

Implementing a Tobacco-Free Workplace Program in Health Centers



Agenda/Topics

- 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

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)

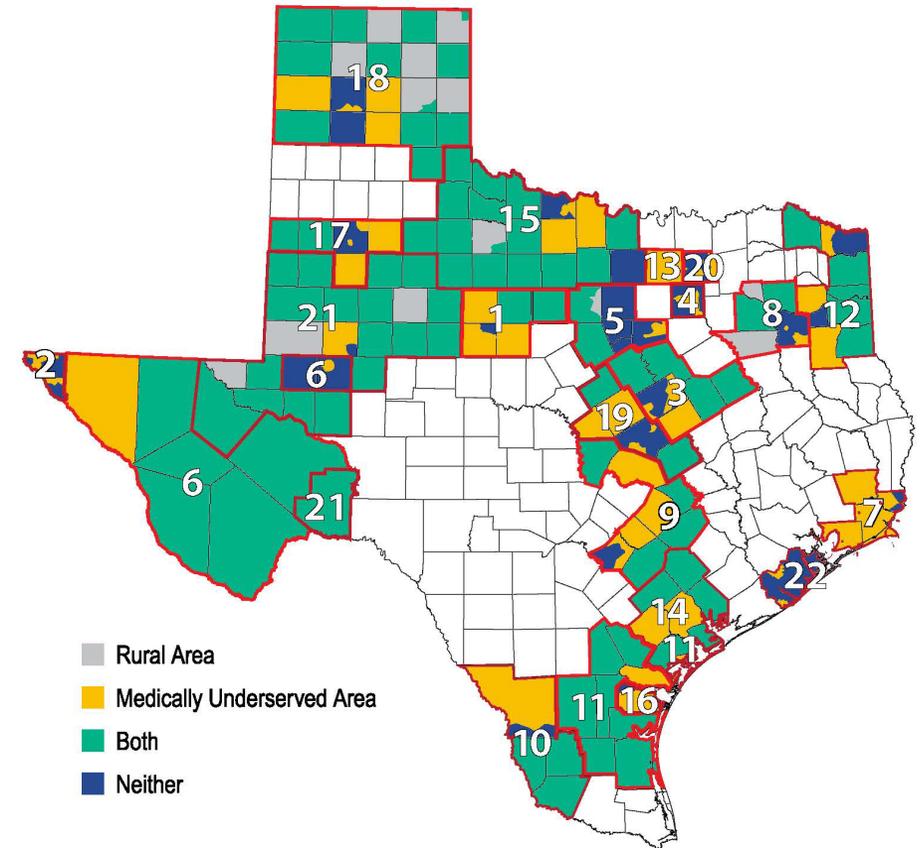
- 12) Community Healthcore (Longview)
- 13) Denton County (Denton)
- 14) Gulf Bend Center (Victoria)
- 15) Helen Farabee Center (Wichita Falls)
- 16) Nueces County (Corpus Christi)
- 17) Starcare Centers (Lubbock)
- 18) Texas Panhandle Center (Amarillo)

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)

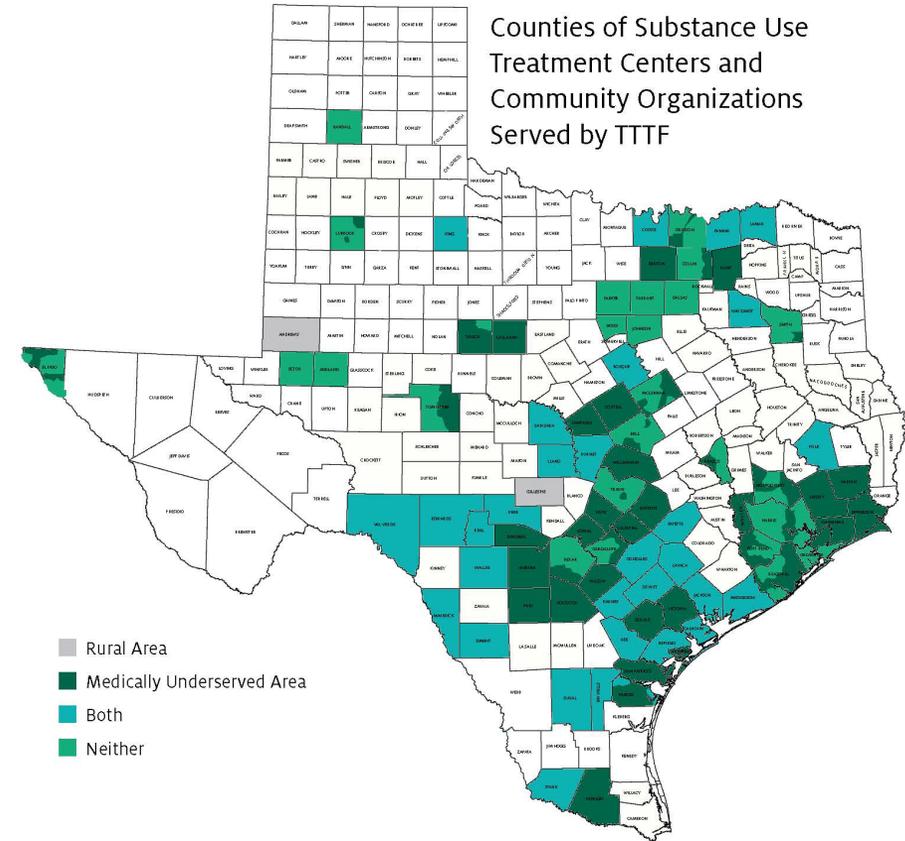


Each Local Mental Health Authority (LMHA) adopted and implemented a 100% tobacco-free workplace program.

Taking Texas Tobacco Free

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

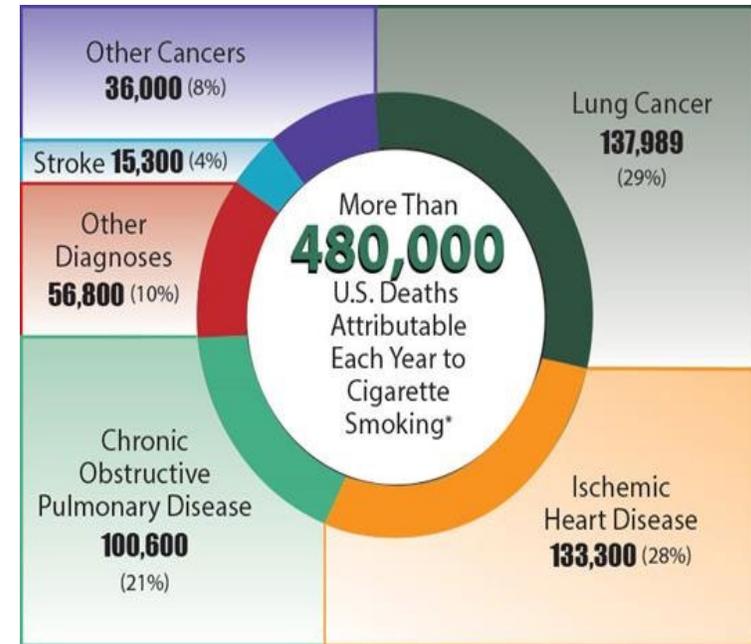
- Montrose Center (Harris Co)
- Santa Maria Hostel (Harris Co)
- Billy T Cattan Recovery Center (Victoria Co)
- Volunteers of America (Bexar Co)
- Foundation Communities (Travis Co)
- Land Manor (Jefferson Co)
- The Council on Recovery (Harris Co)
- Alpha Home (Bexar Co)
- Counseling and Recovery Services (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



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

Smoking Tobacco and Cancer

There are over 100 types of cancer. Smoking can increase the risk of developing cancer as well as prevent the body from fighting it once diagnosed. Smoking can result in cancer almost anywhere in the body, and well-known links include the following types:

- Leukemia (blood)
- Bladder
- Cervical
- Colon and Rectal
- Esophagus
- Renal (kidney)
- Larynx
- Liver
- Lung
- Trachea and Bronchial
- Mouth and Throat
- Pancreas
- Stomach

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.

The 3 most common cancers linked to the use of smokeless tobacco include:

- Oral (includes mouth, tongue, cheek, and gums)
- Throat/ Esophageal
- Pancreas



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Tobacco Use and HIV

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:

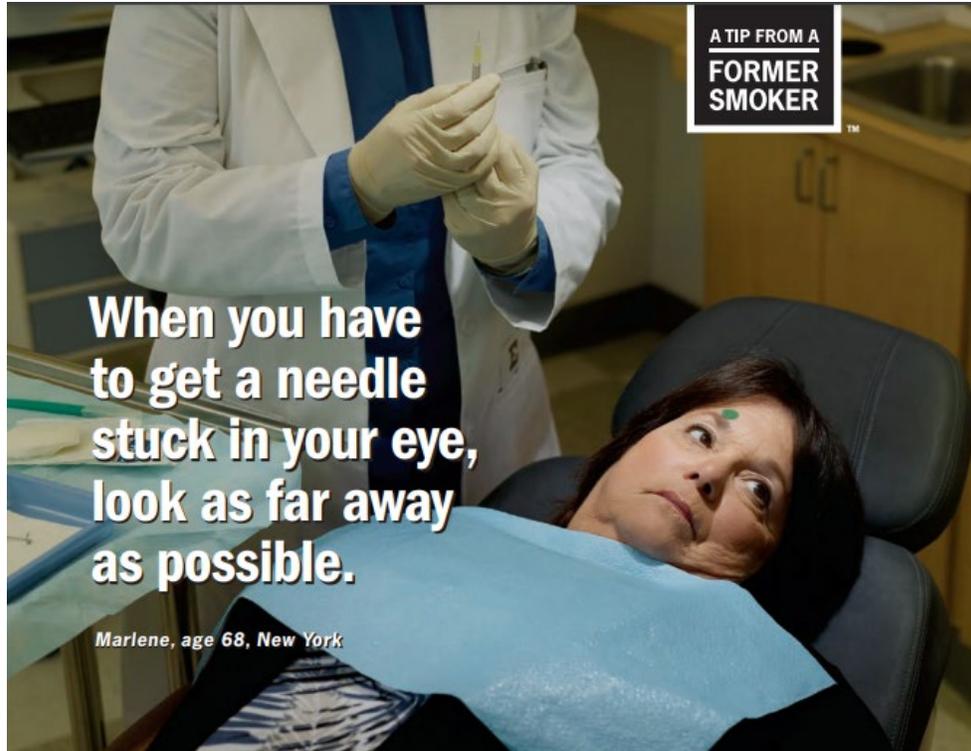
- Chronic obstructive pulmonary disease (COPD) which includes emphysema and chronic bronchitis
- Heart disease and stroke
- Multiple cancers including lung cancer, head and neck cancer, cervical cancer, and anal cancer.

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

Brian, age 45, California

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.

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

- **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

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 her newborn 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 a dark, blurred indoor setting.

“I never thought smoking would do this.”

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

Tobacco Use and Pregnancy

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

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)

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

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

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

Emphysema

- Affects the air sacs in your lungs. These air sacs are normally elastic and stretchy allowing air to easily go in and out, like a balloon.
- Smoke contains lung irritants that damage the lung's air sacs causing them to lose their shape and elasticity, making it difficult to move oxygen and carbon dioxide.

Chronic Bronchitis

- Affects the airways known as bronchial tubes that carry air in and out of the air sacs in the lungs.
- The smoke causes irritation and inflammation of the bronchial tubes leading to increased mucus and swelling. This makes it difficult to move oxygen and carbon dioxide.

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

T

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



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

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 Illness

- 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.
- In 2019, 27.2% of U.S. adults with mental illness reported smoking cigarettes in the past month. Only 15.8% of adults with no mental illness reported smoking in the past month.
- 70-80% of people with schizophrenia and 50-70% of people with bipolar disorder reported smoking.
- 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)

Tobacco Use & (Mental Health and Substance Use) Recovery



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
- Increase in psychological quality of life and positive affect
- Associated improvements are greater than or equal to effect of antidepressants in 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

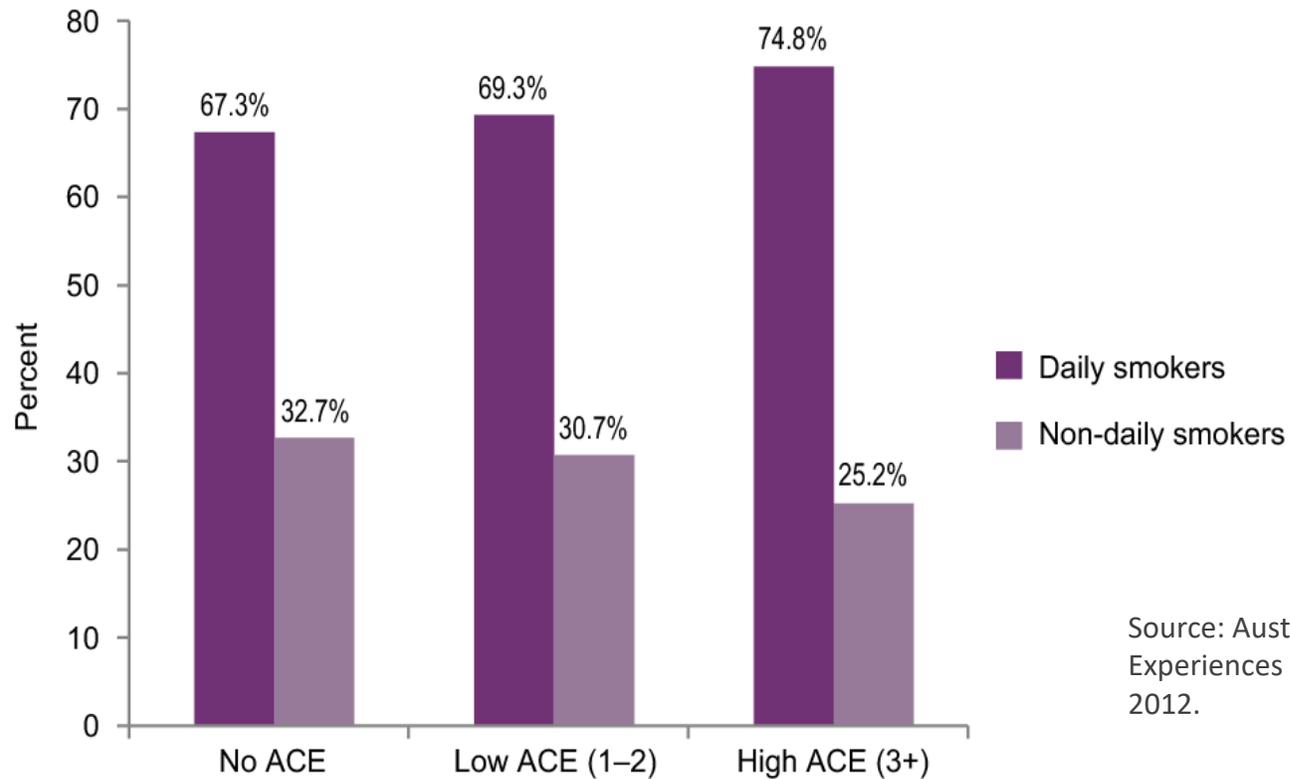


Divorce

- 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



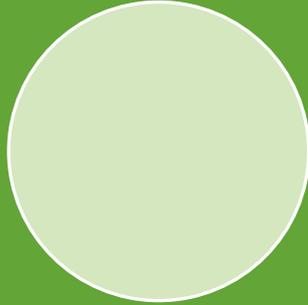
Source: Austin, E. The Effect of Adverse Experiences on the Health of Current Smoker. 2012.

Tobacco Treatment and Trauma-Informed Care

6 Guiding Principles To A Trauma-Informed Approach



Safety



2. Trustworthiness
& Transparency



3. Peer Support



4. Collaboration &
Mutuality



5. Empowerment
& Choice



6. Cultural,
Historical &
Gender issues



Tobacco Treatment and Trauma-Informed Care

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

Understanding that people with serious mental illness have increased rates of smoking and may experience an increase in symptoms during a quit attempt. It is important to provide a positive environment that prioritizes the individual's physical, emotional, and psychological safety.

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

Use reflective listening and motivational interviewing skills while assessing readiness to quit tobacco. Be transparent about risks associated with tobacco use while also being aware of any boundary issues or power dynamics that may be triggering.



Tobacco Treatment and Trauma-Informed Care

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

Connect individuals with appropriate tobacco cessation resources (online, support group, quit resources) and ensure that all staff know how to access these resources. For employees making a quit attempt, encourage use an Employee Assistance Program if available.

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

Listen in order to understand and not just respond. Work together during a quit attempt to identify barriers and consider appropriate solutions.

Tobacco Treatment and Trauma-Informed Care

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

Embrace shared-decision making about identifying readiness to quit and respect the individual's choice while also providing appropriate support and resources. Examine expectations of a quit attempt together and offer all possible alternatives/resources.

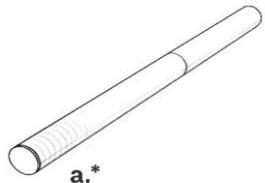
6. Cultural, Historical & Gender issues – Move past cultural stereotypes and biases, recognize historical trauma, and offer gender-responsive services.

Understand that certain groups have higher rates of tobacco use and that the reasoning behind that can be multifaceted. Offer resources and tobacco treatment services in a way that is sensitive to the gender, culture, and unique background of each individual. One example may be ensuring to ask a person's preferred pronouns.

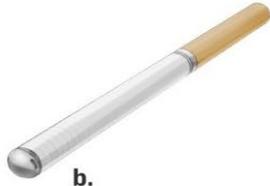


Electronic Nicotine Delivery Systems (ENDS): To Vape or Not to Vape?

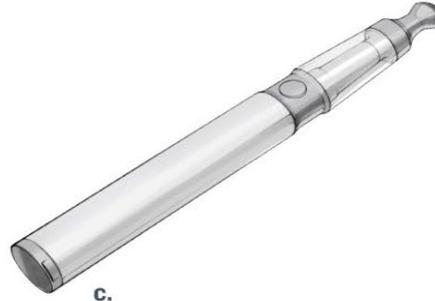
The National Academies of SCIENCES ENGINEERING MEDICINE



a.*



b.



c.



d.



e.

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, TSNA, 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.

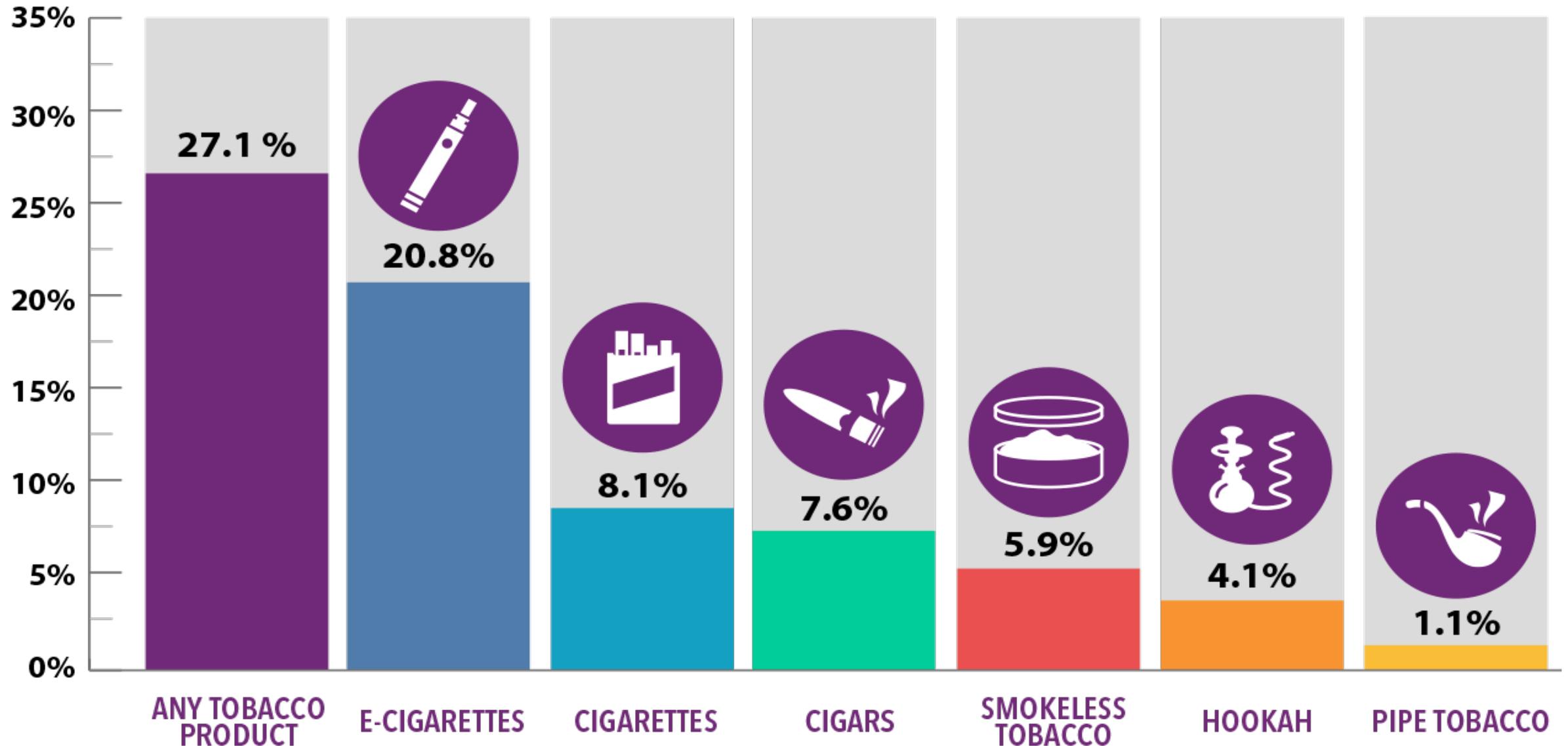
*shown to demonstrate approximate scale

- a. Generic Combustible Tobacco Cigarette
- b. First Generation E-Cigarette
- c. Second Generation E-Cigarette
- d. Third Generation E-Cigarette
- e. Fourth Generation E-Cigarette

National Academies of Sciences, Engineering and Medicine. 2018. *Public health consequences of e-cigarettes*. Washington, DC: The National Academies Press

CA Cancer J Clin 2017;67:449-471. *Key Issues Surrounding the Health Impacts of Electronic Nicotine Delivery Systems (ENDS) and Other Sources of Nicotine*

Tobacco Product Use Among High School Students – 2018



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

Tobacco Treatment Saves Lives and Healthcare Dollars

Tobacco treatment:

- Improves general health and quality of life.
- Reduces the risk of premature death. Quitting can add as much as a decade to life expectancy.
- Reduces risk of disease and adverse health conditions including poor reproductive health, heart disease, COPD, cancer, gum disease, and diabetes.
- Can still benefit people already living with heart disease and/or COPD.
- Benefits the health of pregnant women and that of their fetuses and babies including decrease risk of premature birth and birth defects.
- Reduces the financial burdens on people who smoke and the healthcare systems.
- Reduces the financial burden placed on general public health through reduction of exposure to secondhand smoke.



Evidence-based Treatments for Tobacco Dependence



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

T

Ask - about current tobacco use

Ask – 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

Advice – 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

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

Assist - the quit attempt

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

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/chewing/vaping?”)

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

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.”)



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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
 - 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 | Chantix (most effective) | Zyban/ Wellbutrin |
|--------------------------|------------------------------------|---------------------------------------|------------------------------------|--|--|
| Strength | 21, 14, 7 mg | 2, 4 mg | | .5, 1 mg | 150 mg |
| Dosing | 1 patch/ 24 hrs | 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: 1 mg twice daily | Days 1-3: 150 mg once in AM Day 4 – end: 150 mg twice daily |
| Advantages | Private Once a day | Offset cravings Reduces dependence | | High success rates | Also treats depression |
| Adverse Reactions | Skin reaction Sleep Disturbance | Jaw tired/sore Hiccups | Indigestion Hiccups Insomnia | Nausea Abnormal, strange or vivid dreams Depressed mood, agitation, changes in behavior, suicidal ideation | Dry mouth Insomnia Do not use w/ seizure disorder or eating disorder |

Stepping Down with Nicotine Patches

Step down instructions can be found on NRT box

If smoking more than 15 - 20 cigarettes per day...

- Step 1: one 21 mg patch per day for weeks 1 - 4
- Step 2: one 14 mg patch per day for weeks 4 - 8
- Step 3: one 7 mg patch per day for weeks 9-12

If smoking 8 - 14 cigarettes per day...

- Step 1: one 14 mg patch per day for weeks 1-4
- Step 2: one 7 mg patch per day for weeks 4-8

If smoking less than 7 cigarettes per day...

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

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.

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

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

Nicotine Replacement- Gum/Lozenges

- Gum - Chew and Park, repeat until can't feel tingle in gum (Chew & Park method).
 - Step 1: one piece of gum or lozenge every 1 - 2 hours for Week 1 - 4
 - Step 2: one piece of gum or lozenge every 2 – 4 hours for Week 4 - 8
 - Step 3: one piece of gum or lozenge every 4 – 8 hours for Week 8 - 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:

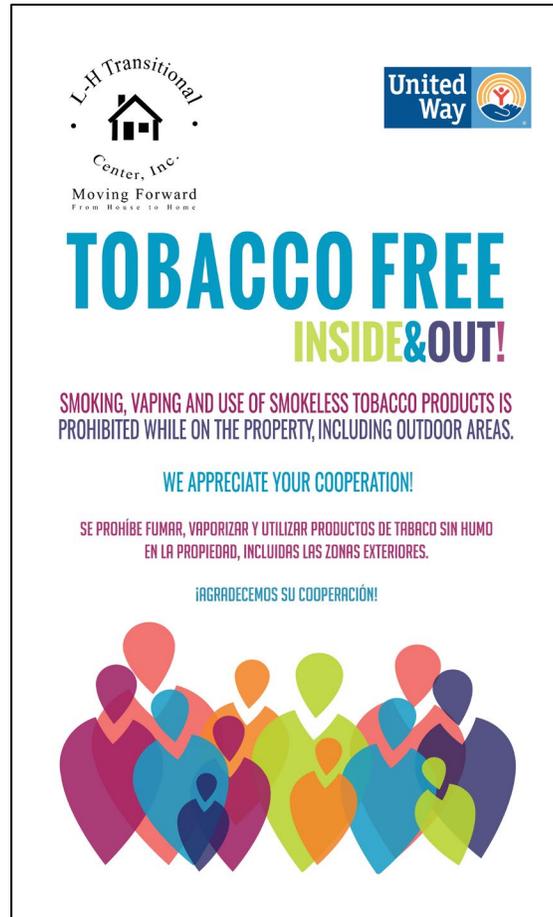
<https://www.takingtexasobaccofree.com/videos>



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 |

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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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.
- **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)**



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TX Specific Resources

<https://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**



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TX 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 2 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

Resources – Online Communities

➤ 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.

- **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.



Resources – Messaging and Local Resources

<https://www.quitassist.com>

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

Resources – Tools and Apps

- Mobile Text Messaging Services:
 - **SmokefreeTXT** – Provides 24/7 encouragement, advice and tips to help you quit and stay quit.
 - **SmokefreeMom (For Pregnant Women)** – Provides 24/7 encouragement, advice and tips to help pregnant women quit and stay quit.
 - **SmokefreeVET (For Veterans)** – Provides 24/7 encouragement, advice and tips to help veterans quit and stay quit.
- Smartphone Apps:
 - **Smokefree.gov: QuitGuide (<https://smokefree.gov/tools-tips/apps/quitguide>)** – Free app that provides insight into what to expect when you quit.
 - **Smokefree.gov: QuitSTART (<https://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 (<https://smokefree.gov/tools-tips/get-extra-help/free-resources>)** – Get free tools, guides, and resources designed to help you quit and stay quit.

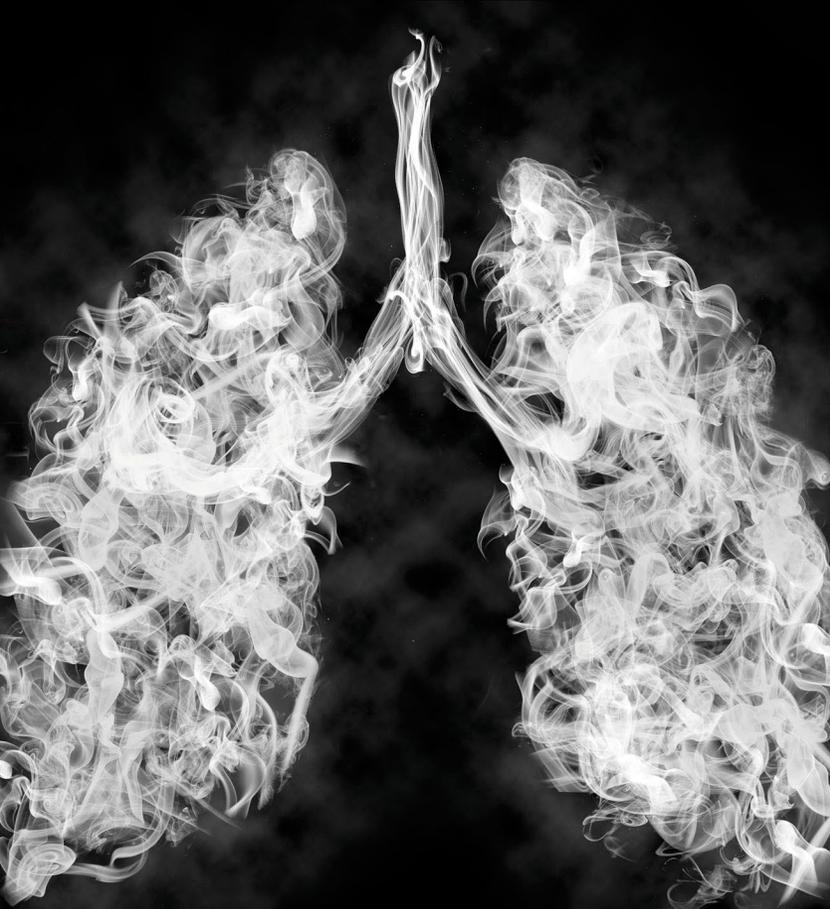
Resources – Websites

- **[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.betobaccofree.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) – 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 – 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 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.

QUESTIONS?



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- Videos
- Posters
- Quit plans
- Training module
- Provider tools



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