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Trauma-Informed Approaches to Tobacco Prevention and Cessation

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California CTCP Tobacco Control Program

Understanding Trauma and Childhood Adversity and Tobacco Use

Research demonstrates that trauma and adversity are associated with increased odds of early substance initiation such as alcohol, binge drinking, marijuana use, and daily tobacco use, as well as use and early initiation of vaping.[1-3] Given most adults who smoke begin smoking practices before the age of 18, it is critical that early life risk factors for initiation be identified.[4,5] The Trauma-Informed Approaches to Tobacco Prevention and Cessation Brief aims to inform local health departments (LHDs) and those providing tobacco prevention and cessation services in California ways to integrate trauma-informed practices and approaches into their work while also recognizing that tobacco use is linked to Adverse Childhood Experiences (ACEs) and toxic stress.

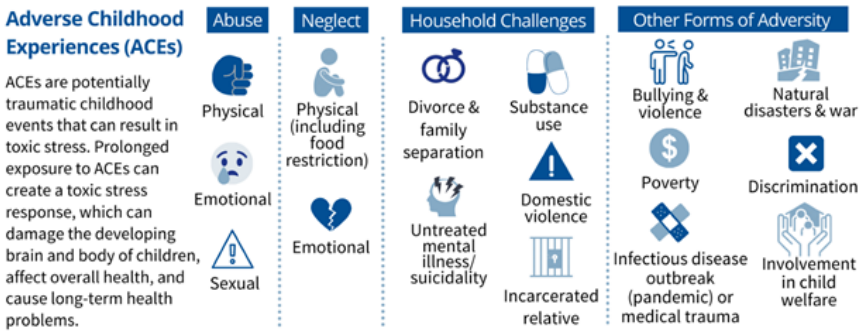
Tobacco use is the leading cause of preventable disease, disability, and death in the United States.[6] Tobacco use includes cigarettes, cigars, hookah, little cigars, smokeless tobacco, or vapes.[7] In 2020, 3.2 million California adults reported that they used a tobacco product[8] and in the 2019-2020 school year, approximately 71,851 public school youth in 10th and 12th grade reported vaping in the last 30 days.[9] When looking at demographics, California youth in the 12th grade, White, and those identifying as a sexual and/or gender minority report higher use of vaping.[10] California adults reported higher rates of tobacco use when they identified with one or more of the following groups:

- Individuals who are male
- Individuals who are Lesbian, Gay, Bisexual, Transgender (LGBT+)
- Individuals who are American Indian and African American/Black
- Individuals between the ages of 18 to 25 years old
- Individuals with incomes that are ≤ 184% of the federal poverty level (FPL)
- Individuals with serious psychological distress (SPD)
- Individuals who are uninsured and/or recipients of Medicaid/Medi-Cal[11]

Commercial Tobacco is mass produced for recreational use and sold for profit. It contains thousands of chemicals and produces chemical compounds when burned.[12]

ACEs and Toxic Stress

Without adequate buffering protections from trusted caregivers and safe, stable environments, experiencing high doses of adversity early in life may lead to prolonged activation of the biological stress response and changes in brain structure and function that can affect growth and development. This response in the body is known as toxic stress.[13] ACEs and toxic stress are linked to poor health outcomes in adulthood.[14-16]



The above image was adapted from the Robert Wood Johnson Foundation[17-25]

The Link Between Tobacco Use and Child Adversity

Trauma and adversity of any kind can lead individuals to engage in risky behaviors, such as tobacco use, as a means of self-medicating or as a coping strategy.[26] The risk of chronic disease, health risk behaviors, and perceived poor health is significantly higher in people who smoke cigarettes with 3 or more ACEs, compared to those with no ACEs.[27] California adults with 4 or more ACEs before the age of 18 are 2.8 times as likely to currently smoke than individuals with no ACEs.[28] Among youth, the rate of cigarette use has decreased more among those with no ACEs than among those with one or more ACE.[29] It has also been found that ACEs are associated with increased odds of early initiation of cigarette smoking and vaping, as well as increased onset and persistent use of cigarettes from adolescence into young adulthood.[3,4,29,30]

In light of these findings, tobacco prevention interventions should be delivered with compassion and acknowledge individual, historical, and systemic trauma.[7] Research conducted in 25 states in the United States showed that prevention strategies on ACEs could reduce current rates of smoking by 33%.[31]

Trauma	Historical Trauma	Systemic Trauma
Physically or emotionally harmful or life-threatening event(s) on an individual's health and well-being, including the individual's risk of developing chronic disease and engaging in risky behaviors, like tobacco use.[32-34]	Results from multi-generational trauma experienced by specific cultural or racial/ethnic groups. It is related to major oppressive events such as slavery, the Holocaust, forced migration, and the violent colonization of indigenous people.[34]	Refers to the contextual features of environments and institutions that give rise to trauma, maintain it, and impact post-traumatic responses.[35]

Applying a Trauma-Informed Approach and Promoting Resiliency

A trauma-informed approach seeks to acknowledge the role ACEs and other forms of adversity play in a person's life.[15] This approach is characterized by understanding that tobacco use, health risk behaviors, chronic disease, and poor health outcomes may be a result of ACEs and not individuals' choices.[15]

Resilience: the ability to withstand or recover from stressors, resulting from a combination of intrinsic factors, extrinsic factors, and predisposing biological susceptibility.[13]

Those providing tobacco cessation services play a critical role in promoting and providing support for individuals trying to quit. Trauma-informed practices ensure clients in cessation programs:

- Feel welcomed and experience friendliness, attentiveness, and willingness to listen without judgment.
- Have a sense of control throughout the process with informed consent and Confidentiality.
- Are connected to external resources when possible and referred to additional services when concerns outside the scope of a cessation program are shared.

Trauma-informed practices also ensures staff members:

- Aim to empower their clients by offering suggestions and support (when requested) to serve as a guide to clients as they construct their Quit Plan.
- Support understanding as to how ACEs and toxic stress may have impacted their clients use and relationship with tobacco.
- Are honest about available services, including what cannot be provided, and remain open to making adjustments to the service if needed.

Additional ways to support clients:

1. Convey to clients that the helper understands the impact of ACEs on tobacco use.
2. Provide a safe, nonjudgmental environment to explore change (e.g., quitting).
3. Discuss the importance of having multiple levels of support including mental health counseling, supportive coaching, and psychoeducation.

In addition, guidance from the Substance Abuse and Mental Health Services Administration (SAMHSA) includes six key principles to a trauma-informed approach that can be useful for cessation programs to consider. These principles aim to frame tobacco use as a coping mechanism that can be replaced, help identify alternative adaptations that are empowering, eliminate punishment, controls, or orders, resist re-traumatization of clients, recognize that individuals who have experienced trauma or adversity want to quit tobacco use at the same rate as the general population and support the process of change and healing.[15,26]

Six Key Principles of a Trauma-Informed Approach	Steps LHDs & Tobacco Prevention and Cessation Service Providers Can Take
Safety Environments that consistently support stress de-escalation, healthy choices, and wellness practices.	Consider space setup, communications, logistics, and timing, as well as the differences in access to resources and social supports.
Trustworthiness & Transparency Staff that are well-trained to deliver trauma-informed services.	Provide/receive training and professional development. Develop systems for staff and agency accountability to deliver trauma-informed services.
Peer Support Recognition of oneself and the community as wise and resourceful.	Support individuals to help each other, teach each other, and share relevant skills and resources.
Collaboration and Mutuality Opportunities to exercise voice, choice, and self-determination.	Allow individuals to opt in or out of services. Support individuals to consider, express, and adapt according to their preferences, wants, or needs.
Empowerment, Voice, and Choice Opportunities to practice and grow tangible skills for self-efficacy.	Incorporate decision-making and coping skills activities. Consider the unequal power relations affecting individuals in relationships and workplaces.
Cultural Humility & Responsiveness Culturally responsive interactions and experiences.	Bring consciousness to personal and systemic biases around different experiences with tobacco use. Consider social context, trauma backgrounds, and experiences with gendered roles such as mothering.

Resources

SAMHSA emphasizes that developing a trauma-informed approach requires change at multiple levels of the organization to ensure the approach benefits all stakeholders, including staff. While there is no checklist on how to become trauma-informed, there are resources available that can support LHDs and those providing tobacco prevention and cessation services in California to adopt and implement trauma-informed practices and approaches:

- SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach
- PACEs Connection amplifies and supports the worldwide Positive and Adverse Childhood Experiences (PACEs) movement by sharing its stories, solutions, and science, growing healing communities, and valuing equity and diversity. PACEs Connection offers information, resources, and support for hundreds of local, state, national, and international PACEs initiatives.
- Roadmap for Resilience: The California Surgeon General's Report on Adverse Childhood Experiences, Toxic Stress, and Health serves as a blueprint for how communities, states, and nations can recognize and effectively address ACEs and toxic stress as a root cause to some of the most harmful, persistent, and expensive societal and health challenges facing our world today. The report provides clear cross-sector and equitable response solutions, models, and best practices to be replicated or tailored to serve community needs.
- KidsData provides access to data about the health and wellbeing of children in communities across California.
- Kick It California is the free tobacco quit line for Californians (previously California Smokers' Helpline/1-800-NO-BUTTS).

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About the Programs

The Essentials for Childhood (EfC) Initiative is a coalition led in partnership by the California Department of Public Health, Injury and Violence Prevention Branch (CDPH/IVPB) and the California Department of Social Services, Office of Child Abuse Prevention (CDSS/OCAP).

The Essentials for Childhood Initiative:

- Seeks to address ACEs and child maltreatment as public health issues,
- Aims to raise awareness and commitment to promoting safe, stable, nurturing relationships, and environments (SSNR&E),
- Creates the context for healthy children and families through social norms change, programs, and policies, and
- Utilizes data to inform actions.

The EfC Initiative recognizes that ACEs and child maltreatment are preventable and utilizes a primary prevention approach, working upstream to address underlying causes to prevent childhood adversity from occurring in the first place.

The EfC Initiative is comprised of a coalition body and four subcommittees: Data, Policy and Strengthening Economic Supports, Trauma-informed Practices, and Equity.

Utilizing a Collective Impact Model, the EfC Initiative advances the common agenda of multiple agencies and stakeholders through the alignment of activities, programs, policies, and findings so that all California children, youth, and their families can attain safe, stable, nurturing relationships, and environments.

The California Tobacco Control Program is a program of the California Department of Public Health. A leader for over 30 years, the California Tobacco Control Program works diligently to keep tobacco out of the hands of youth, help tobacco users quit, and ensure that all Californians can live, work, play, and learn in tobacco-free environments.

If you have feedback, questions, or would like to know more about this document, please contact: ivpb@cdph.ca.gov and CTCPInbox@cdph.ca.gov.