

Going Tobacco-Free

Implementing Tobacco-Free Policies and Cessation Efforts in Women's Substance Use Disorder Treatment Settings

A quick guide for program directors, clinicians, and staff

Treating tobacco use disorder in combination with other substance use disorders increases the likelihood of long-term recovery.

Coming Soon: NC Medicaid will require all physical, mental health, & substance use treatment service providers to have 100% tobacco-free campuses in order to contract with any MCO. Please utilize this guide and reach out to You Quit, Two Quit to prepare for this new requirement.

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Why Address Tobacco Use Among Women* with Substance Use Disorders?



Tobacco Cessation Increases Recovery Rates.

Quitting tobacco improves the odds of long-term recovery, increasing the likelihood of abstinence from alcohol and illicit drugs by 25% in the year after treatment. Conversely, continued tobacco use following treatment increases the likelihood of return to substance use.

Quitting tobacco does not negatively impact treatment of the presenting substance use problem, but instead can enhance treatment success.



Tobacco Cessation Can Have Mental Health Benefits.

After initial withdrawal symptoms have resolved, quitting tobacco is associated with reduced levels of depression, anxiety, and stress. Quality of life and positive mood also improve with quitting.



People with Substance Use Disorders Use Tobacco at Much Higher Rates than the General Population.

The rate of tobacco use in the substance use treatment population is about 3 times higher than the general population. Seventy to ninety percent of pregnant women in substance use treatment co-use tobacco.



Tobacco is the Leading Cause of Death for People with Substance Use Disorders.

Quitting tobacco has immediate and long-lasting health benefits, no matter when a person quits.



Tobacco Exposure Worsens Outcomes for Babies who are Exposed to Other Substances in Utero.

Tobacco use exacerbates the symptoms of withdrawal (Neonatal Abstinence Syndrome (NAS)) experienced by many babies who are exposed to opioids in utero. This includes opioids used for Medication-Assisted Treatment (MAT). When opioid-dependent pregnant women quit tobacco, their babies need less medication for NAS, are medicated for fewer days, spend less time in the hospital, and have higher APGAR scores.



Prepares Program Participants for Tobacco-Free Policies in Housing Outside of Treatment.

In 2018, the Department of Housing and Urban Development (HUD) began requiring all public housing units to be smoke-free. Many other multi-unit properties in North Carolina have smoke-free and/or tobacco-free policies. Since program participants may be transitioning back into tobacco-free environments, tobacco cessation can help them comply with tobacco-free rules in their future housing.

Components of a Successful Tobacco Cessation Program

- ✓ Tobacco-Free Environment
- ✓ Consistent Policies for Employees and Program Participants
- ✓ Support for Program Participants
- ✓ Support for Employees

Benefits of Creating a Tobacco-Free Environment

Why is a Tobacco-Free Environment Important?

Tobacco-free environments reduce exposure to secondhand and thirdhand smoke and vape for employees, program participants, and children in their presence.

Program Participants



- ✓ Supports tobacco cessation among program participants for a holistic approach to recovery.
- ✓ Helps prevent uptake of tobacco use by program participants who were not previous tobacco users.
- ✓ Prepares individuals for possible future tobacco-free living in public and multi-unit housing.

Staff



- ✓ Supports tobacco cessation and reduces return to use for staff.
- ✓ Tobacco-free workplaces reduce lost productive time.
- ✓ Protects staff from secondhand exposure to tobacco.

Infant/Child



- ✓ Reducing tobacco exposure during pregnancy and secondhand exposure after birth reduces the risk of the following poor health outcomes:
 - Ectopic Pregnancy
 - Premature Birth
 - Low Birth Weight
 - Miscarriage/Stillbirth
 - Sudden Infant Death Syndrome (SIDS)
 - Ear Infections
 - Respiratory Infections
 - Asthma
 - Links with Childhood Obesity, Cancer, & Attention Disorders, and Cardiovascular Disease & Diabetes in Adulthood
 - Severity of Neonatal Abstinence Syndrome (NAS)
 - Tooth Decay
- ✓ Eliminating parental tobacco use reduces the risk of a parent leaving a child alone or in an unsafe environment so the parent can use tobacco.

Secondhand tobacco is the smoke or aerosol that comes from the end of a tobacco product. It can also be exhaled by a tobacco user.



Secondhand smoke contains about 4,000 chemicals and more than 50 are known to cause cancer.



Anytime someone breathes in secondhand tobacco they are exposed to these chemicals.



Secondhand smoke is associated with elevated blood lead levels. Lead exposure in children can lead to attention disorders, aggression, and lower intelligence quotient (IQ) scores.



Secondhand aerosol from e-cigarettes is not “harmless water vapor” and exposure should be avoided, especially by pregnant women, infants, children, and adolescents.

Third-hand tobacco is the residue that lingers on surfaces after a tobacco product has been used.



There is no safe level of exposure to thirdhand tobacco.



Thirdhand tobacco contains more than 250 chemicals.



Children are exposed to thirdhand tobacco when they crawl, put hands or toys in their mouth, or are held by adults.



Thirdhand tobacco is present in homes and cars where people have smoked or vaped, even if you can't smell it.



Tobacco smoke can stain walls and floors, and the smell can remain in dry wall, insulation, and other building materials.



You can't prevent thirdhand tobacco by smoking or vaping in another room, in front of an open window, or using a fan.

How to Create a Tobacco-Free Environment

Tobacco-free program participant and staff policies should be clear, concise, consistent, and communicated widely.



A Strong Tobacco-Free Environment Policy:

- Applies to all staff, program participants, contractors, vendors, and visitors.
- Includes all tobacco products, including electronic nicotine delivery systems (ENDS).
- Applies to all sites (owned and leased), including housing units owned and/or operated by the organization, parking lots, and official vehicles.
- Explains tobacco restrictions and how the policies will be enforced.
- Includes signed agreements to tobacco-free policy for both staff and program participants.



Tobacco-Free Environment Policy Considerations for Staff:

- Can staff be in viewing distance of program participants (e.g., off the organization grounds but still in sight) when using tobacco?
- Can staff have tobacco products in their possession while on organization grounds (e.g., in purse, bag, pocket, or desk drawer)?
- Are there any acceptable circumstances in which the staff can use tobacco in presence of or with program participants?
- Can employees smell like smoke during work hours? Is there a statement in dress code policy?
- What are the disciplinary actions for staff who violate the tobacco-free environment policy?
- Will there be a signed policy for staff?



Tobacco-Free Environment Policy Considerations for Program Participants:

- What constitutes a violation of policy (e.g., possession of tobacco product, knowledge that another person has a tobacco product, using tobacco product on campus)?
- What are the steps taken when a program participant violates the policy?
- When and how will you screen for tobacco use on intake?
- What services will you offer people who use tobacco to help them transition to life on the tobacco-free campus?
- Will there be a signed policy for individuals upon entering the program?



Communicating Policies Clearly

Information should be communicated as early as possible and on a regular and consistent basis to all staff, program participants, visitors and vendors.

When communicating about the policy change, remember to include:

- General overview of the policy (what and who are covered).
- How the policy change will affect staff, program participants and visitors.
- Opportunities for staff feedback on policy implementation (staff meetings, online surveys, information sessions, etc.) Focus on how to make the transition as smooth as possible to reduce staff anxiety and to share new ideas. These meetings are not to debate whether the policy will be put in place, but are to focus on the process of implementing the policy, eliciting staff questions/concerns, and sharing ideas for addressing them.
- Be sure to communicate tobacco-free changes on your website, all literature, and program signage.

In order to have a successful tobacco-free policy and encourage and support compliance, your organization should have plans for supporting program participants (pages 6-9) and employees (pages 10-11).

Minimum Months Before Implementation	Tobacco-Free Implementation Timeline Task List
6 months	○ Draft the Tobacco-Free Environment Policy. <i>The start date should be clearly stated in the policy.</i>
	○ Put policy in place through your organization's policy process.
	○ Begin to assess all program participants for tobacco use (if not already in place). See 5As/5Rs on page 6.
	○ Provide Nicotine replacement therapy (NRT) to program participants when appropriate. See Pharmacotherapy Chart on page 9.
	○ Solicit questions and concerns from employees and program participants.
	○ Meet with all departments/units/teams to educate on the policy, tobacco use assessment and treatment and cessation resources. Check in with staff monthly after initial announcement.
5 months	○ Communicate the policy to all staff through: <i>Emails, staff meetings, newsletters, staff trainings - this step is ongoing through implementation.</i>
	○ Communicate policy and implementation date to community partners and vendors: <i>Announce policy on website, alert community partners and referral agencies of the change in policy via email – ongoing until and past implementation date.</i>
	○ Determine need for external signage and design signs.
	○ Work with Human Resources to determine cessation resources that are covered by the employer-sponsored insurance plans – communicate these findings with employees.
4 months	○ Finalize processes for providing Nicotine Replacement Therapy to program participants when appropriate, and individual or group support for those who are quitting tobacco.
	○ Incorporate tobacco-free worksite policy information into New Employee Orientation.
	○ Incorporate documentation of tobacco use treatment into Electronic Medical Records system.
2-3 months	○ Place signs or posters throughout the building to alert program participants and visitors of the upcoming policy change. Signage countdown should be starting at 90 days, then 60 days, then 30 days.
	○ Begin the process to have permanent signs produced and installed around the campus prior to the implementation date.
	○ Communicate tobacco cessation resources and services like Quitline, websites, and self-help materials available to employees and program participants. Create a web page with this information for employees and program participants.
1 month	○ Integrate tobacco use assessment into electronic medical records - train employees on changes to documentation.
	○ Check in with staff monthly after initial announcement.
	○ Create Tobacco-Free Environment policy acknowledgment statement. Have all current and new employees sign statement.
	○ Provide responses to program participants and employees to address questions and concerns.
	○ Install permanent signage around the campus.
Implementation Date and Beyond	○ Celebrate implementation of the policy.
	○ Ensure that all employees are enforcing the Tobacco-Free Environment policy.
	○ Bring employee violations to supervisors' attention – address with employee.
	○ Continue to monitor for compliance with the policy.
	○ Conduct chart audits to ensure provision of tobacco use screening and treatment for all program participants.

Thank you to Taking Texas Tobacco Free (<https://www.takingtexas tobacco free.com>) for guidance on this timeline.

Tobacco Cessation Treatment Considerations

Provide a Supportive, Tobacco-Free Environment

- Keep the entire facility tobacco-free.
- Provide alternative activities during times when individuals have usually used tobacco.
- Support tobacco cessation in group counseling settings.

Effectively Screen for Tobacco Use:

- Ask every program participant if they use tobacco products, including the type, for how long and how much.
- Ask about past quit attempts.
- Ask about readiness to quit (e.g., readiness ruler)
 - In residential settings where program participants will be required to be tobacco-free during treatment, ask about readiness to quit tobacco now and ability to sustain tobacco-free status after treatment.

Provide Practical Behavioral Counseling:

There are many modalities that are effective in addressing tobacco use in individual or group settings. The most important criteria is that the staff are adequately trained and comfortable helping a person quit using tobacco.

Counseling Efforts Should:

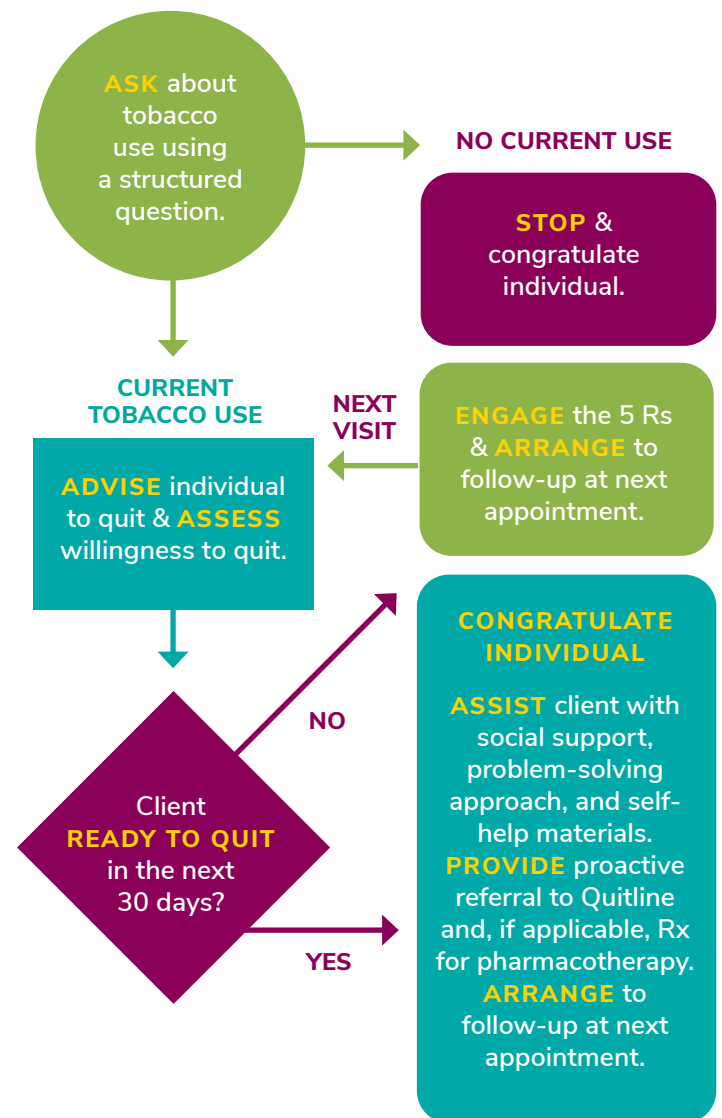
- Focus on problem solving/skills training.
- Provide information on nicotine addiction and withdrawal.
- Help individuals identify tobacco use triggers and encourage the use of coping strategies for these triggers.
- Provide social support through encouragement, acknowledging the difficulty of the situation, and celebrating successes.

Other Counseling Considerations:

- Motivational interviewing, cognitive behavioral therapy, and mindfulness have all shown to be evidence-based modalities.
- Consider pursuing the National Certificate in Tobacco Treatment Practice (NCTTP) for staff, offered by the Association for Addiction Counselors (NAADAC) www.dukeuncccts.com

Connect to Pharmacotherapy, When Appropriate

- The combination of pharmacotherapy and behavioral counseling is the best treatment for non-pregnant adults.
- Pharmacotherapy can help with symptoms of nicotine withdrawal and increase the likelihood of successful cessation.
- See page 9 for more information on appropriate use of pharmacotherapy in pregnant and lactating women.



When Tobacco Users are Reluctant to Quit

When women are unwilling to quit or unsure about quitting, it can be helpful to focus your discussion about tobacco use around the following 5 Rs.

Relevance Help the person figure out the reasons to quit that are most relevant to her life, based on her health, environment, and individual situation.

Risks Encourage individual to identify possible negative outcomes of continued tobacco use.

Rewards Help individual identify possible benefits of quitting.

Roadblocks Work with individual to identify obstacles to quitting, and encourage her to think about how she might overcome them.

Repetition Address tobacco use and cessation at each visit.

Electronic Nicotine Delivery Systems (ENDS)

Electronic Nicotine Delivery Systems (ENDS) are battery-operated devices designed to deliver nicotine with flavorings and other chemicals in aerosol instead of smoke. ENDS come in many different shapes and sizes. ENDS are commonly known as e-cigarettes, e-hookah, vape pens or tank and mod systems. ENDS are tobacco products.

ENDS Aerosol is NOT Harmless Water Vapor

- ENDS aerosol contains nicotine, fine particulate matter, volatile organic compounds, heavy metals and other compounds, the acute and long-term impacts of which are unknown.
- Exposure to secondhand ENDS aerosol should be avoided, especially by pregnant women, infants, children, and adolescents.
- The CDC has stated that air containing ENDS aerosol is not clean air.



ENDS are NOT an FDA-Approved Cessation Method

- While some people report that they have quit smoking using ENDS, the US Preventive Services Task Force guidelines state that there is insufficient evidence to promote them for tobacco cessation, and the FDA has not approved them for this use.
- Many ENDS users become “dual users,” continuing to smoke combustible tobacco while also using ENDS.

- Studies have shown that experienced ENDS users alter the power of their devices and puff patterns to deliver nicotine at similar levels to combustible tobacco.
- Pregnant women and those trying to become pregnant may think that switching from other tobacco products to ENDS is better for their baby due to less stigma associated with their use. It is important to counsel women that nicotine use of any kind is harmful to a developing fetus.



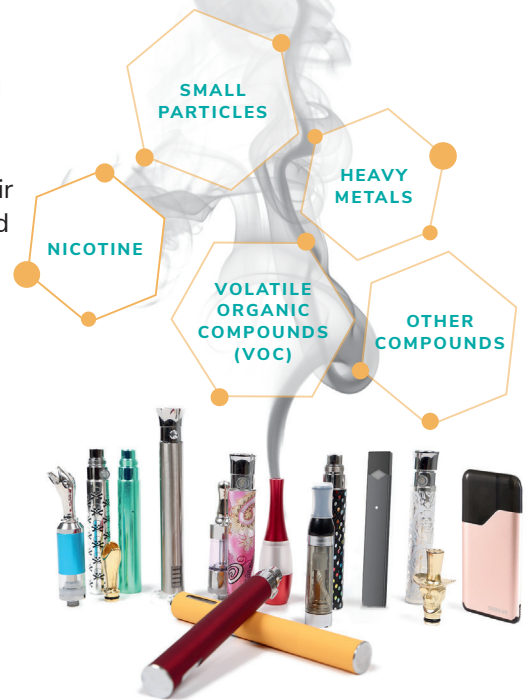
ENDS are a Poison Control Hazard

- Liquid nicotine is extremely poisonous when it is ingested or makes contact with bare skin.
- Children are often drawn to e-liquids because they smell fruity or sweet and may be mistaken for candy.
- Even 1 teaspoon of liquid nicotine can be fatal for infants and young children and smaller amounts can cause severe illness.
- It is important to counsel individuals to call poison control – 1-800-222-1222 – if liquid nicotine has been ingested or come into contact with skin.



ENDS are Used by Women Across Education and Income Levels

- Combustible tobacco use is more common in populations with lower income, lower education, and those who live in rural areas.
- ENDS use among women is highest among suburban white women with more than a high school education.
- It is important to screen all women for all tobacco products, not just populations that have traditionally used combustible tobacco at higher rates.



Harmful & Potentially Harmful Ingredients in ENDS Aerosol

Why should ENDS be included in the tobacco-free environment policy?

- ✓ Exposure to second-hand ENDS vape (aerosol) should be avoided by everyone, especially pregnant women, infants, children, and adolescents.
- ✓ The liquid nicotine in ENDS is a poison control hazard, particularly for infants and children.
- ✓ ENDS can be used as a drug delivery system – not just for nicotine, but also for any drug that can be dissolved in liquid form and vaporized. This includes marijuana, cocaine, amphetamines, psychedelics, and opioids.

Understanding Nicotine Withdrawal

Nicotine is an addictive substance that causes changes in the body and brain. As with other substances, tobacco users may experience symptoms of withdrawal when quitting tobacco. It is important to understand the symptoms of withdrawal and assist with symptom management. Nicotine withdrawal symptoms are usually the worst in the first week (days 3-5) after quitting tobacco, but some symptoms, particularly mental and emotional symptoms, can last for several weeks.

FDA-approved medications for tobacco cessation can help non-pregnant adults who are experiencing withdrawal.

Symptoms of Withdrawal

Withdrawal Symptom	Approximate Onset from Last Nicotine Use	Duration
Nicotine cravings	30 minutes to 4 hours	Worst during the first 3 days, diminishing over time – cravings can happen even months after quitting
Depression	10 hours	2-4 weeks
Dizziness	12 hours	1-2 days
Irritability	1 day	2-4 weeks
Increased Appetite	1 day	Up to several weeks
Headache	3 days	1-2 weeks
Trouble sleeping	3 days	1 week
Cough, Sore Throat	3 days	3-4 days
Fatigue	3 days	2-4 weeks
Constipation	3 days	1-2 weeks
Trouble concentrating	3 days	A few weeks
Anxiety	3 days	2 weeks

How to Help Program Participants Manage Withdrawal:

- Offer pharmacotherapy when clinically appropriate
- Remind the individual that withdrawal symptoms will get better over time
- Encourage the individual to be mindful of how they are feeling physically and emotionally and to recognize symptoms of withdrawal

Accessing Pharmacotherapy for Program Participants:

The availability of the medications will likely reduce anxiety and fear among program participants (and staff), provide a valuable incentive to make a quit attempt, and show that the organization wants to support tobacco users to quit rather than punish them for using tobacco. It is important to provide pharmacotherapy to program participants who are using tobacco, when clinically appropriate, within 24-48 hours of quitting tobacco.

Paying for Tobacco Treatment Medications:

PRIVATELY INSURED

The Affordable Care Act (ACA) requires coverage of tobacco cessation counseling and FDA approved pharmacotherapy (90-day supply when prescribed by a health care provider) as an Essential Health Benefit. All ACA compliant insurance plans are required to cover these services with no cost-sharing by the patient.

MEDICAID

NC Medicaid covers all 7 FDA-approved tobacco cessation medications with no cost-sharing for the patient.

Non-pregnant individuals covered by Medicaid can access Nicotine Replacement Therapy (NRT) through QuitlineNC.

When QuitlineNC determines the non-pregnant person is covered by Medicaid, they will mail them two weeks of free medication along with paperwork to submit to a pharmacy for 12 additional weeks of free medication.

UNINSURED

- QuitlineNC provides up to eight weeks' supply of combination therapy NRT to eligible adult callers who are ready to quit (while supplies last).
- Utilize the drug manufacturers' assistance programs to offset costs for people who meet financial need requirements.
- Consider creating a free online business account to bulk order NRT at a reduced price.
- Some NRT manufacturers offer reduced pricing – contact representatives to inquire about reduced prices for bulk orders.

Pharmacotherapy for Tobacco Cessation

Counseling and medication are effective when used by themselves for treating tobacco dependence; however, counseling and medication used together is more effective than either alone. Several effective medications are available to help treat tobacco dependence, and clinicians should encourage their use by all patients attempting to quit tobacco – except when medically contraindicated or with specific populations for which there is insufficient evidence of effectiveness (e.g., pregnant women, smokeless tobacco users, light smokers, and adolescents).

For non-pregnant adults, a combination of first line medications and NRT have been shown to be most effective for cessation.

	Trade Name	Schedule	Side Effects	Length of Treatment	FDA Pregnancy Category	Lactation Risk Category
Nicotine Based Agents or Nicotine replacement therapy (NRT)						
Nicotine Patches	Over the counter (OTC)	21 mg patch/day for first 4 weeks 14 mg patch/day, weeks 7-8 7 mg patch/day, weeks 9-10	Local skin reactions Insomnia Vivid dreams	8-12 weeks	D	L3: Limited Data- Probably Compatible
	Nicoderm CQ (OTC)	21 mg patch/day for first 6 weeks 14 mg patch/day, weeks 7-8 7 mg patch/day, weeks 9-10		8-12 weeks		
Nicotine Nasal Spray	Nicotrol NS (Prescription)	2 sprays = 1mg (1/nostril) = 1 dose 1-2 doses/hr max: 5 doses/hr 40 doses/day	Nasal irritation	3-6 months	D	L3: Limited Data- Probably Compatible
Nicotine Gum	Nicorette 2mg (OTC)	1-24 cigarettes/day = 9-12 pieces/day (2 mg/piece) max 24	Mouth soreness Upset stomach	12 weeks	D	L3: Limited Data- Probably Compatible
	Nicorette 4mg (OTC)	1-24 cigarettes/day = 9-12 pieces/day (4mg/piece) max 24	Upset stomach	12 weeks		
Nicotine Oral Inhaler	Nicotrol Inhaler (Prescription)	6-16 cartridges/day	Local mouth and throat irritation	12 weeks	D	L3: Limited Data- Probably Compatible
Nicotine Lozenges	Nicorette (OTC)	One piece every: 1-2 hours (weeks 1-6) 2-4 hours (weeks 7-9) 4-8 hours (weeks 10-12)	Sore throat Heart burn Hiccups Nausea	12 weeks	D	L3: Limited Data- Probably Compatible
Nicotine Mini Lozenges	Nicorette Mini Lozenge	Same as above	Same as above	Same as above	D	L3: Limited Data- Probably Compatible
Non-Nicotine: First line FDA Approved Agents						
Bupropion	Zyban/Wellbutrin (Prescription)	150 mg once daily in the AM for 3 days then twice daily with the second dose 8 hours after first	Insomnia Dry mouth	2-3 months	C	L3: Limited Data- Probably Compatible
Varenicline	Chantix (Prescription)	0.5 mg once daily for 3 days then 0.5 mg BID for 4 days, then 1 mg BID to end tx.	Nausea	12 weeks + optional additional 12 weeks	C	L4: No Data- Possibly Hazardous
Non-Nicotine: Second Line Non-FDA Approved Agents						
Clonidine	Generic Catapres (Prescription)	0.15-0.75 mg per day	Dry mouth Dizziness Sedation	3-10 weeks	C	L3: Limited Data- Probably Compatible
Nortriptyline	Generic Pamelor (Prescription)	75-100 mg per day	Sedation Dry mouth	12 weeks	C	L2: Probably Compatible

It is important to note that electronic cigarettes or vape pens are not approved by the FDA as an aid to quit smoking.

***For information on pregnancy and lactation risk categories, visit tinyurl.com/RxPregnancyCategories and tinyurl.com/RxBFCategories**

Common Staff Questions and Concerns

Won't people stop coming for services if they can't use tobacco?

No, research shows that when a site implements a tobacco-free policy it does not lead to a significant decrease in individuals choosing to receive mental health or Substance Use Disorder (SUD) services.

Will encouraging program participants to quit using tobacco jeopardize their treatment and recovery?

No. In fact, research shows that helping people with a substance use disorder quit tobacco may aid their long-term sobriety.

Do tobacco free policies negatively impact treatment outcomes?

No. Actually, the opposite is true. Research has shown that people who have a SUD see a decrease in depression, anxiety, stress levels and substance use after they quit using tobacco. Associated improvements have shown to have a greater than or equal effect as antidepressants for depressive and anxiety disorders.

Won't program participants be agitated and anxious if they are not allowed to use tobacco?

It is important to recognize that nicotine withdrawal symptoms often mimic those of psychological disorders (e.g., increased agitation, anxiety, restlessness) and can be confused as exacerbating psychological conditions. Individuals should be educated that these are temporary nicotine withdrawal symptoms that will resolve within 2-4 weeks if they abstain

from tobacco use. Pharmacotherapy may be an option to address withdrawal. See pages 8 and 9 for more information on withdrawal and pharmacotherapy.

Won't program participants and visitors become combative or aggressive if they cannot use tobacco products on the grounds?

With an effective communication strategy, most people accept and understand the tobacco free policy. If someone does get upset about the policy, staff can consider it an opportunity to discuss resources available to help them quit using tobacco.

Why should we encourage people to use pharmacotherapy?

Pharmacotherapy is an important part of the standard of care for tobacco use treatment in the non-pregnant adult population. Non-pregnant people are 3-4x more likely to quit with a combination of pharmacotherapy and behavioral counseling.

Do staff have to quit using tobacco once the Tobacco-Free Environment policy is implemented?

No. Typically an organizational tobacco-free policy prohibits the use of tobacco products while on the grounds. Policies may extend to any official work business, whether on or off campus, and may include parking lots, company and private vehicles, and/or when meeting with a program participant. Staff can use tobacco products before or after work hours and not be in violation of the policy.

Is it legal for residential housing complexes to adopt tobacco-free policies?

Yes. This applies to tobacco use inside private residence, common areas (e.g., courtyards, patios, play areas, pools, laundry facilities, parking lots, etc.), and other indoor and outdoor areas.

Supporting Staff

Education and training of all staff and providers is essential in the areas of:

- ✓ The tobacco-free policy/programming
- ✓ How to assist in the compliance/adherence to the policy
- ✓ The physical effects of tobacco
- ✓ Tobacco use among people with substance use disorders
- ✓ Tobacco dependence treatment and effectiveness, including information about brief counseling and pharmacotherapy options (including recommendations for pregnant and lactating women)
- ✓ Dangers of second- and third-hand exposure to program participants, staff, and infants/children

This education and training should be incorporated into the new employee training.

Providing Support for Employees Wanting to Quit

Just like program participants, many staff members need support to quit tobacco. Cessation counseling and tobacco treatment medications should also be made available to all staff members. Each site will want to review its insurance coverage and determine:

- Covered tobacco treatment medications and allowable prescription duration.
- Any applicable co-pays and/or pre-authorization requirements.
- Coverage for cessation groups and/or individual counseling.

Coverage benefits should be communicated to all staff in advance of the tobacco free policy implementation and staff should be reminded of the benefits on a regular basis before and after the policy becomes effective.

To determine insurance benefits, contact your Human Resources Department. Remember that ACA compliant plans are required to provide coverage for tobacco cessation counseling and pharmacotherapy, so your employer-sponsored plan should have coverage for employees. You can also determine if your agency has an Employee Assistance Program (EAP) that provides confidential counseling to assist with tobacco cessation efforts.

QuitlineNC

QuitlineNC is a proven resource for program participants and staff who want to quit tobacco.

Individuals can call 1-800-QUIT-NOW (1-800-784-8669) 24/7 to talk with a highly trained QuitCoach.

QuitlineNC provides free, confidential, one-on-one counseling to assist tobacco users ready to quit. The quitline is staffed by professional tobacco quit coaches who follow approved protocols based on the caller's needs, including specialized protocols for adolescents, women during the perinatal period, and those with behavioral health conditions.

QuitlineNC's specific Perinatal Health Protocol is for those who are pregnant, lactating, have given birth in the past 12 months, or plan to get pregnant in the next three months.

NEW! QuitlineNC services now has a Behavioral Health Protocol, which provides expanded services to anyone who has a behavioral health condition and believes that this condition will impact their attempt at quitting, including substance use disorder.

LANGUAGES English, Spanish, and other languages as needed.

HOW TO REFER Anyone who is ready to quit using tobacco can contact QuitlineNC directly. Health professionals can also refer individuals proactively, increasing the odds that their client will enroll in QuitlineNC's services.

VIA WEB OR FAX

Go to QuitlineNC.com and click on "For Medical/Health Professionals" and follow the instructions listed.

Tobacco Cessation Guides and Activities

J. Williams: Learning About Healthy Living: Tobacco and You
tinyurl.com/TobaccoandYou

San Francisco Stop Smoking Program
Guidelines for running a smoking cessation group tinyurl.com/RunningTobGroup

Breathe Easy Live Well
Facilitator Guide tinyurl.com/BELWguide
Toolkit tinyurl.com/BELWtoolkit

Smoking/Tobacco Use Pros & Cons Sheet Individuals write down the pros and cons of using tobacco and quitting tobacco. As a group (or one-on-one) discuss what individuals wrote down for each of the four sections.
tinyurl.com/TobaccoProsCons

Quit Buddy Get paired with someone else in the group to provide mutual encouragement. Have weekly check-ups with each other about the challenges you're facing while discussing the best strategies for avoiding return to use.

Guided Meditations
tinyurl.com/Meditation5Mins (5 min)
tinyurl.com/Meditation10Mins (10 min)

For additional group activities, visit tinyurl.com/TTTtoolkit

Thank you to Taking Texas Tobacco Free for many of the above resources.

FREE Nicotine Replacement Products!

QuitlineNC provides up to eight weeks' supply of combination therapy NRT (patches plus gum or lozenge) to eligible adult callers who are ready to quit (while supplies last).

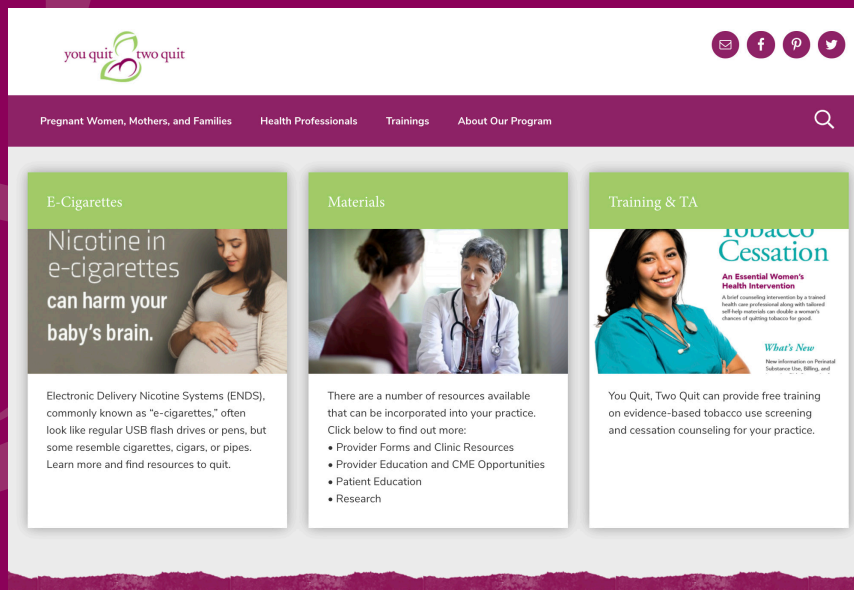
1-800-QUIT-NOW
24 HRS A DAY, EVERY DAY
WWW.QUITLINENC.COM

Resources for Your Practice

A wealth of resources is available for providers and women on the You Quit, Two Quit website.



YouQuitTwoQuit.org



You Quit, Two Quit: A Tobacco Cessation Quality Improvement Initiative

You Quit, Two Quit is implemented by the University of North Carolina Collaborative for Maternal and Infant Health, in partnership with the Women and Tobacco Coalition for Health, the NC Division of Public Health Women's Health Branch, and the Tobacco Prevention and Control Branch.

The goal of You Quit, Two Quit is to ensure that there is a comprehensive system in place to screen and treat tobacco use in women, including pregnant and postpartum women. This project is unique in its focus on low-income women, new mothers, and recidivism prevention.

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YouQuitTwoQuit.org