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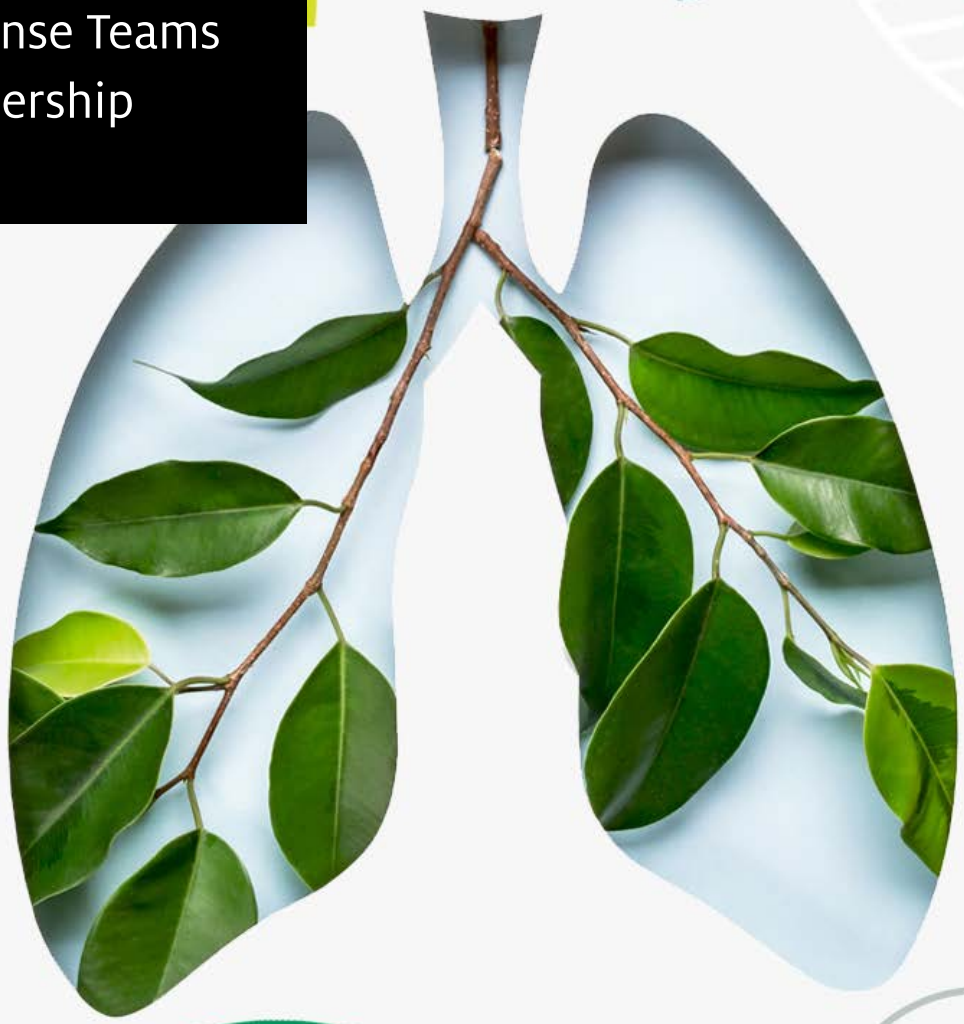
TREATING TOBACCO USE DURING AN EMERGENCY SITUATION:

A Preparedness Guide for Local Response Teams & City Leadership



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PREPAREDNESS GUIDE

This guide is specifically designed to assist local response teams (mental health authorities, agency administrators, service providers, state and local leaders) in treating tobacco use as part of their local emergency response. This guide may be best utilized by organizational entities that already provide tobacco treatment to assist them in expanding their coverage and services to meet local emergency needs. If more thorough training for tobacco treatment is desired and/or details regarding the provision of long-term tobacco cessation services within treatment centers is needed, please visit our website for more information: www.TakingTexasTobaccoFree.com. The contents of this preparedness guide (including attached appendices) were developed based on responses to Hurricane Harvey relief efforts and COVID-19 in Austin, TX. In the latter case, tobacco treatment was provided at re-purposed hotels that provided shelter to individuals who were homeless and/or vulnerably housed. This included adults with confirmed or presumed COVID-19 positive status who did not require hospitalization and had nowhere else to go to receive care.

SMOKING IS THE LEADING PREVENTABLE CAUSE OF DEATH AND DISABILITY IN THE UNITED STATES[1]

Tobacco cessation is associated with improved quality of life; reduced depression, anxiety, and stress[2,3]; as well as a decreased risk of dying from things like cancer, heart disease, and cardiovascular disease.[4] Despite the common myth that individuals with mental and behavioral healthcare issues are not interested in quitting, they are just as motivated to quit smoking as anyone else.[5] **Unfortunately, many individuals continue to smoke because they are never offered support (or sufficient evidence-based support) to quit**. Research shows that people with mental health conditions are able to successfully quit with appropriate treatment.[6,7] Providing evidence-based treatment for tobacco cessation is possible, even during an emergency or disaster (e.g., hurricane or pandemic). Similar to non-nicotine substance use, without intervention, tobacco use may increase following stressful events such as a natural or manmade disaster, making it particularly important to offer interventions for tobacco use in these instances.[8] If an emergency displaces individuals who have lost their residences, the use of cigarettes/vapes in shelter environments can contribute to second- and third-hand exposure to harmful chemicals among non-smokers, children, etc. Finally, another reason to address tobacco use among relevant stakeholders during emergencies is that these circumstances can present a tobacco user with even more reasons to quit (e.g., reduced financial resources, people may be in shelter settings where smoking is disallowed due to presence of children/non-smokers, etc.).

STRESSORS DURING EMERGENCIES

LOSS OF RESIDENCE

HEALTH ISSUES

FINANCIAL CONSTRAINTS

LACK OF SUPPORT

HOW TO PREPARE

1 **Begin conversations** with local leaders/emergency response teams and key stakeholders about including tobacco cessation services as part of the response plan now - before a disaster or other emergency occurs. Local mental health agencies should be included as dedicated members of the local first response entities. It will be necessary that specific staff and/or units are identified as wellness champions who will lead the initiative of tobacco treatment during a disaster or other emergency. Ideal candidates for this team include those with expertise in tobacco dependence treatment and administration of over-the counter nicotine replacement (NRT) therapies, experience in crisis response, chemical dependency treatment, street outreach teams, family services, and/or chronic disease management.

2 **Identify training resources**, materials, and who will provide training for staff prior to any emergency response disaster or as teams are being mobilized in response to an emergency. Resources for training materials can be obtained from the internet, and we have many on www.TakingTexasTobaccoFree.com that can be easily used for these efforts.

3 **Train staff** to provide brief evidence-based treatment services for tobacco use. Training should include medical providers as nicotine levels directly affect how certain medications are metabolized. It is important that staff have adequate knowledge about tobacco use, treatment medications and cessation. Designated staff are encouraged to utilize free online training available through www.TakingTexasTobaccoFree.com.

4 **Discuss and identify** a sustainable means to supply the necessary resources to support tobacco cessation (e.g., nicotine replacement therapy, quit plan, tobacco use assessments). This may include identifying funding streams to purchase NRT.
Questions to consider include:

- Will funding initially come from the county health department?
- Will a local mental health authority fund the purchases?
- Can government resources provide monetary assistance for these services in the context of emergency situations (e.g., disaster declarations)?
- What agency(ies) are responsible for ordering products?

Note that there are multiple types of NRT available, and the most effective use of these is combined use of different products (e.g., patch with gum during acute cravings). Additionally, some forms of NRT cannot be used with all people interested in tobacco treatment (e.g., gum may not be appropriate for individuals with significant dental issues).

5 **The team will want to identify options and methods** of reimbursement for purchasing of products. Frameworks for procedures and protocols for storing, dispensing and documenting administration of the products should be established (for an example, see Appendix A).

6 **A priority for the emergency response teams** should be identifying ways to obtain NRT quickly should an emergency occur with little or no notice (e.g., tornado or flood event) to allow for immediate implementation and support. Teams may consider local retailers (Costco, Sam's Club, CVS, Walgreens, etc.), local agencies treating tobacco use, or ordering from a wholesale supplier. In the event that NRT resources are supplied from another entity, the response team should have plans in place to replace the borrowed supplies once orders are fulfilled from the supplier.

7 **Teams should discuss** the manner in which screenings conducted and people's acceptance and refusal to receive tobacco dependence treatment is documented and charted. For example, will a detailed spreadsheet available to teams through Google docs or a similar document sharing platform be used, or is there a centralized electronic health record system into which information is entered? It is also important for teams that receive disaster funding to ensure that documentation of provided services is consistent with funding guidelines.

8 **Teams should be trained** to understand the role past and current trauma plays in decision-making. It is important to recognize and honor people's autonomy in decision-making and not attempt to persuade them to make a change they are not comfortable or ready to make, including quitting tobacco products.

- Staff can explore possible harm reduction strategies over a quit tobacco strategy.
- Staff can provide a menu of options to allow the person an opportunity to identify what they may be interested in doing other than quitting tobacco (Appendix B).

9 **Create simple flyers** that represent the local services and advertise the available tobacco cessation services that can be easily printed or distributed electronically during an emergency response (for an example, see Appendix C).

10 **Determine a data collection method** to ensure continuity of care during and following the emergency. The collection of collateral information on stakeholders (e.g., friends' or other family member's phone numbers) can help to maintain contact.

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IMPLEMENTATION

Assign staff to emergency centers who can support medical, mental health, and social service care. As part of the response team, it may be necessary to support individuals by meeting their basic needs (i.e., shelter, food, medical needs such as medication reconciliations assistance) or by taking steps toward replacing and rebuilding essential documentation and services (i.e., replacing cell phones and driver's licenses, birth certificates, and passports as well as applying for government assistance such as FEMA, food stamps, social security benefits, etc.). Through these initial conversations and stabilization efforts, staff can inform people of the availability of tobacco dependence treatment medications. Incorporating tobacco reduction/cessation support within the initial interventions can help people reduce cravings and allow them to focus on activities to help meet their basic needs.

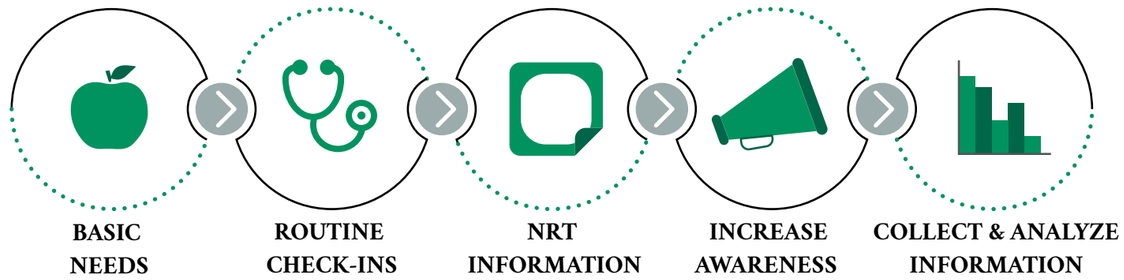
During routine check-ins (ideally weekly) covering medical, behavioral, and social service care, staff are encouraged to use the following steps:

1. First ask, "How are you doing? What do you need?" After the staff member assists the person with their immediate and pressing needs and concerns;
2. Next say: "I also have another question for you, do you use tobacco products? I am asking this because we have medications to help people with cravings or quitting."
3. If yes, ask "Do you have an interest in quitting?"
   a. If yes, say: "We can help you with that. We have (share the menu of quit resources)."
   b. If no, ask "Would you like to reduce your smoking?"
4. If yes, say: "We can help you with that. We have (share the menu of quit resources)."
5. If no, provide passive education that relays the benefits of quitting smoking (see Appendices D and E for examples) and information to contact a provider at a later time. If a hand-out is not available, possibly a business card or paper handout with contact information could be used, should they change their mind.
   a. Remember: motivation to quit varies over time and even within a single day. Just because someone is not interested in quitting or reducing smoking at one time does not mean that they will not be at another point in time. Therefore, it is exceedingly important that staff follow these guidelines at every contact with a person, and when talking with other stakeholders.

During the assessment conversation it is important to ask the following questions to determine what type of NRT and what dose is most appropriate for the person:

- Ask what type of tobacco product(s) they use, how much they currently use and inquire if they have used NRT in the past. Based on the information provided, suggest the best product to help them quit and solicit their questions and concerns about the products (for guidance on NRT dosage and correct use of a nicotine patch, see Appendices F and G).
- If teams encounter unique situations from individuals seeking tobacco treatment (e.g., youth under 18 who use tobacco, pregnant women, breastfeeding women, etc.), they are encouraged to refer the individual to their primary care physician or psychiatrist.
- Use other resources as suited for the individual, including a pre-printed quit plan (for an example, see Appendix H) or relaxation techniques. Relaxation techniques such as deep breathing exercises or progressive muscle relaxation will not only assist with quitting smoking but will also provide the person with healthy outlets to reduce stress, anxiety and tension related to the emergency.
- Provide resources where they can obtain long-term services following the emergency response team services.

IMPLEMENTATION PROCESS



A designated staff member should be responsible for tracking the distribution of NRT supplies and reorder supplies as needed to ensure that there is always a constant supply available for people. This designated person should take into account the on-the-ground situation regarding availability of current and potential future shipping and delivery disruptions, internal processes for orders to be approved and the length of time to normally receive an order from a supplier. An order may have to be placed several weeks in advance of a supply running out.

Increase awareness of the service though flyers, word of mouth, and referrals. Emergency staff and personnel should be aware of possible collaborations and linkages with other agencies or support systems to further expand outreach and availability of treatment services.

Depending on the nature of the emergency and the response, connecting people to continued levels of care and services within the community to assist them with ongoing support for their quit attempt will be important. State quitlines and other resources can be of use in this regard (for an example, see Appendices H and I).

Collect data on the number of people contacted and on the ones who accept help. These data may be helpful in fully capturing the entirety of the emergency response effort for subsequent reporting to various stakeholders.

EVALUATION

Evaluate procedures during the emergency response and identify areas of improvement and strength. For example,

- What services were not provided and who could provide this service in future responses?
- Where were breakdowns or log jams in processes? How can these situations be avoided or prevented in future responses?
- Evaluate training needs and dispensing procedures – alter as needed. What risk management issues arose that need to be rectified?
- How can services be tailored for other possible disasters or community activations?

Assess current policies and procedures to identify related ongoing needs and staff or practitioner education/ training gaps as it relates to treating tobacco use.

Continue with ongoing service provision related to tobacco use to bolster practitioner skills.

Need resources to get started? Check out:

- General website: www.TakingTexasTobaccoFree.com
- Train the Trainer materials: www.TakingTexasTobaccoFree.com/TraintheTrainer
- COVID-19 flyer: www.TakingTexasTobaccoFree.com/download-center-home
- Reproducible materials/handouts: www.TakingTexasTobaccoFree.com/download-center-home
- Videos of empirically-supported tobacco cessation treatments for people interested in quitting and clinicians: https://www.TakingTexasTobaccoFree.com/videos (English) https://www.TakingTexasTobaccoFree.com/videos-en-espanol (Spanish)

ACKNOWLEDGEMENTS

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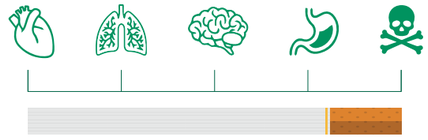
Contributors to the content and design of this guide included the following Taking Texas Tobacco Free team members: Ashley Ramclam (doctoral candidate, UH), Bryce Kyburz (project manager; IC; Integral Care), Teresa Williams (director of clinical services; IC), Dr. Kathleen Casey (director of clinical innovation and development; IC), Dr. Isabel Martinez Leal (senior researcher; UH), Mirna Centeno (senior graphics designer, UH), and Dr. Lorraine R. Reitzel (professor & TTTF project director, UH).



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APPENDIX A

NRT Distribution Protocol & Plan

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Appendix A

NRT Distribution Protocol and Plan

1) NRT should be stored and inventoried in controlled rooms at designated facilities.

2) Create a spreadsheet to track contact information for individuals screened/offered services and resources provided.

3) Include in spreadsheet one column named "Desire for NRT" indicating the following (drop down options):
    a. NS – Never smoker
    b. NO – No interest in quitting/doesn't want NRT
    c. YES – Interest in quitting/accepts NRT

4) Add a second column named "NRT Distribution" to indicate date & type of NRT distributed. For example,
    a. 21 mg patch
    b. 14 mg patch
    c. 7 mg patch

5) While reaching out via telephone to people for regular check-ins or a follow up on something, ask about their tobacco use status and let them know nicotine patches are available to help them quit. Note their response on the spreadsheet as appropriate.
    a. If a person does not answer the phone, leave the "Desire for NRT" and "NRT Distribution" columns blank and follow up later in the day or next day/during routine check-in calls.

6) If a person reports smoking/vaping, **but has no desire to quit/use NRT**, provide: (1) an information card on importance of quitting smoking, and (2) a handout on smoking/vaping during a disaster – place these print materials in a Ziploc bag and put outside of their room/under their door/on their door handle. Some type of intervention, even the most modest effort, should be included in every conversation.

7) Provide verbal education (with appropriate safety precautions when needed such as wearing personal protective equipment and/or staying at least 6' away) on how to use the NRT, possible side effects, and provide the contact number for a designated person who can provide additional support – this can be provided through a handout as well.

8) For example, provide the person with a Ziploc bag of 14 nicotine patches with the instructions (all contents from the box). *Do not give them the NRT box to minimize people attempting to take to a retail store to get store credit or gift card or to sell on the street.* Include in the Ziploc bag: (1) an information card on importance of quitting smoking, (2) a handout on smoking/vaping during a disaster, and (3) information on how to use the nicotine patch (Appendix C).

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9) Determine method for follow-up and if it will be initiated by staff or the individual receiving assistance. If the person wishes to continue to use NRT, they will need to come back in two weeks to get another supply.

10) People provided NRT should not be expected to step down from the nicotine patches while in short-term care (this may change depending on the emergency/response, though). However, if they wish to step down or use a lower dose, provide them with the next lower dose (i.e., step down from 21 mg patch to a 14 mg patch; 14 mg patch to 7 mg patch).

11) If someone has questions or experiences any side effects from the patches, they should call the designated person to troubleshoot and provide guidance on next steps.

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APPENDIX B

Not Ready to Quit Handout

Handout is from
Learning about Healthy Living: Tobacco and You.
Produced by the Robert Wood Johnson Medical School
Division of Addiction Psychiatry

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APPENDIX B
Not Ready to Quit Handout
Handout is from *Learning about Healthy Living: Tobacco and You.*
Produced by the Robert Wood Johnson Medical School Division of Addiction Psychiatry.

I'm Not Ready to Quit Smoking
. . . but, I am Ready to:

- ☐ Come to group to talk about tobacco.
- ☐ Read handouts.
- ☐ Talk to other people who used to smoke and learn about how they were able to quit.
- ☐ Count and keep track of how many cigarettes I smoke each day.
- ☐ Recognize my smoking patterns.
- ☐ Delay smoking at certain times.
- ☐ Make it more difficult for myself to smoke. I can move my cigarettes from their usual place. I can smoke with my other hand or do things that are not my smoking "habit".
- ☐ Try to reduce my carbon monoxide level.
- ☐ Ask my family and friends how they feel about my smoking. Ask them if they would be able to help me when I try to quit.
- ☐ Calculate how much I spend on tobacco each week, each month and each year.
- ☐ Think about the benefits of quitting smoking for me personally.
- ☐ Change my smoking.
- ☐ I'm beginning to think seriously about quitting smoking.

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APPENDIX C

CESSATION FLYER

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APPENDIX D

PRINT MATERIALS FOR EDUCATION

(All print materials are available for free download at www.TakingTexasTobaccoFree.com/download-center-home)

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Quitting smoking is associated with improved mental health, reduced symptoms, lower stress, more positive mood, and a better quality of life.
Get help; quit now.

https://www.quitnow.net/texas/

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Want to quit smoking?

Call the QUITLINE

1-877-YES-QUIT (1-877-937-7848)

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Smoking is highest among people with addiction disorde
with rates as high as 87%.

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TOBACCO USE IS LINKED TO HIGHER MORTALITY RATES THAN ALCOHOL USE

More people in treatment for alcohol use die from smoking-related diseases (51%
than alcohol-related diseases (34%).

ALCOHOL AND TOBACCO USE MULTIPLIES CANCER RISKS

Individuals with hazardous drinking problems experience higher cancer rates because using alcohol and tobacco together multiplies the risks for several cancers including liver, digestive track, mouth and throat cancers.

66% OF ADOLESCENTS IN TREATMENT ARE SMOKERS

Unfortunately, most will continue smoking as 80% of adults addicted to tobacco began smoking as adolescents.

4X HIGHER SMOKING RATES

While effective treatments have driven a decline in the general population, those with substance use disorders have smoking rates 4 times higher than the general population.

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Quitting tobacco is the best thing you can do for your health.

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The Myths

- People who are in alcohol or drug treatment do not want to quit smoking.
- Getting clean or sober is much harder while quitting smoking.
- People will choose not to seek treatment if they cannot use tobacco.

The Facts

- Up to 80% of individuals in addiction treatment are interested in quitting smoking.
- Research shows that quitting smoking results in positive outcomes including: lower risk of substance use relapse, decrease in overall substance use, and increases in achieving abstinence from non-nicotine substances by 25%.
- Studies show that client admissions did not decrease after implementation of a tobacco-free center policy.

How to get help:

- Ask your doctor or substance use counselor for help quitting.
- Call 1-800-Quit-Now for free help.
- Visit www.smokefree.gov for a step-by-step guide.
- Explore the resources at www.TakingTexasTobaccoFree.com

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APPENDIX E

RACKCARD FOR SMOKING CESSATION

(All print materials are available for free download at www.TakingTexasTobaccoFree.com/download-center-home)

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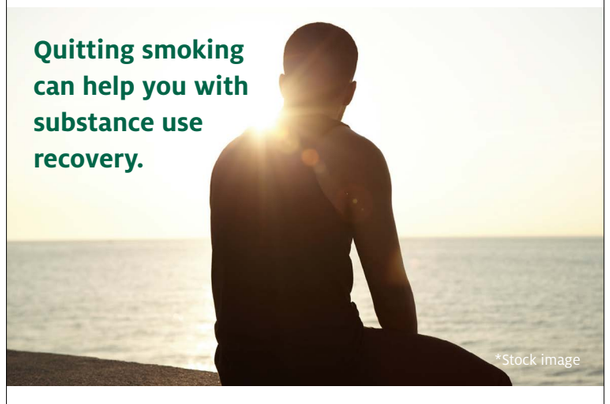

- **If you quit smoking, you are 25% more likely** to quit alcohol and drugs in the long term.
- **Quitting smoking is linked to a decrease in alcohol** and other drug use, a decrease in relapse, and an increase in continuous sobriety over the past year.
- **Tobacco use can reduce your success in recovery** and result in continued substance use.
- **Quitting smoking reduces stress and anxiety** and promotes mental wellness, which in turn, promotes substance use recovery.

There are many myths that keep people in substance use recovery from getting the help they need to quit tobacco:

MYTHS	FACT
If you have a substance abuse problem, you don't want to quit smoking.	You likely do want to quit. Up to 80% of substance abuse treatment patients want to quit smoking.
You can't quit.	You can quit tobacco if you use proven treatments.
Quitting smoking will slow or stop quitting other substance use.	Quitting smoking lowers the risk of non-nicotine substance use and relapse and promotes long-term abstinence.

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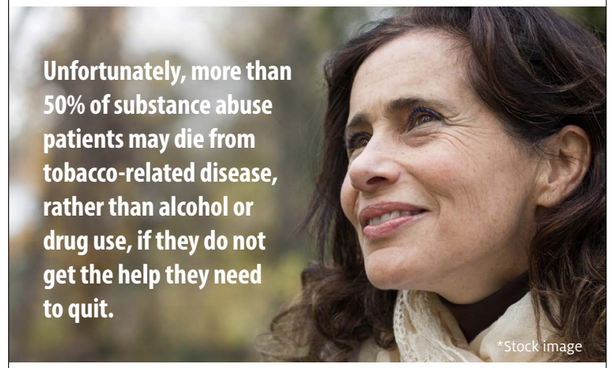

What You Should Know

- Smoking both tobacco and marijuana in blunts can cause **higher carbon monoxide levels** in your blood, which can cause heart and lung disease.
- Using both alcohol and tobacco can also **increase your chances of lung and heart disease**.
- Tobacco users are seven times more likely to get mouth and throat cancer than non-users, and alcohol users are six times more likely to get mouth and throat cancers than non-users. When you use both alcohol and tobacco, you are **38 times more likely to get mouth and throat cancer**.
- Smoking and using opioid substances at the same time can **increase your experience of chronic pain**.

Quitting smoking is the best thing you can do for your health.

HOW TO GET HELP

- **Ask your doctor** or substance use counselor for help quitting.
- **Call** 1-800-Quit-Now for free help.
- **Visit** www.smokefree.gov for a step-by step guide to quit smoking.
- **Explore** the resources at www.TakingTexasTobaccoFree.com.

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APPENDIX F

Guidance for Nicotine Replacement Therapy Dosage

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Appendix F

Guidance for Nicotine Replacement Therapy Dosage

Dose Guidelines (a pack of cigarettes = 20 cigarettes, 1 cigarette = 1 mg nicotine, = 20 mg nicotine)

15 - 20 cigarettes per day = 21 mg patch
8 - 14 cigarettes per day = 14 mg patch
Under 7 cigarettes per day = 7 mg patch

If a person is smoking more than 20 cigarettes per day, follow these guidelines:

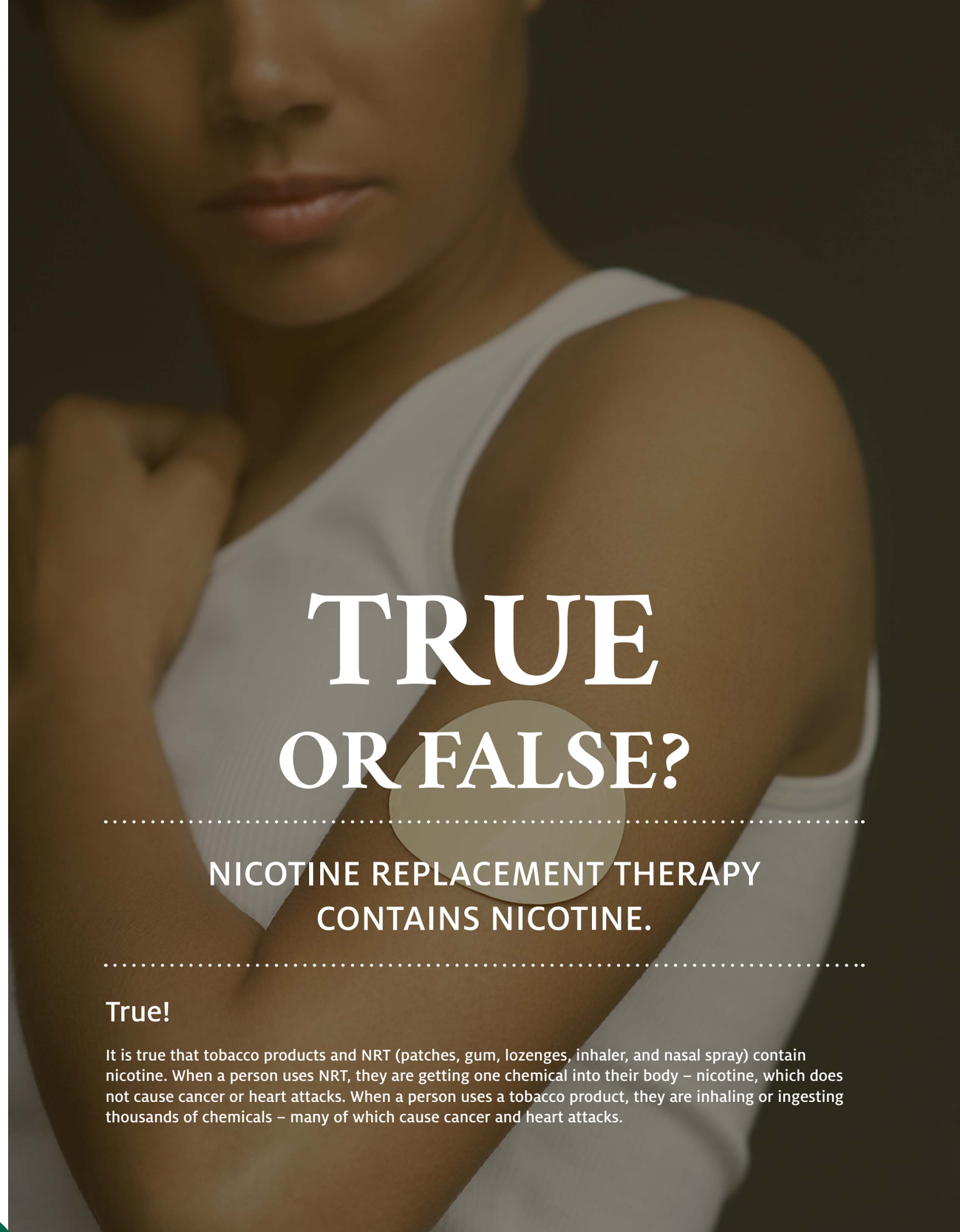
- 21 - 28 cigarettes per day = 21 mg + 7 mg patch at the same time
- 29 - 35 cigarettes per day = 21 mg + 14 mg patch at the same time
- More than 35 cigarettes per day – CALL identified staff member with expertise for consultation

Because there are many variables to consider for people who vape (e.g., strength of juice being used, number of puffs/day, number of cartridges used, type of device, etc.), the following is provided as a guide:

- Begin with 21 mg patch
- If the person continues to have withdrawals or cravings, provide 21 mg + 7 mg patch at the same
- If the person reports feeling dizzy and/or lightheaded, provide14 mg patch

Although combined NRT use is the most effective, for simplicity and to control dosage, if only one form of NRT can be purchased we recommend nicotine patches. If a person reports not being able to tolerate nicotine patches (develops rash, can't sleep, etc.), … then consider alternatives (nicotine gum and lozenges).

Watch a brief video on nicotine patches at: http://www.takingtexastobaccofree.com/videos
Click on "How To Use Nicotine Patches" on the left side.



APPENDIX G

How to Use Nicotine Patch

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Appendix G

How to Use Nicotine Patch

Please follow these directions so the patch will work better.

1. Take the patch out of the package and peel the plastic wings apart on the back of the patch. ***Be careful not to touch the middle of the patch with your fingers.*** Nicotine is on the patch and will hurt/burn your eyes or nose if you touch them with nicotine on your fingers.

2. Place the patch on any hairless part of your body (upper shoulder, upper chest) and push on the patch to make sure it sticks well.

3. WASH YOUR HANDS to get any nicotine off your fingers.

4. Leave the patch on for 24 hours. After 24 hours, take off the old patch and put on a new patch in a different location on your body. Put on a new patch every 24 hours in a new location.

5. DO NOT SMOKE/VAPE/USE OTHER TOBACCO while using the nicotine patch. Doing so may make you feel dizzy, light-headed, or upset your stomach.

6. You have received 14 nicotine patches. This will last you for 2 weeks (14 days). After you have used the final patch, you can contact _____ (*insert designated person here*) to get another 2-week supply.

Possible side effects from the nicotine patch

- **Develop a rash around the patch.** Your skin may turn red, swell up and itch/burn. Make sure to not put the patch on the same place on the skin each day – moving it around on different locations can help to prevent mild skin irritations. If a reaction persists, you are likely having an allergic reaction to the glue on the patch. You will not be able to use the patch and should try a different form of NRT. Please contact _____ (*insert designated person here*) for more information on options available for you.

- **Vivid/colorful dreams.** People sometimes experience vivid and colorful dreams while sleeping and using the nicotine patch. If this happens and you do not like/can't tolerate the dreams, take the patch off 2 hours before you go to bed. The dreams will stop.

- **Dizziness or feeling light-headed.** You may be using too strong of a patch. Call the designated person to talk about what you are experiencing. It is important that you STOP using your tobacco products or vape products. You will be getting a double dose of nicotine if you do not stop using these products.

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- **Strong cravings/withdrawal symptoms.** If you have strong desires to smoke or use a vape pen or are feeling irritable, anxious, or jittery, you may be experiencing cravings or withdrawal symptoms. It is likely you are not getting enough nicotine from the patch you are using. Call the designated person to talk about what you are experiencing, and they will coordinate with the staff at the center.

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APPENDIX H

QUIT PLAN EXAMPLE

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APPENDIX H
QUIT PLAN EXAMPLE

5-Day Plan to Quit Using Tobacco

Quitting takes hard work and a lot of effort, but you can do it! Below is some key information to help you quit.

5 Days Until Your Quit Day: Get Ready.

List your reasons for quitting and tell your friends and family about your plan. Think of whom to reach out to when you need help, like a support group or tobacco quitline. 1-800-QUIT-NOW (1-800-784-8669). Stop buying tobacco. Set a quit date. **My quit date is:** _____

4 Days Until Your Quit Day: Change Your Routine.

Think of routines you may want to change. For example, take walks or work out when you normally smoke or chew. Pay attention to when and why you smoke or chew. Think of new ways to relax or things to hold in your hand instead of a cigarette or chew. **List things to do instead of smoking/chewing:** _____

3 Days Until Your Quit Day: Plan for More Money.

$$

Make a list of the things you will do with the extra money you will save by not buying tobacco. **Things I will do with the money:** _____

_____

2 Days Until Your Quit Day: Purchase Medication.

Buy over-the-counter nicotine patches, lozenges or gum, or get a prescription from your doctor for the nicotine inhaler, patch, nasal spray, Zyban or Chantix. Many insurance plans, including Medicaid and Medicare, cover these medications. **Medication(s) I will use:** _____

1 Day Until Your Quit Day: Think of a Reward.

Think of a reward you will get yourself after you quit. Make an appointment with your dentist to have your teeth cleaned. At the end of the day, throw away all tobacco, matches, or tins. Put away or toss lighters and ashtrays. **My reward for quitting tobacco will be:** _____

_____

_____

On Your Quit Day

Keep busy. Change your routine when possible, and do things that don't remind you of smoking/chewing. Remind family, friends, and coworkers that this is your quit day, and ask them to help and support you. Avoid alcohol. Buy yourself a treat, or do something to celebrate. **You can do it!**

1 Day After Your Quit Day: Congratulations!

Congratulate yourself. When cravings hit, do something that isn't connected with smoking/chewing like taking a walk, drinking a glass of water, or taking some deep breaths. Call your support network. Find things to snack on like carrots, sugarless gum, or air popped popcorn. Call the Tobacco Quit Line (1-800-QUIT-NOW [1-800-784-8669]).

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November 2012

C52day Communicate. Collaborate. Cease.

False!

Unfortunately, the belief that you do not hurt others when you smoke within your work/apartment/home is not true. Tobacco smoke seeps between adjoining units and throughout all indoor areas through light fixtures, ceiling crawl spaces, cracks in walls, plumbing, shared ventilation, and doorways. Secondhand smoke contains lead which is particularly harmful to children between 4-16 years old and has been linked to decreased intelligence, impaired growth, anemia, and behavioral and attention disorders. Nonsmokers who are exposed to secondhand smoke at home or at work increase their risk of developing heart disease by 25–30% and lung cancer by 20–30%.

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APPENDIX I

Help to Quit or Stay Quit

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APPENDIX I
Help to Quit or Stay Quit

Quitting tobacco is the best thing you can do for your health. Resources and support are available to help you to quit or stay quit after you leave treatment.

Prior to leaving treatment

- Create a plan, with your primary counselor, including how to remain tobacco-free as part of your discharge planning and relapse prevention strategies.
  - Make plans to continue to use any over-the-counter and/or prescription medications to help you quit using tobacco products.
- If you will be staying at a group facility or half-way house after treatment, explore their tobacco use policies and explore ways they will support you being tobacco-free.
- Identify 100% tobacco-free Alcoholics Anonymous and/or Narcotics Anonymous groups. This would include no tobacco use outside of the facility, before or after a group.

Upon leaving treatment – develop a tobacco-free support system

- Seek out a Sponsor who is supportive of your tobacco-free recovery. Finding a sponsor who has quit using tobacco may be helpful.
- During your aftercare sessions, talk with your primary counselor about your ongoing efforts to remain tobacco-free. Share any challenges you may be experiencing.
- Identify peers in recovery who are non-tobacco users or former tobacco users.

Create an environment that supports your recovery

- Change your playmates, play places, and play things.
- Limit time and interactions with people who are using tobacco products.
- Limit your exposure to places where tobacco use is prevalent. Avoid bars, parties or events in which people may be smoking or using tobacco products.
- Examine hobbies or interests that may trigger an urge to use tobacco (golfing, fishing, hunting, etc.).
- Create and nurture new friends, new places, and new hobbies that support your tobacco-free lifestyle.

Where to get help:

- Ask your doctor or counselor for help quitting.
- Call 1-800-Quit-Now for free help.
- Visit https://smokefree.gov/for a step-by-step guide.
- Check out https://smokefree.gov/tools-tips/apps for a free app to help you quit.
- Explore the resources at https://www.takingtexastobaccofree.com/
- Find support at local meeting: Nicotine Anonymous https://www.nicotine-anonymous.org/find-a-meeting; Narcotics Anonymous https://www.na.org/; or Alcoholics Anonymous https://www.aa.org/

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