TRAIN THE TRAINER TRAINING

Intensive Tobacco Education Training

Training Agenda:

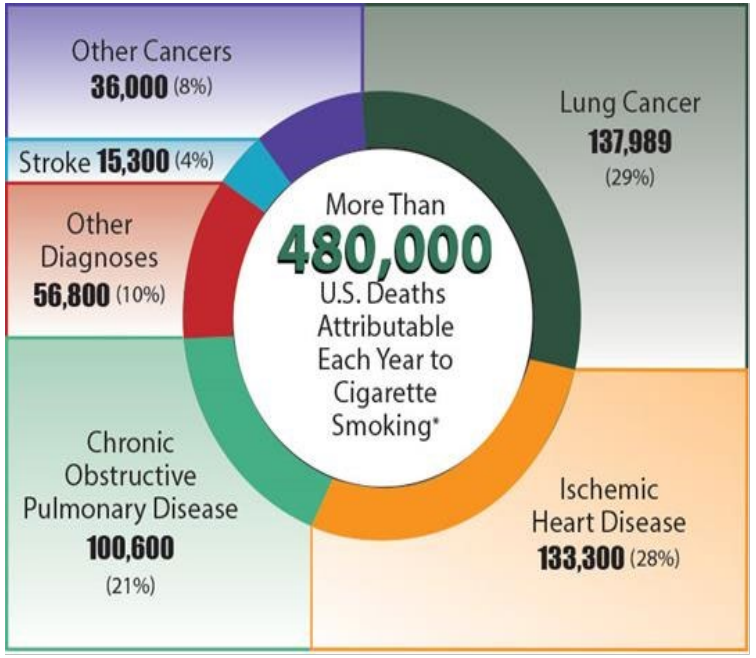
- Tobacco Use among Vulnerable Groups
- Why People use Tobacco: Marketing
- Why People use Tobacco: Nicotine Addiction
- Benefits of Quitting
- Empirically-Supported Treatments for Tobacco Dependence
- Motivational Interviewing Basics
- E-Cigarettes and ENDS
- Resources

Tobacco Use among Vulnerable Groups

Hazards of Smoking

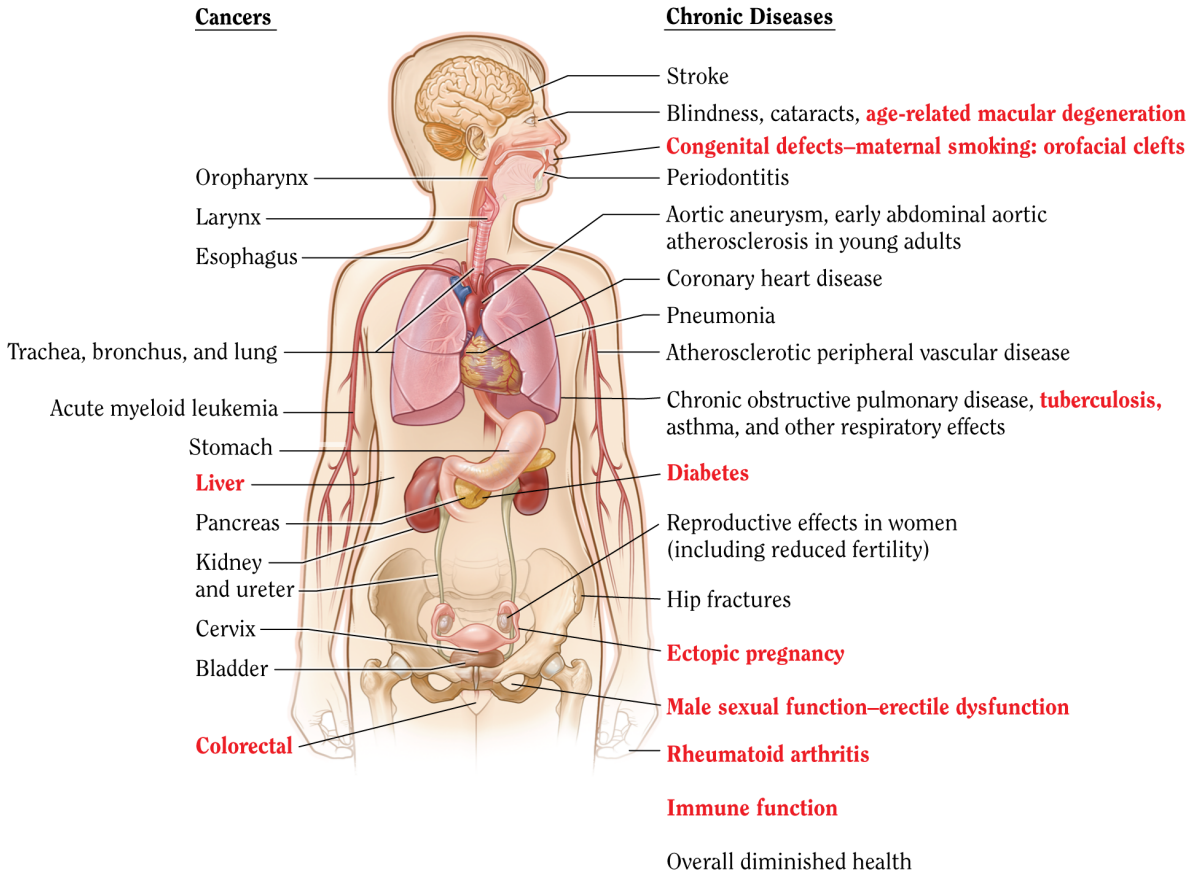
Smoking is the leading preventable cause of death and disability in the United States

- 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 up to 25 years



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

Hazards of Smoking

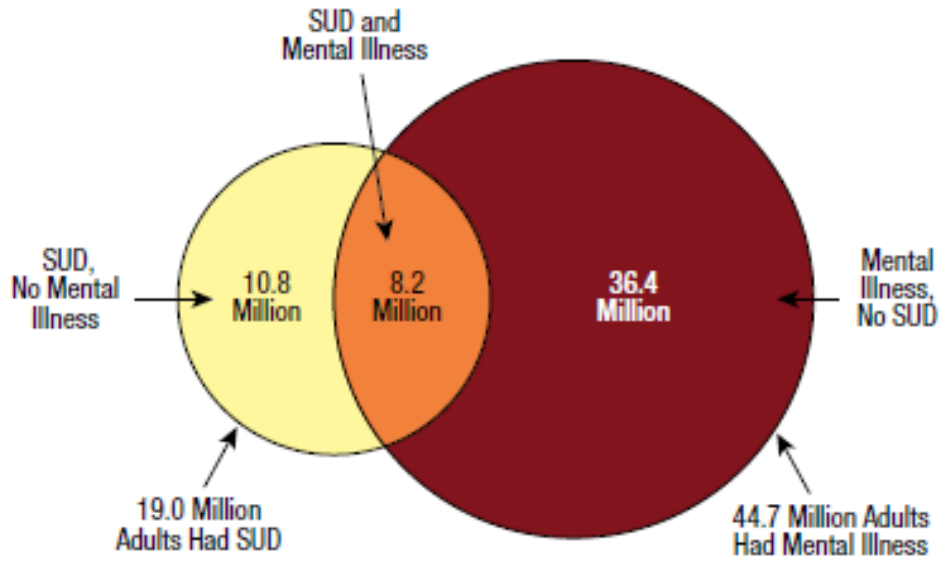


Smoking increases risk for:

- Cancers
- Heart disease
- Stroke
- COPD
- Diabetes complications

Co-occurring Substance Use + Mental Health Disorders

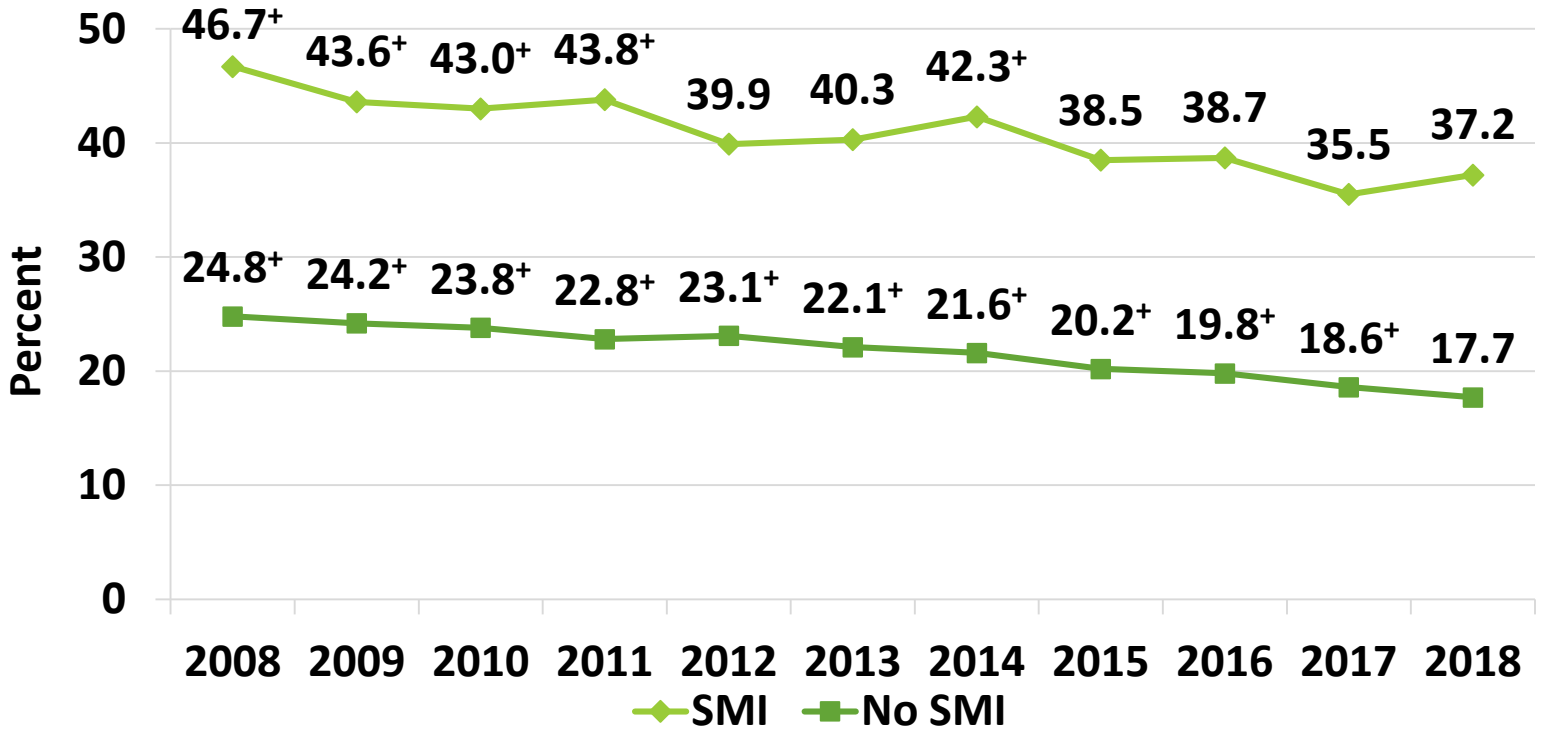
Figure 1. Past Year Substance Use Disorder (SUD) and Mental Illness among Adults Aged 18 or Older: Numbers in Millions, 2016



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.

- 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.
- 175 **billion** cigarettes sold/$39 billion annual profit

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.

High Rate Among People with SUDs

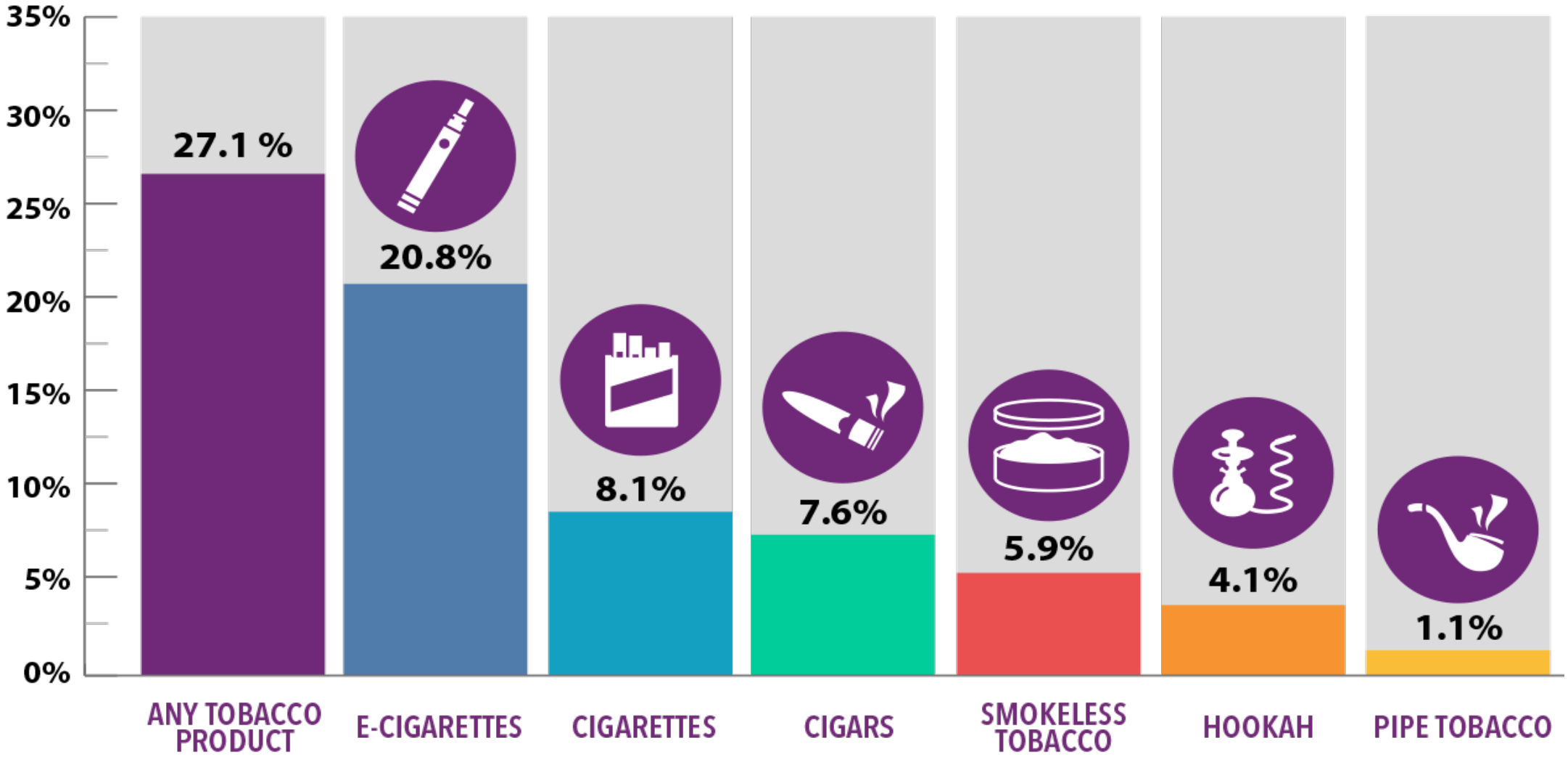
70-87% of adults with substance use disorders (SUDs) smoke cigarettes. (Knudsen et al 2016; Guydish et al. 2011)

- 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).

Tobacco Products Use Among High School Students



Individuals with Intellectual & Developmental Disabilities (IDD)

Limited Data on tobacco use and individuals with IDD

- Men are more likely than women to use tobacco
- Individuals with intellectual and developmental disabilities and comorbid substance use disorders have lifetime tobacco use estimates of 83%
- Individuals with mild to moderate intellectual disabilities have higher smoking rates than those with more severe intellectual disabilities
- Even though individuals with IDD are more likely to see a doctor- they are not likely to receiving tobacco screening or intervention
- An individuals living in group home settings and living independently generally smoke more (20%) than people living with family members/significant others/friends (3 – 5%)

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 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

- Disproportionate Impact Among LGBT
  - 20.5% of LGB adults smoke cigarettes compared to 15.4% of heterosexual adults
  - 2013 National Health Interview Survey: Modified from: Ward, Dahlhamer, Galinsky, & Joestl

(%) Current Cigarette Smokers	Both Sexes	Men	Women
Gay or Lesbian	25.8	25.8	25.7
Straight	17.6	20.3	15
Bisexual	28.6	28.8	28.5

*limited data for transgender adults

  - Data from states is limited – only 6 states have published reports on tobacco use by sexual orientation
    - Arizona, California, Massachusetts, New Mexico, and Oregon/Washington (joint)

Source: CDC. Lesbian, Gay, Bisexual, and Transgender Persons Tobacco Use, 2018

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)

*Will discuss in more detail later

Why People Use Tobacco: Marketing

TOBACCO USE IS NOT AN EQUAL OPPORTUNITY KILLER.

SMOKING DISPROPORTIONATELY AFFECTS THOSE MOST IN NEED SUCH AS THE POOR, THE HOMELESS, RACIAL MINORITIES, LGBTQ PERSONS AND THOSE SUFFERING FROM MENTAL ILLNESS AND SUBSTANCE USE DISORDERS.

truth

THERE ARE UP TO 10X MORE TOBACCO ADS IN BLACK NEIGHBORHOODS THAN IN OTHER NEIGHBORHOODS.

SEIDENBURG AB, CAUGHEY RW, REES VW, CONOLLY GN. STOREFRONT CIGARETTE ADVERTISING DIFFERS BY COMMUNITY DEMOGRAPHIC PROFILE. AM J HEALTH PROMOT. 2010; 24(6): E26–E31. (2–5X INCREASE)

MORELAND-RUSSELL S, HARRIS J., SNIDER D, WALSH H., CYR J, BARNOYA J. DISPARITIES AND MENTHOL MARKETING : ADDITIONAL EVIDENCE IN SUPPORT OF POINT OF SALE POLICIES. INT J. ENVIRON. RES PUBLIC HEALTH. 2013; 10:4571–4583. (10X INCREASE)

J. CANTRELL ET AL. MARKETING LITTLE CIGARS AND CIGARILLOS: ADVERTISING, PRICE, AND ASSOCIATIONS WITH NEIGHBORHOOD DEMOGRAPHICS. AMERICAN JOURNAL OF PUBLIC HEALTH: OCTOBER 2013, VOL. 103, NO. 10, PP. 1902–1909.

Tobacco Marketing in African American Communities

- Tobacco industry spent $8 BILLION on point-of-sale marketing in 2014.
- Menthol cigarettes specifically marketed to the African American community
  - The tobacco industry has targeted African American communities by using urban culture and language to promote menthol cigarettes, sponsoring hip-hop bar nights, and targeting direct-mail promotions.
  - A study of neighborhoods with high schools in California found that as the proportion of African American high school students rose, the proportion of menthol advertising increased, the odds of a Newport promotion were higher, and the cost of Newport cigarettes was lower.
  - A 2011 study of cigarette prices in retail stores across the U.S. found that Newport cigarettes, the top selling menthol cigarette brand in the U.S. and the most commonly used among African American youth, are significantly less expensive in neighborhoods with higher proportions of African Americans.

https://truthinitiative.org/sites/default/files/media/files/2019/03/Achieving%20Health%20Equity%20in%20Tabacco%20Control%20-%20Version%201.pdf

Tobacco Marketing in Various Populations

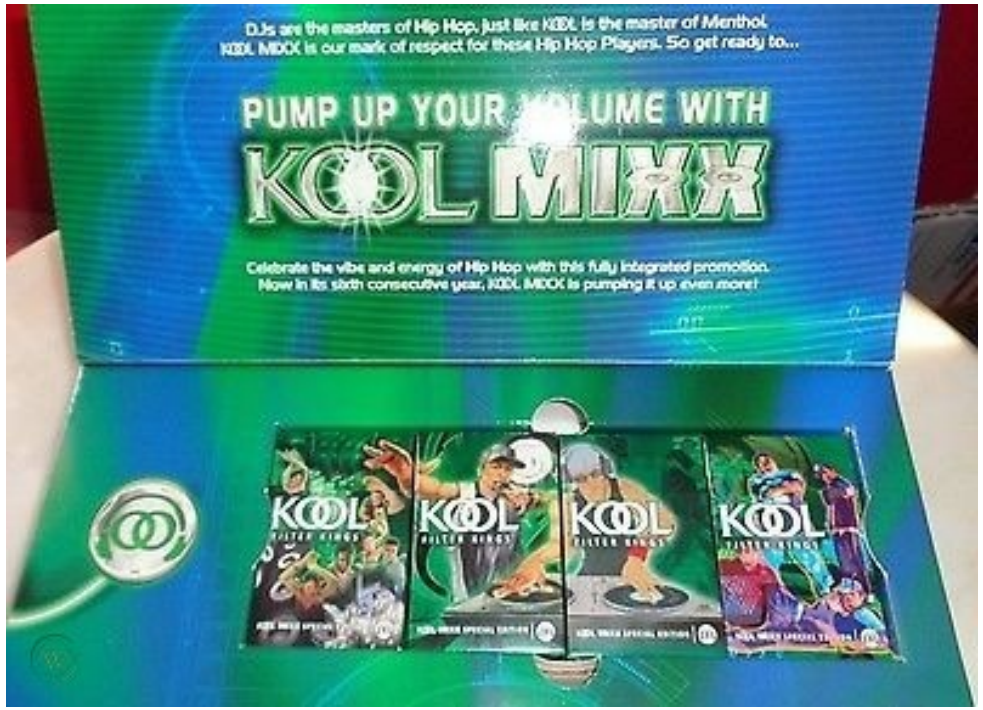
- In 1994, the Phillip Morris (under the brand name Merit) donated 7,000 blankets to homeless shelters in Brooklyn, in order to “generate media coverage.”
- RJR directly targeted the homeless as part of an urban marketing plan in the 1990s, focused on the advertising of ‘‘value’’ brands to ‘‘street people.’’
- In 1995, one tobacco company developed a marketing plan aimed at homeless people and gays. They called it project SCUM: Sub Culture Urban Marketing
- Hispanic and Latino neighborhoods tend to have a high concentration of retail tobacco outlets and these neighborhoods have significantly more businesses selling tobacco products to underage consumers.

Tobacco Marketing in Sexual Minorities

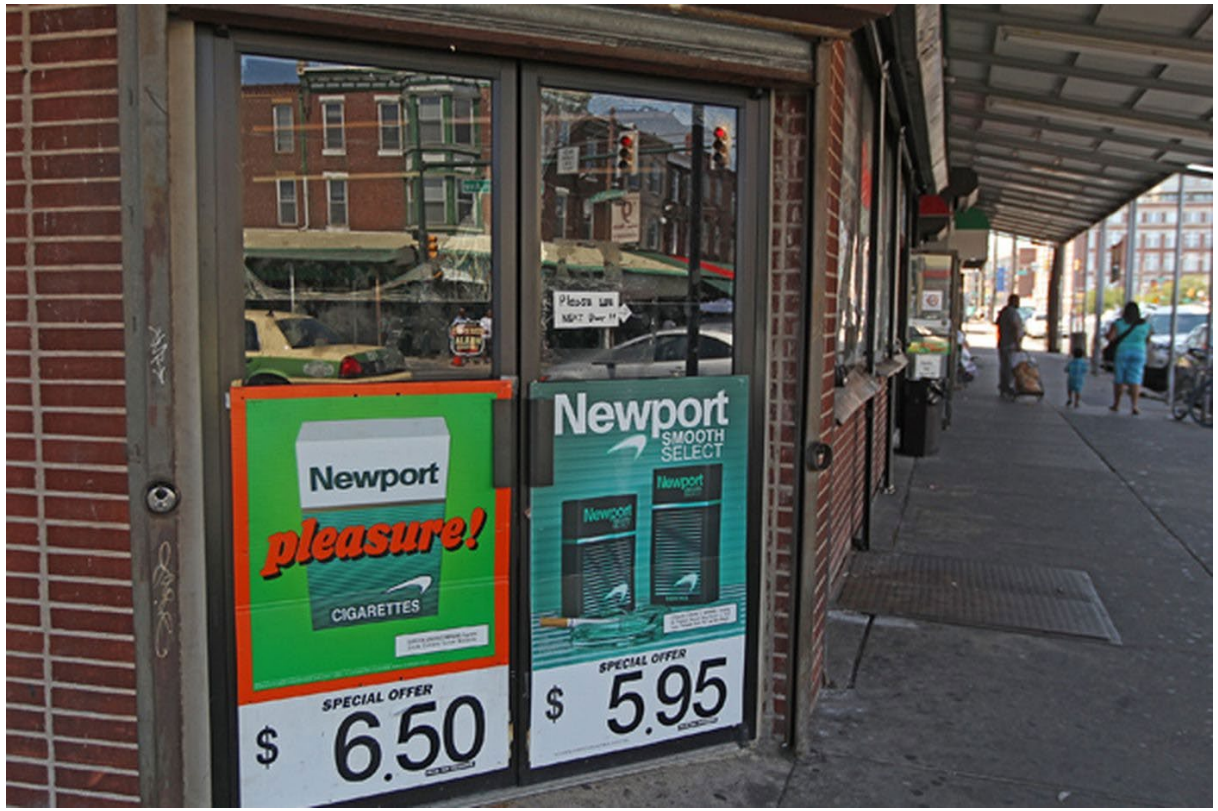
The Tobacco Industry consistently and aggressively targets sexual minorities

- Normalizing Smoking
  - 30% of non-tobacco ads in LGBT publications feature tobacco use (American Lung Association)
  - Many LGBT leaders do not see tobacco as a priority health issue
- Bar and Club Culture
  - Historically, bars were safe places for the LGBT community
  - Some LGBT leaders believe that drinking and smoking are central to the coming out process
- Marketing: price discounts paid to retailers to reduce cigarette costs to LGBTQ and additional customers (FTC, 2016)
- Tobacco continues to be heavily advertised at Pride festivals and other LGBT community events


Kool salutes Black History Month.
Black contributions in music are legendary.
In sports, standards are set, and sustained, by Blacks.
In fact, Black achievement has grown to affect every part of our society.
As the list of Black American mayors grows, these political leaders are effecting changes long overlooked. A Black educator in Chicago has challenged the very basics of teaching young people to read. Martin Luther King has become the first Black to be honored by a national holiday.
Progress in the Black Community in the past 20 years has been remarkable. Kool has been there every step of the way. We salute the strides made to get here, and look eagerly forward to continued gains.
KOOL
Filter Kings
Kings, 17 mg. "tar", 1.1 mg. nicotine, Longs, 14 mg. "tar", 1.0 mg. nicotine av. per cigarette, FTC Report Mar. '83.
Warning: The Surgeon General Has Determined That Cigarette Smoking Is Dangerous to Your Health.
There's only one way to play it.


DJs are the masters of Hip Hop, just like KOOL is the master of Menthol.
KOOL MIXX is our mark of respect for these Hip Hop Players. So get ready to...
PUMP UP YOUR VOLUME WITH
KOOL MIXX
Celebrate the vibe and energy of Hip Hop with this fully integrated promotion.
Now in its sixth consecutive year, KOOL MIXX is pumping it up even more!
KOOL
FILTER KINGS


KOOL
FILTER KINGS
KOOL MIXX SPECIAL EDITION
KOOL
FILTER KINGS
KOOL MIXX SPECIAL EDITION


Newport
pleasure!
CIGARETTES
SPECIAL OFFER
$ 6.50
Newport
SMOOTH
SELECT
SPECIAL OFFER
$ 5.95


Marlboro
CAMEL
Eagle20's
Winston
LOWEST PRICE
ALLOWED BY LAW · MARLBORO · CAMEL · EAGLE · WINSTON

We don't smoke that s_ _ _. We just sell it. We reserve the right to smoke for the young, the poor, the black and stupid."

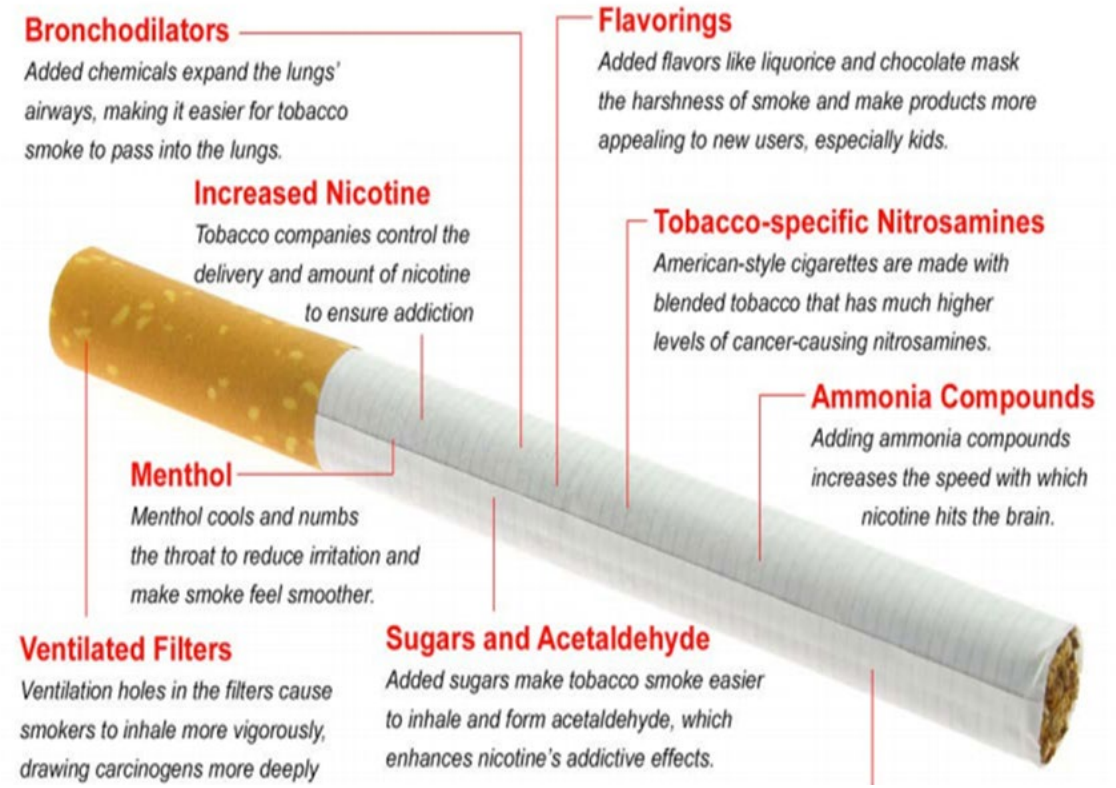
R.J. Reynolds executive's reply when asked why he didn't smoke according to Dave Goerlitz, lead Winston model for seven years for R.J. Reynolds.] Giovanni, J, "Come to Cancer Country; USA; Focus," The Times of London, August 2, 1992.

Why People Use Tobacco: Nicotine Addiction

Nicotine Addiction: The Cigarette: A Case Study

Components that make cigarettes so addictive:

- Increase in nicotine level
- Presence of ammonia or ammonia compounds => increase the speed in which nicotine is delivered to the brain



https://www.tobaccofreekids.org/assets/content/what_we_do/industry_watch/product_manipulation/2014_06_19_DesignedforAddiction_web.pdf

Understanding Nicotine Addiction

- Taking Texas Tobacco Free website: https://www.takingtexastobaccofree.com/addiction-videos
- Quitting, Brain chemistry-Mayo Clinic: https://www.youtube.com/watch?v=5ewwzazHfq4
- Mayo Clinic: https://www.youtube.com/watch?v=IpWMgPHn0Lo

Benefits of Quitting

Tobacco Use & Recovery

Quitting smoking does not jeopardize sobriety or treatment outcomes

- Smoking cessation interventions were associated with 25% increased likelihood of long-term alcohol and drug abstinence (Prochaska, 2004)
- 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)

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

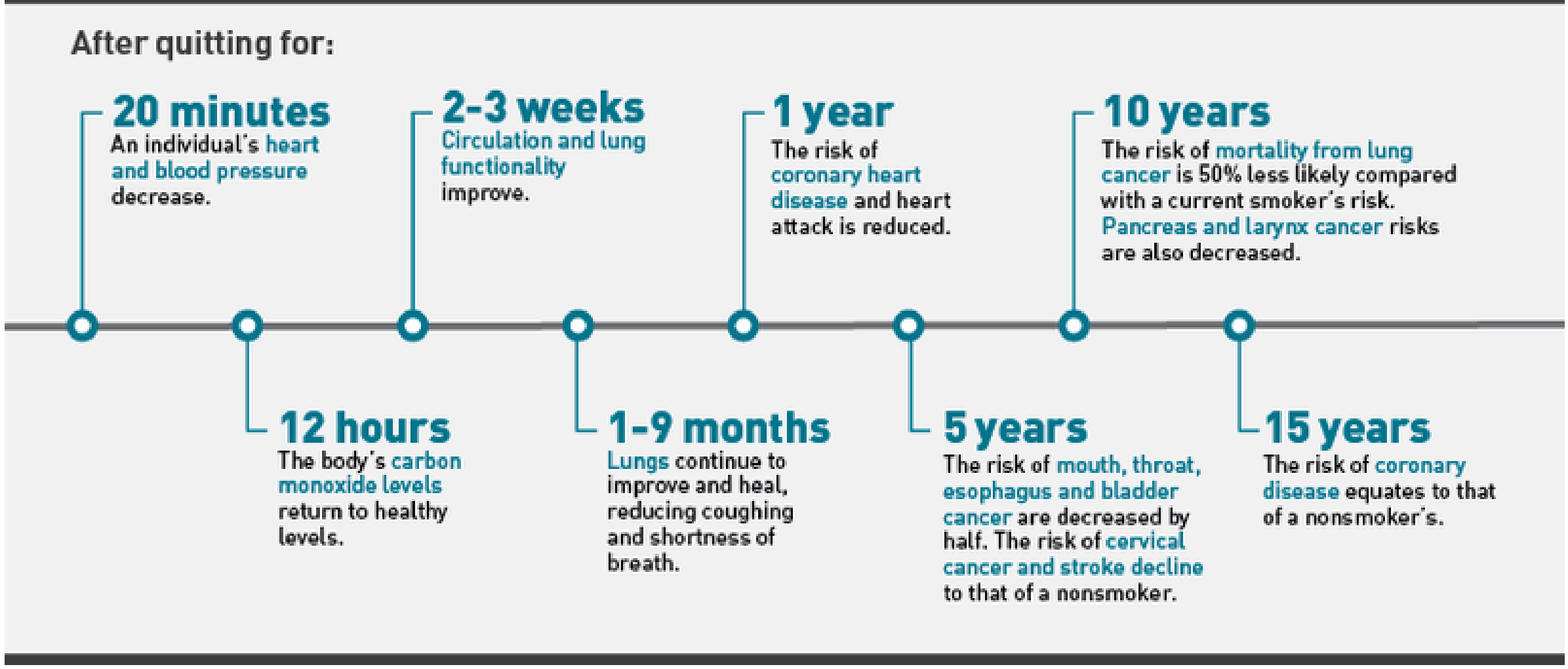
- Use smoking as an indirect coping strategy
- Reinforces coping through addiction
- Perceived stress reduction is often relief of withdrawal symptoms

Smoking cessation (i.e., being abstinent from cigarette use after a period of withdrawal) is positively related to opiate and cocaine abstinence (Shoptaw et al, 2002)

Mental Health Improvements Associated with Quitting

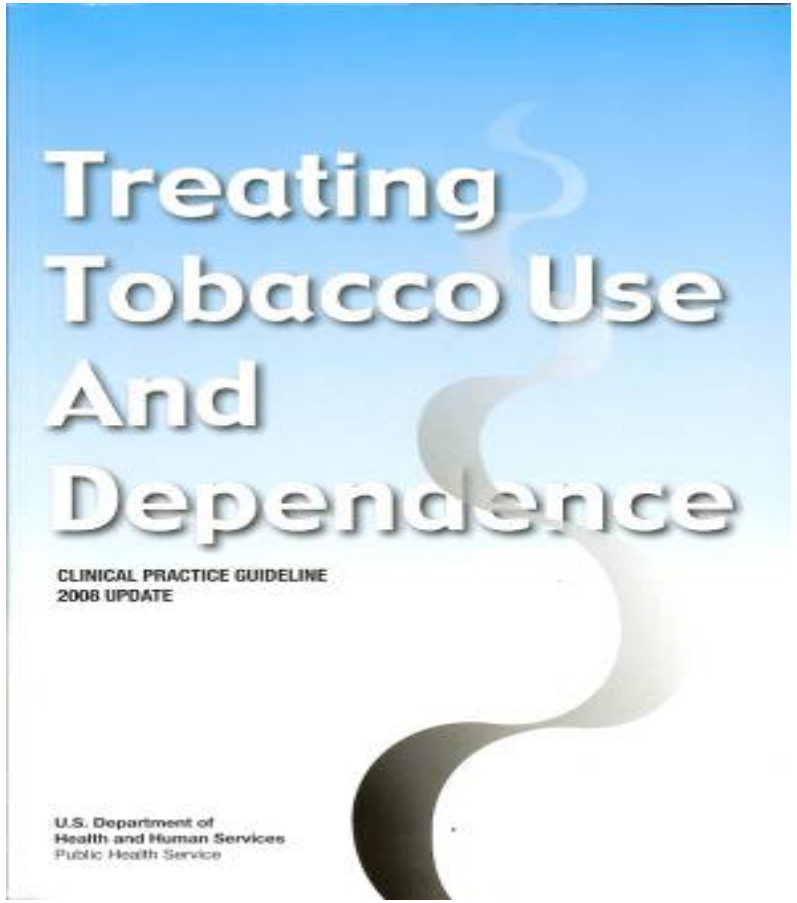
- Quitting smoking is associated with significant decreases in anxiety, depression, and stress
- Increase in psychological quality of life and positive affect
- Associated improvements are greater than or equal to effect of antidepressants in depressive and anxiety disorders (Taylor et al., 2014)

Long-term and short-term benefits to quitting smoking



Empirically Supported Treatments for Tobacco Dependence

What Works to Helps People Quit?



- Tobacco-free Policies Workplaces/Campuses, paired with:
  - Behavioral Counseling
  - Medications

Press Release

Embargoed Until 1:00 PM ET
Thursday, May 10, 2018

Contact: CDC Media Relations
(404) 639-3286

Half of mental health facilities and a third of substance abuse treatment facilities have smoke-free campuses

Opportunity to enhance tobacco cessation treatment in these settings

About half of mental health (49%) and a third of substance abuse treatment facilities (35%) reported having smoke-free campuses in the 50 states, Washington, D.C., and Puerto Rico, according to a new report from the Centers for Disease Control and Prevention (CDC) and the Substance Abuse and Mental Health Services Administration (SAMHSA).

People with mental and/or substance use disorders are more than twice as likely to smoke cigarettes as people without such conditions, and are more likely to die from a smoking-related illness than from a behavioral health condition. Yet, many individuals are not screened for tobacco use in behavioral health facilities. The study also found that in 2016, nearly 1 in 2 (49 percent) mental health treatment facilities and 2 in 3 (64 percent) substance abuse treatment facilities reported screening patients for tobacco use.

"Too many smokers lack access to proven interventions that could ultimately help them quit smoking," said Corinne Graffunder, Dr.P.H., director of CDC's Office on Smoking and Health. "Many people with mental health and substance abuse disorders want to stop smoking and are able to quit, and can do it with help."

MMWR Highlights

Tobacco-related policies and practices in mental health treatment facilities, 2016

- 48.9% reported screening patients for tobacco use.
- 37.6% offered tobacco cessation counseling.
- 25.2% offered nicotine replacement therapy.
- 21.5% offered non-nicotine cessation medications.
- 48.6% had a smoke-free campus policy.

Tobacco-related policies and practices in substance abuse treatment facilities, 2016

- 64.0% reported screening patients for tobacco use.
- 47.4% offered tobacco cessation counseling.
- 26.2% offered nicotine replacement therapy.
- 20.3% offered non-nicotine cessation medications.
- 34.5% had a smoke-free campus policy.

Barriers to Intervention

- Lack necessary knowledge and training about cessation treatments
- Reduced confidence in their abilities to deliver cessation treatments
- Persistent misconceptions and myths about the joint use of tobacco and other substances/mental illness and hinder recovery
- Fear that people will leave treatment
- Long standing permissive “culture of smoking”
- 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

Benefits of a Tobacco Free Policy

- Significantly reduces exposure to secondhand smoke
- Behavioral health providers have high smoking rates (between 30% to 50%)
- Does not impact client's willingness to seek treatment
- 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

- **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.takingtexastobaccofree.com/copy-of-videos

Behavioral Counseling

Brief Treatments

- Primary care model*

* More about this in a minute

Intensive Treatments

- Sessions > 10 minutes
- More than 4 sessions
- Can be individual or group
- Led by tobacco treatment specialists, behavioral health and/or addictions specialists
- Focus: Problem solving, skills-training, stress management, relapse prevention, social skills training (change cognitions about smoking, reinforce non-smoking, avoid high-risk situations)

Quitline Referral

- Good for settings where counselor availability is limited; client should want to quit
- May offer 2 weeks of NRT

2008 PHS Guideline Update

Common Areas of Concern during a Quit Attempt

Stress relief/stress management:

- People revert to old coping skills, especially in times of uncertainty, frustration, anger
- Continue to recognize challenges and develop new methods to handle situations
- Internalize smoking doesn't help situation – relate to alcohol/drug use
- Deep breathing and remove from situation – STOP. BREATHE. THINK.

Social status:

- Quitting smoking threatens social status/relationships
- Requires examining existing relationships and developing new relationships
- Development of assertiveness skills and refusal skills
- Change playmates, play places and playthings – which is very hard!

Common Areas of Concern during a Quit Attempt

Weight gain/loss:

- People typically gain weight when they quit smoking (avg. 5 – 10 lbs)
  - Nicotine suppresses appetite; quitting increase appetite a little bit
  - Smoking reduces sense of smell and taste; return when quit smoking, food tastes and smells better
  - Quitting increases desire for sugary/sweet foods; high calories in candy and junk foods

- Identify positive ways to manage calorie intake and deal with stress
  - Eating low calorie snacks fruit (apple, orange, banana) and vegetables (carrots, celery, broccoli) – pack into Ziplock bags – **great treat: low butter & salt popcorn**
  - Suck on low calorie, sugar-free candies – TicTacs, Jolly Ranchers, gum, suckers, etc.
  - MOVE – go for a short walk, move around house/apartment, burn calories and developing healthy coping skill
  - Portion control and seek alternatives – instead of eating 4 donuts, eat 1 donut and some fruit/vegetables
  - Brainstorm with client or within the group to identify what they think may work and what they are willing/able to do

Common Areas of Concern during a Quit Attempt

Support system:

- Utilize existing support systems to assist with quitting smoking
- AA and/or NA groups – may require finding a non-smoking sponsor if current sponsor smokes
- Heath department/community health services – seek assistance from doctors, nurses
- Mental health services – seek assistance from social worker, counselor or case manager
- Dentist – connecting with dental provider to help
- Veteran's administration – services to help quit
- Calling the Texas QuitLine

Others continue to smoke:

- Express goal to quit smoking and share how you hope to achieve it
- Negotiate parameters regarding smoking – no smoking in house or cars, no offering cigs, don't sabotage
  - Secondhand smoke is harmful and a strong trigger for relapse
- Don't expect others to quit because you are.

What Clients with SUD/BHC May Need

More introductory sessions

- 3 sessions prior to quit date

More total sessions

- Relapse prevention

Suggest moving this slide up after slide #10 – doesn't fit or flow well in 90 minute training

Treatment Modifications for Individuals with IDD

Intra-treatment support

- Enlist significant others (and treatment team if applicable) to express concerns about smoking and to listen to fears about quitting
- Identify roles for significant others to assist in efforts to quit if smoker were to make quit attempt

Practical counseling

- Be certain that any educational materials are understandable to client; use repetition to reinforce skills
- Clearly define terms such as *urge* or *craving* to smoke
- Be aware of length of counseling time smoker can tolerate
- Additional counseling sessions may be necessary
- Extra counseling sessions around "quit date"
- Allow time at end of counseling session to reinforce key concepts

The 5 A's

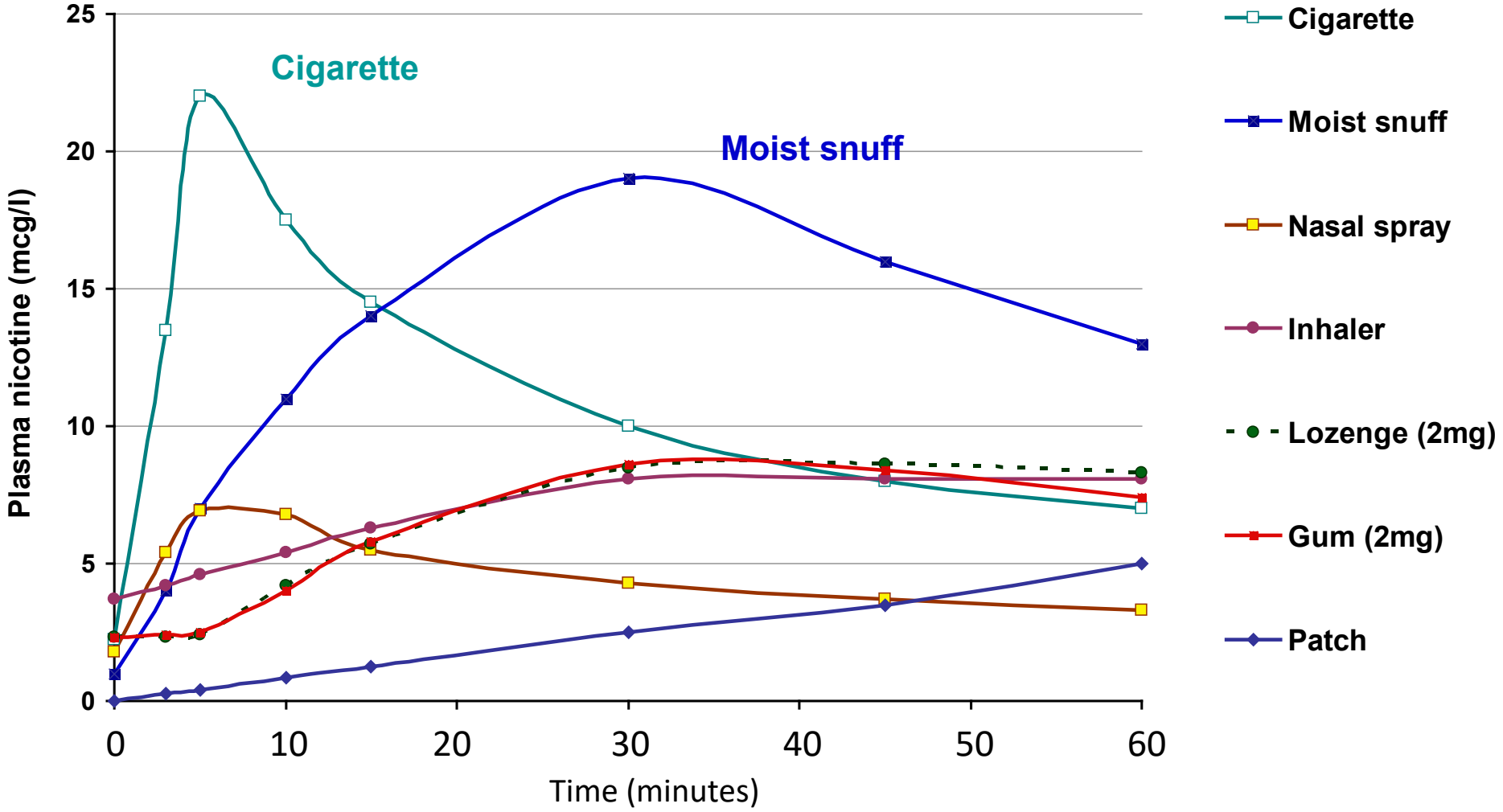
ASK	→	about tobacco USE
ASSESS	→	READINESS to quit
ADVISE	→	consumer to QUIT
ASSIST	→	with QUIT ATTEMPT
ARRANGE	→	FOLLOW-UP care

Why Use Nicotine Replacement Therapy?

NRT

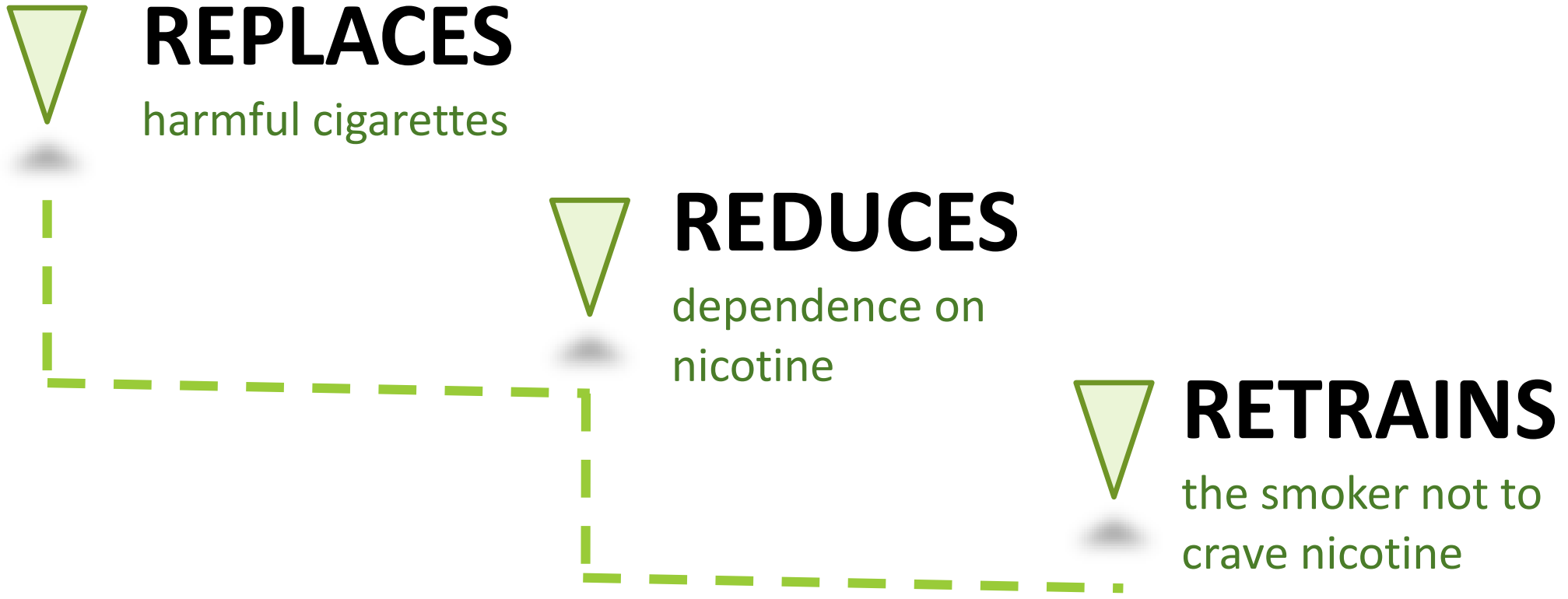
- Helps relieve physical withdrawal symptoms
- Addresses a person's physiological need
- Delivers lower levels of clean nicotine

Nicotine Concentrations for Nicotine Containing Products



Graph provided by RX for Change: Aids for Quitting presentation http://rxforchange.ucsf.edu/

How NRT Works



Nicotine from NRT = Nicotine from Tobacco

The amount of nicotine a person receives from their NRT should equal or be a little more than the nicotine they were receiving from their tobacco.

- People inhale approximately 1 mg of nicotine with every cigarette (regardless of brand; cigarettes are pretty standardized)
- There are 20 cigarettes in a pack of cigarettes
  - Little cigars or cigarillos are similar to cigarettes but have different packaging standards – may be sold individually, in packages or 2, 3, or 5 little cigars) – they are likely flavored as well.
- Spit tobacco (chew, snus, snuff) have differing nicotine concentrations and people use the products in many different ways.

Tobacco Treatment Medications

	Patches	Gum	Lozenge	Chantix (most effective)	Zyban/ Wellbutrin
Strength	21, 14, 7 mg	2, 4 mg		.5, 1 mg	150 mg
Dosing	1 patch/ 24 hrs	1 piece every 1-2 hours		• **Days 1-3:** .5 mg every morning • **Days 4 - 7:** .5 mg twice daily • **Day 8 - end:** 1 mg twice daily	1 – 2x day
Advantages	Private Once a day	Offset cravings Reduces dependence		High success rates	Also treats depression
Adverse Reactions	Skin reaction Sleep Disturbance	Jaw tired/sore Hiccups	Indigestion Hiccups Insomnia	Nausea Abnormal, strange or vivid dreams Depressed mood, agitation, changes in behavior, suicidal ideation	Dry mouth Insomnia Do not use w/ seizure disorder or eating disorder

Tobacco Treatment Medications- Prescription NRT

Nicotine Inhaler

- 10 mg cartridge – delivers 4 mg of nicotine per puff/inhale
- 6 – 10 cartridges per day – effectively delivering 24 – 40 mg of nicotine per day
- Easy to use and delivers good dose of nicotine
- Expensive and need a prescription

Tobacco Treatment Medications- Prescription NRT

Nicotine Nasal Spray

- 1 dose (a dose equal two sprays – one in each nostril) every 1 – 2 hours
- Each spray delivers approximately .5 mg of nicotine to nostril
- Initially use at least 8 doses/day (not to exceed 40 doses)
- Do not inhale, sniff or swallow spray through nose
- Expensive and need a prescription

Stepping Down with Nicotine Patches

Step down instructions can be found on NRT box

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

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

If smoking 10 or less cigarettes per day…

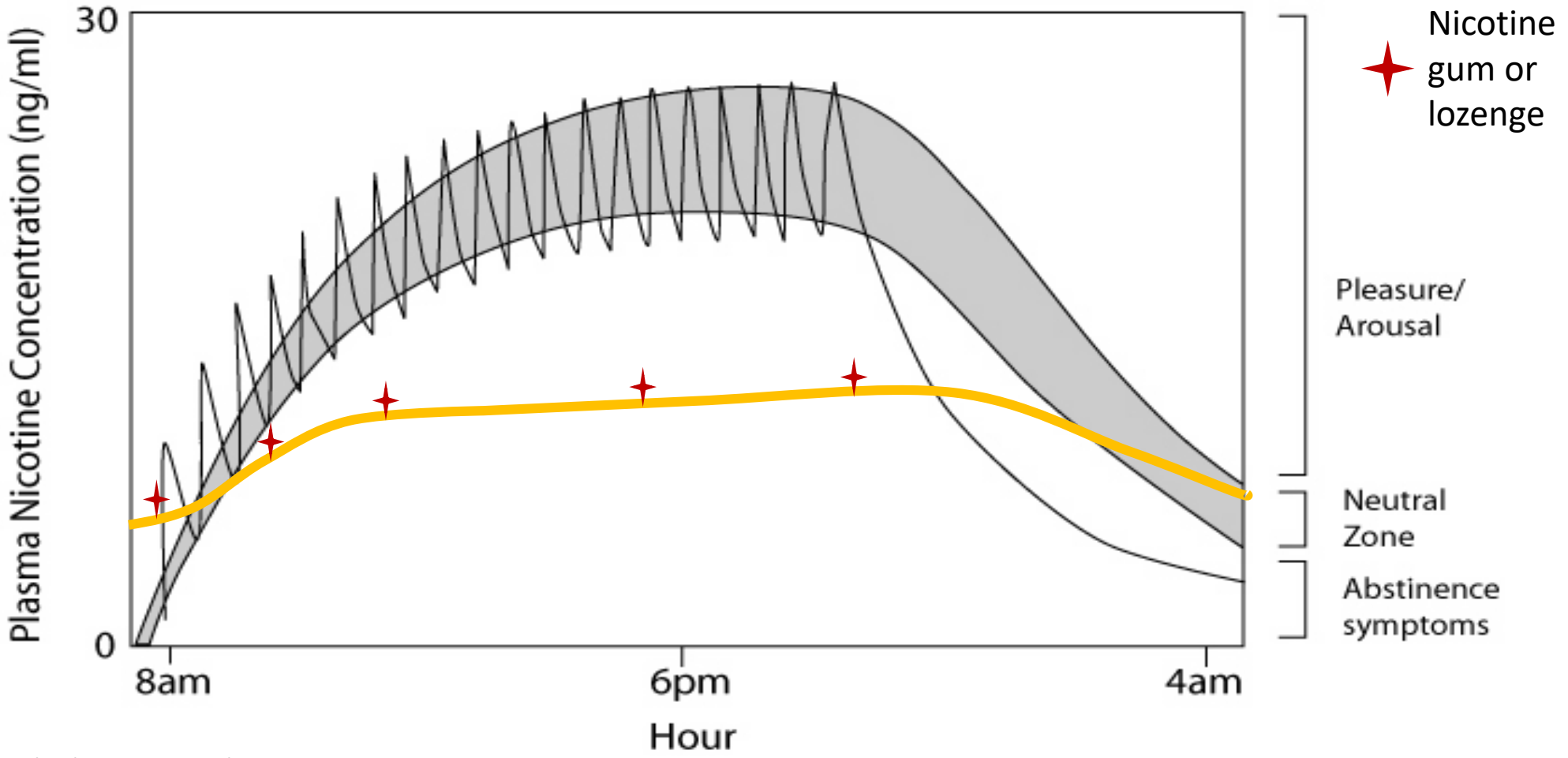
- Step 1: one 14 mg patch per day for weeks 1-4
- Step 2: one 7 mg patch per day for weeks 4-8

If 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.

Nicotine Replacement- Gum/Lozenges

- Gum - Chew and Park, repeat until can't feel tingle in gum (Chew & Park method)
  - Step 1: one piece of gum or lozenge every 1 - 2 hours for Week 1 - 4
  - Step 2: one piece of gum or lozenge every 2 – 4 hours for Week 4 - 8
  - Step 3: one piece of gum or lozenge every 4 – 8 hours for Week 8 - 12
- Chew gum (alternating different sides of mouth) for approximately 25 minutes.
- Mini lozenges will dissolve in mouth within approximately 10 – 12 minutes.
- Can use gum or lozenge based on craving need. Do not need to stick to a certain time schedule.
- Nicotine gum and lozenges work great in combination with the nicotine patches for high craving times.

Pack a Day Smoker- 20 Cigarettes



Graphic courtesy of: Chad D. Morris, PhD, Director
Behavioral Health & Wellness Program University of Colorado Anschutz Medical Campus • School of Medicine

Two Week Cost Comparison

Nicotine Replacement Therapy

Nicotine patches

- Nicoderm CQ = $41.99 ($82.00 per month)
- Generic brand = $27.49 ($54.98 per month)

Nicotine gum

- Nicorette – 100 pcs = $41.99 ($82.00 per month)
- Generic – 100 pcs = $25.99 ($51.98 per month)

Nicotine lozenges

- Nicorette – 81 pcs = $41.99 ($82.00 per month)
- Generic – 81 pcs = $23.99 ($48.00 per month)

Cigarettes (one pack per day)

- Marlboro (@ $5.76) x 14 days = $80.64
- Camel (@ $5.74) x 14 days = $80.36
- Newport (@ $6.99) x 14 days = $97.86
- Kool (@ $5.34) x 14 days = $74.46
- Pall Mall (@ $4.50) x 14 days = $63.00
- Virginia Slims (@ $6.58) x 14 days = $92.12
- American Spirit (@ $6.63) x 14 days = $92.82

NRT is available in smaller quantities

- 72 count 4 mg lozenges = $25.49
- 20 piece 2 mg gum (generic) = $6.99
- 20 piece 4 mg gum (Nicorette) = $9.99
- 10 piece 4 mg gum/lozenge (generic) = $5.49

Great alternative to purchasing a pack of cigarettes

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

Example of Procedures at a LMHA: Gulf Coast

1. **Each time** an individual is seen by a provider the individual will be assessed for current tobacco use, frequency of tobacco usage, and desire to quit.
2. Nursing staff or other designated staff will complete initial tobacco use screening and cessation intervention utilizing the Flow Sheet and record in SmartCare/EHR.
3. Designated staff will provide individuals with continual ongoing assessment for desire to quit as needed, both in and outside of the clinic setting.
4. If individual indicates they are currently using tobacco then Tobacco Use Intervention must be completed and documented in SmartCare/EHR.
5. Designated staff will provide clients with a quit card and, if appropriate, information on the text message program (https://smokefree.gov)

Example of Procedures at a LMHA: Gulf Coast

6. Designated staff will provide individuals with information on Nicotine Replacement Therapy (NRT) products available including, gum, patches or lozenges. If patches are chosen designated staff will use established Nicotine Replacement Therapy Protocols to determine dosage.
7. For individuals who express an interest in quitting and utilizing NRT, designated staff will complete a GCC *Client NRT Order Form,* indicating NRT choice and dosage. Client will take completed signed form to the medication room of their choice and present an ID to receive their NRT free of charge.

Example of Procedures at a LMHA: Gulf Coast

1. In order to receive the over the counter NRT, the client must meet with the designated staff and complete the tobacco assessment in SmartCare/EHR.
2. Individual will present NRT ORDER FORM at Medication Room which will indicate NRT formulation, strength and amount to be released to individual. Possession of NRT ORDER FORM confirms that individual has a completed tobacco assessment.
3. An initial two-week supply of NRT will be provided. If individual chooses to continue NRT, individual can present at the clinic medication room to obtain additional supplies as authorized utilizing established protocols.
4. The need for additional NRT supplies will be assessed by designated staff during scheduled appointments.
5. Individual can receive up to 12 weeks of NRT per calendar year as supplies permit.

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.

The 5 R's

For tobacco users not ready to quit, clinicians should consider the 5 R's…

- **Relevance**
  Identify why it is personally relevant to get patient to quit.
- **Risks**
  Ask the patient to identify negative consequences of smoking.
- **Rewards**
  Ask the patient to identify the benefits of stopping.
- **Roadblocks**
  Identify the patient's barriers to success and how to approach them.
- **Repetition**
  Repeat motivational interventions.

…as well as Motivational Interviewing techniques to explore and resolve ambivalence to quit.

Motivational Interviewing Basics

Motivational Interviewing (MI)

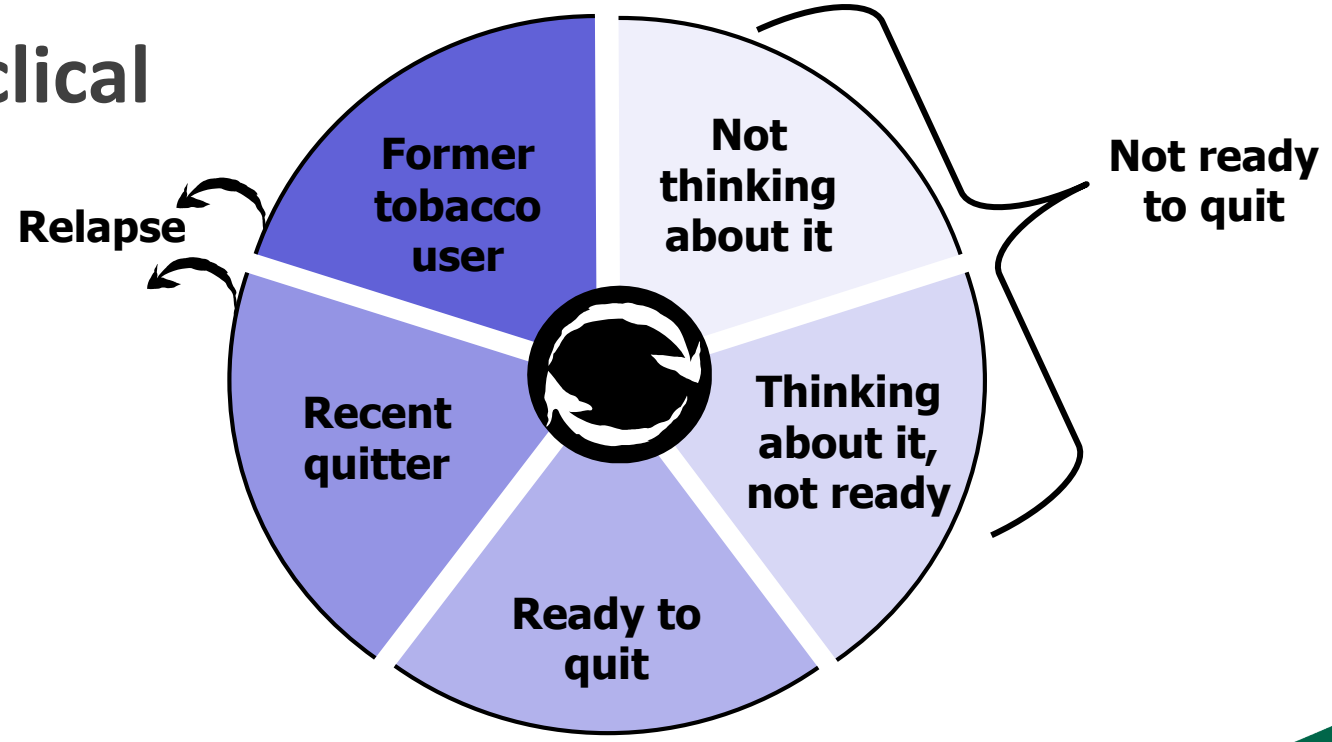
Underlying Perspective of MI

- Partnership
  - Dancing, not wrestling
- Acceptance
  - Absolute worth, accurate empathy, affirmation, autonomy support
- Evocation
  - Assumes clients already have motivation and resources within
- Compassion
  - Pursuit of best interest for the client

Readiness to Quit

For most people attempting to quit tobacco, the process is cyclical

- May take years to move through process, retreating and moving forward
- Clinical staff play vital role in moving consumers along continuum by strongly advising to quit
- Relapse is common and should be viewed as learning experiences rather than failures



TOBACCO USERS DON'T PLAN TO FAIL.
MOST FAIL TO PLAN.

Developing Discrepancy

Recognize difference between present behavior and important personal goals or values. For example:

- Living completely drug-free lifestyle
- Save money for housing, new car, supplies for school, clothes for children
- Being positive role model for children

Client, not counselor, should present arguments for change

Sustain Talk vs. Change Talk

- Sustain talk decreases commitment and maintains status quo.
- Change talk increases commitment and moves client forward.

- Eliciting change talk
  - Use open-ended questions
  - Explore client goals, values and wants
  - Question extremes
  - Look forward not backward

Explore:

- **D**esire
- **A**bility
- **R**easons
- **N**eed

Recognize and Reinforce "Change Talk" and Readiness

When you hear clients say things that indicate they are ready to commit, activated toward change, or taking steps, become all **E.A.R.S.**

- Ask for Elaboration – Tell me more about that…
- Affirm (especially effort) – Quitting heroin was a big step and you are proud of that accomplishment.
- Reflect – Information on NRT is the next step for quitting smoking and you are ready for that.
- Summarize – Bill Miller (MI developer) says that summaries are like a change talk bouquet. You pick the flowers of change talk that you have heard the client say and present those back to the client in a bouquet that you have arranged for them that moves them in the direction of change.

Tools to get Change Talk

Decisional Balance & Importance-Confidence-Readiness (ICR) Rulers

Decisional Balance

- Enhances credibility and rapport
- Always start with the “not-so-good things”
- Explore with open-ended questions
- Offer summary statements of both sides
- End summary as a motivational tool

Decisional Balance Exercise

“Not so good things” about smoking	“Good Things” about smoking	Alternative way to get the “Good Things”

Importance Ruler

How ***important*** is it for you right now to quit smoking?

On a scale of 0 – 10, what number would you give yourself?

0 ……..10

Not at all important — Extremely Important

Readiness Ruler

How ***ready*** are you to quit smoking right now?

On a scale of 0 – 10, what number would you give yourself?

0 ……..10

Not at all ready Extremely ready

Confidence Ruler

If you decide to quit smoking, how ***confident*** are you that you could quit smoking?

On a scale of 0 – 10, what number would you give yourself?

0 ……..10

Not at all confident Extremely confident

When using ICR Rulers

- Low number = sustain talk
- High number = change talk
- Solicit discussion by “moving people up” the ruler, rather than question why not a lower score.
  - Decreased discussion of the problem
  - Helps client envision/verbalize possible change
  - Encourages experimenting or hypothetical thinking
  - May solicit “change talk” and true desire for change

What's Next- Make a Plan

- "So, what's next?"; "Where do we go from here?"
- Offer menu of options, if client is unable to make a plan
  - Eliminates guessing and trying things
  - Allows client autonomy/choice
  - Start simple and not providing too many options
  - "Which option seems most possible?"
  - "Where's the best place to start?"
  - Recognize and acknowledge ambivalence and uncertainty

Recognize "Commitment Language" as a Sign to Move from MI to Cognitive-Behavioral Strategies

Commitment Language

- Friday is my quit day. I am never going to smoke again.
- I am looking for information on nicotine replacement therapy.
- I heard using a vape pen can help me quit. I am thinking about buying one.
- I need to quit smoking and intend to some day.
- My grandfather just had a heart attack and I think I should stop smoking.
- I just quit heroin and I think quitting smoking is too much for me to handle.

E-cigarettes and Electronic Nicotine Delivery Systems

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

The National Academies of SCIENCES ENGINEERING MEDICINE

* *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

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

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*

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

- As of November 20, 2019, 2,290 cases of e-cigarette, or vaping, product use associated lung injury (EVALI) have been reported to CDC from 49 states (all except Alaska), the District of Columbia, and 2 U.S. territories (Puerto Rico and U.S. Virgin Islands).
- Forty-seven deaths have been confirmed in 25 states and the District of Columbia.
- CDC recommends that people should not:
  - Use e-cigarette, or vaping, products that contain THC.
  - Buy any type of e-cigarette, or vaping, products, particularly those containing THC, from informal sources such as friends, family, or in-person or online dealers.
  - Modify or add any substances to e-cigarette, or vaping, products that are not intended by the manufacturer, these include but are not limited to vitamin E acetate and other cutting agents and additives products purchased through retail establishments.

1st Generation - Cigalike

2nd Generation- Tank System

3rd Generation- Tank Systems (MODS)

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

E-cigarettes and Treatment

- E-cigarettes are not an FDA approved method for smoking cessation – for this reason, they should not be recommended to help quit smoking.
- E-cigarettes contain much more nicotine than regular cigarettes – thus, they can make addiction worse.
- Treatments to smoking can also address e-cigarette addiction


ICE
LOWEST Prices in TOWN
WARNING: This product contains nicotine.
Nicotine is an addictive chemical.
ZYN
TOBACCO-FREE
NICOTINE POUCHES
AVAILABLE INSIDE!
SMOKE-FREE
SPIT-FREE
TOBACCO-FREE
ZYN
ZYN
ZYN
ZYN
ZYN
ZYN
FIND YOUR ZYN
ZYN.COM


on
on
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WARNING:
This product contains nicotine. Nicotine is an addictive chemical.


WARNING: This product contains nicotine. Nicotine is an addictive chemical.
ZYN
TOBACCO-FREE
NICOTINE POUCHES
FIND YOUR ZYN
ZYN.COM


ZYN
PEPPERMINT
3
15 NICOTINE POUCHES
WARNING: This product contains nicotine. Nicotine is an addictive chemical.


on


MINT
VELO
02
mg nicotine
15 NICOTINE POUCHES
WARNING:
This product contains nicotine. Nicotine is an addictive chemical.

Additional Resources

Resources

Clients:

- Quit Line 1-877-YES-QUIT
  - https://www.quitnow.net/mve/quitnow?qnclient=texas (click on the **Refer A Patient** in the upper right-hand corner).
  - Download the Texas QuitLine app (refer clients to the QuitLine from phone):
  - https://www.uttobacco.org/our-programs/for-health-care-providers-and-emr-vendors
  - https://smokefree.gov/ (Text message quit programs for veterans, pregnant women, teenagers, Spanish-speaking people and older adults
- Nicotine Anonymous (support groups, online, phone)
- Non-smoking AA & NA meetings (majority are smoke-free)
- On site NRT

"You can't find the tobacco sales display because we replaced it with the nicotine patch display."

Resources

Employees:

- EAP
- PCP co-pay and prescription reimbursement (spouses and eligible dependents included)
- Nicotine Anonymous, as well as non-smoking NA and AA groups
- On site NRT
- Quit Line 1-877-YES QUIT

"You can't find the tobacco sales display because we replaced it with the nicotine patch display."

TTTF Website

Videos for clinicians/consumers

Tailored information for groups (women, pregnant women, postpartum women, mental health, substance use)

Step-by-step program implementation guide

Downloadable rack cards

Quit plans

www.takingtexastobaccofree.com

Tobacco use assessments

Continuing education module

Policy examples

Downloadable posters

Resources primarily in Spanish and English, with some other languages available (e.g., Faris & Chinese)

TAKING TEXAS TOBACCO FREE

HOME ABOUT TOOLS MEDIA & EVENTS CONTACT

Download Center

Languages Available

Spanish | Chinese | Vietnamese | Japanese | Farsi

Pregnancy Posters

Rack Cards

COVID-19

Toolkit

Taking Texas Tobacco Free Implementation Guide

- A Step-by-Step Guide to Implementing a Multi-Component Tobacco Free Workplace Program within Behavioral Health Settings
- View 6-month Policy Development Timeline

Tobacco-free campus policies

- Denton County MHMR
- Betty Hardwick Center
- Heart of Texas Region

Tobacco free campus signage examples

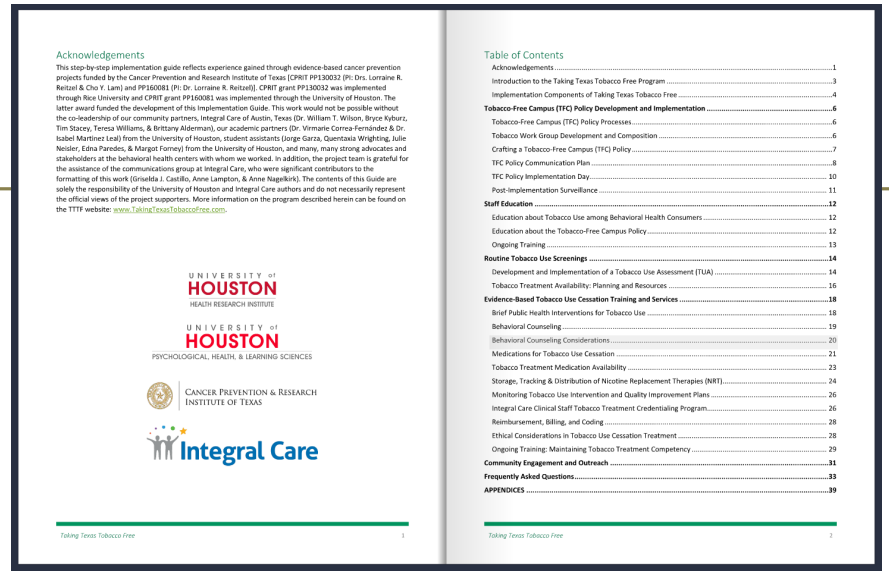
- Betty Hardwick Center
- Spindletop Center
- Bluebonnet Trails
- Border Regions BHC (Spanish)
- Behavioral Health Center of Nueces County

Tobacco Use Assessment Forms

- BHC
- HOTR
- Denton County

Other documents

- Tobacco-Free Living in Psychiatric Settings (pdf)
- Tobacco free tool kit for healthcare providers (pdf)
- SHS Seepage into Multi-Unit Affordable Housing (pdf)
- 2008 Clinical Guidelines (pdf)
- Treating Tobacco Dependence Practice Manual – American Academy of Family Physicians
- Surgeon General Reports
  - E-cigs
  - Secondhand smoke exposure
  - 50 year report on tobacco harms
  - How tobacco smoke causes disease
- Hidden Epidemic Tobacco Use and Mental Illness (pdf)
- Addressing Tobacco Use with Homeless Populations (pdf)
- CDC Vital Signs report (pdf)
- Tobacco Use among the Homeless FAQ 2016
- Removal of black box warning from Chantix and Wellbutrin
- EAGLES Study-Neuropsychiatric safety of Chantix and Wellbutrin



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Integral Care

Taking Texas Tobacco Free 1

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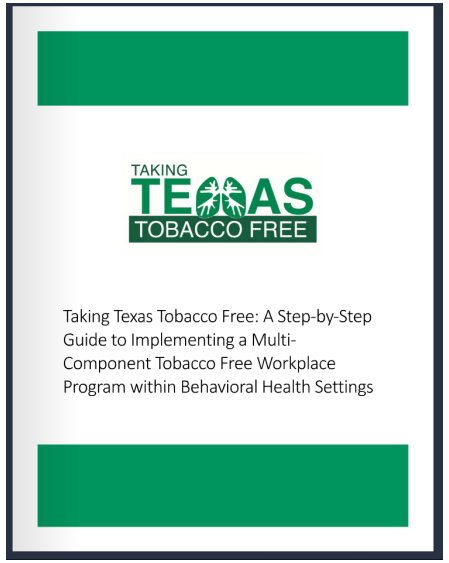

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Smoking cigarettes before, during, and after pregnancy can harm your baby. This includes using electronic cigarettes, as the aerosol contains harmful chemicals and nicotine.

Smoking before pregnancy
- Makes it harder for you to get pregnant.
- Increases risk of ectopic pregnancy (a dangerous condition when the embryo implants outside the uterus).

Smoking during pregnancy
Increases your risk of:
- Miscarriage.
- Preterm birth, which is the leading cause of death, disability and disease among newborns.
- Spontaneous abortion and fetal death by 150%.
- Low birth rate, which can lead to many serious health problems for your baby.
- Fetal and lung development impairments.

Smoking after pregnancy (via secondhand smoke)
Increases your baby's risk of:
- Sudden Infant Death Syndrome (SIDS).
- Acute respiratory infections and of developing allergies.
- Ear infections.
- More frequent and severe asthma attacks.
- Developing adult onset of Chronic Obstructive Pulmonary Disease (COPD).
- Developing neurodevelopmental and behavioral problems.

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visit: www.takingtexastobaccofree.com
HEALTH Research Institute

TAKING TEXAS TOBACCO FREE

Quitting smoking is the most important step you can take to protect your and your baby's long-term health.

It's never too late to quit smoking.

How quitting can help you and your baby:
- Your baby gets more oxygen, even after just one day!
- Your baby will grow better.
- Your baby is less likely to be born early.
- You and your baby will experience less stress during delivery.
- You'll be healthier, have more energy and breathe easier.
- You'll decrease your chance of abnormal bleeding during pregnancy and birth, decreasing your risk of miscarriage, preterm birth and possible maternal death by half.
- You'll be less likely to develop heart disease, stroke, lung cancer, lung disease and other smoking-related illnesses.

Recommended Treatments for Quitting Smoking for Pregnant Women
- Behavioral interventions are a safe way of quitting tobacco and electronic cigarettes. These include:
  - Individual or group in-person behavioral support and counseling.
  - Telephone counseling and text messaging programs.
  - Self-help materials.

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

A project of Integral Care in Austin and the University of Houston, supported by the Cancer Prevention and Research Institute of Texas.
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TAKING TEXAS TOBACCO FREE

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

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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HEALTH Research Institute

TAKING TEXAS TOBACCO FREE

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

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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"When we started the initiative, it was amazing how wrong we were as mental health professionals because many of us have been in this field a long time and we always assumed that our clients didn't want to stop smoking because they couldn't or if they did their symptoms would get worse. We never even thought to ask them and once we realized our clients [were open to quitting] we really just asked them and they did not want to continue smoking. And once we became an instrument to help them, a lot of the clients were quite successful."

***-Debra Shedrick**, Program Manager*
Spindletop Center

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- Tobacco-free worksite implementation guide
- Videos
- Posters
- Quit plans
- Training module