

Tobacco Too: Addressing Tobacco Use in Women with Other Substance Use Disorders

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What brought you to today's Preconference Session?



The Waterfall Icon notes that this is a "Waterfall Chat" Activity. Please type your answer into the Chat box, but do not press Enter until told to do so!



NC Medicaid Transformation Tobacco-Free Requirements

• Nearly all* physical and behavioral health care providers will be required to provide a 100% tobacco free treatment environment

Effective July 1st, 2022

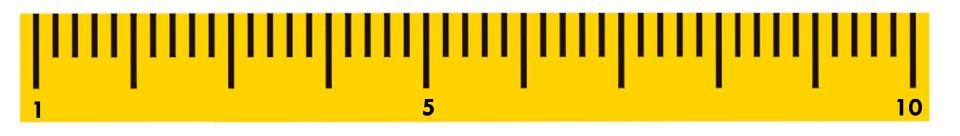
*Provider owned/controlled programs which provide ICF-ID or residential services that are subject to the HCBS final rule <u>are exempt</u> from this requirement. In these settings:

- Indoor use of tobacco products is prohibited.
- For outdoor areas of campus, providers shall:
 - Ensure access to common outdoor space(s) that are free from exposure to tobacco products/use AND
 - Prohibit staff/employees from using tobacco products anywhere on campus.



On a scale of 1 to 10, how important do you think it is to help your program participants quit tobacco?





Not at all important

Very important



What to Expect from Today:

• We will cover 3 Main Topics:

- 1. Tobacco: Who is Using It? Why Should We Treat It?
- 2. Implementing Tobacco Free Policies
- 3. Treating Tobacco Use in Program Participants
- Breaks
 - We will have three 15-minute breaks throughout the day
 - We will break for 1 hour for lunch (Noon-1:00pm)
 - Please feel free to step away from your computer as needed.
- Feel free to turn off your camera while we present slides. However, please turn your camera back on for participation in Break Out Groups.





Tobacco: Who is Using it? Why Should We Treat it?



Objectives

- Describe why tobacco cessation treatment is essential in substance use treatment settings
- Describe tobacco products and patterns of use among women in NC
- Discuss the health impacts of tobacco use, particularly among the behavioral health population
- Discuss the risks associated with second- and thirdhand tobacco exposure
- Introduce tobacco treatment options and resources



Why Address Tobacco Use Among Women with Substance Use Disorders?



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

 The smoking rate (74%) among those age 12 and older who received SUD treatment in the past year is about 3 times higher than the general population.



Tobacco Industry Systematically Targets People with Behavioral Health Conditions

- Gave away cigarettes to NC mental health hospitals in the past
 - Studies have indicated that 15% of people in SUD treatment started smoking in treatment
- Tobacco companies funded research to promote the false idea that people with schizophrenia needed tobacco as self-medication.

Some communities have found in research that tobacco retailors are more likely to be located where people with BH conditions **live** and **receive healthcare**.



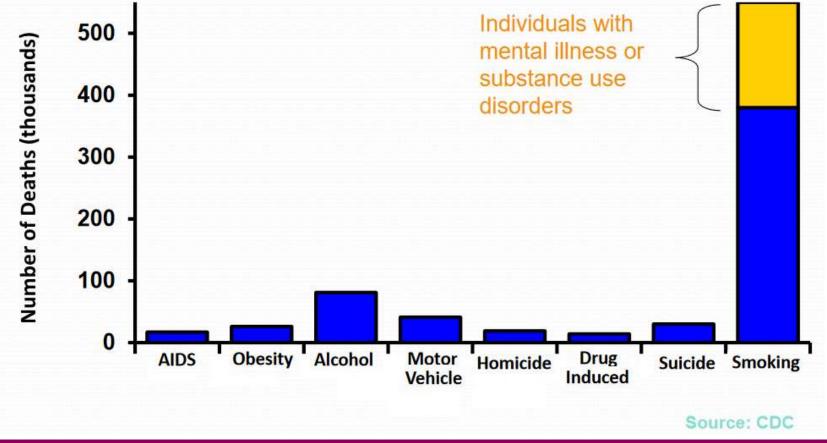
Tobacco is the Leading Cause of Death for People with **Substance Use Disorders.**

More than half of people in treatment for SUD die, not from their SUD, but from tobacco related illnesses and disease.

On average, people with a behavioral health condition who use tobacco lose 25 years of life.



Comparative Causes of Annual Death in the US





Tobacco Cessation Increases Recovery Rates.

- Quitting tobacco increases the likelihood of abstinence from alcohol and illicit drugs by 25% in the year after treatment.
- Continued tobacco use increases the likelihood of return to substance use.



Solution Tobacco Cessation Can Have Mental Health Benefits.

Beyond initial withdrawal, quitting tobacco is associated with:

- Reduced stress
- Reduced anxiety
- Reduced stress

- Improved positive mood
- Improved quality of life



The positive effect of quitting smoking on mood and anxiety is <u>equal to that of</u> <u>anti-depressants.</u>



Taylor, G., McNeill, A. Girling, A., Farley, A., Lindson-Hawley, N., & Aveyard, P. (2014). Change in mental health after smoking cessation: Systematic review and meta-analysis. BMJ, 348, g1151. Retrieved from doi: 10.1136/bmj.g1151



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

- Since 2018, all public housing units are required to be smoke-free.
- Many affordable and market-rate multi-unit properties are 100% tobacco free.



Questions and Comments?



- What questions do you have about what we have covered so far?
- What information surprised you?



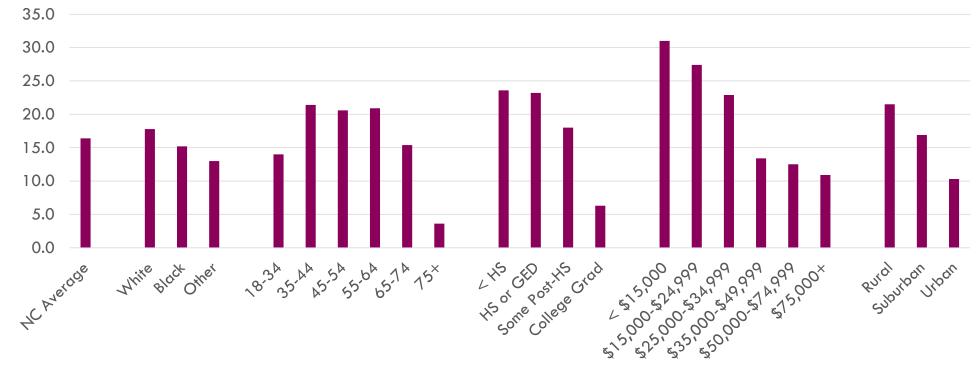


Tobacco Products: Health Impacts and Patterns of Use



Combustible Cigarettes

2019 BRFSS Females Current Smoker





Combustible Cigarettes

Most commonly used tobacco product among adults in NC

 16.4% of women age 18 and older report being current smokers





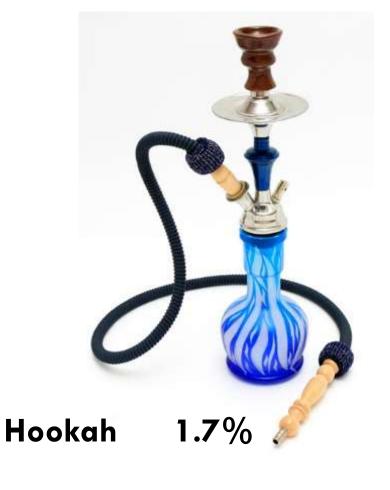
Other Combustible Products



Cigars and Cigarillos 2.2%

you quit two quit

• Higher use in 18-34 year olds (4.8%)





Smokeless Tobacco Products



Dissolvables

Current Users (Female): 5.1%



Electronic Nicotine Delivery Systems

E-cigarettes/Vaping Products

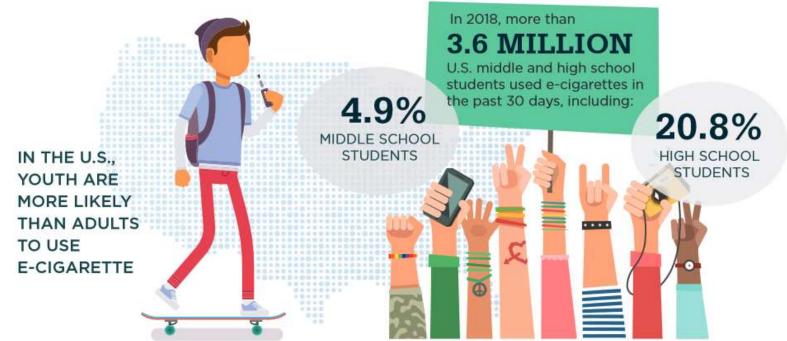


Current Users (Female): 4.3%

• Youth use is MUCH higher







Among current e-cigarette users age18-24,



40.0% had NEVER BEEN regular cigarette smokers

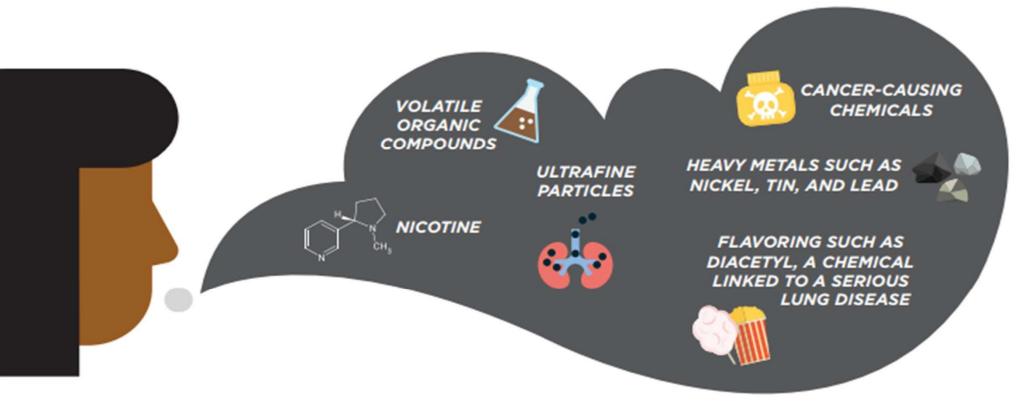


What are ENDS and how do they work?

Video



What's in the water vapor aerosol?¹



¹CDC 2020

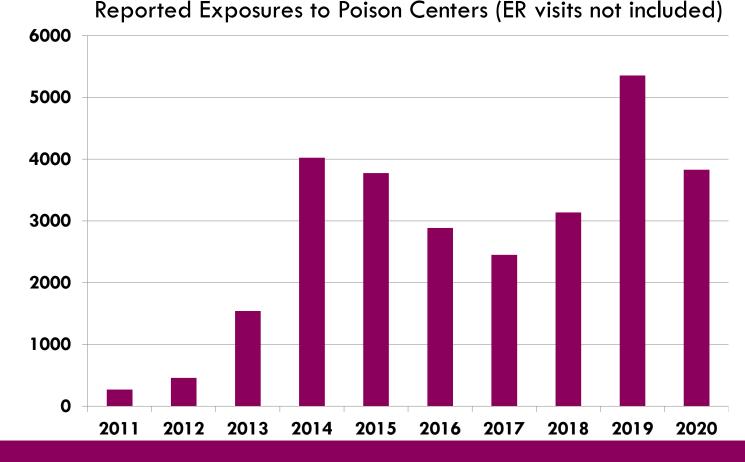


ENDS and Poison Control¹

E-cigarette Device & Liquid Nicotine

Exposures to ecigarettes & liquid nicotine can be fatal for infants and young children

 Even a teaspoon of liquid nicotine can be fatal; smaller amounts can cause severe illness



¹American Association of Poison Control Centers 2021



Electronic Nicotine Delivery Systems

Heat-Not-Burn Systems

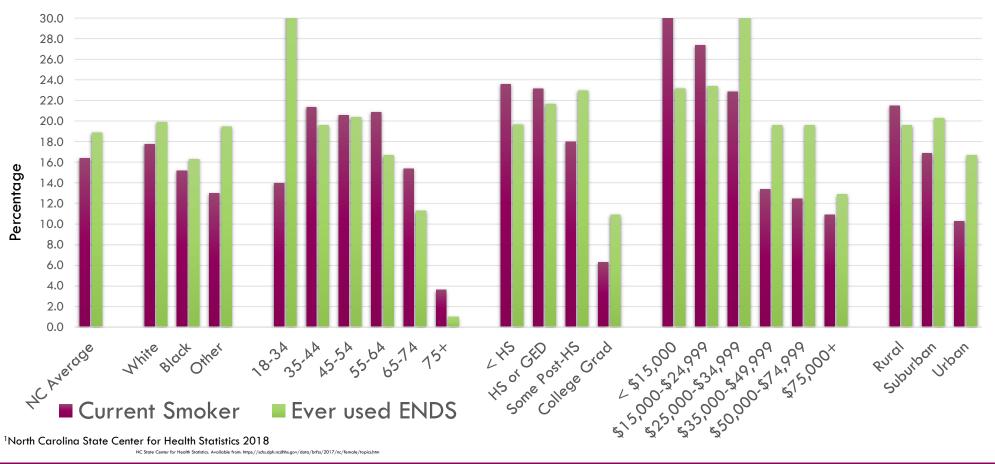
- FDA recently approved for marketing in the US
- An electronic device is used to heat tobacco to a temperature that releases an aerosol but does not combust the tobacco.
- No reliable data on rates of





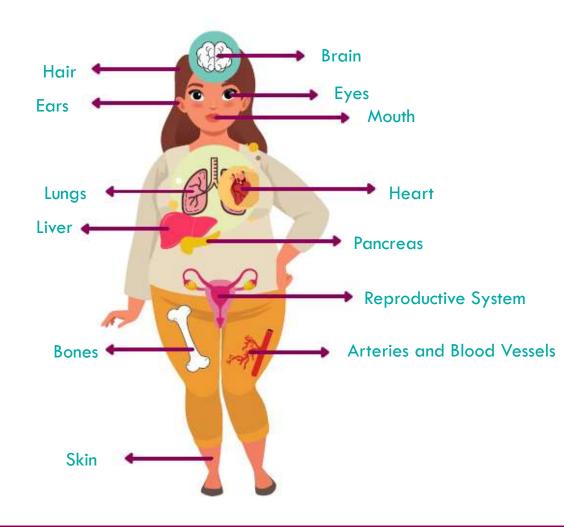
use

Women & Tobacco Use in NC, 2019¹





Poll Question: What parts of the body are affected by tobacco use?

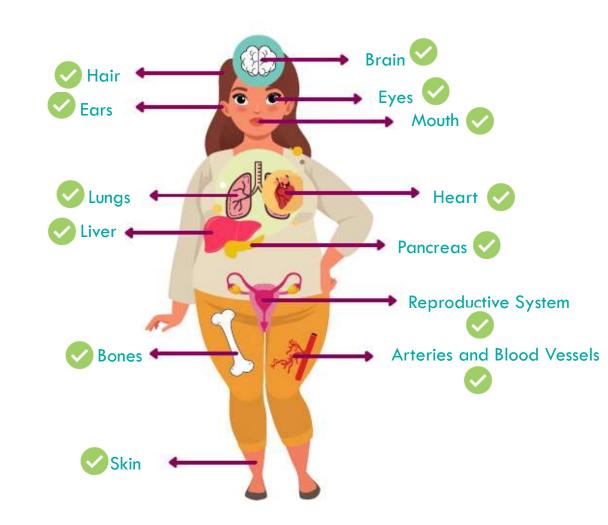




Poll Question: What parts of the body are affected by tobacco use?

Plus:

- Increases risk of all cancers
- Increases risk of Type 2 Diabetes
- Decreases overall Immunity





Tobacco use during pregnancy is directly associated with the top causes of infant mortality in NC.

NC's infant mortality rate is 7.1 (per 1,000 births), 41st in the nation¹

¹CDC 2019



Tobacco Use Causes Poor Birth & Infant Outcomes¹⁻³

Maternal/Fetal Harm From Tobacco	Infant/Child Harm From Tobacco
 Infertility Miscarriage Ectopic Pregnancy Premature Birth 	 SIDS Ear infections Respiratory Infections Asthma
 Low Birth Weight Stillbirth SIDS 	 Links with childhood obesity, cancer, & attention disorders, and cardiovascular disease & diabetes in adulthood



³USDHHS 2014

Specifically...¹

- 23-34% of SIDS cases
- 5-7% of preterm-related infant deaths
- 5-8% of preterm deliveries
- 13-19% of term low birthweight deliveries

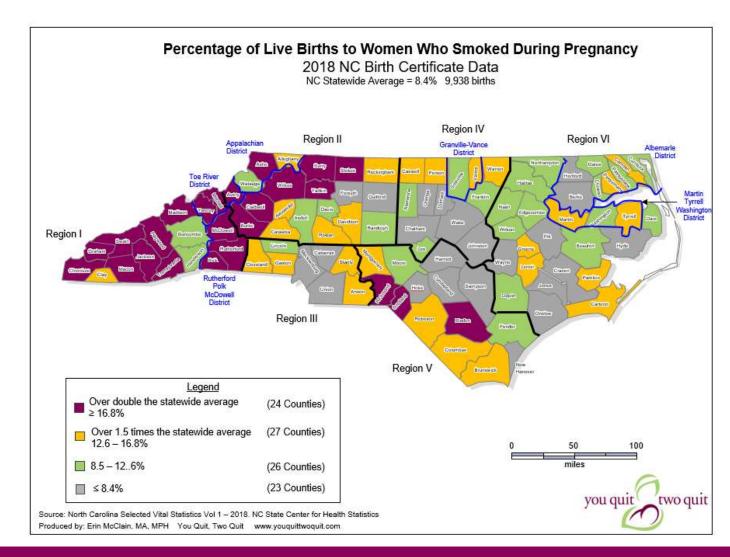
If there was no smoking in pregnancy in NC, it could lead to a 10-20% drop in the infant mortality rate

¹Committee on Underserved Women, Committee on Obstetric Practice 2017





1 in 12 babies (8.4%) in NC are born to women reporting smoking cigarettes during pregnancy





ENDS & Reproductive Age Women: What we know

- Lung inflammation/cell death caused by:
 - Vegetable glycerin
 - Propylene glycol
 - Flavoring compounds

2014-2017 NHIS found 3.6% of pregnant women used ENDS

Nicotine is reproductive toxicant

- Impacts fetal lung and brain development
- Other smokeless products lead to preterm delivery, stillbirth, and infant apnea
- Recent research suggests that women perceive ENDS to be less harmful and less stigmatizing than cigarette use during pregnancy



Questions and Comments?



- What questions do you have about what we have covered so far?
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Environmental Tobacco Exposure

Secondhand and Thirdhand Smoke/Vape



Secondhand Tobacco¹

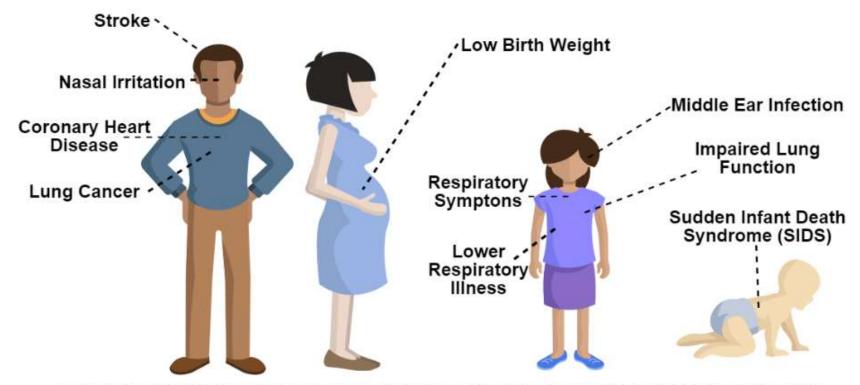
Secondhand tobacco is the smoke or aerosol that comes from the end of a tobacco product or is exhaled by the user. According to the U.S. Surgeon General, there is <u>no</u> safe level of exposure to secondhand smoke. Breathing in even a little secondhand smoke can be harmful to your health.

There are more than 7,000 chemicals in secondhand smoke. 69 are known to cause cancer.

¹American Lung Association



Health Impacts of Secondhand Tobacco



Data Sourced from CDC Tobacco Fact Sheet: http://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/health_effects/



Secondhand smoke is associated with elevated blood lead levels

- Cigarette smoke contains volatized lead
- Effects of lead exposure are more pronounced in young children
- Lead exposure leads to outcomes such as:
 - ADHD
 - Aggression
 - Lower IQ scores



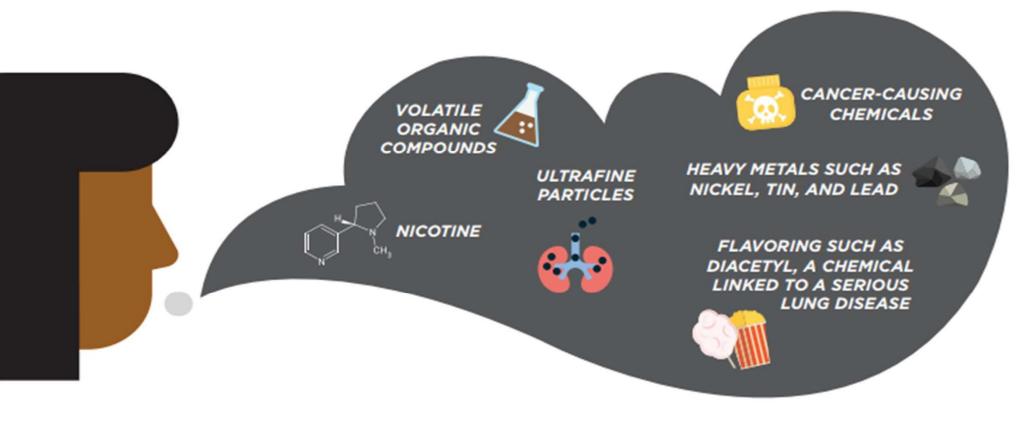
Secondhand Vape

Secondhand vape/aerosol is NOT "harmless water vapor".





What's in the water vapor aerosol?





What is Thirdhand Smoke?

- Firsthand Smoke: Inhaled by a smoker
- Secondhand Smoke: Exhaled by a smoker or released from the end of a burning cigarette
- Thirdhand Smoke: Toxic Residue that sticks to surfaces and dust after the smoke clears



How Can I be Exposed to Thirdhand Smoke?

- Mouth: People can swallow thirdhand smoke when they put fingers or objects that have been polluted with thirdhand smoke into their mouths.
- BE
- Lungs: People can breathe thirdhand smoke into their lungs when particles and chemicals are in the air.
- Skin: People can absorb thirdhand smoke when their skin comes in contact with surfaces that have been polluted with thirdhand smoke.



What Products Contribute to Thirdhand Smoke?

- Cigarettes
- Cigars
- Vaping Nicotine
- Pipes
- Marijuana
- Bong (Water Pipes)
- Vaping THC
- Hookah (Shisa)





Chemicals in Thirdhand Smoke Can:

- Increase risk of cancer
- Damage DNA
- Reduce ability to heal injuries
- Lower ability to fight infection
- Damage cells
- Cause earaches
- Trigger asthma attacks
- Worsen Respiratory Illness
- Increase risk of disease
- Cause headaches





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Introduction to Tobacco Use Treatment



Effective Tobacco Treatment

US Public Health Service Guidelines:

Non-pregnant adults are more likely to quit when using a combination of counseling and pharmacotherapy.

Pharmacotherapy alone and pharmacotherapy in combination with counseling both increase abstinence from tobacco among people in treatment for substance use disorder.



7 FDA Approved First Line Cessation Medications and Abstinence Rates

Nicotine replacement therapies:

- Nicotine Patch 18%
- Nicotine Gum 16%
- Nicotine Lozenges 16%
- Nicotine Inhaler 18%
- Nicotine Nasal Spray 19%

Non-nicotine Medications:

- Varenicline (Chantix) 24%
- Bupropion (Wellbutrin) 17%

Pharmacology + Behavioral Treatment = Best Outcomes

²Fiore MC, Jaen CR, Baker TB, et al. 2008



NORTH CAROLINA TOBACCO TREATMENT STANDARD OF CARE (Non-pregnant adults)

FDA Approved Pharmacotherapy¹

12 weeks of varenicline (Chantix®)

or

12 weeks of combination therapy (nicotine patches and nicotine gum or nicotine lozenge)

Other pharmacotherapy includes bupropion, nicotine nasal spray and nicotine inhaler

Evidenced-Based Counseling

In order of effectiveness:

- Face to face individual counseling
- Group counseling
- QuitlineNC telephonic, texting, and web-based counseling

100% TOBACCO FREE ENVIRONMENTS HELP PEOPLE QUIT.



Pharmacotherapy and Special Populations

Pregnant women: Behavioral intervention is first-line treatment in pregnant women
Pharmacotherapy has not been sufficiently tested for efficacy or safety in pregnant patients.

Lactating women: NRT and Bupropion SR are Lactation Risk Category 3 (Probably Compatible) and can be used by lactating women. Varenicline is Lactation Risk Category 4 (Possibly Hazardous) and should be avoided during lactation.

Adolescents: While NRT and Bupropion SR are safe for use in adolescent patients, there is conflicting evidence of efficacy for adolescents.



Counseling

- Brief Intervention Counseling (5As & 5Rs) **Bare minimum!**
 - 3-10 minutes

- Intensive Interventions **More effective!**

- More comprehensive treatments that may occur over multiple visits for longer periods of time and that may be provided by more than one clinician
- Strong dose-response relationship; when possible the intensity of the programs should be at least 4 sessions with each session lasting longer than 10 minutes



Self-Help Materials

Becoming Tobacco-Free

Quitting tobacco as part of your recovery from other substances is one of the best gifts you can give yourself and those you care about. Link to English Booklet https://youquittwoquit.org/wpcontent/uploads/2021/02/subst ance-booklet-021621-EN.pdf

Link to Spanish Booklet http://youquittwoquit.org/wpcontent/uploads/2021/04/YQ-Becoming-Tobacco-Free-Booklet-Spanish-021621-ES.pdf



Pregnancy and Parenting Specific Tobacco Cessation Resources https://youquittwoquit.org/patient-education-materials/



Available to order for FREE through Women's Health Branch https://www.surveymonkey.com/r/WHBPublicationsOrderForm



Women's Health Branch Order Form

<u>https://www.surveymonkey.com/r/WHBPublicationsOrderForm</u>

NCDHHS Division of Public Health		Search	Search		NC DHHS NC.GOV	<u>Agencies</u> <u>Joi</u>	<u>35 services</u>
<u>Home Services</u>	Individuals and Families. +	<u>Strategic Plans</u> -	Providers and Partners +	Contact Us			e f

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Women's Health Branch: Publications, Brochures, and Manuals

[+] Expand All Items | [-] Collapse All Items

Women's Health Branch publications, brochures, and manuals are listed below.

Publications

Order Online Publications Here - ou may preview these Publications before ordering below in the Brochures, Fact Sheets, and

+ Brochures, Fact Sheets, and Plans.

+ Download Publications - If you don't see the Publication listed above, click the "Download Publications" link. If you still do not see the material under the "Download Publications" link, the item is no longer available through the Women's Health Branch.

+ Manuals - 04/05/21

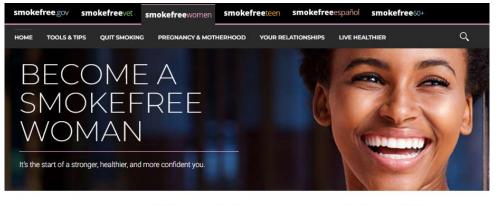
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Smoke Free Women

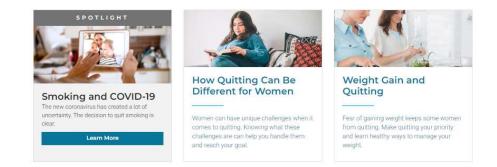
women.smokefree.gov

- Resources specifically tailored to women.
- Section on Pregnancy/Motherhood
- Guided Quit Plan Tool
- Texting Programs and Apps





ARTICLES & INFORMATION





What is QuitlineNC?

- Evidence-based telephone tobacco treatment service
- Highly trained, professional Quit
 Coaches
- Accessible **24/7** (with the exception of some holidays)
- Available **FREE** to all North Carolina residents
- Available in English and Spanish
 - Plus referrals to Quitline services for other languages



- 1-800-QUIT-NOW 1-800-784-8669
- ES 1-855-Déjelo-Ya 1-855-335-3569
- www.quitlinenc.com
- Text READY to 200-100 to enroll via text
- @QuitlineNC



Quitline Services by Insurance Coverage

Insurance Type	Scheduled Calls	Medication	
Uninsured	4 Calls	8 weeks nicotine patches + gum/lozenges	
Medicare	4 Calls	2 weeks nicotine patches + gum/lozenges	
Medicaid	4 Calls	2 weeks nicotine patches + gum/lozenges and standing order for 12 more weeks	
Commercially Insured	1 Call	None	

** Special QuitlineNC programs are available to all NC residents regardless of insurance status (Perinatal, Behavioral Health, Youth, American Indian and Active Duty Military)



Exceptions – Quitline Partnerships

Partner	Scheduled Calls	Medication	
BCBSNC	4 calls	12 weeks of nicotine patches AND nicotine gum OR lozenges	
Rock House Farms Family of Brands	4 calls	12 weeks of nicotine patches AND nicotine gum OR lozenges	
Mountainwise Partnership (ANY resident of Cherokee, Clay, Graham, Haywood, Jackson, Macon, Swain, and Transylvania Counties)	4 calls	8 weeks of nicotine patches AND nicotine gum OR lozenges	



Behavioral Health Protocol

Eligibility: Caller has one or more behavioral health condition(s) and believes their condition will impact their ability to quit tobacco

• 7 Calls

- Dedicated Quitline staff with experience working with Behavioral Health Population
- 12 weeks of combination NRT (Patches + gums/lozenges)
- Letter sent to caller's Behavioral Health Care Provider





Perinatal Protocol

Eligibility: Those who are pregnant, planning to become pregnant in the next 3 months, lactating and/or postpartum up to 1 year.

- 10 coaching calls
 - 7 calls 60-90 days from enrollment
 - 1 call 30 days prior to due date
 - 2 calls after baby is born (15 days and 45 days)
- Structured content for those who are not yet ready to quit





Youth/Adolescent Protocol

Eligibility: Those under 18 years of age who use tobacco

- 5 calls
- Coaches are specially trained to work with adolescents
- Callers work with the same QuitCoach across all 5 calls





How to Enroll:

Callers can enroll themselves:

Call 1-800-QUIT-NOW (784-8669)

Visit www.QuitlineNC.com

Text READY to 200-400

patients to QuitlineNC via fax or secured email.
QuitlineNC will call the patien

Providers can proactively refer

 QuitlineNC will call the patient and offer enrollment in QuitlineNC services

How to Refer to QuitlineNC





Perinatal Tobacco Cessation Quality Improvement Initiative

Goal: Ensure that there is a comprehensive system in place to screen for and treat tobacco use in women, including pregnant and postpartum mothers. **Activities:**

- Provide free training and technical assistance on tobacco cessation treatment to organizations serving women of reproductive age in North Carolina,
- Create and disseminate clinical and patient education materials on tobacco treatment, and
- Contribute to research on tobacco cessation and prevention among women of reproductive age.



Schedule a Free Training with You Quit, Two Quit

- Evidence-based, best practice brief counseling intervention the 5As
- Motivational interviewing techniques
- Up-to-date information on e-cigarettes and other electronic products
- Pharmacotherapy, including during pregnancy and lactation
- Billing and reimbursement, including CPT codes, reimbursement rates, and other FAQs
- Information about QuitlineNC and how to refer women to the service proactively
- How to access and use free tobacco cessation patient education materials
- How to help those who are not ready to quit harm reduction and the 5Rs







Q Health Professionals Trainings About Our Program IUDACCO Nicotine in essation e-cigarettes An Essential Women's Health Intervention can harm your A brief counseling intervention by a trained health care professional along with tailored self-help materials can double a woman's chances of quitting tobacco for good. baby's brain. What's New New information on Perinatal Substance Use, Billing, and Electronic Delivery Nicotine Systems (ENDS), There are a number of resources available You Quit, Two Quit can provide free training commonly known as "e-cigarettes," often that can be incorporated into your practice. on evidence-based tobacco use screening look like regular USB flash drives or pens, but Click below to find out more: and cessation counseling for your practice. some resemble cigarettes, cigars, or pipes. Provider Forms and Clinic Resources Learn more and find resources to quit. Provider Education and CME Opportunities

> Patient Education Research



15 Minute Break!

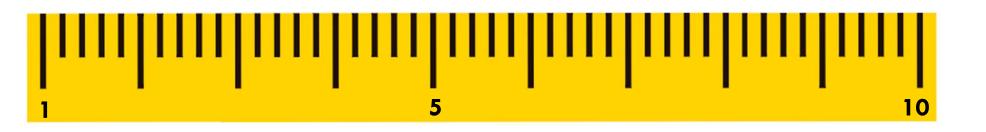




Implementing Tobacco-Free Policies



On a scale of 1 to 10, how important is it for your campus to be tobacco-free?



Not at all important

Very important



What concerns do you (or others at your organization) have about having a tobacco-free campus?



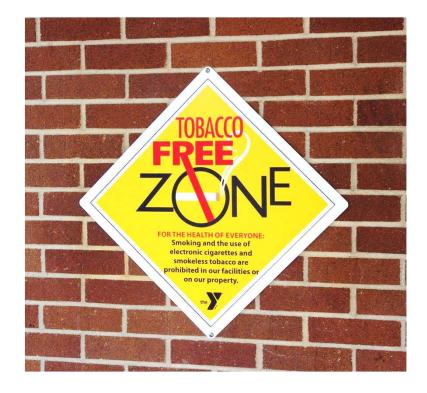
What excites you about having a tobacco-free campus?



Objectives

- Learn the benefits of tobacco-free policies in the substance treatment environment
- Discuss how to create a tobacco-free environment
- Learn how to support staff through the transition
- Practice creating a tobacco-free roadmap for your facility
- Hear from facilities that have succeeded in their efforts to go tobacco-free





What are the benefits of a tobacco-free campus?



Benefits of Creating a Tobacco-Free Environment

Tobacco-free environments benefit:

- Program Participants
- Staff
- Family members of Program Participants





Benefits to Program Participants

- Supports tobacco cessation for holistic recovery
- Promotes healthful living
- Helps prevent uptake for those who were not previous tobacco users
- Preparation for tobacco-free living environments after program completion





Health Benefits of Being Tobacco-Free





Benefits for the Children and Infants of Program Participants



and ear infections



Fewer coughs, colds, Better lung development and lower risk of asthma



Healthier brain development



Lower risk of Sudden Infant Death Syndrome (SIDS) and other sleeprelated death



Promotes health later in life like lower risk of obesity, cancer, attention disorders, cardiovascular disease, and diabetes



Less likely to use tobacco when they are older



Benefits to Quitting Tobacco Before or During Pregnancy





Promotes development

Lowers risk Lowers risk of healthier brain of miscarriage being born too early & stillbirth (before 37 weeks)



Decreases risk of Neonatal Abstinence Syndrome (NAS)





Lowers risk of being born too small $(5\frac{1}{2}$ pounds or less)

Lowers risk of Sudden Infant Death Syndrome (SIDS) and other sleeprelated death



Promotes health later in life. like lower risk of obesity, type 2 diabetes, and future nicotine addiction





Benefits to Staff







SUPPORTS TOBACCO CESSATION AND PREVENTS RETURN TO USE PREVENTS LOST PRODUCTIVE TIME REDUCES EXPOSURE TO SECONDHAND SMOKE



Secondhand smoke causes...

- 34,000 deaths from heart disease
- 8,000 deaths from stroke
- •7,300 lung cancer deaths
- ... in NON-SMOKERS ANNUALLY





Going Tobacco Free – How?







Make the Case – Build Support	Develop & Adopt Tobacco-Free Policy	Staff Training	Clinical Processes
 Leadership buy-in Leadership embrace and engagement Survey staff Staff motivation & buy-in Identify champions Form "wellness committee" 	 Best practice samples Define "tobacco" Align with Human Resources Health plan quit service coverage Plan for evaluating outcomes 	 Educate all staff Staff quit support Clinical staff: best practice tobacco treatment Provide tobacco treatment resources 	 5-As integration Quitline referrals Health Record (EHR) Medication access Cessation billing
* Be	egin with the end in r	mind" ~Stephen Cove	



Hearing from Others Who Have Been Down this Road Already Video https://youtu.be/vcA5bd9523A





Tobacco Free Policy Breakout Groups: Big Picture Thinking

Identify strengths and challenges within your organization to go tobacco free. Think about the following categories:

- Staff and Leadership Support
- Staff Training

- Program Participants
- Existing Policies



Break Out Group Share Back





NC Medicaid Transformation Tobacco-Free Requirements

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 Effective July 1st, 2022

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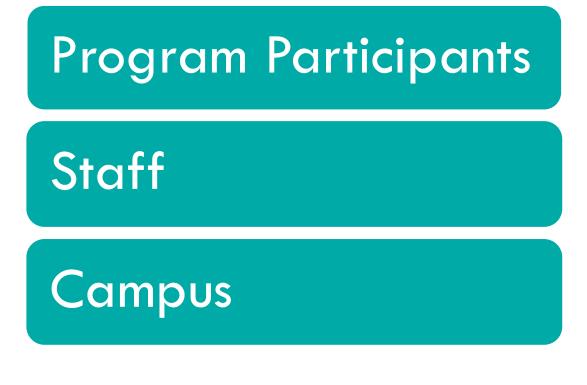
What does "100% Tobacco-Free" Mean?



- A tobacco-free policy applies to all of the property under the programs control (rented or owned)
- All of property (buildings, grounds, and vehicles) is tobacco free
- Tobacco includes the use of combustible, electronic heated, and smokeless tobacco products
- No designated areas for tobacco use indoors or outdoors
- Programs do not purchase, accept as donations, or distribute any tobacco products



Considerations when Drafting Your Policy:





Sample of Tobacco Policies

Denton County client notice

Heart of Texas Region

Spindletop Center Tobacco Free policy

Spindletop Center hiring policy

https://www.takingtexastobaccofree.com/toolkit



Sample Policy: Tobacco Free Workplace

PROGRM NAME is designated as a Tobacco Free Campus for the benefit of the overall health of its clients, employees, contractors, volunteers and visitors.

Smoking and the use or possession of tobacco products, including but not limited to: cigarettes, cigars, chewing tobacco, snuff, pipes, any form of electronic devices, is prohibited in or on all PROGRAM NAME owned or leased buildings, grounds, parking lots and vehicles.

This policy is effective as of July 4, 2019.

If an employee observes a violation of any of the following procedures the employee should respectfully inform the violator that tobacco products are prohibited in or on all PROGRAM NAME owned or leased buildings, grounds, parking lots and vehicles.

PROCEDURES:

- Smoking in private vehicles on PROGRAM NAME owned or leased properties is not allowed.
- Employees will not be allowed to smoke or use any tobacco products during their paid work time (including breaks) and are encouraged not to use tobacco products during their unpaid work time (lunch).

- Employees may not have the smell of tobacco smoke about their persons during work hours or while on company business. In general, employees should not use or consume any substance, the effects or traces of which could interfere with the employee's presentation of a clean and professional appearance to clients, visitors and the public in general. Employees may be sent home to change if they are in violation of this policy.
- PRORAM NAME wishes to maintain good relationships with its neighbors, so loitering on or littering (including cigarette butts) on, smoking on, or the use of tobacco products on neighboring properties is not permitted.
- Signs will be posted at strategic locations around our campuses to notify clients, employees, contractors, volunteers and visitors of this policy.
- Human resources will post on all job postings, inform all candidates through the hiring process, and inform all new hires at orientation that Alpha Home is a tobacco free workplace.
- All clients will be given information regarding this policy at intake.
- PROGRAM NAME contracts with third party vendors and contractors shall contain language enforcing our tobacco-free campus policy.
- Full compliance with this policy is expected. Clients and employees who are in violation will be subject to disciplinary procedures according to policy.
- No exceptions to this policy will be granted.



Sample Policy – Tobacco Free Agreement for Clients/Program Participants

Agreement to Tobacco Free Facility Policy

TO ALL RESIDENTIAL CLIENTS:

Be advised that PROGRAM is a tobacco, vape, and smoke-free facility. The use of any tobacco products is not permitted on PROGAM property. This includes cigarettes, cigars, vape products, and chewing tobacco. Please read and initial below.

_____ I understand that possessing any tobacco products on Alpha Home property will result in serious consequences. This includes storing or using tobacco products anywhere on the grounds of all *PROGRAM* facilities including X Center, X sites, and also in any areas walked to and from housing and the center during programming.

_____ I understand that willful knowledge of another client smoking or possessing tobacco products on property will result in serious consequences up to discharge from the program.

_____ I understand that engaging in smoking anywhere on *PROGRAM* property or in the adjoining areas <u>will result</u> in immediate discharge from the program. **Smoking presents an immediate safety concern and fire hazard.**

Client Signature

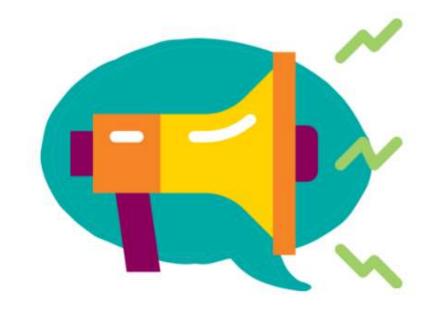
Date

Staff Signature

Date



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.
 - 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.
- Focus on how to make the transition as smooth as possible to reduce staff anxiety and to share new ideas.
- Be sure to communicate tobacco-free changes on your website, all literature, and program signage.



Engaging and Supporting Staff

- Inform and educate staff on the policy and reasons for the policy early and often
- Have resources for staff who would like to quit using tobacco
 - QuitlineNC
 - Work with Human Resources to determine what coverage for tobacco cessation is available through your employer-sponsored health insurance
 - Have conversations with staff about what other resources would be helpful for them to adhere to the tobacco-free policy (support groups, celebrations, ???)



How long does it take to go tobacco-free?

Plan AT LEAST 6 months for Implementation (12-18 months is even better!)



Minimum Months Before Implementation	Tobacco-Free Implementation Timeline Task List
	O Draft the Tobacco-Free Environment Policy. The start date should be clearly stated in the policy.
	 Put policy in place through your organization's policy process.
	O Begin to assess all program participants for tobacco use (if not already in place). See 5As/5Rs on page 6.
6 months	O Provide Nicotine replacement therapy (NRT) to program participants when appropriate. See Pharmacotherapy Chart on page 9.
	O Solicit questions and concerns from employees and program participants.
	O 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.



.....

Minimum Months Before Implementation	Tobacco-Free Implementation Timeline Task List
5 months	O Communicate the policy to all staff through: Emails, staff meetings, newsletters, staff trainings - this step is ongoing through implementation.
	Communicate policy and implementation date to community partners and vendors: Announce policy on website, alert community partners and referral agencies of the change in policy via email – ongoing until and past implementation date.
	O Determine need for external signage and design signs.
	O Work with Human Resources to determine cessation resources that are covered by the employer-sponsored insurance plans – communicate these findings with employees.



Minimum Months Before Implementation	Tobacco-Free Implementation Timeline Task List
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.
	O Incorporate tobacco-free worksite policy information into New Employee Orientation.
	O Incorporate documentation of tobacco use treatment into Electronic Medical Records system.
2-3 months	O 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.
	O 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.



Minimum Months Before mplementation	Tobacco-Free Implementation Timeline Task List				
1 month	O Integrate tobacco use assessment into electronic medical records - train employees on changes to documentation.				
	O Check in with staff monthly after initial announcement.				
	O Create Tobacco-Free Environment policy acknowledgment statement. Have all current and new employees sign statement.				
	O Provide responses to program participants and employees to address questions and concerns.				
	O Install permanent signage around the campus.				
Implementation Date and Beyond	O Celebrate implementation of the policy.				
	O Ensure that all employees are enforcing the Tobacco-Free Environment policy.				
	O Bring employee violations to supervisors' attention – address with employee.				
	O Continue to monitor for compliance with the policy.				
	O Conduct chart audits to ensure provision of tobacco use screening and treatment for all program participants.				



Resources for your program



INSIDE	Understanding Nicotine Withdrawal		
INSIDE	Pharmacotherapy for Tobacco Cessation	UNC	
Why Address Tobacco Use Among	Supporting Staff	Collaborative for	
Women with Substance Use Disorders?	Common Staff Questions and Concerns 10	Maternal and Infant	
Benefits of Creating a Tobacco-Free Environment	Providing Support for Employees Wanting to Quit	Health	
How to Create a Tobacco-Free Environment 4	QuitlineNC		
Tobacco-Free Implementation Timeline5	Tobacco Cessation Guides and Activities 11	MomBaby.org	
Tobacco Cessation Treatment Considerations6	You Quit, Two Quit Quality Improvement	YouQuitTwoQuit.org	
Electronic Nicotine Delivery Systems7	Initiative & Contacts		

• You Quit, Two Quit Staff Guide

http://youquittwoquit.org/wp-content/uploads/2021/04/Going-Tobacco-Free-SU-Treatment-Staff-Guide-YQ2Q-4.9.21.pdf

 Taking Texas Tobacco Free https://www.takingtexastobaccofree.com/toolkit

Tobacco Prevention and Control Branch <u>https://tobaccopreventionandcontrol.ncdhhs.gov/about/localtpcgroups.ht</u>

Tobacco-Free Road Map

https://jamboard.google.com/d/1Sky8R3ZKQR6jP5kVD53YU5MrFURJ3 HNFx5A_IMY9wEU/viewer?f=0



Examples of Tobacco-Free Signs

- <u>Alpha Home</u>
- <u>Behavioral Health Center of Nueces County</u>
- <u>Betty Hardwick Center</u>
- Billy T. Cattan
- Border Regions BHC
- <u>Counseling And Recovery Services (CARS)</u>
- <u>Crossroads Treatment Center</u>
- Denton County MHMR
- Gulf Coast Center
- <u>Santa Maria Hostel</u>
- <u>Spindletop Center</u>
- STEP Med





Hearing from Others Who Have Been Down this Road Already Video https://youtu.be/vcA5bd9523A



1 Hour Lunch Break!



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Practice Setting Break Out Groups

Breaking into groups based on primary treatment setting:

- Inpatient (Group 1 A-L) (Group 2 L-Z)
- Outpatient (Group 1 A-L) (Group 2 L-Z)

• Other

Discuss strengths and challenges of going tobacco free unique to the treatment setting





Break Out Group Share Back





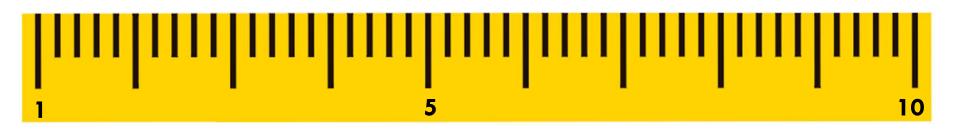


Tobacco Cessation for Program Participants



On a scale of 1 to 10, how confident are you in your ability to help your program participants quit tobacco?





Not at all confident

Very confident



What are some strengths you or your agency brings to addressing tobacco cessation with clients?



What concerns you (or your colleagues) about addressing tobacco cessation with patients?

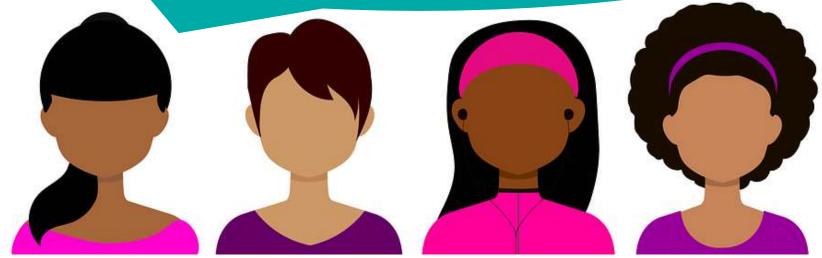


Objectives

- Discuss withdrawal symptoms and the various pharmacotherapy methods available to promote cessation.
- Learn about effective screening and counseling strategies to assist participants to become tobacco-free
- Hear about goal setting as a means to become tobacco free
- Practice how to best work with clients to promote tobacco cessation.
- Learn about resources to help support your clients.



Answer in the Chat box: What does your agency currently have in place to screen for tobacco use and support tobacco cessation efforts among clients?



https://pixabay.com/illustrations/avatar-women-girls-faces-portraits-2191931/



Screening and Assessing for Tobacco Use

- <u>How you ask</u> about tobacco use is important!
- Include tobacco use as part of your comprehensive assessment
- NC-TOPPS-- assessment





1.) Ask client to choose the statement that best describes their smoking status

For prenatal clients:	For post-partum clients:	All other clients:
A.) I have NEVER smoked or have smoked less	A.) I have NEVER smoked or have smoked	A.) I have never smoked or
than 100 cigarettes in my lifetime.	less than 100 cigarettes in my lifetime.	have smoked less than 100 cigarettes in my lifetime.
B.) I stopped smoking BEFORE I found out I	B.) I stopped smoking BEFORE I found out I	
was pregnant and am not smoking now.	was pregnant and am not smoking now.	B.) I stopped smoking over a year ago
C.) I stopped smoking AFTER I found out I was	C.) I stopped smoking AFTER I found out I	
pregnant, and I am not smoking now.	was pregnant, and I am not smoking now.	C.) I stopped smoking less than a year ago
D.) I smoke some now, but have cut down since	D.) I stopped smoking during pregnancy,	
I found out I am pregnant.	but I am smoking now.	D.) I smoke, but not every day
E.) I smoke about the same amount now as I	E.) I smoked during pregnancy, and I am	
did before I found out I was pregnant.	smoking now.	E.) I smoke daily

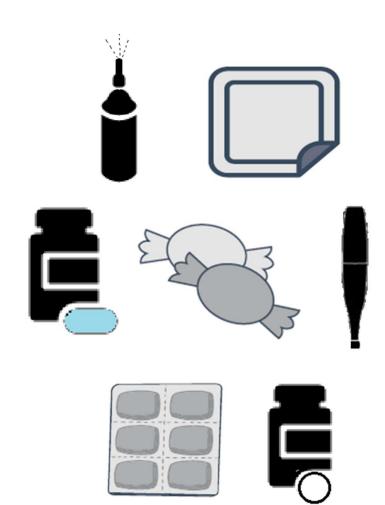
FAIR Forms: <u>https://youquittwoquit.org/provider-forms-and-clinic-resources/</u>



2.) This question asks about all tobacco products, including e-cigarettes, also known as vapes. Brand examples of e-cigarettes include JUUL, Suorin, Smok, Vuse, alto, puff bars, Kandypens and myblu. Ecigarettes are battery powered devices that usually contain a nicotine-based liquid that is vaporized and inhaled. You may also know them as e-cigs, vape-pens, e-hookahs, or mods. Please mark the frequency of use for each tobacco product in the past 12 months and past month

	Past 12 months					Past 30 days	5			
Product	Not used	1-3 times monthly	1-2 times weekly	3-6 times weekly	Daily	Not used	1-3 times monthly	1-2 times weekly	3-6 times weekly	Daily
Cigarettes										
E-cigarettes										
Cigars/Cigarillos/little cigars										ľ
(ex: Black & Milds, Swisher Sweets, Dutch Masters, White Owl, or Phillies Blunts)										
Smokeless Tobacco/Chewing										ľ
Tobacco/Chew/Snuff (ex: Copenhagen, Grizzly, Skoal, Levi Garrett, Redman, Red Seal, Timberwolf)										
Snus										
Hookah										
Dissolvable tobacco as in										ľ
Strips/Sticks/Orbs										ľ
Heated tobacco products										ľ
(ex: IQOS, glo, Eclipse)										
"Tobacco free" nicotine pouches (ex: Zyn)										
Other: specify:										





Pharmacology: Quit Medications

Image used with permission from NC DHHS TPCB

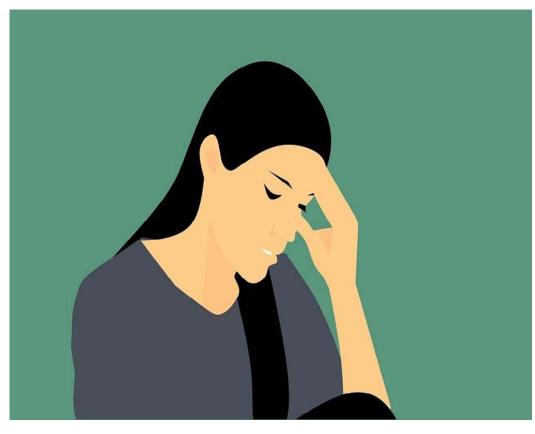


Use the chat box to share:

How do people feel when they first stop using tobacco?

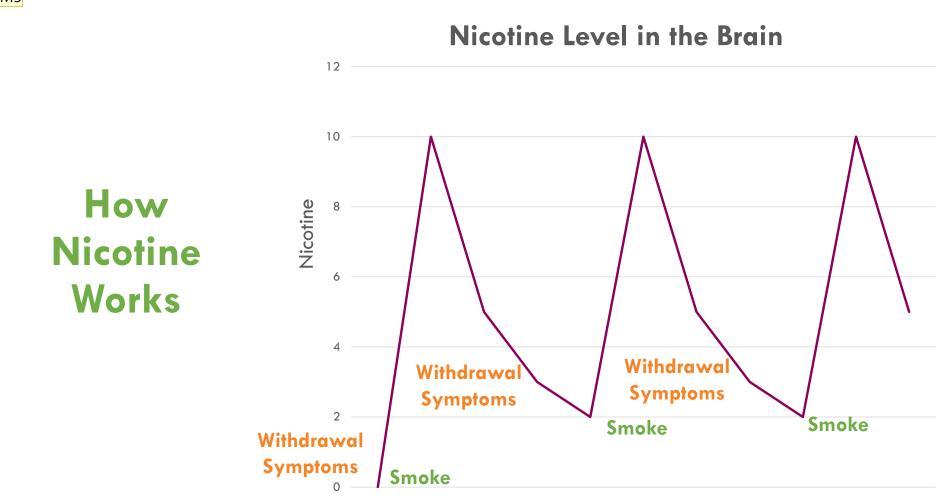


Withdrawal Symptoms



- Depressed mood
- Feelings of frustration, impatience, or anger
- Anxiety
- Irritability
- Urge to smoke
- Difficultly Concentrating
- Restlessness
- Insomnia
- Increased Appetite





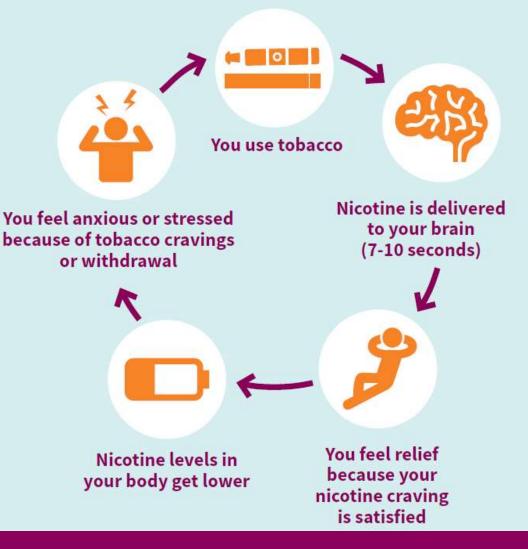


CM5 This doesn't belong here but want to be sure it is discussed during the training Canady, Megan, 3/26/2021

Nicotine Craving Cycle

People often believe using tobacco will relieve anxiety, but feelings of anxiety or stress are nicotine withdrawal symptoms.

- Start to breathe easier in 2-3 weeks.
- Some people report withdrawal.
 symptoms others do not.
- Tobacco cravings last only 3-5 minutes and occur less often after the first 7-10 days.
- Quitting may be easier if you stay away from people who use tobacco.





Symptoms of Withdrawal Timeline

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



How to Help Clients Manage Withdrawal

- 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
- Offer pharmacotherapy when clinically appropriate





50% of people <u>not</u> using quit medication return to using tobacco in the first 14 days of quitting





7 FDA-Approved Quit Medications

- Nicotine Gum
- Nicotine Patches
- Nicotine Lozenges
- Nicotine Nasal spray
- Nicotine Inhaler
- Wellbutrin (Bupropion)
- Chantix (Varenicline)



Standard of Care for Cessation Medication – Non-pregnant Adults

These medications	Option 1: Combination Nicotine Replacement Therapy	
have been	(<u>Nicotine Patch + Nicotine Gum/Lozenge)</u>	
found to have the highest	OR	
efficacy.	Option 2: Varenicline (Chantix)	

These options have been shown to give you more than twice the chance of quitting compared to a placebo



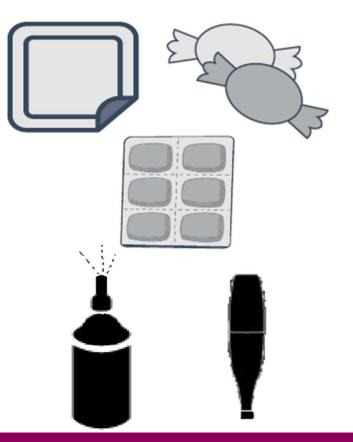
Nicotine Replacement Therapy (NRT)

Over the Counter:

- Patch- 21 mg, 14 mg, or 7 mg
- Gum must chew a specific way follow directions; 4mg or 2 mg
- Lozenge / mini-lozenge (fast acting)

<u>Requires R_X:</u>

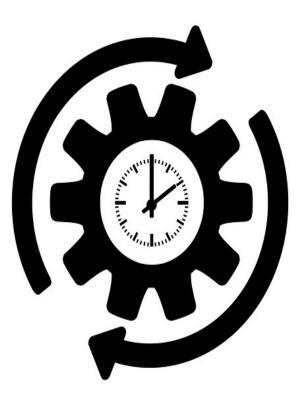
- Inhaler hand/mouth ritual
- Nasal Spray fastest acting NRT





Long-acting medications

- Nicotine patch
- Varenicline (Chantix)- partial agonist of nicotinic receptors
- Bupopion (Zyban/Wellbutrin)- increases dopamine and norepinephrine





Nicotine Patch

Patch sticks to the skin with adhesive. Nicotine absorbed through the skin enters the body **slowly**

Provides nicotine over a 24-hour period

Strongest urges are often when a person first wakes up so keep it on at night if possible

Move it from one place to another every day





Nicotine Patch - Most Common Side Effects

Skin irritation	19.5%, mainly mild Only 7% actually stop the patch due to this	
Adhesive allergy	0.3% of folks will be allergic to adhesive (look for a rash extending outside of where the patch was on skin)	
Nausea	8.5% symptom of too much nicotine	
Dizziness	7.3% symptom of too much nicotine	
Insomnia	11.4% symptom of too much nicotine	



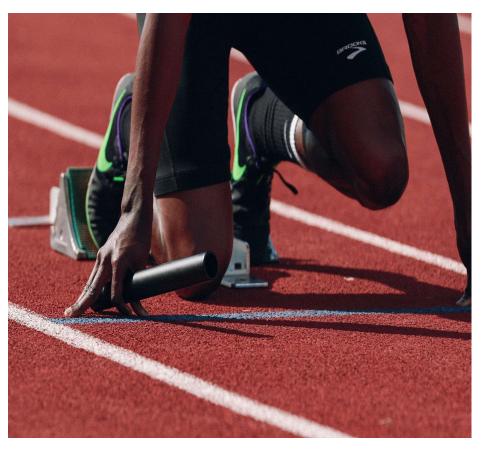
Immediate Release Nicotine

Nicotine gum, lozenge, inhaler and nasal spray

Is not as fast or as high of dose as cigarettes, but gives an increase of nicotine fairly quickly

Helps with managing triggers and urges

Use with long-lasting smoking cessation meds





Nicotine Gum + Lozenges

- Use with long-acting meds
 Most Common Side Effects
- Lowest side effect profile
- Use alone if side effects to other meds
- Teach!! "Park between cheek and gum"

Nausea	16-17%- could be due to incorrect technique
Headache	9-10%
Mouth soreness	5.4%



Nicotine Inhaler

- Not really inhaling nicotine creates a puff of nicotine that is absorbed through oral mucosa
- Needs multiple puffs to match nicotine from cigarettes
- Often used with long-acting medication
- Side effects: throat irritation, coughing, headache, nausea, indigestion





Nicotine Nasal Spray

- Rapid administration
- Use in combination with longlasting meds
- Most Common Side Effect:
 - Nasal irritation (94%)





Educational handout on how to use NRT: **QuitLineNC.com**

How to use Nicotine Replacement Therapy

Nicotine patch & nicotine gum OR lozenge work best when used TOGETHER

Using the nicotine patch together with either nicotine gum or the nicotine lozenge makes it more likely you will be tobacco-free for good. The nicotine patch fights your cravings all day. However, some situations – like after a meal – may trigger you to want to use tobacco. That's when it's good to have your nicotine gum or lozenge handy. These products will help you avoid tobacco even in tough situations.



- Apply the patch at about the same time every day to clean, dry, hairless skin. Be sure to throw out your old patch.
- Move the spot where you put the patch each day.
- Don't use creams or lotions on the skin where you put the patch because they may cause the patch not to stick.
- Apply a new patch on a **different spot** if one falls off.
- If you have mild itching or redness where you put the patch, apply a little hydrocortisone cream on it. Call your health care provider or Quit Coach if you get a rash two or more inches beyond the patch.
- If you have vivid dreams or can't sleep with the patch on, remove the patch at bedtime and apply a new one in the morning.

Side effects indude: mild itching or redness at the point of application, headache, trouble sleeping, vivid dreams



- Slowly chew one piece of gum until you notice a peppery taste or feel a slight tingling in your mouth.
- Stop chewing and put ("park") the gum between your cheek and gum.
 When the taste or tingling is almost gone, chew the gum again until you taste it.
- Continue chewing and "parking" the gum in different places for about
 30 minutes to get the full dose.
- Do not chew too fast or chew more than one piece at a time.
- Do not drink acidic beverages, such as citrus fruit juices, coffee, soft drinks, or tea within 15 minutes before or while chewing a piece of gum.

Side effects may be: mouth/jaw soreness, hiccups, sore throat, and if the gum is not chewed right: nausea or vomiting, lightheadedness



- Put the lozenge between your cheek and your gum, let is slowly dissolve for 20-30 minutes.
- Do not bite or chew the lozenge like hard candy. Do not swallow the lozenge. Try not to swallow most of the dissolved medicine, the nicotine absorbs into your cheek.
- Move the lozenge occasionally to different spots in your mouth.
- Do not eat or drink for 15 minutes before using a lozenge.

Side effects include: nausea, mouth irritation, sore throat, trouble sleeping



NC Department of Health and Human Services • Division of Public Health • Tobacco Prevention & Control Branch www.quittinenc.com • 1-800-QUIT-NOW • NCDHHS is an equal opportunity employer and provider. • 07/2019



Poll Question:

Mark any of these <u>myths</u> about Nicotine Replacement Therapy (NRT) that you have heard before:

- Patches/gum/lozenge doesn't work
- You can't smoke with the patch on
- You'll get a heart attack!
- They taste bad
- I might get too much nicotine!
- I don't want any more medication
- Too dangerous for patients after a heart attack, stroke, surgery



Nicotine Replacement Therapy (NRT) Facts

- Does it work?
- Meds + Counseling= Doubles quit rate!

Counseling strategy:

- Raise patient awareness about withdrawal symptoms
- Troubleshoot past experience with NRT
- Investigate past dosing
- Meet with patient on desire to ease pain of quitting



Nicotine Replacement Therapy (NRT) - Can it be too much?

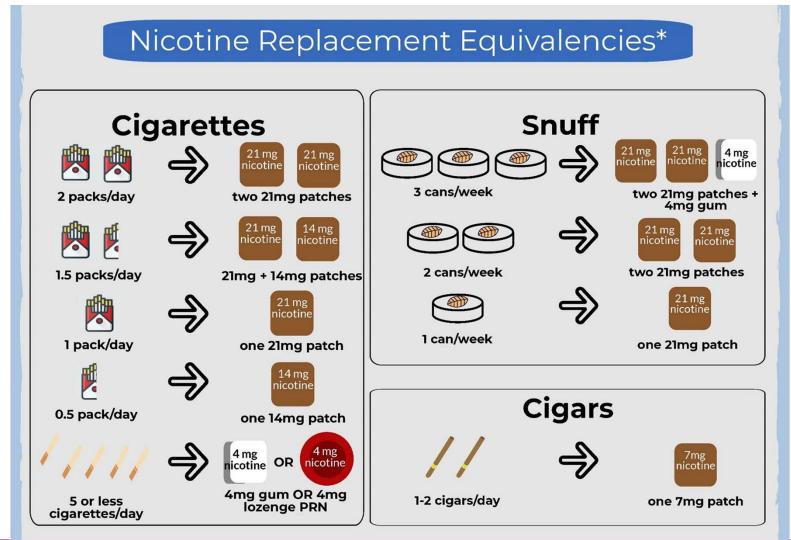
- Nicotine replacement therapy is over-the-counter for a reason: it's safe for non-pregnant people.
- You can smoke while using patch/gum/lozenge
- Nicotine in the patch + gum/lozenge doesn't equal the amount you receive from smoking cigarettes or other forms of tobacco
- Nicotine overdose is RARE... Most common symptoms of too much nicotine: MILD nausea/lightheadedness
- 2018 Randomized controlled trial, "No evidence that the use of smoking cessation pharmacotherapies increased the risk of serious cardiovascular adverse events during or after treatment was observed."



NRT- Too many meds?

- For many chronic illnesses, quitting smoking can help reduce medication use
 - Diabetes
 - Asthma
 - COPD
 - Schizophrenia
- Emphasize that NRT is in the short term
 - Meet with patient on concern about chemicals, meds, (side effects from smoking are much worse)
- Psychoeducation about how the long acting & short acting NRT work together







Use the chat box to share:

What is something new you learned about NRT?



Bupropion (Wellbutrin/Zyban)

- Originally created as an anti-depressant, sometimes used with co-occurring depression & ADHD
- Helps with anhedonia, difficulty concentrating, which are withdrawal symptoms
- Great for folks with untreated mild depression



• Helps attenuate potential weight gain with quitting



Bupropion

Bupropion lowers seizure threshold, so risky for people in withdrawal from alcohol or benzodiazepines, history of seizures, head injury, stroke, brain tumor, bulimia/anorexia, on MAOIs, liver disease

Most common side effects:

Insomnia	30-40%
Dry mouth	10%
Constipation, pruritus and pharyngitis	<10%



Varenicline (Chantix)

- Partial agonist of nicotinic receptors
- Binds tightly to them... reducing reward experienced by person using tobacco & and reducing urges





Varenicline – Most Common Side Effects

Nausea	17-44%
Insomnia	5.1-37.2%
Vivid dreams	5.6-37.2%

- Nausea helps to take with food
- Insomnia helps to take both doses 8 hours apart (not one right before bedtime), or can go down to just morning
- Vivid dreams same as above



Bulimia Stress Delirium Dementia Hallucia Schizophrenia Stress Agoraphobia Claustrophobia Delirium Anxiety Bipolar Dementia PTSD Schizophrenia Alzheimers Anxiety Bipolar Dementia Delusion Claustrophobia Dementia Psychosomatic Stress Manic Hypochondriasis Panic Anxiety Arachnophobia Dem Bulimia Manic Bulimia ADHD Stress tia A goraphobia Panic PTSD Dementia Ageraphobia OCDDelusion Manic Anorexia Depression Arachnophobia Arachnophobia Delusion Panic Stress Arachnophobia Psychosomatic Hypochondriasis Claustrophobia Schizophrenia Hypochondriasis ADHD Hallucination Claustrophobia Schizophrenia Bipolar Hypochondriasis ADHD Hallucination Claustrophobia Schizophrenia OcD Psychosomatic Schizophrenia Psychosomatic Hypochondriasis and Hypochondriasis PTSD Hallucination Schizophrenia Aperaphobia Claustrophobia Depression Psychosomatic Hallucination Delimin ADHD PTSD Panic Schizophrenia Agoraphobia Dementia Marchinophobia Bipolar Hypochondriasis PTSD ADHD Anglety Panic OcD Schizophrenia Agoraphobia Dementia Dementia Depression Hallucination Delimine SD Dementia Depression Bipolar Agoraphobia CD Panic Hypochondriasis PTSD ADHD Anglety Panic OcD Schizophrenia Agoraphobia SD Dementia Depression Hallucination Delimine Hallucination Delimine Anti-Schiz Manic Panic CD Schizophrenia Agoraphobia PTSD Dementia Dementia Bulimia AntiSocial Psychosomatic Delirium Anxiety Alzheimers Manic Stress Delirium Stress Delirium Manic Path Manic Stress Delirium Manic Path Manic Path Manic Stress Delirium Manic Path Manic Man OCD Delirium Anxiety PTSD Antis Manic **OCD** Delirium Bipo ADHD Stress claustrophobia Schizophrenia Hypechood dasis Panic ADHD Anxiety Stress Claustrophobia Arachnophobia Agoraphobia Hallucination Agoraphobia Hypochend nasis Depression ers OCD Agoraphobia Psychosomatic Depression Arachnophobia Claustrophobia Arachnophobia Panic tallucination Depression Claustrophobia Arach Hallucination Depression Dementia Delusion Agoraphobia Anorexia Manic Agoraph Schizophrenia Psychosomatic Delirium pochondriasis Stress Depression Agoraphobia PTSD Claustrophobia Arachnophobia AntiSocial Anxiety Stress Manic, Anorexia Althour AntiSocial AntiSocial AntiSocial AntiSocial AntiSocial Schizophrenia Anorexia PTSD Anorexia PTSD AntiSocial Schizophrenia Anorexia PTSD Claustrophobia **Hypochondriasis** PTSD bia AntiSocial Anorexia Psychosomatic Manic Hypochondriasis Bulimia DepressionDelusion hubia AntiSocial PTSD orexia Alzheimers Psychosomatic Bulimia Anxlety Anorexia Alzheimers Agoraphobia PTSDPanic Delusion Delirium AntiSocial Anorexia

FDA <u>Removes</u> Black Box Warning

12/16/2016:

"As a result of the large clinical trial we are removing the Boxed Warning, FDA's most prominent waning, for serious mental health side effects from the Chantix drug label."



Varenicline - Is part of the standard of care... but is it right for folks with mental illness?

- Mental illness is not a contraindication for varenicline.
- The black box on varenicline was removed after a massive (8000+ participants), randomized, double blind, placebo controlled clinical trial called the EAGLES trial
- The results were published in 2016 in The Lancet, a peer reviewed medical journal



From the EAGLES Trial

- It..."Compared the relative neuropsychiatric safety risk and efficacy of varenicline and bupropion with nicotine patch and placebo in smokers with and without psychiatric disorders."
- "The study **did not show a significant increase in neuropsychiatric adverse events attributable to varenicline** or bupropion relative to nicotine patch or placebo."

Bottom line: Taking varenicline did <u>not</u> increase negative psychiatric events for people with AND without psychiatric disorders



Varenicline (Chantix)

Ideal for:

- High-level nicotine dependence
- Cue-based smoker (light/intermittent smokers)
- Limited will or cognitive control (late stage schizophrenia)
- Alcohol use
- Chewing tobacco
- Surgical case in which surgeon does not want nicotine use





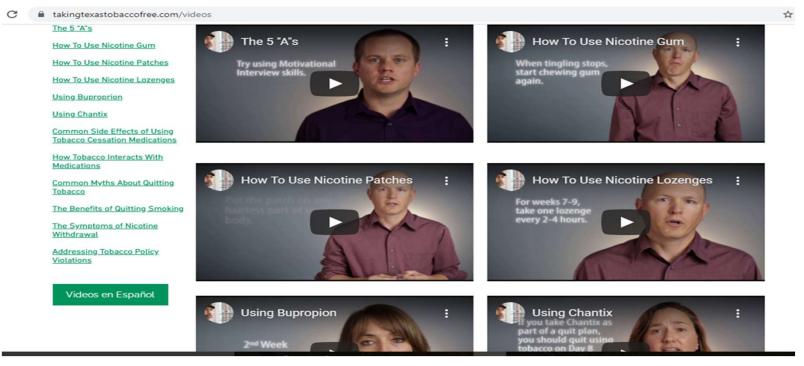
Hit me with your best shot...



Varenicline or combination NRT give the <u>best</u> odds that a client will become tobacco free (for non-pregnant adults)



Videos From Taking Texas Tobacco Free with Brief Videos about Medication



Find videos: <u>https://www.takingtexastobaccofree.com/videos</u>



Finding the right medication

- Explore past success/challenges with medications
 - Right level of nicotine?
 - Problems with access/coverage/adherence?
 - Experience any reduction in withdrawal?
 - Side effects?
- Dispel myths, normalize and reframe past experiences



• **Person-centered**, find medicine client is interested in, is safe for client, and is shown to work

****Pregnant patients: Behavioral intervention is first****



Medication Adherence

- Explore client beliefs and experiences about medication
- Coach patient how to use medicine effectively
- Create a treatment plan goal around trying/using the medication
- Check in on medication use, side effects, continuing withdrawal symptoms at each session
- Find ways to minimize side effects, or help patient select different medication
- Ideally use meds for 12 weeks
 - For BH consumers- 6 months, 1 year... can be even better!!





Accessing Medications

Medicaid: Covers all 7 with a prescription

 For NRT: must be correct NDC code, ask pharmacist to run different codes if rejected

Medicare: Part D covers prescription meds (Varenicline & Bupropion)

• For NRT: Eligible for 2 weeks from QLNC, otherwise must buy over the counter

Blue Cross Blue Shield NC: Covers all 7 with a prescription

• All plans are ACA compliant

State Health Plan: Covers all 7 with a prescription Other private insurance: check for coverage (if ACA compliant, covers all 7)





Accessing Quit Medications – additional resources

Pfizer has a patient assistance program for Chantix

<u>NC MedAssist</u> can provide qualifying patients with free Chantix or Nicotine nasal spray

Federally Qualified Health Centers often offer reduced price medications through 340b pricing

QuitlineNC has agreements with some counties to provide free NRT and occasionally through other programs



Cost of Combination NRT Example

For one patient: 1 nicotine patch $+ \sim 8$ pieces of gum per day = \$0.95 (patch) + \$1.92 (gum) = \$2.87 per day

Estimate how many patients will need this resource

(ex: how many are uninsured? How many have a long lag time between entering the program and accessing medication?)

How long is the lag time?

Ex: 10 uninsured patients enter the program each month and it takes a week for them to get NRT (say, from the QuitlineNC)

\$2.87 x 7 days x 10 patients = \$200.90

\$200.90 x 12= \$2,410 per year





BEWARE: Medication Interactions with Smoking

- Smoking has an impact on metabolism, absorption, distribution and elimination of some drugs in the body.
- Medication levels may need to vary once someone stops smoking





Cessation Medication Options for Pregnant and Lactating Clients





Public Health Service Guidelines

- Non-pregnant adults are more likely to quit when using a combination of brief counseling and pharmacotherapy
- Behavioral intervention is first-line treatment in pregnant women -Pharmacotherapy has not been sufficiently tested for efficacy or safety in pregnancy
- May be necessary for heavy smokers



Fiore, et al. 2008; USPSTF, 2015



Pregnancy Categories for Cessation Medications

Non-Nicotine Prescription Medications

- Bupropion SR (Pregnancy Category C)
- Varenicline (Pregnancy Category C)

Nicotine Replacement Products

All forms of NRT are Pregnancy Category D

- Nicotine Patch
- Nicotine Gum
- Lozenge
- Nicotine Nasal Spray
- Nicotine Inhaler



Category C:

- Evidence of adverse effects on the fetus in animal studies and there are no adequate, well-controlled human studies
- Potential benefits may warrant use in pregnant women despite potential risks

Category D:

- Evidence of human fetal risk from adverse reaction data and/or human studies
- Potential benefits may warrant use in pregnant women despite potential risks

Lactation Categories for Cessation Medications

Lactation Risk Category L3 – Probably Compatible

- Nicotine Replacement Products
- Bupropion SR

Lactation Risk Category L3 – Probably Compatible:

- No controlled studies in breastfeeding women, but the risk of adverse effects in infants is possible; or
- Controlled studies show only minimal, non-threatening adverse effects
- Use only if the potential benefit justifies the potential risk to the infant



Lactation Categories for Cessation Medications

Lactation Risk Category L4 – Possibly Hazardous

Varenicline

Lactation Risk Category L4 – Possibly Hazardous

- Evidence of risk to a breastfed infant or to breastmilk production.
- Use only if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective.



Hale, 2019

NRT Strategies for Lactating Women

- Use gum or lozenge <u>after</u> breastfeeding
- For highly nicotine addicted women only, consider use of lower dose NRT patch (14 instead of 21)
- Try not wearing the patch at night





Poll #1:

Ebony smokes around 20 cigarettes a day and is open to using medication to help her cut down, but is 20 weeks pregnant.

Please check all pharmacotherapy method(s) that could be offered to her:

- Gum/Lozenge
- Patch
- Varenicline
- Bupropion
- Behavioral or other counseling strategies
- Not sure



Poll #2:

Hannah tried to quit smoking by switching to vaping, but now she uses both. Between the two products she is getting the equivalent in nicotine of smoking around $\frac{1}{2}$ pack a day or 10 cigarettes a day. She has really strong urges to smoke or vape and in the past when she tried to quit she had really bad withdrawal symptoms.

Please check all pharmacotherapy method(s) that could be offered to her:

- Gum/Lozenge
- Patch
- Varenicline
- Bupropion
- Behavioral or other counseling strategies
- Not sure



Poll #3:

Maria quit smoking before and stayed quit while using the patch for 2 months. She started to smoke again when her dad died and because she was upset at how much weight she gained after quitting. She suffers from bouts of depression. She is very worried about quitting again because last time she had terrible urges to smoke and because she doesn't want to gain weight again. Please check all pharmacotherapy method(s) that could be offered to her:

- Gum/Lozenge
- Patch
- Varenicline
- Bupropion
- Behavioral or other counseling strategies
- Not sure



Poll #4:

Destiny is considered a light smoker smoking around 5 cigarettes per day and is currently breastfeeding her1 month old daughter. She has tried to quit before and didn't really experience much withdrawal but instead found herself drawn back to smoking based on response to cues—mainly seeing others smoking during breaks at work. She has a history of seizures.

Please check all pharmacotherapy method(s) that could be offered to her:

- Gum/Lozenge
- Patch
- Varenicline
- Bupropion
- Behavioral or other counseling strategies
- Not sure



30 Minute Break!



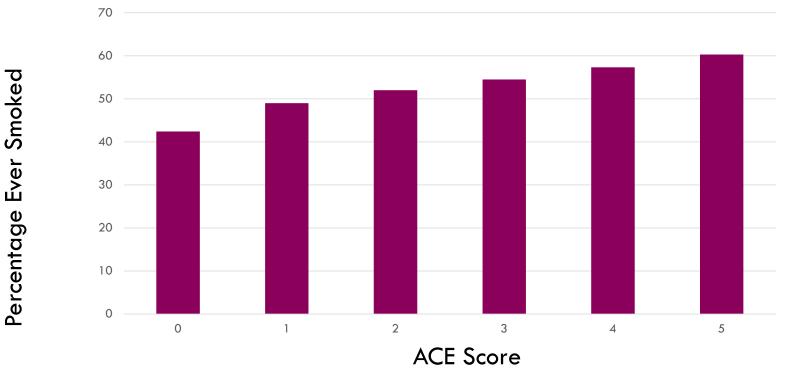
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Behavioral Counseling



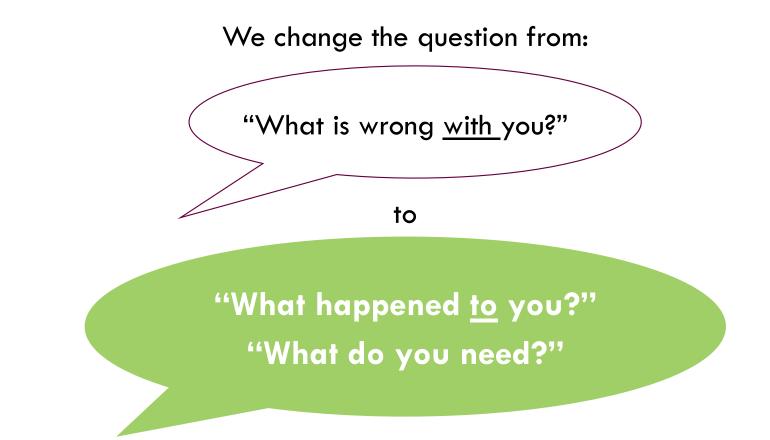
ACE Score & Smoking Rates



Adapted from Anda RF, Croft JB, Felitti VJ, Nordenberg D, Giles WH, Williamson DF, & Giovino GA (199). Adverse Childhood experiences and smoking during adolescence and adulthood. Journal of the American Medical Association, 282, 1652-1658

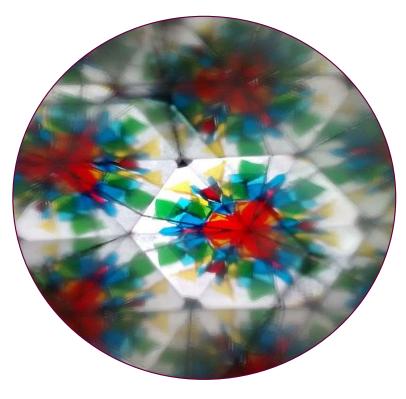


Trauma-Informed Care





What does trauma look like?



- Anger
- Difficulty concentrating
- Physical Illness
- Hyperarousal
- Low self-esteem
- Avoidant behavior
- Perfectionism
- Traumatic grief
- Mistrust
- Trauma re-enactment
- Depression
 Difficulty forming
 relationships

- Dissociation
- Aggression
- Shame
- Need to control
- Inattention
- Persistent irritability
- Defiance
- Disrupted Mood
- Guilt
- Sleep problems
 - Fear Sensory sensitivity



Quit Counseling - <u>Behavioral Interventions</u>

- Individual Counseling most effective (highest success rate) yet least cost effective
- Group Counseling strength lies in peer support/ especially effective in mental health settings; only slightly less successful than individual counseling and is more cost effective
- Telephone Counseling cost effective/can reach large # of people/very accessible; direct referral is best (i.e. fax referral to QuitlineNC)
- Self-help materials (includes web/apps) least effective as monotherapy, most cost effective – best as adjunct



Strong Dose-Response

Between the session length of person-toperson contact and successful treatment outcomes.

Recommended at least four 30-minute counseling sessions

• For folks with BH concerns, **more** is necessary

Concurrent treatment of behavioral health conditions enhances cessation outcomes!





Behavioral Intervention Makes a Difference!

- Brief counseling works better than simple advice to quit
- Brief counseling works best for moderate smokers (<20 cigarettes/day)
 - Heavy smokers may need more intensive assistance and/or pharmacotherapy to quit
- Tobacco cessation interventions should be delivered at every patient or client encounter
 - Screen for tobacco use as a vital sign.
 - Address tobacco use each time a patient visits the clinic or sees a provider.

US DHHS, Treating Tobacco Use and Dependence, 2008



The 5 As: Evidence-Based, Best Practice Intervention

- ASK the client about her tobacco use status
- ADVISE her to quit tobacco with personalized messages
- ASSESS her willingness to quit in next 30 days
- ASSIST with (pregnancy- and parent-specific, if applicable) self-help materials & social support
- **ARRANGE** to follow-up during subsequent visits



Fiore, et al. 2008; Melvin CL, et al. 2000



Strategies that Some May Find Helpful

Set an actual quit date.	Remove all tobacco products from the home.	Proactively develop approaches to manage withdrawal symptoms.	Decide what to do in situations when she usually uses tobacco.
"August 13" instead of "tomorrow" or "in two weeks"	Also remove lighters and ashtrays	Headache, cough, sore throat, irritability, increased appetite	When, where and why does she smoke? What are alternatives?



Help Those Who Aren't Ready to Quit--Employ the 5 Rs

- **RELEVANCE**: Help patient figure out the relevant reasons to quit, based on their health, environment, individual situation
- **RISKS**: Encourage patient to identify possible negative outcomes to continuing to use tobacco
- **REWARDS:** Encourage patient to identify possible benefits to quitting
- **ROADBLOCKS**: Work with patient to identify obstacles to quitting and potentially how to overcome them
- **REPETITION**: Address the 5Rs with patients at each visit

Fiore, et al. 2008



Motivational Interviewing (MI)

Enhancing motivation to make a change



Basic Principles of MI

- Express empathy
- Develop discrepancy
- Roll with discord (formerly resistance)
- Support self-efficacy



Basics Techniques - OARS

Open-ended questions

Affirmations

Reflective Listening

Summarizing





Change Talk

VS.

Sustain Talk

Change Talk:

Clients talk about solutions, benefits of change or disadvantages of staying the same, about how to change, about ways to resolve problems, etc., and reflects movement of patient towards making a change

Sustain Talk:

Clients talk about current situation, why they cannot change, causes behind it, history behind it, etc., and represents a patients' movement away from making a change



MI Techniques

• Highlight discrepancies between values/beliefs and current behavior.

• "It sounds like ______ is really important to you. Tell me a little bit about how tobacco use fits in with ______.

• Reinforce change talk and commitment language.

• Listen for and reflect statements about desire, ability, reasons or need for change, and commitment, willingness, or steps taken toward change.

• Help identify and build on past success.

• Ask about past quit attempts – what went well and what got in the way.

• Offer smaller achievable steps toward change.

• Cutting back on tobacco use, changing tobacco use habits, researching quit strategies

¹Fiore, et al. 2008



Simple Reflections

Goal: reflect like a mirror, what patient is saying/feeling

• Resist righting reflex: Avoiding arguing your side to patient

Righting Reflex example $\$:

- Patient: I can't imagine myself not smoking, that's what I do when I feel like using.
- Counselor: Well, what about tobacco, isn't that a drug?

Reflection example ©:

- Patient: I can't imagine myself not smoking, that's what I do when I feel like using.
- Counselor: You really care about your recovery, and you're wondering what impact becoming tobacco-free might have on it.



Change talk/Sustain Talk

Activity:

Practicing simple reflections with Change/Sustain talk about tobacco use

- I've tried to quit so many times, I just don't know if I can.
- Having a baby, stopping drinking, and quitting smoking seems like a lot to do all at once!
- Everybody's got to die of something.



Other Counseling Strategies

- Cognitive behavioral therapy
- Mindfulness training
- Psychoeducation about tobacco use and its impacts





Cognitive Behavioral Therapy

- Evidence based for tobacco use treatment
- Building awareness of triggers
- How thoughts and emotions influence behavior, including smoking

THOUGHTS

- "I'll never be able to stop smoking...
- "It's impossible, I'm addicted"
- "I'll be miserable if I stop smoking"
- "I can't do it"

BEHAVIOR

- Avoidance of stopping tobacco
- Coming up with excuses and using false-logic to justify using tobacco



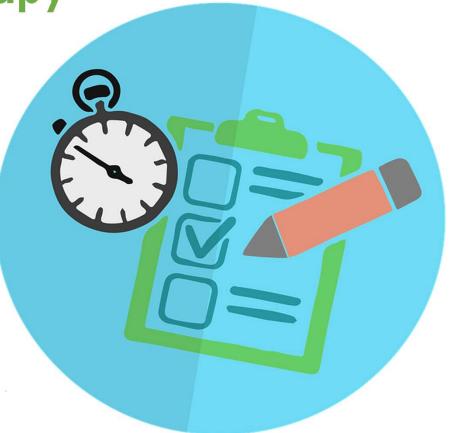
FEELINGS

- Despondent
- Scared
- Upset
- Unmotivated
- Anxious



Cognitive Behavioral Therapy

- Cognitive restricting
- Weighting the evidence
- How helpful is this thought?
- Build self-awareness
- Tracking cigarettes alongside time of day, activity, mood, and urge
 - Useful apps for this
 - Use paper and pen
- Creating hierarchy of thoughts and easiest tobacco/triggers.





Mindfulness

- Mindful smoking
 - Mindful eating exercise (classic, instructions available online)
- Decrease automatic behavior (like smoking)
- Increasing distress tolerance
- Build self-awareness
- Urge surfing (noticing how one feels, not necessarily having to act on discomfort)
- Reducing overall stress, finding alternatives to smoking





Psychoeducation

- Reframe past quit attempts as practice for now
- Use of medications and counseling makes it more likely this time...
 is the last time you'll try to quit
- Quitting tobacco along with other substances enhances success for both





Psychoeducation

- How nicotine works in brain
- Awareness of withdrawal
 - How it affects mental health
- Triggers
 - How they develop
 - Hungry, Angry, Lonely, Tired

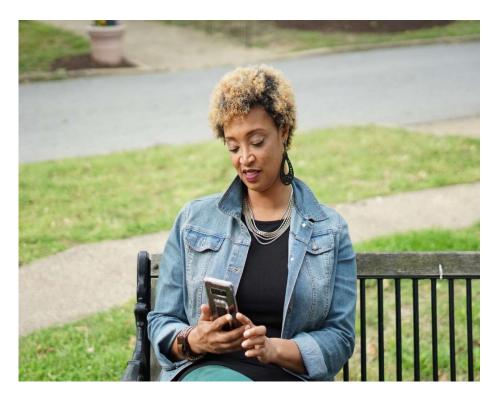
- Medications
 - Dispel common myths
- The Four D's
 - Delay,
 - Distract
 - Drink water
 - Deep breaths



Tobacco Use Treatment Goals

Examples:

- Making the home and car tobacco free
- Delaying smoking
- Identifying alternative behaviors
- Medication adherence goals
- Using planning skills to plan not to smoke
- Increasing awareness of smoking (tracking cigarettes etc.)





Prepare a Quit Plan

- Identify core reasons for quitting?
- Decide on medications/access
- Track your habit for at least one week
- Identify triggers
- Identify healthy alternatives to triggers
- Set Quit Date
- Identify social supports
- Prepare your environment





Managing Return to Use

- Often takes 8-11 attempts before more permanent abstinence is achieved.
- If there is a return to use, assess for changes in self-efficacy or confidence and help them assist with any shame or embarrassment.
- Predictors of return to use include lack of support from partner, negative affect or the experience of negative emotions and high levels of stress.

CDC, 2018; Slopen, et.al. 2013



Post-partum Relapse

- 65% of women who quit smoking during pregnancy start smoking again before the baby is one year old.
- Why?
 - Return of triggers, weight concerns, increased stress, less social support, underdeveloped coping skills



Post-partum Relapse Prevention Strategies

- Begin relapse prevention counseling and skills building toward the end of pregnancy – address common causes of post-partum relapse
- Focus on benefits of quitting for the woman
- Highlight harms associated with secondhand smoke for infant
- Involve pediatric providers, including well-child, WIC, early intervention, etc.



Other Resources



	What is good about smoking/tobacco use? What do you enjoy about it?	What is not so good about smoking/using tobacco?
Decisional Balance Tool: Weighing the Pros & Cons		
https://www.mombaby.org/wp- content/uploads/2020/03/tobacco- free-prso-cons.pdf	What makes it hard for you to quit? What scares you about quitting?	What would be good about being tobacco-free?



Group Tobacco Cessation Guides and Activities

- Freedom from Smoking, American Lung Association
- Fresh Start Program, American Cancer Society
- <u>Breathe Easy, Live Well</u> wellness group, including tobacco use treatment, for people with severe and persistent mental illness
- <u>NJ Learning about Healthy Living</u> designed to be led by peers, consumers helping other consumers
- <u>BecomeAnEX</u> has useful workbooks for individuals to do at home, but could help guide an intervention (and written all by former smokers)



Group Tobacco Cessation Guides and Activities

- J.Williams: Learning About Healthy Living: Tobacco and You
- <u>San Francisco Stop Smoking Program Guidelines for running a smoking</u> <u>cessation group</u>
- <u>Smoking/Tobacco Use Pros & Cons Sheet</u>
- 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.



Substance Use Treatment Specific Tobacco Cessation Resources

- <u>Tobacco-Free Toolkit</u>, University of Colorado
- Taking Texas Tobacco Free
- <u>National Behavioral Health Network for</u> <u>Tobacco and Cancer Control</u>

IMPLEMENTING TOBACCO CESSATION PROGRAMS IN SUBSTANCE USE DISORDER TREATMENT SETTINGS

A QUICK GUIDE FOR PROGRAM DIRECTORS AND CLINICIANS





DIMENSIONS: Tobacco Free Toolkit for Healthcare Providers



• <u>SAMHSA</u>

you quit

Becoming Tobacco-Free

Quitting tobacco as part of your recovery from other substances is one of the best gifts you can give yourself and those you care about. Patient education booklet designed for women in substance use treatment and recovery

Available to order for free though the Women's Health Branch: https://www.surveymonk ey.com/r/WHBPublicati onsOrderForm



Pregnancy and Parenting Specific Tobacco Cessation Resources

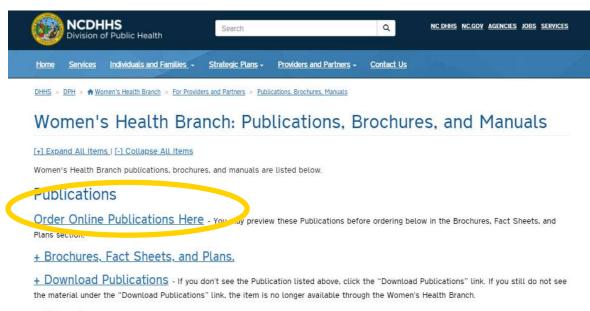


Available to order for FREE through Women's Health Branch https://www.surveymonkey.com/r/WHBPublicationsOrderForm



Order Free Materials: Women's Health Branch Order Form

https://www.surveymonkey.com/r/WHBPublicationsOrderForm



+ Manuals - 04/05/21

LAST MODIFIED: 04-05-2021



Use Chat Box: Other questions? What other support do you need?

you quit

Summary of Today's Training:

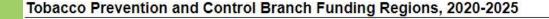
You have learned (a lot) about:

- The dangers of tobacco, including second and thirdhand use to participants, children, and staff.
- The importance of tobacco free polices and how to implement those polices with staff, participants, and visitors.
- The need to address and how to address tobacco use with your program participants through screening, pharmacotherapy, and counseling.
- Resources to help you be more successful in your efforts

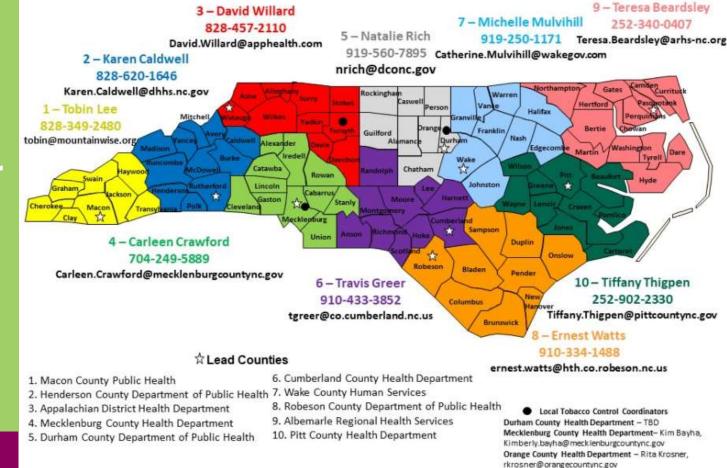
Remember there is support to help you as you move forward!



Your Regional Tobacco Prevention and Control Manager can assist you in going tobacco-free



Tobacco Prevention and Control Branch (TPCB) Funding Regions 2020-2025





You Quit Two Quit

The You Quit, Two Quit team can assist you in implementing tobacco-free polices and working with staff to equip them to support participants to be tobacco free



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Congratulations on completing today's session.

Thank you for joining us today!



