



PENNSYLVANIA
**Statewide Tobacco-Free
Recovery Initiative**



Tobacco Use in Behavioral Health: A Social Norm, Fueling Stigma, or Both?

One morning when visiting an outpatient clinic that provides treatment for co-occurring mental and substance use disorders, I spent some time observing a group of clients gathered near the entrance of the facility prior to checking in to their program. Nearly all of them were smoking cigarettes. Some were not just “smoking cigarettes,” but “hitting” on them, deeply inhaling, and smoking them down to the filter. I guess when you know that you’re going to be in smokefree setting for a couple of hours, there’s an interest to load up on nicotine. Although everyone didn’t have that opportunity due to finding themselves in the difficult situation of not having a cigarette. One guy kept asking his peers for one with his requests being denied. He looked annoyed. I heard some mumbling that he’s a “mooch who never buys cigarettes,” so everyone stopped helping him out. Another gentleman, who seemed very anxious, paced back and forth looking for long butts on the sidewalk. A couple of times, he bent over, picked one up, lit it while slightly burning his fingers, took a hit or two before throwing it away and resumed his search. I noticed that the fingers on his hands were dark brown, heavily stained from nicotine. While all of this was going on, program staff and other visitors were entering the building. Some of the staff obviously knew the clients. Several said hello and made some friendly chitchat while walking by the group.

Many of us have witnessed a similar scene as this smoking scenario is common to behavioral health facilities. Tobacco use is a social norm in the recovery and treatment culture. There’s a lot of time and energy placed on smoking to relieve cravings and to distract from uncomfortable thoughts and feelings. Despite experiencing health consequences, we maintain our smoking rituals. Lighting up before group or when taking a break is “what we do.” We often walk through a group of people smoking when entering or leaving a building and we may see someone begging for a loosie. We view that as nothing out of the ordinary. It’s normal.

Sometimes we become so comfortable with our social norms, we don’t think about how they may be negatively impacting our lives. It’s not our fault that many of us developed a tobacco addiction, but a lack of interest toward addressing tobacco in behavioral health is a problem.

Our social acceptance of smoking may contribute to perceived societal stigma. The tobacco industry has a long history of creating false beliefs that learning tobacco free coping skills is too stressful for individuals with behavioral challenges. That narrative, originated in the 1950s, was designed to keep us smoking and maintain cigarette sales. Of course, it's not true, but unfortunately, for the most part, we all bought into the myth, and all these years later, the message has evolved into a common misbelief that for many perpetuates a sense of hopelessness to stop smoking. It's why we have smoking breaks in treatment facilities and widespread tobacco use in the recovering community. A 2021 study identified that over 7 out of 10 Americans perceive people who use drugs as being inferior, outcasts of society, and not able to maintain recovery. I wonder if our reluctance to treat tobacco use disorder in behavioral health programs is reinforcing the tobacco industry narrative, signaling to society that people in recovery are not capable of stopping or are not important enough to care about.

As I continued to observe the behavior of the group more deeply, I became sad. The enthusiastic fashion to which many were inhaling on their cigarettes reminded me that I was observing a behavioral process required of addiction. I wondered to what degree having the priority of this daily routine to prevent nicotine withdrawal preserves and sustains emotional memory to the use patterns of other substances, and perhaps prolongs associated residual feelings of guilt and shame. Seeing that man attempting to catch a nicotine hit from a discarded butt or the guy begging for a cigarette was disturbing. One doesn't engage in that behavior without experiencing negative self-talk. Our tobacco-related social norms prevent us from recognizing these things.

In Pennsylvania more people in recovery die from tobacco related disease than from suicide and accidental opioid overdose. I share my thoughts in a spirit of support and admiration for people striving to find a healthy lifestyle for themselves, their families, and their communities. Tobacco use in behavioral health is a social and cultural problem with an individual addictive component. It's time to do something about it.

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