et al. Molecular Mechanism for a Gateway Drug: Epigenetic Changes by Nicotine Gene Expression by Cocaine. *Science Translational Medicine* 2011 November; 3(107):107-109.

Smoking and tobacco craving are strongly associated with the use of and craving for cocaine and heroin. Data suggests that tobacco and cocaine may each increase craving for, and likelihood of continued use of themselves and each other.

DH. Epstein et. al., *Tobacco, cocaine, and heroin: Craving and use during daily life.* Addictive Behaviors, 35(4):318-24. April 2010

Reinforcing and Bidirectional

Using both opioids and tobacco may enhance subjective positive effects and satisfaction with drug use, reduce withdrawal symptoms for both substances, and act as a substitution when one drug is not available.

Co-use leads to the increased use of one or both substances through priming, extending reinforcement, and cross tolerance, thus making abstinence from either substance more difficult.

Morris C. Garver-Apgar CE. Nicotine and Opioids: a Call for Co-treatment as the Standard of Care. Journal of Behavioral Health Services & Research, 2020

Nicotine: Priming Addiction Pathways

Denise Kandel, Eric Kandel & Amir Levine
Columbia University, 2011

Maximize Outcomes

Data indicates that targeting tobacco use during substance use treatment can improve abstinence rates from both tobacco and other substances. In fact, combining treatments is the most effective way to address multiple co-occurring substance use disorders.

USDHHS. Alcohol and Tobacco. National Center for Chronic Disease and Health Promotion, 2007

Nicotine and opioid addictions are mutually reinforcing, whereas tobacco use disorder treatment is associated with long-term abstinence after opioid treatment.

Marynak et al. CDC Morbidity and Mortality Weekly Report, May 11, 2018

Maximize Outcomes

JAMA Psychiatry

Parks MJ, Blanco C, Creamer MR, Kingsbury JH, Everard CD, Marshall D, Kimmel HL, Compton WM. JAMA Psychiatry. 2025 Aug 13

Cigarette Smoking During Recovery From Substance Use Disorders

Among 2652 adults... change from current to former cigarette use was positively associated with a **30% increase in odds of recovery**. …This association remained significant after lagging predictor by 1 year.

Key Points

Lung Mind Alliance
A commercial tobacco-free future for Minnesotans with mental illness or substance use disorders

- **Harm reduction** – the principle of providing evidence-based, lower harm alternatives for those who do not quit harmful substances is a proven public health strategy.
- Identify reliable sources for information. The tobacco harm reduction literature is replete with vague language, far-reaching claims, and unwarranted certainty.
- **The American Thoracic Society** recommends encouraging participants in all stages of readiness to try medications to decrease craving and withdrawal, reduce consumption and to enhance motivation to stop smoking.

Key Points

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- **The American Society of Addiction Medicine** embraces harm reduction principles to reduce harms associated with tobacco use.
- Data indicates that **tobacco use disorder interventions integrated in drug and alcohol treatment** reduces the harm associated to returning to the use of other substances and can contribute to long-term drug recovery.
- **The American Lung Association** does not endorse the concept of tobacco harm reduction through the use of alleged reduced harm products, including e-cigarettes.

Key Points

Lung Mind Alliance
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- **American Lung Association** recommended tobacco harm reduction strategies comprise FDA-approved tobacco withdrawal medication combined with hope-inducing behavioral counseling.

American Lung Association.

Lung Mind Alliance

A commercial tobacco-free future for Minnesotans with mental illness or substance use disorders

Thank you