

TOBACCO AND PROBLEM GAMBLING

Part I – The key things you should know

POLL QUESTION

Of those who have/may have problem gambling or Gambling Disorder...how many of them would you guess also use tobacco products?

- A. None
- B. Very few
- C. Around half
- D. Most

GAMBLING AND CO-OCCURRING CONDITIONS

- With PG, comorbidity is the rule, not the exception
 - ~75% have a history of an alcohol use d/o
 - ~40% have a history of a substance use d/o
 - ~60% have a history of nicotine dependence
 - ~50% have a history of a mood disorder
 - ~40% have a history of an anxiety disorder
 - ~60% have a history of a personality disorder

Petry et al. (2005)



OBJECTIVES

1

- Have a clear understanding of the nature and addictive qualities of tobacco

2

- Understand the relationship between tobacco and gambling.

3

- Know where to find resources and good research data.

PART I AGENDA



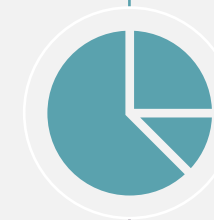
Key elements you should know



About Tobacco



Tob. & PG



Stats and Data



Types, ingredients, vape



NRT/Pharm.



Starting and stopping

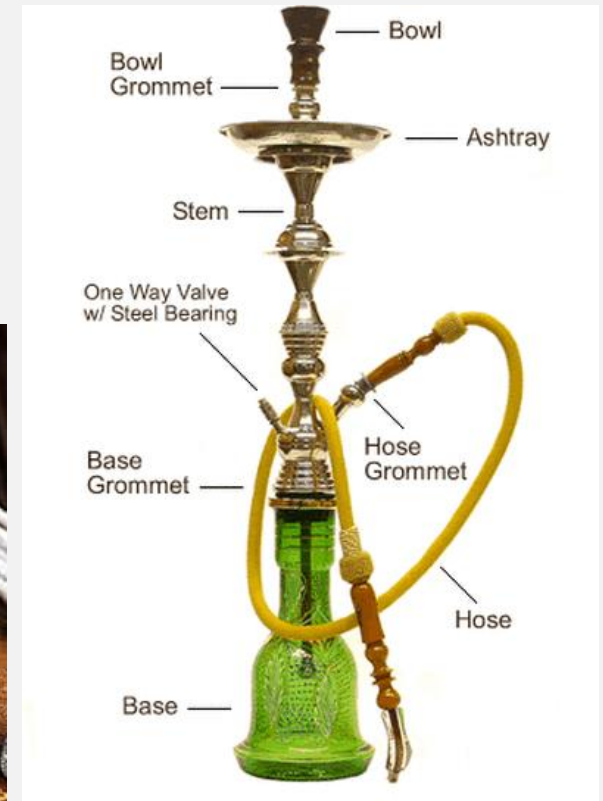
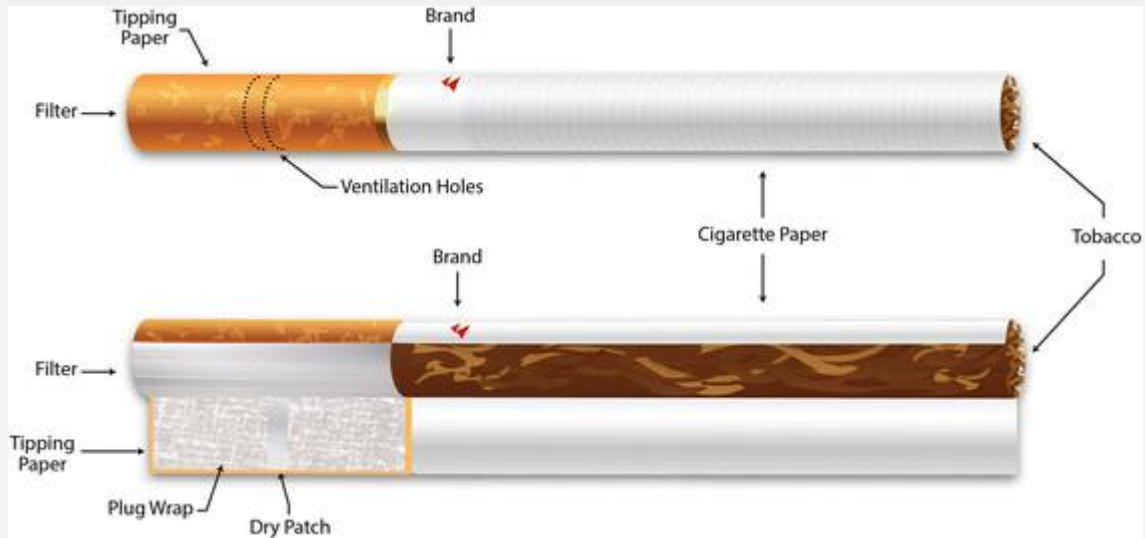


COVID-19

Types of Tobacco
Products

ABOUT TOBACCO - TYPES

SMOKING TOBACCO



SMOKELESS TOBACCO



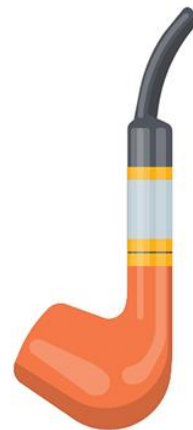
DISSOLVABLE TOBACCO



VAPE



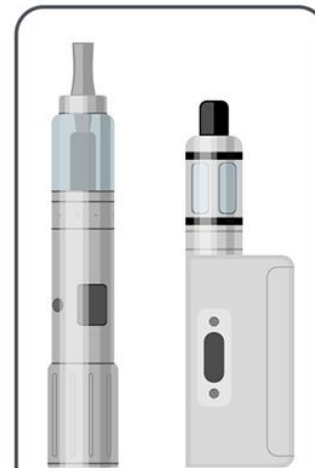
Vape confiscations at
Junior/Senior HS in
[Indiana](#)



E-pipe



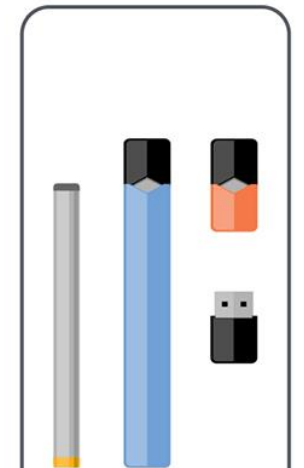
E-cigar



Large-size
tank devices



Medium-size
tank devices

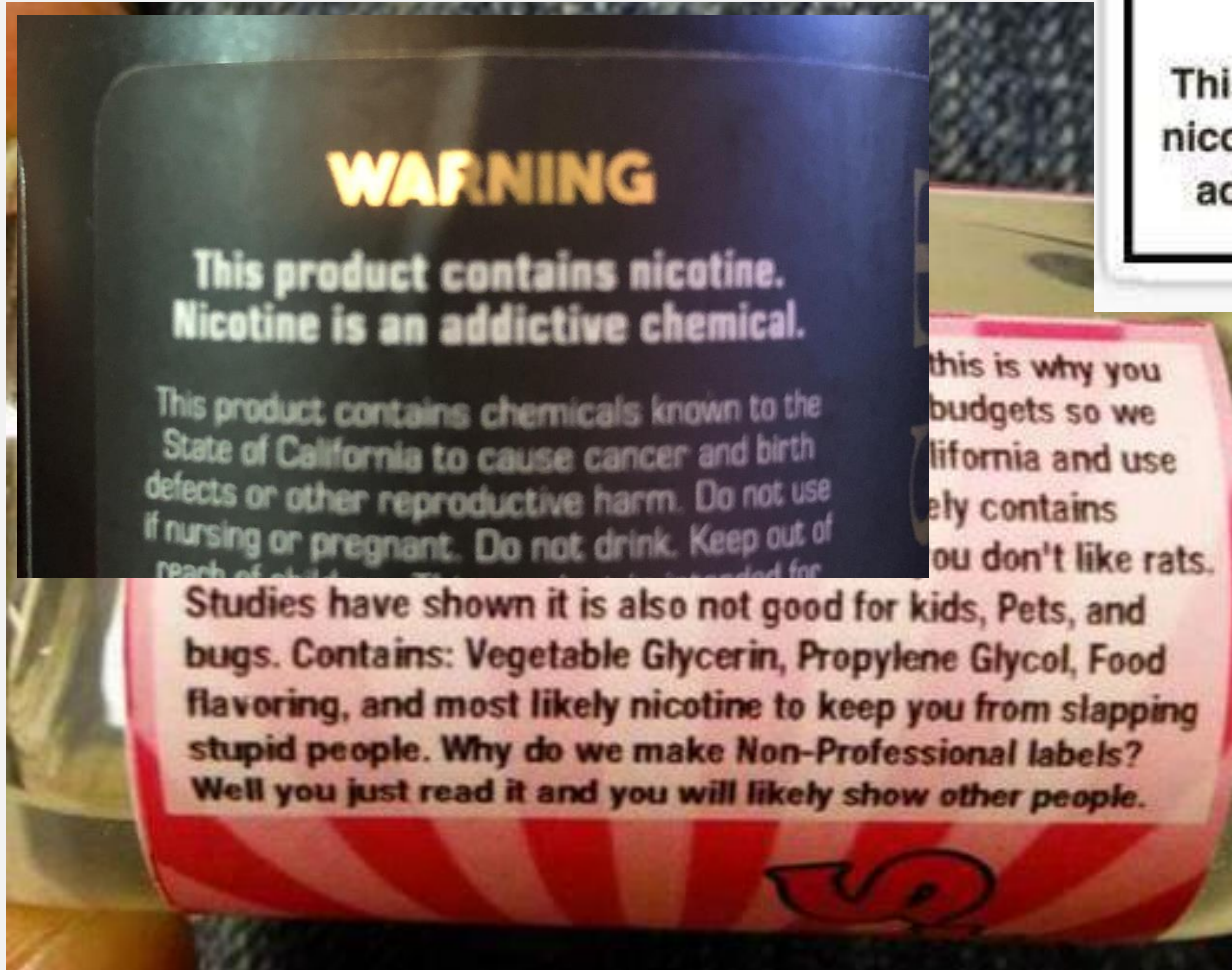


Rechargeable
e-cigarette



Disposable
e-cigarette

VAPE WARNING LABELS – REAL AND FAKE



Ingredients in
Tobacco and Vape

ABOUT TOBACCO - INGREDIENTS

FDA VIDEO:
CHEMICALS IN
CIGARETTES –
FROM PLANT, TO
PRODUCT, TO PUFF



https://www.youtube.com/watch?v=0-FdLCcFyQc&feature=emb_logo

Tobacco smoke contains more than 7,000 chemicals, many of them poisonous.



Acetone
found in nail
polish remover



Ammonia
a common
household
cleaner



Arsenic
used in rat poison



Butane
used in lighter fluid



**Carbon
monoxide**
found in car
exhaust fumes



Formaldehyde
used as embalming fluid



Cadmium
used in batteries



Methanol
a main component
in rocket fuel

More of the chemicals found in tobacco smoke



acetaldehyde, acrolein, acrylonitrile, aromatic amines, 1,3-butadiene, benzene, benzo[a]pyrene, beryllium, butyraldehyde, chromium (hexavalent), crotonaldehyde ethylene oxide, hydrogen cyanide, isoprene, lead, 2-naphthylamine, 4-(methylnitrosamino)-1-(3-pyridyl)-1-butanone (NNK), nickel, N'-nitrosoanatabine (NAT), N'-nitrosonornicotine (NNN), polonium-210, propionaldehyde, styrene, toluene, vinyl chloride

Created from
lighting it



WARNING

Carbon monoxide (CO) can cause brain damage or death.

Engine and generator exhaust contains odorless and colorless carbon monoxide gas.

Signs of carbon monoxide poisoning include nausea, headache, dizziness, drowsiness, and lack of consciousness,.

Get fresh air if anyone shows signs of carbon monoxide poisoning.

Risks from Smoking

Smoking can damage every part of the body

Cancers

Head or Neck

Lung

Leukemia

Stomach

Kidney

Pancreas

Colon

Bladder

Cervix

Chronic Diseases

Stroke

Blindness

Gum infection

Aortic rupture

Heart disease

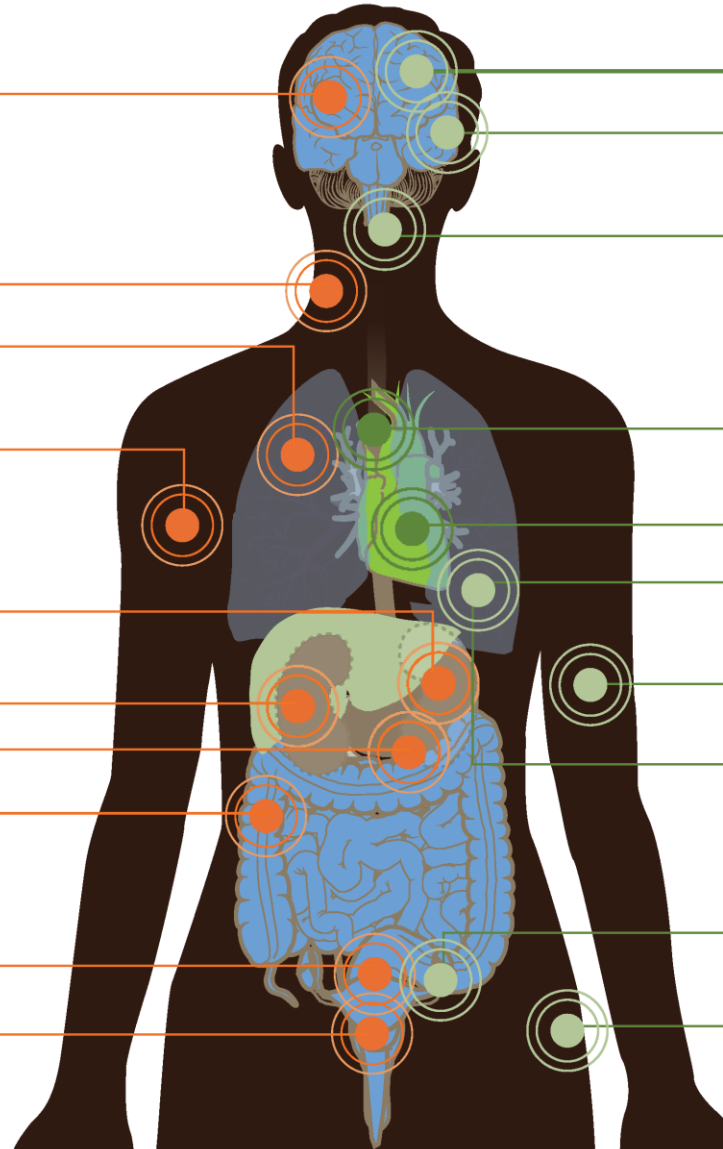
Pneumonia

Hardening of the arteries

Chronic lung disease
& asthma

Reduced fertility

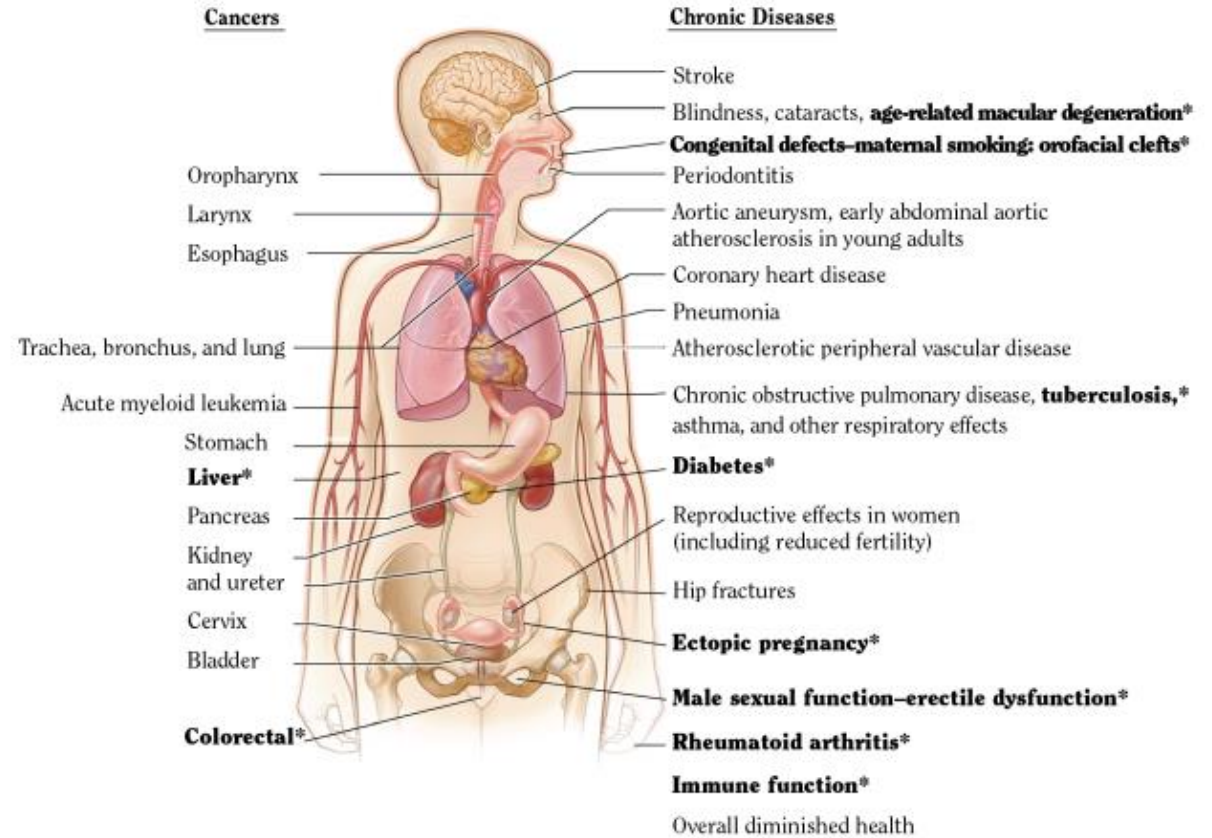
Hip fracture



EFFECTS OF SMOKING

Surgeon General's Report

Figure 1.1A The health consequences causally linked to smoking

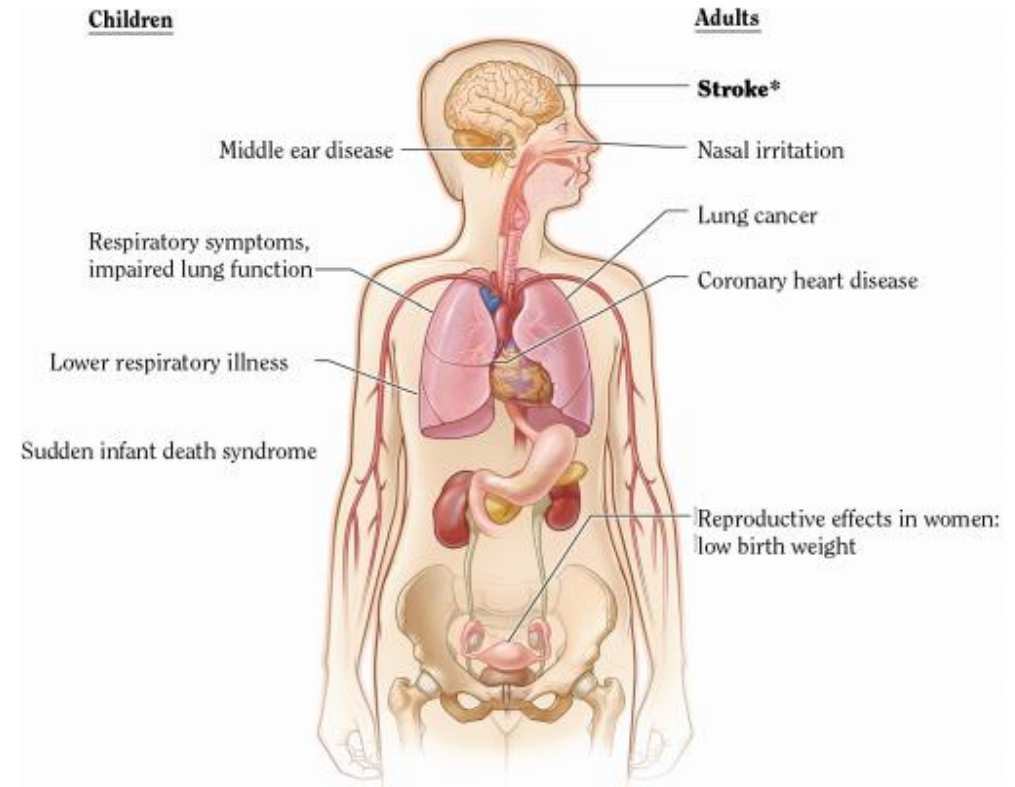


Source: USDHHS 2004, 2006, 2012.

Note: Each condition presented in bold text and followed by an asterisk (*) is a new disease that has been causally linked to smoking in this report.

EFFECTS OF SECOND- HAND SMOKE ON CHILDREN AND ADULTS

Figure 1.1B The health consequences causally linked to exposure to secondhand smoke



Source: USDHHS 2004, 2006.

Note: Each condition presented in bold text and followed by an asterisk (*) is a new disease that has been causally linked to exposure to secondhand smoke in this report.

Some things you
should know about
vaping

ABOUT TOBACCO – VAPE

Harmful chemicals found in e-cigarettes

Polycyclic Aromatic Hydrocarbons (PAHs)

Carcinogen

Poly-Brominated Diphenyl Ethers (PBDEs)

Flame retardant used in electric products, which can affect thyroid secretion, reproductive system and fetal development

Formaldehyde

Carcinogen, result in respiratory symptoms, and eye, nose, and throat irritation.

Glycerin

Cause cancer when heated to high temperature

Heavy Metal (eg tin, nickel, copper, lead)

Metal nanoparticles enter deep into our sacs of lung

Trace of nicotine

Highly addictive

WHAT'S IN AN E-CIG?

- http://smokefreeteens.smokefree.hk/en/smoke_free_academy/tobacco_scourge/emerging_products/upload/page/39/self/5b90e2909d507.pdf

E-CIG/VAPE HAS POTENTIAL FOR SERIOUS HARM

- The more ingredients there are in e-juice, the more toxic to the body's cells
- Can cause lung disease, as well as cardiovascular (heart) disease
- Can cause acute lung injury, COPD, asthma, lung cancer
- Secondhand emissions may also be harmful, as they contain many toxic chemicals as well
- FDA has not found any e-cigarette to be safe and effective in helping smokers quit.
- Source: American Lung Association <https://www.lung.org/quit-smoking/e-cigarettes-vaping/impact-of-e-cigarettes-on-lung>

E-CIGARETTE, OR VAPING, PRODUCTS VISUAL DICTIONARY

- Devices
- Substances (Tobacco and Cannabis)
- Hacking or Modifying
- https://www.cdc.gov/tobacco/basic_information/e-cigarettes/pdfs/ecigarette-or-vaping-products-visual-dictionary-508.pdf

The Evolution of E-Cigarette, or Vaping, Products



1st
GENERATION

Disposable
e-cigarettes



2nd
GENERATION

E-cigarettes
with prefilled
or refillable
cartridge



3rd
GENERATION

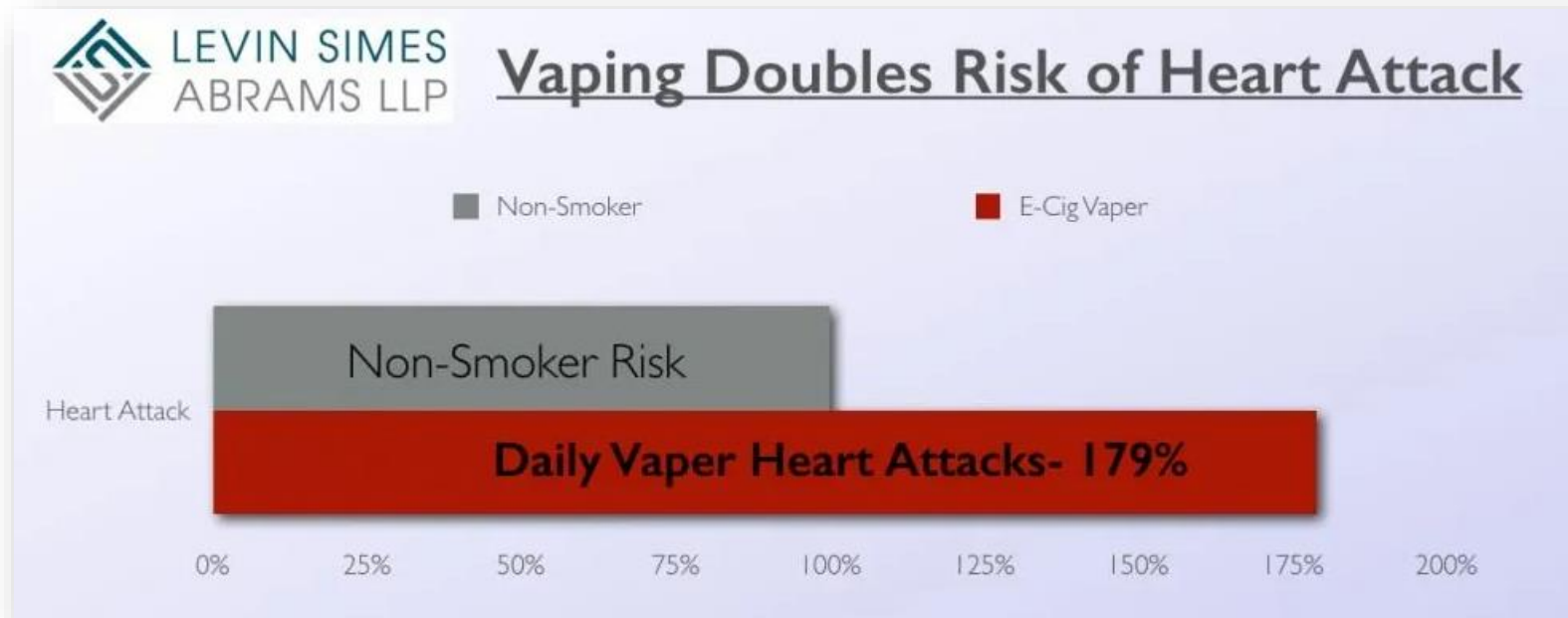
Tanks or Mods
(refillable)



4th
GENERATION

Pod Mods
(prefilled or
refillable)

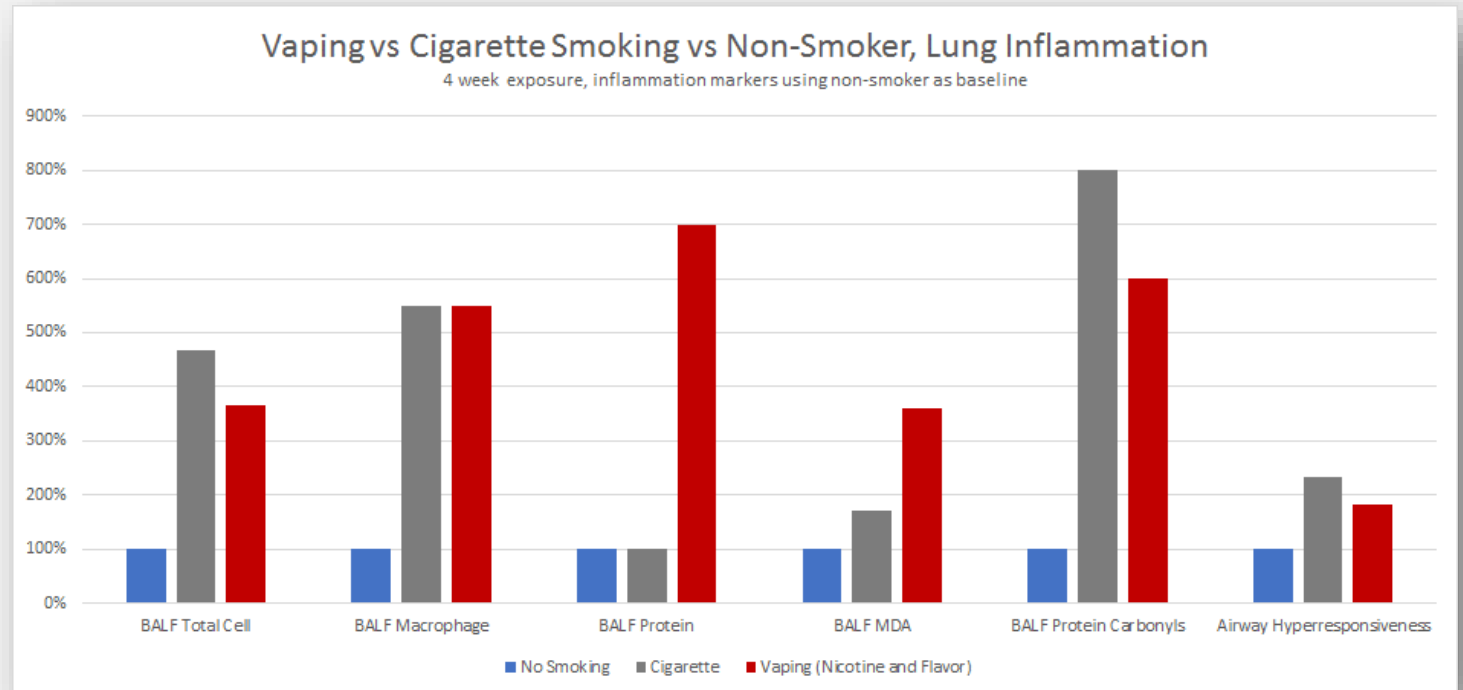
VAPE AND HEALTH RISKS



Source: <https://www.levinsimes.com/flavor-vaping-mice-show-signs-of-juul-lung-damage/>

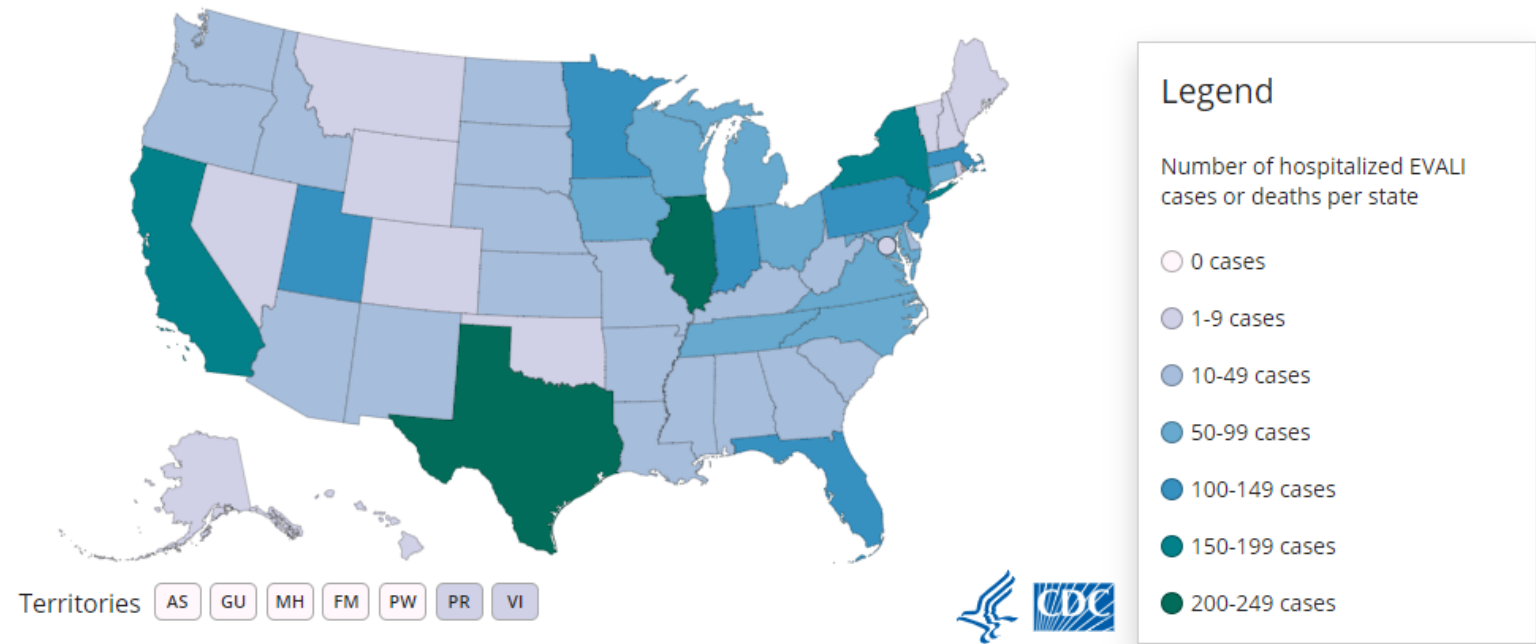
VAPE VS CIGARETTES, LUNG INFLAMMATION (ON MICE)

- Even mice exposed to e-juice vapor free of nicotine and flavoring, showed cellular changes and lung inflammation
- Source: <https://www.levinsimes.com/flavor-vaping-mice-show-signs-of-juul-lung-damage/>



NATIONAL OUTBREAK OF LUNG INJURY ASSOCIATED WITH THE USE OF E- CIGARETTE, OR VAPING, PRODUCTS

Number of Hospitalized EVALI Cases or Deaths Reported to CDC as of February 18, 2020



- E-cigarette or vaping associated lung injury (EVALI)
- Investigated by CDC, FDA, state and local health departments, and other clinical and public health partners
- Vitamin E acetate strongly linked to the EVALI outbreak
- 68 deaths, 2,022 hospitalizations (82% used THC products, 33% used THC products exclusively, 57% used nicotine products, 14% use nicotine products exclusively)
- Source: https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html#key-facts

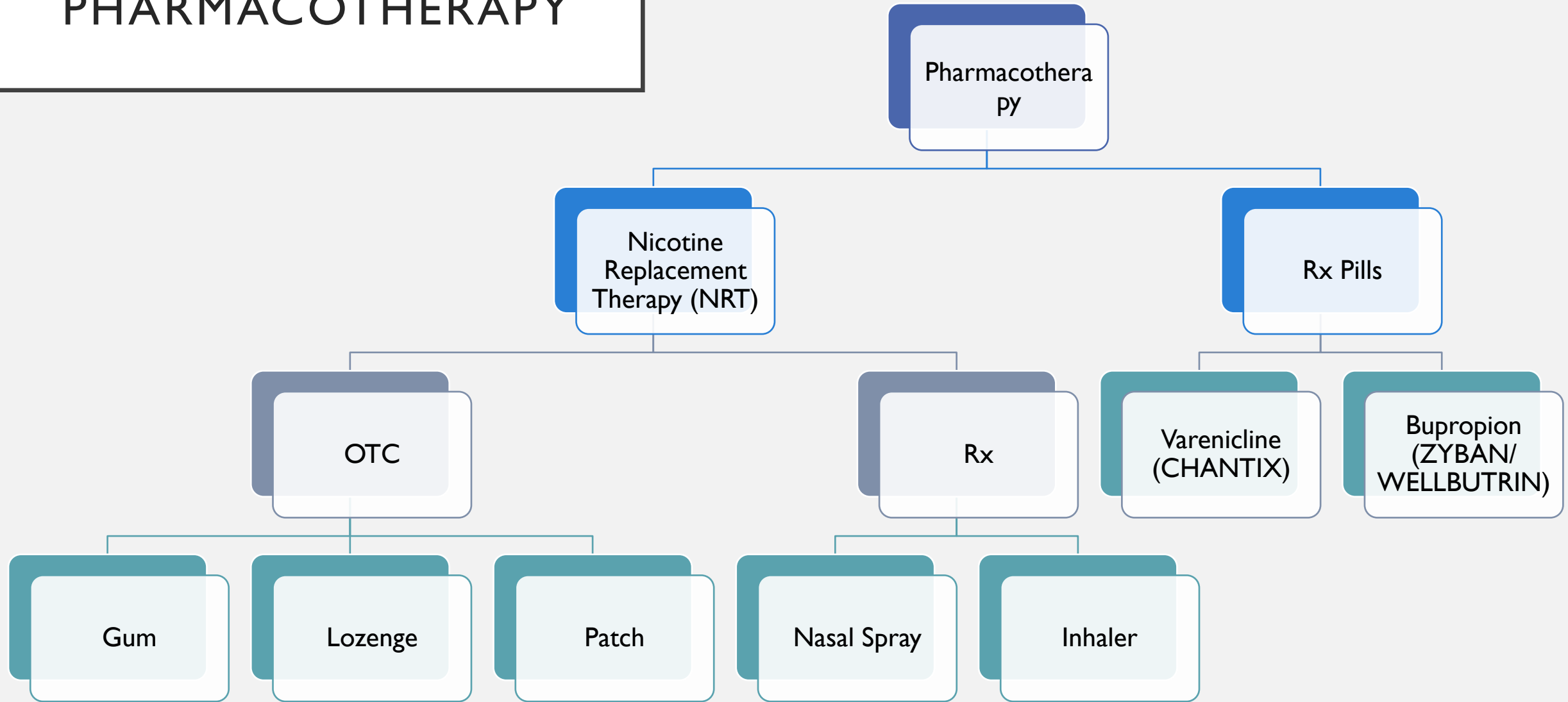
Pharmacotherapy:

Nicotine
Replacement
Therapy (NRT)

Rx Medications

ABOUT TOBACCO – NRT/PHARM.

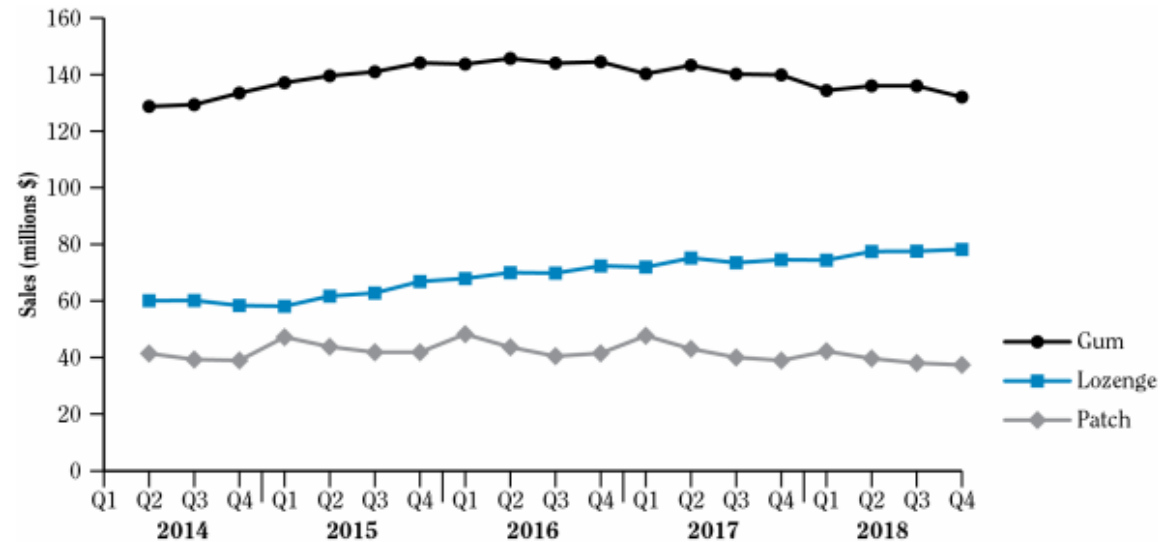
PHARMACOTHERAPY



GUM IS THE MOST POPULAR OTC NRT

- 2020 Smoking Cessation: A Report of the Surgeon General:
<https://www.hhs.gov/sites/default/files/2020-cessation-sgr-full-report.pdf>

Figure 2.14 Quarterly, inflation-adjusted^a dollar sales of over-the-counter nicotine replacement therapy, by type; Quarter 2, 2014–Quarter 4, 2018; United States



Reasons people start

Reasons people quit

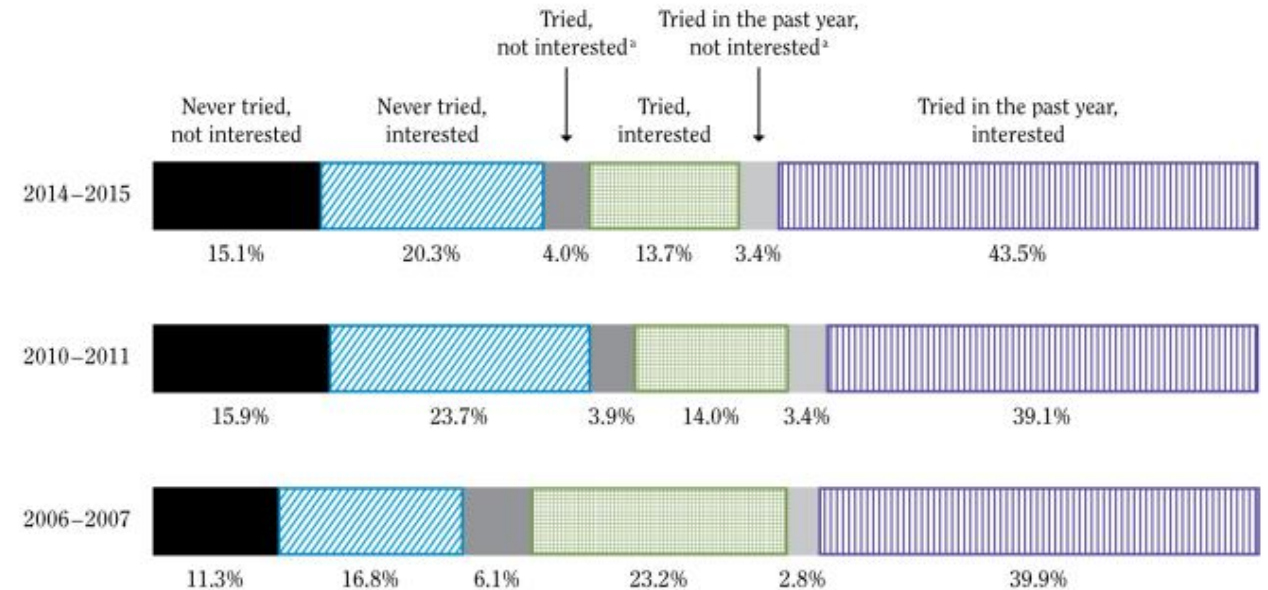
ABOUT TOBACCO – STARTING AND STOPPING

MOST PEOPLE DO WANT TO QUIT

2020 Smoking Cessation – surgeon general's report

- Shows many have tried to quit and are still interested in quitting.
- <https://www.hhs.gov/sites/default/files/2020-cessation-sgr-full-report.pdf>

Figure 2.9 Cessation continuum for current cigarette smokers 18 years of age and older; Tobacco Use Supplement to the Current Population Survey (TUS-CPS) 2006–2007, 2010–2011, 2014–2015; United States



Source: TUS-CPS, public use data, 2006–2007, 2010–2011, and 2014–2015.

^aEver tried to quit but did not try to quit during the past year.

WHY DO PEOPLE CONTINUE TO SMOKE?

Addiction	Physical and psychological addiction
Routine	Daily routines, social routines, relaxation routines, auto-pilot
Reward	Stress-relief, time-filler, transition between activities, completion of tasks
Perception	That it's worth it, beneficial, relaxing, enjoyable

What is the
relationship?

TOBACCO AND PROBLEM GAMBLING

WHAT IS THE RELATIONSHIP BETWEEN TOBACCO AND GAMBLING?



SMOKING CORRELATES TO INCREASED SEVERITY OF GAMBLING PROBLEMS

Source: NIH, *Cigarette smoking is associated with increased severity of gambling problems in treatment-seeking gamblers*

<https://pubmed.ncbi.nlm.nih.gov/12084144/>

Daily smoker gamblers....

Gambled on more days

Spent more money gambling

Craved gambling more

Had lower perceived control over their gambling

More likely to be taking psychiatric medications

Experienced psychiatric symptoms on a greater number of days than non-daily smokers

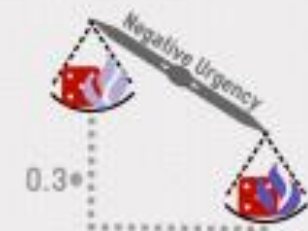
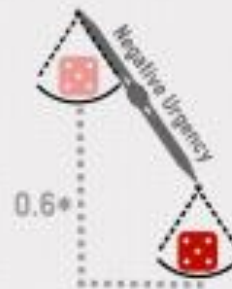
SMOKING + GAMBLING

INCREASES NEGATIVE URGENCY

"Having greater negative urgency means that when these people face difficult emotional situations, they might be more likely to engage in impulsive smoking or gambling."

- **Negative Urgency** = a lack of control when one experiences extreme negative emotions
- Those who smoked daily experienced significantly more negative urgency than those who did not smoke
- Source: ASHES, Vol. 14 (3) *Double trouble: Smoking, gambling, and impulsivity* <https://www.basisonline.org/2018/03/ashes-vol143-double-trouble.html>

How does Negative Urgency Differ by Gambling-Related Problems and Smoking Status?



*Absolute difference in means between groups

SMOKING CORRELATES TO INCREASED SEVERITY OF GAMBLING PROBLEMS

- Odlaug, B. L., Stinchfield, R., Golberstein, E., & Grant, J. E. (2013). The relationship of tobacco use with gambling problem severity and gambling treatment outcome. *Psychology of Addictive Behaviors*, 27(3), 696-704. Retrieved April 2020, from <https://psycnet.apa.org/doiLanding?doi=10.1037%2Fa0029812>
- Harper, T. (2003). Smoking and gambling: a trance inducing ritual. *Tobacco Control*. Retrieved April 2020, from <https://tobaccocontrol.bmj.com/content/12/2/231>
- Grant, J. E., Kim, S. W., Odlaug, B. L., & Potenza, M. N. (2008). Daily Tobacco Smoking in Treatment-Seeking Pathological Gamblers: Clinical Correlates and Co-occurring Psychiatric Disorders. *Journal of Addiction Medicine*, 2(4), 178-184. Retrieved April 2020, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2727939/>
- Petry, N., & Oncken, C. A. (2002, June). Cigarette smoking is associated with increased severity of gambling problems in treatment-seeking gamblers. *Addiction*, 97(6), 745-53. Retrieved April 2020, from <https://www.ncbi.nlm.nih.gov/pubmed/12084144>
- Wiley, R. C. (2018, March 13). Double trouble: Smoking, gambling, and impulsivity. *ASHES*, 14(3). Retrieved from <https://www.basisonline.org/2018/03/ashes-vol143-double-trouble.html>
- Weinberger, A. H., Franco, C. A., Hoff, R. A., Pilver, C., Steinberg, M. A., Rugle, L., . . . Potenza, M. N. (2015). Cigarette smoking, problem-gambling severity, and health behaviors in high-school students. *Addictive Behaviors Reports*, 1, 40-48. Retrieved from <https://www.sciencedirect.com/science/article/pii/S2352853215000024>

SMOKING AND EGMS

SMOKING AND GAMBLING: A TRANCE INDUCING RITUAL

- “Smokers were no more likely to play with EGMs than non-smokers, but if smokers did play, they **spent over twice as much.**”

- “Tattersalls [casino] identified a higher proportion of its customers were smokers, comprising 36% of EGM players, who **contributed 50% of the revenue.**”

SMOKER-GAMBLERS ARE MORE LIKELY TO SPEND MORE MONEY ON SLOT-MACHINES OR ELECTRONIC GAMING MACHINES (EGMS)

- Harper, T. (2003). Smoking and gambling: a trance inducing ritual. *Tobacco Control*. Retrieved April 2020, from <https://tobaccocontrol.bmj.com/content/12/2/231>
- Potenza, M. N., Stenberg, M. A., McLaughlin, S. D., Wu, R., Rounsaville, B. J., Krishnan-Sarin, S., . . . O'Malley, S. S. (2004). Characteristics of Tobacco-Smoking Problem Gamblers Calling a Gambling Helpline. *American Journal on Addictions*(5), 471-493. Retrieved April 2020, from <https://www.tandfonline.com/doi/abs/10.1080/10550490490483044>
- Rodda, S., Brown, S. L., & Phillips, J. G. (2004). The Relationship Between Anxiety, Smoking, and Gambling in Electronci Gaming Machine Players. *Journal of Gambling Studies*, 20, 71-81. Retrieved from <https://link.springer.com/article/10.1023/B:JOGS.0000016704.06088.85>

SMOKING GAMBLERS SPEND/LOSE MORE MONEY ON GAMBLING

- Harper, T. (2003). Smoking and gambling: a trance inducing ritual. *Tobacco Control*. Retrieved April 2020, from <https://tobaccocontrol.bmj.com/content/12/2/231>
- Grant, J. E., Kim, S. W., Odalaug, B. L., & Potenza, M. N. (2008). Daily Tobacco Smoking in Treatment-Seeking Pathological Gamblers: Clinical Correlates and Co-occurring Psychiatric Disorders. *Journal of Addiction Medicine*, 2(4), 178-184. Retrieved April 2020, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2727939/>
- Petry, N., & Oncken, C. A. (2002, June). Cigarette smoking is associated with increased severity of gambling problems in treatment-seeking gamblers. *Addiction*, 97(6), 745-53. Retrieved April 2020, from <https://www.ncbi.nlm.nih.gov/pubmed/12084144>

SMOKING GAMBLERS HAVE HIGHER RATES OF OTHER CO-OCCURRING ISSUES

Characteristics of Tobacco-Smoking Problem Gamblers Calling a Gambling Helpline

- More frequently acknowledged depression and suicidality secondary to gambling
- Gambling-related arrests
- Alcohol and drug use problems
- Mental health treatment
- Problems with casino slot machine gambling
- Source: American Journal on Addictions

<https://www.tandfonline.com/doi/abs/10.1080/10550490490483044>

“The high proportion of callers reporting daily tobacco smoking highlights the need for enhanced smoking cessation efforts in problem gamblers.”

SMOKING GAMBLERS HAVE HIGHER RATES OF OTHER CO-OCCURRING ISSUES

- Potenza, M. N., Stenberg, M. A., McLaughlin, S. D., Wu, R., Rounsaville, B. J., Krishnan-Sarin, S., . . . O'Malley, S. S. (2004). Characteristics of Tobacco-Smoking Problem Gamblers Calling a Gambling Helpline. *American Journal on Addictions*(5), 471-493. Retrieved April 2020, from <https://www.tandfonline.com/doi/abs/10.1080/10550490490483044>
- Odlaug, B. L., Stinchfield, R., Golberstein, E., & Grant, J. E. (2013). The relationship of tobacco use with gambling problem severity and gambling treatment outcome. *Psychology of Addictive Behaviors*, 27(3), 696-704. Retrieved April 2020, from <https://psycnet.apa.org/doiLanding?doi=10.1037%2Fa0029812>
- Petry, N., & Oncken, C. A. (2002, June). Cigarette smoking is associated with increased severity of gambling problems in treatment-seeking gamblers. *Addiction*, 97(6), 745-53. Retrieved April 2020, from <https://www.ncbi.nlm.nih.gov/pubmed/12084144>
- Weinberger, A. H., Franco, C. A., Hoff, R. A., Pilver, C., Steinberg, M. A., Rugle, L., . . . Potenza, M. N. (2015). Cigarette smoking, problem-gambling severity, and health behaviors in high-school students. *Addictive Behaviors Reports*, 1, 40-48. Retrieved from <https://www.sciencedirect.com/science/article/pii/S2352853215000024>

TOBACCO AND GAMBLING MAY HAVE OVERLAPPING PREVENTION EFFORT IMPLICATIONS

- In September 2002, the Australian state of Victoria implemented smokefree laws for the gambling industry.
- **Why?** - To protect staff from the harms of smoke exposure
- **What happened?** - Problem gambling decreased. For a time, revenues decreased.
- Source: BMJ Journals, Tobacco Control:
<https://tobaccocontrol.bmj.com/content/12/2/231>

- *“The report appeared to confirm the hopes of gambling control advocates that the smokefree laws would force smokers to take a break in play. The report said the smokefree laws were breaking the gambling routine of smokers, and that cigarette cravings were breaking player concentration. Further, when smokers did take a cigarette break they were reviewing their gambling expenditure and in some cases prompting gamblers to consider their gambling was “a waste of money” or tempting players to “go home rather than play on”.*

What does the latest
research say about
tobacco and
problem
gambling....and
COVID-19?

OTHER STATS AND DATA

RELIABLE TOBACCO RESEARCH AND RESOURCES

- [American Lung Association](#)
- [American Cancer Society](#)
- [American Heart Association](#)
 - [AHA Quit resources](#)
- [Center for Disease Control](#)
- [Mayo Clinic Nicotine Dependence Center](#)
- [Food and Drug Administration](#)
- [National Institute on Drug Abuse](#)
- [National Institute on Health](#)
- [Smoking Cessation: Surgeon General's Report \(2020\)](#)
- [Washington Healthy Youth Survey](#)
- [Washington Department of Health](#)
- [Truth Initiative – Tobacco use in Washington 2019](#)

CDC CAMPAIGN FOR WOMEN'S HEALTH

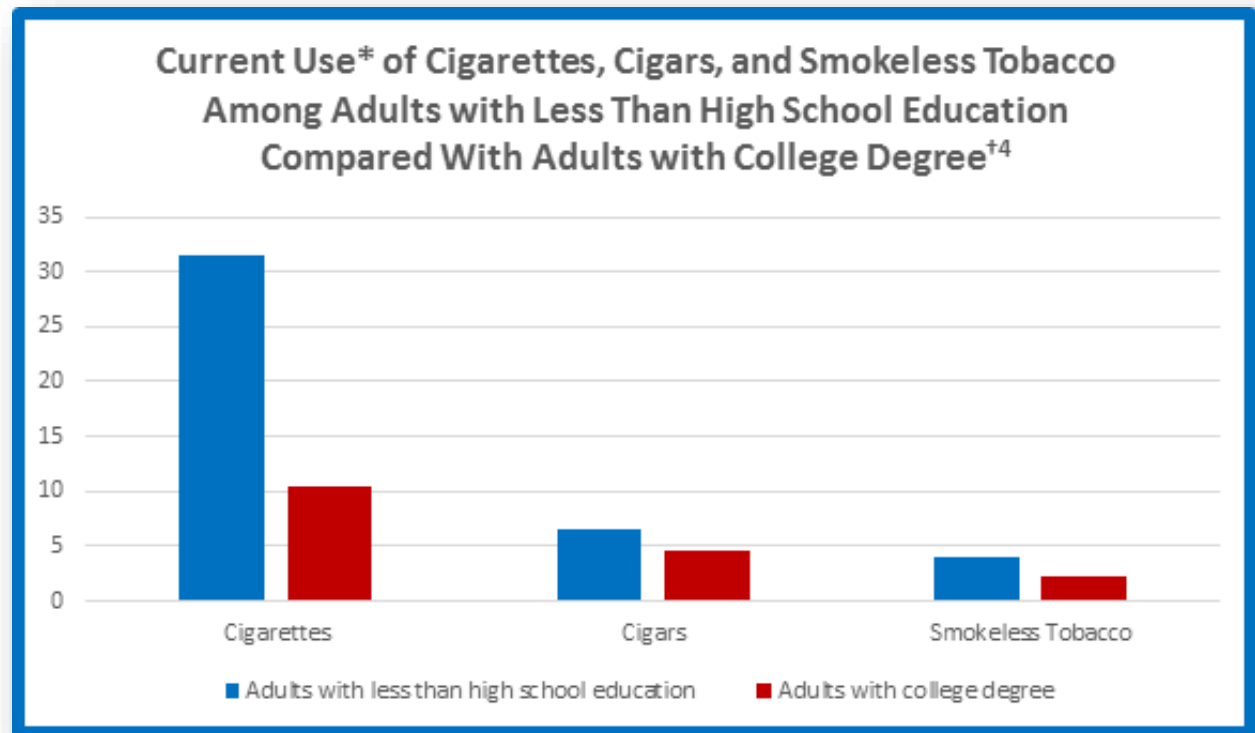
- Source:
https://www.cdc.gov/tobacco/basic_information/health_effects/women-smoking/index.htm
- PDF:
https://www.cdc.gov/tobacco/basic_information/health_effects/women-smoking/pdfs/women-smoking-disease-p.pdf



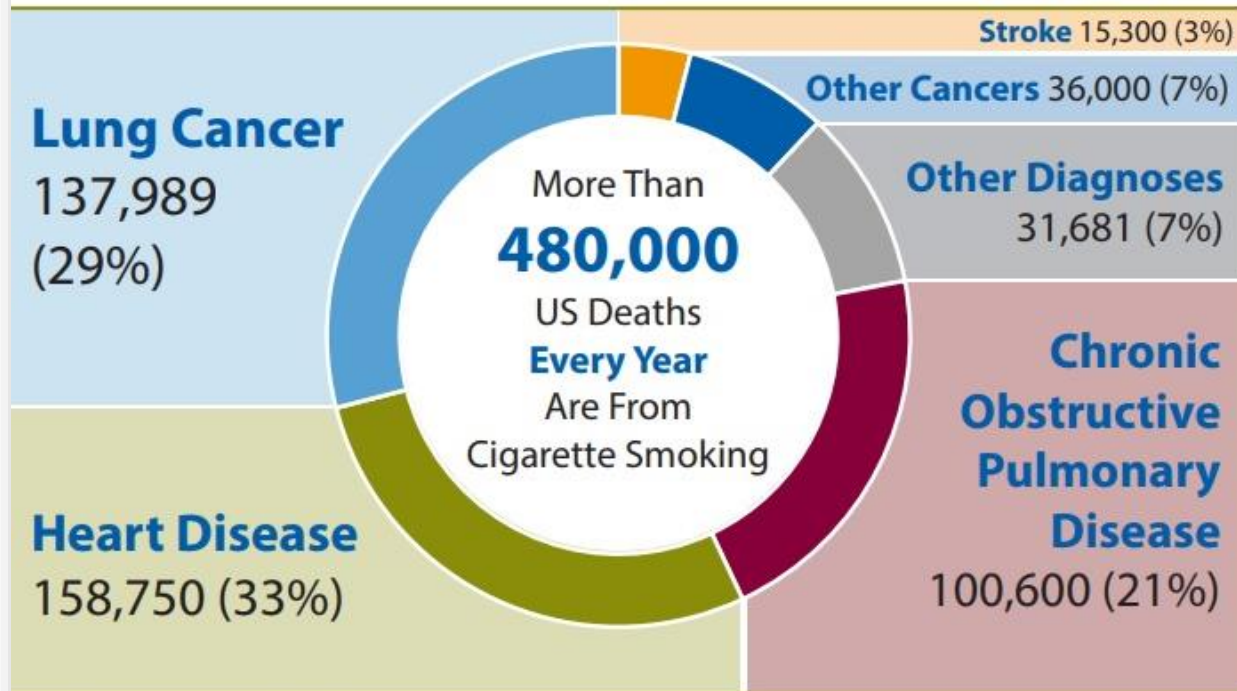
TOBACCO-RELATED DISPARITIES

Source:

<https://www.cdc.gov/tobacco/disparities/index.htm>



Annual Deaths from Smoking, United States



Note: Average annual number of deaths for adults aged 35 or older, 2005–2009.
Source: [2014 Surgeon General's Report, Table 12.4, page 660](#).

ANNUAL DEATHS FROM SMOKING, UNITED STATES

Source: CDC

<https://www.cdc.gov/tobacco/infographics/health-effects/index.htm>

QUESTIONS ABOUT COVID-19 AND TOBACCO (NEEDS MORE RESEARCH DATA)

Two key facts:

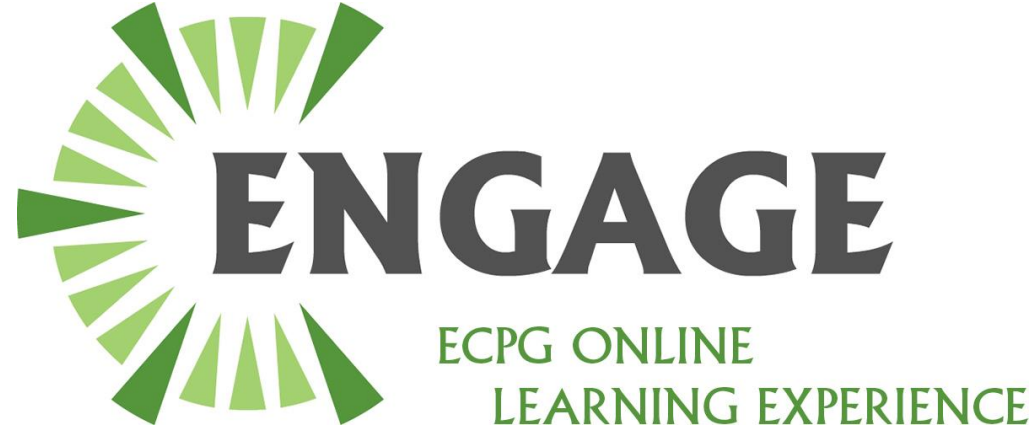
- Smoking history is an important risk factor for more severe COVID-19 symptoms
- Smoking and problem gambling often co-occur

Key questions:

- Are smokers with problem gambling more likely to...
 - Be at risk of exposure to the novel coronavirus?
 - Have more severe COVID-19 symptoms?
 - How will this impact access to help services and recovery efforts?

World Health Organization

[Coronavirus disease \(COVID-19\):
Tobacco](#)



TOBACCO AND PROBLEM GAMBLING

Part 2 – Clinical approaches

OBJECTIVES

1

- Be able to use tobacco screening instruments.

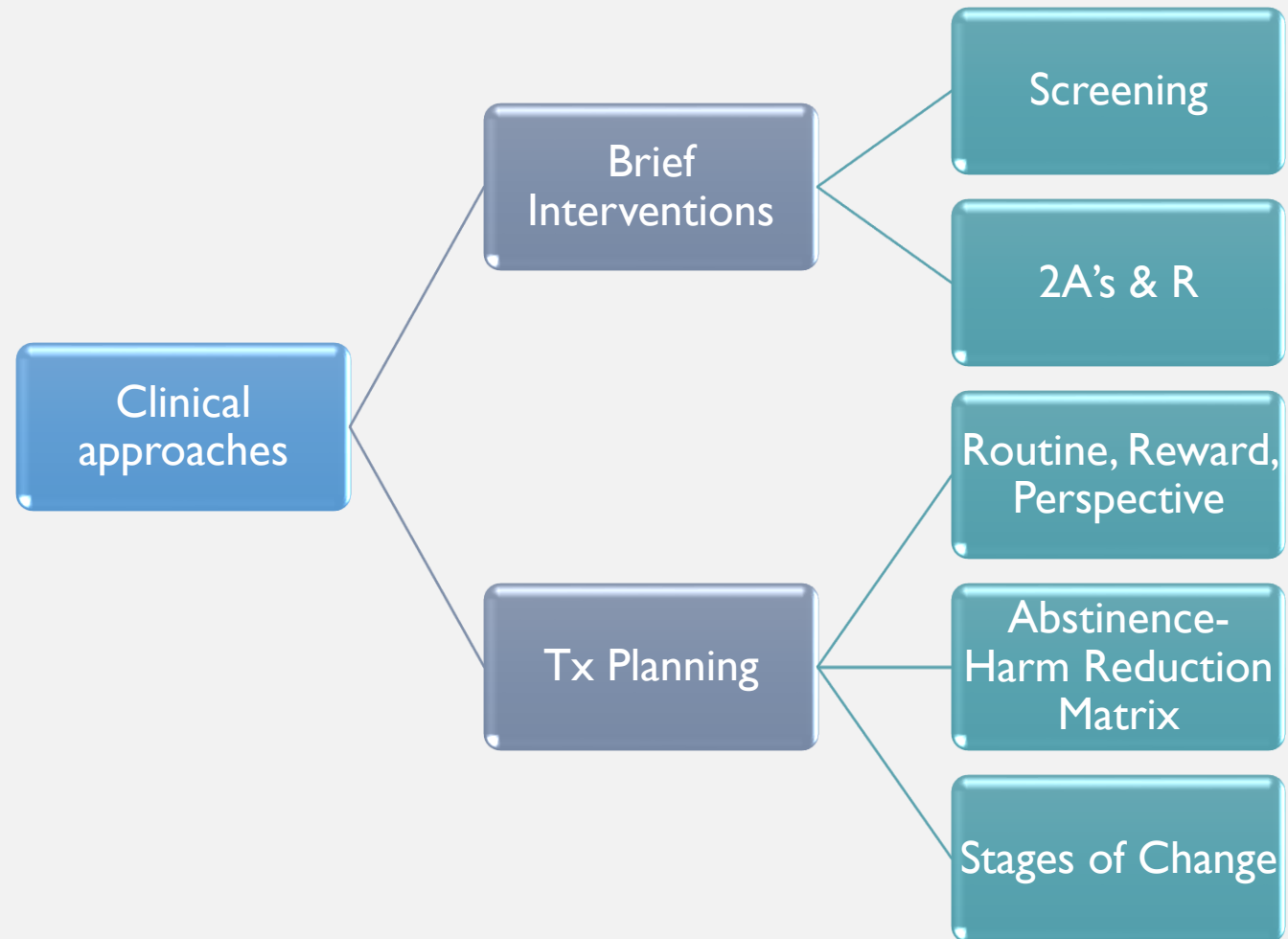
2

- Be able to conduct a brief intervention and referral for help resources for tobacco cessation.

3

- Identify a variety of treatment plan goals based on client needs, stage of change, and priorities for their gambling and tobacco use.

PART 2 AGENDA



POLL QUESTION

How many of you screen for tobacco at your place of work?

- A. Every single client gets screened for tobacco where I work
- B. No one gets screened for tobacco where I work
- C. Some get screened for tobacco
- D. I really have no idea

POLL QUESTION

How confident do you feel conducting tobacco brief interventions?

- A. Very confident
- B. Moderate
- C. Not confident

POLL QUESTION

How confident do you feel about helping someone quit tobacco, while they are in treatment for gambling?

- A. Very confident
- B. Moderate
- C. Not confident

Screening for
Tobacco

TOBACCO BRIEF INTERVENTIONS – SCREENING

FAGERSTROM TEST FOR NICOTINE DEPENDENCE

- Fagerstrom screening tool handout: https://www.aarc.org/wp-content/uploads/2014/08/Fagerstrom_test.pdf
- Measure of physical nicotine addiction

PLEASE TICK (✓) ONE BOX FOR EACH QUESTION			
How soon after waking do you smoke your first cigarette?	Within 5 minutes	<input type="checkbox"/>	3
	5-30 minutes	<input type="checkbox"/>	2
	31-60 minutes	<input type="checkbox"/>	1
Do you find it difficult to refrain from smoking in places where it is forbidden? e.g. Church, Library, etc.	Yes	<input type="checkbox"/>	1
	No	<input type="checkbox"/>	0
Which cigarette would you hate to give up?	The first in the morning	<input type="checkbox"/>	1
	Any other	<input type="checkbox"/>	0
How many cigarettes a day do you smoke?	10 or less	<input type="checkbox"/>	0
	11 – 20	<input type="checkbox"/>	1
	21 – 30	<input type="checkbox"/>	2
	31 or more	<input type="checkbox"/>	3
Do you smoke more frequently in the morning?	Yes	<input type="checkbox"/>	1
	No	<input type="checkbox"/>	0
Do you smoke even if you are sick in bed most of the day?	Yes	<input type="checkbox"/>	1
	No	<input type="checkbox"/>	0
Total Score			
SCORE	1- 2 = low dependence 5 - 7= moderate dependence 3-4 = low to mod dependence 8 + = high dependence		

HOOKED ON NICOTINE CHECKLIST (HONC)

- HONC tool [here](#)
- Measures autonomy over nicotine

	NO	YES
1. Have you ever tried to quit, but couldn't?		
2. Do you smoke <u>now</u> because it is really hard to quit?		
3. Have you ever felt like you were addicted to tobacco?		
4. Do you ever have strong cravings to smoke?		
5. Have you ever felt like you really needed a cigarette?		
6. Is it hard to keep from smoking in places where you are not supposed to?		
When you haven't used tobacco for a while ... OR When you tried to stop smoking ...		
7. did you find it hard to concentrate because you couldn't smoke?		
8. did you feel more irritable because you couldn't smoke?		
9. did you feel a strong need or urge to smoke?		
10. did you feel nervous, restless or anxious because you couldn't smoke?		

The easiest brief
intervention you will
ever learn.

BRIEF INTERVENTIONS – 2A'S & R

ASK, ADVISE, REFER = 2A'S & R

ASK

- Ask about tobacco use
- “Do you currently smoke?”
- Keep neutral, non-judgmental tone, welcome any answer

ADVISE

- Advise the patient of benefits of quitting
- “Quitting tobacco is one of the best things you can do for your health.”
- Keep neutral, non-judgmental tone, positive about their opportunity to make health improvements

REFER

- Refer the patient to resources
- **IF READY TO QUIT:** Provide resources
- **IF NOT READY TO QUIT:** Let them know they are available, any time they want them

RESOURCE LIST

- CDC Resource List:
<https://www.cdc.gov/tobacco/campaign/tips/partners/health/materials/twyd-5a-2a-tobacco-intervention-pocket-card.pdf>

THE BRIEF TOBACCO INTERVENTION

The 2As & R

ASK about tobacco use:

"Do you currently smoke or use other forms of tobacco?"

ADVISE the patient to quit:

"Quitting tobacco is one of the best things you can do for your health. I strongly encourage you to quit. Are you interested in quitting?"

REFER the patient to resources:

IF READY TO QUIT: Provide direct referrals to resources that will assist the patient in quitting. Provide direct referrals. Prescribe medications, if appropriate.

"This is a resource I recommend. It will provide you with support, help you create a plan to quit, and talk to you about how to overcome urges you might have to smoke after you quit."

IF NOT READY TO QUIT: Strongly encourage patients to consider quitting by using personalized motivational messages. Let them know you are there to help them when they are ready.

Recommended resources include:

- Free telephone-based state tobacco quitlines:
1-800-QUIT-NOW
- The National Cancer Institute's website:
www.Smokefree.gov
- The National Cancer Institute's text-messaging quit smoking program: SmokefreeTXT;
Text QUIT to 47848
- The Department of Health and Human Services website:
BeTobaccoFree.gov
- Appropriate community-based or local cessation resources (e.g., classes, support groups)

THE BRIEF TOBACCO INTERVENTION

The 5As

ASK about tobacco use:

"Do you currently smoke or use other forms of tobacco?"

ADVISE the patient to quit:

"Quitting tobacco is one of the best things you can do for your health. I strongly encourage you to quit. Are you interested in quitting?"

ASSESS readiness to quit:

"Are you interested in quitting tobacco?"

ASSIST the patient in quitting:

IF READY TO QUIT: Provide brief counseling and medication (if appropriate). Refer patients to other support resources that can complement your care (e.g., quitlines, Smokefree.gov, SmokefreeTXT, BeTobaccoFree.gov, group counseling).

For tips on how to offer brief counseling, see:
www.ahrq.gov/path/tobacco.htm.

IF NOT READY TO QUIT: Strongly encourage patients to consider quitting by using personalized motivational messages. Let them know you are there to help them when they are ready.

ARRANGE for follow up:

Follow up regularly with patients who are trying to quit.



OTHER GREAT RESOURCES

- [Nicotine Anonymous](#)
- Social Media support groups
 - Facebook: Quit Smoking groups
 - Reddit: [r/stopsmoking](#)
- Websites
 - [Smokefree.gov](#)
 - [ALA Freedom from Smoking program](#)
 - [WA DOH: How To Quit tobacco site](#)
- Quit smoking apps
 - [Smoke Free](#)
 - QuitNow!
 - EasyQuit
 - Quit Genius
 - Stop Smoking
 - [2Morrow Health](#) (Vaping and Smoking)

Routine
Reward
Perception

TREATMENT PLANNING – 3 KEY CHANGE GOALS

3 KEY CHANGE GOALS FOR QUITTING TOBACCO

Routine

- Change any routine associated w/ tob. use
- Gets brain used to change that “won’t hurt you”
- Success can be “addicting” too

Reward

- Tobacco is no longer to be used as a “reward”
- Come up with other rewards

Perception

- Mindful smoking
- Stop seeing tobacco as a positive
- Intentionally focus on negatives of tobacco use

ROUTINE, REWARD, PERCEPTION

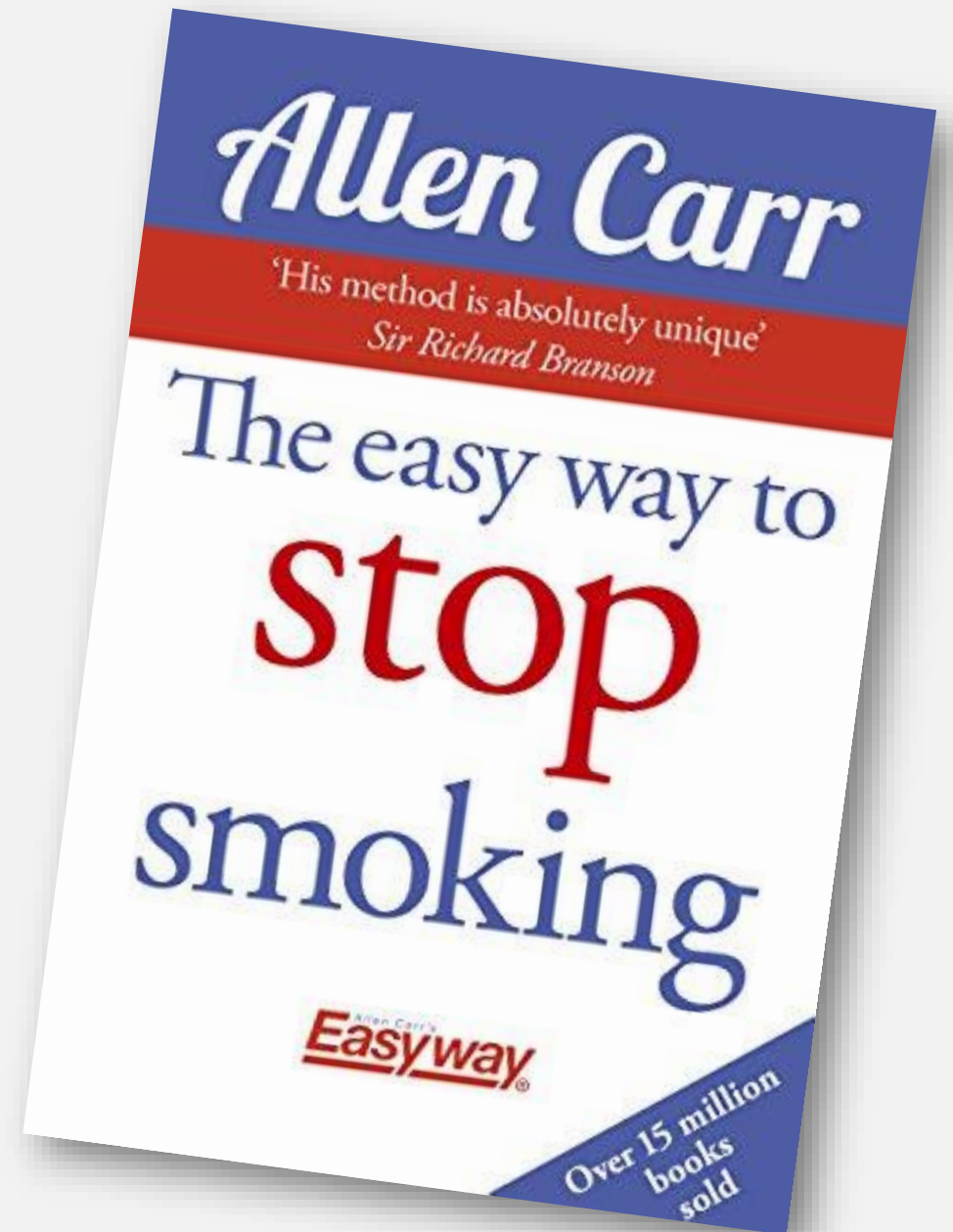
- Changes to routine, reward, and perspective can be made in contemplation, preparation, and action, even before a person is really ready to quit tobacco
- Helps clients identify “where to start”
 - Ex. “Start changing my **PERCEPTION** about tobacco by topping mindless smoking, when I smoke, do nothing else, and practice mindfulness, be fully aware of what I’m doing to my body.”
- Focuses on small and measurable changes and goals
 - Ex. “Stop smoking as a **REWARD** after cleaning something in the house, instead, do a little dance, put on my favorite song, and start on the next chore.”
- “Plays well” with recovery goals for other substances and/or for gambling
 - Ex. Changing the evening smoking **ROUTINE**, to make more time to spend with kids at bedtime, which supports recovery goal of improving relationships.
- Additional change goals to these 3 elements can be added to gradually

PERSPECTIVE

- Change of perspective makes a HUGE difference
- Quitting can be very difficult for those who feel they are *losing something positive*
- Quitting is much more comfortable for those who feel grateful to be *free of something negative*

For clients who like to read, “The easy way to stop smoking” is mainly about changing perspective.

- Read it yourself first, before recommending to clients, it may not be appropriate for everyone.
- Keep it in your “toolbox” of resources, along with apps, websites, self-help groups, etc.



The abstinence-harm
reduction matrix

TREATMENT PLANNING – ABSTINENCE VS. HARM- REDUCTION

THE 4 QUADRANTS

Gambling –
Harm-Reduction

Gambling –
Abstinence

Tobacco –
Harm-Reduction

Gambling – Harm
Reduction
Tobacco – Harm
Reduction

Gambling –
Abstinence
Tobacco – Harm-
Reduction

Tobacco –
Abstinence

Gambling – Harm-
Reduction
Tobacco –
Abstinence

Gambling –
Abstinence
Tobacco -
Abstinence

MOTIVATIONS IN EACH QUADRANT

Gamb. HR Tob. HR	<ul style="list-style-type: none">• Not ready to quit either• Wants to have less problems from both
Gamb. Abst. Tob. HR	<ul style="list-style-type: none">• Wants to quit Gambling completely• Just wants to reduce smoking
Gamb. HR Tob. Abst.	<ul style="list-style-type: none">• Wants to be more in control of gambling• Ready to set a quit date for tobacco
Gamb. Abst. Tob. Abst.	<ul style="list-style-type: none">• Wants total freedom

WHAT MIGHT BE SOME TX GOALS?

Gamb. HR

Tob. HR



- Not ready to quit either
- Wants to have less problems from both

- Use apps to self-monitor
- Identify risky types of gambling, times of day, days of the week, states of mind
- Identify risky smoking habits: mindless smoking, smoking with certain people, certain places or times of day
- Stop smoking in certain places (work, home, car, etc)
- Stop gambling at certain times (not till after all bills are paid, only after budget has been reviewed, only with others present, etc.)
- Money management tools and skill development

WHAT MIGHT BE SOME TX GOALS?

Gamb. Abst.

Tob. HR

- Wants to quit Gambling completely
- Just wants to reduce smoking

- Examine if smoking cues/triggers, are also gambling triggers
- Examine if the behavior of smoking, triggers cravings to gamble
- Notice relationship between emotions and cravings for either
- Self-exclude from casino
- Use app to track smoking habits or self-monitor
- Use app to track money saved from not gambling, and money saved from reducing smoking
- Start budgeting

WHAT MIGHT BE SOME TX GOALS?

Gamb. HR
Tob. Abst.



- Wants to be more in control of gambling
- Ready to set a quit date for tobacco

- Gamble only in smoke-free areas
- Practice responsible gambling behaviors, including mindfulness, budgeting, eliminating high-risk times, types, and ways of gambling
- Create a gambling harm-prevention plan
- Set immediate behavior changes for smoking routines and rewards, start self-monitoring
- Set a meaningful quit date for tobacco
- Set a quit plan for tobacco (postponing, tempering, cold turkey, etc)

WHAT MIGHT BE SOME TX GOALS?

Gamb. Abst.

Tob. Abst.

• Wants total freedom

- Create coping skills for withdrawal, stress and cravings for both
- Use coping skills multiple types of symptoms, practice, practice, practice
- Use of apps, self-monitoring and support groups
- Use of relationships, support and accountability
- Other methods listed previously
- Set quit date and create quit plan for tobacco

Treatment planning
tobacco, for the
various stages of
change

TREATMENT PLANNING – STAGES OF CHANGE

TREATMENT PLANNING TOB/PG, THROUGH THE STAGES OF CHANGE

Pre-
Contemplation

Contemplation

Preparation

Action

Maintenance

Relapse

Signs of this stage for Tobacco use

- “I can quit any time I want” – but never made a serious effort to try
- “It’s not causing me any problems” – unaware or ignoring changes in voice box, premature aging, frequently dealing with colds or bronchitis, “smokers cough”, stained teeth or fingers

Co-occurring Tob/PG mindful approaches

- Provide tobacco education in gambling tx groups
- Encourage open and honest dialogue
- “Is there anything you don’t like about it or wish were different?”
- Explore the relationship between tobacco use and gambling

TREATMENT PLANNING TOB/PG, THROUGH THE STAGES OF CHANGE

Pre-
Contemplation

Contemplation

Preparation

Action

Maintenance

Relapse

Signs of this stage for Tobacco use

- “I really need to quit” - but not ready to set a quit date
- “So-and-so keeps bugging me to quit” – and you can sense they feel a bit guilty about still smoking
- “I’ve tried to quit before” – Disappointed in themselves, but might be willing to try again

Co-occurring Tob/PG mindful approaches

- Provide tobacco education in gambling tx groups
- Encourage open and honest dialogue
- “What is it you don’t like about smoking?”
- Financial planning/management skills become beneficial both for gambling recovery AND increasing motivation to quit tobacco

TREATMENT PLANNING TOB/PG, THROUGH THE STAGES OF CHANGE

Pre-
Contemplation

Contemplation

Preparation

Action

Maintenance

Relapse

Signs of this stage for Tobacco use

- “I’m quitting this year”
- “I bought some patches” (or gum or lozenges)
- “I’ve got a doctor’s appointment next week, I’m going to talk to him about Chantix”
- Other statements of steps they’ve taken to start quitting, or their plans to make changes
- “Are there any support groups for quitting tobacco?” – or any signs of generally looking for help or support
- “I don’t even like tobacco any more” – Perception is starting to change

Co-occurring Tob/PG mindful approaches

- Encourage, praise, congratulate, affirm, support, support, support!
- Provide resources
- Help them think through what they plan to say to their doctor and what questions they want to ask
- Discuss what has been helpful for their gambling recovery, that could also be helpful for their tobacco recovery

TREATMENT PLANNING TOB/PG, THROUGH THE STAGES OF CHANGE

Pre-
Contemplation

Contemplation

Preparation

Action

Maintenance

Relapse

Signs of this stage for Tobacco use

- “I’m trying the gum” (or patches or lozenges, but they are currently in use)
- “My doctor says....” – or has talked to others about quitting, seeking and applying advice
- “I quit smoking in my house”
- Other signs of starting to change smoking behaviors
- “I’ve been on just gum since _____” – use of pharmacotherapy

Co-occurring Tob/PG mindful approaches

- Encourage, praise, congratulate, affirm, support, support, support!
- Provide resources
- Find out what they are doing to quit smoking, add it to their gambling treatment plan. Include how it impacts their gambling recovery, relationships, financial goals, etc.
- Recommend changes to: Routines, Rewards, Perceptions

TREATMENT PLANNING TOB/PG, THROUGH THE STAGES OF CHANGE

Pre-
Contemplation

Contemplation

Preparation

Action

Maintenance

Relapse

Signs of this stage for Tobacco use

- “I haven’t had a cigarette since _____”
- May either still be using NRT/Rx, or may be off those also, and completely nicotine free
- “I’m an ex-smoker” – or other signs that a change has happened in how they identify their smoking status, views it as past life

Co-occurring Tob/PG mindful approaches

- Encourage, praise, congratulate, affirm, support, support, support!
- Provide resources **as needed**
- **Follow up on how they are doing**
- **Include “tobacco free time” in conversations about “gambling free time”, and overall recovery progress**

TREATMENT PLANNING TOB/PG, THROUGH THE STAGES OF CHANGE

Pre-
Contemplation

Contemplation

Preparation

Action

Maintenance

Relapse

Signs of this stage for Tobacco use

- “I slipped”
- “I’m so mad at myself”
- Generally they will just tell you
- May observe signs of guilt or frustration

Co-occurring Tob/PG mindful approaches

- Remind them that they can learn from what went wrong and add it to their quit plan and coping skills
- Encourage, praise, congratulate, affirm, support, support, support! – they likely still want to quit to tobacco
- Provide resources
- Review their treatment plan goals related to tobacco and gambling
- How have they coped with gambling relapses? What can they use from that to cope with the tobacco relapse?