

Implementing a Tobacco-Free Workplace Program in Substance Use Treatment Centers



Agenda/Topics

- TTTF Mission and History
- Tobacco Use among Vulnerable Groups
- 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)

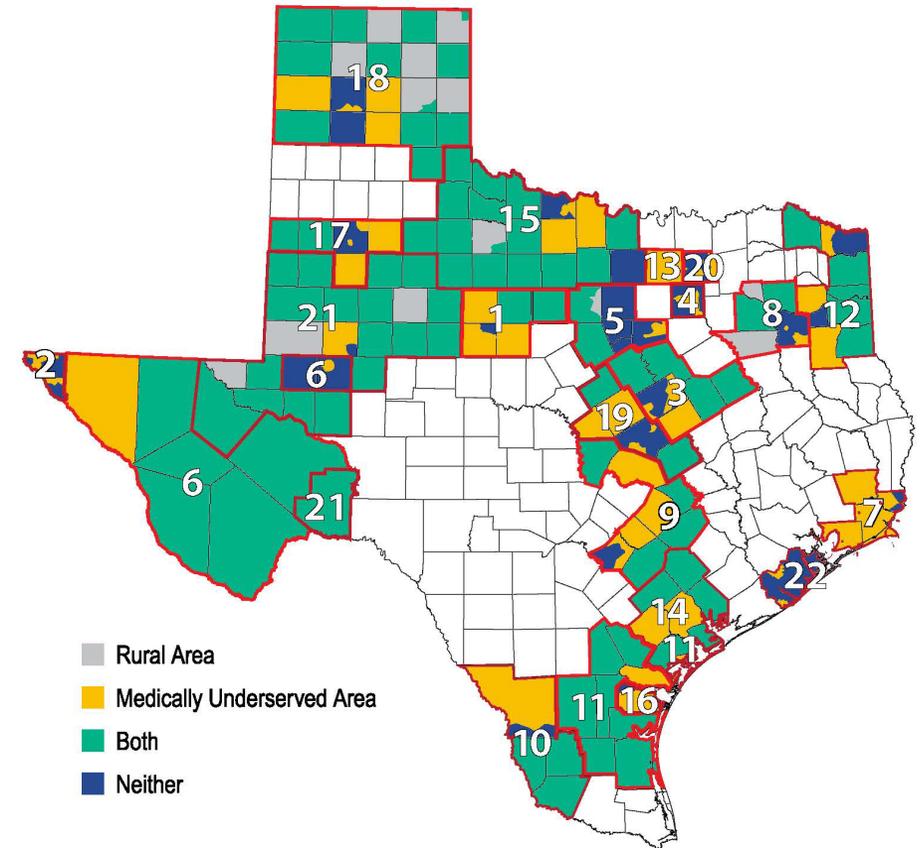
- 12) Community Healthcore (Longview)
- 13) Denton County (Denton)
- 14) Gulf Bend Center (Victoria)
- 15) Helen Farabee Center (Wichita Falls)
- 16) Nueces County (Corpus Christi)
- 17) Starcare Centers (Lubbock)
- 18) Texas Panhandle Center (Amarillo)

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)

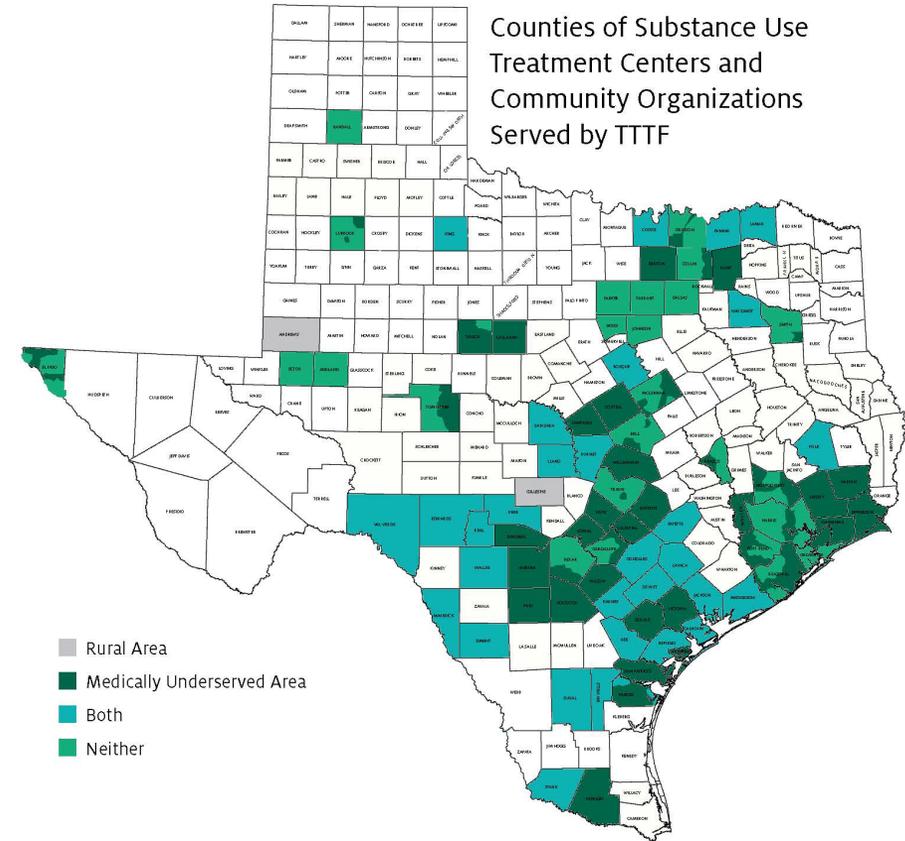


Each Local Mental Health Authority (LMHA) adopted and implemented a 100% tobacco-free workplace program.

Taking Texas Tobacco Free

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

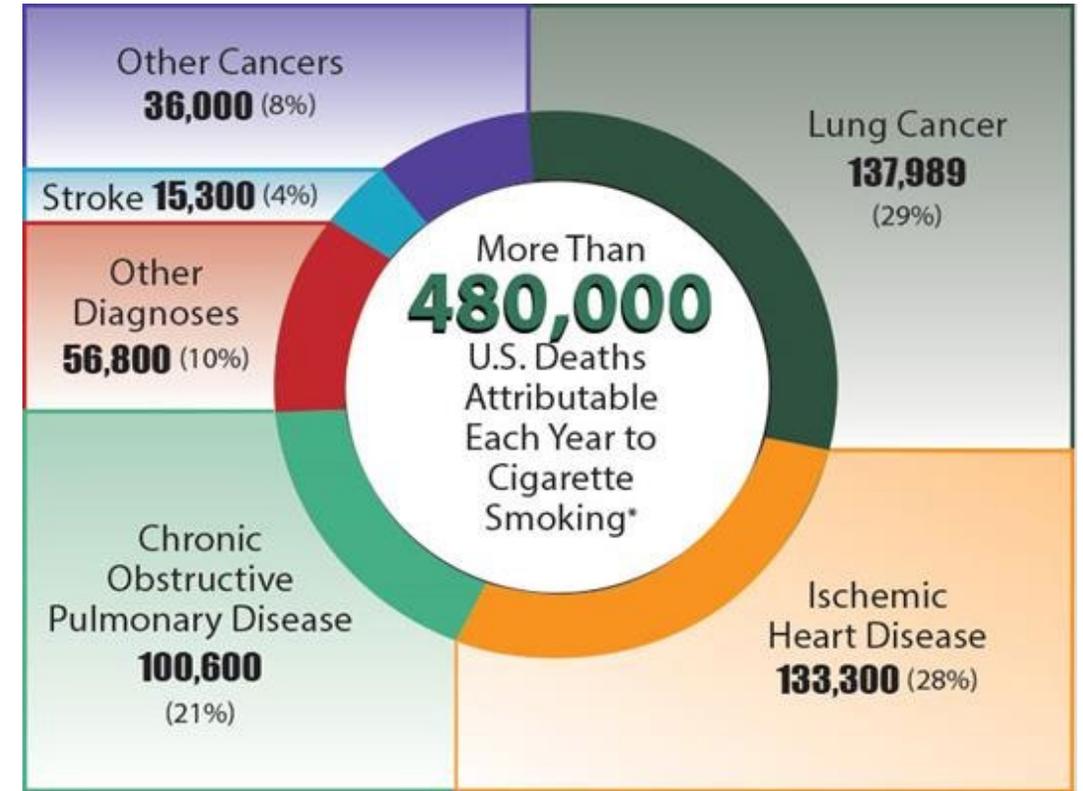
- Montrose Center (Harris Co)
- Santa Maria Hostel (Harris Co)
- Billy T Cattan Recovery Center (Victoria Co)
- Volunteers of America (Bexar Co)
- Foundation Communities (Travis Co)
- Land Manor (Jefferson Co)
- The Council on Recovery (Harris Co)
- Alpha Home (Bexar Co)
- Counseling and Recovery Services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

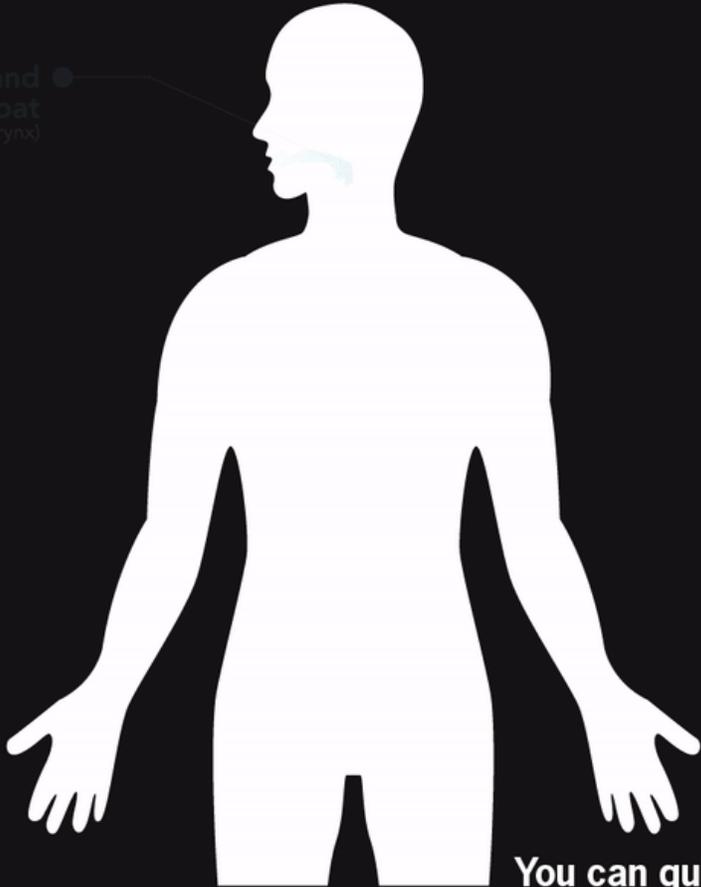
- Smoking causes more than 480,000 deaths each year
- About 1 in 5 deaths is related to smoking
- Smoking and tobacco use cuts the lifespan of individuals who have a mental illness by 5-15 years



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

**Smoking 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 among Vulnerable Groups

TAKING **TEAS** TOBACCO FREE

CANCER PREVENTION & RESEARCH INSTITUTE OF TEXAS

I'm ready to live a more healthy life without my smoking addiction.

Your care provider can help. Ask them about your options or call 1-800-QUIT-NOW.

Integral Care

HEALTH Research Institute
Helping Everyone Achieve a Lifetime of Health



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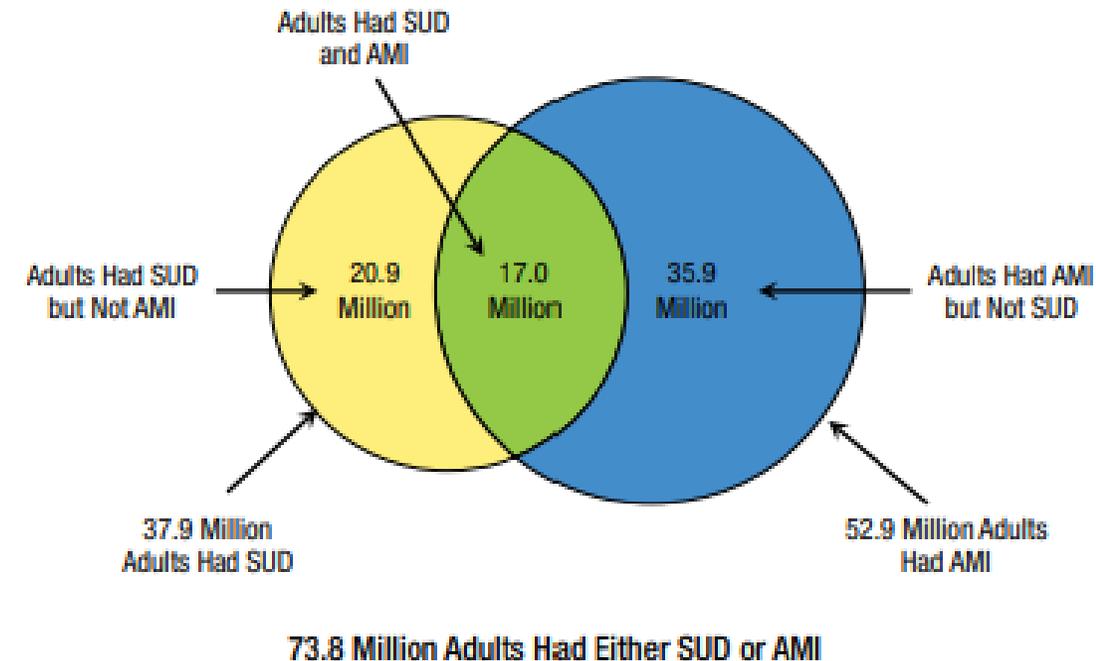
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Co-occurring Substance Use & Mental Health Disorders

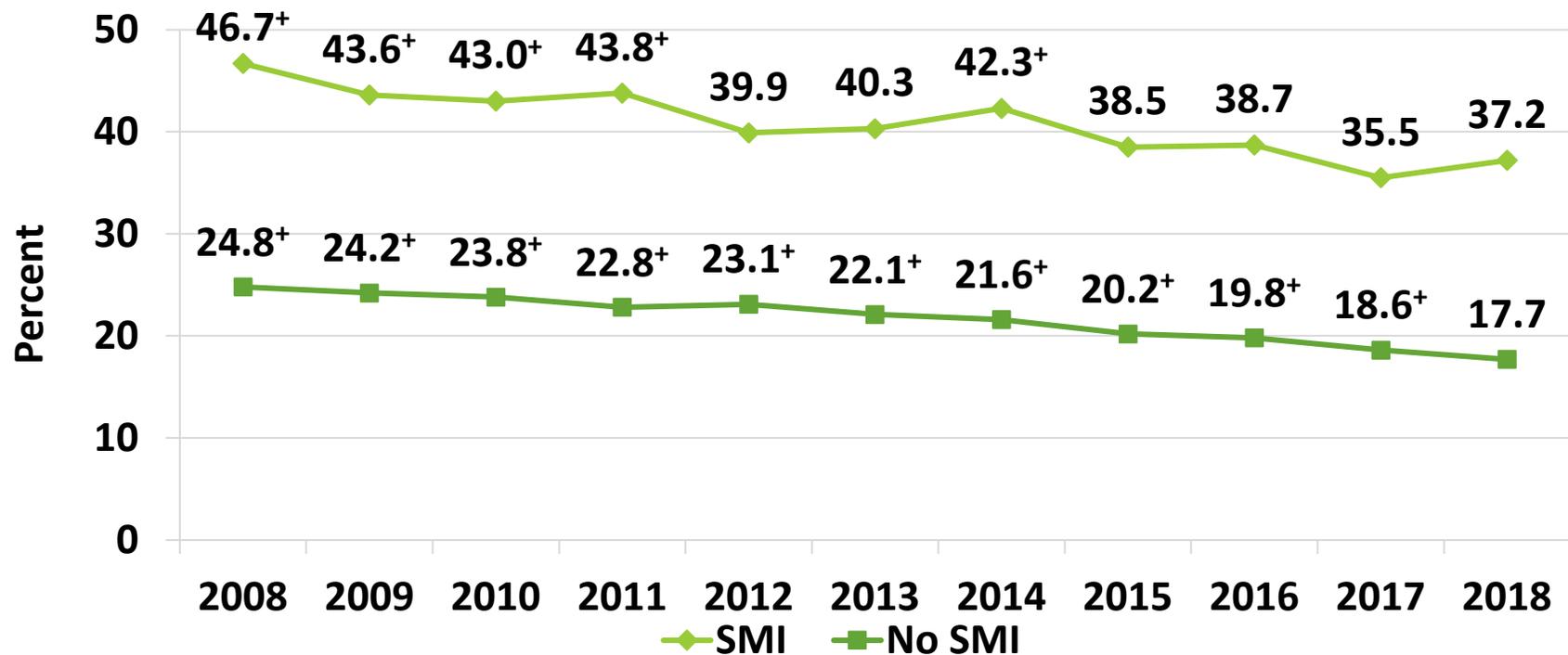
- Individuals with a (non-nicotine) substance abuse or mental health disorder represent about 25% of the United States population but consume about 40% of all cigarettes sold to adults.
- In 2019, 27.2% of U.S. adults with mental illness reported smoking cigarettes in the past month. Only 15.8% of adults 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)

Figure 35. Past Year Substance Use Disorder (SUD) and Any Mental Illness (AMI): Among Adults Aged 18 or Older; 2020



Current Smoking among Adults (age ≥ 18) with Past Year Serious Mental Illness (SMI): NSDUH, 2008-2018



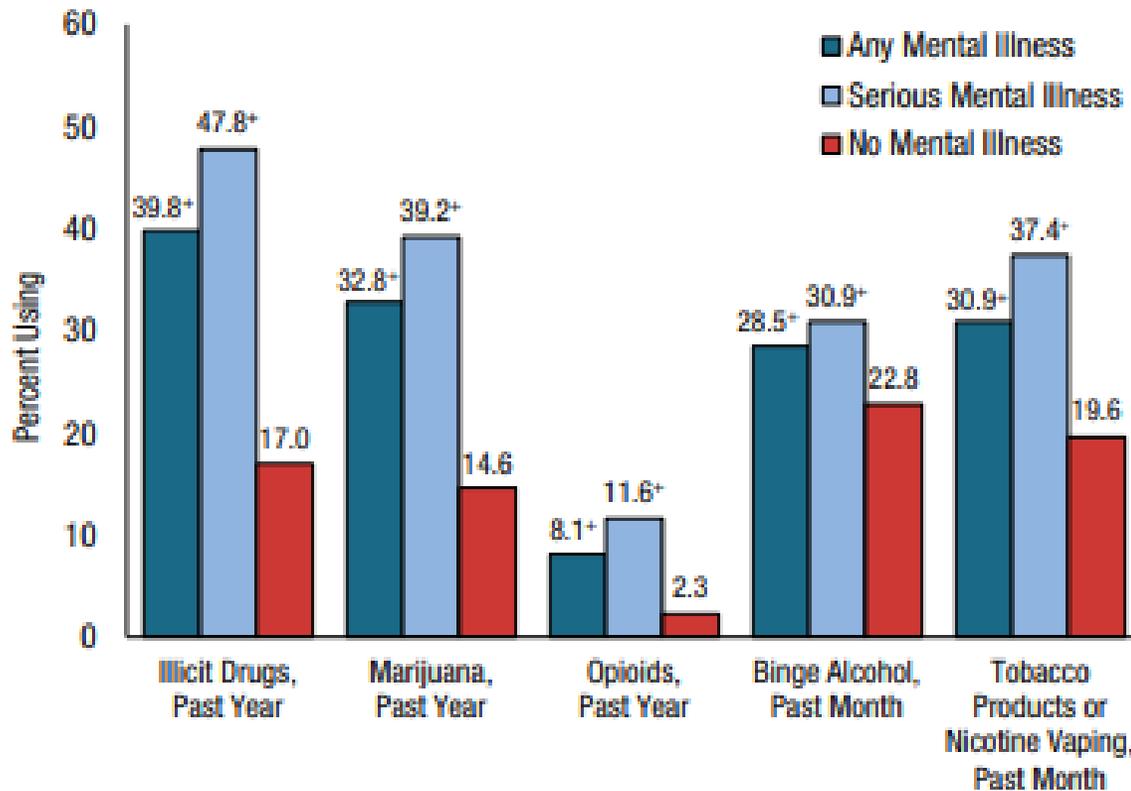
Current Smoking is defined as any cigarette use in the 30 days prior to the interview date.

Serious Mental Illness is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder resulting in serious functional impairment, based on the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV).

⁺ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.

Substance Use: Among Adults Aged 18 or Older; by Mental Illness Status, 2020

Figure 37. Substance Use: Among Adults Aged 18 or Older; by Mental Illness Status, 2020



➤ 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 (30.9%)**
- **Serious mental illness (37.4%)**
- **No mental illness (19.6%)**

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

High Rate of Smoking/Tobacco Use Among People with SUDs

70-87% of adults with substance use disorders (SUDs) smoke cigarettes. (Knudsen et al 2016; Guydish et al. 2011)

- Individuals with alcohol dependency are 3X more likely to smoke, and those with drug dependency are 4X more likely to smoke compared to the general population.

The strongest associations, however, are between opioid and tranquilizer use and nicotine.

- Why? Smokers report the expectancy that smoking assists in coping with pain (e.g., via distraction), relief from pain-related boredom, anxiety, depression, anger, and frustration (i.e., negative reinforcement), and enjoyment derived from smoking (i.e., positive reinforcement).

High Rate of Smoking/Tobacco Use Among the Homeless

- Prevalence of smoking among homeless populations is between 60% and 80%.
- Homeless adults spend a third of their monthly income on tobacco.
- Homeless adults are targeted by the tobacco industry – nearby tobacco shops, discounted prices and low-end tobacco products, free giveaways and samples at festival and events.
- Homeless adults experience substance abuse and/or mental health concerns that can be exacerbated by heavy cigarette use.
- Study done among clients/guests from six homeless-serving agencies/shelters in Oklahoma City (N=396) indicated that rate of concurrent use of multiple tobacco products was high, at 67.2%. (Neisler et al., 2018)

High Rate of Smoking/Tobacco Use Among Sexual Minorities

- Smoking among lesbian, gay, and bisexual adults in the United States is much higher than among heterosexual/straight adults.
 - About 1 in 5 (19.2%) lesbian, gay, and bisexual adults smoke cigarettes.
 - About 1 in 7 (13.8%) heterosexual/straight adults.
- Smoking is also higher among transgender adults (35.5%) than among cisgender adults (i.e., adults whose gender identity corresponds with their birth sex).

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

Brian, age 45, California

2019 Statistic Source: [Current Cigarette Smoking Among Adults in the United States | CDC](#)

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

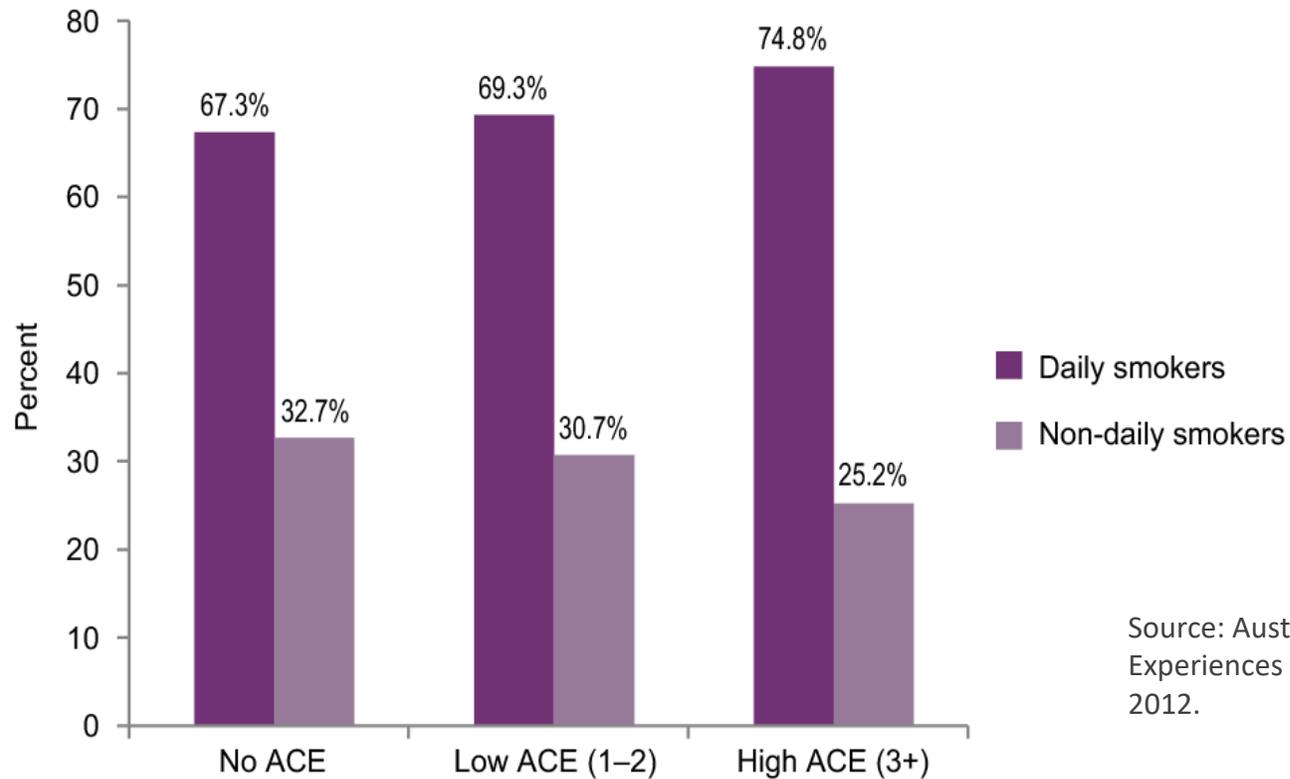


Divorce

- 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

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

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

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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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, 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.

Hartmann-Boyce J, McRobbie H, Butler AR, Lindson N, Bullen C, Begh R, Theodoulou A, Notley C, Rigotti NA, Turner T, Fanshawe TR, Hajek P. Electronic cigarettes for smoking cessation. Cochrane Database of Systematic Reviews 2021, Issue 9. Art. No.: CD010216. DOI: 10.1002/14651858.CD010216.pub6. Accessed 03 March 2022.
<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD010216.pub6/full>



1st Generation - Cigalike



2nd Generation- Tank System

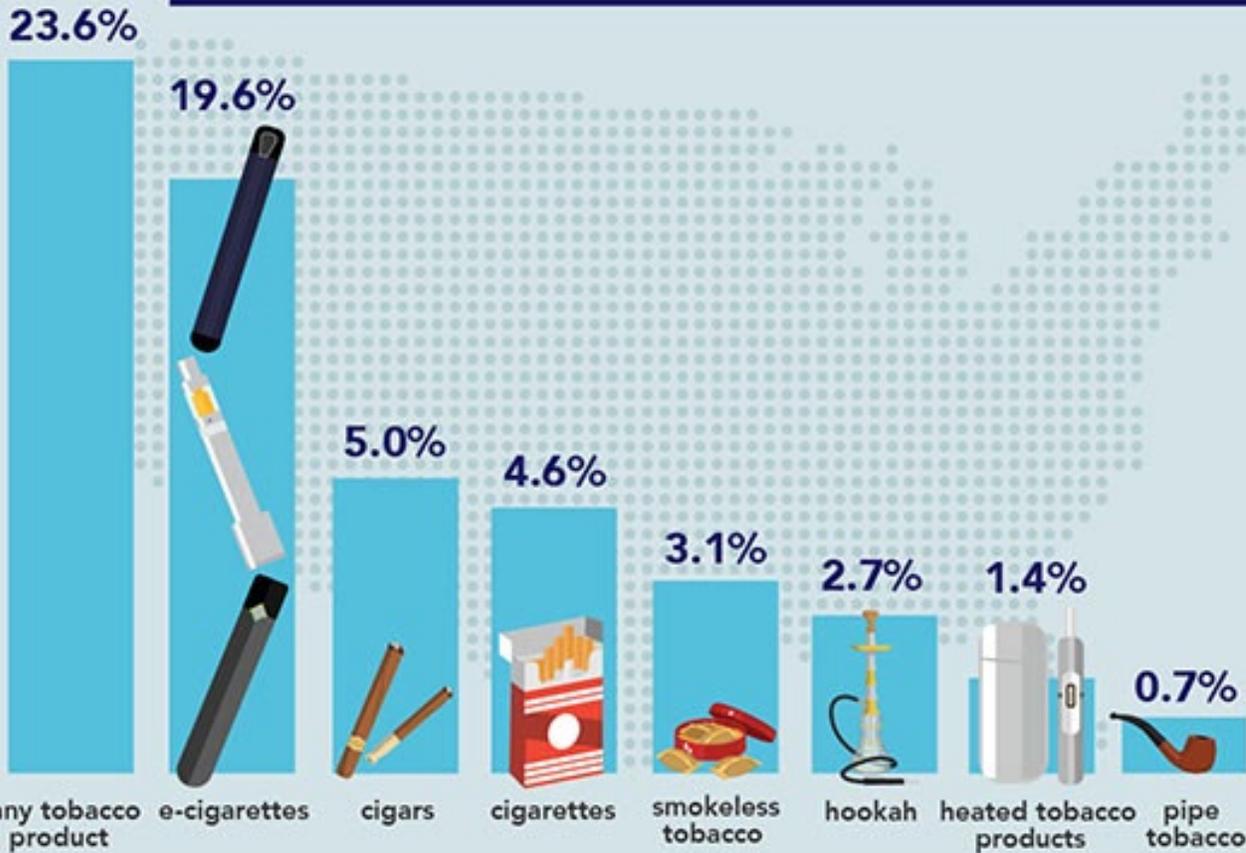
3rd Generation- Tank Systems (MODS)



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

CURRENT TOBACCO PRODUCT USE AMONG HIGH SCHOOL STUDENTS

Tobacco Product Use Among High School Students – 2020



Learn more at: bit.ly/6950a1

Source: National Youth Tobacco Survey, 2020



- Among high school seniors, e-cigarettes use has increased from 1.5% (2011), 16% (2015), 21% (2018), increased again in 2019 (25.5%), and then data from 2020 decreased back to 19.6% .
- About 1 of every 5 high school students (19.6%) reported in 2020 that they used electronic cigarettes in the past 30 days (a decrease from 27.5% in 2019).
- From 2011 to 2020, current (past 30 day) cigarette smoking went down among middle and high school students.

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)

Not Treating Tobacco Dependence has Negative Treatment Outcomes

Treatment Outcomes for Smokers

- Increased opioid withdrawal
- Increased cravings
- Lower detox completion/ Methadone taper

Clinicians mistakenly believe smoking has positive psychological functions

- Use smoking as an indirect coping strategy
- Reinforces coping through addiction
- Perceived stress reduction is often relief of withdrawal symptoms

Barriers to Intervention

- Persistent misconceptions and myths about the joint use of tobacco and other substances/mental illness
- Long standing permissive “culture of smoking”
- Many treatment providers are reluctant to address tobacco because:
 - Reduced confidence in their abilities to deliver cessation treatments
 - Lack necessary knowledge and training about cessation treatments
 - Feeling like “someone else will take care of this”; a crisis is not the right time to address tobacco use
 - Clients report that “smoking helps with symptoms”
 - Clients are under a lot of stress
 - We don’t want to “police” tobacco use

Myths & Facts About Smoking Among People with SUD/Behavioral Health Conditions (BHC)

MYTHS:

- People with SUD/BHC:
 - do not want to quit smoking
 - are unable to quit smoking
 - will jeopardize their recovery by quitting smoking

FACTS:

- People with SUD/BHC:
 - are as motivated to quit as smokers without SUD/BHC
 - are able to quit, especially when offered proven treatments
 - who quit smoking have a lower risk of substance use relapse and decreased negative mental health symptoms

Source: CDC. Vital Signs, Feb. 2013; Prochaska et al, 2004; Taylor, 2014

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

Evidence-based Treatments for Tobacco Dependence



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

T

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 use any tobacco or electronic nicotine delivery products, even once in a while?”)

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 – their desire to quit using tobacco (e.g., “Do you have a desire to quit smoking/quitting/vaping 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/chewing/vaping?”)

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.”)

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 | Varenicline/ Chantix | 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 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 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. |

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 – 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

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.takingtexasbaccofree.com/videos>

Put the patch on any
hairless part of your
body.



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 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.takingtexasobaccofree.com/videos>



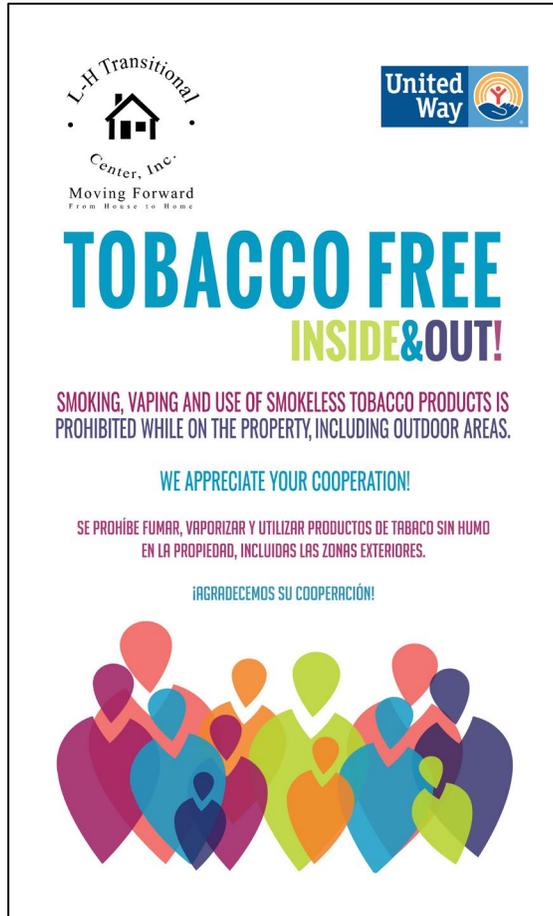
When tingling stops,
start chewing gum
again.



Medications for Tobacco Users - Summary

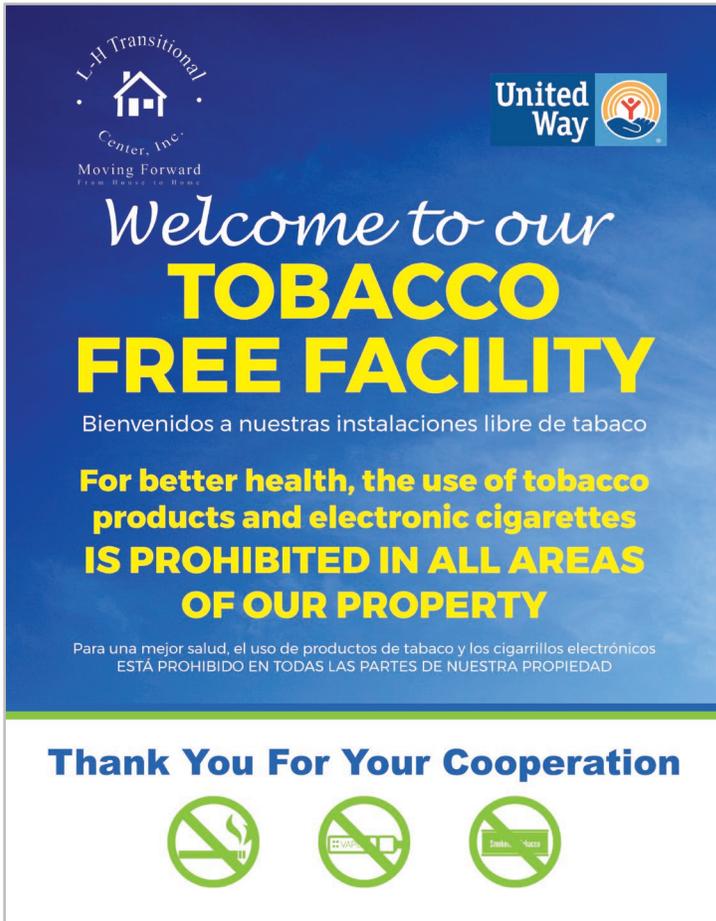
| Medication Type | Availability |
|-----------------------|-------------------|
| Nicotine Patch | Over the counter |
| Nicotine Gum | Over the counter |
| Nicotine Lozenge | Over the counter |
| Nicotine Inhaler | Prescription only |
| Nicotine Nasal Spray | Prescription only |
| Chantix / Varenicline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

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)**



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.



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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.

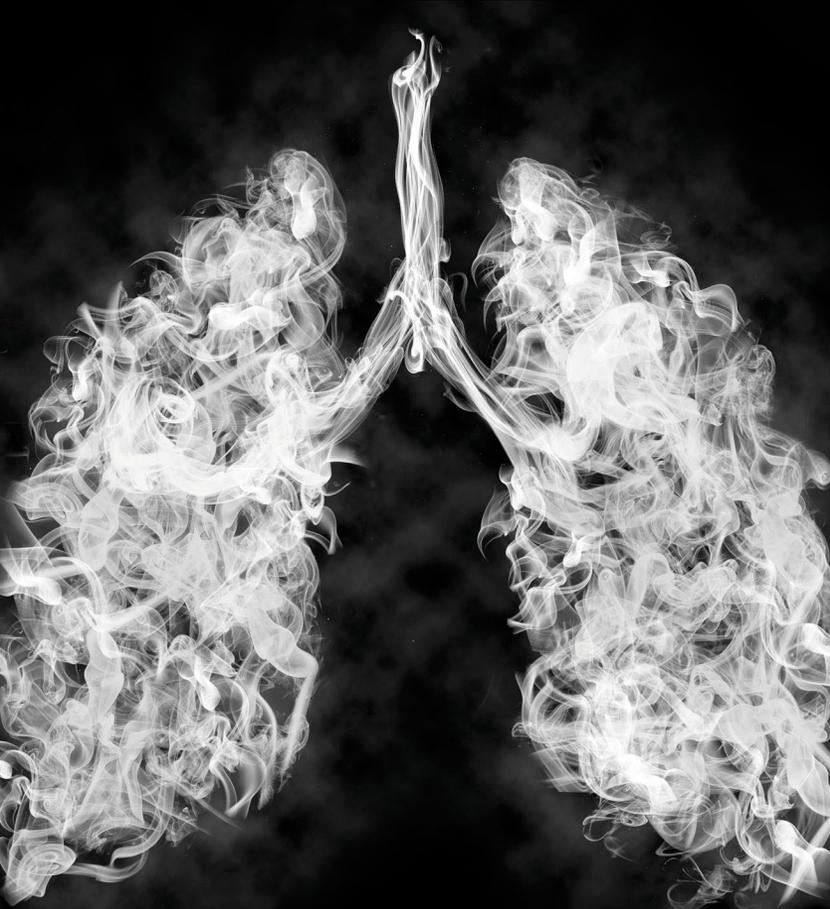
Resources – Websites

- **[Smokefree.gov](https://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://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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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



CANCER PREVENTION & RESEARCH
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