

Opioid Use Treatment Programs Advancing Cessation Efforts

OUTPACE TOBACCO

A Step-by-Step Guide for Tobacco-Free Workplace Program
Implementation in Opioid Treatment Programs



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS



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INTRODUCTION AND ACKNOWLEDGEMENTS

People with **Opioid Use Disorder (OUD)** smoke at significantly higher rates than the general population, complicating recovery and increasing long-term health risks. Quitting tobacco while undergoing treatment for OUD improves overall health, leads to better treatment outcomes, and supports recovery.¹ This guide provides step-by-step instruction on how to implement a tobacco-free workplace program in **Opioid Treatment Programs (OTPs)**.

Tobacco use is a major health concern because it is directly linked to 17 different types of cancer.² It also contributes to other serious health conditions like heart disease and stroke.³ Even with advancements in medicine, cancer remains the second leading cause of death in the U.S., just behind heart disease.⁴ Addressing tobacco use—and the nicotine addiction that drives it—is critical to reducing cancer cases and saving lives, especially in Texas, where tobacco use remains a significant public health challenge.⁵



This guide is based on evidence-based strategies and real-world success stories from our past work with OTPs,⁶ enhanced by insights gained from our more recent work with OTPs participating in the Opioid Use Treatment Programs Advancing Cessation Efforts (OUTPACE Tobacco) program. By following the approaches laid out in this guide, OTPs can effectively integrate tobacco cessation into their programs, helping patients improve their health while working toward OUD recovery.

The completion of **this Implementation Guide is a testament to the power of collaboration and shared commitment to creating healthier, tobacco-free environments.** Its development would not have been possible without the dedication, expertise, and contributions of several people and organizations:

- **OUTPACE Tobacco program partners:** North Texas Addiction Counseling and Education and Life's Second Chance Treatment Center.
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CONTACT INFORMATION

If you have any questions about this guide or would like assistance with implementing a tobacco-free workplace program, please contact the OUTPACE Tobacco team at TakingTexasTobaccoFree@gmail.com.

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THE NEED FOR COMPREHENSIVE TOBACCO-FREE PROGRAMS IN OPIOID TREATMENT PROGRAMS

Despite considerable progress made in reducing tobacco use nationwide, it remains disproportionately high among people with Opioid Use Disorders (OUDs). Smoking rates among people in Opioid Treatment Programs (OTPs) reach up to 94%, compared to 11.6% in the general population^{7,8}; this stark disparity contributes to severe health consequences, including cancer, cardiovascular disease, and chronic respiratory conditions for this population.^{8,9} Addressing tobacco use where people with OUDs are treated is critical for improving overall treatment outcomes, reducing health risks, and enhancing recovery success.

Four key reasons why comprehensive tobacco-free programs should be integrated into OTPs include:

1

Tobacco Use Increases Pain Sensitivity, Leading to Higher Opioid Doses

Pain is a significant factor in the cycle of opioid and tobacco use. People who smoke tend to experience heightened pain perception, leading to an increased reliance on opioids for pain management.¹⁰ This creates a vicious cycle—pain triggers tobacco urges, yet tobacco use worsens pain intensity. Quitting tobacco can lead to decreased pain intensity over time.^{11,12} Addressing these concerns through tailored tobacco cessation interventions can help patients successfully quit tobacco while also improving their pain management, reducing opioid misuse, and enhancing overall recovery.^{6,13}

2

Concurrent Nicotine and Opioid Use Can Complicate Treatment Efficacy

Tobacco use can interfere with opioid metabolism, altering how the body absorbs and processes opioid medications. This can lead to unpredictable treatment responses, making it difficult for healthcare providers to optimize Medication-Assisted Treatment (MAT) for opioid dependence.¹³ Additionally, nicotine can induce cross-tolerance to morphine, meaning people who smoke require higher opioid doses to achieve the same pain relief, further increasing their risk of dependency.¹⁴

3

Tobacco Use Is Associated with Lower Rates of OUD Treatment Adherence and Success

People who continue tobacco use during OUD treatment are more likely to experience treatment dropout or relapse to opioids.^{1,15} In fact, in one study, patients were 24% more likely to drop out!¹⁶ Moreover, quitting tobacco during OUD treatment significantly improves treatment outcomes for OUD.^{17,18}



4

Most OTPs Lack Structured Tobacco Cessation Services

Despite strong evidence linking tobacco use to poor OUD treatment outcomes, a national study showed that about 66% of OTPs did not offer tobacco counseling services, and 1 out of 4 had not even advised patients to quit using tobacco.¹⁹ The lack of structured tobacco cessation support leaves patients without critical resources to quit, perpetuating the health risks associated with tobacco use.²⁰ There is an urgent need for capacity-building efforts in OTPs to equip employees with the knowledge, training, and resources needed to help patients quit tobacco use while undergoing OUD treatment.²¹

CALL TO ACTION: OTPs MUST PRIORITIZE TOBACCO CESSATION

Given the strong link between tobacco and opioid use, OTPs can play a key role in integrating tobacco cessation services into their programs. Unlike many non-OTP substance use treatment facilities, OTPs often have longer treatment durations, more patient touchpoints, inpatient capabilities, and experience in pharmacotherapy—all of which can support effective tobacco cessation interventions.²⁰ Implementing a comprehensive, tobacco-free workplace program within OTPs can empower patients, reduce cancer risks, and improve recovery success.

By recognizing tobacco use as a barrier to opioid recovery and providing tailored cessation support, OTPs can significantly improve treatment retention, pain management, and overall patient health. Expanding these efforts is critical to ensuring more effective, holistic care for people with OUD.¹⁷

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AT-A-GLANCE: CORE COMPONENTS OF OUTPACE TOBACCO

KEY INSIGHTS

OUTPACE Tobacco is an evidence-based, comprehensive tobacco-free workplace program adapted for delivery in Opioid Treatment Programs (OTPs). OUTPACE Tobacco has three core components (policy development, education, and treatment integration) designed to build capacity for tobacco control, ensure long-term sustainment, and improve both patient and provider engagement in tobacco cessation efforts. These core components are supported by additional resources that support education and cessation.

A successful tobacco-free workplace program in OTPs must be multifaceted, combining policy enforcement, employee training, clinical interventions, treatment integration, and resource provision. Our work has demonstrated that OTPs can successfully implement and sustain evidence-based tobacco cessation strategies, leading to:

- Increased provider knowledge and intervention confidence
- Higher rates of tobacco use cessation among both patients and OTP employees
- Stronger adherence to tobacco-free workplace policies
- Improved patient outcomes

A. POLICY DEVELOPMENT: ESTABLISHING COMPREHENSIVE TOBACCO- FREE WORKPLACE POLICIES

A comprehensive, enforceable tobacco-free workplace policy is the foundation of a successful tobacco-free workplace program. OTPs should implement policies that:

- Define expectations regarding the prohibition of all tobacco use (including e-cigarettes and vaping devices) in and on the workplace grounds for both employees and patients.



- Establish educational, rather than punitive, consequences for policy violations and provide employees training on effective enforcement strategies. Providing employees and patients with a tobacco-free environment is essential to support them in becoming and staying tobacco-free.
 - For example, handing out a small card reminding them of the policy, situating the rationale as caring about the whole health of their stakeholders, and highlighting various ways they can get cessation help.
- Incorporate regular policy and enforcement reviews into the OTP's workflow to ensure compliance and effectiveness.

In our prior work with seven OTPs, only one OTP had a comprehensive tobacco-free workplace policy before we worked together. After completing our program, 100% of participating OTPs had adopted and enforced tobacco-free workplace policies.⁶

How Does it Work?



Reduces environmental triggers for tobacco use, helping stakeholders to make a quit attempt and helping those who are in tobacco dependence recovery stay quit (i.e., relapse prevention).



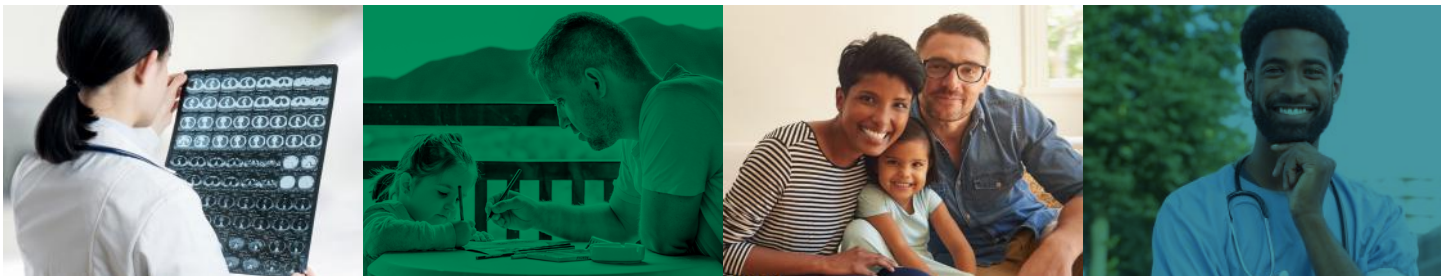
Makes tobacco use inconvenient and effortful, which means stakeholders have an opportunity to reflect on whether they really want to continue using tobacco, thus helping them consider making a quit attempt.



Protects everyone from second and third-hand exposure to smoke and vapor.



Models tobacco-free living, reinforcing a “no-use” norm through observational learning; tobacco users may realize they can go without a smoke for a while.



B. ALL-EMPLOYEES EDUCATION AND SPECIALIZED PROVIDER TRAINING

Education: Training Employees on the Risks of Tobacco Use and Benefits of Cessation

Educating all OTP employees about tobacco's impact on Opioid Use Disorder (OUD) treatment is critical for effective implementation. Training can be as short as 30 minutes and can include:

- Information explaining the connection between tobacco use, pain sensitivity, and opioid treatment outcomes.
- Information on how nicotine addiction reinforces opioid dependence, making cessation efforts essential for long-term recovery.
- Information about evidence-based policies and practices to treat tobacco dependence.

Clinical Training: Educating Treatment Providers on Evidence-Based Tobacco Treatment

In addition to all-employees trainings, providers in this setting should be undertaking specialized training as well to better equip them in guiding patients toward successful quit attempts. This may include:

- **Building motivation:** Guidance on motivating patients to consider quitting tobacco while in opioid treatment, inclusive of using the [5R's Model](#) ([R](#)elevance, [R](#)isks, [R](#)ewards, [R](#)oadblocks, [R](#)epetition).

- **Nicotine Replacement Therapy (NRT) administration:** Understanding dosage, side effects, and best practices for NRT use in OTPs.
- **Behavioral counseling techniques:** Training in **Motivational Interviewing (MI)** and active interventions to support patients in reducing and quitting tobacco use.
- **The 5A's Model** ([A](#)sk, [A](#)dvice, [A](#)ssess, [A](#)ssist, [A](#)rrange): Encouraging structured provider-patient discussions about tobacco use at every stage of treatment.
- **External resources:** How to leverage external resources for referral or connection to care, such as how to directly refer patients to the [Texas Tobacco Quitline](#).
- **Tobacco Treatment Specialist (TTS) training program:** For select providers, consider sponsoring their training for certification as a tobacco treatment specialist. The University of Texas MD Anderson Cancer Center offers multiple online [TTS training programs](#) a year, sometimes with discounted or waived registration fees.²²

In our prior work with OTPs, the all-employees education sessions resulted in significant knowledge gains (>50% increases)⁶; training slide decks and recorded trainings are available to your OTP from OUTPACE Tobacco.

How Does it Work?



Increases exposure to training, which enhances knowledge and, for providers, confidence in treating tobacco use.



Alters expectations and corrects misperceptions to reach a more accurate understanding of patients' desire to quit tobacco use and the benefits of concurrent treatment of tobacco and opioids on OUD recovery.



Increases provider self-confidence in providing care through skill-building and observational learning, reducing perceived barriers to addressing patients' tobacco use.

How Can I Learn More?

For more information, see:

[Appendix A: The 5A's](#)

[Appendix B: The 5R's](#)



C. TREATMENT INTEGRATION: INCORPORATING TOBACCO USE SCREENING AND INTERVENTION PROTOCOLS

Effective tobacco control in OTPs requires integrating cessation support into routine patient care. This includes:

- Taking detailed [tobacco use assessments](#) at intake to identify patients who may benefit from cessation support.
- Embedding tobacco treatment into individualized care plans, ensuring that patients receive ongoing support.
- Regularly following up to assess progress, adjust treatment as needed, and reinforce patients' cessation efforts.
- Implementing tobacco treatment as a default clinical procedure, such as by integrating tobacco screening into the **Electronic Health Record (EHR)**, so providers are automatically prompted to address it during visits.

In our prior work with OTPs, the incorporation of tobacco use screening and intervention protocols into the OTP workflow led to significant increases in NRT use, decreases in employees' tobacco use, and an increase in providers' screening and intervening on patients' tobacco use.⁶

How Does it Work?



Reduces barriers to care by embedding tobacco treatment into routine processes.



Encourages behavioral change through consistent, structured interventions.



Makes tobacco screening and intervention the default choice versus something providers/counselors need to remember to do.

How Can I Learn More?

For more information, see:

[Appendix C:](#) Tobacco Cessation Treatment Resource Notifications

[Appendix D:](#) Quitline Service Education to Employees

[Appendix E:](#) Print Materials for Patients

[Appendix F:](#) External Treatment Resources

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IV.

DIVING DEEPER: THE “HOW-TO” IMPLEMENT OUTPACE TOBACCO

KEY INSIGHTS

A clear, comprehensive tobacco-free workplace policy is foundational to any successful tobacco cessation effort within Opioid Treatment Programs (OTPs). These policies not only protect the environment from secondhand smoke but also reinforce tobacco-free norms, support recovery, and motivate both patients and employees to engage in cessation.

Tobacco-free workplace policies work best when paired with structured implementation, employee training, treatment availability, and ongoing support. Our experience demonstrates that OTPs can implement and sustain these policies effectively when equipped with practical guidance and tools.

Effective policy implementation has been shown to:

- Improve patient health and treatment outcomes
- Support a culture of recovery by eliminating tobacco-related triggers
- Reduce environmental exposure to tobacco use
- Increase engagement of both employees and patients in cessation efforts

With the right resources and training, OTPs can leverage tobacco-free policies as a powerful tool to create healthier, recovery-centered environments.



A. POLICY DEVELOPMENT AND IMPLEMENTATION

Create an Effective Policy

A well-structured tobacco-free workplace policy should be clear, inclusive, and enforceable. Based on our prior work with OTPs, the following elements are essential for success:

Implement a comprehensive tobacco-free workplace policy covering all tobacco products.

- The policy should explicitly prohibit the use of all tobacco and nicotine products, including:
 - Cigarettes, cigars, and pipes
 - E-cigarettes and vaping devices
 - Smokeless tobacco (chew, dip, snuff, nicotine pouches, e.g., ZYN, etc.)

PROVIDE TOBACCO CESSATION RESOURCES TO EMPLOYEES AND PATIENTS.

- Offering cessation support increases quit success rates and encourages policy compliance.
- Resources can include:



Connection to the Tobacco Quitline
(e.g., 1-800-QUIT-NOW)



In-house counseling services



NRT distribution



Educational materials on quitting tobacco

- The policy should apply 24/7 across the OTP, including indoor and outdoor spaces, vehicles on campus, and residential units.
- The policy should eliminate designated smoking areas to reinforce the tobacco-free standard and discourage use. Removing designated smoking areas leads to reduced overall tobacco use among patients and employees and does not lead to a significant decline in the patient census.²³

Ensure the policy applies to employees, patients, visitors, volunteers, interns, and contractors, and prepare them for the policy enactment 3 – 6 months ahead of time.

- Everyone entering the OTP workplace should be required to comply with the policy to maintain a culture of wellness.
- Organize “town hall” type meetings to allow employees the opportunity to air frustrations about the policy implementation and remind them of the benefits of a tobacco-free workplace for their and their patients’ health. Remind them that tobacco use has been prohibited in many treatment and recreational settings across the U.S. for some time now – this is nothing new.
- Employees should be trained to communicate and enforce the policy respectfully and consistently.
- Contractors and patients should be notified of the policy.
- Signage about the tobacco-free workplace policy should be prominently displayed in and outside of the workplace, particularly where designated smoking areas used to exist.

Implement The Policy with Intention

A structured and phased approach ensures a smooth transition to a tobacco-free workplace policy. Some things to consider for the roll-out are as follows:



PLANNING & COMMUNICATING (MONTHS 1-3)

Develop the policy framework and gain leadership buy-in.

- Engage executive leadership, program directors, and key stakeholders to secure OTP commitment.
- Identify barriers to implementation and strategize solutions.
- Model the policy after those of similar OTPs.
- Engage OTP leaders and employees who have been part of successful policy implementations to provide testimonials or alleviate leadership concerns.

Communicate the policy change effectively across all stakeholders.

Use multiple communication methods to ensure every OTP stakeholder understands the transition. These can include:

- Meetings and employee training sessions.
- Emails, newsletters, and social media updates.
- Posters and signage throughout the facility.
- One-on-one discussions with patients and employees.

Announce the upcoming policy change with an effective messaging strategy.

Clearly explain:

- Why the policy is being implemented (e.g., health benefits, improved treatment outcomes).
- What the policy entails (who it applies to, what is prohibited, where it is enforced).
- What support is available (cessation programs, Nicotine Replacement Therapy (NRT) access, health insurance benefits).



**Nicotine
Replacement
Therapy**

EDUCATE EMPLOYEES & PATIENTS (MONTHS 4-6)**Organize education and training sessions before enforcement begins.**

Educate employees on policy enforcement, including:



How to communicate with patients about the new policy.



How to respond to resistance or complaints.



Where to direct patients for tobacco cessation support.

Implement strategies to encourage tobacco-free workplace norms.

Place visual reminders around the OTP grounds, such as:

- “This is a Tobacco-Free Facility” permanent signage, window clings, etc.
- Posters promoting the benefits of quitting tobacco and the availability of resources to quit in treatment and waiting spaces.
- Provide quit kits (brochures, hotlines, and NRT samples) to reinforce the message.
- Use Electronic Health Record (EHR) prompts to encourage providers to discuss tobacco cessation with every patient.



IMPLEMENT & ENFORCE THE POLICY (MONTHS 7-9)

Enforce the policy consistently.

- Monitor adherence among employees and patients and address violations respectfully.
- Use a non-punitive approach by taking advantage of an opportunity to educate that emphasizes available support for quitting.

Conduct regular quality assessments and create feedback loops.

- Evaluate policy effectiveness by collecting feedback from:
 - Employees (Are they confident in policy enforcement? Are they receiving pushback?).
 - Patients (Are they utilizing cessation resources? Are they struggling with compliance?).
- Adjust communication strategies if needed to improve acceptance.

For a quick visual overview of the implementation process—including key phases and reminders—see [Appendix G: Policy Implementation Timeline](#).

How Can I Learn More?

For more information, see:

[Appendix H: Tobacco-Free Workplace Policy](#)

[Appendix I: Tobacco-Free Workplace Email Announcement to Employees](#)

[Appendix J: Tobacco-Free Workplace Policy Signage](#)

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B. EMPLOYEE EDUCATION AND PROVIDER TRAINING

KEY INSIGHTS

Effective employee education and provider training are critical to the success of tobacco-free workplace programs in Opioid Treatment Programs (OTPs). A well-trained workforce plays a vital role in enforcing policies, supporting patients through cessation, and creating an environment that prioritizes recovery.

The OUTPACE Tobacco model has shown that structured, accessible trainings lead to measurable improvements in provider knowledge, intervention confidence, and patient outcomes. When all employees—clinical and non-clinical alike—understand the impact of tobacco use and their role in cessation efforts, OTPs are better positioned to sustain a tobacco-free culture.

Comprehensive training efforts contribute to:

- Increased provider confidence in addressing tobacco use
- Greater patient engagement in cessation treatment
- Stronger adherence to tobacco-free policies across the organization
- Long-term program sustainment through a train-the-trainer approach

By investing in education, OTPs build internal capacity to reduce tobacco use, improve opioid treatment outcomes, and maintain a healthier, recovery-focused workplace. With these insights in place, OTPs can now begin implementing a tailored education and training plan that supports long-term success.

Effective Employee Education

As in our recorded asynchronous training available on our website, elements of this education should include:

- Explaining how nicotine addiction interferes with opioid treatment by:
 - Worsening withdrawal symptoms and pain sensitivity.
 - Increasing relapse risk and complicating Medication Assisted Treatment (MAT).
 - Interfering with opioid metabolism, affecting treatment efficacy.
- Explaining the benefits of and how to implement the tobacco-free workplace policy:
 - What is the science behind tobacco-free workplace policies?
 - How to communicate the tobacco-free workplace policy to patients without confrontation.
 - How to handle policy non-compliance with an approach that prioritizes support over punishment.
 - Where to refer patients for cessation support (e.g., Quitlines, in-house resources).



- Encouraging employees to:
 - Lead by example: adhering to the tobacco-free workplace policy reinforces a culture of wellness.
 - Participate in cessation programs if they use tobacco, improving peer engagement.
 - Provide positive reinforcement to patients making quit attempts.
- Informing employees about:
 - The benefits of quitting tobacco use overall, and for patients with Opioid Use Disorder (OUD) and other behavioral health needs.
 - How to take a tobacco use assessment and screen for tobacco use, and how often to do so.
 - Evidence-based tobacco cessation interventions:
 - Cessation medications, including NRT: Proper dosages for different patient needs.
 - Cessation medications, including NRT: Potential side effects and contraindications.
 - Combining NRT with behavioral interventions for improved quit rates.
 - Quitline availability and what the quitline offers.
 - How to connect someone, including themselves, to the quitline.
 - Brief interventions like the 5A's and the 5R's.

Specialized Provider Training

In addition to the all-employee training, providers and healthcare professionals should receive specialized training to integrate evidence-based tobacco cessation treatments into OTPs. This can include:

- Providing Motivational Interviewing (MI) training to help providers:
 - Engage patients in open, non-confrontational discussions about tobacco cessation.
 - Solicit and reinforce intrinsic motivations for quitting tobacco.
 - Address ambivalence about change without judgment.
 - Engage in methods that solicit change talk.
- Supporting key personnel to attend a Tobacco Treatment Specialist (TTS) training program, which enhances:
 - In-house expertise for ongoing cessation efforts.
 - Capacity-building to support long-term program sustainment.
 - Provider confidence in counseling, prescribing NRT, and managing nicotine withdrawal.

MD Anderson offers a [TTS program](#), and there are [many more throughout the country](#). If your OTP cannot spare the 5 days that training completion requires, MD Anderson allows attendance to the single day where they provide information on medications (called a “prescriber” training). Attendance to this single day training should be considered for medical personnel who can prescribe medications to patients.

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C. EVIDENCE-BASED TOBACCO TREATMENT

KEY INSIGHTS

A successful tobacco treatment program in Opioid Treatment Programs (OTPs) must be structured, evidence-based, and tailored to individuals with Opioid Use Disorder (OUD), who often face lower cessation success rates despite high motivation to quit. Ensuring access to Nicotine Replacement Therapy (NRT) is critical—OTPs that offer NRT can improve quit rates and long-term abstinence. To avoid shortages or waste, programs should track inventory, document distribution to patients and employees, and establish clear reorder points. This promotes consistent access, efficient planning, and effective resource management. If your program is interested in offering NRT, please [contact us](#) for guidance on bulk ordering. With structured implementation, proactive monitoring, and provider training, NRT can be a powerful tool in disrupting the cycle of nicotine and opioid dependence.

The **5A's Model** (Ask, Advice, Assess, Assist, Arrange) offers a simple, effective framework for delivering brief, consistent cessation interventions. When paired with behavioral counseling and pharmacotherapy, this approach helps bridge gaps in care and enhances both patient and provider engagement.

Integrating structured models like the 5A's can lead to:

- Increased quit attempts and treatment adherence
- Improved provider consistency in delivering interventions
- Enhanced patient engagement through streamlined counseling
- Long-term abstinence through follow-up support



By adopting comprehensive, evidence-based strategies, OTPs can significantly improve tobacco quit outcomes and overall treatment success for individuals in recovery.

In our prior work with six OTPs in Texas, none distributed NRT prior to implementation. As part of the program, we provided NRT starter kits valued between \$3,200 and \$16,000 based on OTP size and patient volume. The response was overwhelming: 495 NRT boxes were distributed to patients and 54 to employees attempting to quit.⁶

This approach:

- Increased awareness of available cessation supports
- Empowered patients through provider-driven encouragement
- Expanded access to evidence-based quitting aids

The Basics: The 5A's Model

The 5A's (Ask, Advice, Assess, Assist, Arrange) provides a structured, repeatable framework for providers to integrate tobacco cessation support into routine care. Applying this model consistently improves patient engagement, increases quit attempts, and enhances overall treatment adherence.²⁴ The 5A's is a brief (~3-5 minute), yet effective, best-practice framework for standardizing tobacco cessation interventions and one that is recommended for use with every patient at every substantive provider contact.

The 5A's consists of:

Ask – Identify all tobacco users at every visit.

- Ensure every patient is screened for tobacco use at intake and regularly throughout treatment.
- Embed tobacco use status into EHRs to trigger provider intervention.

Advise – Strongly urge all tobacco users to quit.

- Provide clear, personalized messages about the benefits of quitting, emphasizing how cessation²⁵:
 - Reduces pain sensitivity and improves OUD treatment outcomes.
 - Lowers medication complications and enhances the effectiveness of methadone and buprenorphine.
 - Decreases chronic disease risk, including cancer and heart disease.
- Use brief yet impactful counseling to encourage patients to consider cessation.

Assess – Determine the patient's readiness to quit.

- Categorize patients into one of the categories below to know your next steps:
 - Ready to quit = Begin active intervention or referral (see “assist” below).
 - Unsure about quitting = Offer Motivational Interviewing (MI) or the 5R's Model to explore concerns.
 - Not ready to quit = Continue education and revisit at future sessions.
- Over 83.1% of patients with OUD have attempted to quit tobacco at least once, demonstrating a need for proactive assessment and intervention.²⁶

Assist – Provide treatment and support.

- Combine pharmacotherapy (e.g., NRT, Bupropion, Varenicline) with behavioral counseling.
- Offer personalized quit plans tailored to each patient's needs, considering:
 - Level of nicotine dependence.
 - Readiness to quit.
 - Concurrent mental health or pain management needs.
- If in-house treatment and support is not available at your OTP, you can assist your patient by connecting them directly to the Texas Tobacco Quitline and by explaining what it offers.
- Consider referral to the quitline even if you can provide treatment and support on site. It is hard to quit, and the more resources patients have, the better.



ASK



ADVISE



ASSESS



ASSIST



ARRANGE

Arrange – Schedule follow-ups to check in on progress and to prevent lapse and relapse.

- Continuous engagement improves quit success rates. Providers should:
 - Schedule regular follow-ups after the quit attempt to offer guidance and support.
 - Provide booster counseling sessions to reinforce motivation.
 - Encourage peer support or tobacco cessation groups.

Integration of Behavioral Counseling and Medications for Quitting

While the 5A's provides a structured approach, the most effective tobacco treatment combines counseling with medication. OTPs should:

- Ensure patients have access to FDA-approved tobacco cessation medications (e.g., NRT, Bupropion, Varenicline).
- Educate employees on combining NRT with behavioral therapy for the best results for their patients.

The rates at which the general population achieves tobacco abstinence using counseling combined with pharmacotherapy range from 11% to 30%.²⁷ Counseling combined with pharmacotherapy is more successful than pharmacotherapy alone,²⁸ and thus combination therapy is recommended in the general population.²⁹ In some cases, combined treatments can achieve success rates as high as 65%.²⁸ Because of this, your OTP may wish to consider several ways to provide on-site counseling support for patients who are trying to quit tobacco use. For example:

Facilitate On-Site Tobacco Cessation Classes.

- Offer weekly or monthly classes that guide patients through the quit process, covering topics like coping strategies, stress management, and relapse prevention.
- Provide childcare services or transportation assistance to increase attendance.
- Collect and get permission to share successful quit stories from OTP patients (or employees) to inspire others.

Encourage Peer Support.

Peer support can be a powerful motivator for people attempting to quit tobacco. Patients who have successfully quit can provide first-hand encouragement and practical advice. Ways to integrate this into your OTP include:

- Establish peer-led support groups where patients can share their experiences and challenges.
- Train former tobacco users as peer mentors, offering one-on-one support to current patients.
- Celebrate quit milestones with recognition events or certificates, reinforcing positive behaviors.

The Importance of Over-the-Counter NRT

In our prior work with OTPs, we either provided a “starter kit” of NRT to our participating OTPs⁶ or connected them with the MD Anderson Quitline that provided both counseling and NRT. There are pros and cons to either approach. For example, providing NRT on site reduces major barriers to its use (i.e., driving to the store to get it) and allows the patient to start a quit attempt immediately if the motivation and desire is present. When provided on site, OTP providers have been surprised at the patient interest

in NRT and the speed of uptake. However, the use of a “starter kit” means that the OTP needs to find monies for its continued purchase and use (e.g., [grants](#)) or arrange for its inclusion in their annual budgets. That may be difficult for some OTPs. The good news is that the Texas Tobacco Quitline has recently begun to offer 2 forms of NRT along with counseling to their enrolled patients, so this is a great option for OTPs!

NRT is a critical component of tobacco cessation in OTPs. People with OUD often have higher levels of nicotine dependence, making it more difficult for them to quit smoking compared to the general population.³⁰ Pharmacological support, such as NRT, significantly improves quit success rates when combined with behavioral interventions.¹

This section outlines best practices for implementing NRT effectively in OTPs, ensuring that patients receive the support they need to quit tobacco while undergoing OUD recovery. This is relevant to those OTPs that can make NRT available on site.

Ensure Availability of Various NRT Options.

- OTPs should offer multiple NRT options to allow patients to choose what works best for them, including:
 - Nicotine patches (provides steady nicotine release throughout the day).
 - Nicotine gum (useful for managing cravings in real-time).
 - Nicotine lozenges (similar to gum, but more discreet. It’s a good option for patients with dental problems).

- Combining different forms of NRT (e.g., patches + gum/lozenges) increases quit rates compared to using just one method.^{31,32}
 - This is because the patch provides long-acting effects, whereas the gum and lozenge provide short-term effects. To mimic how smoking affects patients, it is best to have something long-acting and use something short-acting multiple times a day when the urge to smoke arises.

Train Employees on the Proper Administration and Monitoring of NRT.

- OTP employees should be trained in:
 - Correct dosing based on nicotine dependence levels.
 - Potential side effects and contraindications (e.g., for patients with cardiovascular conditions).
 - Recognizing signs of nicotine toxicity and managing adverse effects.
 - Be aware of potential adverse interactions between drugs and tobacco smoke (see [Drug Interactions with Tobacco Smoke](#))
- Providers should be comfortable adjusting NRT dosage to meet patient needs.
- Remember: NRT delivers clean nicotine – in other words, nicotine without the toxic chemicals present in tobacco products – in steady doses and without toxic products.
 - Watch the brief videos about evidence-based medications for tobacco users and their side effects that we have on [our website](#); recommend them to patients too.



Develop Clear Guidelines for Distributing NRT to Patients and Employees.

- OTPs should establish standardized protocols to ensure:
 - All tobacco users are assessed for NRT eligibility if they are interested in making a tobacco use quit attempt.
 - NRT is given based on the patient's tobacco use (most commonly, smoking) patterns and level of nicotine dependence.
 - Consistent documentation of NRT use in patient treatment plans.
- Patient record-keeping systems (including EHRs) should include NRT distribution prompts for tobacco users, if possible and if the intention is to make NRT available for the long-term.
- OTPs should implement a tracking procedure for NRT distribution to maintain a steady supply. Tracking inventory helps employees know how much NRT is on hand and when to reorder. Reordering at the right time ensures patients and employees have consistent access without interruption.

Monitor Patient Progress and Adjust NRT Recommendations as Needed.

- Regular patient follow-ups are essential to assess:
 - NRT effectiveness in reducing withdrawal symptoms.
 - Patient adherence to the prescribed NRT regimen.
 - Need for dosage adjustments or transition to different NRT forms.
- OTPs should implement a structured follow-up plan at, for example, 2 weeks, 1 month, and 3 months post-NRT initiation to determine long-term success.

- NRT use can continue well beyond 3 months if the patient finds it helpful.

Handle Barriers to NRT Use as They Arise.

Despite its effectiveness, several challenges hinder proper NRT integration into OTPs. Addressing these barriers is essential for sustaining a strong tobacco treatment program. Below are some suggestions for how to address some common barriers to NRT use:

Barrier: Lack of provider engagement in recommending or distributing NRT

- **Solution:** Train employees on NRT safety and effectiveness for people in opioid recovery.

Barrier: Patient hesitancy and low adherence to NRT

- **Solution:** Educate patients on:
 - How NRT can reduce withdrawal symptoms without reinforcing addiction.
 - The difference between NRT and other nicotine products (e.g., cigarettes, vapes).
 - The importance of combining NRT with behavioral counseling for best results.
 - The availability of free NRT through the Texas Tobacco Quitline, which also provides counseling and follow-up support to encourage adherence.

Barrier: Concerns about dual dependence on nicotine and opioids

- **Solution:** Use a step-down approach, where patients gradually reduce nicotine intake while stabilizing opioid recovery.

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D. SUSTAINABILITY PLANNING

KEY INSIGHTS

To ensure long-term success and maintain a tobacco-free culture within Opioid Treatment Programs (OTPs), organizations should consider the following strategies for sustainment. These strategies focus on building internal expertise, embedding tobacco-free practices into routine care, strengthening support networks, securing resources, and continuously reinforcing policy adherence.

Implementing a Train-the-Trainer model and supporting employees through Tobacco Treatment Specialist (TTS) training can sustain in-house expertise and standardize practices. Embedding tobacco screening, Nicotine Replacement Therapy (NRT) distribution, and Electronic Health Record (EHR) prompts into clinical workflows keeps cessation support consistent. Grants, partnerships, and insurance reimbursement help ensure long-term NRT availability, while peer support groups encourage ongoing quit attempts. Regular trainings and policy reminders reinforce a culture of wellness and accountability.



Sustainment of Expertise

A mechanism for continuing education is important and can entail a [Train-the-Trainer Program](#), enhancing awareness of and access to additional trainings provided for free nationally that often include the ability to earn continuing education credits, and participation in a learning collaborative like MD Anderson's Project TEACH ECHO.³³

Train select OTP providers in Tobacco Treatment Specialist (TTS) programs to sustain long-term, in-house NRT expertise. Providers who complete a TTS training program can train new hires and educate patients more effectively.

Finally, the OTP should implement a Train-the-Trainer model for sustainment of their tobacco-free workplace efforts. Using this model, providers who attended TTS training can use their in-depth knowledge gained to:

- Educate new hires and existing personnel on tobacco cessation interventions.
- Act as peer mentors for other employees members.
- Help standardize best practices across multiple OTP locations.

Plan for the Future

To ensure long-term success, OTPs must embed NRT into routine care.

- Update clinical workflows to ensure that tobacco screening and NRT assessments are conducted at every patient visit.

- Integrate EHR reminders prompting providers to discuss and recommend/distribute NRT.

Incorporate Peer Support for NRT Adherence

Encourage peer-led tobacco cessation groups to help patients navigate challenges. Patients who engage in peer-supported quit attempts are more likely to stay tobacco-free.³⁴

Secure Funding and Partnerships for Ongoing NRT Availability

- Identify and apply for [grants](#) from organizations focused on public health, tobacco cessation, and substance use treatment that can be solicited for NRT funds.
- Work with state health departments, non-profits, and insurers to obtain continued financial support for NRT.
- Establish insurance reimbursement options to cover NRT costs for patients who qualify.

Continuous Policy Awareness and Enforcement

Methods to sustain the policy changes can include:

- Ensure that new employees are informed of the benefits of a completely tobacco-free workplace and that your policy is readily available for new employees to review.
- Remind current employees about the policy during your annual training period.
- Provide employees with periodic trainings on how to gently enforce the policy.

How Can I Learn More?

For more information, see:

[Appendix K: Resources for Sustainability for Grant Opportunities](#)

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E. MEASURING SUCCESS

KEY INSIGHTS

Evaluating the impact of tobacco-free workplace programs in Opioid Treatment Programs (OTPs) is vital for ensuring long-term success and continuous improvement. A strong evaluation framework allows administrators and providers to monitor progress, measure outcomes, and adapt strategies to better serve both patients and employees.

Tracking provider engagement, patient screening, treatment delivery, and policy adherence creates a feedback loop that informs decision-making and resource allocation. Paired with proactive sustainment planning, evaluation efforts help embed tobacco cessation into the fabric of OTP operations.

Effective evaluation and planning can:

- Improve long-term quit rates among patients and employees
- Promote consistent enforcement of tobacco-free policies
- Maintain access to evidence-based cessation tools and training
- Support full integration of tobacco treatment within OTP services

By embedding evaluation into program planning, OTPs can ensure their efforts remain impactful, scalable, and aligned with recovery-centered care.

Review Policy Adherence and Enforcement

- Conduct regular compliance audits to evaluate:
 - Whether employees and patients are following the tobacco-free policy.
 - Incidents of policy violations and corrective actions taken.
 - Feedback from employees and patients on policy effectiveness.
- Collect qualitative feedback through employee surveys and group interviews to assess barriers to adherence and areas for improvement.

Integrate Tobacco Cessation into Routine OTP Services

- Make tobacco screening and treatment a standard part of Opioid Use Disorder (OUD) care by:
 - Embedding cessation interventions into patient treatment plans.
 - Utilizing Electronic Health Record (EHR) prompts to ensure tobacco use is addressed at every visit.
 - Encouraging providers to continue the 5A's interventions as a routine practice.

Track Tobacco Use Assessments and Screenings

- Develop standardized tobacco use screening forms for all patients. Implementing consistent documentation ensures that all patients are assessed for tobacco use upon intake and throughout their treatment.

- When possible, incorporate tobacco use assessments into EHRs. This integration allows for seamless data collection and monitoring, ensuring that cessation efforts are properly recorded and evaluated.

Track and Report Provider Adherence to the 5A's Model

- Regular monitoring and auditing of provider interactions can assess whether the 5A's are consistently applied by providers in the setting.
- Consider providing feedback to each provider on their screening and intervention delivery rates as a mechanism for improvement.
- Consider offering friendly competitions for employees to improve their metrics (e.g., a pizza party, a small denomination gift card, a certificate or other recognition).
- Monitor the number of providers integrating the 5A's into patient care.
- Be attentive to changes in provider confidence and intervention delivery over time.
 - When rates slow, consider implementing a booster training for providers.



Measure Patient Participation and Outcomes in Tobacco Cessation Programs

- Establish benchmarks for cessation intervention success.
 - Setting measurable goals, such as the percentage of patients receiving counseling or using NRT, helps track the effectiveness of the program.
- Conduct periodic audits to ensure compliance with documentation procedures.
 - Regularly reviewing records ensures that screenings and interventions are being performed as intended.
- OTPs should track:
 - The number and percentage of patients who are identified as tobacco users.
 - The number and percentage of patients who use tobacco who are:
 - Enrolling in tobacco cessation services on-site, as applicable.
 - Receiving referrals for tobacco cessation services off-site, as applicable.
 - Quit attempts made during treatment including:
 - Pharmacotherapy options tried.
 - Lessons learned through behavioral counseling.
 - The racial/ethnic and sex equitability of identification as a tobacco user, being offered on-site and off-site services, enrollment/participation in tobacco cessation services, and outcomes of those services.
 - Make sure that no group is systematically being left out of any of the above.

- If it seems like there is a group not benefiting from procedures in place, consider additional training on working with that special group on treating tobacco dependence. Our program website has many videos about working with special groups that can be viewed by providers.

Pay attention to patterns over time, especially those that are not logically explainable. Consider measures that can be implemented to ensure equitable access to screening and treatment for tobacco use.

Conduct Follow-Up Assessments to Monitor Long-Term Outcomes

- Define success benchmarks, such as:
 - A reduction in overall tobacco use rates among OTP patients.
 - Sustained quit attempts over time.
 - Decreased nicotine dependence scores in follow-up tobacco use assessments.
- Implement EHR tracking systems to capture long-term quit rates and relapse trends.
- OTPs should provide ongoing behavioral support to reinforce cessation. Continued support post-treatment is critical to preventing lapses and relapse, so remind providers to include this into their treatment plans.
- Encourage employees and patient to submit “success stories” that can be used to encourage others in their quit journey.



Regularly Evaluate and Adjust Program Strategies

- Sustainment requires continuous improvement. OTPs should:
 - Conduct annual program reviews to assess effectiveness, challenges, and new opportunities.
 - Adjust cessation strategies based on patient and employee feedback.
 - Stay updated on new tobacco treatment research and emerging best practices.
 - [Contact us](#) and we will send training opportunities right to your inbox every two weeks!

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OUTPACE TOBACCO RESOURCES

Please see our website overall and our dedicated Opioid Treatment Program (OTP) resources subpage at the following links:

- Website: takingtexasobaccofree.com.
- Opioid resource page: takingtexasobaccofree.com/opioid-treatment-resources.

Resources Available on Our Website

Employee Training Materials

The following resources are available to support OTP employee education and policy implementation within OTPs:

- Downloadable presentation slides.
- Interactive learning modules.
- Educational videos.
- Provider assessment tools.

OTP employees can also access asynchronous video trainings and corresponding slide decks, which cover:

- Tobacco use and Opioid Use Disorder (OUD).
- Evidence-based treatments for tobacco dependence.
- Integration of cessation into clinic workflow.
- Strategies for communicating tobacco-free policies.

To access these materials directly, visit: takingtexasobaccofree.com/trainings.

Patient Education Resources

- Handouts and fact sheets.
- Video resources.

Please reach out to us if you have any trouble accessing our website, at: TakingTexasTobaccoFree@gmail.com.

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VI. FREQUENTLY ASKED QUESTIONS

1. Does the implementation of a tobacco-free workplace policy impact patient retention or engagement?

The implementation of a tobacco-free workplace policy does not appear to significantly impact patient retention or engagement, as supported by several studies³⁵ and our own experience. To minimize the risk of losing patients, it is important to communicate clearly that the Opioid Treatment Program (OTP) is adopting a tobacco-free policy to create a healthier environment for everyone by reducing secondhand and thirdhand smoke exposure. Emphasize that the policy does not require anyone to quit tobacco, but the use of tobacco will not be allowed on the premises. Additionally, it is essential to highlight the availability of tobacco cessation resources at your center to support patients who wish to quit.

2. Are there any contraindications or potential interactions between Nicotine Replacement Therapy (NRT) and the medications prescribed for Opioid Use Disorder (OUD) (e.g., methadone, buprenorphine)?

There are no contraindications between NRT, and medications prescribed for OUD, such as methadone or buprenorphine. Nicotine addiction and opioid addiction are often interrelated.^{17,20,36-39} Patients who address both their tobacco and non-nicotine substance addictions simultaneously have been found to be 25% more likely to sustain their recovery compared to those who only focus on one addiction.¹ Therefore, it is encouraged to treat both addictions as part of a comprehensive recovery approach.



3. How can we ensure that tobacco cessation support is implemented in a way that minimizes patients' stress and does not interfere with opioid recovery?

To ensure tobacco cessation support minimizes patients' stress and does not interfere with opioid recovery, providers should emphasize the positive benefits of quitting tobacco as a step toward overall well-being, rather than framing it as an additional stressor. It is important to make tobacco cessation services as accessible as possible for patients, such as directly referring them to the Texas Tobacco Quitline, rather than requiring them to initiate contact themselves.

Frequent check-ins with patients, especially early in the cessation process, are crucial, as quitting tobacco can be a triggering and stressful experience, particularly for those in opioid recovery. Given that tobacco cessation often requires multiple attempts, it is vital to create a supportive environment where patients feel encouraged, not pressured.

Additionally, educating employees about tobacco cessation resources, including medications like NRT, can be beneficial, even if the center does not directly distribute NRT. This helps employees confidently guide patients through any challenges they may encounter.

4. Some of our employees use tobacco themselves. How can we secure employees support for implementing this program?

To secure employees support for implementing a tobacco-free program, it is important to emphasize that the goal is not to force anyone to quit, but to create a safe, tobacco-free environment for all employees, especially non-tobacco users. Engaging employees in the process is key; involve them early by providing a clear timeline and outlining the steps

the center will take to implement the program. Additionally, ensure that tobacco cessation resources are available to employees who wish to quit, offering support throughout the transition.

5. Should we recommend vaping as a harm reduction strategy for patients who are attempting to quit smoking?

While evidence suggests that vaping may be less harmful than traditional combustible cigarettes, it is still not a risk-free alternative.^{20,40} Vapes contain toxic substances and are not FDA-approved tobacco cessation products. There are proven, evidence-based options available, including over-the-counter and prescribed medications, that are safer and more effective for smoking cessation.

6. Is it possible to set up direct referrals to the Texas Tobacco Quitline? How do we integrate this functionality into our EHR system?

There are a few methods to directly refer patients to the Texas Tobacco Quitline:



Fax



Texas Quitline App



Online Referral Portal

For more information about these three methods, please visit the Quitline [referrals page](#). [Appendix L](#) provides a snapshot of the Texas Quitline App.

While the fax, app, and online portal methods provide direct referrals (meaning that the Quitline will contact the patient to begin the program), they are not integrated into Electronic Health Records (EHRs). Integration of a referral mechanism directly into the EHR is the best method of referral because it is often the least cumbersome.

EHR Integration: To integrate this functionality into your EHR system, providers can use the [eTobacco Protocol](#). This referral tool allows providers to refer patients to the Quitline directly within their EHRs.

After the referral is submitted, a Quitline coach will contact the patient within 48 hours to start the program. Providers will also receive a report once the patient is enrolled.

The [Tobacco Research and Evaluation Team](#) offers support for healthcare systems wishing to integrate the eTobacco Protocol, including technical assistance, clinical employees training, and materials to promote the referral service.

For more information about integrating the eTobacco Protocol into your EHR, email uttobacco@utexas.edu.



cessation. A physician's waiver is required for pregnant women to receive NRT.

For patients ages 13–17, a youth-focused program is available that offers up to five coaching sessions by phone, chat, or text with specially trained quit coaches. The program provides information on vaping and tobacco, along with interactive activities to help create a personalized quit plan. Teens ready to quit vaping or using tobacco can enroll online at MyLifeMyQuit.com or by texting **Start My Quit** to 36072.

7. How often can we refer patients to the Texas Tobacco Quitline?

Providers can refer patients to the Quitline as often as needed, however, patients can only enroll in the Texas Tobacco Quitline twice per year.

8. What specific services are available for pregnant/postpartum patients and patients under the age of 18 from the Texas Tobacco Quitline?

For pregnant and postpartum (up to one-year post-birth) women, the Texas Tobacco Quitline offers up to seven tailored quit coaching sessions that provide education and resources to support tobacco

9. Aside from the Texas Tobacco Quitline, what other resources can we tell our employees and patients about to support them in their quit attempts?

In addition to the Texas Tobacco Quitline, another helpful resource for patients is the **EX Program**. It is a text message-based program for people 13 and older using any tobacco products. It offers a personalized experience based on factors like age, enrollment date, quit date, and tobacco product type. To enroll, participants can text **VAPEFREEXTX** to 88709.

SmokefreeTXT is another valuable resource for people looking to quit smoking. This free 6–8-week program is available to people 18 years and older and

provides daily text messages that offer support, tips, and motivation throughout the quitting process. To enroll, people can simply text **QUIT** to 47848 or sign up online at SmokeFree.Gov.

10. Our center is located in a shared space with other businesses that are not fully tobacco-free. How can we effectively implement and enforce our tobacco-free workplace policy in this environment?

Even if your OTP is in a shared space, it is still possible to effectively implement and enforce your tobacco-free workplace policy. One approach is to clearly define a specific distance (e.g., 25 feet) around your center where tobacco use is prohibited, especially near windows and doors. Although you may face limitations with permanent signage due to the shared space, temporary signage can be an effective tool. For instance, outdoor stands and window or door decals can inform visitors, patients, and employees that your center maintains a tobacco-free policy during business hours. It is important to proactively communicate with neighboring businesses to ensure a smooth transition—preventing disruptions such as people congregating to smoke in front of other establishments. If tobacco use continues near your facility, kindly remind visitors about the policy and provide them with resources, such as information about the Texas Tobacco Quitline, to support their efforts to quit.

11. How can we get more training in how to address tobacco use with our patients?

There are several free resources available to enhance your knowledge and skills in addressing tobacco use with patients:

TTTF Training List: Taking Texas Tobacco Free (TTTF) sends out a training list twice a month, which includes free webinars and training opportunities focused on tobacco dependence treatment and its impact on communities. To subscribe to this list, email TakingTexasTobaccoFree@gmail.com.

Project TEACH ECHO: MD Anderson offers a virtual training program called Project TEACH (Tobacco Education And Cessation in Health Systems) ECHO. They host virtual trainings twice a month on Tuesdays from 12 pm to 1 pm CT, covering a variety of topics like Motivational Interviewing (MI), tobacco cessation, substance use, relapse prevention, and more. To join the listserv and receive the training link, email Echo-Tobacco@MDAnderson.org.

Maine Health Center for Tobacco Independence (CTI): CTI offers free virtual trainings on tobacco treatment, prevention, and policy change. Their live and recorded webinars allow providers to earn continuing education credits. You can access and register for these webinars on their website at ctimaine.org.

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VII.

APPENDICES



APPENDIX A - USING THE 5A'S

USING THE 5A'S

ASK • ADVISE • ASSESS • ASSIST • ARRANGE

PATIENT NAME

ASK about current tobacco use

- Ask every patient, at every visit, about their tobacco use.

DATE OF BIRTH

FOR EXAMPLE

- "Do you use any tobacco or electronic nicotine delivery products, even once in a while?"
- "How would you describe your current tobacco use?"

NOTES

ADVISE them on the importance of quitting tobacco

- Advise the tobacco user to quit; explore or solicit the potential benefits of quitting.

FOR EXAMPLE

- "Quitting is one of the most important things you can do to improve your overall health."
- "You mentioned wanting to become pregnant, smoking and exposure to tobacco smoke are harmful to reproductive health."

NOTES

ASSESS willingness to make a quit attempt

- Assess their desire to quit using tobacco.

FOR EXAMPLE

- "Do you have a desire to quit smoking/vaping/other tobacco use in the next 30 days?"
- "Have you considered quitting?"

NOTES

ASSIST the quit attempt

BRIEF COUNSELING, MEDICATION/NRT, REFER TO ADDITIONAL RESOURCES

- Assist those who have a desire to quit to access treatment resources.

FOR EXAMPLE

- "I am happy you want to quit. Would you like to hear about the options to help you quit smoking/vaping/other tobacco use?"
- "You've talked about being concerned about withdrawal symptoms, would you like to talk about NRT and explore resources for a free starter kit? 1-800-QUIT-NOW offers free and confidential resources."

NOTES

ARRANGE a follow-up appointment (in person, virtual visit, or by telephone)

- Arrange a follow-up session to check in on their progress.

- "I would like to meet with you again in two weeks to discuss your progress."
- "Let's set up a time to talk about how things are going."

NOTES

APPENDIX B - USING THE 5R'S

USING THE 5R'S

RELEVANCE • RISKS • REWARDS • ROADBLOCKS • REPETITION

PATIENT NAME

RELEVANCE of their current tobacco use and reasons to stop

- Discuss their current tobacco use and why quitting is important to them.

DATE OF BIRTH

FOR EXAMPLE

- "What do you think the overall impact is to your health?"
- "I know you talked about trying to get pregnant, would you be open to discuss the effects of smoking on fertility and pregnancy?"

NOTES

RISKS of continued tobacco use

- Go over risks of continuing to use tobacco, both to the patient and others. Incorporate any personal aspects or familial history if known.

FOR EXAMPLE

- "Do you have children who may be exposed to the secondhand smoke?"
- "I remember you said you have a family history of diabetes, let's talk about how smoking affects your risk of developing diabetes."

NOTES

REWARDS of quitting tobacco

- Ask the patient to identify the benefits of tobacco cessation.

FOR EXAMPLE

- "You've had several visits this year for your asthma, can you tell me how quitting smoking might help your asthma symptoms?"
- "How much do you typically spend on cigarettes each week/month? I wonder what else you might spend that money on?"

NOTES

ROADBLOCKS to a successful quit attempt

NEED COUNSELING REFERRAL? MEDICATION OR NRT?
ANY ADDITIONAL RESOURCES?

- Explore the barriers to cessation and provide support/resources as appropriate.

FOR EXAMPLE

- "You've talked about being concerned about withdrawal symptoms, would you like to talk about nicotine replacement therapy?"
- "I know you said money has been tight lately, let's explore resources for a free starter kit. 1-800-QUIT-NOW offers free and confidential resources."

NOTES

REPETITION of all 5R's in each contact with currently unmotivated tobacco users

- Include aspects of the 5 R's in each clinical contact with currently unmotivated patients.

- Patients with a failed quit attempt should be advised that **most people make multiple quit attempts before they are successful.**
- Plan to follow-up to repeat these steps (in person, virtual visit, or by telephone).

NOTES

APPENDIX C - TOBACCO CESSATION TREATMENT RESOURCE NOTIFICATIONS

TRYING TO QUIT TOBACCO?

As an NTACE patient, you get **FREE** help to quit tobacco through the Texas Tobacco Quitline. This includes:

- Up to 5 counseling sessions
- Up to 8 weeks of dual nicotine replacement therapy

Plus, you can do this twice a year.

ASK YOUR COUNSELOR OR AN NTACE STAFF MEMBER TO LEARN MORE!




For more information, scan the QR code with your phone.

INTERESTED IN QUITTING TOBACCO?

As an NTACE patient, you get **FREE** help to quit tobacco through the Texas Tobacco Quitline. This includes:

- Up to 5 quit coaching sessions
- Up to 8 weeks of dual nicotine replacement therapy

Plus, you can do this twice a year.

Ask your counselor or an NTACE staff member to learn more!




For more information, scan the QR code with your phone.

These are examples of materials that can be displayed in poster form in the waiting room and patient rooms, on a television screen in the waiting room, or as a screen saver on a computer.



Some may even be printed as “palm cards” or business card sized material for easy and discrete access and storage. Finally, consider if magnets would work for your OTP as you can have them custom made as well!



APPENDIX D - QUITLINE SERVICE EDUCATION TO EMPLOYEES



The Texas Tobacco Quitline offers free tobacco cessation services!

Who is eligible for the Texas Tobacco Quitline?

You may be eligible to receive tobacco treatment services if you are:

- 13 years or older and
- Interested in beginning a tobacco-free lifestyle

What services can I receive from the Texas Tobacco Quitline?

The Texas Tobacco Quitline offers high quality services to help you quit tobacco. You can use the Texas Tobacco Quitline twice a year and there is no waiting period required between each time.

Quitline you receive the following services: Each time you use the Texas Tobacco

- Up to 5 sessions of comprehensive counseling around quitting tobacco.
- Up to 8 weeks of dual Nicotine Replacement Therapy (NRT) — this means nicotine patches and lozenges, or gum is sent directly to your home.
 - If you are pregnant, you can receive up to 7 sessions of comprehensive tobacco cessation counseling, but no patches, lozenges or gum will be provided unless you have a physician's waiver.
- Support with setting a quit date, preventing relapse, managing stress, and more.
- Text messages to keep you motivated to quit.

Who will I talk to at the Texas Tobacco Quitline?

Your counselor will be a tobacco treatment specialist with expert knowledge on how to help you quit tobacco.


How do I start my journey with the Texas Tobacco Quitline?

You can enroll online at yesquit.org or call the Quitline directly at 1-877-YES-QUIT (877-937-7848).

After you enroll, a Texas Tobacco Quitline Quit Coach should contact you.

APPENDIX E - PRINT MATERIALS FOR PATIENTS


Note: The following are select materials provided as examples. To explore additional resources, please visit [our website](#) that has resources available in English, Spanish, Vietnamese, Chinese and other languages.



**Opioid use,
smoking and pain:
What to know**

Start your smoke-free journey today.
Call your state quitline
at 800-QUIT-NOW (784-8669).

THE UNIVERSITY OF TEXAS
MDAnderson
Cancer Center
Making Cancer History®


CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

How is smoking associated with long-term pain?

Smoking increases the sensitivity of areas in the brain responsible for feeling pain.

- People who smoke use more pain-relieving medicine like opioids because nicotine causes greater sensitivity to pain.
- People who smoke may experience different pain thresholds and responses to pain treatment, putting them at risk for opioid addiction.
- 50% of patients looking for pain-related treatment smoke cigarettes.
- People who smoke or used to smoke are more likely to have lower back pain.
- People who smoke are 1.5 times more likely to report headaches.
- Smoking is associated with a 30% greater chance for tooth pain, mouth sores and oral pain.



Smoking and opioid use: it goes both ways.

- People with opioid use disorders are more likely to smoke.
- Tobacco use is a strong predictor of prescription opioid misuse.

¿Embarazada y usando opioides y tabaco?

¿Sabía que...?

Las mujeres con problemas por uso de opioides que fuman durante el embarazo también tienen lo siguiente:

- Aumento de una complicación grave del embarazo que puede hacer que el bebé no reciba los nutrientes y oxígeno
- Parto prematuro
- Bajo peso al nacer
- Parto de un feto muerto

Otros riesgos comunes en niños de madres con problemas de consumo de tabaco y opioides son:

- Problemas de conexión entre la madre y el bebé
- Mayor riesgo de síndrome de muerte súbita del bebé
- Desarrollo de problemas emocionales y de comportamiento
- Mayor riesgo de desarrollar problemas de consumo de tabaco y otras sustancias en el futuro
- Mayor riesgo de que los bebés nazcan con síndrome de abstinencia neonatal si las mujeres embarazadas fuman mientras reciben tratamiento asistido con medicación para el consumo de opioides
 - El síndrome de abstinencia neonatal significa que el bebé sufre dependencia a los opioides y puede necesitar hospitalización más largas o tratamiento intensivos neonatales.

Dejar el tabaco es una de las mejores cosas que puede hacer para proteger su salud y la de su bebé.

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INSTITUTE OF TEXAS



El tratamiento conjunto de los problemas por uso de tabaco y opioides favorece una recuperación exitosa de los opioides.

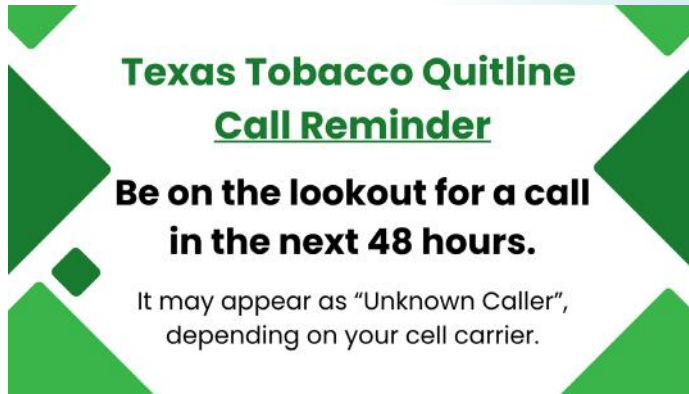
- Dejar de fumar está relacionado con una recuperación más larga del uso de opioides.
- Dejar de fumar reduce el estrés y la ansiedad y aumenta el bienestar físico, lo que favorece la recuperación del uso de opioides.

Obtenga ayuda para dejar el tabaco hoy mismo. La mejor manera de dejarlo es con medicamentos y terapia.

Cómo conseguir ayuda:

- Llame al 1-800-784-8669 (QUIT-NOW) para obtener ayuda gratuita de la línea telefónica para dejar de fumar de su estado.
- Envíe QUIT al 47848 para participar en un programa de mensajes de texto para mantenerse libre del tabaco.
- Visite [Women.SmokeFree.Gov](https://www.women.smokefree.gov) para obtener más recursos para mujeres.

Esta bibliografía se ha elaborado con el apoyo del Cancer Prevention & Research Institute of Texas (Instituto de Investigación y Prevención del Cáncer de Texas).



This reminder card supports patient follow-through after a referral to the Texas Tobacco Quitline. It alerts patients to expect a call within 48 hours, which may appear as “Unknown Caller.” This helps reduce missed connections.

**Your healthcare provider
is here to support your
tobacco-free journey.**



For immediate connection to
the Texas Tobacco Quitline,
call 1-877-**YES-QUIT** (**937-7848**).
Available 24/7.

The card also provides the Quitline’s contact information (1-877-YES-QUIT / 937-7848), reinforcing 24/7 access to support and the provider’s role in the patient’s quit journey. It can be handed out after referrals, included in quit kits, or displayed in waiting areas to increase engagement with cessation services.

Estoy preparado para vivir una
vida más sana sin opioides ni tabaco.
¿Te unes a mí?



Tu consejero puede ayudarte.
Pregúntale sobre tus opciones o llama al
1-855-DÉJELO-YA (1-855-335-3569).



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS



Estoy preparado para
dejar los opioides y el
tabaco para siempre.
¿Es tu momento también?

*Stock Image

Tu consejero puede ayudarte. Pregúntale sobre tus opciones
o llama al 1-855-DÉJELO-YA (1-855-335-3569).



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS



Quitting smoking
helped me recover
from opioid use.

*Stock Image

Your counselor can help. Ask them about your options
or call 1-800-QUIT-NOW.



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

I'm taking steps to stop using opioids.
It's time to stop smoking too.



*Stock Image

Your counselor can help. Ask them about
your options or call 1-800-QUIT-NOW.



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

APPENDIX F - EXTERNAL TREATMENT RESOURCES

Telephone Quitlines

Employed by counselors who provide helpful information, advice, and support.

- Quitlines offer tobacco cessation services delivered by trained counselors who provide helpful information, advice, and support.
- Quitline services and hours vary by state (see: naquitline.org/page/quitlineprofiles).
- U.S. callers can be connected with their state quitline by calling one of the numbers below:
 - **1-800-QUIT-NOW** (1-800-784-8669) -English
 - **1-800-DEJLO-YA** (1-800-335-3569) -Spanish

Texas Tobacco Quitline

- The **Texas Tobacco Quitline (TTQL)**, operated by the Texas Department of State Health Services, offers free and confidential support to individuals looking to quit tobacco. Services are available via phone and online, and include personalized counseling, resources, and access to Nicotine Replacement Therapy (NRT).
 - Free coaching and counseling from trained tobacco treatment specialists.
 - Up to 5 sessions of counseling and 8 weeks of dual NRT (e.g., patch + gum or lozenges).
 - Tailored support for pregnant/postpartum individuals, youth, those who use menthol tobacco products, and more.
 - Services available in 100+ languages, with support for individuals who are deaf or hard of hearing.
 - Professional coaches receive 200+ hours of training to tailor quit plans based on each person's lifestyle and needs.

Website: yesquit.org.

- Phone number: 1-877-YES-QUIT (1-877-937-7848).
- For help connecting patients to the Texas Tobacco Quitline's services.
 - Call 1-512-232-4166 for direct referral support through the eTobacco Protocol team.
 - Visit the Texas Tobacco Quitline [referrals page](#) to learn about different referral methods.

National Quitlines

- **1-877-44U-QUIT (1-877-448-7848)** – The National Cancer Institute Quitline provides information on how to quit (in both English and Spanish). Services are available Monday through Friday, 8:00 a.m. to 8:00 p.m. (Eastern). Services for the hearing impaired are available at **1-800-332-8615**.
- **1-855-QUIT-VET (1-855-784-8838)** – Quitline for veterans receiving health care through U.S. Department of Veteran Affairs (VA). Monday through Friday, 8:00 a.m. to 10:00 p.m. (Eastern). The quitline is closed on Federal holidays.

Asian Smokers' Quitline (California Residents Only)

- **1-800-383-8917** (Chinese)
- **1-800-556-5564** (Korean)
- **1-800-778-8440** (Vietnamese)

EX Program

The EX Program offers a personalized, digital quit plan designed for all tobacco users, including those using menthol products, e-cigarettes, or multiple forms of tobacco. Users receive support based on their quit history, tobacco use type, and individual needs.

- Custom quit plans and interactive tools.
- Access to educational videos and expert guidance.
- Receive motivational text messages tailored to their quit journey, including reminders, tips, and encouragement.
- 24/7 online peer support community.
- Spanish-language support available.
- Evidence-based strategies developed in collaboration with Mayo Clinic.
- Available to individuals ages 13 and older.

Website: exprogram.com

To enroll:

- Text **EXPROGRAM** to **88709** for national access.
- Text **VAPEFREETX** to **88709** if located in Texas.

SmokeFree.Gov

- **Smokefree.gov** (smokefree.gov) – The National Cancer Institute provides free information and professional help to people trying to quit smoking, designed to help you quit and stay quit (smokefree.gov/free-resources).

Tailored text messaging services:

- **SmokefreeTXT** (smokefree.gov) – Provides 24/7 encouragement, advice and tips to help you quit and stay quit.
- **SmokefreeMOM** (smokefreemom) – Provides 24/7 encouragement, advice and tips to help pregnant women quit and stay quit.
- **SmokefreeVET** (veterans.smokefree.gov) – Provides 24/7 encouragement, advice and tips to help veterans quit and stay quit.

Tailored websites:

- **Smokefree Teen** (teen.smokefree.gov)
- **Smokefree Women** (women.smokefree.gov)
- **Smokefree Vet** (veterans.smokefree.gov)

Smartphone app:

- Smokefree.gov offers **QuitSTART App** – (smokefree.gov/quitstart), a free mobile app that helps users understand their smoking patterns, manage cravings, and stay smoke-free. Users can track cravings by time and location and receive motivational messages tailored to their quit journey.

Tools available in Spanish:

- **SmokefreeTXT en español:** (espanol.smokefree.gov/smokefreeTXT)
¿Para quién es este programa? Para adultos en Estados Unidos que hablan español y que están listos para dejar de fumar. Este programa es ofrecido por Smokefree.gov del Instituto Nacional del Cáncer.
¿Cómo funciona? Inscríbase con el siguiente formulario o envíe un mensaje de texto con la palabra ESP al 47848. Recibirá mensajes de texto diarios para apoyarlo a dejar de fumar desde el código corto 47848 (pueden aplicar tarifas de mensajes y datos). El programa dura de 6 a 8 semanas. Puede optar por no participar en cualquier momento enviando el mensaje de texto **PARAR**.
- **SmokefreeVET en español:** (espanol.smokefree.gov/smokefreevetesp)
¿Para quién es este programa? Para adultos en Estados Unidos que hablan español y que están listos para dejar de fumar. Este programa es ofrecido por Smokefree.gov del Instituto Nacional del Cáncer y El Departamento de Asuntos de Veteranos.
¿Cómo funciona? Inscríbase con el siguiente formulario o envíe un mensaje de texto con la palabra VETESP al 47848. Recibirá mensajes de texto diarios para apoyarlo a dejar de fumar desde el código corto 47848 (pueden aplicar tarifas de mensajes y datos). El programa dura de 6 a 8 semanas. Puede optar por no participar en cualquier momento enviando el mensaje de texto **PARAR**.

Smokeless Tobacco

- **National Institutes of Health:** Smokeless Tobacco: A Guide for Quitting (nidcr.nih.gov/health) – Booklet includes reasons to quit, addresses myths about smokeless tobacco, and helps you develop a plan for quitting.
- **American Cancer Society:** Guide to Quitting Smokeless Tobacco (cancer.org) – Provides information about smokeless tobacco, reasons for quitting, and information to help you quit.
- **American Academy of Family Physicians:** Smokeless Tobacco: Tips on How to Stop (familydoctor.org/on-how-to-stop) – Provides brief tips to help you quit smokeless tobacco.
- **National Cancer Institute:** SmokefreeVET (veterans.smokefree.gov/how-to-quit) – Provides resources to help adult veterans quit smokeless tobacco.
- **University of Michigan:** Quitting Smokeless Tobacco (rogecancercenter.org/smokeless-tobacco) – Provides information on the health consequences of smokeless tobacco and resources to help quit smokeless tobacco.
- **Mayo Clinic:** Chewing Tobacco: Not a Safe Product (mayoclinic.org/in-depth/chewing-tobacco) – Provides information on the facts about chewing tobacco and other forms of smokeless tobacco.



APPENDIX G - POLICY IMPLEMENTATION TIMELINE



This visual outlines a phased, 9-month implementation process for adopting a tobacco-free workplace policy within opioid treatment programs. Each stage highlights key action items and areas of focus starting with leadership engagement and communication, followed by employee and patient education, and concluding with enforcement and sustainment. Programs can use this graphic as a quick-reference tool to stay on track, set realistic timelines, and ensure essential components (e.g., signage, training, NRT access) are in place before moving to the next phase.

APPENDIX H - TOBACCO-FREE WORKPLACE POLICY

PLEASE NOTE: This policy supersedes all agency policies referencing tobacco or smoking.

PURPOSE/ RATIONALE

It is the policy of Life's Second Chance Treatment Center (LSCTC) to prohibit smoking, or the use or sale of, any tobacco products on the LSCTC campus/workplace.

As a health care provider committed to the health and safety of employees, patients, physicians, visitors, and business associates, LSCTC is taking a leadership role on the major public health issue of tobacco use. To promote LSCTC's commitment to public health and safety and to reduce the health and safety risks to those served and employed at the workplace, all of LSCTC's facilities, campuses, and properties are tobacco-free environments as of 11/21/2024. No smoking of cigarettes, cigars, or pipes, or use of chewing tobacco, e-cigarettes in any form, or any other tobacco product will be permitted in facilities or on campuses of LSCTC on or after that date.

This policy is applicable to all employees on LSCTCS campus whether they are employees of LSCTC or other agencies, to medical employees, visitors, students, volunteers, vendors, lessees and contractors. This policy is applicable to all patients on campus/facility. A ban on tobacco use does not take away an individual's rights as there is no right to smoke or use tobacco in Texas. LSCTC does not require employees, patients, or visitors to stop using tobacco; however, it is required that people do not smoke or use other tobacco products on this organization's physical sites including during work time.

The purpose of this policy is to describe how the tobacco-free workplace requirements will be implemented and enforced.

DEFINITIONS

Option 1 Tobacco or Nicotine Delivery Products is defined as: cigarettes, pipes, pipe tobacco, tobacco substitutes (e.g., clove cigarettes), chewing tobacco, cigars, e-cigarettes.

Option 2 Tobacco or Nicotine Delivery Products is defined as: cigarettes, cigars, pipe, pipes or rolling tobacco, tobacco substitutes (e.g. clove cigarettes), chewing or spit tobacco, or any type of electronic smoking device.

Smoking is defined as: inhaling, exhaling, burning, carrying or possessing any lighted or heated tobacco product, including cigarettes, cigars, pipe tobacco, hookah, and other lighted or heated combustible plant material. Smoking also includes the use of electronic smoking devices (even if synthetic nicotine is being used).

Electronic Smoking Device is defined as: any product containing or delivering nicotine, or any other substance intended for human consumption that can be used by a person to simulate smoking through

inhalation of vapor or aerosol from the produce the product. The term includes any such device, whether manufactured, distributed, marketed, or sold as an e-cigarette, e-cigar, e- pipe, e-hookah, vape pen, nicotine inhaler, or under any other product name or descriptor.

Tobacco Paraphernalia is defined as: cigarette papers or wrappers, pipes, holders of smoking materials of all types, cigarette rolling machines, and any other item designed for the smoking, preparation, storing, or consumption of tobacco products.

Nicotine Replacement Products/ Nicotine Replacement Therapy (NRT) is defined as: treatment that uses special products to give various doses of nicotine to help stop cravings and relieve withdrawal symptoms that occur when a person is trying to stop use of tobacco products. These products include nicotine gum, nicotine lozenges, nicotine patch, nicotine inhaler, and nicotine nasal spray.

Campus/Workplace is defined as: facilities or properties including but not limited to patient care buildings, clinics, facilities, office buildings, parking lots, (name)-owned vehicles, or property leased or rented out to other entities. This policy applies regardless of whether a (name) facility or property is owned and whether or not the other tenants follow similar guidelines. Employees and patients at off-site patient activities shall not use tobacco products.

Premises is defined as: all of (name) owned and leased buildings and grounds, parking lots and ramps, organization-owned vehicles, and private vehicles parked on organization property.

ACCOUNTABILITY

It is the responsibility of all employees/members to enforce LSCTC tobacco-free environment policy by encouraging their colleagues, patients, visitors, and others to comply with the policy. Supervisors are responsible for implementing and enforcing LSCTC's tobacco-free environment policy. The community, employees, patients and visitors will be informed of the policy through a variety of communication methods.

PROCEDURE

GENERAL POLICY PROVISIONS

1. No tobacco products or related paraphernalia such as lighters and matches shall be used, sold, or bartered anywhere on the LSCTC campus.
2. Signs declaring this campus/workplace "tobacco free" shall be posted at the LSCTC campus/workplace entrances and other conspicuous places, including areas that were previously designated as smoking areas.
3. LSCTC's employees and other employees who work on the LSCTC campus will be advised of the provisions of this policy during New Employee Orientation.

4. LSCTC will post this policy in employee common areas and in the LSCTC Policy Handbook and New Orientation Packet.

Employees, Volunteers, Physicians, Students and Contract Workers

1. Respectful enforcement of this policy is the responsibility of all of LSCTC's employees.
2. Employees, students, medical employees, volunteers, vendors, lessees, and contractors are expected to comply with this policy.
3. This policy will be explained to employees during New Employee Orientation.
4. Job announcements for all positions on the LSCTC's campus/workplace will display a notice that LSCTC has a tobacco-free work environment policy.
5. Employees are prohibited from smoking or using other tobacco products during any and all parts of their paid work shift, excluding breaks. Employees may not smoke or use other tobacco products in their private vehicles while the vehicle is on LSCTC grounds. Employees are prohibited from trespassing and/or occupying adjacent properties for reasons such as to utilize tobacco products.
6. Employees who encounter employees or visitors who are violating the tobacco policy are encouraged to politely explain the policy. For employees in violation, they are expected to report the violation to the person's supervisor, if known.
7. Employees who fail to adhere to this policy or supervisors who fail to hold their employees accountable may be subject to progressive discipline culminating in corrective or disciplinary action as defined in LSCTC's Human Resources and Employees policies.

Patients (or Clients)

1. Patients are prohibited from smoking or using tobacco on campus.
2. All patients admitted to LSCTC will be assessed for history of tobacco use and the need for interventions related to nicotine addiction, such as nicotine replacement and cessation education.
3. Patients may not possess any tobacco-related items on the campus.
4. Employees who encounter patients who are violating the tobacco policy are encouraged to politely explain the policy and report the violation to the patient's treatment team, if known.
5. Violation of this policy by patients is a treatment issue to be addressed by the treatment team.

Visitors

1. Signs will be posted at campus/workplace entrances and in selected locations inside and outside of the facility.

2. Employees who encounter a visitor who is violating the tobacco policy are encouraged to politely explain the policy to the visitor.
3. Visitors who become agitated or unruly or repeatedly refuse to comply when informed of the tobacco-free campus policy may be reported to the Program Director. The Program Director will respond to the situation as appropriate, according to their professional judgment and need to maintain a safe environment.

Support for Tobacco Cessation

1. The center is committed to supporting employees and patients who wish to quit tobacco use. Resources provided at the center will include educational material in the facility for employees and patients. In addition to, free counseling and Nicotine Replacement Therapy (NRT) through the Texas Tobacco Quitline program.

Patient cessation program procedures:

- a. Upon admission, all patients will be screened for tobacco use or during a counseling session.
- b. Patients who are identified as tobacco users will be provided with information about the health risks of tobacco use and the benefits of quitting.
- c. Patients interested in quitting, will be referred to the Texas Tobacco Quitline. The Quitline will contact patients and provide counseling and Nicotine Replacement Therapy (NRT).
- d. Participation in the tobacco cessation program is voluntary, but strongly encouraged, particularly for patients undergoing treatment for opioid addiction, as smoking can hinder recovery.

Employee cessation program procedures:

- a. Employees who use tobacco are encouraged to utilize the Texas Tobacco Quitline to gain access to free counseling and NRT.
- b. Employees can call the Texas Tobacco Quitline directly to join the program.
- c. Employees are allowed to participate in cessation programs during work hours, subject to approval from their supervisor.

Outside Groups:

Outside groups who use LSCTC's facilities for meetings will be advised of this policy. Violation of the policy will result in the rescinding of approval for the group to meet on the campus/workplace.

Guidelines for Employee Enforcement:

Violation examples	First Offense	Second Offense	Third Offense	Fourth Offense
Smoking outside on property but complies with request to stop.	The supervisor must have verifiable reports of the infractions and/or have witnessed the infraction directly.	The supervisor must have verifiable reports of the infractions and/or have witnessed the infraction directly.	The supervisor must have verifiable reports of the infractions and/or have witnessed the infraction directly.	The supervisor must have verifiable reports of the infractions and/or have witnessed the infraction directly.
Smoking outside on property and refuses to comply with policy.	Verbal intervention with employee. Review policy and perimeter of the campus, give clear expectation it is not to reoccur.	Repeat first offense interventions and document all discussion in a supervisory log.	Present the employee with a Memorandum of Expectation or a Performance Improvement Plan clearly stating the expectation and consequences if the policy is violated again.	Document the new infraction and forward with previous documentation to the appointing authority for consideration of a meeting for corrective or disciplinary action* that may affect pay, status, or tenure and possible termination.*
Smoking in personal vehicle on campus.				
Excessive absences from the workplace during assigned shift (extra breaks, longer lunch breaks, etc.).	Review any cessation education available and possible assistance with nicotine replacement and alternative therapies for difficulties with compliance while at work.	Refer also to the first verbal intervention and make the expectation clear in writing. Sign the log and have the employee sign that this was reviewed and discussed with them.	Clarify that the behavior will affect the performance rating and may result in further corrective or disciplinary action.*	
Employee's clothing smells strongly of tobacco smoke.		Again, review the assistance available to comply at work.		

Employees who witness infractions of any kind are asked to remind the person of the tobacco-free campus policy. If the offender is a client/patient, please report the offense to the treatment team, if known. If the offender is employees, please report the offense to the supervisor if known.

* Each OTP will decide the parameters of their tobacco-free workplace policy and how they would like to enforce it within their facility. The example offered above is simply one option among others that maybe adopt a more temperate approach.

APPENDIX I - TOBACCO-FREE WORKPLACE EMAIL ANNOUNCEMENT TO EMPLOYEES

Our goal is for North Texas Addiction Counseling and Education (NTACE) to lead the community in health promotion and employee wellness. As an institution dedicated to improving the lives and health of our community, we show our commitment and leadership in going Tobacco, Smoke, and Vapor Free.

Our clients, visitors, employees, students, volunteers, and vendors are all subject to this new policy and are expected to comply with it while on our property. Let's work together to improve our community well-being. The Tobacco-Free policy will go into effect **September 1, 2024**.

As a member of the NTACE family, we want to make resources available to our employees and clients that want to quit using tobacco, smoke, and/or vapor products. If you are interested in quitting the following option is available:

- Free help to quit tobacco is available through the Texas Tobacco Quitline. This service includes up to 5 counseling sessions and up to 8 weeks of dual Nicotine Replacement Therapy (NRT). In addition, you can receive these services twice a year. To obtain these services, contact the Texas Tobacco Quitline by calling **1-877-YES-QUIT (1-877-937-7848)**.
- The Texas Tobacco Quitline is available for employees to refer clients to. There will be an in-depth training on the referral process on August 16, 2024.

Thank you for your support as we make NTACE Tobacco, Smoke, and Vapor Free! We appreciate your participation!

APPENDIX J - TOBACCO-FREE WORKPLACE SIGNAGE

These are examples of hard signage for posting outside, a banner for display inside the OTP, and window clings for hanging inside an OTP that would be visible to people from the outside.





DID YOU KNOW...

- Quitting smoking increases likelihood of **long-term recovery by 25%**
- Smoking may **increase** long-term pain
- Nicotine and opioid addictions are **mutually reinforcing**
 - Become addicted to one, likely to become addicted to the other
- Tobacco use leads to **17 different types of cancer**

Breathe a sigh of relief

Talk to your counselor about how you can get free support to help you quit tobacco use.

**THIS IS A
TOBACCO-FREE CAMPUS.**

**THANK YOU
FOR YOUR COOPERATION.**



APPENDIX K - RESOURCES FOR SUSTAINABILITY: GRANT OPPORTUNITIES

Sustaining a tobacco-free workplace program often requires strategic planning around funding and resource allocation. The following guidance and resources can help Opioid Treatment Programs (OTPs) secure funding to support Nicotine Replacement Therapy (NRT), provider training, educational materials, and long-term tobacco cessation programming.

Grant Opportunities

Several federal, state, and nonprofit agencies offer grant funding that can be used to support tobacco cessation initiatives:

- **Substance Abuse and Mental Health Services Administration (SAMHSA)**

SAMHSA provides grants for substance use disorder treatment, mental health services, and integrated care—many of which can be leveraged to include tobacco cessation efforts. Visit: samhsa.gov/grants.

- **Cancer Prevention and Research Institute of Texas (CPRIT)**

In Texas, CPRIT funds community-based tobacco cessation programs through its prevention grants. OTPs may be eligible for funding to support NRT provision, employee training, and policy implementation. Visit: cprit.texas.gov.

- **Centers for Disease Control and Prevention (CDC)**

The CDC offers funding to states and communities for tobacco control through cooperative agreements and special projects. Organizations can partner with state health departments to access these resources. Visit: cdc.gov/tobacco/php/state-and-community-work.

- **Local Foundations and Health-Focused Nonprofits**

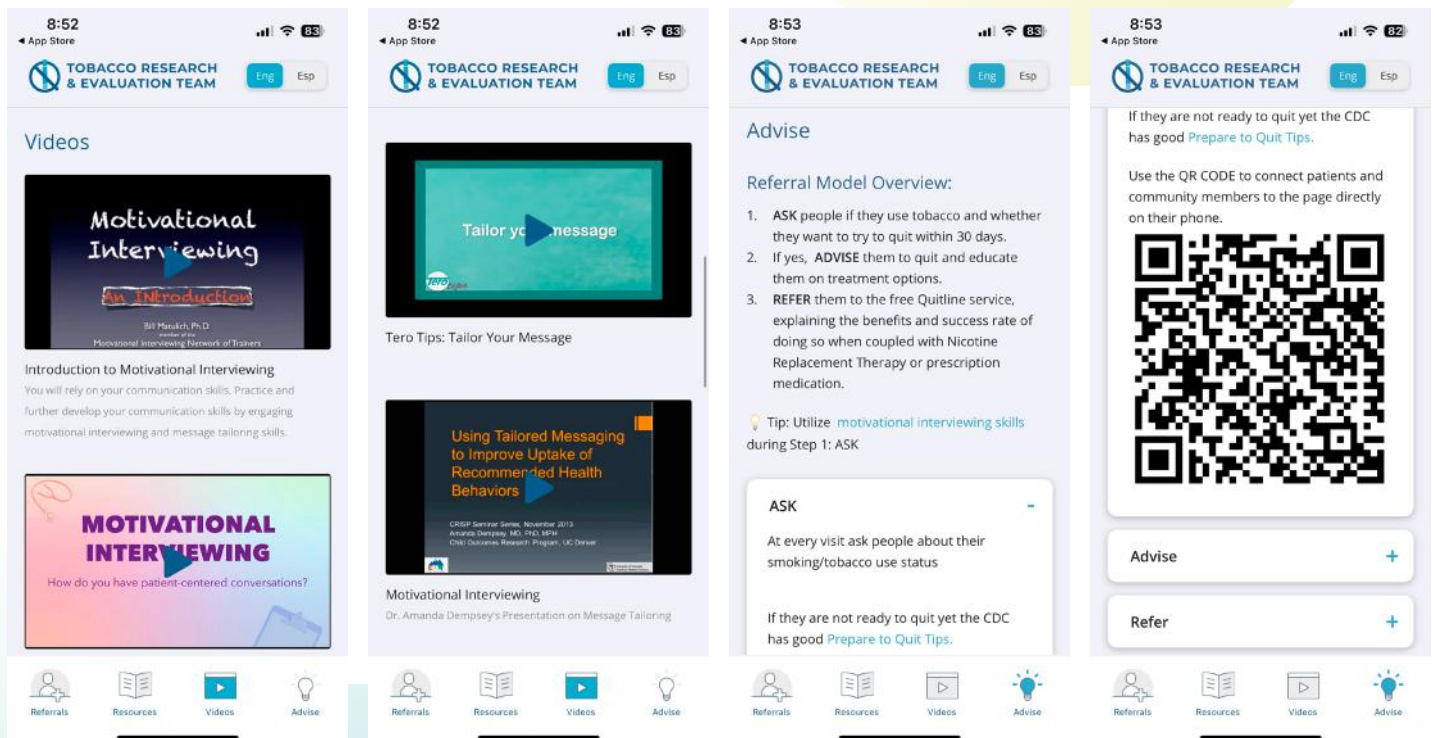
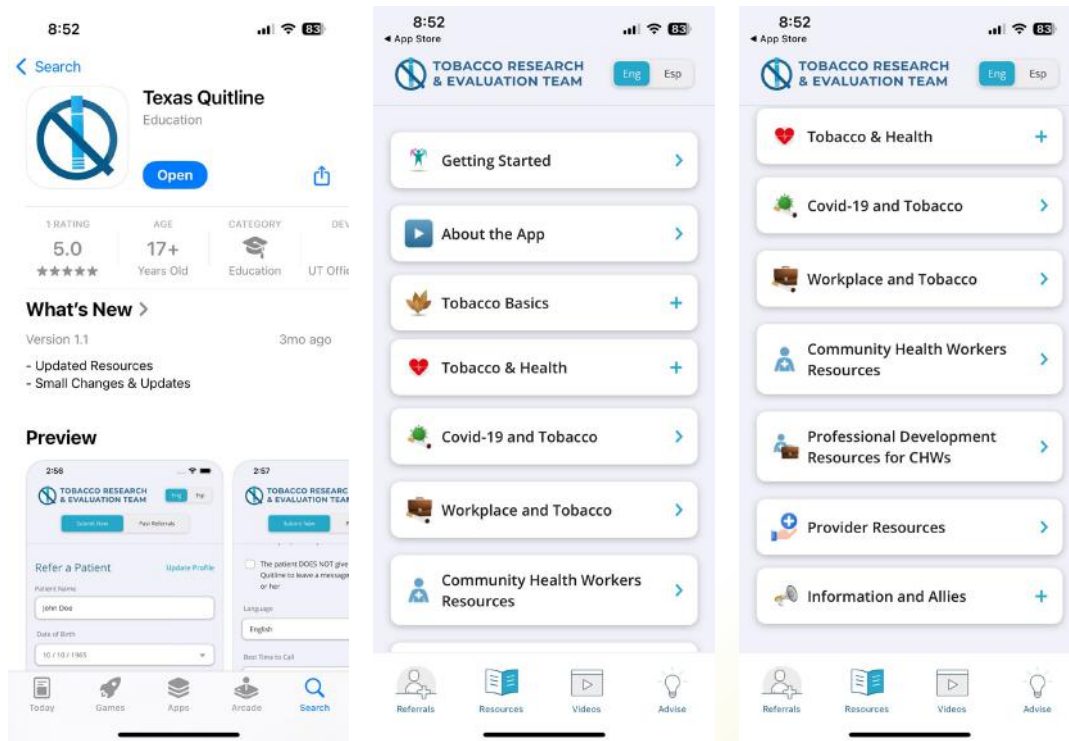
Consider reaching out to local or regional philanthropic organizations, such as hospital foundations, public health networks, and community health collaboratives. Many offer mini-grants for wellness initiatives, including cessation support.

Tips for Securing Funding

- Align proposals with your organization's goals and existing work in substance use treatment and recovery.
- Emphasize the integration of tobacco cessation as a strategy to improve overall treatment outcomes.
- Highlight the disproportionate tobacco burden among people with Opioid Use Disorder and the evidence base for concurrent cessation efforts.
- Collect program data and success stories to demonstrate need and potential impact.

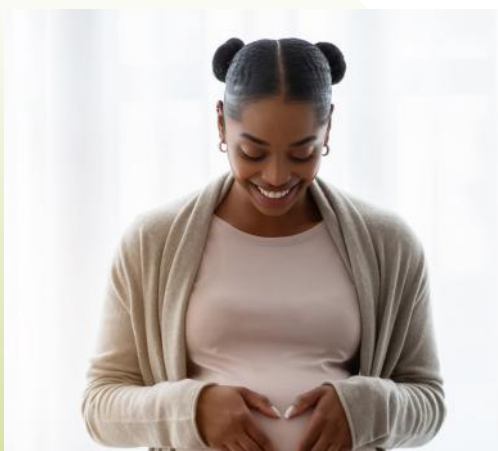
APPENDIX L - RESOURCES FOR PROVIDERS

Go to app store, search “Texas Quitline”, download app (see image)



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