There are Gaps in Addressing and Treating Tobacco Use Disorder within Texas Healthcare Centers that Contribute to Patients' Chronic Disease

People with behavioral health disorders (mental health and/or non-nicotine substance use disorders) have significantly elevated rates of smoking compared with the general population in Texas (>40% vs. ~13%). Consequently, it is essential that centers providing services to people with behavioral health disorders are also addressing and treating tobacco use disorder to prevent tobacco-related health disparities within this priority group.

Most individuals with behavioral health disorders who use tobacco are interested in quitting and can do so successfully, with help. Research confirms that addressing tobacco use disorder in conjunction with other behavioral and physical healthcare needs is both possible and preferable, leading to better mental health, substance use, and quality of life outcomes.

Evidence-based interventions for tobacco use disorder include the implementation of comprehensive tobacco-free workplace policies that disallow tobacco use anywhere on site and require providers to:

- screen every patient for tobacco use
- conduct a thorough tobacco use assessment for tobacco users
- advise every user to quit at every health care contact
- assist users with quit attempts though brief counseling and medications (e.g., nicotine replacement therapy, Chantix)
- provide a referral (e.g., Texas Tobacco Quitline) with follow-up on progress

Unfortunately, recent data indicate that these interventions are not consistently used in healthcare centers in Texas (as seen in the sidebar) creating barriers to patients' recovery from tobacco use disorder.

KEY FOR SIDEBAR

* range represents different stakeholders unaware of the policy: ~15% of patients; ~17% of visitors; ~23% of contractors.

◊ range represents providers failing to advise patients to quit smoking (30%) or non-cigarette tobacco use (34%).

** range represents providers failing to assist patients to quit using cigarettes or other tobacco products, through: Texas Tobacco Quitline referral (66% vs. 65%), on-site referrals (70% vs. 68%), off site referrals (73% vs. 71%), or direct intervention (57% vs. 53%).

◊◊range represents different topics of tobacco use intervention not being covered through training: 60 motivating patients to quit; 62% treating tobacco use; 65% treating tobacco with co-morbid non-nicotine substance use/abuse.

***range represents unfamiliarity with TTQL services, including: provision of Nicotine Replacement Therapy (52%) and availability of services in Spanish (29%).

Percentage of Centers Failing to Consistently Use Evidence-Based Interventions for Tobacco Use

TOBACCO-FREE POLICY IMPLEMENTATION

- No Comprehensive Policy **~49%**
- Inconsistent Enforcement **~21%**
- Inadequate Communication **~15-23%***

TOBACCO USE SCREENING

- Screening Not Mandated **~25%**
- No Template Provided **~54%**
- No Training Provided **~54%**

TOBACCO USE INTERVENTION

- Don't Advise to Quit **~30-34%◊**
- Don't Assist Quitting **~53-73%****
- No Follow-up **~66%**
- No Free Nicotine Replacement Therapy **~64%**
- No Training Provided **~60-65%◊◊**

TEXAS TOBACCO QUITLINE (TTQL)

- Unfamiliar with TTQL **~48%**
- Unaware of Services **~29-52%*****
- Unable to Directly Refer **~86%**
- Unfavorable Impression of Patient Experience **~52%**

Taking Texas Tobacco Free Can Help Healthcare Centers to Start or Enhance their Ability to Address Tobacco Use Disorder and Improve Patients' Health

Taking Texas Tobacco Free will partner with Texas healthcare centers to provide customized support in increasing their capacity to address and treat tobacco use with funding from the Texas Department of State Health Services. We are here to help with free trainings, advice, and technical assistance to build your tobacco control and treatment capacity!

TOBACCO CONTROL AND TREATMENT TOPIC	BEST PRACTICES	HOW WE CAN HELP
Comprehensive Tobacco-Free Policy Implementation	Centers should adopt comprehensive tobacco-free policies banning all tobacco use, including e-cigarettes and smokeless tobacco, indoors and outdoors, and without any designated smoking areas. This policy should be applied to everyone on the property, including employees, patients, contractors, or visitors.	*Taking Texas Tobacco Free* can provide guidance on policy content, implementation, communication, quality assurance, and violation procedures. We have a suite of materials (with capacity to create new, customized materials) that will aid implementation, including signage for visibility, educational cards for enforcement, employee education that includes the evidence base for comprehensive tobacco-free policies, the importance of enforcement and monitoring, and more!
Education and Training Practices	Centers should adopt a cascade training (train-the-trainer) model and provide training to all employees on the science supporting concurrent intervention for comorbid tobacco use disorder and behavioral and physical health disorders, as well as the 5As, 5Rs, trauma-informed care, motivational interviewing, medication assistance, and more.	*Taking Texas Tobacco Free* can provide employee training with tailored curricula, assistance in implementing the cascade train-the-trainer model, and several specialized training opportunities (with capacity to create new, customized trainings), including motivational interviewing, trauma-informed care, and the benefits of the Texas Tobacco Quitline.
Tobacco Use Screening and Intervention Practices	Centers should mandate tobacco use screening for every patient, provide a tobacco use assessment template for their clinicians, advise every tobacco user to quit at every health care contact, assist users with their quit attempts through brief counseling and medications (e.g., nicotine replacement therapy, Chantix), and directly refer them to the Texas Tobacco Quitline (e.g., 5 counseling calls, 2 weeks of free nicotine replacement therapy) using fax, the online portal, or an electronic health record. Providers should continue to motivate and support patients' quit attempts by scheduling follow-up appointments to discuss quit progress and ensure delivery of additional interventions as needed.	We can provide trainings and resources on best practices for screening and intervention. Additionally, *Taking Texas Tobacco Free* has provider materials, in English and Spanish, including tobacco use assessment templates and appointment reminder cards, that can be useful for providers to motivate and support quit attempts. These materials also include provider and patient guides to what the Texas Tobacco Quitline offers.

If your center is interested in partnering with us, please reach out to Bryce Kyburz at **Bryce.Kyburz@integralcare.org**. For more information about our current and past work with Local Mental Health Authorities, substance use treatment centers, health centers, community organizations, and homeless-serving agencies, please visit our website at **www.TakingTexasTobaccoFree.com.**