

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



# Today's Agenda

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- Introduction of Taking Texas Tobacco Free
- Smoking and Substance Use Disorders
- Overview of Tobacco Dependence Treatment Medications
- Benefits of a Tobacco-free Workplace Program
- Questions

# 23 Local Mental Health Authorities Have Participated in the TTTF Program Since 2013

Together, these LMHAs served 145 counties across the state of Texas (57% of the counties in the state) via ~300 individual clinics.

## Local Mental Health Authorities that We 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. Andrews 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)

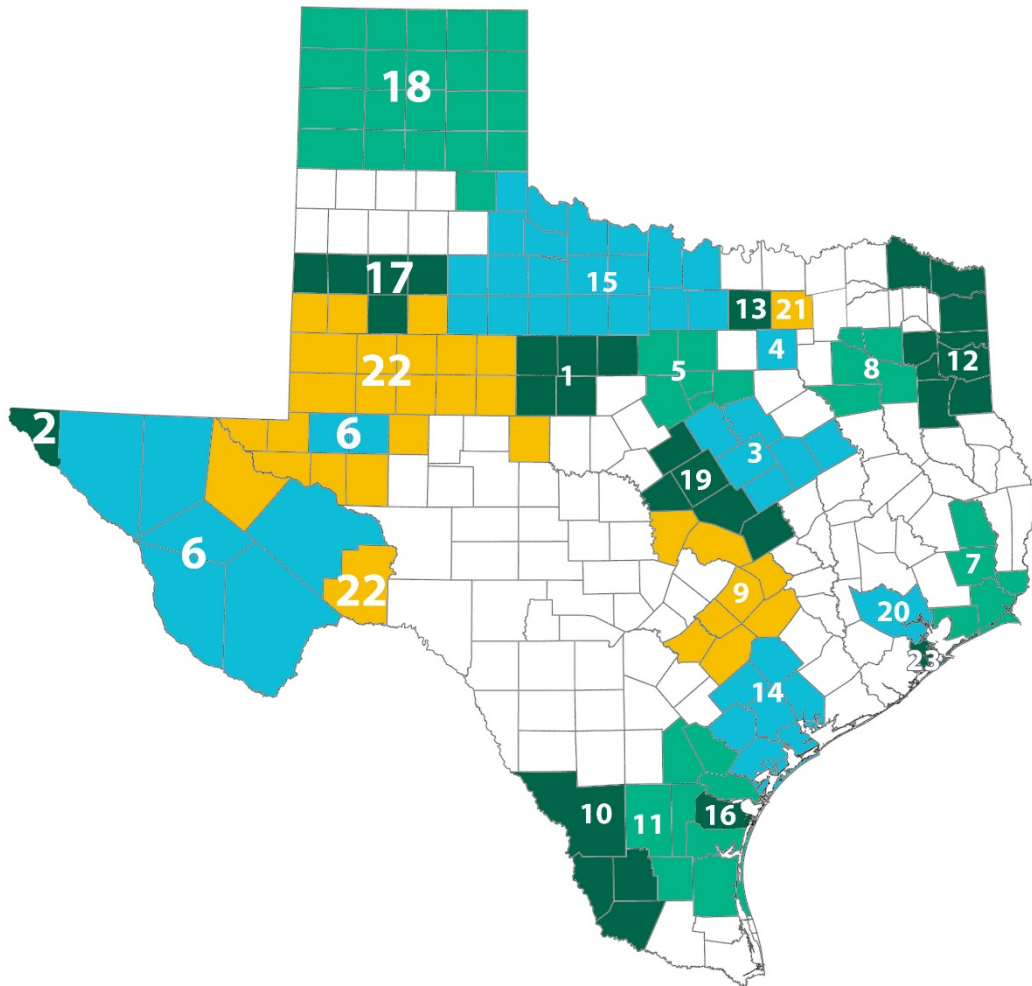
15. Helen Farabee Center (Wichita Falls)
16. Nueces County (Corpus Christi)
17. Starcare Centers (Lubbock)
18. Texas Panhandle Center (Amarillo)

### COHORT 3

19. Central Counties Services (Temple/Belton)

### COHORT 4

20. The Harris Center for Mental Health and IDD (Houston)
21. LifePath Systems (McKinney/Plano)
22. West Texas Centers (Big Spring)
23. Gulf Coast Center (Galveston)



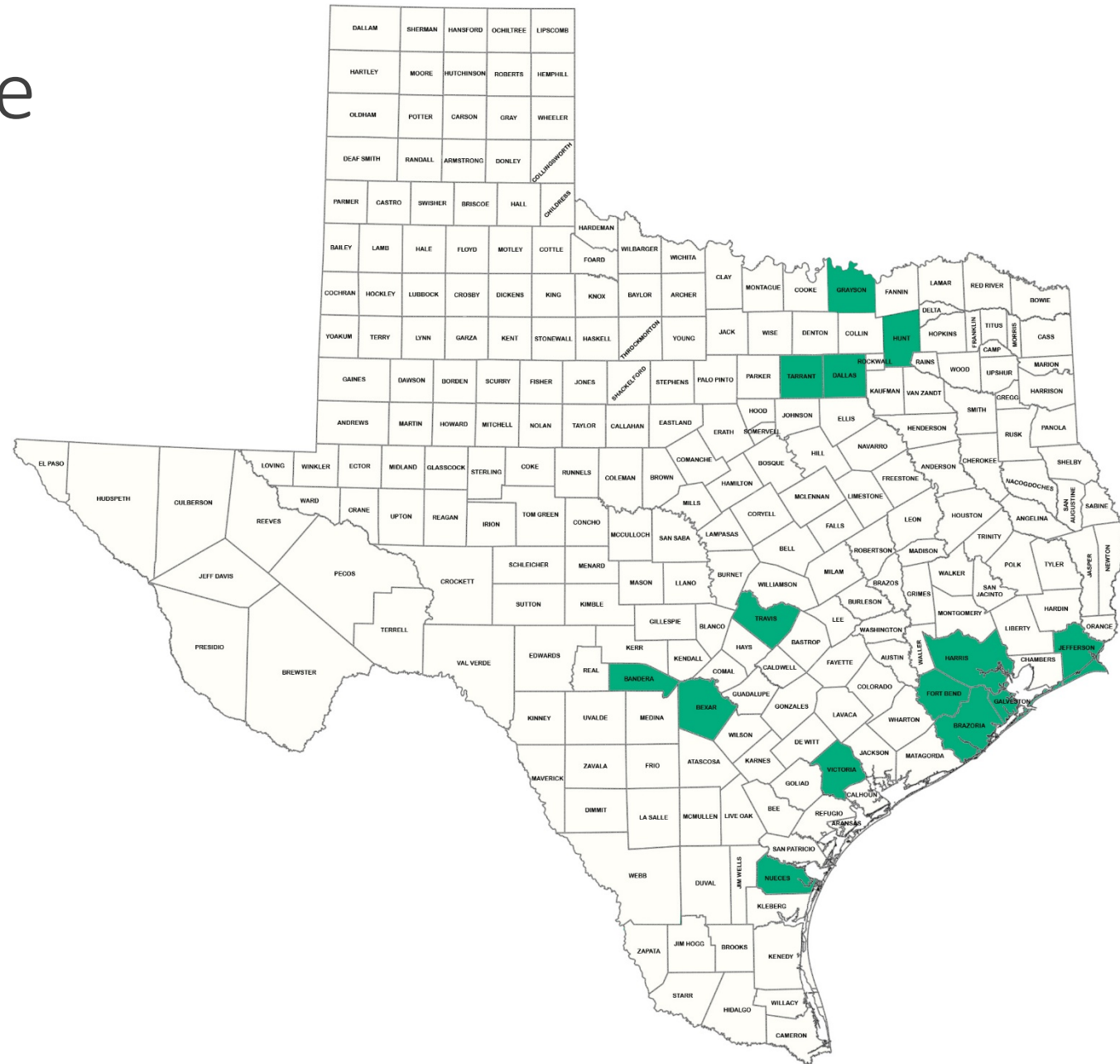


# Taking Texas Tobacco Free

## CURRENT GRANT: SUBSTANCE USE TREATMENT AND COMMUNITY CENTER PARTNERS

### Enrolled

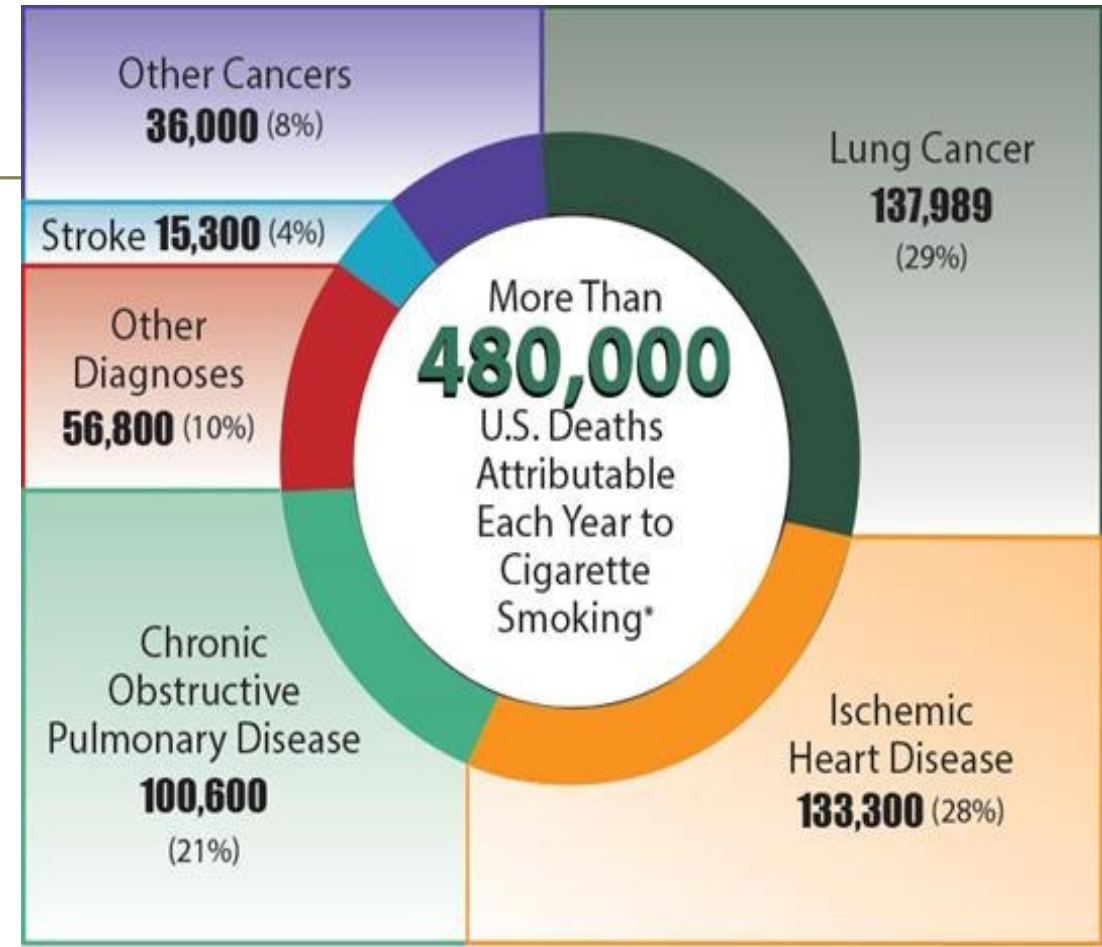
- Montrose Center (Harris Co)
- Santa Maria Hostel (Harris Co)
- Billy T Cattan Recovery Center (Victoria Co)
- Volunteers of America (Bexar Co)
- Foundation Communities (Travis Co)
- Land Manor (Jefferson Co)
- Council on Recovery (Harris Co)
- Alpha Home (Bexar Co)
- Counseling and Recovery Services (Harris & Neuces Co)
- Crossroads Treatment Centers of Ft Worth (Tarrant Co)
- STEP Med Treatment Center (Dallas Co)
- Axcel Treatment Center (Grayson Co)
- Healthcare for the Homeless Houston (Harris Co)
- SEARCH Homelessness Services (Harris Co.)
- Arms of Hope (Hunt Co & Kerr Co)
- San Antonio Health District (Bexar Co)
- The Village at Incarnate Word (Bexar Co)
- Gulf Coast Center (Galveston and Brazoria Co)
- The Sobering Center (Travis 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.
- Leading risk factor in the shortened life span of the people we serve.

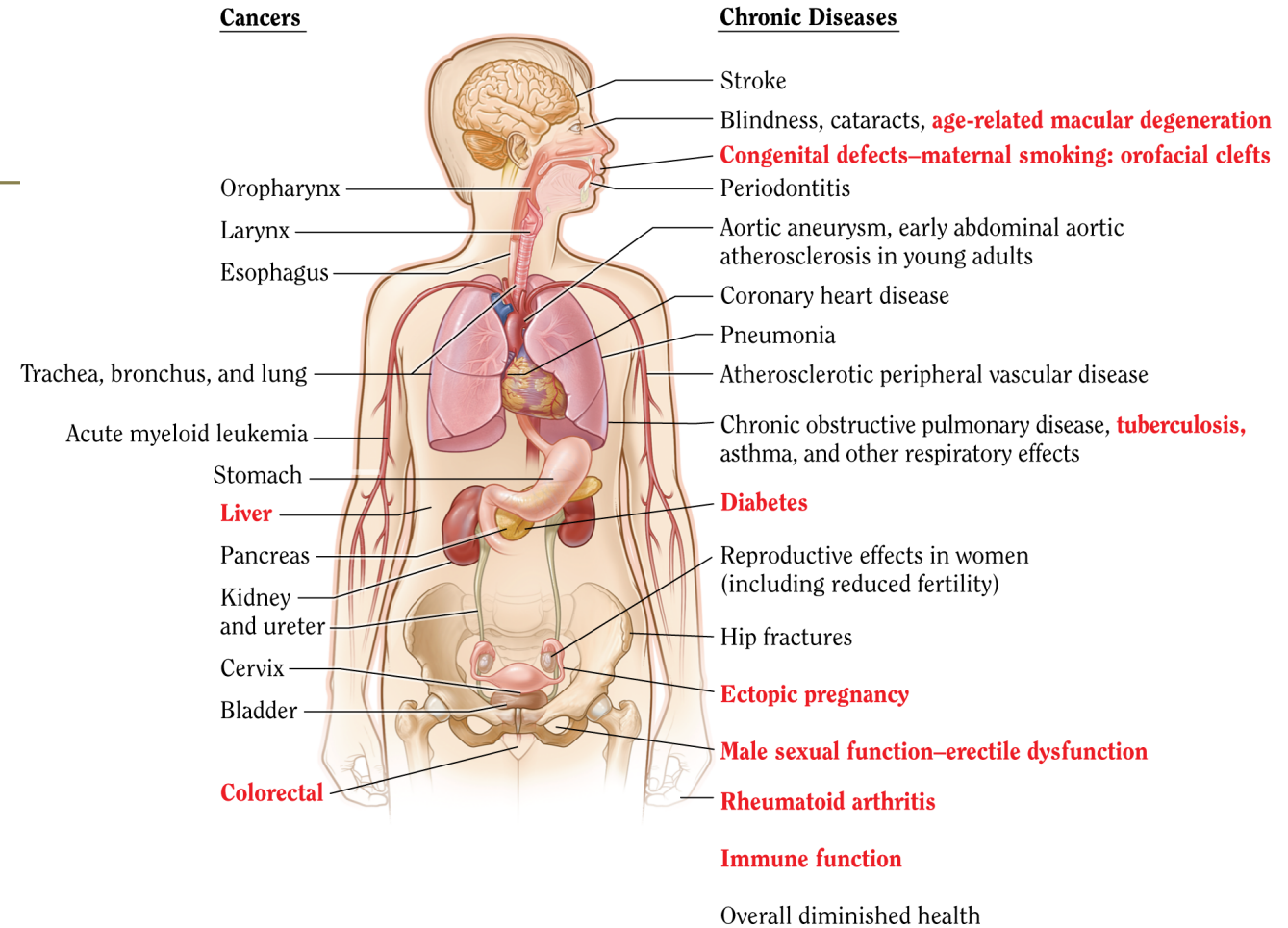


Source: The Health Consequences of Smoking—50 Years of Progress:  
A Report of the Surgeon General, 2014

# Hazards of Smoking

Smoking increases risk for:

- Cancer
- Heart disease
- Stroke
- COPD
- Reduced fertility



Source: USDHHS 2004, 2006, 2012.

Note: The condition in **red** is a new disease that has been causally linked to smoking in this report.

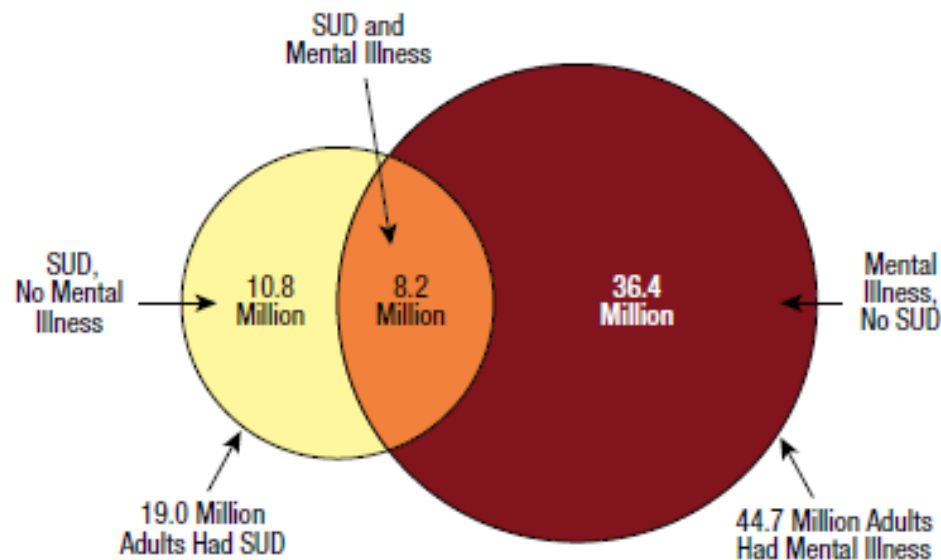
# High Rate of Tobacco Use Among People with SUDs

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- 70-87% of adults with substance use disorders 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).

# Co-occurring Substance Use and Mental Health Disorders

**Figure 1. Past Year Substance Use Disorder (SUD) and Mental Illness among Adults Aged 18 or Older: Numbers in Millions, 2016**



- 44% of all cigarettes sold in the United States are consumed by those with a substance use or mental health disorder.
  - 175 **billion** cigarettes sold/\$39 billion annual profit

Graphic courtesy of: SAMHSA Key Substance Use and Mental Health Indicators in the United States: Results from the 2016 National Survey on Drug Use and Health, pg. 46.



# Tobacco Use and Pain Connections

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- Smoking has some analgesic properties, but these benefits dissipate with continued smoking.
- Smoking increases long-term pain – 50% of patients seeking pain treatment are smokers (although only 14% of population smoke).
- Former and current smokers are more likely to have lower back pain, with increasing associations as duration/intensity of pain increases.
- Smoking is best-established risk factor for rheumatoid arthritis (RA).
- Smoking associated with headaches and associated with 30% greater chance of experiencing tooth pain, mouth ulcers, oral pain.
- Smokers presented more maladaptive pain behaviors (i.e., decreased activity, increased medication reliance, and greater emotional distress) relative to chronic pain treatment-seeking nonsmokers.

Joseph W. Ditte. 2011. *Pain, Nicotine, and Smoking: Research Findings and Mechanistic Considerations* Psychol Bull.

# Opioid & Tobacco Dependence Connections

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Nicotine and opioid addictions are mutually reinforcing.

- Those with opioid use disorders are more likely to smoke, and
- Tobacco use is a strong predictor of prescription opioid misuse

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

- Due to similar neuropathways and dopamine release by nicotine
- Adolescent exposure to nicotine has been shown to increase susceptibility to opioid addiction in adulthood
- Chronic nicotine exposure may dysregulate the endogenous opioid system, leading to greater pain and cross-tolerance to opioid medications
- Nicotine may enhance the reinforcing properties of opioids
- Smoking cessation is associated with long-term abstinence following treatment for opioid use disorder, suggesting a strong link between the neurobiology of nicotine and opioid addiction

Yoon et al, 2015; Klein et al, 2015; Mannelli et al, 2001

# 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)



# Myths and Facts About Smoking Among People with SUDs

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## Myths

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

## Facts

- They are as motivated to quit as smokers without SUDs
- They are able to quit, especially when offered proven treatments
- Actually, quitting smoking lowers risk of relapse and overall substance use and promotes abstinence

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



# Tobacco Use and 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).
- In a recent review of quitting smoking programs on substance use, the majority of studies found:
  - For alcohol and other substances – decreased consumption, decreased relapse, and increased past year abstinence (McKelvey et al, 2017)
  - Continued tobacco use can harm recovery and trigger other substance use (Williams, 2005; Kohut, 2017).



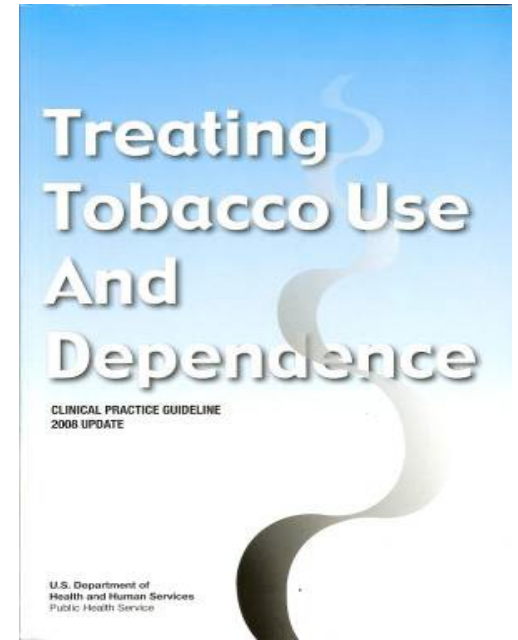
# Mental Health Improvements Associated with Quitting Tobacco

- Quitting smoking associated with significant decreases in anxiety, depression, stress.
- Increase in psychological quality of life and positive affect.
- Associated improvements greater than or equal to effect of antidepressants in depressive and anxiety disorders (Taylor et al., 2014).



# What Can and Should Be Done By Substance Use Professionals & Treatment Centers

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



# The 5 A's

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ASK	➡	about tobacco USE
ASSESS	➡	READINESS to quit
ADVISE	➡	consumer to QUIT
ASSIST	➡	with QUIT ATTEMPT
ARRANGE	➡	FOLLOW-UP care



# FDA Approved Tobacco Treatment Medications

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## Over the counter medications nicotine replacement therapies

- Nicotine patches (21, 14 & 7 mg doses)
- Nicotine gum (2 & 4 mg doses)
- Nicotine lozenges (2 & 4 mg doses)

## Prescription nicotine replacement therapies

- Nicotine inhaler
- Nicotine nasal spray

## Prescription non-nicotine medication

- Varenicline (Chantix)
- Bupropion (Wellbutrin or Zyban)

# Why Use Nicotine Replacement Therapy?

NRT

- Helps relieve physical withdrawal symptoms
- Addresses a person's physiological need
- Delivers lower levels of clean nicotine

# How NRT Works



# Tobacco Treatment Medications

	Patches	Gum	Lozenge	Chantix (most effective)	Zyban/ Wellbutrin
<b>Strength</b>	21, 14, 7 mg	2, 4 mg		.5, 1 mg	150 mg
<b>Dosing</b>	1 patch/ 24 hrs	1 piece every 1-2 hours		<ul style="list-style-type: none"> <li>• <b>Days 1-3:</b> .5 mg every morning</li> <li>• <b>Days 4 - 7:</b> .5 mg twice daily</li> <li>• <b>Day 8 - end:</b> 1 mg twice daily</li> </ul>	<b>Days 1-3:</b> 150 mg once in AM <b>Day 4 – end:</b> 150 mg twice daily
<b>Advantages</b>	Private Once a day	Offset cravings Reduces dependence		High success rates	Also treats depression
<b>Adverse Reactions</b>	Skin reaction Sleep Disturbance	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



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



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

Research states:

- Presence of toxic substances (ie, fine/ultrafine particles, cytotoxicity, various metals, TSNAs, and carbonyls), but lower levels than cigarettes
- Dual use of ENDS & combustible cigs common & is problematic
- Not effective method to quit smoking
- Long term health consequence of e-cigarette use unknown

Use of ENDS should be discouraged and not be used as a first line cessation method.

*\* 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. Juul 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*

# myBlu, Vuse Alto, JUUL, Riptide, iQOS



# Myths and Facts About Smoking Among People with SUDs

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## Myths

- Increase behavioral problems
- Increase clients' substance use & precipitate relapse
- Lead to premature withdrawal from treatment programs
- Increase in accidents/injuries from walking to side of street

## Facts

- Does not increase clients' aggression
- Lowers risk of relapse, reduces overall substance use and promotes abstinence from other substances
- Does not lead to significant premature discharge
- No reported increase in injuries due to tobacco-free policies

*Prochaska et al, 2004; Taylor et al., McKelvey et al, 2017*

# Engaging Tobacco Users on Tobacco-Free Campus

- **Polite and Respectful:** Establish a sense of safety, use tone of respect, assume client is anxious by your presence, be empathetic & understanding.
- **Listen to them:** Hear their thoughts on the policy.
- **Educate:** Share information about the policy and why it is in place, inform them about cessation services, answer their questions, provide policy card.
- **Be non-judgmental:** Don't make assumptions or criticize/blame people, be comfortable with yourself.

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



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PRODUCTOS DE TABACO ESTA PROHIBIDO  
EN TODAS PARTES DE NUESTRA PROPIEDAD.





# Quit Tobacco Resources

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- **Texas Quit Line:** 1-877-YES-QUIT (937-7848)
- **Download the Texas QuitLine app** (clinicians can refer clients to the QuitLine from their phone):  
<https://www.uttobacco.org/our-programs/for-health-care-providers-and-emr-vendors>

## Refer from QuitLine online:

- <https://www.quitnow.net/mve/quitnow?qnclient=texas> (click on the Refer A Patient in the upper right hand corner).
- Text message quit programs for veterans, pregnant women, teenagers, Spanish-speaking people and older adults:  
<https://smokefree.gov/>
- Download information cards, posters, quit plans, group ideas, and English and Spanish short educational videos:  
[www.takingtexasbaccofree.com](http://www.takingtexasbaccofree.com) (under the TOOLS/DOWNLOAD CENTER tab)



## FOR MORE INFORMATION

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