

ROSWELL PARK COMPREHENSIVE CANCER CENTER,  
NYS QUITLINE MARKETING & OUTREACH

# Trauma & Tobacco: A Practical Resource Guide

March 2025

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*Please note that throughout this resource guide, **tobacco** refers to **manufactured, combustible commercial and vape products**, not sacred, medicinal, and traditional tobacco.*

Developed by Roswell Park Cessation Services for the New York State Quitline located in Roswell Park Comprehensive Cancer Center, Buffalo, NY.

# Introduction

In November 2023 (launched in January 2024), the National Behavioral Health Network for Tobacco and Cancer Control offered access to a free Trauma and Tobacco Community of Practice (CoP). This CoP offered to support organizations with tools, strategies, and resources to integrate a trauma-informed approach into their tobacco prevention activities, programming, and cessation services.

Roswell Park Comprehensive Cancer Center (Roswell Park) joined the CoP on behalf of the New York State Quitline (NYS Quitline). As operators of the NYS Quitline since its launch in 2000, Roswell Park grew a robust NYS Quitline Marketing and Outreach component. The Marketing and Outreach work includes connectivity to networks of NYS partners including regionally placed NYS Bureau of Tobacco Control funded Health Systems Change and Advancing Tobacco Free Communities contractors, an array of NYS healthcare systems and providers, a growing Community-Based Organization network and statewide media outlets.

The NYS Quitline Marketing and Outreach Team used the knowledge and resources gained from the CoP training to apply trauma-informed concepts in our efforts to engage community-based organizations and enhance the work we do with healthcare professionals and other partners to ultimately increase Quitline services, awareness, and access.

Throughout the 6-month CoP, our team engaged in:

- o A 10-hour virtual launch and action planning workshop
- o Monthly Peer engagement calls and topical affinity calls facilitated by national experts
- o Monthly group-based coaching calls with national experts
- o Optional Network webinars and Masterclass Workshops
- o Trauma and Tobacco CoP Brag and Borrow Wrap-up with colleagues

The CoP included the following topic areas:

- Dose-response relationship between ACEs and tobacco use
- The interconnectivity between trauma and tobacco prevention
- Trauma and populations with disparate health outcomes, and the public health research to ground practice transformation
- Designing and implementing trauma-informed policies, programs, practices, and research
- Applying trauma-informed approaches into tobacco control activities

As a requirement of the CoP training, participants were asked to develop an action plan applying knowledge regarding the relationship between trauma and tobacco. This *Trauma and Tobacco: A Practical Resource Guide* is a product of our action plan. Below are the objectives of our action plan:

Objective 1: Conduct an assessment of internal and external resources on trauma-informed principles and application to identify opportunities within our Marketing and Outreach Plan to promote these concepts to our partners, healthcare professionals, and anyone who may find this information meaningful.

Objective 2: Using assessment findings, integrate trauma-informed resources into an adaptable module to further the community engagement and outreach aspects of our Marketing & Outreach activities.

Objective 3: Develop an evaluation plan to ensure continuous improvement of the adaptive module and its applications.

# Meet the Team



Project Lead  
patricia.bax@roswellpark.org

**Patricia Bax, RN, MS, NCNTT**, is the Marketing and Outreach Coordinator for the New York State Quitline and Roswell Park Cessation Services, at Roswell Park Comprehensive Cancer Center in Buffalo, New York. Her experience at the Quitline spans 20 years, with a primary focus on relationship building, health systems change, and implementation of patient referral programs across NYS. She has extensive experience in human services, behavioral health, training, and public speaking. Patricia created and implemented a program entitled, SMILES (Solutions Multiply in Laughter-Enhanced Seniors), to assist seniors in incorporating humor and resiliency into their lives. On a personal note, Patricia is a huge fan of the Buffalo Bills, a 35-year season ticket holder, and she attended all four Super Bowls the Bills lost. After the fourth loss, former Bills owner Ralph Wilson personally called her and asked her to stay home for the next one.



Project Member

**Taylor Hansen** was a New York State Public Health Corps (NYSPHC) Graduate Fellow working with the NYS Quitline's Marketing and Outreach Team from December 2023 to June 2024. Taylor is currently pursuing her MPH in Community Health and Health Behavior at the University at Buffalo (UB). Before UB, Taylor attended SUNY Geneseo where she earned her Bachelor's in Sociomedical Sciences and was a four-year member of the Women's Basketball Team. Taylor is enthusiastic about promoting trauma-informed approaches and creating safe spaces where all people are treated with dignity and respect in their attempts to quit using tobacco products.



Project Member  
paula.celestino@roswellpark.org

**Paula Celestino, MPH**, has a career in tobacco control spanning more than 30 years. She was a member of the team that established the New York State Quitline which launched in 2000. Paula served as the New York State Smokers' Quitline Director for 17 years. Paula was also a member of the Board of Directors for the North American Quitline Consortium for seven years, serving as Board Chair for four of those years. Paula's knowledge and experience covers Quitline operations, the provision of cessation counseling and medications, as well as web-based/digital communications, patient and health plan referral programs, public health campaigns and promotions, and tobacco control policy advocacy. Paula also contributes to Quitline-related research and is a co-author for multiple publications.

# How to Use this Guide

The intent for the use of this guide is multi-functional with layers of application starting with your own personal use. Chances are you know someone, perhaps including yourself, impacted by trauma. Trauma can impact our families, friends, and communities, locally, statewide, and nationwide.

Although there are standard definitions of trauma, how it impacts a person varies based on numerous factors. Our primary focus for this resource guide is to address the relationship of trauma and tobacco use. Trauma exposure, PTSD, and experiences of violence/abuse are associated with current tobacco use. An individual's mental health and substance use challenges may also play a significant role in their tobacco use. Among those who use tobacco, recognizing and addressing trauma exposure and mental health and substance use challenges may improve how we approach treating these individuals to help improve cessation outcomes in these populations.<sup>1</sup>

The results of an exploratory survey of individuals representing relevant organizations around NYS helped to identify the content addressed in this guide and include:

- Personal education
- Educating partners
- Training within an organization
- Community education
- Policy work
- Assisting those who use commercial tobacco and/or vape

1. **Personal education:** Becoming more familiar with trauma-informed concepts on a personal level will enhance your communication skills and awareness of the role trauma-informed approaches can play in building a sense of trust and safety in relationships.
2. **Educating partners:** Understanding the correlation of tobacco and trauma will assist partners with further awareness of effective intervention strategies.
3. **Training within an organization:** This guide will assist an organization's team member's knowledge of tobacco and trauma informed resources and tools to assist in community-based efforts. Trauma-informed workplaces can also increase safety, health, well-being, productivity, and commitment to the organization's mission.
4. **Community education:** Trauma is considered a public health concern and reducing the possibility of re-traumatization through awareness and education in a community can have a direct impact on improving the health and well-being of a population.
5. **Policy work:** Trauma-informed policymaking can address disparities and promote more equitable procedures within a policy. Understanding the role of trauma within policy work can help prevent re-traumatization.
6. **Assisting those who use commercial tobacco and/or vape:** Trauma can play a role in one making multiple quit attempts. As a healthcare professional addressing tobacco cessation, it is imperative to normalize quit attempts and reframe relapse. Thus, having awareness of trauma's potential impact will generate a heightened understanding for supporting an individual's recovery from tobacco use.

# What Is Trauma?

**Trauma results from an event, series of events, or set of circumstances an individual experiences as physically or emotionally harmful or threatening which may have lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual wellbeing.**

Traumatic events may be experienced by an individual, a generation, or an entire community or culture. Trauma is associated with widespread health challenges across demographic groups and can have far-reaching implications across individuals, families, and communities.<sup>2</sup>

## **Facts to Consider**<sup>2</sup>

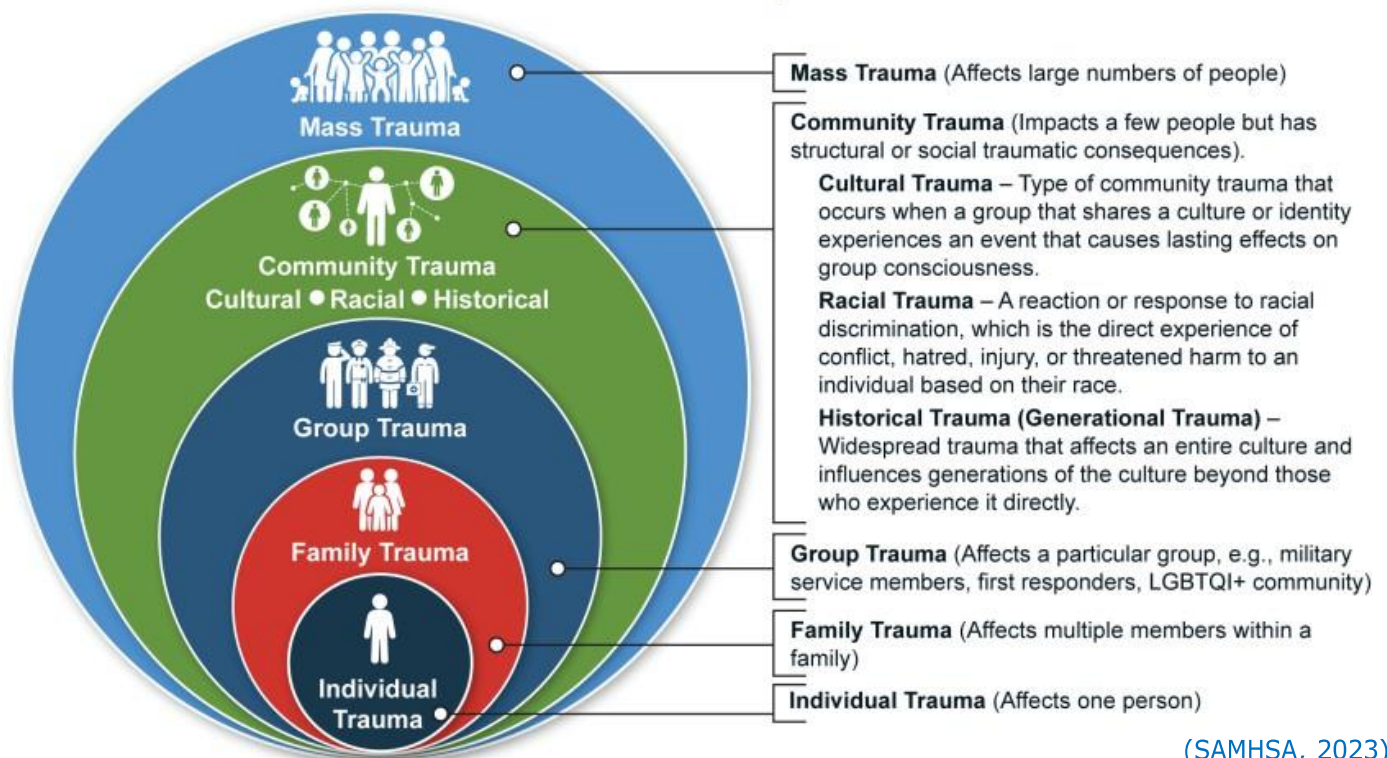
- Worldwide estimates suggest that over 70 percent of people experience at least one traumatic event in their lifetime, with almost 31 percent being exposed to four or more such events.
- In the United States, 90 percent of adults report exposure to at least one traumatic event, with women reporting higher rates of direct interpersonal violence, sexual assault, and physical assault than men.
- Unaddressed trauma can lead to mental illness and substance use disorders, as well as chronic physical health conditions, including cardiovascular disease and cancer.

**Traumatic events can be a single incident or a long-term chronic pattern and are often categorized as natural or human caused. Examples of traumatic events include, but are not limited to:** <sup>2</sup>

- Physical, sexual, and emotional abuse
- Living with a family member with physical or mental health conditions or substance use disorders
- Domestic violence or sexual assault
- Chronic poverty, racism, discrimination, or oppression
- Violence in the community, war, or terrorism
- Living through a natural disaster or other periods of distress

**Traumatic events are experienced individually or collectively. The context within which the event takes place has implications for how individuals respond and the types of support or services they should receive.** <sup>2</sup>

### Levels of Trauma Experience



(SAMHSA, 2023)

## Impact of Trauma on Individuals

Emotional	Behavioral	Physical	Developmental	Cognitive	Interpersonal	Spiritual
<ul style="list-style-type: none"> <li>• Difficulty regulating emotions</li> <li>• Emotional numbness</li> <li>• Depression and anxiety</li> <li>• Post traumatic stress disorder</li> </ul>	<ul style="list-style-type: none"> <li>• Substance use</li> <li>• Self-destructive behaviors</li> <li>• Avoidance of situations, people, and places</li> </ul>	<ul style="list-style-type: none"> <li>• Physical symptoms resulting from emotional distress, including headaches, high blood pressure, and fatigue</li> <li>• Hyperarousal resulting in muscle tension and insomnia</li> </ul>	<ul style="list-style-type: none"> <li>• Impact varies by age group</li> <li>• Children and elderly at greatest risk</li> <li>• Changes occur in brain development</li> </ul>	<ul style="list-style-type: none"> <li>• Impaired short-term memory</li> <li>• Decreased focus or concentration</li> <li>• Feeling alienated or ashamed</li> <li>• Dissociation, depersonalization, and derealization</li> <li>• Flashbacks or re-experiences of the event</li> </ul>	<ul style="list-style-type: none"> <li>• Withdrawal from family, friends, community</li> <li>• Difficulty trusting others</li> </ul>	<ul style="list-style-type: none"> <li>• Depression and loneliness can lead to feelings of abandonment and loss of faith</li> <li>• Over time can experience increased appreciation of life or enhanced spiritual well-being</li> </ul>

Adapted from:

1. Weisner, L. (2020). *Individual and community trauma: Individual experiences in collective environments.*

<https://icjia.illinois.gov/researchhub/articles/individual-and-community-trauma-individual-experiences-in-collective-environments>

2. U.S. Department of Veterans Affairs (n.d.). *Spirituality and trauma: Professionals working together.*

[https://www.ptsd.va.gov/professional/treat/care/spirituality\\_trauma.asp](https://www.ptsd.va.gov/professional/treat/care/spirituality_trauma.asp)

(SAMHSA, 2023)

For more information about how trauma impacts the nervous system and the resulting effects on health and well-being, check out this video:

[Trauma and the Nervous System: A Polyvagal Perspective \(8:58\)](#)

**Intergenerational (historical) trauma is the cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma experiences. Examples include...**<sup>3</sup>

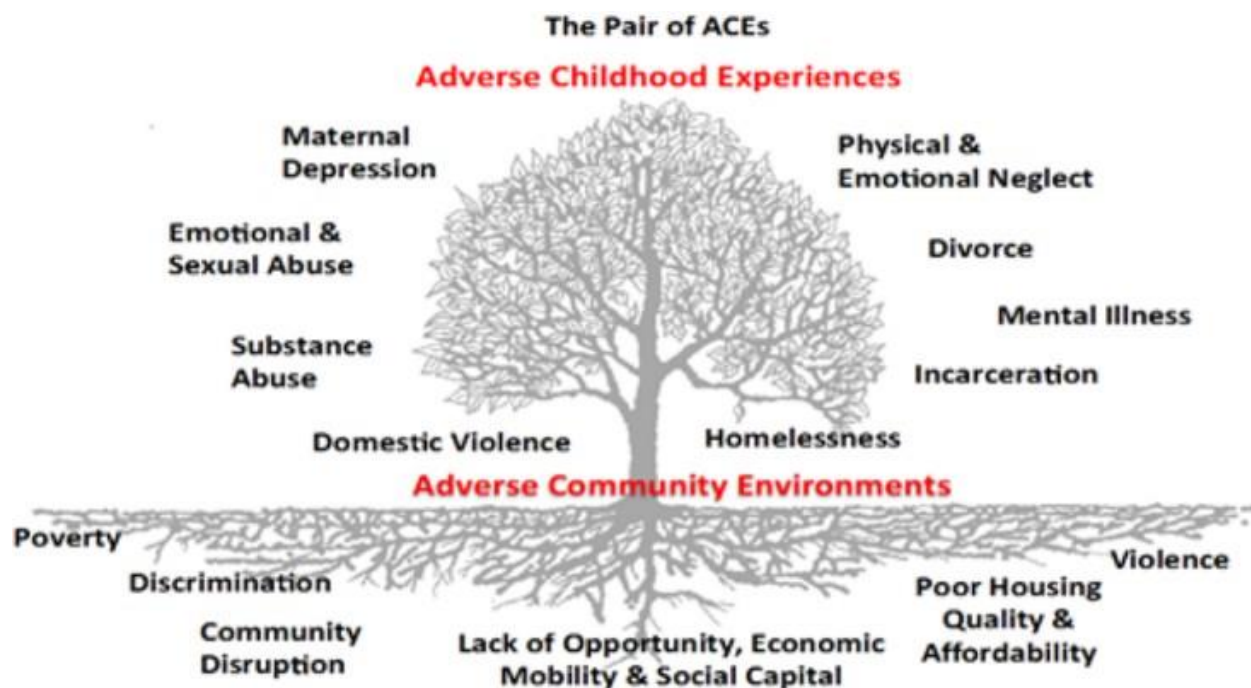
- Genocide
- Slavery
- Pandemics
- Massacres
- Prohibition/destruction of cultural practices
- Discrimination/systemic prejudice
- Forced relocation

In this TED Talk, Dr. Thema Bryant discusses collective liberation as a means of healing intergenerational trauma...

[You Can Heal Intergenerational Trauma \(12:47\)](#)

# Adverse Childhood Experiences (ACEs)

Adverse childhood experiences (ACEs) are potentially traumatic events that occur within the first 18 years of life. ACEs can include experiences of violence, abuse, or neglect, as well as aspects of a child's environment that undermine their sense of safety and stability, such as parental separation or substance use problems within the household. <sup>2</sup>



Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. *Academic Pediatrics*. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

For more information about ACEs...

[\*We Can Prevent Childhood Adversity - ACEs Infographic - CDC\*](#)

[\*ACEs Prevention Resource for Action - A Compilation of the Best Evidence - CDC\*](#)

# ACEs & Toxic Stress

Experiencing ACEs can cause toxic stress: extreme, frequent or extended activation of the body's stress response without the buffering presence of a supportive adult. Toxic stress results from prolonged or severe early adversities and can impact the brain's structure and function by flooding it with stress hormones, leaving the child in survival (fight, flight or freeze) mode, and these neuropathways of survival mode become overdeveloped. Without an adequate support system, coping skills such as drinking, overeating, substance use and tobacco use will continue into adulthood as solutions, not challenges. Recognizing and understanding toxic stress explains why trauma, particularly childhood trauma, is detrimental. <sup>4</sup>



(NBHN, 2022)

For more information about childhood trauma and its effect on health, check out the following Ted Talk:

[\*How Childhood Trauma Affects Health Across a Lifetime \(15:49\)\*](#)

**The report below provides data about the prevalence of ACEs among U.S. adults:**

Swedo, E. A., Aslam, M. V., Dahlberg, L. L., Nolon, P. H., Guinn, A. S., Simon, T. R., & Mercy, J. A. (2023). **Prevalence of Adverse Childhood Experiences Among U.S. Adults - Behavioral Risk Factor Surveillance System, 2011-2020.** MMWR. Morbidity and mortality weekly report, 72(26), 707-715. <https://doi.org/10.15585/mmwr.mm7226a2>

**The Behavioral Health & Wellness Program highlights the following statistics and information about ACEs from BRFSS 2011-2014 data:** <sup>3</sup>

- 61% of adults report at least 1 ACE, and 24% report 3 or more ACEs.
- ACEs were higher among those who identify as: black, Hispanic, multiracial, gay, lesbian, or bisexual, less than high school education, incomes < \$15K, and unemployed.
- People with 4 or more childhood exposures (compared to none) were:
  - 7.4 times more likely to report alcoholism
  - 4.7 times more likely to use illicit drugs
  - 10.3 times more likely to inject drugs
- Women have a higher prevalence of ACEs and other forms of trauma than men, particularly regarding sexual abuse.
- People of color report experiencing more trauma and adversity, so it is crucial to consider how these experiences may influence health and health behaviors.

**Trauma and Mental Health**

- Exposure to trauma elevates risk for mental health and substance use challenges throughout adolescence and adulthood. <sup>6</sup>
- More than 70% of individuals in substance use treatment have a history of trauma exposure. <sup>7</sup>

# ACEs & Tobacco Use

Studies show multiple exposures to ACEs increase the likelihood of an individual engaging in health risk behaviors such as binge drinking and smoking as a coping strategy. ACEs are linked to early initiation of tobacco use, adult tobacco use, and duration and intensity of use. <sup>5</sup>

**The Behavioral Health & Wellness Program highlights the following statistics and information about ACEs from BRFSS 2011-2014 data:** <sup>3</sup>

- People with 4 or more childhood exposures (compared to non) were: **2.2 times more likely to smoke.**
- For women with trauma histories, it may be especially important to consider how life adversity and trauma influence nicotine addiction, cessation, and relapse.
- ACE exposure may impact men's tobacco use compared to women's, but impact women's addiction and difficulty quitting compared to men's.

## **Mental Health, Trauma, & Tobacco Use\***

Approximately 1 in 4 (25%) adults in the U.S. have some form of mental illness or substance use disorder, and these adults consume almost 40% of all cigarettes smoked by adults. <sup>8</sup>

Individuals often use tobacco to self-medicate or cope with the emotional, psychological, and physical impact of trauma due to the short-term pleasurable effects of tobacco, such as anxiety and distress reduction. <sup>4</sup>

\*For more information about the relationship between trauma, mental health, and tobacco, check out...

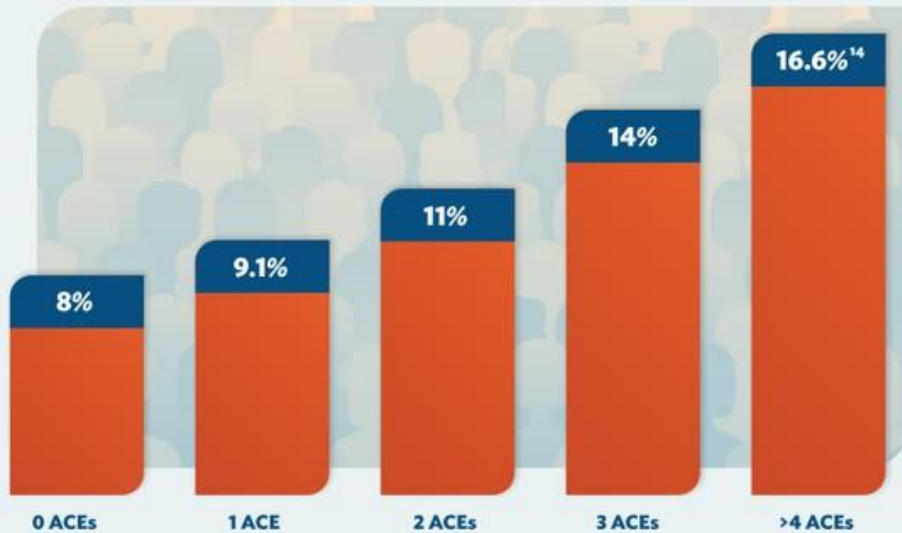
[NBHN – Trauma and Tobacco Implementation Brief](#)

Also see relevant literature resources on pages 24-26 of this resource guide.

### ***ACEs and the dose-response relationship***

Exposure to adverse childhood experiences (ACEs) and tobacco use has a dose-response relationship. The positive dose-response relationship between exposure to ACEs and an individual's tobacco use implies that as an individual's level of exposure to ACEs increases, their likelihood of using tobacco increases as well. In addition to smoking initiation, a significant dose-response relationship also exists between exposure to ACEs and persistent smoking, meaning that an individual with more ACEs exposure will begin smoking at a younger age and have a harder time quitting.

***The more ACEs an individual has been exposed to, the more likely they are to smoke:***

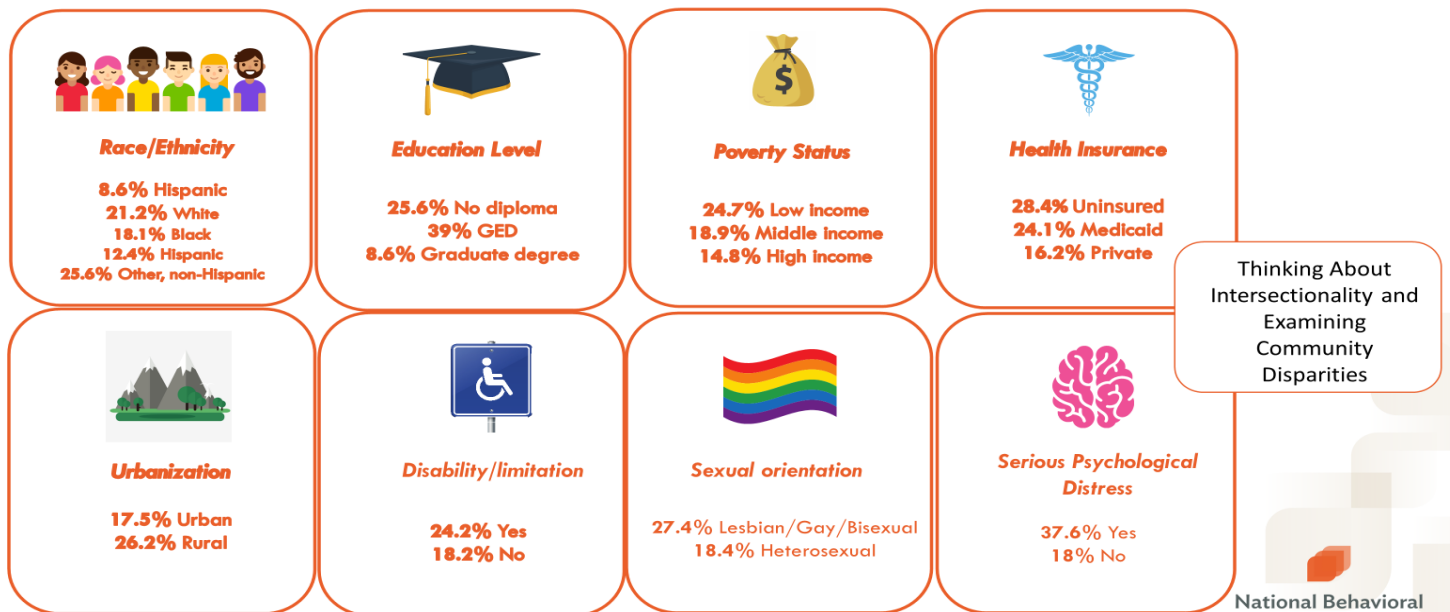


(NBHN, 2022)

# Priority Populations, Trauma & Tobacco Use<sup>3</sup>

- Significant tobacco-related health disparities exist in priority populations and their intersection.
- Tobacco-related health disparities refer to how specific populations remain at higher risk for tobacco use and exposure and continue to bear disproportionate burden despite the significant progress made in tobacco control in the general population.
- Individuals with MH/SU challenges, and the intersection of many other priority populations (African Americans, AI/AN, LGBTQ+, Veterans, Youth, Pregnant People, etc.) continue to remain at a higher risk for 1) tobacco use, 2) tobacco exposure, and 3) continue to bear a disproportionate burden of poor health outcomes owing to tobacco use.

## Current Cigarette Smoking Among Adults in the United States 2020 (CDC MMWR)



Thinking About Intersectionality and Examining Community Disparities

National Behavioral Health Network  
for Tobacco & Cancer Control

from NATIONAL COUNCIL FOR MENTAL WELLBEING

When utilizing a trauma-informed approach in tobacco prevention and control efforts, it is crucial to understand the framework of intersectionality and how an individual's identities and experiences affect tobacco use. <sup>3</sup>

Intersectionality is a framework that examines how a person's different social and political identities interact to influence their experiences of discrimination and privilege. Current tobacco control initiatives often focus on single sociodemographic factors, such as just mental health challenges, ignoring the additional multiple intersectional identities, such as race, gender, geography, income, and education, which can raise tobacco use risk.

Applying an intersectional approach to tobacco use disorder, one that accounts for intersecting identities, can help organizations and clinicians effectively tailor interventions and address health disparities. <sup>4</sup>



# Trauma-Informed Care (TIC)

Trauma-informed care can help people who have experienced trauma and use commercial tobacco. TIC is a tool that can be used by those who work to help people struggling with and affected by tobacco use behavior. TIC can help to identify the impact of trauma on the individual and shape the care delivery or intervention to a more informed and relevant approach. The following section explains TIC and its utility for individuals, organizations, and various groups of people.

**Trauma-Informed Care: A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.** <sup>2</sup>

Simply put, TIC shifts the narrative from...

**“What is wrong with you?”**

to

**“What happened to you and your people?”**

For a summary of trauma-informed care, see the following resources from the *Trauma-Informed Care Implementation Resource Center*...

[10 Key Ingredients for Trauma-Informed Care Infographic](#)

[What is Trauma-Informed Care? \(3:34\)](#)

# Trauma-informed approaches are grounded in four assumptions and six key principles.<sup>2</sup>

## The Four Assumptions of a Trauma-Informed Approach

### Assumptions of a Trauma-Informed Approach



(SAMHSA, 2023)

## The Six Principles of a Trauma-Informed Approach

### 6 GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH

The CDC's Office of Public Health Preparedness and Response (OPHPR), in collaboration with SAMHSA's National Center for Trauma-Informed Care (NCTIC), developed and led a new training for OPHPR employees about the role of trauma-informed care during public health emergencies. The training aimed to increase responder awareness of the impact that trauma can have in the communities where they work. Participants learned SAMHSA'S six principles that guide a trauma-informed approach, including:



Adopting a trauma-informed approach is not accomplished through any single particular technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level. On-going internal organizational assessment and quality improvement, as well as engagement with community stakeholders, will help to imbed this approach which can be augmented with organizational development and practice improvement. The training provided by OPHPR and NCTIC was the first step for CDC to view emergency preparedness and response through a trauma-informed lens.

(CDC, 2018)

### Six Principles of a TIA

1	Safety	Safety in physical settings and interpersonal interactions
2	Trustworthiness and Transparency	Operations are conducted and decisions are made with transparency, consistency, respect, and fairness so as to build and maintain trust
3	Peer Support	Support from those with lived experiences of trauma or, in case of children with history of trauma, their family members
4	Collaboration and Mutuality	Partnering, leveling of power differences between and among staff and clients
5	Empowerment	Individuals' strengths and experiences are recognized and built upon
6	Cultural, Historical, and Gender Issues	Organization moves beyond the cultural stereotypes and biases

(SAMHSA, 2023)

According to the National Behavioral Health Network (NBHN), there are four main considerations for creating a trauma-informed space in your approach to tobacco cessation... <sup>4</sup>

1. Communicate sensitivity to trauma history
2. Assist clients to identify their own strengths and to develop alternative coping skills
3. Emphasize client choice and control
4. Use trauma-informed motivational interviewing

*For more information, please see the NBHN Implementation Brief.*

## **The tobacco treatment journey for individuals with trauma... <sup>3</sup>**

Continued research finds that individuals who report trauma histories tend to use commercial tobacco anticipating it will help reduce their distress and negative affect.

In their pursuit of treatment, individuals with trauma can be affected by the impact of their trauma-related symptoms and higher perceived stress, connected to greater perceived barriers to cessation, and perceived severity of withdrawal.

Our understanding of the relationship between trauma and tobacco use helps shed light on the reframe necessary of tobacco use as a replaceable coping mechanism.

# Key Considerations

- Traumatic experiences can have profound effects on an individual's mental, physical, social, emotional, and/or spiritual wellbeing.
- Traumatic experiences are linked to tobacco and other substance use.
- A trauma-informed approach seeks to create a safe environment in which we respect the autonomy and individuality of those who use tobacco, to improve tobacco cessation efforts.

# For more information on implementing trauma-informed approaches in your organization:

## **Roadmap to Trauma Informed Care**

*Trauma Informed Oregon (2016)*

<https://traumainformedoregon.org/implementation/implementation-and-accountability-overview/roadmap-to-trauma-informed-care>

## **Trauma-Informed Care Implementation Assessment Tool**

*Trauma Informed Oregon (2023)*

<https://traumainformedoregon.org/wp-content/uploads/tool-tio-trauma-informed-care-fidelity-assessment-instrument-2023-08-21.pdf>

## **Trauma-Informed Organizational Change Manual**

*University at Buffalo School of Social Work (2019)*

<https://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care/Trauma-Informed-Organizational-Change-Manual0.html>

## **Trauma-Informed, Resilience-Oriented Schools Toolkit**

*National Center for School Safety (2021)*

<https://www.nc2s.org/resource/trauma-informed-resilience-oriented-schools-toolkit>

## **Key Ingredients for Successful Trauma-Informed Care Implementation**

*Center for Health Care Strategies (2016)*

[https://www.samhsa.gov/sites/default/files/programs\\_campaigns/childrens\\_mental\\_health/atc-whitepaper-040616.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/childrens_mental_health/atc-whitepaper-040616.pdf)

# Resource Appendix

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**The background information provided throughout this resource guide was heavily based on...**

*Incorporating Trauma-informed Approaches in Tobacco Cessation Services (NBHN)*

*Practical Guide for Implementing a Trauma-informed Approach (SAMHSA)*

**We greatly encourage you to take a deeper look into these two resources as you seek to learn more about trauma-informed approaches and the relationship between trauma and tobacco!**

# Trauma & Tobacco in the Literature

## **Tobacco use behavior among adults exposed to cumulative adverse childhood experiences: A systematic review and meta-analysis**

Abufarsakh, B., Okoli, C. T. C., Darville, A. K., Williams, L. B., Garcia, A. R., & Martin, C. (2024). Tobacco use behavior among adults exposed to cumulative adverse childhood experiences: A systematic review and meta analysis. *Addictive behaviors*, 152, 107948. <https://doi.org/10.1016/j.addbeh.2023.107948>

## **Adverse Childhood Experiences and Smoking During Adolescence and Adulthood**

Anda, R. F., Croft, J. B., Felitti, V. J., Nordenberg, D., Giles, W. H., Williamson, D. F., & Giovino, G. A. (1999). Adverse childhood experiences and smoking during adolescence and adulthood. *JAMA*, 282(17), 1652–1658. <https://doi.org/10.1001/jama.282.17.1652>

## **The Relationship Between Trauma Exposure and Adult Tobacco Use: Analysis of the National Epidemiologic Survey on Alcohol and Related Conditions (III)**

Budenz, A., Klein, A., & Prutzman, Y. (2021). The Relationship Between Trauma Exposure and Adult Tobacco Use: Analysis of the National Epidemiologic Survey on Alcohol and Related Conditions (III). *Nicotine & tobacco research : official journal of the Society for Research on Nicotine and Tobacco*, 23(10), 1716–1726. <https://doi.org/10.1093/ntr/ntab057>

## **Adverse Childhood Experiences and Smoking Persistence in Adults with Smoking-Related Symptoms and Illness**

Edwards, V. J., Anda, R. F., Gu, D., Dube, S. R., & Felitti, V. J. (2007). Adverse childhood experiences and smoking persistence in adults with smoking-related symptoms and illness. *The Permanente journal*, 11(2), 5–13. <https://doi.org/10.7812/TPP/06-110>

## **Trauma Exposure and Cigarette Smoking: The Impact of Negative Affect and Affect-Regulatory Smoking Motives**

Farris, S. G., Zvolensky, M. J., Beckham, J. C., Vujanovic, A. A., & Schmidt, N. B. (2014). Trauma exposure and cigarette smoking: the impact of negative affect and affect-regulatory smoking motives. *Journal of addictive diseases*, 33(4), 354–365. <https://doi.org/10.1080/10550887.2014.969622>

# Trauma & Tobacco in the Literature

## **Childhood abuse and risk of smoking onset**

Nichols, H. B., & Harlow, B. L. (2004). Childhood abuse and risk of smoking onset. *Journal of epidemiology and community health*, 58(5), 402–406. <https://doi.org/10.1136/jech.2003.008870>

## **Adverse Childhood Experiences and Youth Cigarette Use in 2013 and 2016: Emerging Disparities in the Context of Declining Smoking Rates**

Parks, M. J., Davis, L., Kingsbury, J. H., & Schlafer, R. J. (2020). Adverse Childhood Experiences and Youth Cigarette Use in 2013 and 2016: Emerging Disparities in the Context of Declining Smoking Rates. *Nicotine & tobacco research : official journal of the Society for Research on Nicotine and Tobacco*, 22(1), 124–129. <https://doi.org/10.1093/ntr/nty178>

## **Association Between Trauma Exposure and Smoking in a Population-Based Sample of Young Adults**

Roberts, M. E., Fuemmeler, B. F., McClemon, F. J., & Beckham, J. C. (2008). Association between trauma exposure and smoking in a population-based sample of young adults. *The Journal of adolescent health : official publication of the Society for Adolescent Medicine*, 42(3), 266–274. <https://doi.org/10.1016/j.jadohealth.2007.08.029>

## **RELATIONSHIP BETWEEN CHILD ABUSE AND ADULT SMOKING**

Spratt, E. G., Back, S. E., Yeatts, S. D., Simpson, A. N., McRae-Clark, A., Moran-Santa Maria, M. M., Price, K. L., Hartwell, K. T., & Brady, K. T. (2009). Relationship between child abuse and adult smoking. *International journal of psychiatry in medicine*, 39(4), 417–426. <https://doi.org/10.2190/PM.39.4.f>

## **Exposure to adverse childhood experiences and early initiation of electronic vapor product use among middle school students in Nevada**

Williams, L., Clements-Nolle, K., Lensch, T., & Yang, W. (2020). Exposure to adverse childhood experiences and early initiation of electronic vapor product use among middle school students in Nevada. *Addictive Behaviors Reports*, 11, 100266. <https://doi.org/10.1016/j.abrep.2020.100266>

# Framing & Language Resources

## **Framing Adversity, Trauma, and Resilience**

*Julie Sweetland, PhD, Senior Advisor of Frameworks (2024)*

“This brief, developed to support the work of the Maryland State Commission on Trauma-Informed Care, offers guidance on how to effectively translate what is known about adversity, trauma, and resilience into efforts to strengthen related policies, programs, and public agencies. It is written for people who communicate publicly about these connected topics – a broad field that includes researchers, advocates, health care and mental health care providers, and practitioners working on issues like child abuse and neglect, family violence, adverse childhood experiences (ACEs), early trauma and trauma informed care, and toxic stress.”

[https://www.frameworksinstitute.org/wpcontent/uploads/2024/03/Framing\\_Adversity\\_Trauma\\_and\\_Resilience\\_Guide\\_1.pdf](https://www.frameworksinstitute.org/wpcontent/uploads/2024/03/Framing_Adversity_Trauma_and_Resilience_Guide_1.pdf)

## **Conversation Guide for Delivering a Trauma-Informed Brief Intervention**

*National Council for Mental Wellbeing (2021)*

“The link between childhood trauma and substance use disorders is well-documented in the literature. This resource acknowledges that link and is intended to help healthcare providers deliver a brief intervention for substance use using a trauma-informed care approach.”

[https://www.thenationalcouncil.org/resources/conversation-guide-for-delivering-a-trauma-informed-brief-intervention/?gclid=Cj0KCQjAw80eBhCeARIsAGxWtUz8YZhnqbxQ7hvsYdzs7wdJ-gs1-RYmd4YaAv\\_NWWeULq9ykkIodcsaAjcfEALw\\_wcB](https://www.thenationalcouncil.org/resources/conversation-guide-for-delivering-a-trauma-informed-brief-intervention/?gclid=Cj0KCQjAw80eBhCeARIsAGxWtUz8YZhnqbxQ7hvsYdzs7wdJ-gs1-RYmd4YaAv_NWWeULq9ykkIodcsaAjcfEALw_wcB)

## **Person-Centered Language Center for Practice Transformation**

*Center for Practice Transformation, University of Minnesota (2018)*

“The language providers use to describe individuals they work with matters. Language not only describes our reality, but also designs it.”

<https://practicetransformation.umn.edu/practice-tools/person-centered-language>

## **Trauma-Informed Policymaking Tool**

*The Illinois ACEs Response Collaborative (2024)*

“In this section, we will define each trauma-informed principle and describe its application to both the process of policymaking and its outcome (the resulting policy, benefit, and/or program). Prompts are provided to help stakeholders understand if and how their policymaking embodies each principle. Policymakers should hold themselves accountable for answering these and other related questions.”

<https://www.hmprg.org/wp-content/uploads/2024/06/policymaking-tool-new.pdf>

# Comprehensive Website Resources

## **New York State Trauma-Informed Network & Resource Center**

<https://www.traumainformedny.org>

“The NYS TINRC aims to uplift the principles of trauma-informed care and create a place for learning, knowledge sharing, and resource and event promotion around trauma-informed work and wellness practices.”

## **Trauma-Informed Oregon**

<https://traumainformedoregon.org>

“Trauma Informed Oregon is a statewide collaborative aimed at preventing and ameliorating the impact of adverse experiences on children, adults, and families. Trauma Informed Oregon works in partnership with providers, individuals with lived experience, and families to promote and sustain trauma informed policies and practices across physical, mental, and behavioral health systems and to disseminate promising strategies to support wellness and resilience.”

## **Trauma-Informed Care Implementation Resource Center**

<https://www.traumainformedcare.chcs.org>

“This website, developed by the Center for Health Care Strategies, provides resources from trauma-informed care leaders across the country to help improve patient outcomes, increase patient and staff resilience, and reduce avoidable health care service use and costs. While geared toward health care, many of these lessons from this website can be applied elsewhere, including in social services and education.”

## **Trauma Transformed**

<https://traumatransformed.org>

“Trauma Transformed advances trauma-informed and healing-centered system change through community- and cross-system collaboration that mitigates stress, trauma and oppression impacting our communities.”

# Motivational Interviewing Resources

## Leveraging Trauma-informed Motivational Interviewing in Tobacco Treatment and Control

*National Behavioral Health Network for Tobacco & Cancer Control (2024)*

“Individuals who experienced trauma, including adverse childhood experiences (ACEs), are disproportionately impacted by commercial tobacco use and often experience additional challenges in their tobacco treatment journey. Trauma-Informed Motivational Interviewing (TI-MI) is a compassionate, collaborative and evidence-based approach that can help develop trust and engagement with clients in tobacco treatment and enhance outcomes on their road to recovery. Additionally, TI-MI can be used to address ambivalence toward creating policy and systems-level change in tobacco control.”

<https://www.bhthechange.org/resources/leveraging-trauma-informed-motivational-interviewing-in-tobacco-treatment-and-control/>

## Motivational Interviewing Tips for Engaging with Youth

*National Council for Mental Wellbeing (2021)*

“Talking with young people about their readiness and willingness to not use substances may seem like a daunting task - but it doesn’t have to be! Read on for MI strategies that can help build a young person’s motivation and support them.”

<https://www.thenationalcouncil.org/resources/motivational-interviewing-tips-for-engaging-with-youth>

## Motivational Interviewing Network of Trainers

<https://motivationalinterviewing.org>

“This website is a resource for those seeking information on Motivational Interviewing! The Motivational Interviewing Network of Trainers (MINT), an international organization committed to promoting high-quality MI practice and training.”

# Resiliency Resources

## “There is hope beyond hurt” Poster

*National Council for Behavioral Health*

English Poster ([https://www.nationalcouncildocs.net/wp-content/uploads/2014/01/TIPCI-Poster\\_Final-Draft.pdf](https://www.nationalcouncildocs.net/wp-content/uploads/2014/01/TIPCI-Poster_Final-Draft.pdf))

Spanish Poster (<https://www.nationalcouncildocs.net/wp-content/uploads/2014/01/Hay-esperanza-despues-del-sufrimiento-2.pdf>)

## Resiliency Toolkit: A Comprehensive Guide for Health Centers & Their Staff

*National Health Care for the Homeless Council (NHCHC) and STAR<sup>2</sup> Center are HRSA-funded National Training and Technical Assistance Partners (NTTAPs) (2022)*

“This Resiliency Toolkit has three high-level and ambitious goals. First, to provide leaders and organizations an understanding of how this trauma impacts people personally and professionally. Second, to assist in applying best practices to help our workforce improve their health and well-being. Finally, to provide resiliency strategies that address some of the structural problems plaguing the healthcare industry that put our workforce in a vulnerable place even before the pandemic.”

<https://nhchc.org/wp-content/uploads/2023/01/Organizational-Leadership-and-Resiliency-Toolkit-2022-New.pdf>

## Growth After Trauma

*Richard G. Tedeschi (2020)*

“Post-traumatic growth often happens naturally, Tedeschi says, but it can be facilitated in five ways: through education (rethinking ourselves, our world, and our future), emotional regulation (managing our negative emotions and reflecting on successes and possibilities), disclosure (articulating what is happening and its effects), narrative development (shaping the story of a trauma and deriving hope from famous stories of crucible leadership), and service (finding work that benefits others).”

<https://hbr.org/2020/07/growth-after-trauma>

# Self-Care Resources

## Easy Stress Relief with Breath-Body-Mind

### *NYS Trauma-Informed Network & Resource Center*

"Breath-Body-Mind™ is a set of gentle exercises that are based on science and designed to help with stress. They can improve your mental health and wellness. And the best part? All sessions, workshops, and trainings are free for New Yorkers! Learn simple yet effective techniques that can help you feel better fast! Breath-Body-Mind™ teaches easy practices that calm your mind and body. Developed by doctors Richard P. Brown, MD, and Patricia Gerbarg, MD, these methods can help you feel more resilient to stress over time."

<https://www.traumainformedny.org/initiatives/breath-body-mind>

## Self-Care Starter Kit

### *University at Buffalo School of Social Work (2015)*

"The Self-Care Starter Kit<sup>SM</sup> was initially developed for UB School of Social Work students, but it is our hope that these resources will be useful for students and professionals alike. Although the information does not address all that goes into developing the skills of self-care, it does begin the journey."

<https://socialwork.buffalo.edu/resources/self-care-starter-kit.html>

## Self-Care for Providers

### *Treatment Collaborative for Traumatized Youth (2020)*

"A resource for providers – this checklist provides ideas for self-care strategies which can be implemented at home or in the office."

<https://www.tcty-nd.org/self-care-for-providers>

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# Glossary

## **Adverse Childhood Experiences (ACEs)**

Adverse childhood experiences (ACEs) are potentially traumatic events that occur within the first 18 years of life. ACEs can include experiences of violence, abuse, or neglect, as well as aspects of a child's environment that undermine their sense of safety and stability, such as parental separation or substance use problems within the household. <sup>2</sup>

## **Resilience**

Resilience is the process and outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional, and behavioral flexibility and adjustment to external and internal demands. Several factors contribute to how well people adapt to adversities, including the ways in which individuals view and engage with the world, the availability and quality of social resources, and specific coping strategies. <sup>9</sup>

## **Social Determinants of Health**

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. <sup>2</sup>

## **Toxic Stress**

Extreme, frequent or extended activation of the body's stress response without the buffering presence of a supportive adult. <sup>4</sup>

## **Trauma**

Trauma results from an event, series of events, or set of circumstances an individual experiences as physically or emotionally harmful or threatening which may have lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual wellbeing. <sup>2</sup>

## **Trauma-informed Care**

A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization. <sup>2</sup>

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