

Tobacco Dependence: Education and Training for Opioid Use Treatment Programs

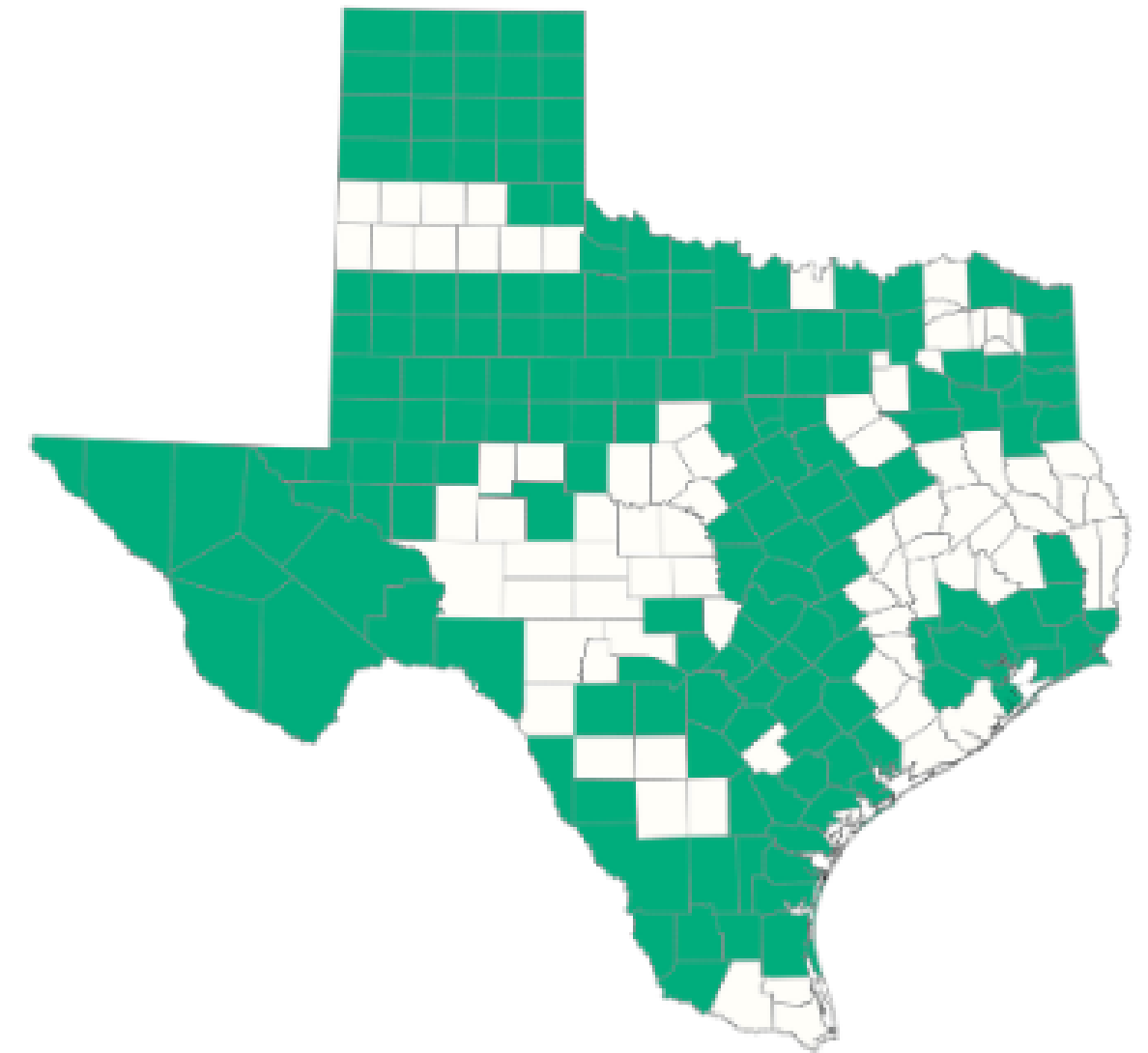


Agenda

1. Mission, History, and Why.
2. Risks of Tobacco Use
3. Smoking and Substance Use/Mental Health Disorders
4. Tobacco and Pain/Opioid Use Connections
5. Evidence-Based Treatments for Tobacco
6. Tobacco-Free Environment
7. Resources

Mission

Project OUTPACE Tobacco (Opioid Use Treatment Programs Advancing Cessation Efforts) promotes wellness among Texans by partnering with treatment centers to build capacity for system-wide, sustainable initiatives that will reduce tobacco use and secondhand smoke exposure among employees, patients, and visitors.



Local Mental Health Authorities

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)

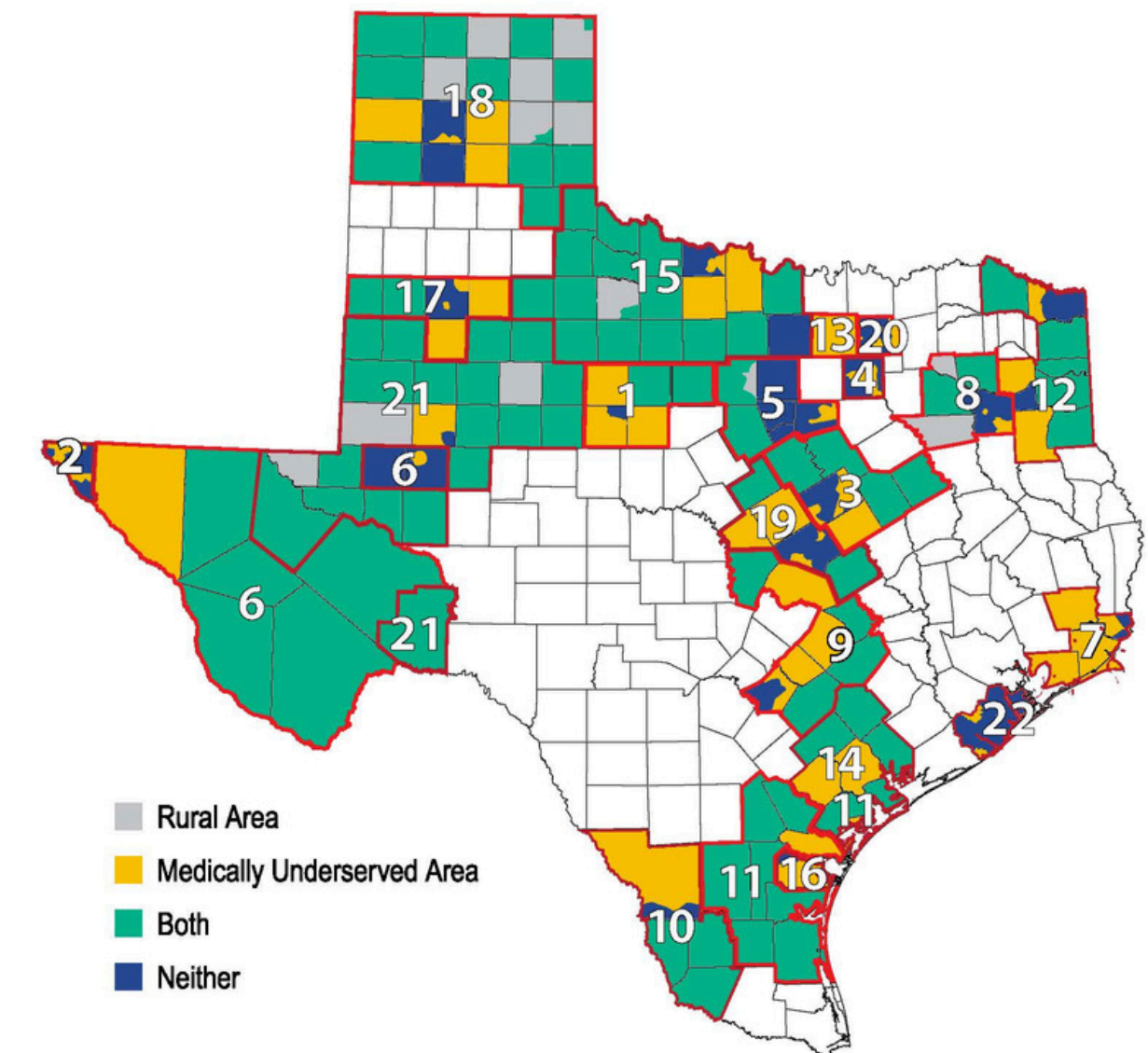
- 12) Community Healthcare (Longview)
- 13) Denton County (Denton)
- 14) Gulf Bend Center (Victoria)
- 15) Helen Farabee Center (Wichita Falls)
- 16) Nueces County (Corpus Christi)
- 17) Starcare Centers (Lubbock)
- 18) Texas Panhandle Center (Amarillo)

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)



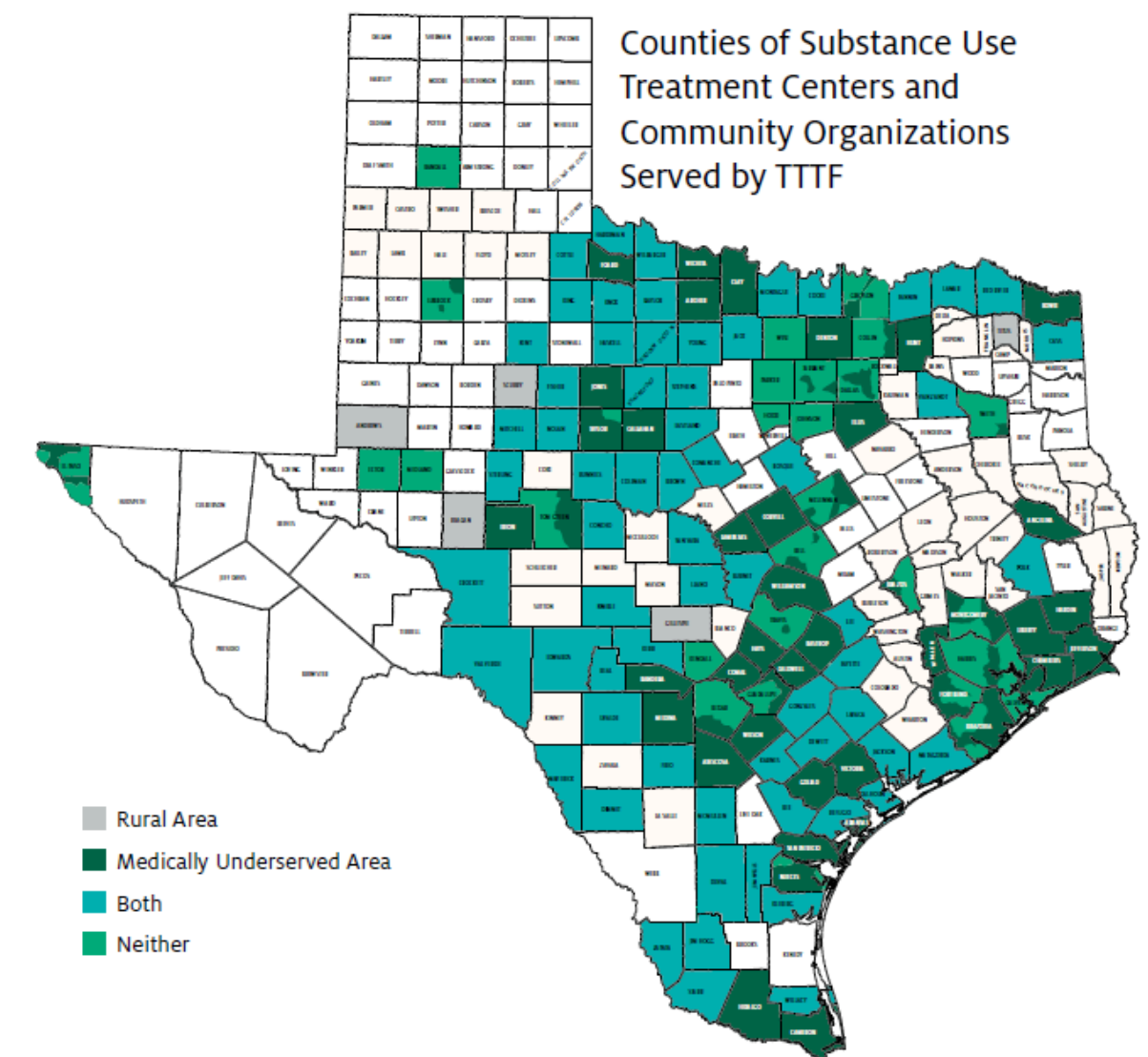
Each Local Mental Health Authority (LMHA) adopted and implemented a 100% tobacco-free workplace program. Both patients and staff made quit attempts and were supported by our program.

Substance Use Treatment & Community Center Partners

- 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)

- L-H Transitional Center
- Grace Counseling
- Endeavors
- Serenity Center
- Abilene Recovery Council
- Pecos Children's Center
- Son Shine Lighthouse
- MHMR Concho Valley
- Aliviane
- Harmony Road Recovery

Among prior partners
have been 7 opioid
addiction treatment
centers.



Implementation and Outcomes of a Comprehensive Tobacco Free Workplace Program in Opioid Treatment Centers

Article

Implementation and Outcomes of a Comprehensive Tobacco Free Workplace Program in Opioid Treatment Centers





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Table 3. Intervention provision from pre- to post-implementation among responding clinicians (6 opioid addiction treatment centers).

Intervention Query Items	Pre	Post	p-Value
With Regard to Clientele that You Saw Last Month Who Smoked, Did You...	% (n) Endorsing Yes *		
Ask clientele about their smoking status? † (Pre: 91.7%; Post: 96.4%)	78.8 (26)	92.6 (25)	0.0758
Advise them to quit smoking? † (Pre: 83.3%; Post: 92.9%)	83.3 (25)	96.2 (25)	0.094
Assess their willingness to make a quit attempt? † (Pre: 83.3%; Post: 96.4%)	80.0 (24)	85.2 (23)	0.3491
Assist them to quit by providing treatment or making a referral for treatment? † (Pre: 83.3%; Post: 96.4%)	53.3 (16)	74.1 (20)	0.0553
Arrange to follow up with them to assess their progress regarding smoking cessation? † (Pre: 83.3%; Post: 96.4%)	63.3 (19)	74.1 (20)	0.2827
What types of treatment do you typically provide for cigarette smokers and/or other tobacco users?	% (n) Endorsing Yes *		p-value
Behavioral counseling	25.0 (9)	39.3 (11)	0.2213
Nicotine replacement therapy (e.g., nicotine patch, gum) or referral/recommendation for such	22.2 (8)	71.4 (20)	<0.0001
Non-nicotine based medications (e.g., Chantix) or referral for such	8.3 (3)	14.3 (4)	0.6894
I do not typically provide treatment for smokers or other tobacco users	47.2 (17)	21.4 (6)	0.0329

Note: * Respondents could skip items not relevant to their job duties; thus, percentages are calculated based on the number of item respondents; NRT: nicotine replacement therapies; † item response rate.



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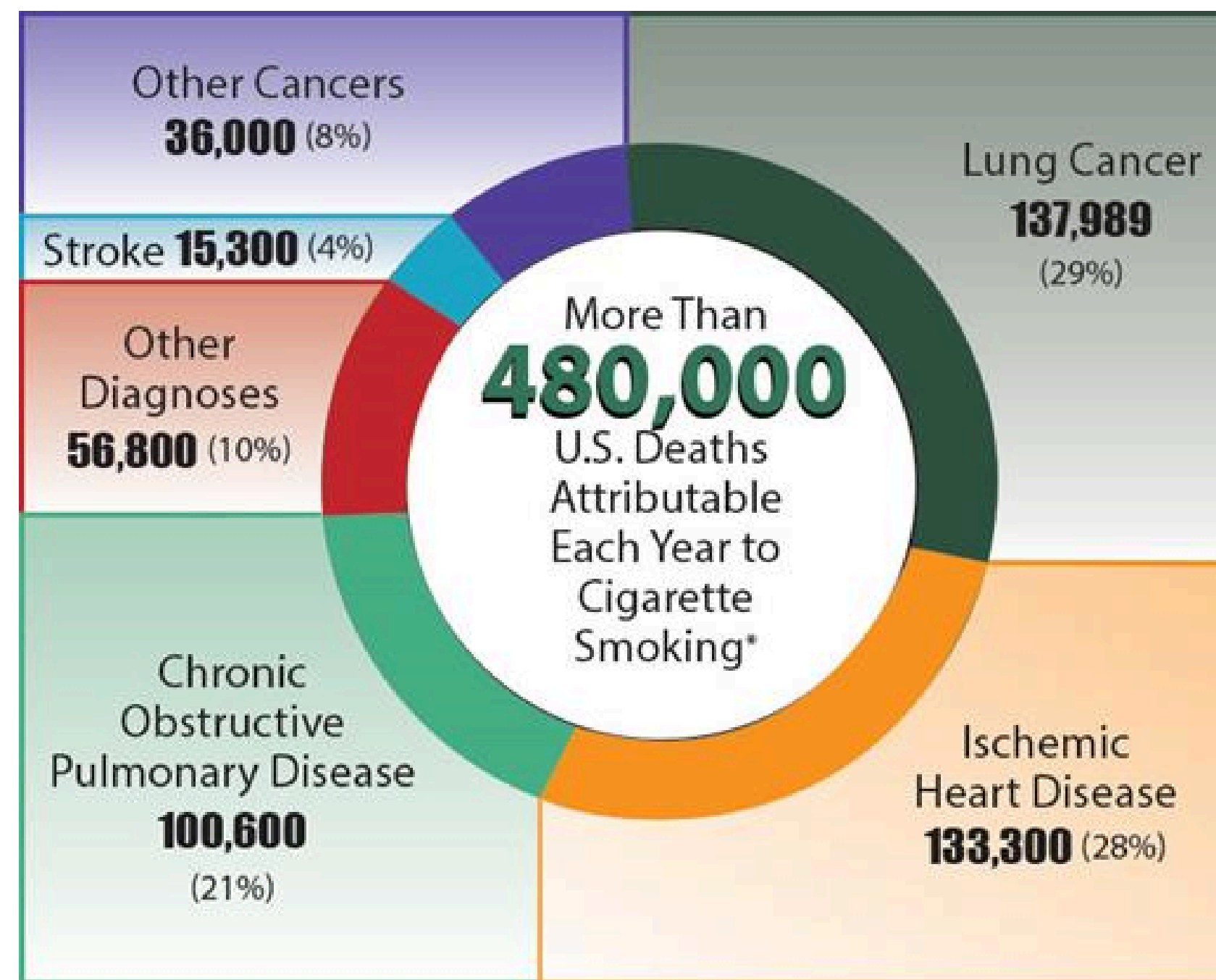
The Risks of Tobacco Use

Hazards of Smoking



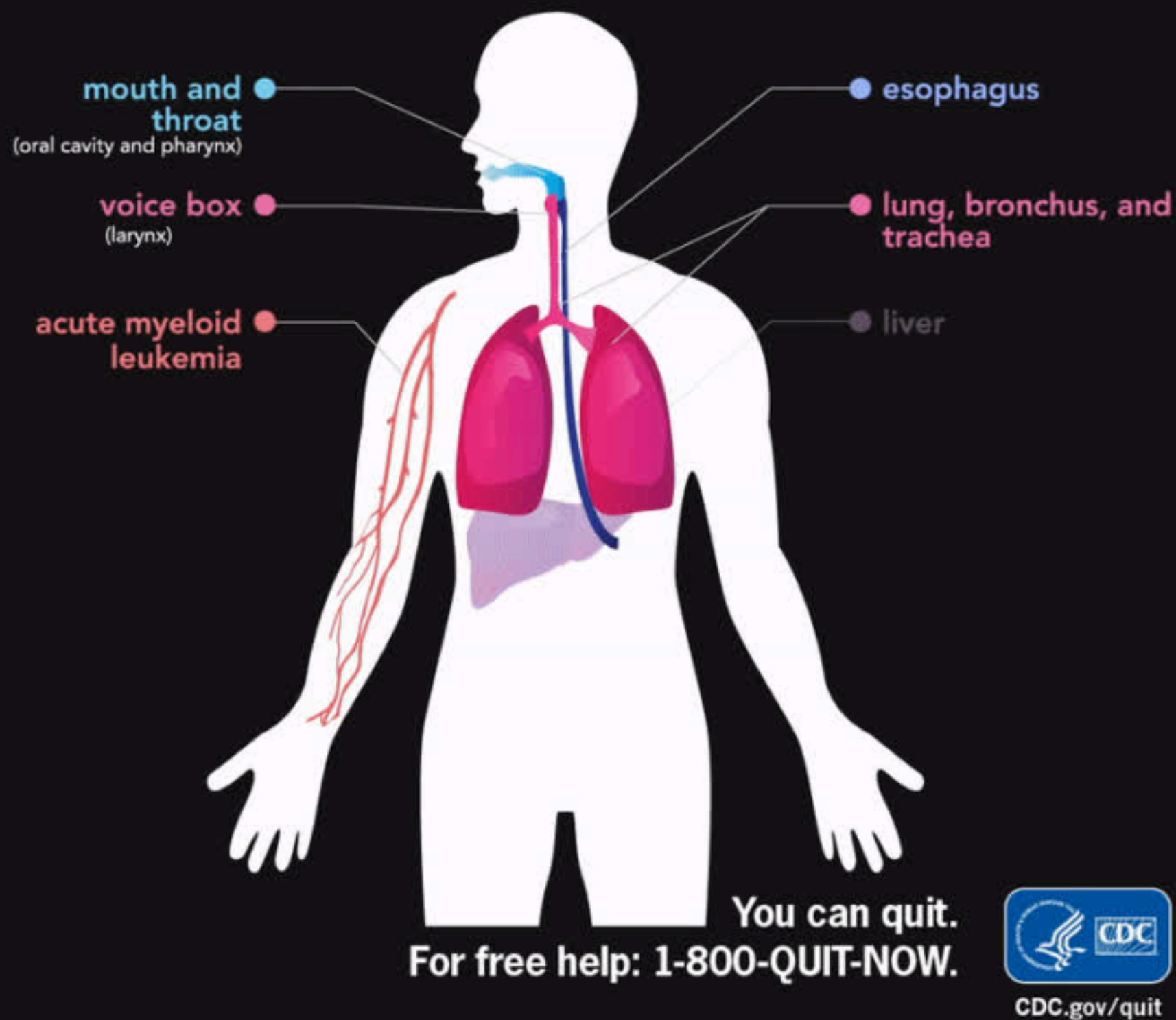
Smoking is the leading preventable cause of death and disability in the United States

- Smoking causes more than **480,000** deaths each year
- About **1 in 5 deaths** is related to smoking



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.



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)
- Any other tobacco-containing product that is not smoked

These products contain harmful chemicals and are **not a safe alternative.**

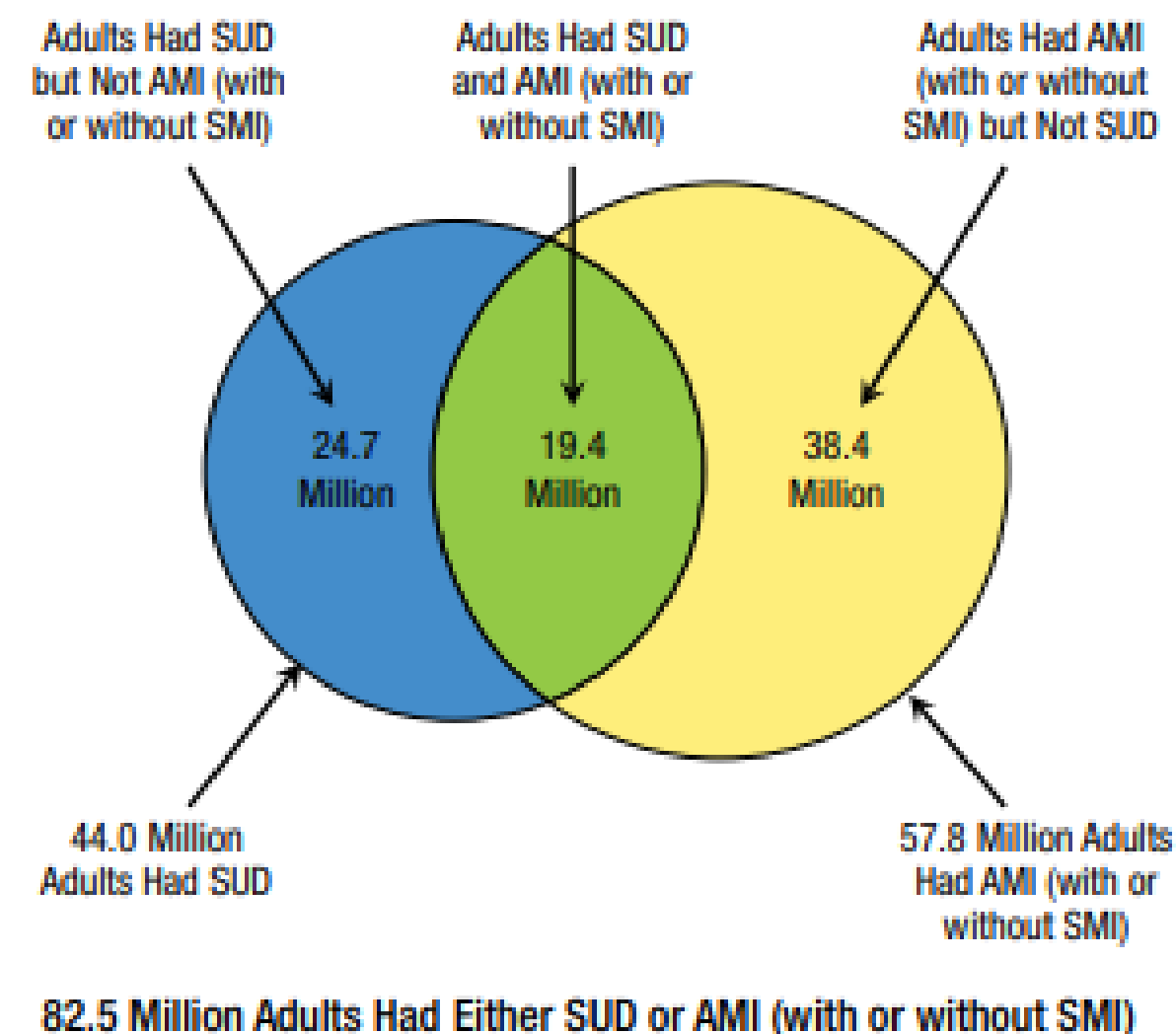


Smoking and Substance Use/Mental Health Disorders

Co-occurring Substance Use & Mental Health Disorders

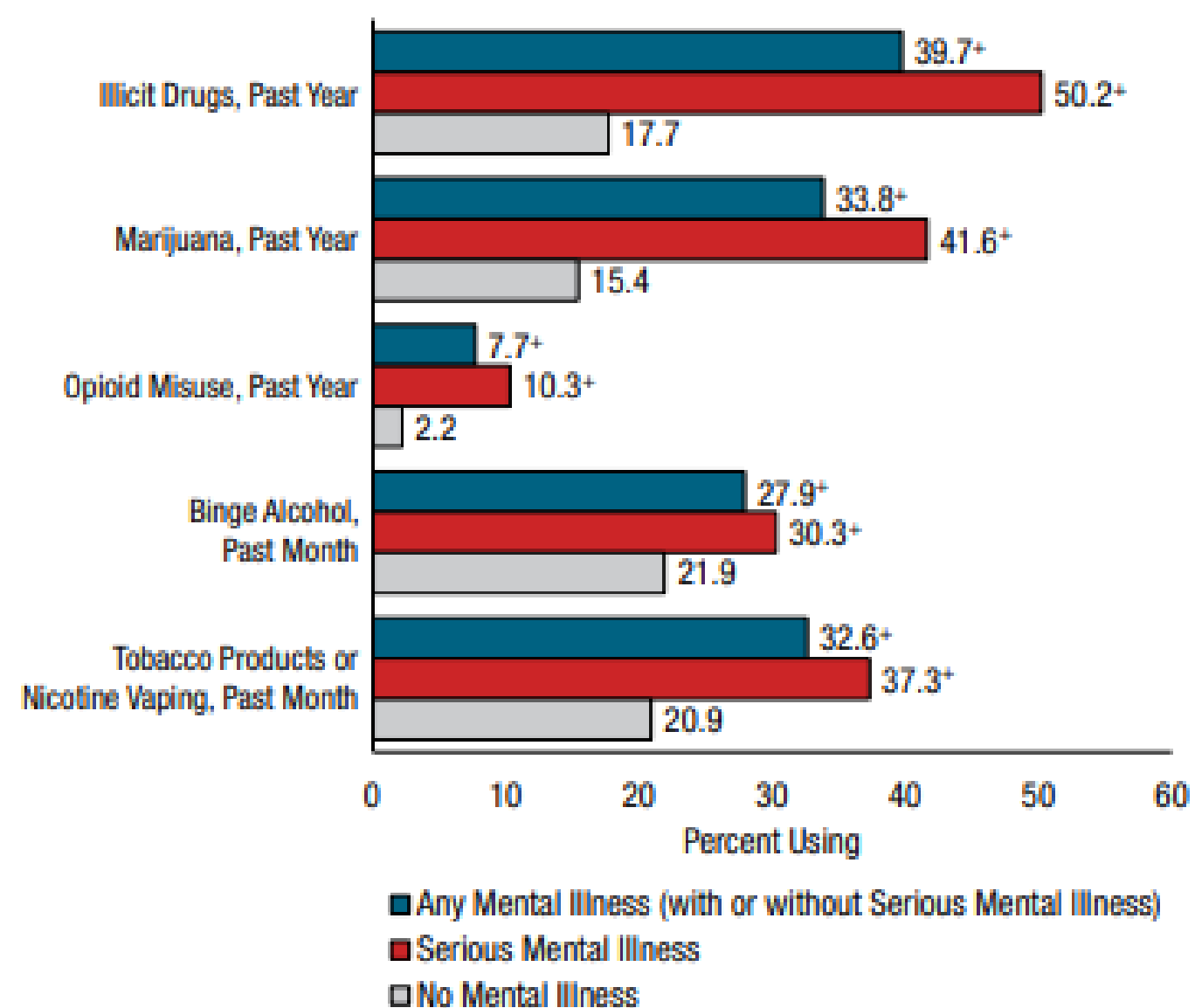
- Individuals with a (non-nicotine) substance abuse or mental health disorder represent about **25% of the United States population** but **consume about 40% of all cigarettes sold to adults**.
- 70-85% of people with schizophrenia and 50-70% of people with bipolar disorder smoke.
- 70-87% of adults 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.

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

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

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 of social support systems
- Widespread misconceptions and myths about dual tobacco and substance use
- **Perceived benefits of tobacco use on stress and anxiety reduction** (CDC. Vital Signs, Feb. 2013)

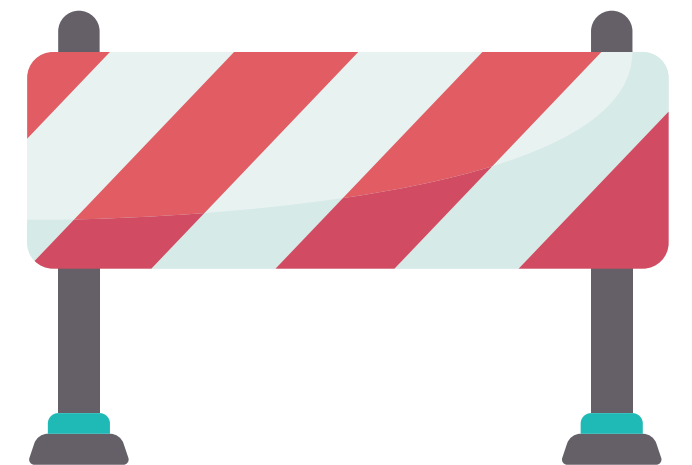


Barriers to Intervention



Many substance use treatment providers are reluctant to address tobacco use during treatment because:

- Lack necessary knowledge and training about cessation treatments
- Low confidence in their abilities to deliver cessation treatments
- There is a belief that it will negatively impact a person's recovery from opioid use and that quitting tobacco is impossible for people in opioid use treatment



Tobacco and Pain Connections

Tobacco Use and Pain Connections

- **Smoking has short-term pain-relieving properties, but this fades away with time and continued smoking**
 - Smoking increases long-term pain – 50% of patients seeking pain treatment smoke (although only 11.5% of the overall U.S. adult population smokes)
- **Former and current smokers are more likely to have lower back pain, with increasing associations as duration/intensity of pain increases**
 - Smoking is associated with accelerated bone loss, faster/greater disc degeneration
- **Smoking is a well-established risk factor for rheumatoid arthritis (RA)**
 - 2x greater for men; 1.3x greater for women relative to nonsmokers
 - Smoking increases UTIs, UTIs associated with RA
 - Smokers have higher concentrations of serum Rheumatoid factor



Tobacco Use and Pain Connections

Smoking is associated with headaches

- Smokers were 1.5 times more likely to report headaches than nonsmokers
- 80–90% of all cluster headache patients have a significant history of smoking tobacco
- Smoking may increase the sensitivity of pain receptors in the brain
- Smoking causes common headache meds to be metabolized more quickly, reducing their efficacy.



Smoking is associated with 30% greater chance of experiencing tooth pain, mouth ulcers, oral pain

- Smokers have reduced salivary flow, progressive tooth decay, poor wound healing, and periodontal disease-associated exposure of root surfaces

Tobacco Use and Pain Connections

- **Smoking is associated with prevalence/severity of:**
 - Fibromyalgia; Menstrual pain; Pregnancy-related pelvic pain
 - HIV-related bodily pain; painful temporomandibular joint disorders
 - Pain associated with osteoarthritis and sickle cell disease
- **Smokers in pain (both postoperative and in the general population) use more pain-relieving medications than nonsmokers**
 - Increased pain sensitivity may be function of chronic exposure to nicotine and tobacco smoke, which can sensitize pain receptors
- **Smokers seeking treatment for chronic pain had more maladaptive behaviors to deal with their pain relative to nonsmokers**
 - Decreased activity, increased medication reliance, and greater emotional distress



Opioid & Tobacco Dependence Connections

Opioid & Tobacco Dependence Connections

Nicotine and opioid addictions are mutually reinforcing

People with opioid use disorders are more likely to smoke, and tobacco use is a strong predictor of prescription opioid misuse

Nicotine addiction may be a primer for other drug addiction and assist with development of tolerance

- Due to similar neuro-pathways and dopamine release by nicotine
- Adolescent exposure to nicotine increases susceptibility to opioid addiction in adulthood
- Continuous exposure to nicotine might disrupt the body's natural opioid system, causing increased pain and reduced responsiveness to opioid medications
- Nicotine may enhance the reinforcing properties of opioids
- Smoking cessation is associated with long-term abstinence following treatment for opioid use disorder, suggesting a link between the neurobiology of nicotine and opioid addiction

Misunderstandings That Get In the Way of Delivering Care

Myths:

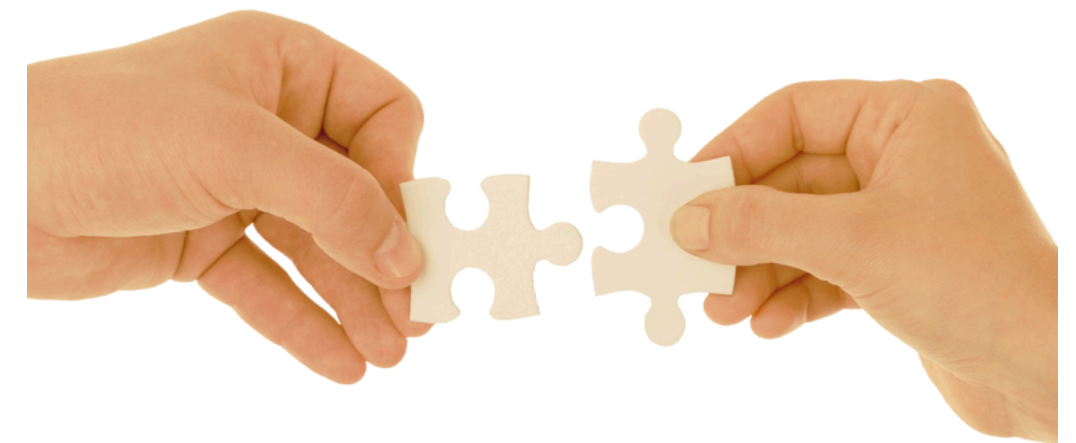
- Patients don't want to quit
- Patients can't quit
- Quitting will jeopardize substance use recovery

Facts:

- Patients are as motivated to quit as smokers without SUDs
- Patients can quit, especially when offered proven treatments
- Quitting smoking lowers risk of relapse and substance use and promotes abstinence. It ALSO reduces stress and depression and increases quality of life

So, What Does This All Mean...

- This information suggests a significant relationship between smoking and opioid use. It indicates that reducing smoking could potentially lead to lower opioid use and higher completion rates in opioid treatment programs.
- Additionally, interventions like using Naltrexone or Varenicline may offer opportunities to address smoking habits and potentially ease withdrawal symptoms for those in opioid treatment.
- The shared receptor genes might be a key factor linking smoking cessation and alleviating opioid withdrawal symptoms.



Addressing Tobacco Use and Recovery

Reasons to Address Tobacco Use in this Setting

- **Smoking is associated with greater opioid use**
 - Decreasing smoking could lessen patients' opioid use
- **Smoking is associated with a 74% increase in opioid treatment program non completion**
 - If you do not deal with tobacco use, patients may not complete their care for opioid misuse
- **Naltrexone is associated with lower desire to smoke and less pleasure from smoking**
 - An opportunity to try to quit when quitting may be easier
- **People in opioid treatment reported less opioid withdrawal symptoms if being treated with varenicline to quit smoking**
 - Smoking cessation may help ease opioid withdrawal due to shared receptor genes

Reasons to Address Tobacco Use in this Setting

- This is a therapeutic opportunity for opioid use patients to try to be without tobacco to see how it feels.
- Given the associations between addressing tobacco use and things that can positively affect opioid misuse recovery... addressing patients' tobacco use and building their motivation to quit over time is a part of **overall wellness and care provision, consistent with the mission of many opioid addiction treatment programs.**

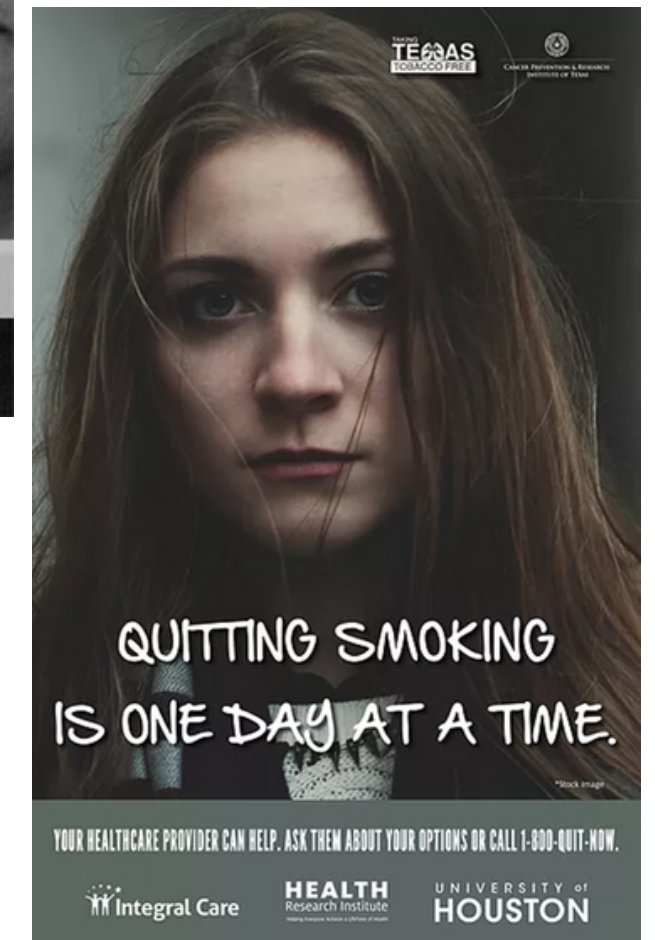


Tobacco Use and Recovery



Quitting smoking does not jeopardize sobriety or treatment outcomes:

- Smoking cessation interventions are 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
- Improvements are greater than or equal to effect of antidepressants for depressive and anxiety disorders (Taylor et al., 2014)



Not Treating Tobacco Dependence has Negative Treatment Outcomes

Treatment Outcomes for Smokers

Increased opioid withdrawal

Increased cravings

Lower detox completion/ Methadone taper

Clinicians often believe smoking has positive psychological functions, but it doesn't!

Use smoking as an indirect coping strategy

Reinforces coping through addiction

Perceived stress reduction is often relief of withdrawal symptoms

**Smoking cessation correlated with opiate and cocaine abstinence.
Stopping smoking in the 1st year of substance use treatment predicted successful
long-term sobriety (alcohol and other drugs).**

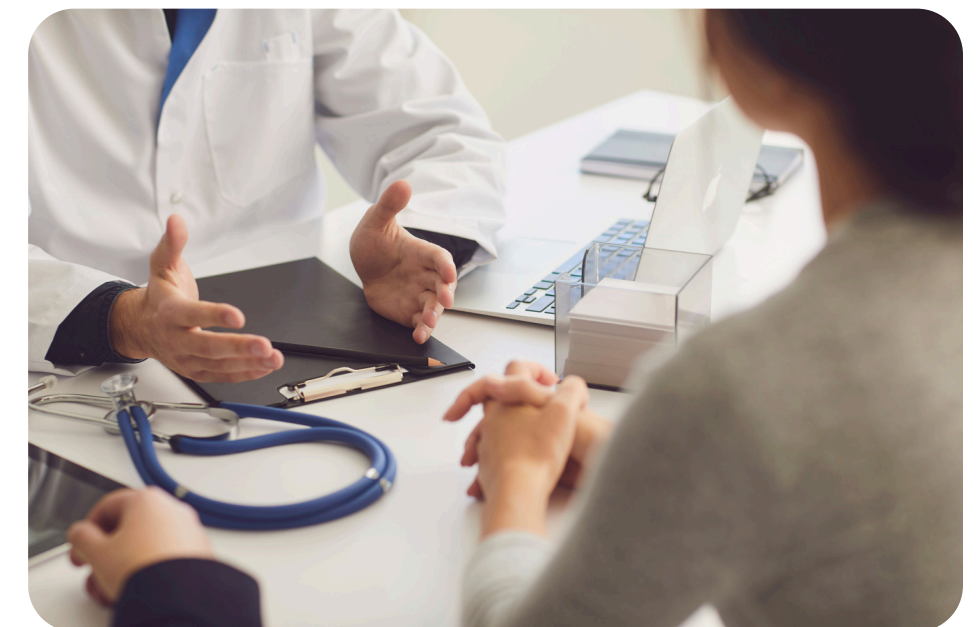
Medication Assisted Treatment: A Paradigm Shift

Medication Assisted Treatment – works for opioid and tobacco dependence

- Combination of behavioral interventions and medications
- Highly effective treatment option for opioid and tobacco dependence
- Reduces illicit drug/continued use and overdose/early deaths

Evidence-based treatments are available to help people quit

- It is vitally important for clinicians to assess for tobacco use and treat tobacco use among opioid users, this includes all forms of tobacco (e.g., ENDS use)



Focus on the Process, Not Outcome

Quitting smoking is difficult, not unlike quitting other drugs...

- From the patient perspective: It often takes many tries
- From the provider perspective: It can be frustrating if people are unsuccessful

We strive for sobriety/abstinence from opioids, but we do not have control over the outcomes... so we focus on elements of the process toward achieving the goal

- A similar approach can be considered for treating tobacco use
- We should not pressure people; even small steps toward tobacco abstinence are a success! Watch your patients get ready to quit and walk alongside them



Challenge of Psychotropic Medications and Tobacco Use

Medications

- Lethargic
- Weight gain
- Insomnia, lack of concentration
- Nervous/anxiety

Tobacco

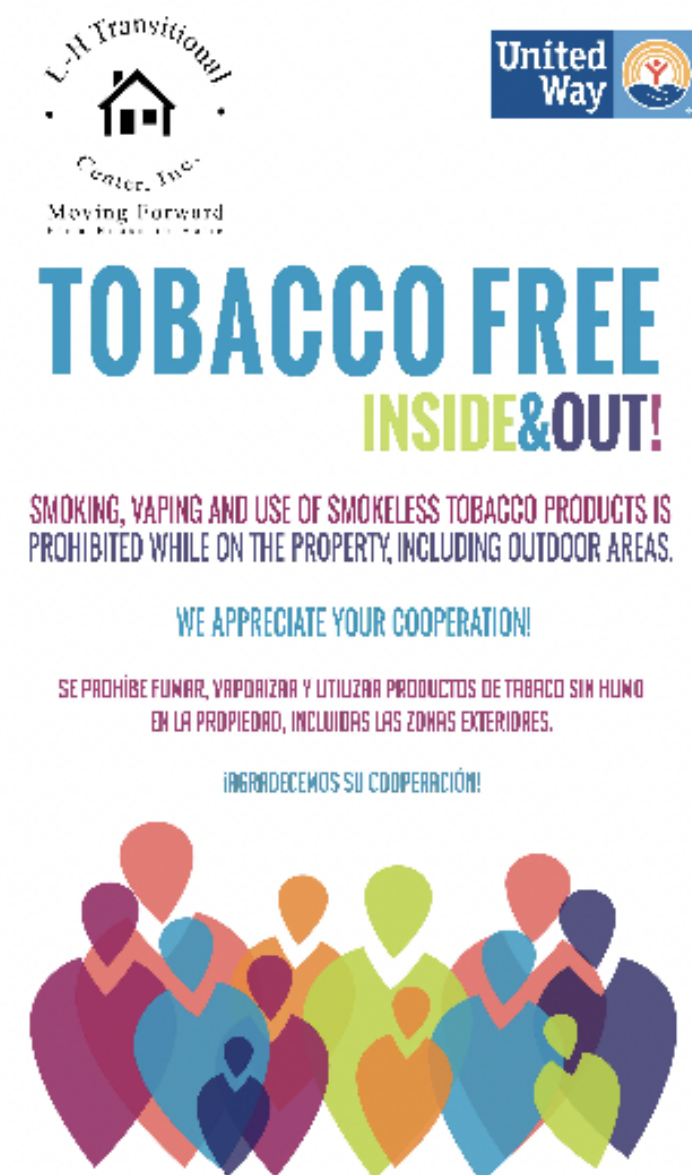
- Boost energy
- Appetite suppressant
- Help focus, improves concentration
- Provides sense of relaxation/well-being

- Nicotine does offset some side effects from psychotropic medications.
- This does not justify not helping clients quit tobacco.
- Clients may use tobacco for the immediate relief of stress, but in the long-run, tobacco increases stress.
- Nicotine replacement therapy can reduce anxiety attributed to nicotine withdrawal.

What Can and Should Be Done

By Substance Use Professionals & Treatment Centers

- Make quitting tobacco part of an overall approach to wellness for clients and employees
- Assess clients for tobacco use and offer evidence-based treatments to quit tobacco – will discuss electronic cigarettes later
- Monitor substance use and adjust any psychiatric medication as needed (<http://www.takingtexastobaccofree.com/toolkit>)
- Make workplace 100% tobacco-free
- Stop practices that encourage tobacco use (cigarettes as rewards, smoke breaks during groups, staff smoking with clients, etc.)



Evidence-based Treatments for Tobacco Dependence



Using the 5 A's

(Ask, Advise, Assess, Assist, Arrange)



Ask - about current tobacco use

Advise- to quit

Assess - willingness to make a quit attempt

Assist - the quit attempt

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

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

Ask – every patient, at every visit about their tobacco use (e.g., "Do you smoke, even once in a while?")

Advise – them to quit using tobacco products (e.g., "Quitting is one of the most important things you can do to improve your overall health.")

Assess – their desire to quit smoking (e.g., "Do you have a desire to quit smoking in the next 30 days?")

Assist – 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?")

Arrange – 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.")



Scan here to
download your 5 A's
badge card today!

Using the 5 R's

(Relevance, Risks, Rewards, Roadblocks, Repetition)

USING THE 5R's

RELEVANCE of their current tobacco use and reasons to stop.

RISKS of continued tobacco use.

REWARDS of tobacco cessation.

ROADBLOCKS to a successful quit attempt.

- Need counseling referral?
- Medication or NRT?
- Any additional resources?

REPETITION of all 5R's in each contact with currently unmotivated tobacco users.

RELEVANCE: "What do you think the overall impact is to your health?"

RISKS: "Do you have children who may be exposed to the secondhand smoke?"

REWARDS: "You've had several visits this year for your asthma, can you tell me how quitting smoking might help your asthma symptoms?"

ROADBLOCKS: "You've talked about being concerned about withdrawal symptoms, would you like to talk about nicotine replacement therapy?"

REPETITION: Patients with a failed quit attempt should be advised that most people make multiple quit attempts before they are successful.



Scan here to
download your 5 R's
badge card today!

Why Use Nicotine Replacement Therapy?

NRT

Helps relieve physical withdrawal symptoms

Addresses the physiological need

Delivers lower levels of clean nicotine



Tobacco Treatment Medications

	Patches	Gum	Lozenge	Varenicline (most effective)	Bupropion (Zyban/Wellbutrin)
Strength	21, 14, 7 mg	2, 4 mg		.5, 1 mg	150 mg SR (sustained release) 300 mg XL (extended release)
Dosing	1 patch/ 24 hours	1 piece every 1-2 hours		<ul style="list-style-type: none">• Days 1-3: .5 mg every morning• Days 4 - 7: .5 mg twice daily• Day 8 – end of treatment: 1 mg twice daily	Days 1-3: 150 mg once in AM Day 4 – end: 150 mg twice daily or may take 300 mg XL once a day
Advantages	Private Once a day	Offset cravings Reduces dependence		High success rates	Also treats depression
Adverse Reactions	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.



Tobacco Treatment Medications



	Patches	Gum	Lozenge
Strength	21, 14, 7 mg	4, 2 mg	
Dosing	1 patch every 24 hours <ul style="list-style-type: none">Any patient smoking 5 or more cigarettes a day should be recommended a patch	1 piece every 1-2 hours <ul style="list-style-type: none">To improve chances of quitting, use at least 8 pieces per dayInstruct patients to set an alarm on their phone to remind them, this will help them keep track and avoid nicotine withdraws	
Advantages	Private Once a day	Offset cravings Reduces dependence	
Adverse Reactions	Skin reaction Sleep disturbance	Mouth soreness Hiccups	Indigestion Hiccups Insomnia





Tobacco Treatment Medications

	Varenicline (most effective)	Bupropion/Zyban/Wellbutrin
Strength	1, .5 mg	300 mg XL (extended release) 150 mg SR (sustained release)
Dosing	Set quit date and start medication at least 1 week before <ul style="list-style-type: none">• Days 1-3: .5 mg every morning• Days 4-7: .5 mg twice daily• Day 8-end of treatment: 1 mg twice daily	Days 1-3: 150 mg once in AM To start 1-2 weeks before quit date Day 4-end of treatment: 150 mg twice daily or may take 300 mg XL once a day
Advantages	High success rates	Also treats depression
Adverse Reactions	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.

- About **44%** of people who use Varenicline and are talking to a counselor, quit coach or getting some type of support, successfully quit using tobacco products. It works very well for the people who can tolerate it.



Medications for Tobacco Users - Summary

Medication Type	Availability
Nicotine Patch	Over the counter
Nicotine Gum	Over the counter
Nicotine Lozenge	Over the counter
Nicotine Nasal Spray	Prescription only
Varenicline	Prescription only
Bupropion (Zyban/Wellbutrin)	Prescription only

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 1-1.8 mg of nicotine with every cigarette.
- There are **20 cigarettes in a pack of cigarettes**. So, a person smoking a pack of cigarettes per day should start **with at least 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.

“How To Use” Videos Available

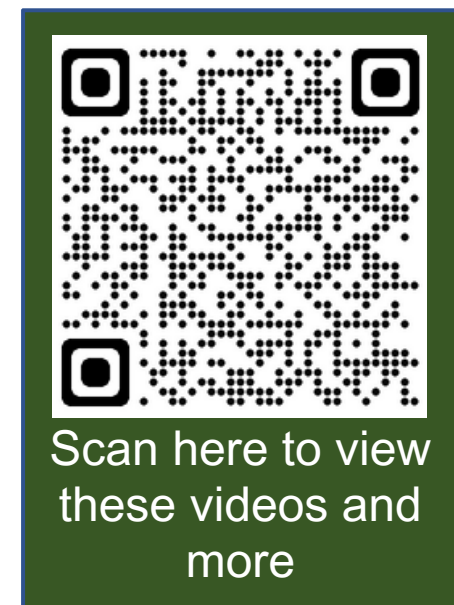
How to Use Nicotine Patches



How To Use Nicotine Lozenges



How To Use Nicotine Gum



Step Down Instructions For Patches

Step down instructions can also 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

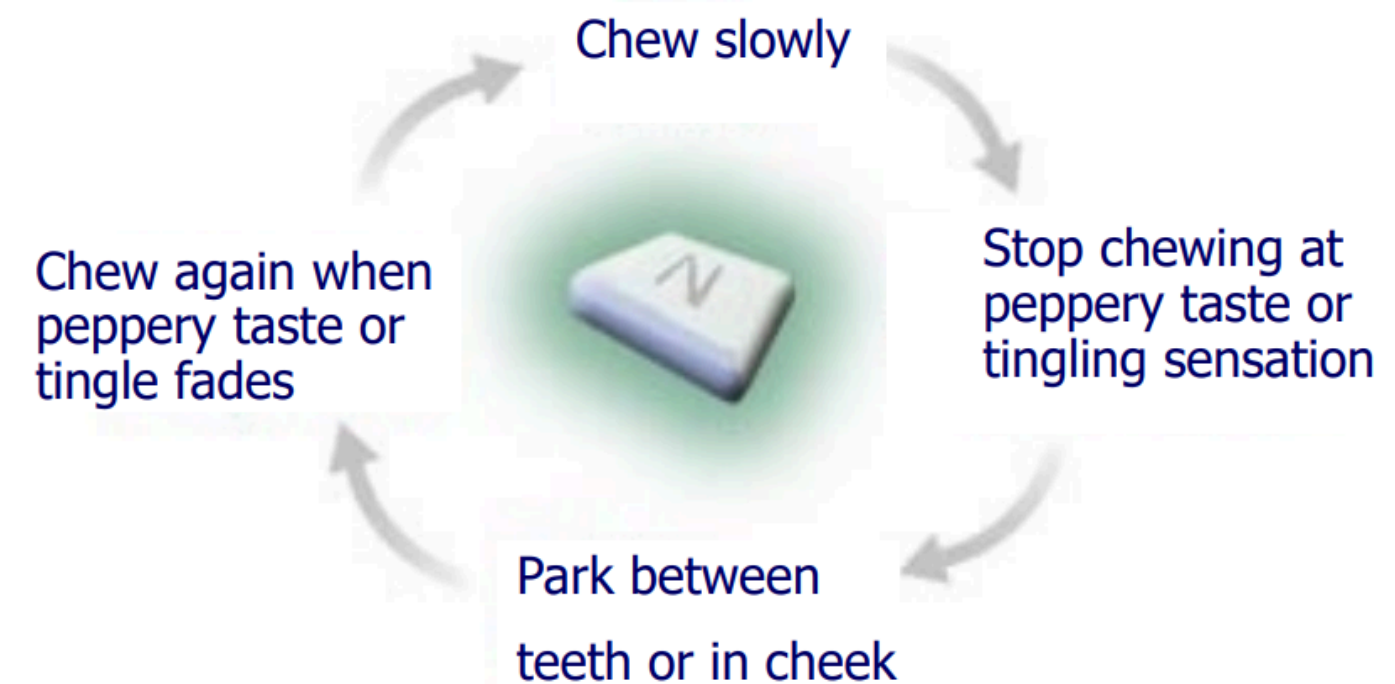


Its important to note that even though we have specific timelines on here, NRT can be used for as long as it is needed. This may or may not necessarily be on the box so just something to keep in mind.

Nicotine Replacement - Gum/Lozenges

Step down instructions for gum/lozenges:

- **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



- **Gum:** Repeat "Chew and Park" method until no tingle left from gum
- Alternate different sides of mouth for approximately 25 minutes
- **Lozenges:** Place between gums and cheek
- Will dissolve in mouth within approximately 10 – 12 minutes
- **Both** nicotine gum and lozenges work great in combination with the nicotine patches for high craving times

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

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 (i.e., fine/ultrafine particles, cytotoxicity, various metals, TSNAs, and carbonyls), but lower levels than cigarettes
 - Dual use of ENDS & combustible cigarettes is common & more problematic than either alone
 - Long term health consequence of e-cigarette use is unknown, including as relates to lung diseases

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



**1st Generation
- Cigalike**



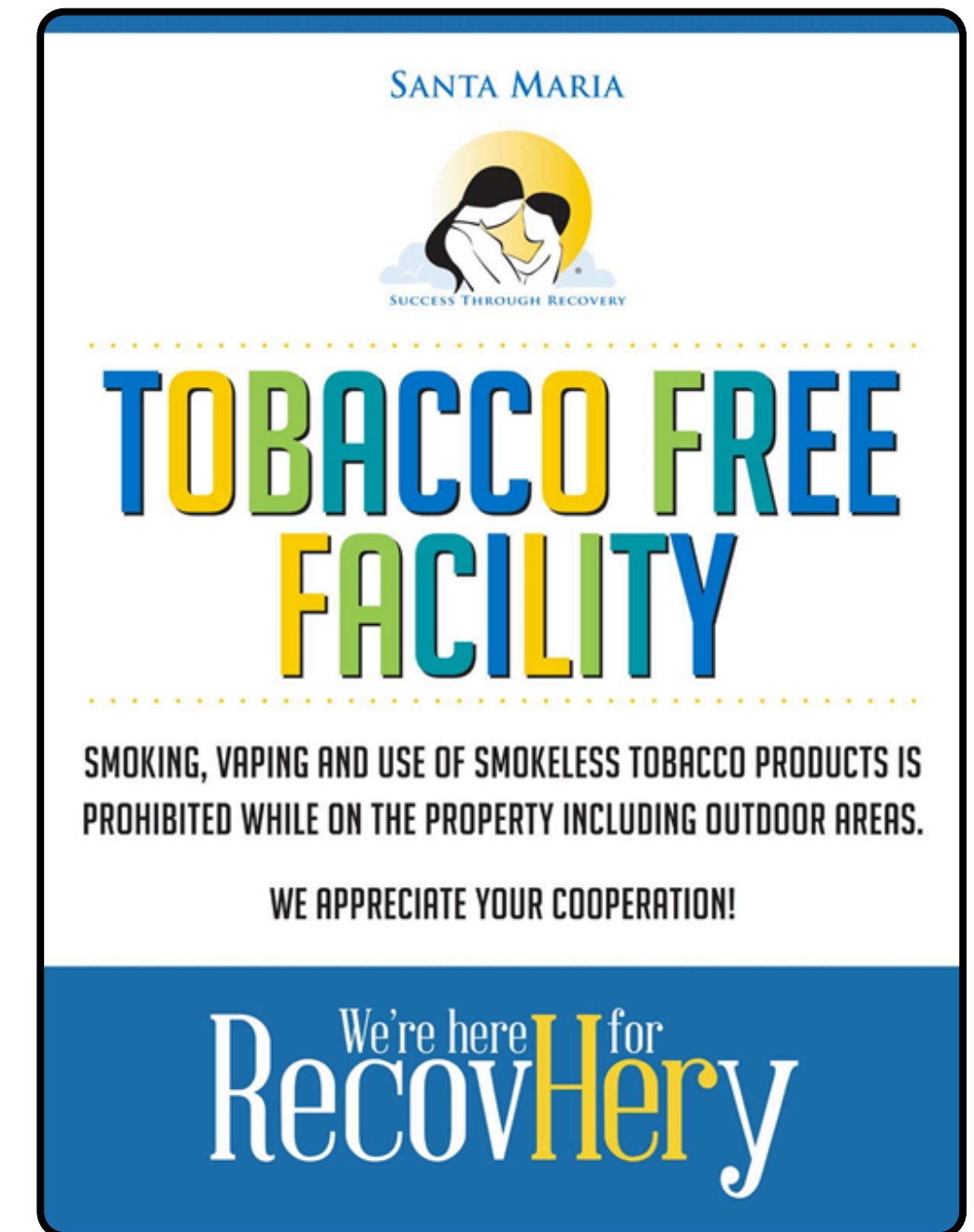
**2nd Generation- Tank
System**



A Tobacco-Free Environment

Benefits Of A Tobacco-free Policy

- **Significantly reduces exposure to secondhand smoke**
- **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 Facility



- **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

Resources

Texas Specific Resources – FREE Professional Cessation Counseling

- The Texas Department of State Health Services provides the Texas Quitline and combines an online and phone 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.
- Qualifying tobacco users can get up to 5 counseling sessions
- Qualifying tobacco users can get 8 weeks of NRT
- For help connecting patients to the Texas Quitline services call (512) 232-4166
- <https://www.takingtexastobaccofree.com/>

YES QUIT
877-YES-QUIT YESQUIT.ORG



Scan the QR code
to access website

Texas Specific Resources

www.map.naquitline.org/profile.aspx?stateid=tx – Resources specific to the state of TX

Quitline: Texas Tobacco Quitline

Began Operations: September 2001

Website: <https://www.yesquit.org/>

Standard Hours of Operation

Monday: 12:00 AM - 11:59 PM

Tuesday: 12:00 AM - 11:59 PM

Wednesday: 12:00 AM - 11:59 PM

Thursday: 12:00 AM - 11:59 PM

Friday: 12:00 AM - 11:59 PM

Saturday: 12:00 AM - 11:59 PM

Sunday: 12:00 AM - 11:59 PM

Closed on: Closed Independence day: 11:59 pm-7/3-4:00 am 7/5,
Thanksgiving: 11:59-11/22-4:00 am 12/26, Christmas: Noon 12/24-
4:00 am 12/26 and New Year's: 3:00 pm -12/31-4:00 am 1/1

Telephone Numbers

Line	Phone Number	Language/Subject
1	(877) 937-7848	English

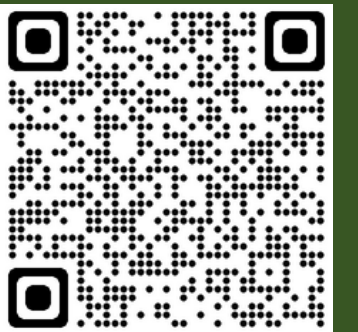
Supported Languages

Counseling offered in: English, Spanish

Third-party counseling: English, Spanish, Mandarin, Cantonese, Korean, Vietnamese,
French, Russian, AT&T services with translation in over 140 languages

Deaf/Hard of hearing: Direct TTY machine

**ENROLL IN ONLINE
CESSATION SERVICES**



Scan the QR code
to access website

Resources - Quitlines

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

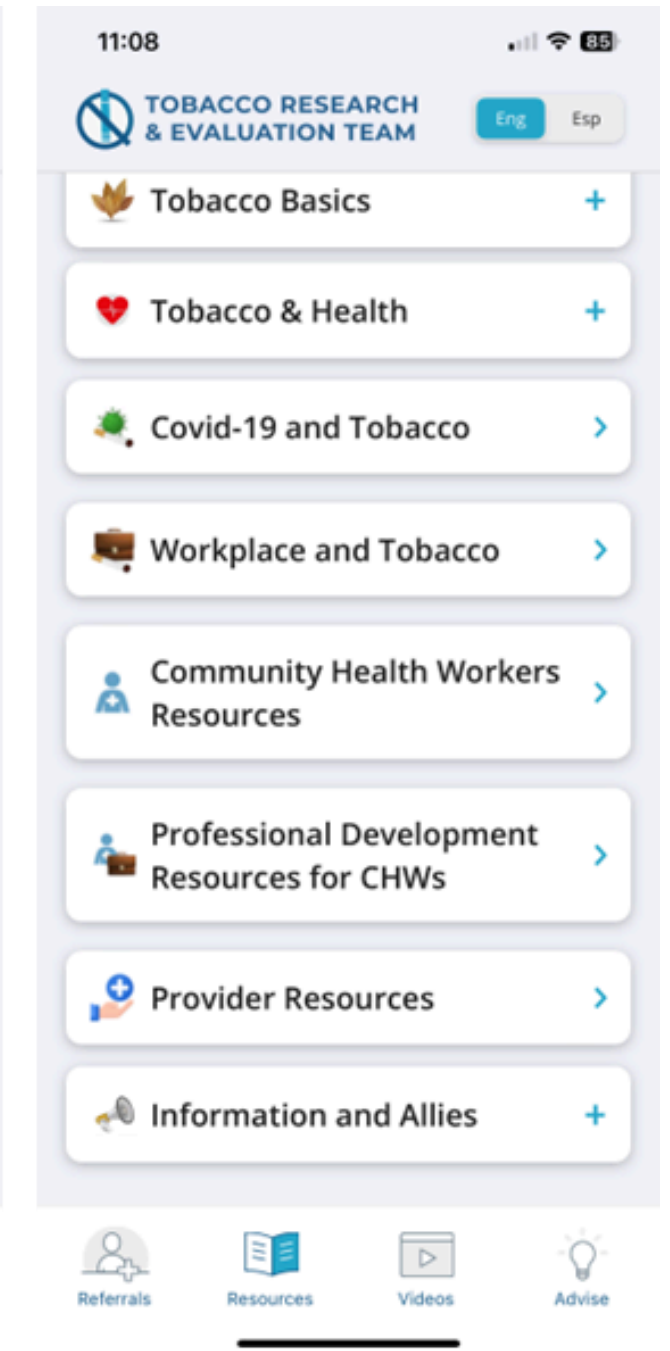
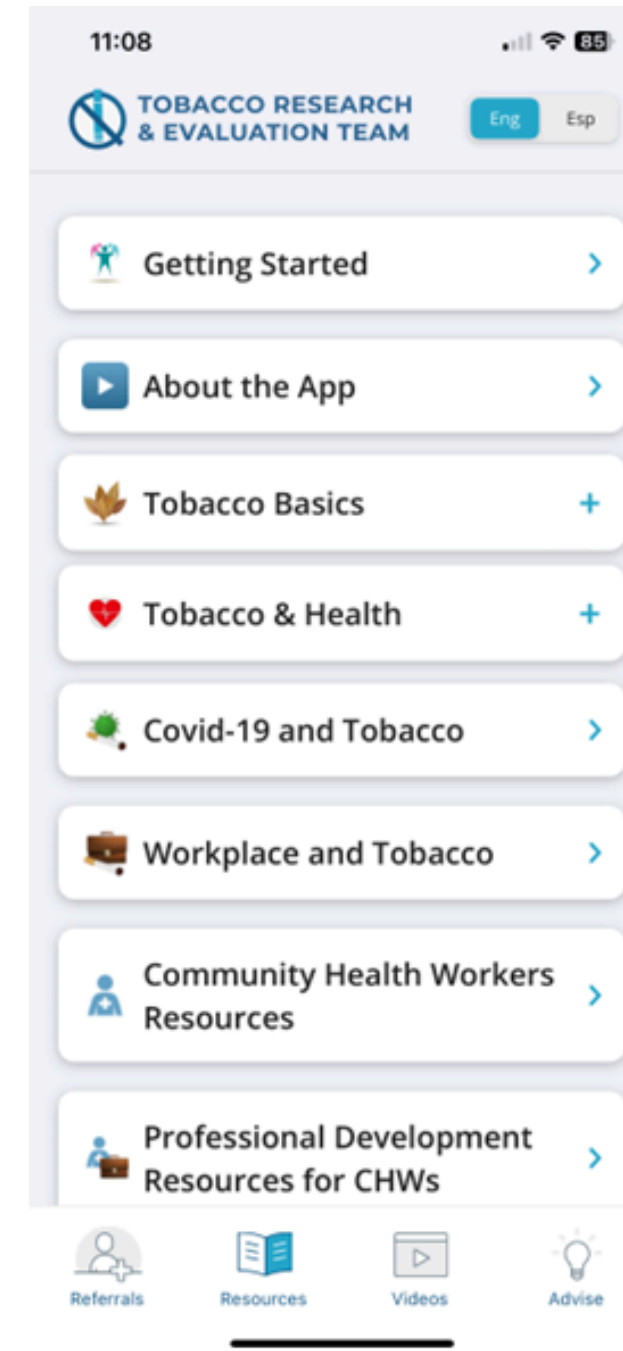
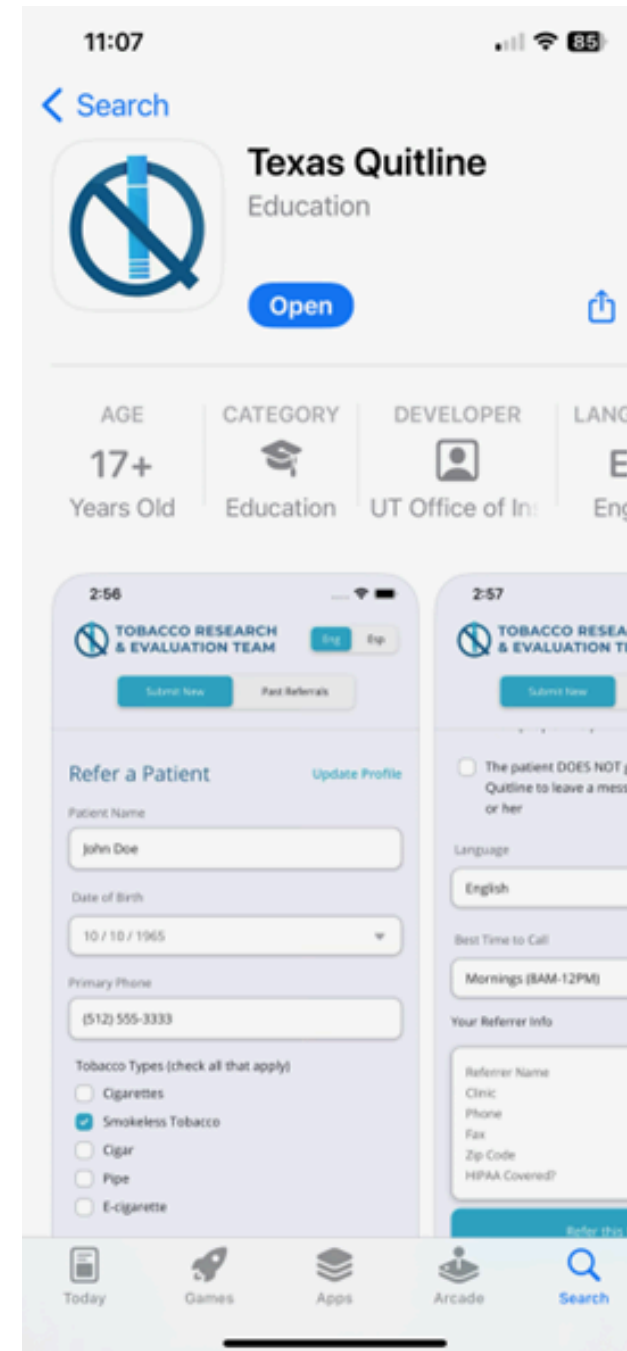
- **1-800-QUIT-NOW (1-800-784-8669)** English
- **1-800-DEJEO-YA (1-855-335-3569)** Spanish
1-800-332-8615 (for the hearing-impaired)

Quitline services and hours vary by state.

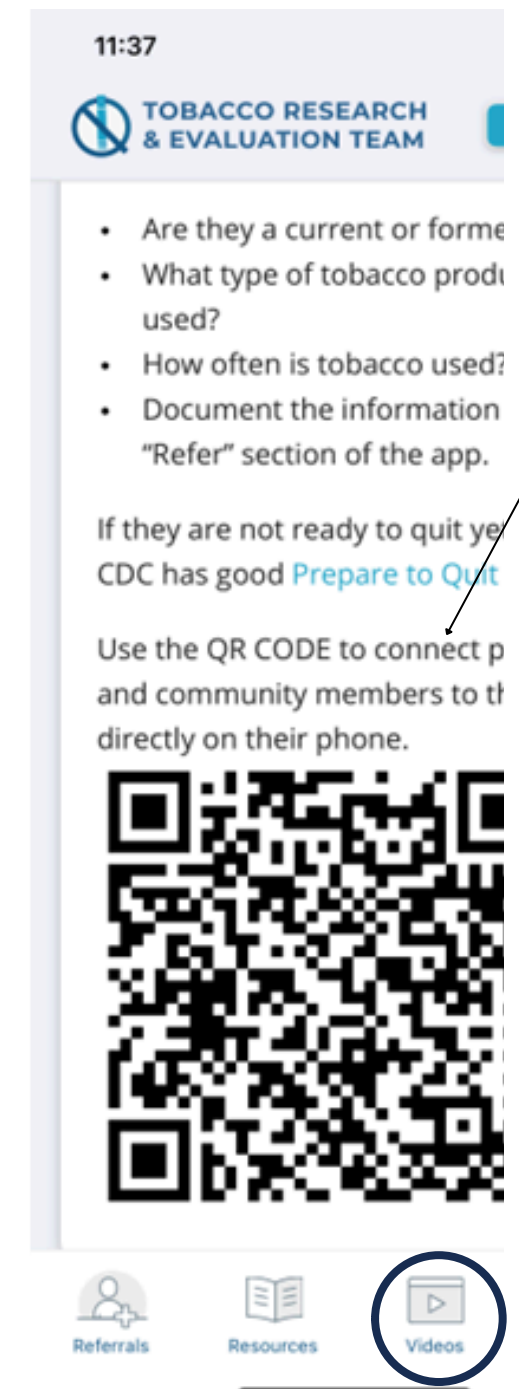
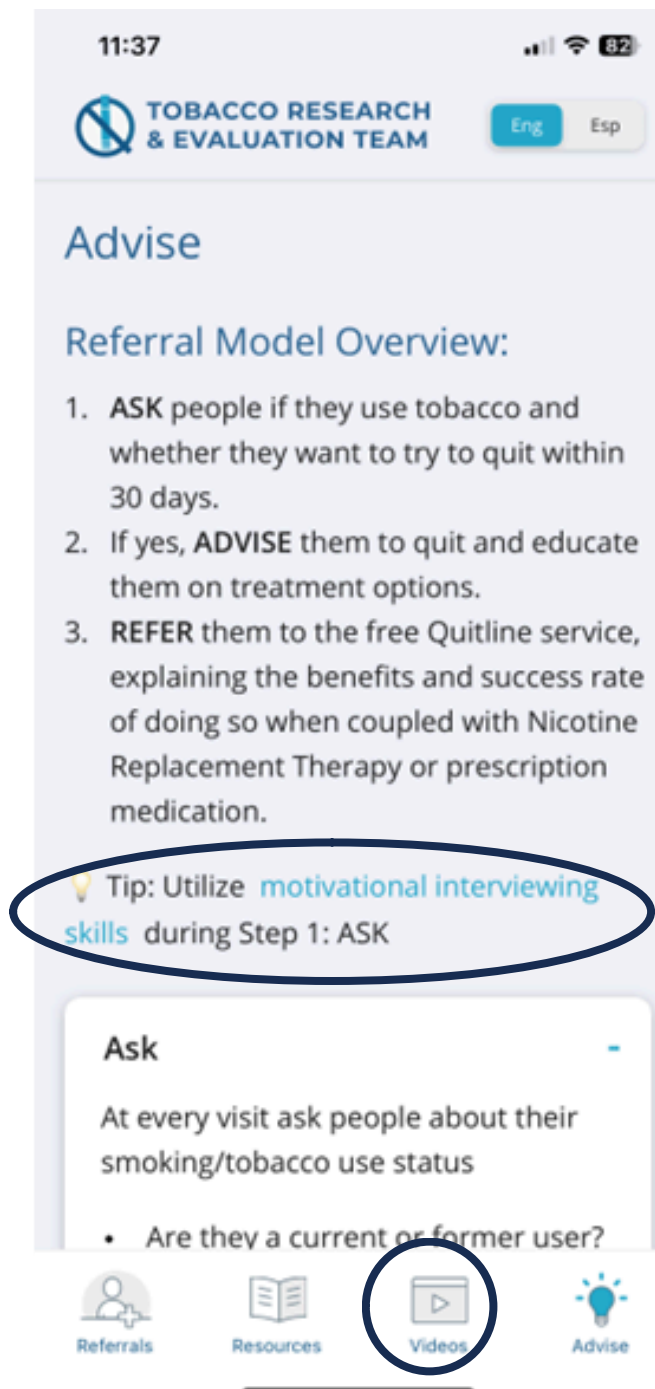
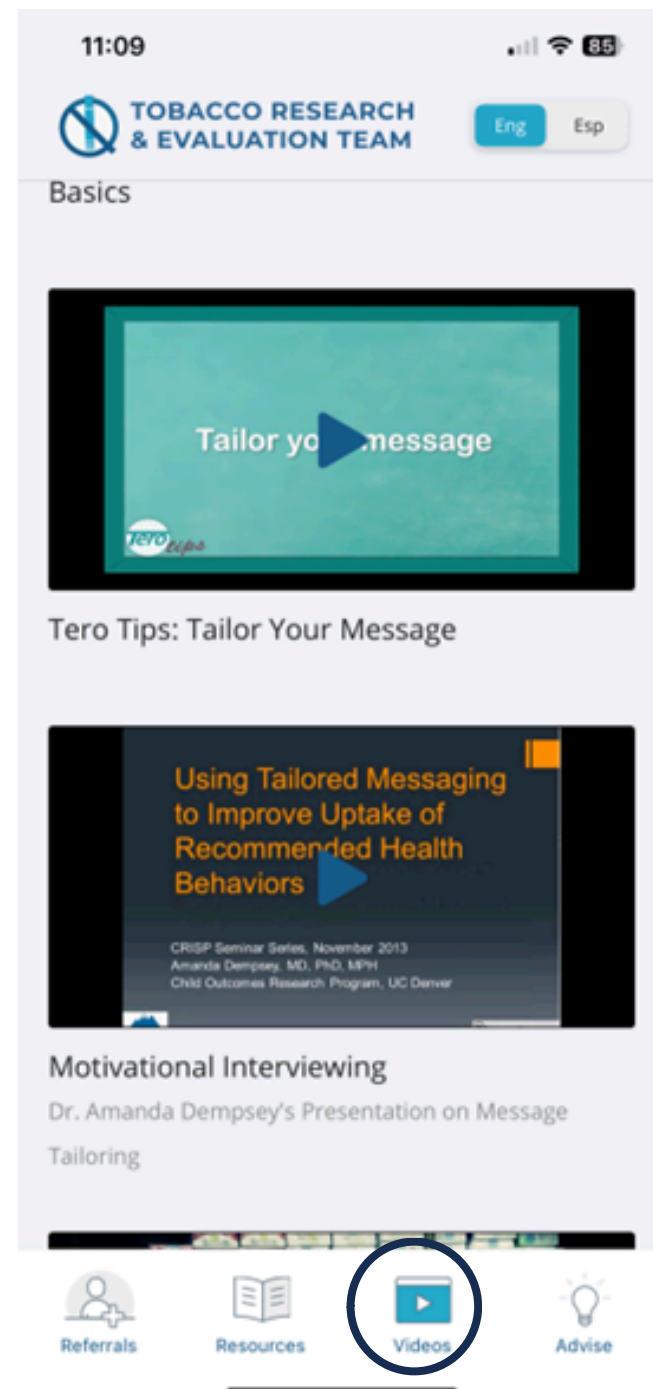
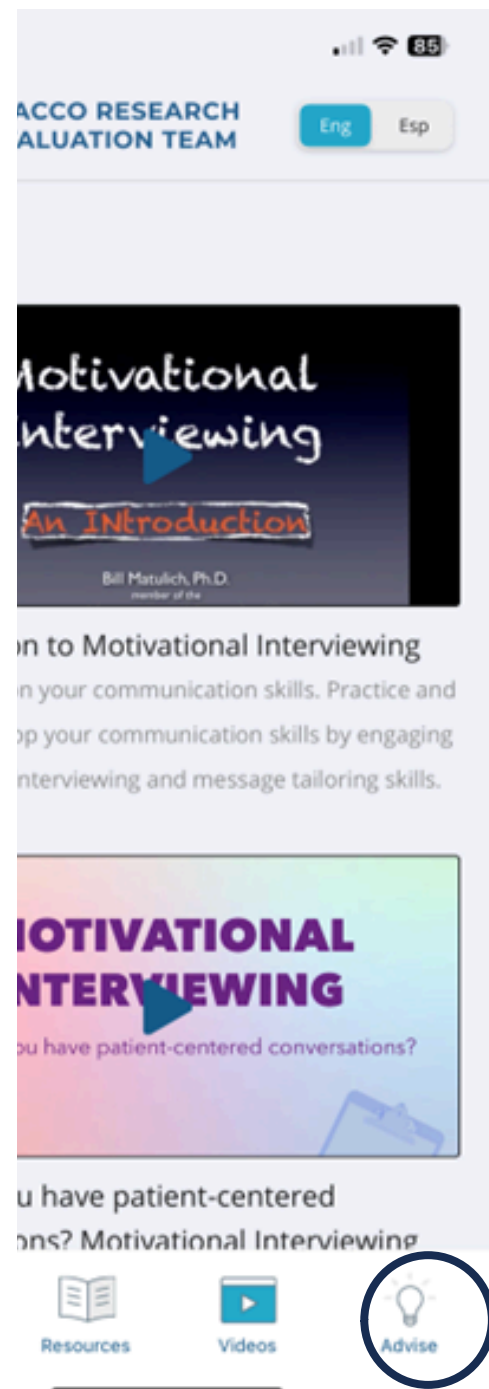
- **1-877-44U-QUIT (1-877-448-7848)** – National Cancer Institute Quitline provides information on how to quit (in both English and Spanish). Services are available Monday through Friday, 8:00 a.m. to 8:00 p.m. (Eastern).
- **1-877-YES-QUIT** – Has phone and online options with web-based programs.
(www.quitnow.net/mve/quitnow?qnclient=texas). 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 for Providers

- Go to app store
- Search "Texas Quitline"
- Download app (see image)



Resources for Providers



Resources – Tools and Apps

- Mobile text messaging services:
 - **SmokefreeTXT** (www.smokefree.gov/tools-tips/text-programs/quit-for-good/smokefreetxt) – Provides 24/7 encouragement, advice and tips to help you quit and stay quit.
 - **SmokefreeMom** (www.women.smokefree.gov/tools-tips-women/text-programs/smokefreemom) – Provides 24/7 encouragement, advice and tips to help pregnant women quit and stay quit.
 - **SmokefreeVET** (<https://veterans.smokefree.gov>) – Provides 24/7 encouragement, advice and tips to help veterans quit and stay quit.
- Smartphone apps:
 - **Smokefree.gov: QuitGuide** (www.smokefree.gov/tools-tips/apps/quitguide) – Free app that provides insight into what to expect when you quit.
 - **Smokefree.gov: QuitSTART** (www.smokefree.gov/tools-tips/apps/quitstart) – Free app that provides tips, inspiration, and challenges to help you quit and live a healthier life.
- Other tools available online
 - **Smokefree.gov: Free Resources to Help you Quit** (www.smokefree.gov/tools-tips/get-extra-help/free-resources) – Get free tools, guides, and resources designed to help you quit and stay quit.

Resources – Tools and Apps

- **SmokefreeTXT en español:** (www.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?** Inscríbase 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:** (www.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?** Inscríbase 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 – Websites

- **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* (www.espanol.smokefree.gov/)
- **Smokefree Teen** (www.teen.smokefree.gov/)
- **Smokefree Women** (www.women.smokefree.gov)
- **Smokefree Vet** (www.veterans.smokefree.gov)
- **You Can Quit 2** (www.ycq2.org) – Sponsored by the U.S. Department of Defense, helps U.S. service members and veterans quit tobacco
- **BeTobaccoFree.gov** – U.S. Department of Health and Human Services provides free information and tools for quitting
- **Become an Ex** (www.becomeanex.org) – Helps you "re-learn your life without cigarettes" and develop a free personalized quit plan
- **CDC: Smoking and Tobacco Use** (www.cdc.gov/tobacco/quit_smoking) – 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* (www.cdc.gov/spanish/vidasaludable/)
- **Truth Initiative Resources** (www.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 – Smokeless Tobacco

- **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 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



-  Videos on Nicotine Replacement Therapy and Other Resources:
www.takingtexastobaccofree.com/videos

-  Provider Resources/Tools (Badge Cards, NRT Guidelines, etc.):
www.takingtexastobaccofree.com/provider-materials

-  Printable Materials:
[Opioid Treatment Resources | tttf \(takingtexastobaccofree.com\)](http://www.takingtexastobaccofree.com/tttf)



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Thank you!

