

Taking Texas Tobacco Free (TTTF)

IMPLEMENTING A TOBACCO-FREE WORKPLACE PROGRAM IN SUBSTANCE USE TREATMENT CENTERS



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

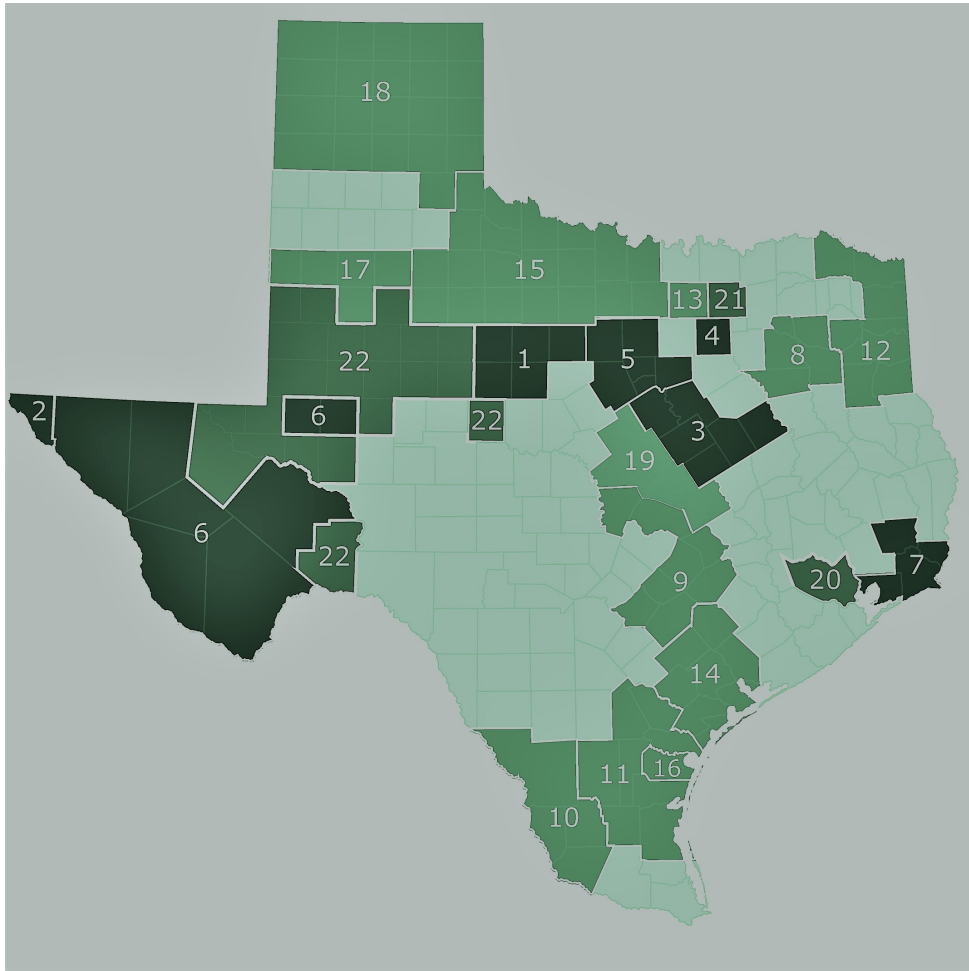


UNIVERSITY of HOUSTON
HEALTH RESEARCH INSTITUTE

TODAY'S AGENDA

- 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

22 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 WORK WITH

Cohort 1

- 1) Betty Hardwick Center (Abilene)
- 2) Emergence Health Network (El Paso)
- 3) Heart of Texas Region (Waco)
- 4) Metrocare Services (Dallas)
- 5) Pecan Valley Centers (Granbury)
- 6) Permian Basin Centers (Midland/Odessa)
- 7) Spindletop Center (Beaumont)

Cohort 2

- 8) Andrew's Center (Tyler)
- 9) Bluebonnet Trails Center (Round Rock)
- 10) Border Region Center (Laredo)
- 11) Coastal Plains Center (Portland)

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

Cohort 3

- 19) Central Counties Services (Temple/Belton)

Dissemination Grant

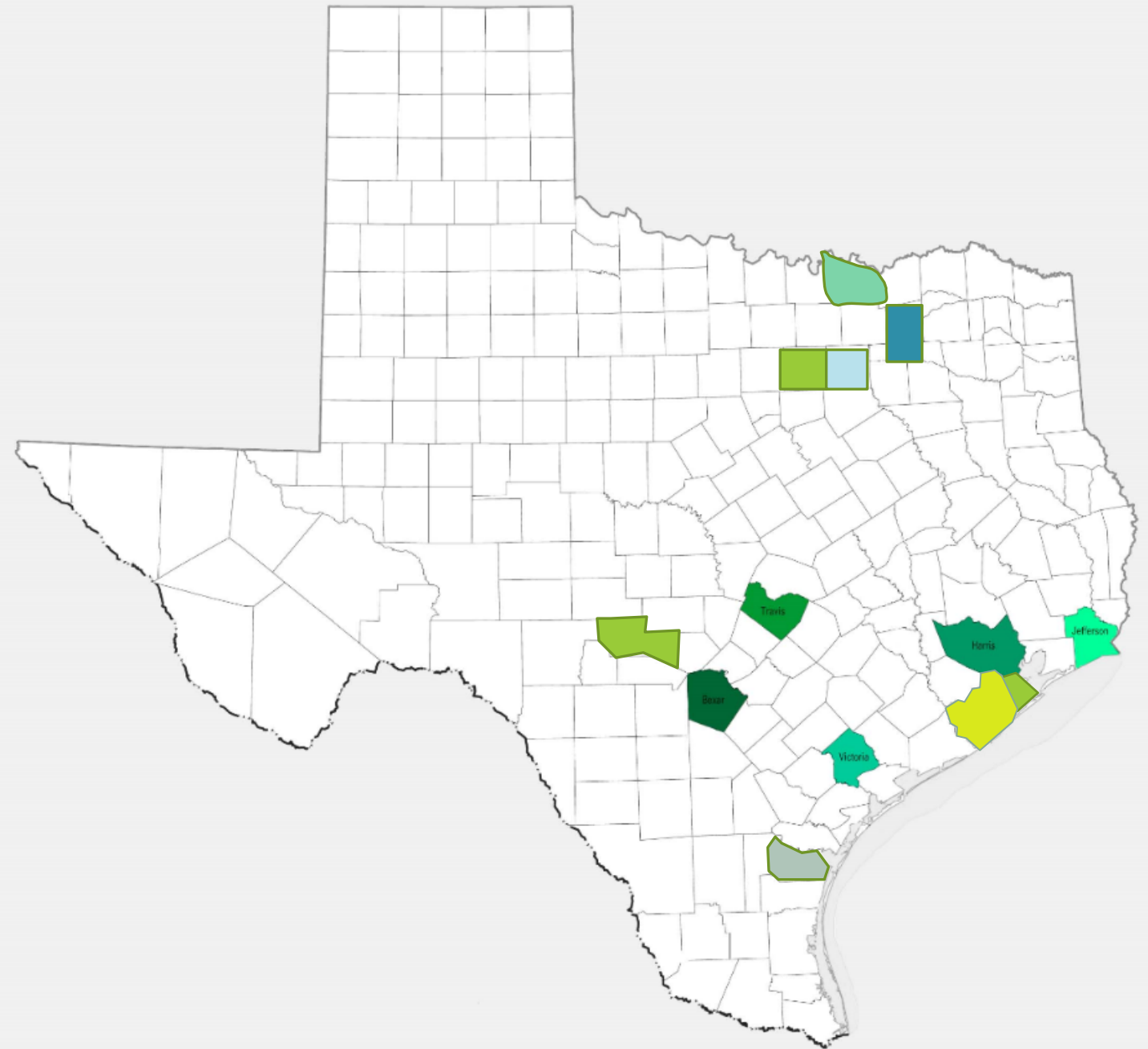
- 20) The Harris Center for Mental Health and IDD (Houston)
- 21) LifePath Systems (McKinney/Plano)
- 22) West Texas Centers (Big Spring)

Taking Texas Tobacco Free

CURRENT GRANT: SUBSTANCE USE TREATMENT AND COMMUNITY CENTER PARTNERS

Enrolled

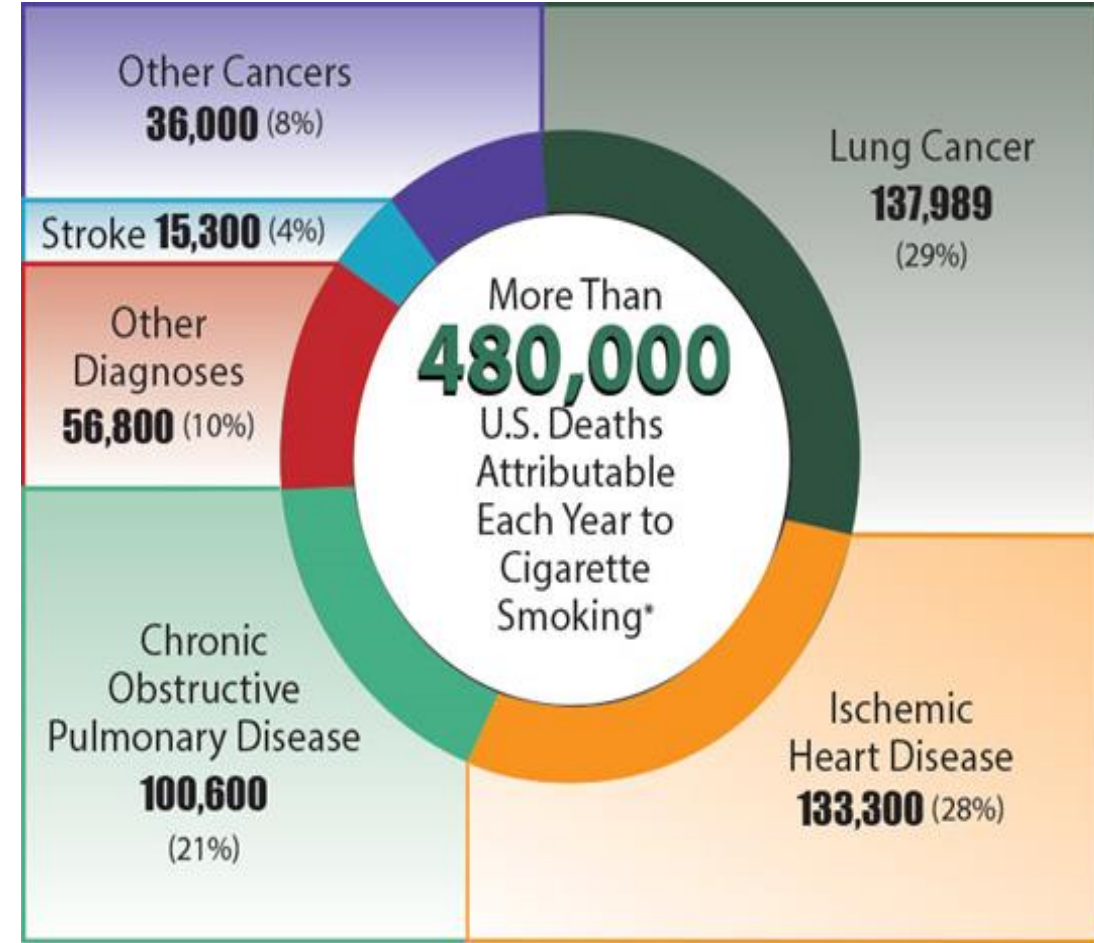
- Montrose Center (Harris Co)
- Santa Maria Hostel (Harris Co)
- Billy T Cattan Recovery Center (Victoria Co)
- Volunteers of America (Bexar Co)
- Foundation Communities (Travis Co)
- Land Manor (Jefferson Co)
- Council on Recovery (Harris Co)
- Alpha Home (Bexar Co)
- Counseling and Recovery Services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

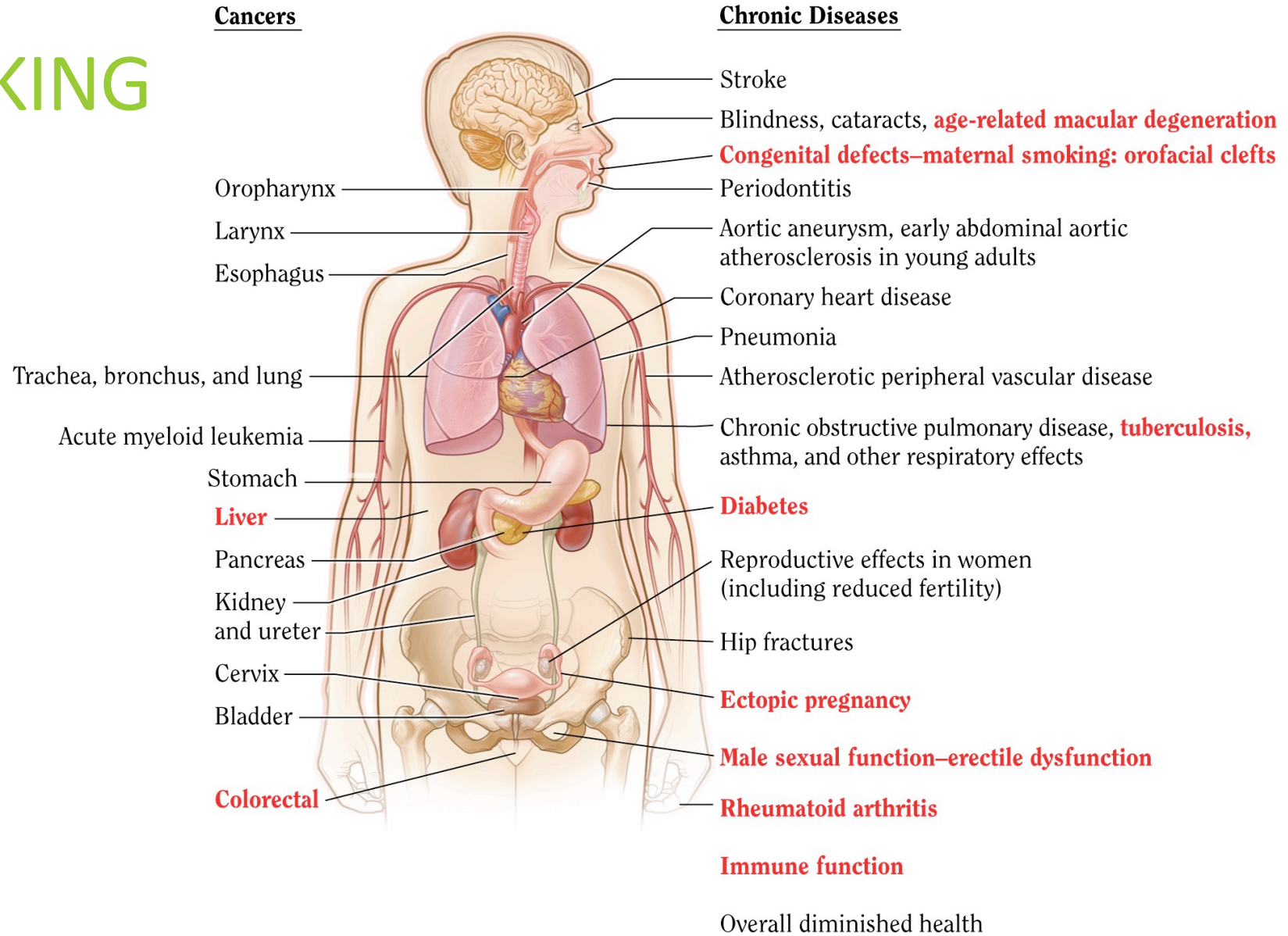


Source: The Health Consequences of Smoking—50 Years of Progress:
A Report of the Surgeon General, 2014

HAZARDS OF SMOKING

Smoking increases risk for:

- Cancers
- Heart disease
- Stroke
- COPD
- Fertility problems

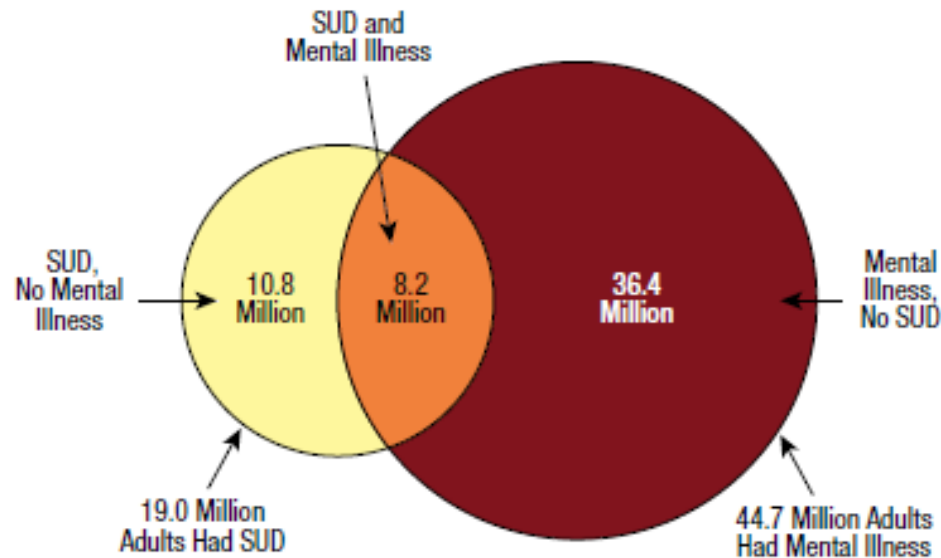


HIGH RATE OF TOBACCO USE AMONG PEOPLE WITH SUDS

- 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



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.

- 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

TOBACCO USE AND PAIN CONNECTIONS

- 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

OPIOID & TOBACCO DEPENDENCE CONNECTIONS

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.

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

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

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)



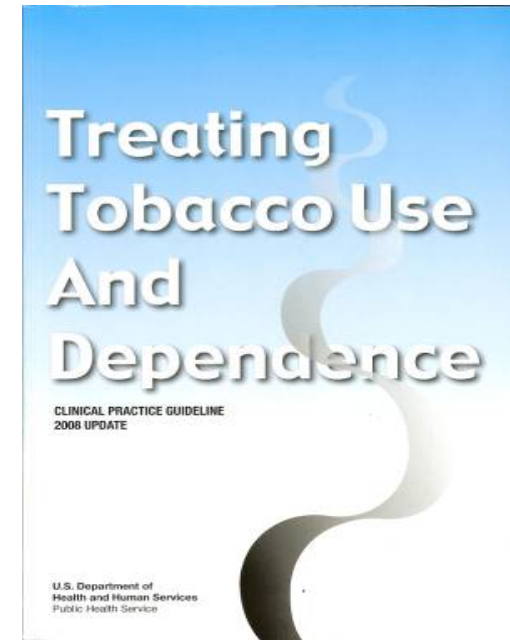
MENTAL HEALTH IMPROVEMENTS ASSOCIATED WITH QUITTING TOBACCO

- 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)



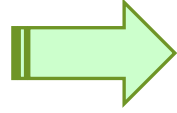
WHAT CAN AND SHOULD BE DONE BY SUBSTANCE USE PROFESSIONALS & TREATMENT CENTERS

- 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.)



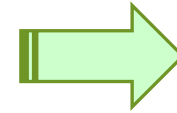
The 5 A's

ASK



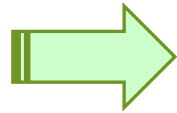
about tobacco USE

ASSESS



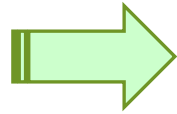
READINESS to quit

ADVISE



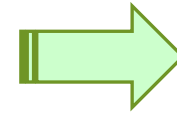
consumer to QUIT

ASSIST



with QUIT ATTEMPT

ARRANGE



FOLLOW-UP care

FDA APPROVED TOBACCO TREATMENT MEDICATIONS

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

- Varenaline (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



REPLACES

harmful cigarettes



REDUCES

dependence on
nicotine



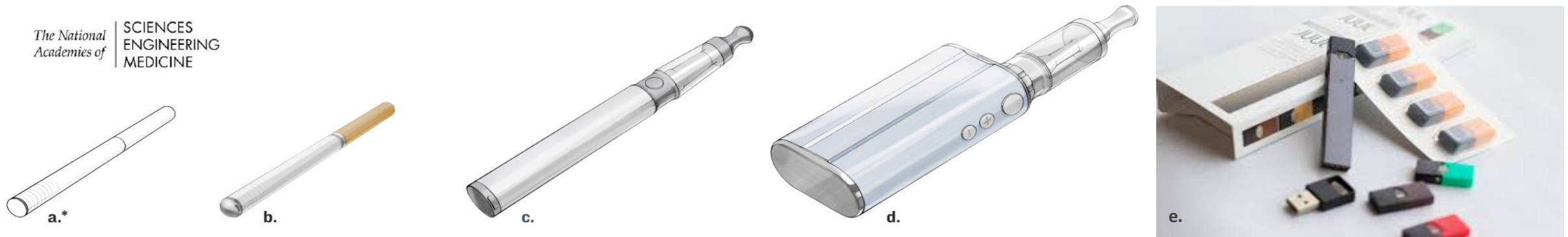
RETRAINS

the smoker not to
crave nicotine

TOBACCO TREATMENT MEDICATIONS

	Patches	Gum	Lozenge	Chantix	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		<ul style="list-style-type: none"> • 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

ELECTRONIC NICOTINE DELIVERY SYSTEMS (ENDS): TO VAPE OR NOT TO VAPE?



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

Research states:

- Presence of toxic substances (ie, fine/ultrafine particles, cytotoxicity, various metals, TSNA, and carbonyls), but lower levels than cigarettes
- Dual use of ENDS & combustible cigs common & is problematic
- 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



TOBACCO-FREE POLICIES WILL...

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

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



QUIT TOBACCO RESOURCES

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.takingtexastobaccofree.com (under the **TOOLS** → **DOWNLOAD CENTER** tab)



TAKING
TEAS
TOBACCO FREE

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www.takingtexastobaccofree.com



Bryce Kyburz, MA
TTTF Project Manager, Integral Care
512-440-4091

bryce.kyburz@integralcare.org

www.takingtexastobaccofree.com

- Articles, presentations, fact sheets
- Videos
- Posters
- Quit plans
- Training module