

TSET Better Health Podcast Transcript

Episode 26: A Vicious Cycle: Mental Health, Nicotine and Youth Resources

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Summary: We all know that nicotine addiction is bad for the body, but what about the mind? This month, the TSET Better Health Podcast takes a deep dive into how tobacco impacts mental health with three special guests: Tony Stelter from ODMHSAS talks about the toxic relationship between tobacco addiction and mental health and the vicious cycles that keep users coming back for more. Krysten Isaac of Rescue Agency and Dr. Thomas Ylioja of National Jewish Health talk about two innovative tobacco cessation programs aimed toward helping youth and young adults quit smoking or vaping.

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[Theme music]

James Tyree: Hello and welcome to the TSET Better Health Podcast. This is James Tyree, a health communication consultant at TSET.

Cate Howell: And this is Cate Howell, TSET podcast producer.

Today, we're discussing a topic that isn't talked about enough. We know that smoking, vaping and dipping can lead to long-term health problems, which not only hurt the users, but also put strain on the healthcare system and the economy. But there's another important aspect that suffers at the hands of nicotine addiction: mental health. The manipulation of neurochemicals, degradation of physical health, and financial burden of cigarette and vape use can take a significant toll on one's mood, mindset, and overall emotional wellbeing.

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J. Tyree: That's right, Cate. Both adults and youth are susceptible to this insidious damage, but the fact that tobacco use can impact the neurological pathways of youth and young adults that are *still* in development makes this an even more urgent issue that must be addressed. That's why we are so pleased to have three special guests today to discuss the depth of this issue and offer some solutions. First, let's take a deeper look at the impact that nicotine addiction and tobacco use have on the brain with an expert from the Oklahoma Department of Mental Health and Substance Abuse Services.

[Music: [Good Foot Forward](#) by Sounds Supreme]

Tony Stelter: Hi, I'm Tony Stelter, and I'm the Director of Recovery Supports at the Oklahoma Department of Mental Health and Substance Abuse Services.

C. Howell: Before we dive in, we have an important shoutout to make.

[01:44]

T. Stelter: Well first and foremost, I'm a dad to an awesome 13-year-old boy named Ethan. He wanted to make sure I mentioned his name, and I just want to let you know you raised my cool points with him by being on a podcast.

C. Howell: Happy to help, Ethan, but just to be clear, your dad was already cool. Tony overcame his own struggles with smoking and vaping and now dedicates his professional life to helping others do the same. That's pretty rad, if you ask me.

[02:13]

T. Stelter: I've had the privilege to work for the Oklahoma Department of Mental Health and Substance Abuse Services and direct care in a variety of programs and facilities, and most recently, prior to this position at the Oklahoma County Crisis Intervention Center as their assistant director. I'm a licensed professional counselor and also a person in recovery. I'm a certified peer recovery support specialist. I'm also a former smoker and vaper. Now I get to serve as the director of recovery support and oversee several great programs, including an employee assistance program for the state, a wellness, peer support, chronic health, and then a new problem gambling certification for counselors.

What got me into this line of work was the opportunity to take my experience and skills and bring them to a new area, but also opportunity to learn and grow myself. Tobacco use – I started using when I was 15. I also have lived experience with behavioral health disorders, substance use and mental health. It was a big part of my life. And to be honest, it was hard, and it took a lot, and I still work on it every day to overcome that and get into recovery. Quitting tobacco was one of the hardest things.

I think we would be wrong to not do what we can to provide resources, support, intervention, and tools for our clients to quit using nicotine products. Tobacco cessation and physical fitness has been such a great addition to my wellness journey and I love getting to do what I can to help others.

[03:42]

C. Howell: So, this is personal for Tony. There are deep psychological, behavioral, and cultural elements that go with use of any substance, but some among us are even more vulnerable. People who struggle with mental illness or behavioral disorders are significantly more likely to use substances in general, but especially nicotine products.

T. Stelter: And talking about that relationship between mental health and tobacco use: individuals with behavioral health conditions smoke at a much higher rate – so that includes me – than those that do not have behavioral health conditions, and those with severe mental illness are at even a higher rate than that. Some pretty staggering statistics that go along with that is, so, people with behavioral conditions who smoke cigarettes are four times

more likely to die prematurely than those who do not smoke. You know, people with behavioral health conditions die about five years earlier. Additionally, individuals with serious mental health disorders who smoke die almost fifteen years earlier than individuals without these disorders who do not smoke.

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C. Howell: Beyond the potentially dismal health outcomes, nicotine is a cruel conductor of the orchestra of our brain chemistry. It creates a vicious cycle that has the user chasing a sensation that's designed to leave them unsatisfied.

T. Stelter: Nicotine has mood altering effects. It releases those dopamines, and you get that effect, but you have to start using more and more to get close to that effect, and our bodies become addicted to it, and that withdrawal is unpleasant, and the impact it has on our body isn't good either.

The reason that it feels good when you smoke after you've become addicted is because when you start getting stressed out and having those withdrawal symptoms and then smoking relieves those, but the reason that you're getting relieved is because you are addicted and you're having to continue smoking that. So you're beholden to that nicotine addiction, which is not a great place to be.

Depression can be similar in some ways too, because it sucks your motivation where you don't want to do those things that you know are good for you and that you know make you feel better ,which then makes you feel even worse, and you just keep going down into this deep hole. Nicotine addiction can correlate to that in some ways, you know?

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C. Howell: That's pretty grim, but it gets even worse. People who take medications for mental illness and use nicotine products may be unknowingly sabotaging their own treatment.

T. Stelter: I think a big thing that's important to mention when it comes to nicotine and tobacco use disorders is that it affects with medications. A lot of the medications we use for those of us that have behavioral health disorders such as psychotropic medications, antidepressants – it has a negative impact on the effects of those. Nicotine is a stimulant, and so it also affects our sleep, which is an important part for our physical health, but very much important for our mental health.

I have lived experience with vaping too, and what I noticed, and I think what we're seeing with a lot of others too, is that there's a little bit less stigma when it comes to vaping, and so you feel more comfortable doing it in more places. But what that can do is lead to using higher amounts of nicotine and using it more often in more places, which I noticed with myself too. I started vaping and using vaping a lot more than I was when I was using cigarettes whenever I switched to vaping thinking that that might be a way for me to quit smoking, but it actually led to me using higher amounts of nicotine in the long run.

[07:08]

C. Howell: So, what's being done about this? What services are out there to help people who want to break this destructive cycle?

T. Stelter: Well, I love this question and I'm excited to talk to you about it, 'cause we get to do a lot of cool things. We have our partnerships with TSET, Oklahoma Health Care Authority and the quitline. Our agencies do a great job referring folks to the quitline. I think over 50% of the quitline referrals come from the department of Mental Health and Substance Abuse Services and our partner agencies and facilities.

I think one great aspect too, one thing we're doing is peer support and the integration of tobacco cessation into our peer support certification training. We have wellness coaches. Both of those services are Medicaid compensable and that they're provided at our agencies, our community mental health centers and certified community behavioral health clinics, and it's an integral part of that.

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And so those folks with that lived experience are meeting people where they're at, a lot of times they have quit using tobacco themselves or under the process of them, so they're able to really get on folks level and help work with them. They provide support groups, which we provide trainings on doing those support groups. So we're just really doing a great job, I believe, at integrating tobacco cessation.

We've partnered with a company that has an app. It's called Just Health, and this app kind of helps get folks connected to substance use treatment, but it also has some other features on there. It didn't have anything on tobacco use disorder. So, I noticed, and so, I connected them with TSET and they were able to work together to provide some materials and a connection to help get folks connected to the Quitline and provide some materials and resources on tobacco cessation, which I think is just amazing and just adds the reach of tobacco cessation to more people.

[08:55]

[Music: [Persephone](#) by Big Score Audio]

C. Howell: As anyone who's quit smoking or vaping will tell you, physical withdrawal is only part of the challenge. The psychological and emotional components of breaking any habit are just as powerful as the addiction itself. But with these resources and even more developments on the way, we can find recovery, and we can help others find it, too.

T. Stelter: Quitting smoking's hard – I get it, I've been there – but it'll improve your life. And I know it's hard, but let us help you, let us get you connected to resources. We have a bunch out there and we'd love to help you do that. And that goes for family members and

friends of folks that may be getting our services too. We can help get you connected as well, so just let us help you, and we want to do everything we can.

[09:49]

[Music: [The Essence](#) by Remember The Future]

J. Tyree: When it comes to tobacco use and mental health, youth and young adults are at even higher risk. Because neural pathways are still forming in children and teens, the nicotine in e-cigarettes is especially dangerous and can create a lifelong addiction, as Krysten Isaac explains.

K. Isaac: My name is Krysten Isaac. I am the Vice President and Group Management Director overseeing Tobacco Control Programs at Rescue Agency.

J. Tyree: We've talked with Rescue Agency on the podcast before, but just to recap: Rescue is a San Diego-based marketing agency that is dedicated to helping government and non-profit agencies create advertising campaigns specifically to promote healthy behaviors. Within that mission, Krysten Isaac's main focus is youth and adult tobacco control.

[10:50]

K. Isaac: My primary role is to oversee all of our youth vaping prevention and cessation efforts, along with adult tobacco control efforts across the country. We have a full-service offering in terms of really incorporating research at the forefront of our work and then partnering with clients who have resources and funds to really amplify that work across various audiences.

J. Tyree: Like Tony Stelter, Krysten also has a tragic personal history with addiction that motivates her to do this important work.

K. Isaac: My cousin, who I had been very close to growing up as a young child, passed away from a heroin overdose, and that was kind of the turning point for me in really feeling this need to harness my passion and energy and the various skill sets and expertise I had gathered in the for-profit marketing world, and really put that toward something good and beneficial.

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So I joined a national nonprofit organization that focused on youth substance prevention and worked there for about a year and a half, and while there are so many wonderful things about nonprofit, really felt the desire to continue to do more. And I came across Rescue, which is essentially kind of the best of both worlds, right?

J. Tyree: But battling tobacco is no easy undertaking. Even before the pandemic, youth vaping had risen to startling numbers, and now, mental health has taken a hit – for all of us, but especially our youth.

[12:25]

K. Isaac: When we look at the numbers, it's really undeniable that we are starting to see these crises converge. Pre-pandemic times, we were dealing with this very urgent and alarming epidemic amongst teens with the youth vaping crisis. And now in the midst of what is still active in terms of the pandemic, we're seeing a growing rise and unfortunate numbers in youth mental health crises. So, in December the Surgeon General sent out a report calling attention to this unprecedented youth mental health crisis, and one in five youth, including preteens, they're struggling with at least one mental health condition.

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And so taking all of these things combined, and thinking about how that intersects with vape use – when we look back at the past few years, vape use has declined since that vaping epidemic began. But we are still sadly seeing at least one in five teens continue to use e-cigarettes, and so teens are becoming more addicted. In fact, more than 40% of teens are saying that they're addicted. In the 2021 National Youth Tobacco Survey, over a quarter of teens who vape are reporting daily use.

J. Tyree: Those are some pretty upsetting numbers, and it's worth asking, how did this happen?

[13:45]

K. Isaac: If you look back at the vaping epidemic and really what happened and why was so alarming at the time, is that the teens who were historically at risk for tobacco were not the teens who were vaping, and a lot of this has to do with how the vaping industry marketed to teens.

So various industry brands used a lot of influencers, a lot of youth-flavored marketing to try and pull these teens in. And so, now these teens have become addicted, and these, again, were the lower-risk teens that we would not typically expect to be using vape products.

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And so when we look at the reasons for use back when the vaping epidemic began, it was social curiosity, they wanted to fit in, and then maybe some of them were using to cope. And now when we look at the data today, the top two reasons teens are actually using vape devices are to relax and get calm, and to deal with stress and anxiety in their lives. So this is really where those crises converge, and the problem, honestly, that's surrounding it, because teens are vaping nicotine because they perceive it to have a

positive impact. But the reality is that nicotine can mess with neurotransmitters in their brain that affect their mood. So they're vaping because they think that it's having a positive impact, but in reality, it's actually having a negative impact and making their mental health problems worse.

J. Tyree: And there it is again: that vicious cycle. It's natural for teens to experience stress, especially during a pandemic, but what seems like an escape is actually an aggravator.

[15:29]

K. Isaac: It's really important that we are acknowledging the reality of teens, and we're thinking about that, rooted in the data and the things that we're seeing across the board, and creating messaging that helps them connect the dots and really understand how their vape use could be actually having a net-negative impact on their life.

You have to think about the current reality that these teens are struggling with. They're dealing with mental health. They're dealing with addiction. They don't know how to quit. And a lot of teens have expressed to us in our research that they don't feel like a traditional quitline, sometimes, is meant for them. There's resistance to picking up a phone and calling someone. They may not think that they have a real problem. They don't want their parents to find out.

J. Tyree: So what is Rescue Agency's approach to this problem? Well, that is where Quit the Hit comes in.

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K. Isaac: So Quit The Hit – it's an Instagram-based virtual intervention that we developed in partnership with the University of California, San Francisco, and a think tank out of Silicon Valley called Hope Lab. And the goal of this intervention is to provide support, and ease teens into the quitting process.

So it's five weeks of quit support with a live moderator. Teens who participate receive daily education and group challenges in a group of peers. Within this five week program, teens are supporting each other. We are offering baby steps and bite-sized, tangible goals for them to achieve, to delay the time of day, for example, that they are first picking up their vaping. In fact, we don't even offer the quit day until day 13 because we know that you need to have a plan, and you need to have a quit date. And so these are some key tenets of the cessation process that is very unfamiliar to teens in general.

[17:23]

[Music: [Our Vanishing Point](#) by Remember The Future]

J. Tyree: It is this kind of empathetic and knowledgeable approach that can actually change the landscape of youth vaping here in Oklahoma and across the country.

K. Isaac: And so really the goal is to help them feel like they're not alone, and normalize the quitting process. Vaping started as a social activity – it felt like a safe way for teens to rebel, and so teens don't want to feel like the only person in their peer group who's quitting. So that's really one of the advantages to having a group setting.

So we create this structure, we create this program for them to feel like it's attainable, and they feel empowered and emboldened to quit long-term.

[18:13]

[Music: [Infinity Circles](#) by DarkBlue Studio]

C. Howell: The work Rescue Agency is doing is fantastic, but they're not the only organization out there with this mission. As a matter of fact, National Jewish Health has been on the case for a considerable amount of time as well.

Thomas Ylioja: I'm Thomas Ylioja. I'm the Clinical Director for Health Initiatives at National Jewish Health.

C. Howell: Just like Tony and Krysten, Thomas also has personal experience with the specter of addiction.

[18:47]

T. Ylioja: I was a youth smoker. I have a lot of people who use commercial tobacco products in my family, both smoking and dip or chew, smokeless tobacco products. And I got my first cigarette from my older brother, and I loved it the very first time. I got a really good head rush. I didn't feel sick from it, and I wanted to do it again. And so whatever money I could make from small jobs, I turned around and spent on cigarettes, and I'd usually go to some of the older kids at school, and I'd ask them to buy them for me. And I loved menthols. They were so much easier to smoke. They went down really nicely. You know, not really surprising that young people like flavors, and so menthols worked for me.

[19:21]

C. Howell: Fortunately, Thomas quit and started a career in social work, which led him to National Jewish Health.

T. Ylioja: National Jewish Health has been around for a long time. We've actually been around for 123 years. And so National Jewish Health is a non-sectarian specialty respiratory hospital, and we're based here in Denver, Colorado. And we actually treat people from around the world who really need that extra care or have really unique lung illnesses, or maybe are not able to get a diagnosis because there's something really different about their lung condition, and so we have people come from all over the world to get care at National Jewish Health. We were actually founded as a hospital to treat tuberculosis. That was way back in 1899, and back then the best treatment for tuberculosis was you would get people to try and go to a high altitude where the air was thinner and really dry, and as you can imagine, Denver as the Mile High City was sort of the best place to do that, or one of the best places in the country.

So we had a lot of people coming to Denver for treatment of tuberculosis, and so National Jewish Health was actually founded to help people who were struggling with that. So we're a nonprofit organization, a nonprofit hospital, which means that every dollar that we earn through our clinical programs goes right back into that mission of helping people really live out their healthiest lives.

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C. Howell: So, National Jewish Health has been on the cutting edge of public health and technology since the 1800s! In continuance with this legacy, they've created a program for teenagers that TSET has brought to Oklahoma: My Life My Quit.

T. Ylioja: So we have the My Life My Quit program is really our youth cessation program. It's really geared towards helping people who are under the age of 18 be able to quit using nicotine-containing products, primarily around vaping, but any kind of tobacco product, whether it's cigarettes or chew, or if they're even using cigars or any form of tobacco product that contains nicotine in it, we're here to really try and help them with quitting. And so My Life My Quit actually grew out of the need to specifically address vaping among young people. When we were looking at the data from sort of 2016, 2017, we could see that rates of vaping or using electronic cigarettes was really increasing quite exponentially among people who are under the age of 18. And we were hearing a lot of calls in news media, from parents, from teachers, from healthcare professionals saying, "There's no treatment available for youth who are becoming addicted to nicotine from using these products, and we really need to have some sort of service."

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And we were kind of surprised by that because as a quitline provider, we've always served people who were under 18. At almost all of our state quitline programs, the minimum age has been under 18 for years, in some cases, since the program was founded. And so we wanted to understand why were people not seeing the quitline as a resource for helping youth with quitting, and so we really wanted to go out and really kind of understand why we were hearing all these calls for it and people were not looking at quitlines as potentially one of the solutions. So we went out and talked to young people and we said, "Hey, you know, we've got this great program. What do you think about it?" And what we heard from them is, they said, "Well, the quitline is really for helping adults quit smoking, and we're youth who are vaping, and we want our own program, and we really want to have things like technology. We want it to be online. We want to be able to text with our coach. We want to make sure that we're not going to be judged when we call in. We don't want any lectures. We don't want to be going through a classroom setting again. We want somebody who's going to listen to us, who's going to understand us, who's going to support us."

[22:53]

And we looked at our program and we said, "That is very clearly in our mission. That is very clearly something we could do." And so we wanted to build a program that was

specifically for youth, and out of that came the My Life My Quit program, which was really designed to address the needs of youth who are looking for help with quitting nicotine. And so out of that, we used our quitline program, so we still have telephone coaching available for youth who are looking for services over the phone. But they can work with a coach over text, or they can use the online chat system on our website and connect directly with one of our coaches. And the online program can walk them through if they're just looking for a little bit of low touch support, and they just kind of want to build their own quit plan, they can do that through the website. And then they get text messages that kind of try to keep them on track and work them through the process of quitting. And it's really nonjudgmental. It is all about, "What are your goals? How are we going to help you? This is your quit plan."

[23:47]

C. Howell: The coach serves not only as a source of reliable information, but a trusted confidant – someone who can provide support through roleplaying difficult conversations such as with parents, doctors, or vape-using friends. They can be a safe space to go when going through symptoms of withdrawal or temptation. As a result of this insightful approach, My Life My Quit has seen significant success, and they have big plans for the future.

T. Ylioja: We're really happy with it. We launched in July of 2019, so we're just coming up on three years of having this specialized program live, and we've served over 4,000 youth from 25 different states across the country who have been engaging in this program. And, of course, very happy to be able to offer this service in Oklahoma.

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Now, unfortunately we're only in 24 states right now, which is fantastic, but we're not able to address people who say, for example, are living in some of your neighboring states. But if they are in Oklahoma, this is a full service available to them, and we're happy to get them connected.

We're also looking for ways to continue building out our youth programs so that we can continue to address things like mental health. And all of our coaches are really well trained on helping people cope with stress, in particular. We talked a little bit about being able to do role-plays with our coaches. We're looking for, continuing to look for ways at how we can address that mental health side, as well as the nicotine dependence side. So really looking forward to how we continue to expand reach of the program, but also better help each individual person who comes through.

[25:22]

C. Howell: One thing Thomas addressed that surprised me was not only the mental health effects of nicotine use, but also nicotine withdrawal. It's another reason why having a coach can be so beneficial: withdrawal can be extremely isolating.

T. Ylioja: It really hijacks the brain once the nicotine dependence starts to set in and really has the brain focus on getting more nicotine. And so when nicotine is acting on the dopamine,

and then when you take the nicotine out of it, you end up with both withdrawal symptoms, but the brain is struggling to be able to get back to that sense of being able to feel good.

And withdrawal can really make it hard for people to be around, you know? If you think about somebody who's having nicotine cravings, they are irritable. They can be really cranky. They're not fun to be around. They can feel really stressed out. They can be really anxious, or they can be really depressed and not want to talk. And so if you're in that state, and people don't want to be around you, you could feel even more isolated and less connected to your peers or to your family or to the supportive adults in your life. And so what we're seeing is that when people start to use nicotine, they often are trying to use it to chase that feeling of being able to feel good, but then over time, it reduces your ability without having the nicotine in there, which leads to things like feeling more stressed and feeling more anxious.

[26:42]

So overall, the impact on mental health is really negative in terms of how nicotine acts on the brain. Now, the good news is that quitting nicotine and getting it out of your life stops that from happening. Now, it doesn't happen right away, right? Because the first stage of getting the nicotine out of your brain is often withdrawal symptoms. So those are those feelings of feeling angry or irritable or feeling depressed or feeling more anxious, not being able to sleep, right? All of those feelings that are right away at the beginning take a while to actually subside and slowly get out of the system. But the brain does recover, and that's the good news story here is that when you get nicotine out of your brain for young people, because their brains can adapt so quickly to having nicotine, they can also adapt quite quickly to getting rid of the nicotine. But it does take a few weeks as the brain recovers and rebuilds that sense of a healthy brain.

[27:33]

[Music: [The Road to Discovery](#) by Evan MacDonald]

C. Howell: So, although there is a difficult period for teens who quit, hope is right there for them.

T. Ylioja: We're here to help, and we really encourage young people who are using nicotine products and ready to get them out of their life to either head over to mylifemyquit.com and sign up for free support, or just browse around, chat with one of our coaches. Or if you're looking to get started, you can also text "Start my quit" to our short code, which is 36072.

And so we really want to make sure that we're offering that to as many young people as possible. Anybody who's struggling with nicotine, we want them to reach out and connect with one of our coaches.

[28:14]

J. Tyree: Nicotine is highly addictive and detrimental to the body, but also has a significant impact on the mind and emotional wellbeing of its users. But between the Oklahoma

Department of Mental Health and Substance Abuse Services, Rescue Agency, National Jewish Health, and, of course, TSET, Oklahoma has reliable resources for any adult or young person who may need some extra help in quitting. These resources include the Oklahoma Tobacco Helpline, which can be reached any time or any day at 1-800-QUIT-NOW and online at okhelpline.com.

C. Howell: If you'd like to learn more about what TSET has to offer and the kind of work we do for public health in Oklahoma, please visit our website at tset.ok.gov. You can find our full podcast archive complete with transcripts at tset.ok.gov/podcast, and please follow us on social media @OklahomaTSET to stay up to date.

[29:31]

J. Tyree: We'd like to extend a sincere thank you to our special guests, and to you, our listeners, for joining us today. So, until next time, this is James Tyree –

C. Howell: And Cate Howell –

J. Tyree: Wishing you peace –

C. Howell: – and Better Health.

[Theme music]

[30:02]