



# Tobacco Use, Mental Health & Pregnancy

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# Rethink Tobacco Indiana

Rethink Tobacco Indiana aims to reduce the prevalence of tobacco and nicotine use among persons with mental health conditions, substance use disorders, or co-occurring disorders through the following free activities and resources:



Technical Assistance



Policy Development



Education



Specialized Training



Resources





## A quick note...

- **Commercial tobacco use/tobacco use:** The use of commercial tobacco and nicotine products (including electronic nicotine devices, otherwise known as ENDs).\*
- **\*All references to smoking and tobacco use are referring to commercial tobacco and not the sacred and traditional use of tobacco by some American Indian and Alaskan Native communities.**



# Learning Objectives

- Understand the risk and safety factors among pregnant individuals with co-occurring MH challenges and tobacco use disorder.
- Learn about systems and clinical based support services that can benefit pregnant individuals with MH challenges who use tobacco with co-occurring MH challenges and tobacco use disorder.
- Identify strategies that can assist individuals in overcoming key barriers.



## Behavioral Health Equity

All individuals, including pregnant persons, deserve a fair and just opportunity to be as healthy as possible.

Adults with behavioral health conditions who smoke want to quit and are able to quit – but are less likely to be offered supports that are proven to help people quit for good.

# Why do we need to talk about it?

Tobacco use is the single most **preventable** cause of disease, disability, and death in the U.S.



- Smoking impacts **nearly every organ system** in the body and causes chronic disease and death
- **480,000 adults die each year** from tobacco use in the U.S. –nearly half of those deaths (~200,000) are among adults with a behavioral health condition.
- In a given year, about 25% of adults in the U.S. have some form of a behavioral health condition yet consume almost **40% of all cigarettes smoked** in the nation!
- Freedom from tobacco means not only better health, but also better quality of life.



# Tobacco and Pregnancy in Indiana

- Indiana's smoking during pregnancy rate has declined significantly in the last decade, decreasing from 17.1% in 2010 to **10.9% in 2020**.
- There were over **8,500 babies** born to Hoosiers who smoked during pregnancy in 2020.
- Indiana's smoking during pregnancy is nearly **double** the US smoking during pregnancy rate (6.9%).



# Tobacco and Pregnancy Risks

For Your Fetus	For Your Newborn	For You
<ul style="list-style-type: none"><li>• Delayed growth</li><li>• Preterm birth</li><li>• Permanent brain and lung damage</li><li>• Higher risk of stillbirth</li><li>• Cleft palate</li></ul>	<ul style="list-style-type: none"><li>• Smaller size at birth</li><li>• Colic with uncontrollable crying</li><li>• Sudden infant death syndrome (SIDS)</li><li>• Development of obesity and asthma during childhood</li></ul>	<ul style="list-style-type: none"><li>• Ectopic pregnancy (pregnancy outside the uterus)</li><li>• Problems with the placenta</li><li>• Thyroid issues</li><li>• Water breaking too early (PROM)</li></ul>





# Tobacco Use During Pregnancy

- Neonatal abstinence syndrome
  - Risk for babies born addicted to nicotine
- **Additional factors to consider:**
  - Trauma
  - Targeting by tobacco industry
  - Education by healthcare providers
  - Maternal health care



# Tobacco and Pregnancy Risks

- Nicotine is only one of 7,000 toxic chemicals in cigarettes.
- Using e-cigarettes is not a safe substitute for smoking cigarettes.
- Other smokeless tobacco products, like snuff and gel strips, also are not safe.
- Secondhand smoke can cause growth problems for the fetus and increase the baby's risk of SIDS.
- **QUITTING SMOKING** will help result in a healthy pregnancy and a healthy baby.



# Mental Health and SUD in Pregnancy

Pregnant people who suffer from behavioral health disorders are more likely to use substances

- Tobacco use is by far the most common
- Prevalence rates of those who use both tobacco and another substance are 75-91%



# Treating Tobacco in Pregnancy: What We Know

## Benefits to quitting while pregnant

- Fetus gets more oxygen
- Risk of complications decreases
- Risk of SIDS goes down
- Emerging evidence of a link between quitting vaping & improved mental health symptoms
  - 90% of those that quit felt less stressed, anxious or depressed
  - 47% reported that after they quit they felt more in control
  - 78% of those who had not quit said they would feel better about themselves if they quit

# What We Know *continued*

- Smoking *exacerbates* symptoms of behavioral health conditions:

- Greater depressive symptoms
- Greater likelihood of psychiatric hospitalization
- Increased suicidal behavior
- Drug and alcohol-use relapse

- Tobacco cessation can have mental health benefits



**Tobacco dependence treatment**, during addictions treatment, is associated with a **25% increased likelihood of long-term abstinence** from alcohol and illicit drugs.



# Tools for Tobacco Treatment



# Evidence-based Tobacco Treatment

- AAR (Ask, Advise, Refer)
- Quitlines – Quit Now Indiana
- NRT and other medications
- Counseling and behavioral change strategies
  - CBT, Motivational Interviewing
- Peer-to-peer intervention

# Ask-Advise-Refer (AAR)

- AAR is an evidence-based brief intervention model for addressing tobacco use and dependence.
- Referral to resources such as community pharmacies and the Indiana Tobacco Quitline.
- Can be completed in less than 3 minutes – even a brief intervention increases patient interest and success in quitting



*Healthcare professionals play a critical role  
in  
helping patients to quit using tobacco*



# Pregnancy and Postpartum Program



Pregnancy Program includes:

Programs by Population	PLUS the Following:
<p><b><u>10</u></b> Prearranged calls with Quit Coach.</p> <p><i>Quit Coaches have received additional training on mental illness and tobacco cessation.</i></p>	<ul style="list-style-type: none"><li>▪ Unlimited call-ins to the QNI services</li><li>▪ Text messages to connect with Quit Coach</li><li>▪ Access to online tools, videos, and educational materials on <a href="http://www.QuitNowIndiana.com">www.QuitNowIndiana.com</a></li><li>▪ Additional Postpartum support offered</li></ul>



# Medication During Pregnancy

Decision should be discussed between pregnant person and their medication prescriber

- Some factors that may be weighed:
  - Current health of the pregnant person
  - Health history of the pregnant person
  - Possible side effects of medication



# Peer Interventions

- Social supports
- Goal setting
- Education
- Improve access
- Community services



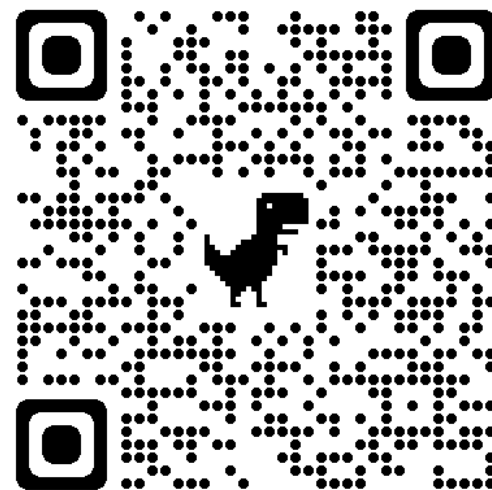
# Resources

# Resources

- Quit Now Indiana
  - If you are ready to quit now, call 1.800.QUIT.NOW
  - <https://www.quitnowindiana.com/pregnant>
- Become a Smokefree Woman
  - <https://women.smokefree.gov/about-women>
- Rethink Tobacco Indiana
  - <https://rethinktobaccoindiana.org/>

# RTI Resources

- One-on-One Technical Assistance
- Educational Videos for providers and patients
- Staff Training
- Toolkits
- Tobacco Treatment Specialist (TTS) Training





## Summary

- **Tobacco use while pregnant is simply bad for the mother and the baby.**
- Tobacco use disparities exist. Smoking rates are 3 to 5 times higher among persons with mental illness or SUD, compared to that of the general population.
- Tobacco use exacerbates symptoms of behavioral health conditions and negatively affects treatment and recovery. **Tobacco treatment, during addictions treatment is associated with a 25% increase in long-term recovery and overall patient outcomes.**
- Indiana has an overwhelming burden of premature death, disease, and disability from high tobacco use rates.
- To maximize success, tobacco treatment interventions should include behavioral counseling and one or more tobacco treatment medications.
- Eliminating cigarette and tobacco consumption improves pregnancy outcomes and decreases development issues.

# QUESTIONS



## Contact Info

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