

Taking Texas Tobacco Free (TTTF)



# Tobacco Dependence - Education and Treatment Training for Health Centers



# Agenda/Topics

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- TTTF Mission and History
- Healthcare Provider's Role in Addressing Tobacco Use
- ACEs and Trauma-Informed Care
- E-Cigarettes and ENDS
- Benefits of Quitting and Overcoming Barriers in Healthcare
- Evidence-based Treatments for Tobacco Dependence
- Resources

# Our Mission

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The mission of Taking Texas Tobacco Free is promoting wellness among Texans by partnering with healthcare organizations to build capacity for system-wide, sustainable initiatives that will reduce tobacco use and secondhand smoke exposure among employees, consumers, and visitors.

Academic-community collaboration between the University of Houston and Integral Care, a community behavioral health center serving Austin/Travis County, and funded by the Cancer Prevention and Research Institute of Texas (CPRIT).



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# Taking Texas Tobacco Free

## LOCAL MENTAL HEALTH AUTHORITIES THAT WE'VE WORKED WITH

### Cohort 1

- 1) Betty Hardwick Center (Abilene)
- 2) Emergence Health Network (El Paso)
- 3) Heart of Texas Region (Waco)
- 4) Metrocare Services (Dallas)
- 5) Pecan Valley Centers (Granbury)
- 6) Permian Basin Centers (Midland/Odessa)
- 7) Spindletop Center (Beaumont)

### Cohort 2

- 8) Andrew's Center (Tyler)
- 9) Bluebonnet Trails Center (Round Rock)
- 10) Border Region Center (Laredo)
- 11) Coastal Plains Center (Portland)

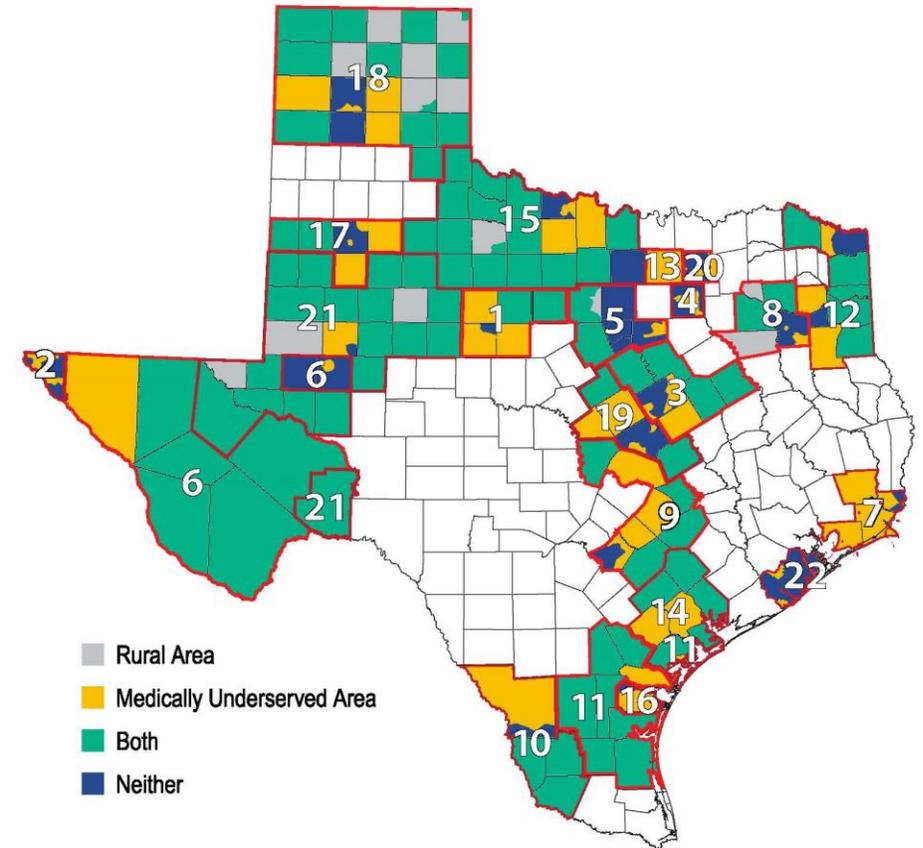
- 12) Community Healthcore (Longview)
- 13) Denton County (Denton)
- 14) Gulf Bend Center (Victoria)
- 15) Helen Farabee Center (Wichita Falls)
- 16) Nueces County (Corpus Christi)
- 17) Starcare Centers (Lubbock)
- 18) Texas Panhandle Center (Amarillo)

### Cohort 3

- 19) Central Counties Services (Temple/Belton)

### Dissemination Grant

- 20) LifePath Systems (McKinney/Plano)
- 21) West Texas Centers (Big Spring)
- 22) Gulf Coast Centers (Galveston)

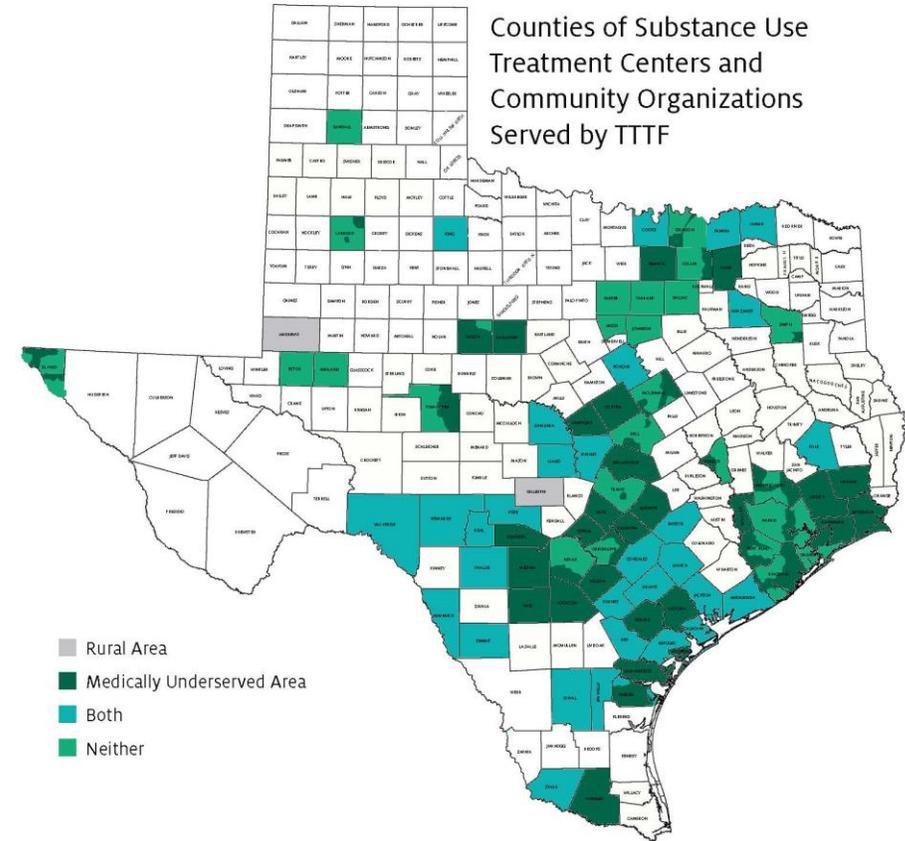


Each Local Mental Health Authority (LMHA) adopted and implemented a 100% tobacco-free workplace program.

# Taking Texas Tobacco Free

## SUBSTANCE USE TREATMENT AND COMMUNITY CENTER PARTNERS THAT WE'VE WORKED WITH

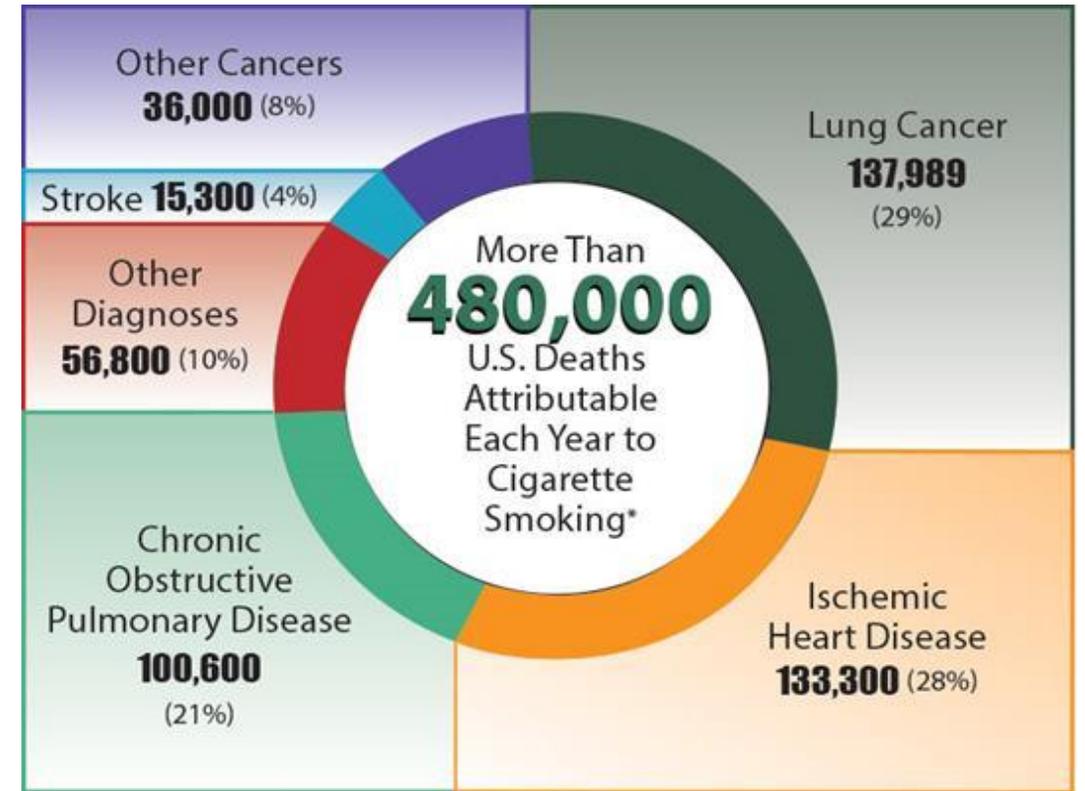
- Montrose Center (Harris Co)
- Santa Maria Hostel (Harris Co)
- Billy T Cattan Recovery Center (Victoria Co)
- Volunteers of America (Bexar Co)
- Foundation Communities (Travis Co)
- Land Manor (Jefferson Co)
- The Council on Recovery (Harris Co)
- Alpha Home (Bexar Co)
- Counseling and Recovery Services (Harris & Neuces Co)
- Crossroads Treatment Centers of Ft Worth (Tarrant Co)
- STEPMED Treatment Center (Dallas Co)
- Axcel Treatment Center (Grayson Co)
- Healthcare for the Homeless Houston (Harris Co)
- SEARCH Homelessness Services (Harris Co)
- New Hope Housing (Harris Co)
- Arms of Hope (Hunt Co & Kerr Co)
- San Antonio Health District (Bexar Co)
- The Village at Incarnate Word (Bexar Co)
- The Sobering Center (Travis Co)
- Texas Clinic – Westview & Fulton clinics (Harris Co)
- Luke Society Clinic (Harris Co)



# Hazards of Smoking

Smoking is the leading preventable cause of death and disability in the United States

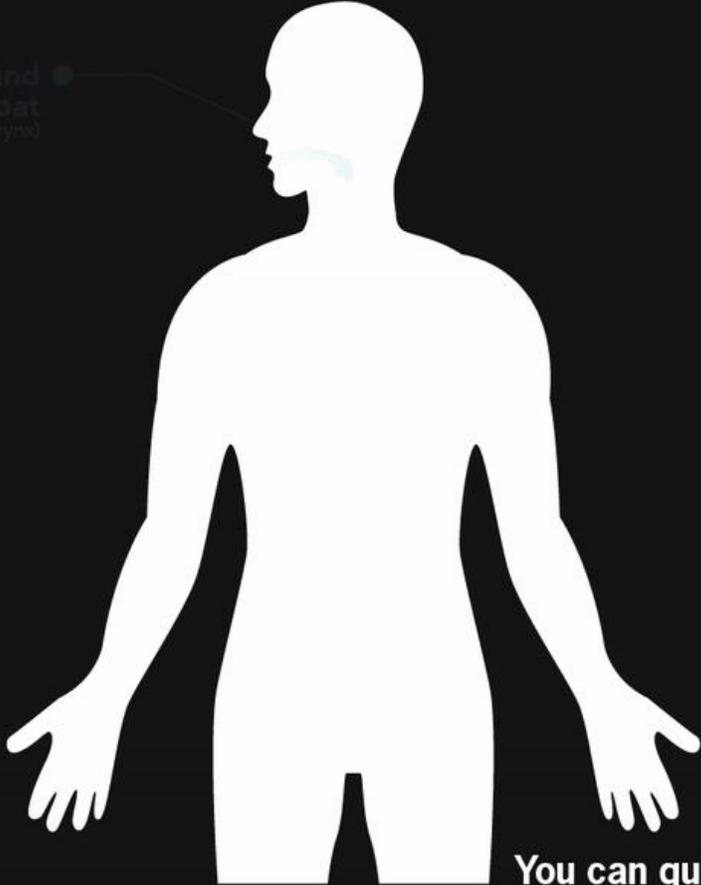
- Smoking causes more than **480,000 deaths each year.**
- About 1 in 5 deaths is related to smoking.
- Smoking and tobacco use cuts the lifespan of individuals who have a mental illness by 5-15 years.
- Smokeless tobacco and **second-hand smoke** account for ~80,000 deaths annually



Source: The Health Consequences of Smoking—50 Years of Progress:  
A Report of the Surgeon General, 2014

**Smoking can cause cancer almost  
anywhere in your body.**

mouth and  
throat  
(oral cavity and pharynx)



**You can quit.  
For free help: 1-800-QUIT-NOW.**



[CDC.gov/quit](https://www.cdc.gov/quit)

# Smoking Tobacco and Cancer

Smoking can result in cancer almost anywhere in the body. There are over 100 types of cancer and at least 12 types are currently known to be directly caused by smoking. Smoking can increase the risk of developing cancer as well as prevent the body from fighting it once diagnosed.

# Smokeless Tobacco and Cancer



Smokeless tobacco products include chewing/spit tobacco, snuff (moist and dry types), and any other tobacco-containing product that is not smoked. These products contain harmful chemicals and are not a safe alternative.

# Tobacco Use and HIV

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Human immunodeficiency virus (HIV) can lead to acquired immunodeficiency syndrome (AIDS) if not treated properly. Smoking/tobacco use also increases risk for cancer, heart disease, lung disease, and infections of the lung such as pneumonia.

If a person has HIV and also smokes, their risk for developing HIV-related infections increases. These include the following:

- Thrush (oral candidiasis)
- Hairy leukoplakia (white mouth sores)
- Bacterial pneumonia
- *Pneumocystis* pneumonia (PCP); caused by the fungus *Pneumocystis jirovecii*

# Tobacco Use and HIV

In addition to these HIV-related infections, people living with HIV who smoke also have increased incidence of other serious illnesses compared to nonsmokers with HIV. These include the following:

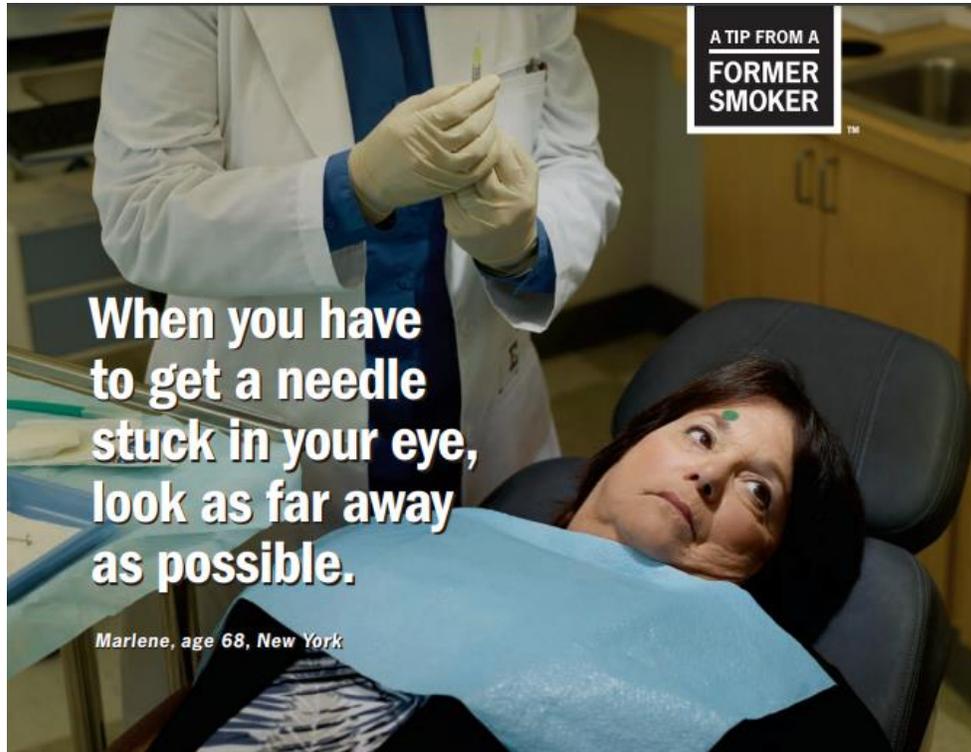
- Chronic obstructive pulmonary disease (COPD) which includes emphysema and chronic bronchitis
- Heart disease and stroke
- Multiple cancers including lung cancer, head and neck cancer, cervical cancer, and anal cancer.

*Brian had his HIV under control with medication. But smoking with HIV caused him to have serious health problems, including a stroke, a blood clot in his lungs and surgery on an artery in his neck. Smoking makes living with HIV much worse. You can quit.*

**HIV alone didn't cause the clogged artery in my neck. Smoking with HIV did.**

Brian, age 45, California

# Tobacco Use and Eye Health



Smoking is just as bad for the eyes as it is for the rest of the body. Smoking can lead to decreased vision and ultimately blindness due to the following;

- Macular Degeneration
- Cataracts

# Tobacco Use and Eye Health

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- **Macular Degeneration** – this is an eye disease that affects central vision. There are two main forms; dry and wet. In dry macular degeneration, the center of the retina deteriorates. With wet macular degeneration, leaky blood vessels grow under the retina. There are often no early symptoms so getting an eye exam is critical to catching this disease before it progresses. Some symptoms that may occur include blurred vision/blurry spot in your central vision, needing extra light for reading, straight lines that appear wavy, and trouble recognizing faces.
- **Cataracts** –this is the clouding of the lens which is clear in a normal healthy eye. Cataracts typically develop slowly over years and the main symptom is blurry vision.

## Smokers' risk:

- Smokers are twice as likely to develop macular degeneration compared with a nonsmoker.
- Smokers are twice as likely to develop cataracts compared with a nonsmoker and three times as likely for heavy smokers.



# Tobacco Use and Diabetes

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Just like tobacco dependence, diabetes is also a chronic health condition, and we now know that **smoking is one cause of type 2 diabetes.**

- People who smoke cigarettes are 30%-40% more likely to develop type 2 diabetes and the more cigarettes a person smokes, the greater the risk for developing type 2 diabetes.
- People with diabetes who smoke also have an increased likelihood of blood sugar variability due to trouble with correct insulin dosing and managing their condition.

# Tobacco Use and Diabetes

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People with diabetes who smoke are more likely to have serious health problems from diabetes, including the following:

- Heart and Kidney disease
- Poor blood flow in the legs and feet that can lead to infections, ulcers, and possible amputation
- Retinopathy (can lead to blindness)
- Peripheral neuropathy (causes numbness, pain, weakness, and poor coordination)

# Tobacco Use and Pregnancy

Some of the reasons to quit are very small.

A woman with long dark hair, wearing a maroon shirt and a ring, is holding a photograph of a premature baby. The baby is lying in a hospital bed, wrapped in a white blanket, and has a nasal cannula. The woman's hands are visible, holding the edges of the photo. The background is dark and out of focus.

**“I never thought smoking would do this.”**

*Amanda, age 30  
Baby born two months early at 3 pounds.  
Wisconsin*

# Tobacco Use and Pregnancy

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Smoking while pregnant can cause serious problems for both the mother and baby. Although it is best quit smoking before the pregnancy, quitting during pregnancy can still help protect both mother and baby from serious health complications including the following:

- Premature birth and low birth weight which may lead to extended stay at the hospital for day or even months
- Birth defects such as oral clefts
- Increased risk of dying from sudden infant death syndrome (SIDS)
- Breathing problems both at birth and into childhood
- Cerebral palsy and developmental delays
- Problems with hearing or eyesight



# Tobacco Use and Dental Health

*Felicita, age 54*

*Lost all her teeth from gum disease at age 50.*

*Florida*

*“You think about your teeth a lot more when you don’t have any.”*

# Tobacco Use and Dental Health

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Gum/periodontal disease affects not only the gums but also the bone structure that supports the teeth. Smoking and smokeless tobacco use are known causes of severe gum disease and can lead to teeth falling out. So what does this mean for your patients who smoke?

- Twice the risk for gum disease compared with a nonsmoker
- Tobacco use in any form (cigarettes, pipes, smokeless/spit tobacco) raises the risk for gum disease including intraoral lesions and cancer
- The more someone smokes and the longer someone smokes, the greater the risk for periodontal disease
- Once gum disease starts, treatments will be less effective for smokers compared to nonsmokers

# Tobacco Use and Cardiovascular Disease

A TIP FROM A  
**FORMER  
SMOKER**

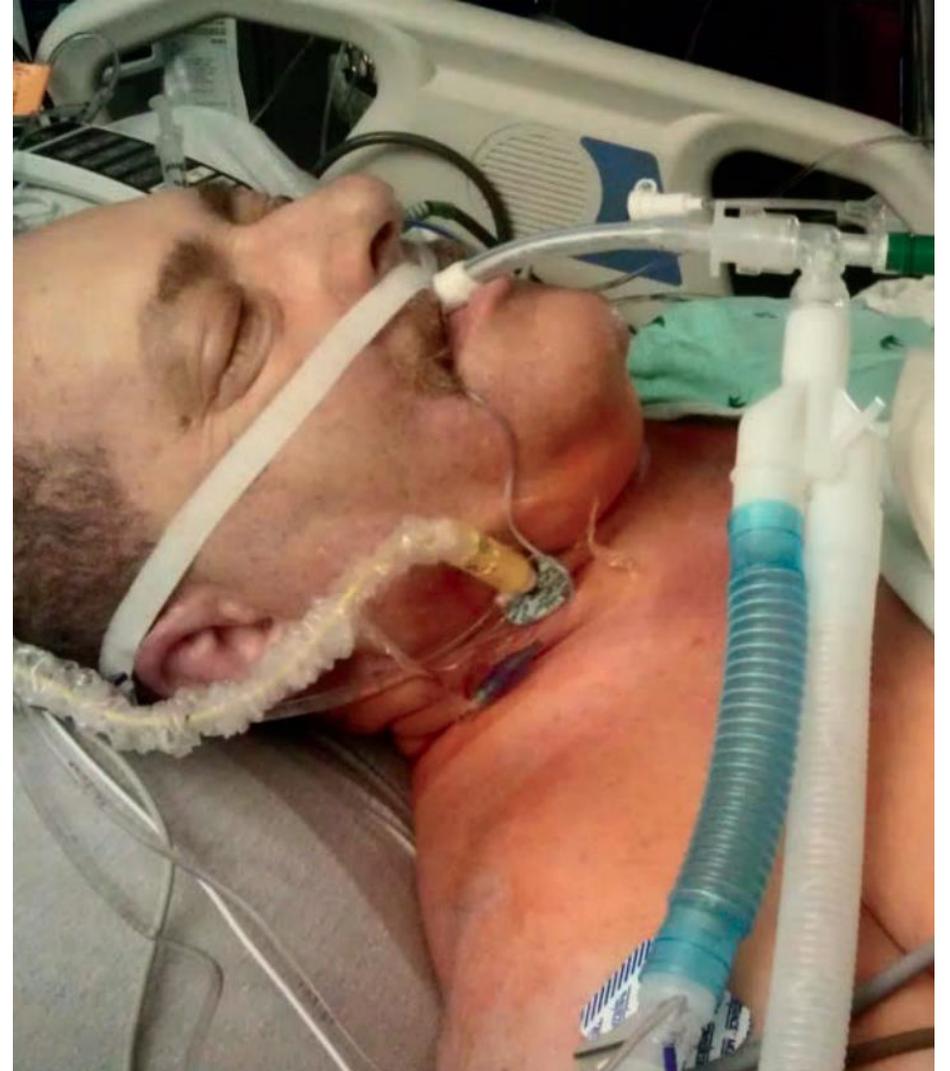
™

**18 years in the military  
and my biggest battle  
was against cigarettes.**

*Brian, age 60  
Air Force Veteran  
Texas*

*Brian smoked and got heart disease. He went from serving his country overseas to spending his life in emergency rooms and operating rooms. Finally, he quit smoking and, years later, got a heart transplant that saved his life.*

**You can quit smoking.**



# Tobacco Use and Cardiovascular Disease (CVD)

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Cardiovascular disease includes both heart conditions as well as cerebrovascular accidents (CVA), more commonly known as a stroke. The most common type of heart condition in the U.S. is coronary artery disease (CAD). CAD occurs when the walls of the arteries develop atherosclerosis; which is a hardening and narrowing of the arteries due to plaque buildup. This can lead to multiple problems including:

- Chest pain
- Myocardial Infarction (MI), commonly referred to as a heart attack
- Congestive Heart Failure (CHF)
- Cardiac Arrhythmias
- CVA / Stroke



# Tobacco Use and Cardiovascular Disease (CVD) – the Physiology

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Smoking is a major cause of CVD. 1 in 4 deaths from CVD are directly attributable to smoking. The physiology behind this is because smoking results in the following:

- Elevated levels of low-density lipoprotein (LDL) which is also called “bad” cholesterol
- Elevated triglycerides (a fat in your blood)
- Decreased high-density lipoprotein (HDL) which is also called “good” cholesterol
- Elevated blood pressure (hypertension) due to the thickening and narrowing of blood vessels
- Increased plaque buildup can also rupture and lead to a thrombus / blood clot. These clots can also break away and move to other parts of the body, this is known as embolus.

# Secondhand Smoke and Cardiovascular Disease

Even if a person doesn't smoke, the effects of **secondhand smoke can have serious cardiac health consequences** that could result in death.

- Secondhand smoke accounts for ~34,000 U.S. deaths from heart disease every year; this is among nonsmokers exposed to secondhand smoke.
- For nonsmokers exposed to secondhand smoke at home or the workplace:
  - Risk of developing heart disease increases by 25%-30%.
  - Risk of having a stroke increases by 20%-30%. This results in ~8,000 deaths per year in the U.S.
- Even if the exposure is brief, this can still damage the blood vessels lining and cause blood to become thicker and stickier, which could lead to a heart attack.

# Tobacco Use and COPD

*Geri smoked menthol cigarettes. Now she has COPD. There is no cure. She's hoping to get on the lung transplant list, but she doesn't know if she'll be accepted in time.*

***You can quit smoking.***



# Tobacco Use and COPD

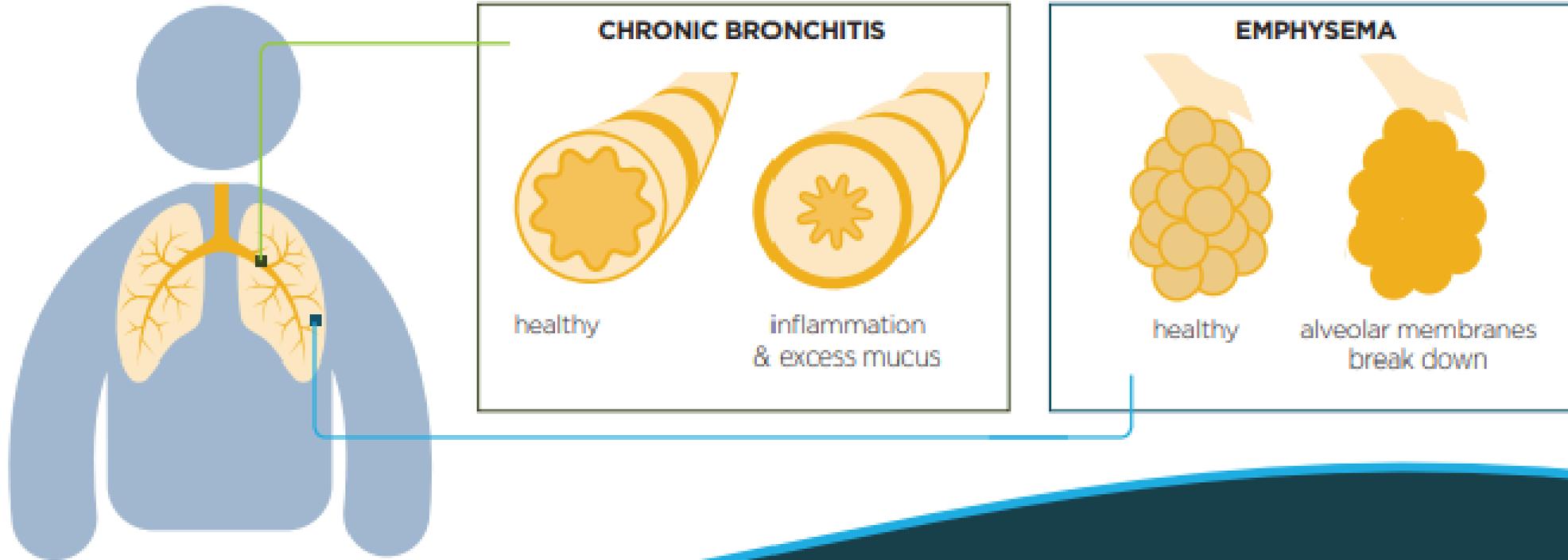
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Chronic obstructive pulmonary disease (COPD) refers to a group of diseases which includes emphysema and chronic bronchitis. COPD causes airflow blockage/less air flow through the airways. Smoking is the number one cause of COPD and results from long-term exposure to lung irritants found in the smoke.

- Smoking accounts for ~8 of out 10 COPD-related deaths.
- Secondhand smoke can also lead to COPD.
- Smoking and secondhand exposure during childhood/adolescence also inhibits lung growth and development, leading to increased risk of COPD in adulthood.

# Tobacco Use and COPD

## CHRONIC OBSTRUCTIVE PULMONARY DISEASE



**COPD: EMPHYSEMA, CHRONIC BRONCHITIS, AND SYMPTOMS**

# Tobacco Use and Asthma

Asthma is a chronic lung disease which can result in asthma attacks. During an asthma attack, the airways become swollen and narrow, decreasing the amount of air able to get in and out of the lungs and make more mucus than usual. Asthma has a range of severity and can lead to death. Asthma attacks occur when the lungs become irritated from a “trigger”.

- Tobacco smoke is a common asthma trigger and includes secondhand smoke as well.
- Tobacco smoke damages the cilia in the airways also decreasing the ability to clear dust and mucus from the airways.
- Smokers are 60% more likely than non-smokers to need an ER visit due to asthmatic symptoms.

**DON'T BE SHY ABOUT  
TELLING PEOPLE NOT TO  
SMOKE AROUND YOUR KIDS.**

Aden, Age 7  
Jessica, His mother  
New York

*(Print ads, Jessica 2021)*

# Pediatric Complications

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Secondhand smoke includes smoke burning from the end of a cigarette in addition to the smoke breathed out by the smoker. Infants and children exposed to secondhand smoke are being exposed to over 7,000 chemicals. There is no safe amount or risk-free level of exposure to secondhand smoke and complications include the following:

- Middle Ear Disease
- Respiratory symptoms and impaired lung function (like wheezing and coughing or asthma)
- Lower respiratory illness (like bronchitis and pneumonia)
- Sudden Infant Death Syndrome (SIDS)

# Pediatric Complications

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Sudden Infant Death Syndrome (SIDS) is the sudden death of an infant under 1 year of age that is unexplained by any other cause. It is the leading cause of death in otherwise healthy infants and secondhand smoke increases the risk for SIDS. This includes smoking during pregnancy and exposure to secondhand smoke after birth. The best way to protect an infant from SIDS is by following three simple actions:

- 1. Quit smoking before and during the pregnancy and remain smoke-free after the birth.
- 2. To limit exposure to secondhand smoke, don't allow others to smoke around the infant or inside the home.
- 3. Infants should always be placed on their back to sleep for both naps and overnight. Don't place an infant to sleep on their stomach.

# Pediatric Complications

Secondhand smoke exposure can cause serious health problems for children. This can range from being generally sick more often to having asthma, bronchitis and pneumonia. Children exposed to secondhand smoke also develop more ear infections, have fluid in their ears more often, and have a greater chance of requiring surgery to place ear tubes. The best way to protect children from these complications is by following three simple actions:

- 1. To limit exposure to secondhand smoke, don't allow others to smoke around the infant or inside the home.
- 2. Don't smoke/allow smoking in the car, even with the windows down.
- 3. Choose places that implement smoke-free policies. This can include your child's daycare, school, and other places you might visit like a restaurant or public park.



A TIP FROM A  
**FORMER  
SMOKER**

# Tobacco Use and Mental Illness

70-87% of adults with substance use disorders smoke cigarettes. People with alcohol dependency are 3 times more likely to smoke and those with a drug dependency are 4 times more likely to smoke than the general population.

*Rebecca struggled with depression. She thought smoking would help, but it just made her more depressed. When she quit smoking it changed her life, mentally and physically. Now she runs 5Ks and hopes to live to be one hundred.*

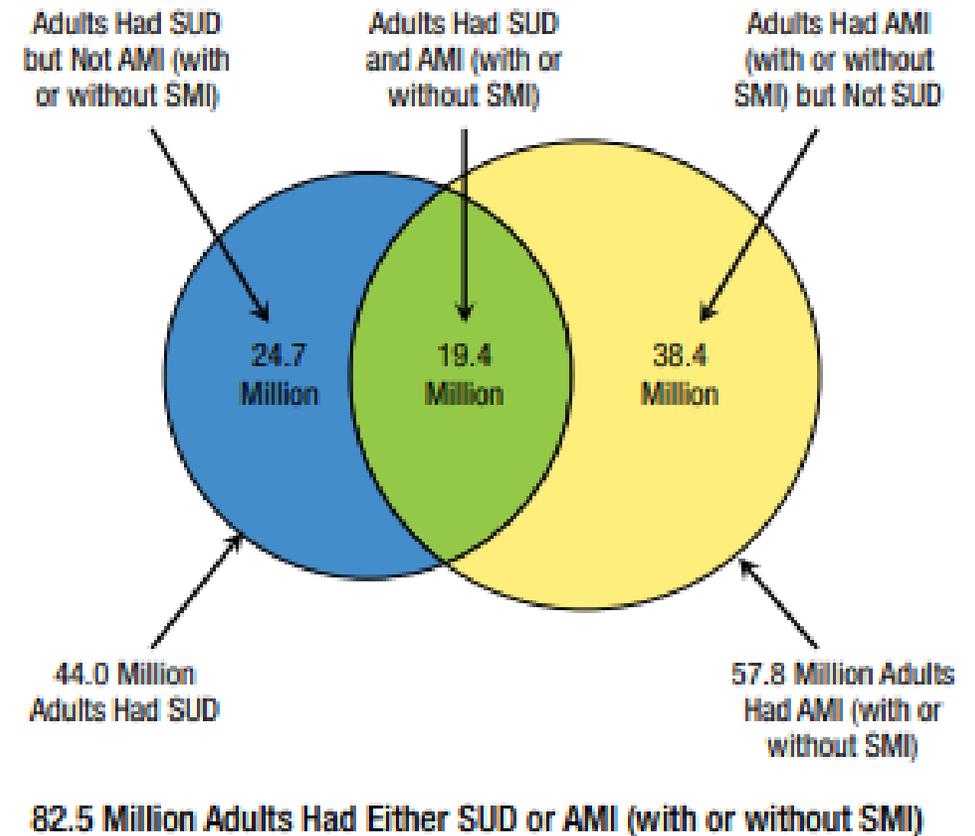
**Quitting isn't about what you give up.  
It's about what you get back.**

*Rebecca, age 57, Florida*

# Co-occurring Substance Use & Mental Health Disorders

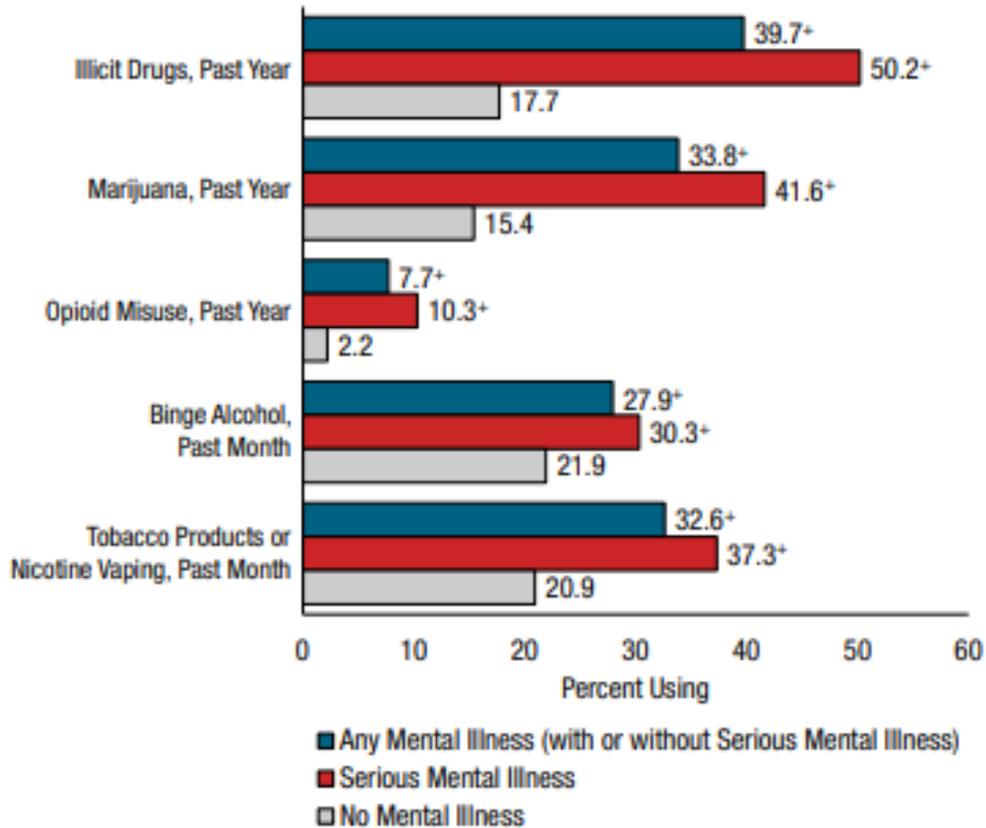
- Individuals with a (non-nicotine) substance abuse or mental health disorder represent about **25% of the United States population** but consume about **40% of all cigarettes sold to adults**.
- 70-85% of people with schizophrenia and 50-70% of people with bipolar disorder smoke.
- 70-87% of adults with substance use disorders smoke cigarettes. People with alcohol dependency are 3 times more likely to smoke and those with a drug dependency are 4 times more likely to smoke than the general population. (Knudsen et al 2016; Guydish et al. 2011)

Figure 45. Past Year Substance Use Disorder (SUD), Any Mental Illness (AMI): Among Adults Aged 18 or Older; 2021



# Substance Use: Among Adults Aged 18 or Older; by Mental Illness Status, 2021

Figure 46. Substance Use: Among Adults Aged 18 or Older; by Mental Illness Status, 2021



➤ Adults with SMI or AMI were more likely to use tobacco products or vape nicotine in the past month than adults with no mental illness in the past year.

- No mental illness (20.9%)
- Any mental illness (32.6%)
- Serious mental illness (37.3%)

+ Difference between this estimate and the estimate for adults without mental illness is statistically significant at the .05 level.

# Tobacco Use & Recovery (Mental Health and Substance Use)



Quitting smoking does not jeopardize sobriety or treatment outcomes:

- Smoking cessation interventions were associated with **25% increased likelihood of long-term alcohol and drug abstinence** (Prochaska, 2004).
- Continued tobacco use can harm recovery and trigger other substance use (Williams, 2005; Kohut, 2017).
- Quitting smoking is associated with:
  - Significant decreases in anxiety, depression, and stress.
  - Increases in psychological quality of life and positive affect.
- Associated improvements are greater than or equal to effect of antidepressants for depressive and anxiety disorders (Taylor et al., 2014).

# Why Such High Smoking Rates?

- Due to lower income:
  - Lack access to health insurance, health care, and help to quit
  - Often directly targeted for tobacco marketing
- Chronic stress and ineffective coping skills
- Environmental exposure and peer groups
- Lack social support systems
- Widespread misconceptions and myths about dual tobacco and substance use
- Are at higher risk because of perceived benefits of tobacco use on stress and anxiety reduction (CDC. Vital Signs, Feb. 2013)
- Trauma and adverse childhood experiences (ACEs)



# Adverse Childhood Experiences (ACEs)

*The three types of ACEs include*

## ABUSE



Physical



Emotional



Sexual

## NEGLECT



Physical



Emotional

## HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



Mother treated violently



Substance Abuse

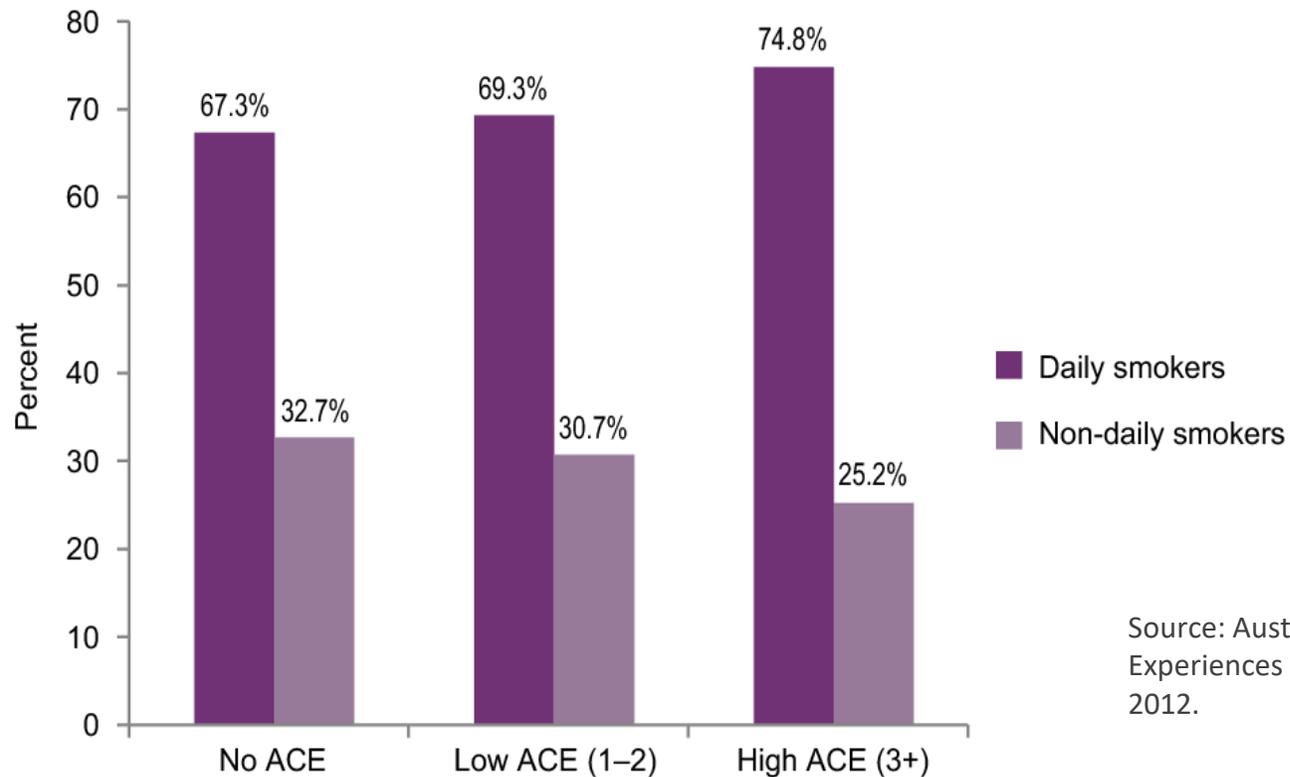


Divorce

- ACEs are negative or potentially traumatic experiences that occur during childhood.
- ACEs are linked with increased risky behaviors including the following:
  - Lack of physical activity
  - Smoking
  - Alcohol and drug use
  - Missed work
- ACEs are linked with negative mental and physical health outcomes including the following:
  - Depression and suicide attempts
  - Severe obesity and diabetes
  - Heart disease and stroke
  - Sexually transmitted diseases

# ACEs and Smoking Prevalence

**Figure 1.**  
**Prevalence of Daily and Non-daily Smoking**  
**by Adverse Childhood Experiences (ACE) Study Groups**



Source: Austin, E. The Effect of Adverse Experiences on the Health of Current Smoker. 2012.

# Tobacco Treatment and Trauma-Informed Care

## 6 Guiding Principles To A Trauma-Informed Approach



1. Safety



2. Trustworthiness  
& Transparency



3. Peer Support



4. Collaboration &  
Mutuality



5. Empowerment  
& Choice



6. Cultural,  
Historical &  
Gender issues



# Tobacco Treatment and Trauma-Informed Care

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**1. Safety** – Provide tobacco treatment services in a way that avoids potential triggers / risks for re-traumatization.

**2. Trustworthiness & Transparency** – Tobacco treatment services are provided with transparency and the goal of building and maintaining trust.

# Tobacco Treatment and Trauma-Informed Care

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**3. Peer Support** – Successfully connecting individuals with others experiencing a similar situation.

**4. Collaboration & Mutuality** – Demonstrate the healing happens in relationships and there is meaning and power in shared decision-making.

# Tobacco Treatment and Trauma-Informed Care

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**5. Empowerment & Choice** – Use an individual's strengths and experiences to build treatments options and timelines that validate their unique circumstance.

**6. Cultural, Historical & Gender Issues** – Move past cultural stereotypes and biases, recognize historical trauma, and offer gender-responsive services.

# Tobacco Treatment and Trauma-Informed Care

<https://www.takingtexasobaccofree.com/provider-materials>

**TOBACCO TREATMENT AND TRAUMA-INFORMED CARE**

**6 Guiding Principles to a Trauma-Informed Approach**



**1. SAFETY – PROVIDE TOBACCO TREATMENT SERVICES IN A WAY THAT AVOIDS POTENTIAL TRIGGERS / RISKS FOR RE-TRAUMATIZATION.**

Real World Example: Mr. Ray has entered the hospital for a psychiatric emergency. He is very agitated and providing only limited responses and will not discuss his tobacco use other than stating that he is smoker and wants a cigarette now. You understand that his physical, emotional, and psychological safety are of the utmost importance, but you also want to make sure his tobacco dependence is addressed. You offer to order him some Nicotine Replacement Therapy (NRT) right away to help with withdrawal symptoms. You also make a note to follow-up with him later in his visit once he his mental and emotional state are more stable. You want to respect his current needs while also making sure that appropriate medication and follow-up are provided during his stay.

**2. TRUSTWORTHINESS & TRANSPARENCY – PROVIDERS USE REFLECTIVE LISTENING AND MOTIVATIONAL INTERVIEWING SKILLS WHILE ASSESSING READINESS TO QUIT TOBACCO.**

Real World Example: Ms. Rose is a woman who has come in to talk to her provider about a recent increase in PTSD symptoms. She has been using smoking as coping mechanism for increased anxiety and panic attacks. Her PTSD came from a sexual assault by a male. Ms. Ray says she can't quit smoking because she needs cigarettes to cope right now. You are a male provider, and you want to discuss her tobacco dependence and educate her on better coping skills. You recognize that there may be some power dynamics at play with her recent abuse by a male and don't want to trigger any anxiety. You ask her if she would feel more comfortable speaking with a female. You do not assume how she feels but rather respect this potential issue and offer the patient options to make sure she is comfortable.

**3. PEER SUPPORT – CONNECT INDIVIDUALS WITH APPROPRIATE TOBACCO CESSATION RESOURCES (ONLINE, SUPPORT GROUP, QUITLINE, EAP).**

Real World Example: Mr. Ray has now stabilized and is ready for discharge from the hospital. You've discussed continuing NRT after discharge and showed him how to access some online coupons that he could use to reduce the cost. You also note that he is a veteran, so you refer him to SmokefreeVET which provides 24/7 encouragement, advice and tips to help veterans quit tobacco use and stay quit.

**4. COLLABORATION & MUTUALITY – LISTEN IN ORDER TO UNDERSTAND AND NOT JUST RESPOND. WORK TOGETHER DURING A QUIT ATTEMPT TO IDENTIFY BARRIERS AND CONSIDER APPROPRIATE SOLUTIONS.**

Real World Example: Ms. Rose agrees to speak with a female provider and states this would make her feel more comfortable. The co-worker speaks with Ms. Rose about her history of sexual assault and actively listens to her concerns about "needing" cigarettes right now. She uses reflective responses to acknowledge her concerns and reviews her options with NRT to address concerns for withdrawal symptoms. The provider acknowledges the good parts of her utilizing smoking as a coping skill (i.e., stepping away from a stressful environment and taking deep breaths) but is honest about the health consequences of her tobacco use. Together they collaborate to make a quit plan that incorporates appropriate NRT and counseling to further process her trauma and develop healthier coping mechanisms.

**5. EMPOWERMENT & CHOICE – USE AN INDIVIDUAL'S STRENGTHS AND EXPERIENCES TO BUILD TREATMENT OPTIONS AND TIMELINES THAT VALIDATE THEIR UNIQUE CIRCUMSTANCE.**

Real World Example: Ms. Rose is leaving the office and stops to speak with the provider again. She says that she really appreciates everything they've discussed but she has changed her mind and doesn't think she feels ready to quit right now. She hands the Rx back. The provider acknowledges that quitting can be hard and affirms that she is proud of her for starting this process and being so honest about her concerns. You respect where she is right now in her readiness to quit and ask her if she would be willing to follow-up to check in again. Ms. Rose agrees to call the office in 2 weeks to follow-up. You provide her with information on quit resources specific to women in case she decides to connect with other women about their quit journeys to obtain stories, tips and encouragement.

**6. CULTURAL, HISTORICAL & GENDER ISSUES – CERTAIN GROUPS HAVE HIGHER RATES OF TOBACCO USE. OFFER RESOURCES AND TOBACCO TREATMENT SERVICES IN A WAY THAT IS SENSITIVE TO THE GENDER, CULTURE, AND UNIQUE BACKGROUND OF EACH INDIVIDUAL.**

Real World Example: Taylor comes into the clinic for a new patient visit. You notice that the intake paperwork reports significant tobacco use and an interest in quitting. You also see that "prefer not to respond" was selected for gender. You want to address the tobacco use especially since there is a desire to quit but you're not sure how to address the patient. You want to build a good rapport and be sensitive about how the patient may identify and not use the wrong term. You ask Taylor which pronouns are preferred. Taylor seems pleasantly surprised and thanks you for asking then responds "they/them/theirs please."



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[takingtexasobaccofree@gmail.com](mailto:takingtexasobaccofree@gmail.com)

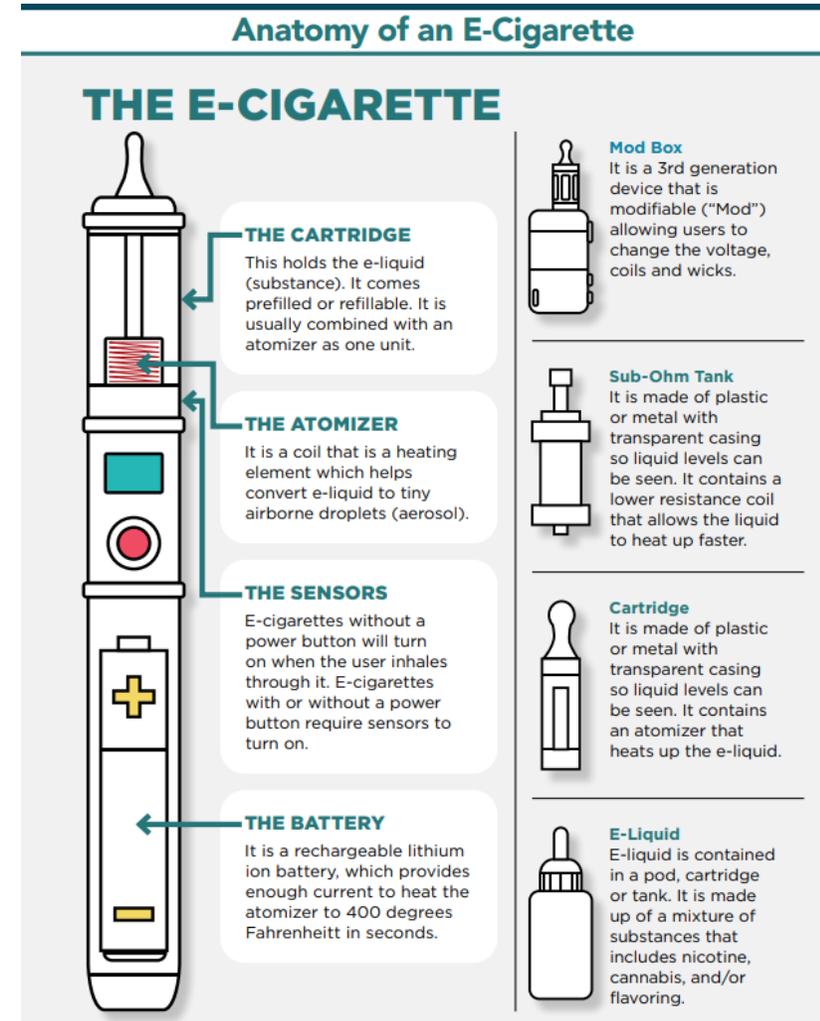
# Electronic Nicotine Delivery Systems (ENDS): To Vape or Not to Vape?

Evidence suggests ENDS are less harmful than traditional, combustible cigarettes, but not harmless:

Research states:

- Presence of toxic substances (ie, fine/ultrafine particles, cytotoxicity, various metals, TSNAs, and carbonyls), but lower levels than cigarettes
- Dual use of ENDS & combustible cigs common & is problematic
- Recent studies have indicated similar quit rates with e-cigarettes as NRT
- Long term health consequence of e-cigarette use unknown

**Use of ENDS should not be encouraged a first line cessation method as it is not FDA approved.**





**1<sup>st</sup> Generation - Cigalike**



**2<sup>nd</sup> Generation- Tank System**

### 3<sup>rd</sup> Generation- Tank Systems (MODS)



**New Generation- myBlue, Vuse, Alto, JUUL, Riptide**

# Tobacco Use in Youth – 2022 NYTS Results

## Most Commonly Used Types of Devices

- E-cigarettes (9.4%)
- Cigars (1.9%)
- Cigarettes (1.6%)
- Smokeless (1.3%)
- Hookahs (1.1%)
- Nicotine Pouches (1.1%)
- Heated Tobacco Products (1.0%)
- Pipe Tobacco (0.6%)

**Over 3 million U.S. youth reported using a commercial tobacco product\* in 2022**



**E-cigarettes** were the most commonly used tobacco product



**Cigars** were the most commonly used combustible tobacco product

**Youth use of tobacco products — in any form — is unsafe**

Everyone can:

- ✓ Help youth recognize the dangers of tobacco product use
- ✓ Encourage youth not to use tobacco products
- ✓ Support youth who want to quit



\*The term "tobacco product" as used in this report refers to commercial tobacco products and not to sacred and traditional use of tobacco by some American Indian communities.

[bit.ly/mm7145a1](https://bit.ly/mm7145a1)

NOVEMBER 11, 2022

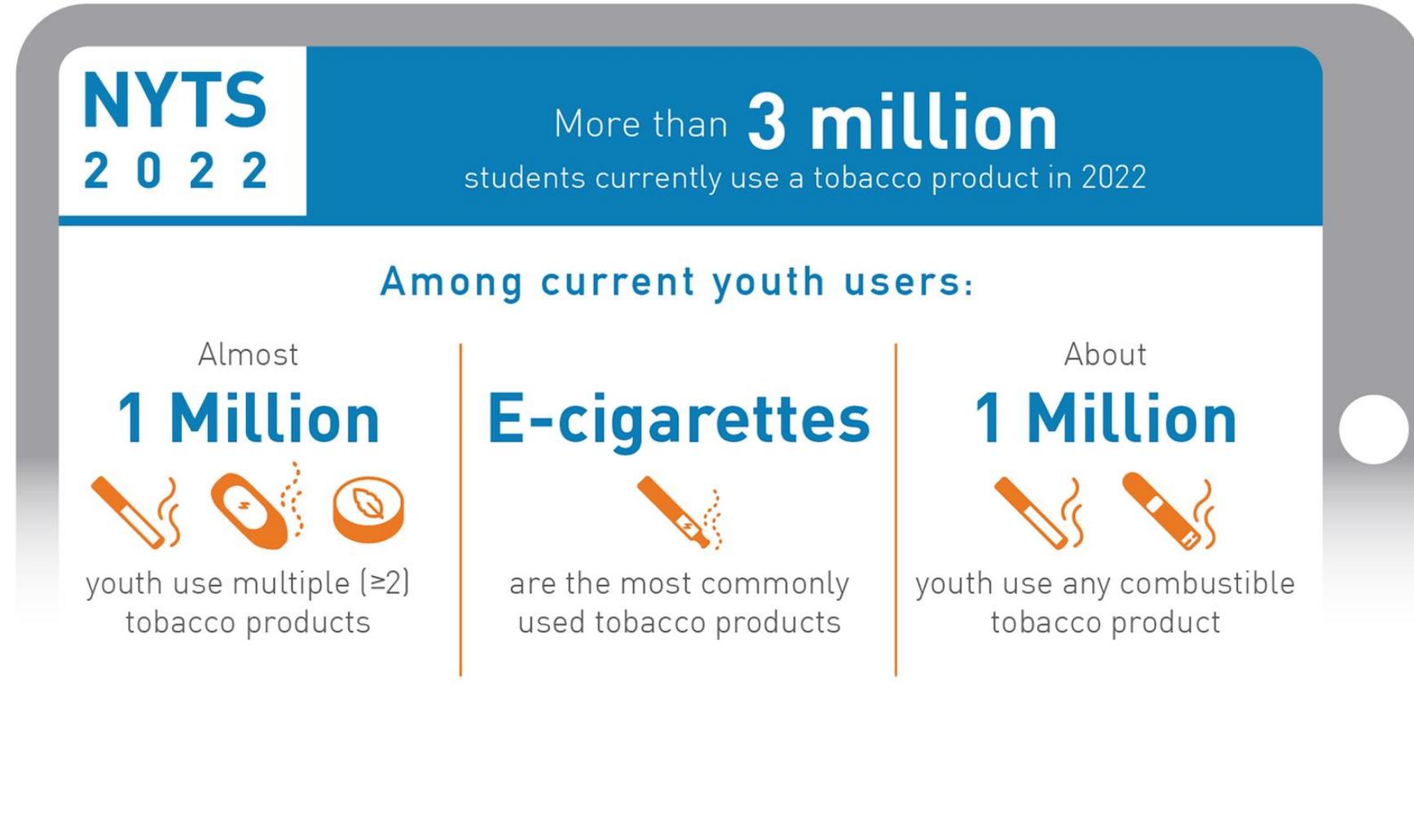
National Youth Tobacco Survey, 2022

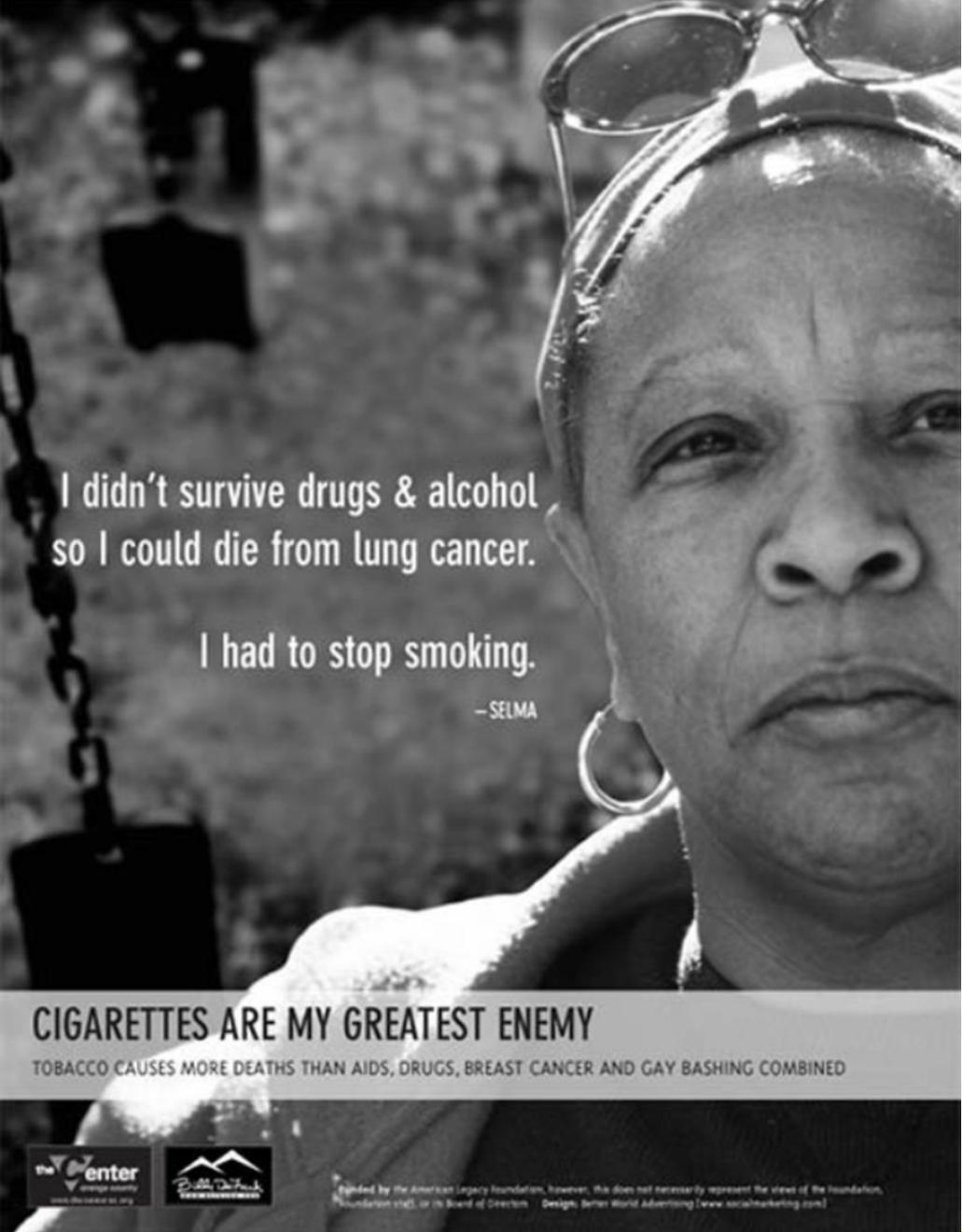
**MMWR**

# Tobacco Use in Youth – 2022 NYTS Results

~3.08 million U.S. middle and high school students reported current use of any tobacco product in 2022:

- 1 in 6 high school students
- 1 in 22 middle school students.
- Among all students who currently used any tobacco product, 31.0% reported using multiple tobacco products during the past 30 days.





I didn't survive drugs & alcohol  
so I could die from lung cancer.

I had to stop smoking.  
—SELMA

**CIGARETTES ARE MY GREATEST ENEMY**

TOBACCO CAUSES MORE DEATHS THAN AIDS, DRUGS, BREAST CANCER AND GAY BASHING COMBINED



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# Benefits of Quitting and Overcoming Barriers in Healthcare

# Myths & Facts About Interest in Quitting Smoking

## MYTHS:

- People using tobacco:
  - Do not want to quit smoking.
  - Are unable to quit smoking.
  - Will jeopardize their substance use recovery by quitting smoking.
  - Will worsen their mental health conditions by quitting smoking.

## FACTS:

- Most adults who smoke want to quit:
  - ~70% of current adults who smoke say they want to quit.
  - More than 50% of adults who smoke make at least one quit attempt each year.
  - 3 in 5 adults who have ever smoked have successfully quit.
  - People with substance use or behavioral health conditions have a lower risk of relapse and decreased negative mental health symptoms.

# Challenges of Medications & Tobacco Use

Tobacco smoke has interactions with commonly used medications including blood thinners, antidepressants, antipsychotics, antiepileptics, hypnotics, anxiolytics, and statins.

- **For most medications, the drug concentration in the blood is decreased from the tobacco smoke.**

This phenomenon can be used as a motivational factor for patients considering a quit attempt.

- Teaching diabetic patients that **using tobacco leads to increased blood sugar levels resulting in insulin resistance and a need for higher insulin dosing.** Stopping smoking could lead to better overall control of their diabetes as well as decrease their required insulin dosages.
- This is good for both their health and their wallets.

It is also important to note that this is **caused by components of the tobacco smoke and not the nicotine in the cigarette.**

- Nicotine replacement therapy (NRT) remains a safe way to avoid these drug interactions while reducing cravings and increasing the likelihood of a successful quit attempt.

# How to Overcome Healthcare Barriers

## HEALTHCARE/PROVIDER BARRIERS:

- Providers indicate lack of time, in general, and the lack of time and competing priorities during patient visit:
  - ~40% of adult smokers don't receive advice to quit from a healthcare professional.
  - Less than 1 in 3 adult smokers utilize cessation counseling or FDA-approved medications when making a quit attempt.
  - Less than 1 in 10 adults (in the U.S.) have a successful quit attempt each year.

## PROVIDER SOLUTIONS:

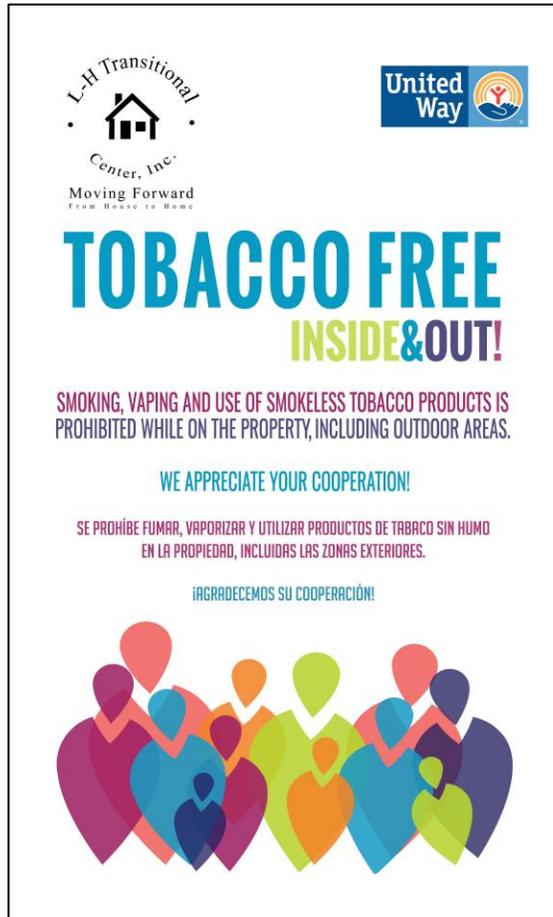
- TTTF in partnership with you and your facility can provide the following:
  - Educate staff on tobacco use and cessation methods to empower providers to feel comfortable addressing patients' tobacco use.
  - Utilize the 5 A's to assess for readiness and provide appropriate referrals to counseling and use of FDA-approved treatment medication.
  - Increase overall success rates by utilizing appropriate treatment resources and NRT.

# Evidence-based Treatments for Tobacco Dependence



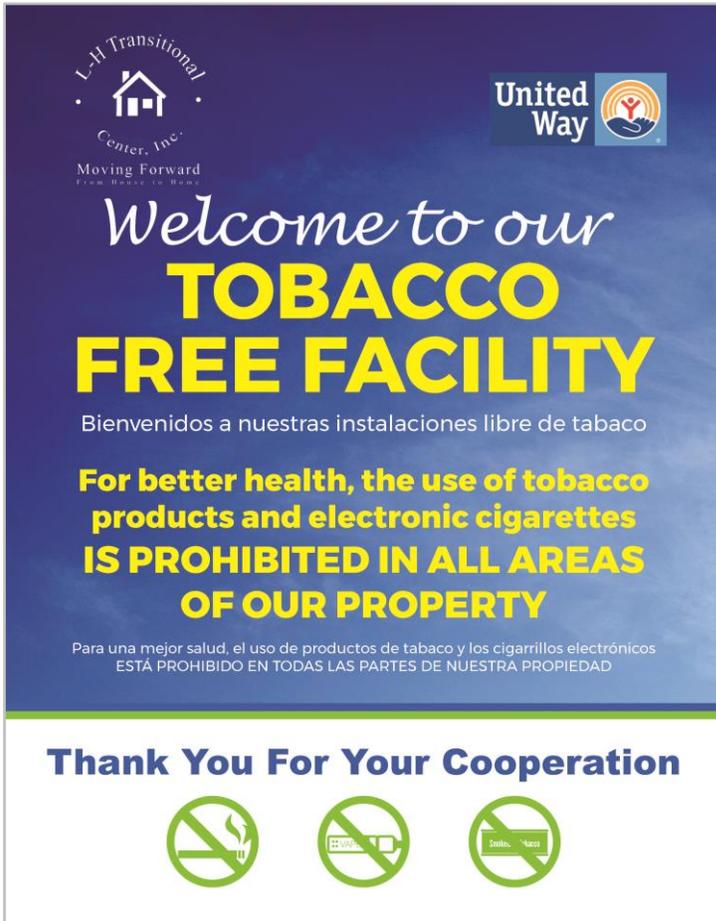
- Tobacco-Free Policies
- Medications
- Behavioral Counseling

# Benefits of a Tobacco Free Policy



- Significantly reduces exposure to secondhand smoke.
- Substance use treatment providers have high smoking rates (between 30% to 50%).
- Benefits clients, staff, stakeholders, and community:
  - Increases quit attempts and decreases number of cigarettes smoked per day.
  - Increases effectiveness of medications.
  - Promotes abstinence from other substances, lowers relapse rates.
  - Lowers health costs.
  - Reduces sick days of former smokers and their families.

# Engaging Tobacco Users on Tobacco-free Campus



L-H Transitional Center, Inc. Moving Forward From Home to Home

United Way

Welcome to our  
**TOBACCO FREE FACILITY**

Bienvenidos a nuestras instalaciones libre de tabaco

**For better health, the use of tobacco products and electronic cigarettes IS PROHIBITED IN ALL AREAS OF OUR PROPERTY**

Para una mejor salud, el uso de productos de tabaco y los cigarrillos electrónicos ESTÁ PROHIBIDO EN TODAS LAS PARTES DE NUESTRA PROPIEDAD

**Thank You For Your Cooperation**



- **Polite and Respectful:** Be empathetic & understanding
- **Listen to them:** Hear what they have to say
- **Educate:** Share information about the policy and why it is in place, inform them about cessation services, answer their questions
- **Be non-judgmental:** Don't make assumptions or criticize/blame people, be comfortable with yourself

<https://www.takingtexasobaccofree.com/videos>

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[takingtexasobaccofree@gmail.com](mailto:takingtexasobaccofree@gmail.com)

# Why Use Nicotine Replacement Therapy?

NRT

Helps relieve physical withdrawal symptoms

Addresses a person's physiological need

Delivers lower levels of clean nicotine

# Nicotine from NRT = Nicotine from Tobacco

The amount of nicotine a person receives from their NRT should equal or be a little more than the nicotine they were receiving from their tobacco.

- People inhale approximately 1 mg of nicotine with every cigarette (regardless of brand; cigarettes are pretty standardized).
- There are **20 cigarettes in a pack of cigarettes**. So, a person **smoking a pack of cigarettes per day should start with a 21mg nicotine patch**.
- Little cigars or cigarillos are similar to cigarettes but have different packaging standards – may be sold individually, in packages or 2, 3, or 5 little cigars) – they are likely flavored as well.
- Spit tobacco (chew, snus, snuff) have differing nicotine concentrations and people use the products in many different ways.

# Tobacco Treatment Medications



	Patches	Gum	Lozenge	Varenicline/Chantix	Bupropion/Zyban/Wellbutrin
<b>Strength</b>	21, 14, 7 mg	2, 4 mg		.5, 1 mg	150 mg SR (sustained release) 300 mg XL (extended release)
<b>Dosing</b>	1 patch/ 24 hrs	1 piece every 1-2 hours		<ul style="list-style-type: none"> <li>• <b>Days 1-3:</b> .5 mg every morning</li> <li>• <b>Days 4 - 7:</b> .5 mg twice daily</li> <li>• <b>Day 8 – end of treatment:</b> 1 mg twice daily</li> </ul>	Days 1-3: 150 mg once in AM Day 4 – end: 150 mg twice daily or may take 300 mg XL once a day
<b>Advantages</b>	Private  Once a day	Offset cravings  Reduces dependence		High success rates	Also treats depression
<b>Adverse Reactions</b>	Skin reaction  Sleep Disturbance	Mouth soreness  Hiccups	Indigestion  Hiccups  Insomnia	GI upset- nausea, vomiting, constipation, gas  Abnormal, strange or vivid dreams  Very rare but should monitor for depressed mood, agitation, changes in thoughts/behavior, and suicidal ideation	Dry mouth, Insomnia, Decreased appetite  Do not use with seizure disorder, eating disorders, MAOIs, or abrupt discontinuation of alcohol, benzodiazepines, or antiepileptic medication.

# Stepping Down with Nicotine Patches

Step down instructions can be found on the NRT box

## If smoking more than 15 - 20 cigarettes per day:

- Step 1: one 21 mg patch per day for weeks 1 - 6
- Step 2: one 14 mg patch per day for weeks 7 - 8
- Step 3: one 7 mg patch per day for weeks 9-10 (or end of treatment plan)

## If smoking 8 - 14 cigarettes per day:

- Step 1: one 14 mg patch per day for weeks 1-6
- Step 2: one 7 mg patch per day for weeks 7-8 (or end of treatment plan)

## If smoking less than 7 cigarettes per day:

- Step 1: one 7 mg patch per day for weeks 1-4

Watch a short video on how to properly use the patch and step-down process:

<https://www.takingtexasobaccofree.com/videos>

If a person is using multiple patches per day (example: smoke 30 cigarettes per day, they would use a 21 mg and a 14 mg patch (or a 21 mg patch plus nicotine gum or lozenges) each day. They would step down one patch at a time until they are only using one patch, then follow the above guidelines.



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[takingtexasobaccofree@gmail.com](mailto:takingtexasobaccofree@gmail.com)

Put the patch on any  
hairless part of your  
body.



# Nicotine Replacement- Gum/Lozenges

- Gum - Chew and Park, repeat until you can't feel a tingle in the gums (Chew & Park method).
  - Step 1: one piece of gum or lozenge every 1 - 2 hours for Weeks 1 - 6
  - Step 2: one piece of gum or lozenge every 2 – 4 hours for Weeks 7 - 9
  - Step 3: one piece of gum or lozenge every 4 – 8 hours for Weeks 10 - 12
- Chew gum (alternating different sides of mouth) for approximately 25 minutes.
- Mini lozenges will dissolve in mouth within approximately 10 – 12 minutes.
- Can use gum or lozenge based on craving need. Do not need to stick to a certain time schedule.
- Nicotine gum and lozenges work great in combination with the nicotine patches for high craving times.

Watch a short video on how to properly use the nicotine gum and lozenge and step down process:

<https://www.takingtexasbaccofree.com/videos>



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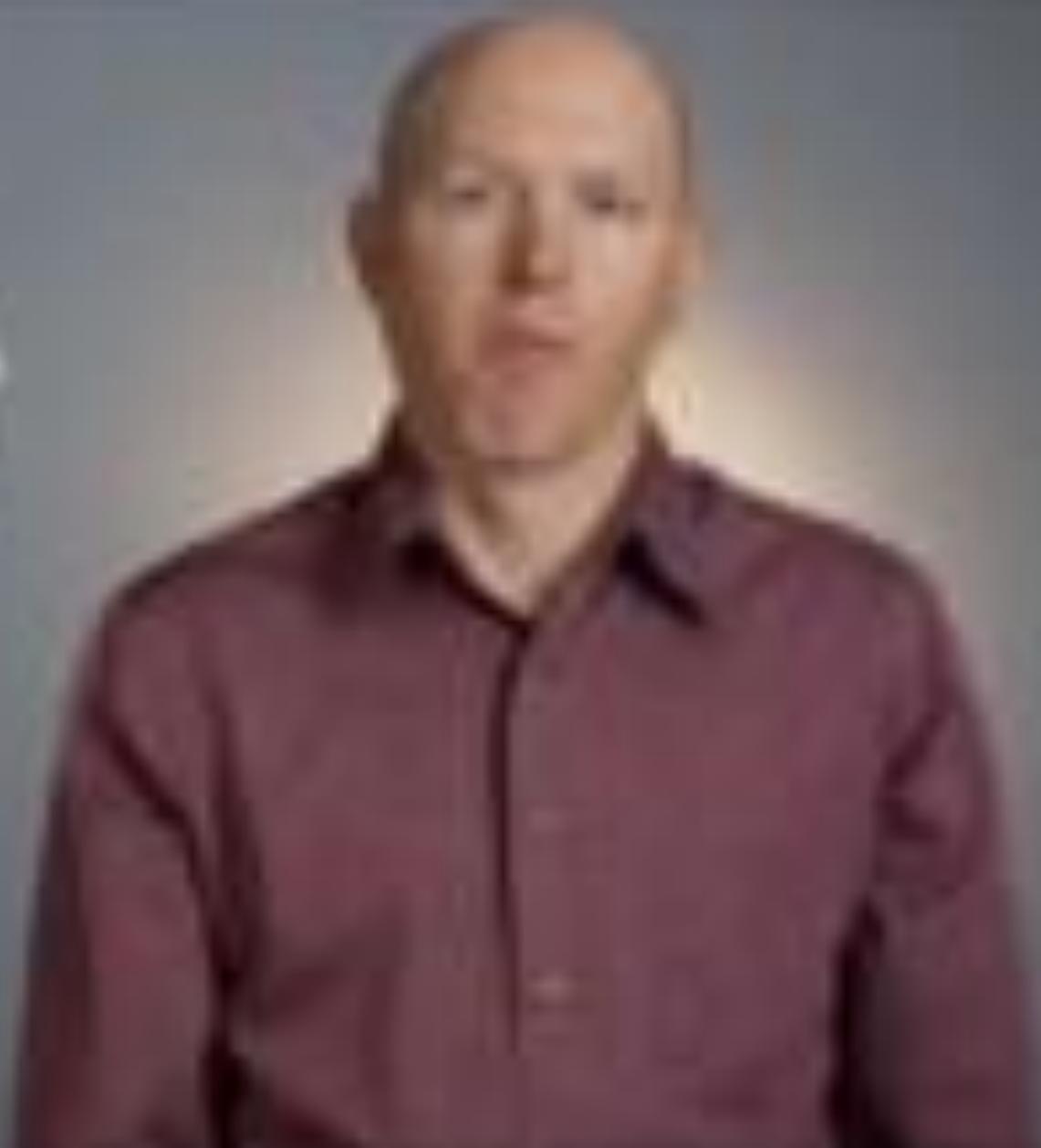


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[takingtexasbaccofree@gmail.com](mailto:takingtexasbaccofree@gmail.com)

When tingling stops,  
start chewing gum  
again.



# Medications for Tobacco Users - Summary

Medication Type	Availability
Nicotine Patch	Over the counter
Nicotine Gum	Over the counter
Nicotine Lozenge	Over the counter
Nicotine Inhaler	Prescription only
Nicotine Nasal Spray	Prescription only
Chantix / Varenicline	Prescription only
Zyban / Wellbutrin	Prescription only

# Using the 5 A's (Ask, Advise, Assess, Assist, Arrange)

T

Ask - about current tobacco use

**A**sk – every patient, at every visit, about their tobacco use (e.g., “Do you use any tobacco or electronic nicotine delivery products, even once in a while?”)

Advise- to quit

**A**dvice – them to quit using tobacco (e.g., “Quitting is one of the most important things you can do to improve your overall health.”)

Assess - willingness to make a quit attempt

**A**ssess – their desire to quit using tobacco (e.g., “Do you have a desire to quit smoking/chewing/vaping in the next 30 days?”)

Assist - the quit attempt

1. Brief counseling
2. Medication, if appropriate
3. Refer to additional resources

**A**ssist – those who have a desire to quit to access treatment resources (e.g., “I am happy you want to quit. Would you like to hear about the options to help you quit smoking/chewing/vaping?”)

Arrange - a follow-up appointment (in person or by telephone)

**A**rrange – a follow-up session to check in on their progress (e.g., “I would like to meet with you again in two weeks to discuss your progress.”)



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# Assisting the quit attempt, refer to additional resources

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- The Texas Department of State Health Services provides the Texas Tobacco Quitline (TTQL) which offers a phone or web-based counseling program. It also has an array of tools and services to help people live tobacco free. Counseling services are available in over 100 languages. Professional cessation counselors receive 200 hours of training to personalize quit advice and to work with individuals based on lifestyle and specific needs.
  - Enrolled tobacco users can get up to 5 counseling sessions
  - Qualifying tobacco users can get 2 weeks of free NRT

<b>Online</b>	<b>Phone</b>
<a href="http://www.yesquit.org">www.yesquit.org</a>	(877) YES-QUIT
<a href="http://www.quitnow.net/texas">www.quitnow.net/texas</a>	(800) QUIT-NOW

# Assisting the quit attempt, refer to additional resources

➤ TTTF has Texas Quitline guidelines to help both patients and providers navigate this service.

- Visit TakingTexasTobaccoFree.com
  - Under the Tools tab
  - Select Provider Resources
  - Texas Tobacco Quitline Provider Guidelines
  - Texas Tobacco Quitline Patient Guidelines

➤ Clinicians should refer a patient whenever possible since this helps them qualify for the free NRT (direct referral via fax, online, or EHR).



**Provider Guide to the Texas Tobacco Quit Line (TTQL)**  
Effective through 8/31/22

**Who is Eligible for TTQL Services?**  
Texas residents ≥ 13 years old who use any form of tobacco, including e-cigarettes.

**What is the TTQL?**  
The TTQL is a free program, funded by the Texas Department of State Health Services (DSHS), that provides free, evidence-based interventions to quit using tobacco. Patients can enroll in the program two times per year.

**What Services Can Patients Receive From the TTQL?**  
Patients can choose between a **phone** program or a **web** program each time that they enroll in the program.

Phone Program Services	Web Program Services
A counselor will call the patient for five counseling sessions.	Patients will receive access to online modules that are self-paced.
Patients have access to a Text2Quit line and a Web Coach for motivational messaging and check-ins.	Patients have access to a Text2Quit line and a Web Coach for motivational messaging and check-ins.
Patients will receive community resources for more services/support groups.	Patients will receive community resources for more services/support groups.
Patients can call the TTQL to speak to someone as many times as they want; they might call the TTQL if they feel like they are going to lapse/relapse. These calls are short in duration.	
Qualifying patients may receive up to two weeks of free nicotine patches, gum, or lozenges.	

Combined counseling and medication, such as nicotine patches, gum, or lozenges, is the **best way** for your patient to find success quitting tobacco. You should encourage patients to enroll in the phone program.

**Does the TTQL Offer Tailored Treatment for Special Groups?**  
Yes, the TTQL has tailored Quit Coaches/programs for youth (under 18), pregnant individuals, and individuals with behavioral health needs.

**How Can Patients Enroll in the TTQL?**  
TTQL services can be accessed via phone, web, or by provider referral. A referral will assist the patient in qualifying for free NRT. Below are the ways in which you can provide your patients a referral:

- Fax a standardized referral form ([https://www.dshs.texas.gov/tobacco/pdf/TX\\_Fax-Referral-Form.pdf](https://www.dshs.texas.gov/tobacco/pdf/TX_Fax-Referral-Form.pdf)) to 1-800-483-3114.
- Go online to [www.quitnow.net/texas](http://www.quitnow.net/texas) and "Refer a Patient".
- Use your **electronic health record** if you're employed at a participating health center.

**Why Should You Refer Patients to the TTQL?**  
Tobacco use is the leading cause of death and disability in the United States. Tobacco use is an addiction, not a habit. Accessing counseling and NRT is a great way to support patients interested in making a quit attempt. Nicotine is:

- As addictive as heroin.
- 1,000 times more potent than alcohol.



**Patient Guide to the Texas Tobacco Quit Line (TTQL)**  
Effective through 8/31/22

**Who is Eligible for TTQL Services?**  
Texas residents ≥ 13 years old who are interested in beginning a tobacco-free lifestyle.

**What is the TTQL?**  
The TTQL is a free program, funded by the Texas Department of State Health Services (DSHS), that provides free, evidence-based interventions to quit using tobacco. You can enroll in the program two times per year.

**What Services Can I Receive From the TTQL?**  
You can choose between a **phone** program or a **web** program each time that you enroll in the program.

Phone Program Services	Web Program Services
Your counselor will call you for five counseling sessions.	You receive access to online modules (i.e., lessons) that you can complete whenever you like.
You have access to a Text2Quit line and a Web Coach for motivational messaging and check-ins.	You have access to a Text2Quit line and a Web Coach for motivational messaging and check-ins.
You will receive community resources for more services/support groups.	You will receive community resources for more services/support groups.
You can call the TTQL to speak to someone as many times as you want; you might call the TTQL if you feel like using tobacco but want help not using it. These calls are short in duration.	
Qualifying patients may receive up to two weeks of free nicotine patches, gum, or lozenges.	

Using counseling and medication, such as nicotine patches, gum, or lozenges, is the **best way** to find success with quitting tobacco use. If you can, we recommend you enroll in the phone program.

**Does the TTQL Offer Tailored Treatment for Special Groups?**  
The TTQL has specialized Quit Coaches/programs for:

- Youth under the age of 18.
- Pregnant individuals.
- Individuals with behavioral health needs.

Ask your Intake Specialist/Quit Coach for more information about these services and see if you qualify.

**Why Start Your Quit Journey with TTQL?**  
Tobacco use is a harmful addiction and the leading cause of death and disability in the United States. Access to the TTQL is free and offers guidance through your quit journey that can increase your chance of a successful quit attempt. It is a great addition to counseling and medications you may already receive through your regular health care provider. To learn more, speak with your provider to discuss the negative effects tobacco has on your body and how to start your quit journey.

**Who Will You Talk to When You Call?**  
An Intake Specialist will first get you set up in the TTQL system. Next, a Quit Coach will provide you with evidence-based counseling to help you quit tobacco use. The Quit Coach has at least a bachelor's degree in addictions or a similar field.

# Resources- Quitlines

Telephone Quitlines: Staffed by counselors who provide helpful information, advice, and support.

- **1-800-QUIT-NOW (1-800-784-8669)**
- **1-800-332-8615 (for the hearing-impaired):** Quitline services and hours vary by state.
- **Lung HelpLine:** Staffed by respiratory therapists and certified tobacco treatment specialists, the **Lung HelpLine** is available to answer any question – whether you're looking to start a quit smoking attempt, want to learn more about Freedom From Smoking Plus, Group Clinics or The Guide to Help You Quit Smoking, or want telephone counseling from an expert over the course of your journey to quit smoking. **Call 1-800-LUNGUSA.**
- **1-877-44U-QUIT (1-877-448-7848)** – National Cancer Institute quitline provides information on how to quit (in both English and Spanish). Services are available Monday through Friday, 8:00 a.m. to 8:00 p.m. (Eastern).
- **1-877-YES-QUIT** – Has phone and online options with web-based programs. (<https://www.quitnow.net/mve/quitnow?qnclient=texas> ). Click on the **Refer A Patient** in the upper right-hand corner.
- **1-855-QUIT-VET (1-855-784-8838)** – Quitline for veterans receiving health care through the U.S. Department of Veterans Affairs (VA). Monday through Friday, 8:00 a.m. to 10:00 p.m. (Eastern). The quitline is closed on Federal holidays
- CDC/NCI Smoking Quitlines:
  - 1-855-335-3569 (Spanish)**
  - 1-800-383-8917 (Chinese)**
  - 1-800-556-5564 (Korean)**
  - 1-800-778-8440 (Vietnamese)**



# Resources – Online Communities

- **Smokefree.gov:** **Facebook** (<https://www.facebook.com/SmokefreeUS>), **Twitter** (<https://twitter.com/SmokeFreeUs>), **YouTube** (<https://www.youtube.com/user/smokefreegov>) Join a support community to help you or someone you care about with tips and support to be tobacco-free.
- **Smokefree Women (For Women):** **Facebook** (<https://www.facebook.com/smokefree.women>), **Twitter** (<https://twitter.com/smokefreewomen>), **YouTube** (<https://www.youtube.com/user/SmokefreeWomen>) Connect with women who are trying to quit and stay quit by sharing stories, tips and encouragement.
- **Reddit Stop Smoking Forum:** Reddit is a free social media website that has many “subreddits” that target specific interests. The [StopSmoking subreddit](#) is dedicated to those who wish to tackle their smoking addiction. The community welcomes “anyone who wishes to join in by asking or giving advice, sharing stories, or just encouraging someone who is trying to quit.”
- **Become an Ex Community:** (<https://excommunity.becomeanex.org/>) Join a community of people who have decided to quit. You can read or post advice, or find an online support group.
- **Online Support Community:** Chat and connect with other quitters who understand what you are going through on our [Inspire.com](#) online community, [Quit Now: Freedom From Smoking®](#). Signing up for a profile is quick, easy and free to access at any time. Start a conversation and meet other quitters, share your quit date and see if there are others who are quitting at the same time. Moderated by Lung HelpLine staff, the online community is a supportive and helpful resource throughout your quit attempt and beyond.

# Resources – Instant Messaging and Local Resources

<https://www.quitassist.com>

[https://livehelp.cancer.gov/app/chat/chat\\_launch](https://livehelp.cancer.gov/app/chat/chat_launch)

- Instant Messaging: **National Cancer Institute: Live Help** – Chat online 24 hours a day, 7 days a week with a National Cancer Institute counselor for quitting information and advice
- Local Resources:
  - Many local hospitals and clinics offer quit-smoking programs. Ask a doctor or other health-care provider for a recommendation.
  - State health departments are another resource to find support closer to home.
  - Nicotine Anonymous (support groups, online, phone)
  - Non-smoking AA & NA meetings (majority are smoke-free)
  - On-site NRT

<p><b>Call</b></p>  <p><b>Call 1-800-QUIT-NOW</b></p> <p>Speak to an expert in your state to get support and information to help you quit</p>	<p><b>Visit</b></p>  <p><b>Smokefree.gov</b></p> <p>Access expert quitting information from the National Cancer Institute</p>
<p><b>Chat</b></p>  <p><b>Get Live Help</b></p> <p>Chat Online with a live National Cancer Institute counselor</p>	<p><b>Explore</b></p>  <p><b>Online Resources</b></p> <p>Explore a range of tools to help you quit and stay tobacco-free</p>

# Resources – Texting options

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## Mobile Text Messaging Services:

- **SmokefreeTXT:** SmokefreeTXT Provides 24/7 encouragement, advice and tips to help you quit and stay quit. Designed for adults in the US who are ready to quit smoking. This program is offered by the National Cancer Institute's Smokefree.gov. Sign up online (<https://smokefree.gov/tools-tips/text-programs/quit-for-good/smokefreetxt>) or text **QUIT** to **47848**.
- **SmokefreeMom** (For Pregnant Women): Provides 24/7 encouragement, advice and tips to help pregnant women quit and stay quit. Designed for pregnant women in the US who are ready to cut back on cigarettes and quit smoking. This program is offered by the National Cancer Institute's Smokefree.gov. Sign up online (<https://women.smokefree.gov/tools-tips-women/text-programs/smokefreemom>) or text **MOM** to **222888**.
- **SmokefreeVET** (For Veterans): Provides 24/7 encouragement, advice and tips to help veterans quit and stay quit. This program is offered through a collaboration between the Department of Veterans Affairs (VA) and the National Cancer Institute's Smokefree.gov. . Sign up online (<https://veterans.smokefree.gov/tools-tips-vet/smokefreevet>) or text **VET** to **47848**.
- **DipfreeTXT:** This is a free texting program designed for young adults in the US who are ready to quit dip. This program is offered by the National Cancer Institute's Smokefree.gov. Sign up online (<https://smokefree.gov/tools-tips/text-programs/quit-for-good/dipfreetxt>) or text **SPIT** to **222888**.

# Resources – Texting options

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➤ **SmokefreeTXT en español:** (<https://espanol.smokefree.gov/consejos-herramientas/smokefreeTXT>)

**¿Para quién es este programa?** Para adultos en Estados Unidos que hablan español y que están listos para dejar de fumar. Este programa es ofrecido por Smokefree.gov del Instituto Nacional del Cáncer.

**¿Cómo funciona?** Inscríbese con el siguiente formulario o envíe un mensaje de texto con la palabra **ESP** al **47848**. Recibirá mensajes de texto diarios para apoyarlo a dejar de fumar desde el código corto **47848** (pueden aplicar tarifas de mensajes y datos). El programa dura de 6 a 8 semanas. Puede optar por no participar en cualquier momento enviando el mensaje de texto **PARAR**.

➤ **SmokefreeVET en español:** (<https://veterans.smokefree.gov/tools-tips-vet/smokefreevetesp>)

**¿Para quién es este programa?** Para adultos en Estados Unidos que hablan español y que están listos para dejar de fumar. Este programa es ofrecido por Smokefree.gov del Instituto Nacional del Cáncer y El Departamento de Asuntos de Veteranos.

**¿Cómo funciona?** Inscríbese con el siguiente formulario o envíe un mensaje de texto con la palabra **VETESP** al **47848**. Recibirá mensajes de texto diarios para apoyarlo a dejar de fumar desde el código corto **47848** (pueden aplicar tarifas de mensajes y datos). El programa dura de 6 a 8 semanas. Puede optar por no participar en cualquier momento enviando el mensaje de texto **PARAR**.

# Resources – Texting options

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- **SmokefreeTXT for Teens:** This program is designed for teens aged 13-17 in the United States who are ready to quit smoking. This program is offered by the National Cancer Institute's Smokefree.gov. Sign up online (<https://teen.smokefree.gov/become-smokefree/smokefreeteen-signup>) or text **QUIT** to **47848**.
- **Practice Quit:** This program is for adults in the US who want to quit, but want to get comfortable with not smoking for short periods of time first. Practice Quit will help you build skills and confidence to quit for good. Or you can try the Daily Challenges program to build skills for becoming smokefree without quitting. This program is offered by the National Cancer Institute's Smokefree.gov. Sign up online (<https://smokefree.gov/tools-tips/text-programs/practice-quitting/practice-quit>) or text **GO** to **47848**.
- **Daily Challenges:** This program is for adults in the US who are thinking about quitting, but aren't ready to stop completely. Daily challenges will help you build your quitting skills—like managing cravings and understanding your triggers. This program is offered by the National Cancer Institute's Smokefree.gov. Sign up online (<https://smokefree.gov/tools-tips/text-programs/practice-quitting/daily-challenges>) or text **GO** to **47848**.

# Resources – Tools and Apps

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## Smartphone Apps:

- **Smokefree.gov: QuitGuide** (<https://smokefree.gov/tools-tips/apps/quitguide>) – QuitGuide is a free app that helps you understand your smoking patterns and build the skills needed to become and stay smokefree. Use the app to track your cravings by time of day and location, and get motivational messages for each craving you track.
- **Smokefree.gov: QuitSTART** (<https://smokefree.gov/tools-tips/apps/quitstart>) – The quitSTART app is a free smartphone app that helps you quit smoking with tailored tips, inspiration, and challenges.
- **NCI QuitPal App:** [NCI QuitPal is a free smartphone app](#) developed by the [National Cancer Institute](#) of the National Institutes of Health to support smokers working to become smoke-free. This interactive app, available on the [iOS platform](#), was developed using proven quit strategies and tools to help change behavior and assist people with giving up smoking.

## Other tools available online:

- **Smokefree.gov: Free Resources to Help you Quit** (<https://smokefree.gov/tools-tips/get-extra-help/free-resources>) – Get free tools, guides, and resources designed to help you quit and stay quit.
- **Help Others quit:** Quitting smoking is hard, but your support can be an important part of a loved one's smoking cessation experience. Not sure how to help? Want tips for being a more effective part of your quitter's support system? Understand what smokers go through when they quit and how you can be there for them throughout the process. (<https://smokefree.gov/help-others-quit>)

# Resources – Websites

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- **[Smokefree.gov](https://www.smokefree.gov)** – The National Cancer Institute provides free information and professional help to people trying to quit smoking. This site is also available in *Spanish* (<https://espanol.smokefree.gov/>).
- **[Smokefree Teen](https://teen.smokefree.gov/)** (<https://teen.smokefree.gov/>)
- **[Smokefree Women](https://women.smokefree.gov/)** (<https://women.smokefree.gov/>)
- **[Smokefree Vet](https://veterans.smokefree.gov/)** (<https://veterans.smokefree.gov/>)
- **[You Can Quit 2 \(For Military Personnel- https://www.ycq2.org/\)](https://www.ycq2.org/)** – Sponsored by the U.S. Department of Defense, helps U.S. service members and veterans quit tobacco.
- **[BeTobaccoFree.gov](https://www.be-tobacco-free.gov/)** – U.S. Department of Health and Human Services provides free information and tools for quitting.
- **[Become an Ex](https://www.becomeanex.org/)** (<https://www.becomeanex.org/>) – Helps you "re-learn your life without cigarettes," and helps you develop a free personalized quit plan.
- **[CDC: Smoking and Tobacco Use](https://www.cdc.gov/tobacco/quit_smoking/index.htm)** ([https://www.cdc.gov/tobacco/quit\\_smoking/index.htm](https://www.cdc.gov/tobacco/quit_smoking/index.htm)) – Provides quitting advice, the latest research and news on tobacco use, publications to order, and an array of useful links. This site is also available in *Spanish* (<https://www.cdc.gov/spanish/vidasaludable/>).
- **[Truth Initiative Resources](https://truthinitiative.org/research-resources)** (<https://truthinitiative.org/research-resources>) – In partnership with the Schroder Institute, this site provides the latest facts and analyses on the most important issues in tobacco and substance use.

# Resources – Websites

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- **American Cancer Society:** <https://www.cancer.org/>
- **American Heart Association:** <https://www.heart.org/>
- **American Lung Association:** <http://ala2.pub30.convio.net/>
- **Texas Health and Human Services:** <https://www.dshs.state.tx.us/tobacco/TYTAP/>
- **Nicotine Anonymous:** <https://www.nicotine-anonymous.org/>
- **CDC: Smoking and Tobacco Use** ([https://www.cdc.gov/tobacco/quit\\_smoking/index.htm](https://www.cdc.gov/tobacco/quit_smoking/index.htm)) – Provides quitting advice, the latest research and news on tobacco use, publications to order, and an array of useful links. This site is also available in **Spanish** (<https://www.cdc.gov/spanish/vidasaludable/>).
- **Truth Initiative Resources** (<https://truthinitiative.org/research-resources>) – In partnership with the Schroder Institute, this site provides the latest facts and analyses on the most important issues in tobacco and substance use.
- **National LGBT Cancer Network:** Smoking and e-cigarettes hurt LGBTQ+ communities' physical, financial, mental health, and so much more. **Out Proud Free** provides ways you can take action to improve our health and to reduce the impact of tobacco in our communities.

# Resources – Smokeless Tobacco

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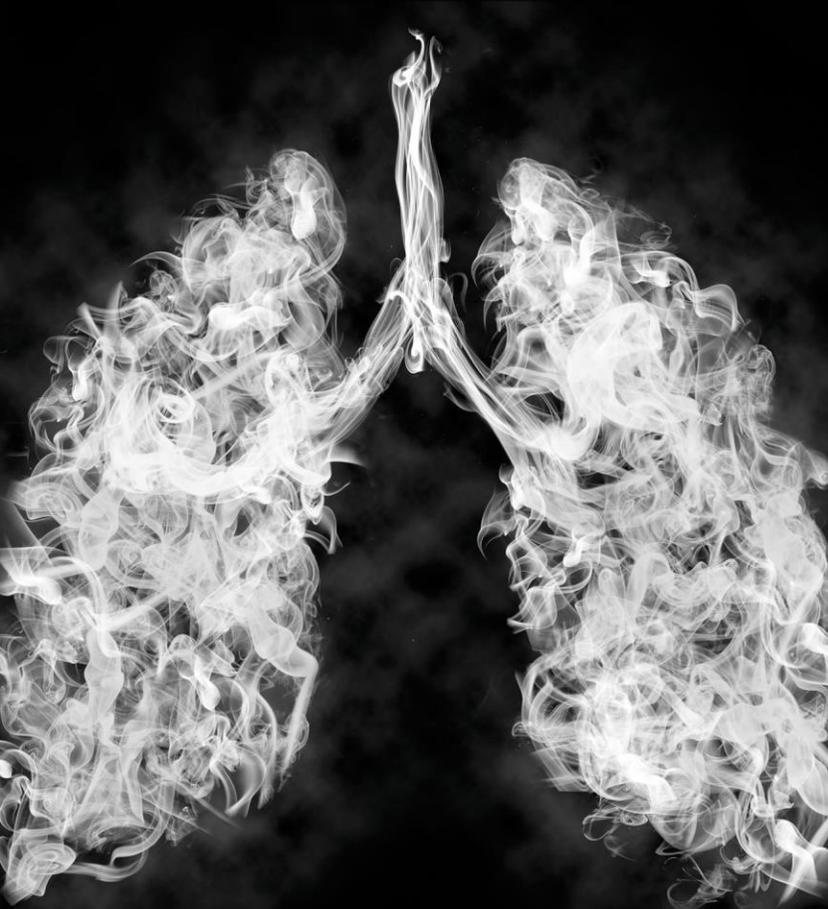
- **National Institutes of Health: [Smokeless Tobacco: A Guide for Quitting](https://www.nidcr.nih.gov/health-info) (<https://www.nidcr.nih.gov/health-info>)** – Booklet includes reasons to quit, addresses myths about smokeless tobacco, and helps you develop a plan for quitting.
- **American Cancer Society: [Guide to Quitting Smokeless Tobacco](https://www.cancer.org/healthy/stay-away-from-tobacco/guide-quit-smoking/other-ways-to-quit-smoking.html) (<https://www.cancer.org/healthy/stay-away-from-tobacco/guide-quit-smoking/other-ways-to-quit-smoking.html>)** – Provides information about smokeless tobacco, reasons for quitting, and information to help you quit.
- **American Academy of Family Physicians: [Smokeless Tobacco: Tips on How to Stop](https://familydoctor.org/smokeless-tobacco-tips-on-how-to-stop/) (<https://familydoctor.org/smokeless-tobacco-tips-on-how-to-stop/>)** – Provides brief tips to help you quit smokeless tobacco.
- **National Cancer Institute: [SmokefreeVet](https://veterans.smokefree.gov/smokeless-tobacco/how-to-quit) (<https://veterans.smokefree.gov/smokeless-tobacco/how-to-quit>)** – Provides resources to help adult dippers, who are also veterans, quit smokeless tobacco.
- **University of Michigan: [Quitting Smokeless Tobacco](https://www.rogelcancercenter.org/breaking-habits-beating-us/smokeless-tobacco) (<https://www.rogelcancercenter.org/breaking-habits-beating-us/smokeless-tobacco>)** – Provides information on the health consequences of smokeless tobacco and resources to help quit smokeless tobacco.
- **Mayo Clinic: [Chewing Tobacco: Not a Safe Product](https://www.mayoclinic.org/healthy-lifestyle/quit-smoking/in-depth/chewing-tobacco/art-20047428) (<https://www.mayoclinic.org/healthy-lifestyle/quit-smoking/in-depth/chewing-tobacco/art-20047428>)** – Provides information on the facts about chewing tobacco and other forms of smokeless tobacco.
- **DipfreeTXT: This is a free texting program designed for young adults in the US who are ready to quit dip. This program is offered by the National Cancer Institute’s Smokefree.gov. Sign up online (<https://smokefree.gov/tools-tips/text-programs/quit-for-good/dipfreetxt>) or text **SPIT** to **222888**.**

# Resources – TTTF Website

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- **Youth Prevention and Cessation Initiatives:** Resources for youth smoking/vaping prevention and cessation. ([https://www.takingtexasobaccofree.com/\\_files/ugd/4340b9\\_0c5c551f85a34475b22cf6ec88376c63.pdf](https://www.takingtexasobaccofree.com/_files/ugd/4340b9_0c5c551f85a34475b22cf6ec88376c63.pdf))
- **Resources for youth smoking/vaping prevention and cessation:** American Lung Association N-O-T: Not on Tobacco smoking and vaping cessation program and other resources to help youth quit vaping. ([https://www.takingtexasobaccofree.com/\\_files/ugd/4340b9\\_bff85f0da7ef4aad8e482aba8960fdaf.pdf](https://www.takingtexasobaccofree.com/_files/ugd/4340b9_bff85f0da7ef4aad8e482aba8960fdaf.pdf))
- **Office Reminder Tools:** Tools for providers that can be used in the office during patient interactions as a reminder of the 5A's and 5R's of treating tobacco use.
  - [5A's Provider One-Sheet](#)
  - [5R's Provider One Sheet](#)
  - [5A's Badge Cards](#) (3.5" x 2.25")
  - [5R's Badge Cards](#) (3.5" x 2.25")
- **Additional Provider Materials:** <https://www.takingtexasobaccofree.com/provider-materials>
- **Downloadable Materials:** Available in English, [Spanish](#), [Chinese](#), [French](#), [Vietnamese](#), [Japanese](#), and [Farsi](#). (<https://www.takingtexasobaccofree.com/download-center-home>)

# QUESTIONS?



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## REACH OUT TO US

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- Articles, presentations, fact sheets
- Tobacco-free worksite implementation guide
- Videos
- Posters
- Quit plans
- Training module
- Provider tools



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