PROJECT ACTION

Alliances to Combat Tobacco In Organizations Now

A Step-by-Step Guide for Tobacco-Free Workplace Program Implementation in Healthcare and Community Resource Centers Serving LGBTQ+ Communities

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INTRODUCTION AND ACKNOWLEDGEMENTS

Despite significant progress in reducing tobacco use over the past few decades, it remains the leading preventable cause of disease and death in the United States (U.S.).[1] While overall tobacco use has declined, recent data reveal that 25.1% of lesbian, gay, or bisexual individuals use tobacco compared with 18.8% of heterosexual individuals,[2] and transgender individuals face even higher rates, at 37.7%.[3] Therefore, **LGBTQ+ communities** use tobacco at disproportionately high rates and experience the related health consequences – disparities driven by a combination of social stigma, discrimination, targeted marketing by the tobacco industry, and limited access to affirming, culturally-responsive care.[4]

While much of the research identifying disparities focuses on individuals who identify as lesbian, gay, bisexual, or transgender, and while we use the letters "LGBTQ+" throughout this guide for brevity, we intend for this resource to be supportive of all centers, and inclusive of all sexual orientation and gender identities that they serve beyond those explicitly named in the LGBTQ+ acronym.

Healthcare and community centers that serve LGBTQ+ communities play a vital role in addressing their health and social needs. These centers offer the affirming, culturally-responsive care that LGBTQ+ communities need – care that is often lacking in traditional healthcare settings across the U.S. Unfortunately, many centers serving LGBTQ+ communities lack the necessary training and resources to effectively tackle tobacco use.[5]

Project ACTION (Alliances to Combat Tobacco In Organizations Now) aims to address this gap by disseminating and implementing an evidence-based tobacco-free workplace program tailored to healthcare and community centers serving LGBTQ+ communities. Adapted from the Taking Texas Tobacco Free (TTTF) initiative,[6-8] Project ACTION provides centers with policy and workflow guidance, employee training, and client- and provider-facing resources tailored for LGBTQ+ communities and the centers serving them, respectively. This guide provides a step-by-step approach for these centers to incorporate tobacco control and treatment activities into their daily operations, addressing the tobacco-related health inequities faced by LGBTQ+ communities, ultimately reducing cancer incidence and improving survival rates across Texas.

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:

- **Project ACTION program partners:** The Montrose Center, Coastal Bend Pride Center, and Finn's Place.

- **The Project ACTION team at The University of Texas MD Anderson Cancer Center**
  Program Directors:
  Dr. Lorraine Reitzel and Dr. Maggie Britton.

  Co-Investigators:
  Dr. Isabel Martinez Leal and Dr. Jennifer Cofer.

  Program Staff Members: Mikal Zere, Marcy Zere, and Asfand B. Moosa.

- **The Project ACTION evaluation expert at the University of Houston:** Dr. Tzuan "Ann" Chen.

- **Collaborators:**
  A special thank you to our consultant, Dr. Julie Neisler, whose expert guidance has been invaluable to the success of Project ACTION.

  Mirna Centeno for the graphic design of this guide.

CONTACT INFORMATION

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

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II. ABOUT PROJECT ACTION

Project ACTION (Alliances to Combat Tobacco In Organizations Now) is a comprehensive, evidence-based initiative designed to reduce high tobacco use rates and the related health disparities within LGBTQ+ communities. This program provides center-level tools and training to implement sustainable, tobacco-free workplace programs in healthcare and community centers serving LGBTQ+ communities.

WHAT IS AN LGBTQ+ CENTER?

Healthcare and community centers serving LGBTQ+ communities centers encompass a wide range of settings with varying capacities, from fully independent healthcare centers to community resource centers that offer care navigation to trusted healthcare providers, to those focused on education, outreach, and support services, and everything in between.[9]

Many LGBTQ+ centers operate with only a small number of employees and often depend on volunteer support. For consistency in this guide, the term *employees* may refer broadly to anyone working at the organization, including paid staff as well as part- or full-time volunteers who function in employee-like roles. In addition, *employees* is sometimes used collectively to describe both staff and providers, whereas staff refers to individuals without clinical duties and providers refers to those with clinical responsibilities. We also recognize that terms may vary in how centers describe those they serve, for example, among our three partners alone, the terms clients, patients, and members were used. For consistency, this guide uses *clients* to refer to those served by LGBTQ+ centers, except when citing center-specific policies and procedures in the appendices. Finally, the term *leadership* may refer to formal executive teams in larger centers, but in smaller centers, leadership may look quite different. In some cases, this could be the CEO of a larger umbrella organization, such as a Federally Qualified Health Center, in which the LGBTQ+ center operates as a program. In other cases, leadership may be provided by a volunteer board, steering committee, or outside advisors providing guidance to a small team of employees, steering the mission and services of the center without a traditional executive structure.

Given the diversity of settings, this step-by-step guide is intended to be flexible and adaptable to the unique needs of each center. Modifications are both expected and encouraged. To illustrate potential approaches, "Partner Spotlights" throughout the guide showcase creative adaptations and workarounds used in non-clinical settings.

WHY LGBTQ+ CENTERS?

Centers serving LGBTQ+ communities are uniquely positioned to address tobacco-related disparities, offering the affirming, culturally responsive care that is often lacking in traditional healthcare settings. This care has earned these centers the trust of LGBTQ+ communities, but many still lack the training and resources to integrate tobacco use screening and treatment services into their routine operations. Project ACTION offers a structured yet adaptable model to support these centers to address this gap, improving both short-term health outcomes and long-term cancer prevention and survival for LGBTQ+ communities.

PROGRAM GOALS:

Project ACTION seeks to:

- Establish comprehensive tobacco-free workplace policies at centers serving LGBTQ+ communities.

- Educate staff and providers about how and why to screen and treat tobacco dependence in these settings.

- Incorporate routine tobacco use screening into client workflows.

- Expand access to evidence-based treatment interventions, including pharmacotherapy (i.e., medications) and counseling for clients and employees.

- Promote long-term program sustainability through leadership engagement, internal expertise, and ongoing training.

GUIDING FRAMEWORKS

- **Exploration, Preparation, Implementation, Sustainment** – a phased model that guides program rollout and ensures sustainable integration ability.[10, 11]

- **Social Cognitive Theory** – emphasizing behavioral modeling, reinforcement, and self-efficacy to drive culture change within healthcare settings.[12]

CORE PROGRAM COMPONENTS

Project ACTION consists of three interconnected components that work together to create a supportive, evidence-based system for addressing tobacco use at healthcare and community centers serving LGBTQ+ communities. These components span center, employee, and client levels to ensure comprehensive and sustainable impact:

1. Tobacco-Free Workplace Policy Development and Implementation

Project ACTION provides guidance and templates for developing and implementing a written tobacco-free workplace policy that applies to all employees, clients, visitors, and contractors. A comprehensive policy includes the prohibition of all tobacco products – including e-cigarettes and vapes – within all buildings and associated grounds.[13] Centers are supported with resources for signage, employee and client communication, and encouraged to adopt structured enforcement processes to promote adherence.

2. Employee Education and Specialized Provider Training

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

All employees, from staff to providers, are educated on the harms of tobacco use, the benefits of quitting, and the details of the center's tobacco-free workplace policy. The training also covers the foundations of nicotine addiction, effective communication with people who use tobacco, procedures for enforcing the tobacco-free policy, and evidence-based referral resources.

Clinical/Provider Training: Educating Treatment Providers on Evidence-Based Tobacco Treatment Strategies

Specialized provider training focuses on various interventions and resources to assist clients in quitting tobacco use including:

- **Brief interventions**, including the 5A's (Ask, Advise, Assess, Assist, Arrange) and the 5R's (Relevance, Risks, Rewards, Roadblocks, Repetition).

- **Pharmacotherapy approaches**, such as nicotine replacement therapy and prescription medications (i.e., bupropion and varenicline), including administration, dosing, side effects, and best practices.

- **Behavioral counseling techniques**, including evidence-based interventions to support clients in reducing and quitting tobacco use, including but not limited to motivational interviewing techniques.[14]

- **Guidance on leveraging external resources** for referral or connection to care, such as how to connect clients with the Texas Tobacco Quitline.

- **Advanced training**, including a Tobacco Treatment Specialist course, to support ongoing internal capacity.

3. Routine Tobacco Use Screening and Treatment Services

Centers receive technical assistance to embed evidence-based tobacco use screening and intervention tools into routine client care. This includes expectations that:

- Regular tobacco use screening is integrated into client workflows by conducting a tobacco use assessment during intake or the initial visit, establishing regular intervals for re-assessment, and performing brief screenings in between to identify changes that may prompt a full assessment.

- Screening is accompanied by clear treatment protocols to ensure clients who use tobacco are provided with or connected to appropriate treatment, including counseling and pharmacotherapy.

- Strategies for quitting are incorporated into individualized care plans, with follow-ups conducted to assess client progress and tailor ongoing support.

Together, these three core components ensure a comprehensive approach to addressing tobacco use, creating a sustainable model for addressing tobacco treatment in centers serving LGBTQ+ communities. This integrated, evidence-based framework reflects Project ACTION's commitment to reducing tobacco-related disparities and improving cancer prevention outcomes for LGBTQ+ communities.[15-17]


TOOLKIT-BASED APPROACH

Project ACTION provides a range of tools and templates to support practical application of each program component. These resources have been specifically created by and with members of LGBTQ+ communities in collaboration with the Project ACTION team to ensure messaging that resonates with and is responsive to the needs of clients. The materials are designed such that you can use them as is, and centers are also welcome to tailor each to fit their unique needs, promoting adoption and ownership among employees and leadership.

Examples of these tools and templates, used by Project ACTION program partners both with and without tailoring, are cited as appendices throughout the implementation guide. Project ACTION also maintains a website where resources can be accessed freely. This website is part of the larger Taking Texas Tobacco Free (TTTF) platform, which features an implementation toolkit, as well as pages devoted to provider resources, client education resources, training slides, and more. Materials are regularly updated based on insights and feedback gathered from a wide range of TTTF programs and their healthcare and community partners.

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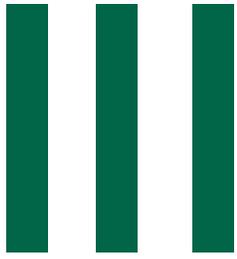
III. STEP-BY-STEP IMPLEMENTATION PLAN

Project ACTION is guided by the **Exploration, Preparation, Implementation, Sustainment Framework** that views implementation as a process based on key phases focusing on essential factors that impact successful program uptake while taking into consideration the local settings.[10, 11] The following sections are structured according to these phases, based on a recommended 9-month timeline for program rollout. This timeline can be shortened or lengthened as needed to accommodate the center's needs.

PHASE 1: EXPLORATION (MONTHS 1-3)

KEY INSIGHTS

The first step toward implementing a sustainable and effective tobacco-free workplace program through Project ACTION begins with the **Exploration** phase. This stage focuses on assessing current practices, engaging key stakeholders and champions, and laying the groundwork for program adoption. The goal is to ensure that every decision made is informed by the realities of the setting, client population, organizational infrastructure, and employee capacity.[10, 11]

Establishing a clear foundation during this phase increases the likelihood of long-term success and buy-in from leadership and employees alike. This preliminary work ensures that the core components – adoption of a tobacco-free workplace policy, provision of employee education and specialized provider training, and integration of tobacco use assessments and intervention protocols – are perceived as acceptable and can be practicably incorporated into routine organizational practice.[18]

Partner Spotlight:

Even if you're a small team of just one or two people, you can still drive meaningful change! If your work is guided by a board, steering committee, or outside advisors, consider presenting to them on the harms of tobacco use in LGBTQ+ communities and why this work is so critical. For example, when engaging one center, we collaborated with their sole part-time staff member to deliver a presentation to their volunteer board. Together, we outlined the benefits of the program and key factors for successful implementation, helping the board make an informed and confident decision to join Project ACTION! Appendix A includes the one-pagers shared with the board that summarize the key points of the presentation.

a. ASSESSING ORGANIZATIONAL READINESS AND ESTABLISHING A BASELINE

To successfully tailor Project ACTION in centers serving LGBTQ+ communities, it is important to assess current tobacco-related practices and infrastructure. Prior to program adoption,

Are you thinking…
Does the implementation of a tobacco-free workplace policy impact client retention or engagement? <u>Check out our FAQs!</u>

centers may collect information from leadership and employees (e.g., through surveys, interviews) that assess the receipt of recent training on treating tobacco use, extant knowledge about treating tobacco use, and the extent to which tobacco use screening and treatment are happening in the center (and their alignment with best practice recommendations). Queries may also include concerns about program implementation, possible barriers or facilitators to program implementation, and perceived readiness to implement the program.

A thorough readiness assessment should examine whether the center has an existing tobacco-free workforce policy, whether it applies to all individuals on site and all tobacco products including vapes (i.e., is comprehensive in nature), and whether the policy is being adhered to (i.e., observing behaviors in the workplace). Additionally, the assessment should document current client and employee tobacco use rates, determine whether tobacco use screenings are already in place, and evaluate if providers are currently offering treatment.

This process should also include a review of available resources, such as nicotine replacement therapy, behavioral counseling, educational materials for clients, and any connections to external treatment services like the Texas Tobacco Quitline. Understanding where the center stands in terms of workflows, documentation capacity within the electronic health record, and existing employee

training on tobacco treatment will help shape a realistic implementation plan.

b. LEADERSHIP BUY-IN AND VISION PLANNING

Securing visible and ongoing support from senior leadership is critical to the success of Project ACTION. In some cases, this may involve engagement with a board responsible for setting strategic direction and providing financial oversight. When leaders actively endorse the program, communicate its importance, and allocate necessary resources, they signal to employees that addressing tobacco use is a priority.[18] During this phase, leadership should be provided with information on the actual or likely tobacco use rate of employees and clients, evidence on the impact of comprehensive workplace programs,[6-8, 19] and examples of how the program aligns with the center's mission to promote client health and well-being.

Leadership commitment can be formalized through written endorsements, participation in kickoff events, or integration of Project ACTION priorities into strategic documents. Equally important is the articulation of a unified vision for the program and development of a workable timeline for program rollout. Developing a statement that reflects the center's commitment to supporting both clients and employees in quitting tobacco sends a strong message of purpose. This statement can later be used in communications, signage, and public-facing materials.

c. INITIAL COMMUNICATION AND EMPLOYEE ENGAGEMENT

Transparent and early communication is key to gaining employee buy-in and reducing uncertainty or resistance. The introduction of Project ACTION should be accompanied by clear, consistent messaging about why the program is being implemented, what the timeline looks like, and how employees will be supported throughout the transition.

Are you thinking…
Some of our center's employees use tobacco themselves. How can we secure employee support for implementing this program? Check out our FAQs!

Messages should be delivered in formats familiar to employees, such as team meetings, internal newsletters, and email updates. It is helpful to begin these communications during this early stage to set expectations and encourage dialogue. Employees should be encouraged to ask questions, provide feedback, and even support the initiative as program champions.

Partner Spotlight:

It is important to be aware that LGBTQ+ communities' experiences of pervasive discrimination and harassment, which can lead to stigma – feelings of exclusion, judgment, or being unwelcome – may impact how tobacco-free policies are received and implemented. While collaborating on policy development with one of our partners serving primarily transgender adults and youth, employees expressed concerns that creating designated smoking areas could contribute to further stigmatization of their clients. While they ultimately adopted them, the acknowledgement of this concern and subsequent clear communication was essential to emphasize that the goal was to promote health for everyone and to support those interested in quitting, rather than stigmatizing those who were not yet ready. See Appendix B for an example email communication to employees.

✓ *Assessment*   ✓ *Vision Planning*   ✓ *Needs & Barriers*   ✓ *Communication*

Conclusion of the Exploration Phase

By the end of the Exploration phase, your center should have a clear understanding of its starting point and secured leadership engagement that is aligned with the program's goals. Understanding your center's needs as well as barriers and facilitators to implementation are essential to adapt tobacco use interventions to center-specific characteristics. Preliminary employee communication should be underway, and champions should begin to emerge. These foundational efforts ensure that future implementation steps will be strategic, inclusive, and sustainable.[11]

Are you thinking…
Our center is currently unable to fully implement a comprehensive tobacco treatment program. What would be the most effective way to connect our clients with available resources? Check out our FAQs!

PHASE 2: PREPARATION (MONTHS 4-6)

KEY INSIGHTS

Following the foundational efforts established during the Exploration phase, the **Preparation** phase focuses on building the necessary infrastructure and momentum to launch Project ACTION within your center. This phase transitions the vision into action by formalizing policy development, selecting program champions, setting an implementation timeline, preparing workflows for delivering tobacco use assessments and brief interventions, and coordinating tobacco education training and logistics. The aim is to ensure that all systems, people, and processes are aligned before official implementation begins.

a. DEFINING ROLES AND RESPONSIBILITIES

At this stage, leadership should formally assign roles and responsibilities to implementation stakeholders. Clear accountability ensures coordinated efforts and avoids delays due to unclear expectations. For example, in larger centers and those with on-site clinical teams, Human Resources may be tasked with incorporating tobacco-free workplace policy materials into onboarding documents, whereas Information Technology (IT) leads may oversee electronic health record workflow integration for tobacco use screening. In smaller centers, this could mean incorporating tasks like restocking educational materials and checking the grounds for tobacco-use hot spots or areas needing updated signage into regular volunteer shift responsibilities.

b. SELECTING AND SUPPORTING PROGRAM CHAMPIONS

Program champions are employees who are enthusiastic about the mission of Project ACTION. The involvement of program champions in the adoption of organizational change is essential to success.[20] Even if you are the sole center employee (or one of just a few), you can champion this work and your dedication can make a significant impact and drive success at your center.

To prepare champions for their role, they should be provided with:
- This implementation guide
- Background on Project ACTION and its goals (see About Project ACTION).
- Information equipping them to handle common questions or concerns (see Frequently Asked Questions).

- Training in tobacco dependence education and treatment strategies.
  - For those in clinical roles, champions should be sponsored to attend a Tobacco Treatment Specialist course – a 5-day training that equips participants with the knowledge and skills to address tobacco dependence. The course covers a range of topics including behavioral counseling, pharmacotherapy, and documentation and evaluation of tobacco treatment programs.

Are you thinking…
How can we get more training or resources in how to address tobacco use with our LGBTQ+ clients? Check out our FAQs!

In larger centers, it is important to engage in a deliberate and thoughtful process to identify the most suitable individuals to serve as program champions.

Program champions...

- Should be respected by their peers and capable of bridging communication between employees and leadership to drive program success. Champions will serve as visible advocates who promote the initiative among peers, troubleshoot resistance, and help reinforce implementation procedures.

- May be recruited from client-facing roles, clinical teams, or administrative departments.

- Should be comfortable speaking about the benefits of quitting tobacco and be willing to assist with peer education, policy enforcement support, and program promotion.

- Should have adequate time to devote to Project ACTION's implementation and monitoring; individuals in formal leadership roles would not typically meet this criterion. However, serving as a program champion is not envisioned full-time position; rather, it is estimated to take between 5-15% of effort during the active implementation process.

Centers are encouraged to select as many champions as needed, based upon employee interest level, availability, and the size and structure of the center, including the number of locations. The following guidelines may be helpful in making this determination:

- If your center has only one site/location, 1 program champion may be sufficient. Factors to consider here might include the size of your center/total number of employees to coordinate as well as how much time your proposed program champion would have to execute their work.

- For multiple sites with locations less than 30 miles away, 1 program champion may be sufficient if they have the willingness and ability to travel to the different locations (as needed). Another factor that may affect this is how familiar the program champion is with the other sites. Would this person feel comfortable communicating and coordinating with employees from other sites?

- For multiple sites located greater than 30 miles away, 1 program champion would be selected to be the lead champion. Each additional site could also have a site-specific program champion. The lead champion could remain the main point of contact; able to delegate to and communicate with other site-specific champions.

- We generally recommend at least 1 champion per physical location, and at least 2 champions for workplaces with over 100 employees.

c. DEVELOPING THE TOBACCO-FREE WORKPLACE POLICY

A centerpiece of Project ACTION is the implementation of a comprehensive tobacco-free workplace policy. During the Preparation phase, a team of key program champions should review sample policy language, gather stakeholder input, and draft a policy tailored to the center's context. For centers with an existing tobacco-free workplace policy, it is recommended to review existing policies to assess the current policy's comprehensiveness and make revisions as needed (i.e., "refresh" the policy). See Appendix C for a sample tobacco-free policy developed by a Project ACTION partner.

To ensure a coordinated and effective rollout, it is essential to establish a formal implementation or "refresh" date for the tobacco-free workplace policy. This official launch date serves as a unifying milestone, allowing the center to align activities, timelines, and communication efforts. Setting a formal date helps ensure that all necessary components (e.g., trainings, workflow changes, resources for tobacco treatment) are in place and function prior to the policy going into effect. It also provides employees and other stakeholders with a concrete timeline to prepare for and adapt to the upcoming changes.

A strong policy should clearly state that the use of all tobacco products, including e-cigarettes and vapes, is prohibited by all individuals (employees, clients, visitors, contractors) across all center-owned properties, both indoor and outdoor. Loopholes, such as designated smoking areas, are discouraged, as they undermine the policy's effectiveness in promoting treatment and creating a health-centered culture.

Are you thinking...

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? Check out our FAQs!

Partner Spotlight:

LGBTQ+ communities face pervasive discrimination and harassment, which can shape how tobacco-free policies are implemented. For example, one partner experienced active protests outside their center, making it unsafe for clients to leave the grounds to smoke. In response, they established a designated smoking area safely within the grounds but away from building entrances and common spaces, ensuring those who smoked were not in close contact with individuals trying to quit.

Key elements of the policy should address:.

The scope of coverage (e.g., all buildings, parking lots, vehicles, etc.)

Populations to which the policy applies

Tobacco products included in the ban

Procedures for violations (e.g., educational, disciplinary)

Resources available for those who want to quit

Scheduled date for next review

Prominently displaying signage on the tobacco-free workplace policy well before the implementation date is recommended to help raise awareness and reinforce expectations. Visual cues such as signage, posters, banners, or digital displays, placed near entrances, in waiting rooms, and employee break rooms, as well as on outdoor benches where people often smoke, serve both as educational tools and as reminders of the center's commitment to health. See Appendix D for sample tobacco-free signage developed for Project ACTION partners.

Policies that are comprehensive, consistently enforced, and paired with the availability of treatment services are associated with greater reductions in tobacco use.[21, 22]

d. PLANNING FOR WORKFLOW INTEGRATION

Integrating Project ACTION components into existing workflows is essential for long-term sustainability. At this stage, program champions should consider working with employees responsible for clinical activities, administration, and IT (as applicable) to define how each element – tobacco use screening, advice to quit, treatment provision, and referrals – will be operationalized during client visits and through employee interactions.

Are you thinking…
How can you ensure that support for quitting tobacco is implemented in a way that minimizes clients' stress and does not impact your clients' mental health?
Check out our FAQs!

Tobacco Use Assessments:
For tobacco use screening, a standardized tobacco use assessment (TUA) should be incorporated into the center's operations. This tool should include

questions to document current tobacco use, prior quit attempts, readiness to quit, and any treatment delivery and/or referrals to treatment. Appendix E includes example TUAs to help guide development. If a TUA already exists, consider reviewing it alongside a comprehensive example to assess its completeness and make updates as needed.

Programs should also consider:
- How will the TUA be delivered to clients and at what point during the visit?

- What questions do you want on the tobacco use assessment?

- How will employees access treatment resources (e.g., nicotine replacement therapy) and educational materials?

- How will referrals to internal or external treatment services (e.g., Texas Tobacco Quitline) be provided and tracked?

- If an electronic health record is available, what prompts (e.g., hard stops) are needed to ensure screening and treatment/referral completion?

- How will treatment follow-ups be integrated into return visits or follow-up planning?

Partner Spotlight:
Some centers dedicated to serving LGBTQ+ communities don't operate like traditional healthcare settings. They often provide a wide range of services, are structured around drop-in visits, and may partner with other organizations for clinical care. In these environments, creative approaches are often needed to deliver the tobacco use assessment and connect clients with tobacco treatment. For example, Appendix F shows an index-sized card developed with one of our partners. Clients could scan a QR code, complete a brief tobacco use assessment to gauge how much and how often they use tobacco, interest in quitting, and get in touch with a tobacco

treatment specialist. Approaches like this help ensure that clients can access treatment, even when a formal clinical pathway isn't available. Additional examples in Appendix G highlight strategies used to promote tobacco treatment services in settings without regular clinical touchpoints, including posters, a pull-up banner, and social media posts.

Tobacco Treatment:

Evidence-based treatment for tobacco dependence includes behavioral counseling and pharmacotherapy. Ensuring clients are provided with the option to access both treatment modalities gives them the best chance of successfully quitting.

For centers without the capacity to provide behavioral counseling and/or pharmacotherapy on site, consider:

Leverage external resources and referral options) like those listed in Appendix H (e.g., the Texas Tobacco Quitline) or local treatment providers. The Ask-Advise-Refer model is the perfect 3-5 minute brief intervention for these settings – more information is available on this model below. Even small centers can find creative ways to integrate this approach into everyday interactions with clients, whether it's during a casual check-in, while offering support or resources, when engaging a client who is smoking in ways that violate the policy (i.e., providing information about the resources available if they want to quit), or when sharing take-home materials. For example, handing a "quit card" (a business card-sized handout with the Quitline number) to a client who is smoking, or including it in folders, brochures, or other materials is a simple but effective way to provide clients with support. For even better results, consider providing the client a direct referral to the Quitline (aka the Ask-Advise-Connect model). This ensures that the client is proactively contacted by the Quitline, rather than relying on them to make the first call. See Appendix I

for practical tools, such as badge cards and quit cards, that centers can use to help facilitate these connections.

Tools like posters, QR codes, or easy-to-understand handouts in common areas can also help raise awareness about the existence of external treatment resources like quitlines (Appendix F). These small, non-clinical touchpoints can go a long way in promoting tobacco treatment services and ensuring clients have access to meaningful support without needing a formal treatment setting.

Partner Spotlight:

Two of our Project ACTION partners did not have in-house treatment capabilities (i.e., no clinical team). One ultimately offered brief counseling and nicotine replacement therapy onsite through a tobacco treatment specialist, while referring clients to the larger wellness foundation they were part of for intensive behavioral counseling. The other focused on connecting clients directly to the Quitline for support.

For centers with the capacity to provide behavioral counseling and/or pharmacotherapy on site, consider:

Through **behavioral counseling**, providers can offer clients personalized support and strategies to quit. During the Preparation phase, centers should consider how behavioral counseling will be delivered, documented, and integrated within the tobacco treatment program.

• Who will provide behavioral counseling?

• What counseling approaches or frameworks (e.g., motivational interviewing, the 5A's, 5R's) will be used?

• How will counseling sessions be documented and tracked in the client record (e.g., electronic health record, paper charts, or other systems)?

- What educational materials will be offered alongside counseling?

  — Consider whether any educational materials developed by Project ACTION, as shown in Appendix H, are appropriate for your needs.

Pharmacotherapy approved for tobacco treatment includes two oral medications (i.e., bupropion and varenicline) as well as five types of nicotine replacement therapy (NRT; i.e., patch, gum, lozenge, inhaler, and nasal spray). As part of the Preparation phase, centers should develop a policy for pharmacotherapy storage, tracking, and distribution. See Appendix J for a for a sample policy outlining center procedures for NRT and an accompanying provider support tool: an NRT instructional card for use with clients.

> ## Are you thinking…
> *Should we recommend vaping as a harm reduction strategy for clients who are attempting to quit smoking?* Check out our FAQs!

This policy should define:

- Where and how will pharmacotherapy be stored (e.g., secure, temperature-appropriate location)?
- Who is authorized to distribute pharmacotherapy to clients and under what clinical conditions?
- How will the distribution be documented in the client record (e.g., electronic health record, paper records, or another tracking system)?
- What are the processes for ensuring products are not expired prior to dispensation and for placing new orders when supplies get low?
- What educational materials or counseling must accompany pharmacotherapy provision?

  — Consider whether any educational materials developed by Project ACTION, as shown in Appendix H, are appropriate for your needs.

By establishing clear and customized processes for both screening and treatment, whether services are provided in-house or through external referrals, tobacco use care becomes a sustainable part of daily operations, rather than an add-on initiative.

e. COORDINATING EMPLOYEE EDUCATION AND SPECIALIZED PROVIDER TRAINING

The **Preparation** phase is the ideal time to schedule employee-wide education sessions. These trainings should introduce the new policy, highlight why addressing tobacco use is a priority, and equip providers with brief intervention strategies such as the 5A's and 5R's, motivational interviewing techniques, and use of evidence-based over-the-counter and prescription medications (e.g., NRT, bupropion, varenicline).

Employees should be trained to:

- Understand the rationale for the tobacco-free workplace policy.
- Address policy violations respectfully and effectively.

  — Emphasize that all employees share responsibility for addressing policy violations. Provide them with respectful, easy-to-use language and resources (e.g., role-play video) to help them address policy violations effectively.

- Employ the Ask-Advise-Refer model.

Providers should *additionally* be trained to:

- Screen clients for tobacco use and assess readiness to quit.
- Deliver brief interventions (e.g., the 5A's, 5R's) to clients who use tobacco.
- Administer or refer clients for intensive behavioral counseling and pharmacotherapy.

Project ACTION provides a range of virtual training

opportunities and leverages established community-based trainings, as well as tele-mentoring and peer exchange platforms, some of which include free continuing education credits. Refer to Appendix L for training preparation tools.

f. SUSTAINING ENGAGEMENT THROUGH COMMUNICATION

As the formal implementation date approaches, regular communication is essential to maintain enthusiasm and address questions. Centers should distribute weekly or bi-weekly updates via email, flyers, or brief all-employees huddles. These updates might include policy reminders, training dates, "champion spotlights," or tips for responding to common employee or client concerns.[23]

✓ Policy   ✓ Timeline   ✓ Champions   ✓ Implementation Team
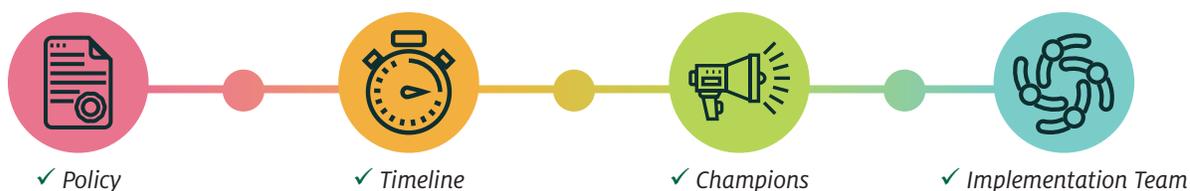
Conclusion of the Preparation Phase

By the end of the **Preparation** phase, your center should have a finalized policy approved by leadership, a clear timeline for rollout, trained champions, and a fully engaged implementation team. Workflow adjustments and training efforts should be well underway, and communication with employees and clients should reflect confidence and transparency about the upcoming transition. With the groundwork now firmly in place, your center will be ready to launch Project ACTION in the Implementation phase.
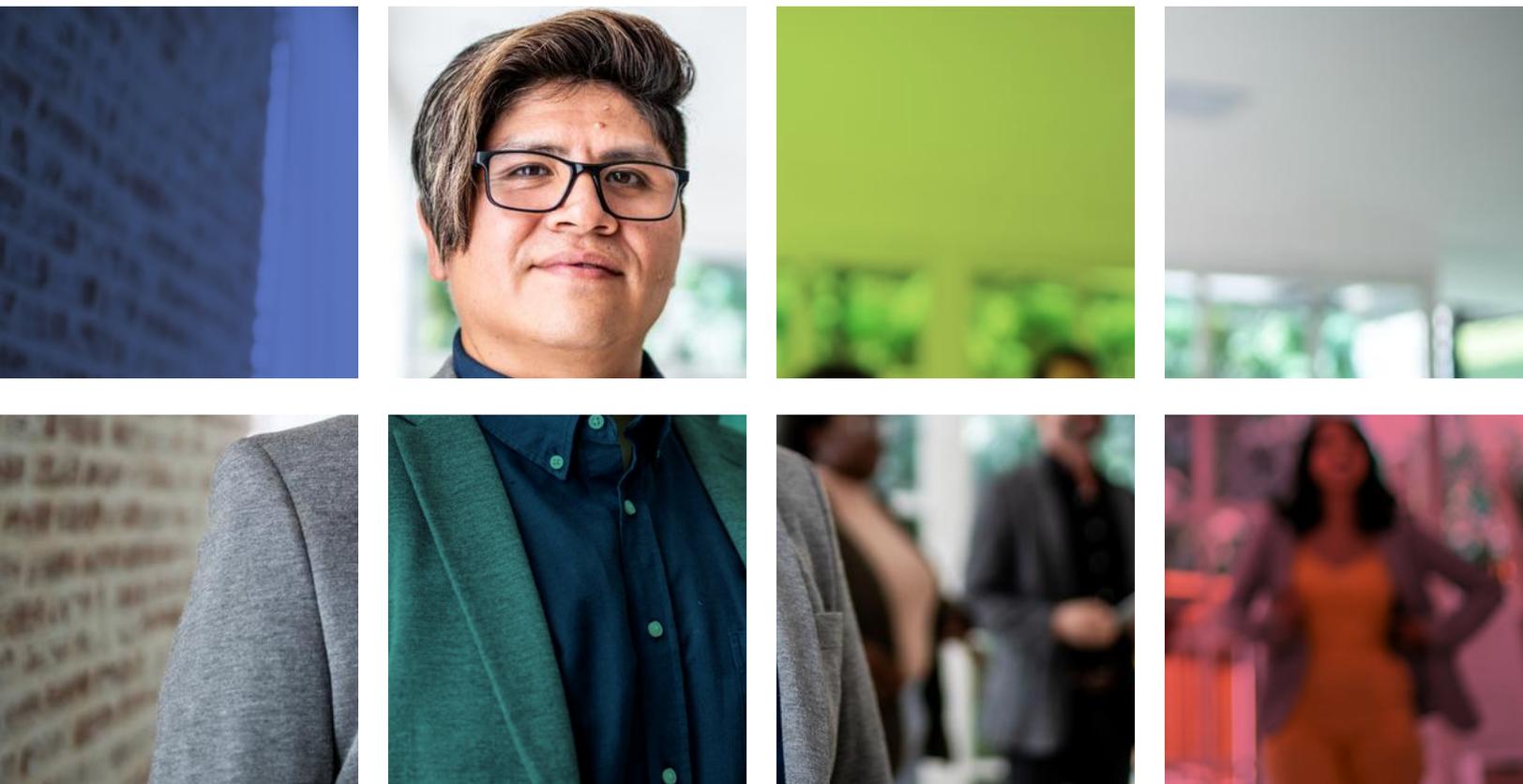
PHASE 3: IMPLEMENTATION (MONTHS 7-9)

KEY INSIGHTS

The **Implementation** phase marks the official rollout of Project ACTION. By this point, key planning elements should be in place: leadership endorsement has been secured, policies are finalized, workflows have been adjusted, employees have been educated. The focus now shifts to putting the plan into practice across the center, ensuring the new processes and expectations are communicated, enforced, and supported consistently.

Implementation is not just about activating procedures – it's about modeling a cultural shift that centers addressing tobacco use as a core component of health promotion and client care.

a. LAUNCHING THE TOBACCO-FREE WORKPLACE POLICY

The formal launch or "refresh" of the tobacco-free workplace policy should be accompanied by visible and celebratory communication. Employees, clients, and visitors need to be clearly informed about what the policy entails, when it goes into effect, and what resources are available to support compliance.

Centers are encouraged to hold a policy kickoff event, which may include:

- A formal announcement from leadership.
- Presentations from program champions.
- Distribution of printed materials and quit resources.
- Giveaways (e.g., water bottles, stress balls).
- Tabling with trained employees or treatment counselors.

Centers should post signage (examples in Appendix D) in all high-traffic areas and entrances. Language should be clear, supportive, and consistent with the center's values. Employee procedures (e.g., onboarding packets) and digital messaging (e.g., websites, social media platforms) should be updated to reflect the live policy.

b. EMBEDDING SCREENING AND TREATMENT INTO CENTER OPERATIONS

During the Implementation phase, standardized tobacco use screening becomes an expected component of every client visit, regardless of whether the center staff includes providers. The tobacco use assessment should be administered consistently at the intake or initial appointment and recorded in the client record.

For centers without the capacity to provide behavioral counseling and/or pharmacotherapy on site, consider:

Centers providing external referrals should follow the Ask-Advise-Refer model for clients ready to quit:

- **Ask** about current tobacco use.
- **Advise** all users to quit.
- **Refer** those willing to make a quit attempt.

Referral protocols should have been mapped into workflows during the **Preparation** phase and customized to fit the center's resources. As a reminder, Appendix I includes practical tools, such as badge cards and "quit cards", that organizations can use to help facilitate this step. Appendix G highlights strategies used to promote tobacco treatment services in settings without regular clinical touchpoints, including posters, a pull-up banner, and social media posts.

For centers with the capacity to provide behavioral counseling and/or pharmacotherapy on site, consider:

Providers should offer brief advice to clients who use tobacco and then assess readiness to quit and offer support accordingly. Providers should also keep in mind that clients may be uncomfortable discussing

their current tobacco use, particularly if they have experienced discrimination in healthcare settings. It is important to approach screening and interventions with sensitivity, affirming language, and a non-judgmental tone to encourage an open conversation around tobacco use.

Partner Spotlight:

Starting conversations about tobacco use can be challenging, especially with new and emerging products (like e-cigarettes and vapes) that providers may feel less confident discussing. In response to this concern raised by a Project ACTION partner, we developed a provider education tool designed to support meaningful engagement with LGBTQ+ youth around vaping and e-cigarettes. See Appendix M for this resource.

Are you thinking…

What specific services are available for clients under the age of 18? Check out our FAQs!

Centers providing in-house treatment should have clinical teams follow the 5A's model for clients ready to quit:

- **Ask** about current tobacco use.
- **Advise** all clients who use tobacco to quit.
- **Assess** willingness to make a quit attempt.
- **Assist** with brief counseling, resources, and pharmacotherapy.
- **Arrange** for follow-up or referral to specialized support.

If a client is ready to quit, the provider or staff member can offer pharmacotherapy options and/or refer them to internal resources or external programs like the Texas Tobacco Quitline for behavioral counseling.

Clinical teams should follow the 5R's model for patients not ready to quit:

- **Relevance:** Help the patient understand why quitting is personally relevant to them.
- **Risks:** Discuss the short-term and long-term health risks of tobacco use.

- **Rewards:** Highlight the benefits of quitting, such as improved health, finances, and social life.
- **Roadblocks:** Identify barriers to quitting and help the client develop strategies to overcome them.
- **Repetition:** Repeat these motivational interventions with each client encounter.

5A's model

ASK	ADVISE	ASSESS	ASSIST	ARRANGE

5R's model

RELEVANCE	RISKS	REWARDS	ROADBLOCKS	REPETITION

To reinforce the reliable delivery of brief interventions, employees may use checklists or clinical decision support prompts integrated within the electronic health record or displayed in client rooms. See Appendix N for provider support one-pagers and badge cards outlining the 5A's and 5R's.

If you are a healthcare provider, it is important to make tobacco treatment services as accessible as possible for clients, such as by directly connecting them to the Texas Tobacco Quitline, rather than requiring them to initiate contact themselves. Frequent check-ins with clients, especially early in the treatment process, are crucial. Clients should be educated to expect withdrawal symptoms, including anxiety and stress, when breaking the addiction to nicotine. Symptoms of withdrawal, however, can be managed with the use of nicotine replacement therapy (NRT). Ask your clients how quitting is going for them and talk with them about how they can minimize their symptoms by encouraging proper use of NRT, dual NRT use, etc. This can be done even if your center does not provide NRT on site.

Pharmacotherapy Access and Distribution:

Provision of pharmacotherapy is a key component of Project ACTION's evidence-based tobacco treatment strategy. Providers should be trained to assess tobacco dependence, determine client readiness to quit, and match individuals with appropriate pharmacotherapy options.

Centers are encouraged to:

- Offer pharmacotherapy to clients who express readiness to quit during their visit as well as to employees to support a tobacco-free workplace.
- Document pharmacotherapy distribution in the client record and use tracking tools to monitor inventory and follow-up needs.
- Display educational materials near distribution points to guide use and reinforce effectiveness

Integrating access to pharmacotherapy into routine center operations reduces barriers to treatment and reinforces its role as a standard component of care for centers supporting LGBTQ+ communities.

c. CHAMPION AND EMPLOYEE REINFORCEMENT

Program champions take on a particularly important role during implementation. They serve as peer mentors, troubleshooters, and communication liaisons throughout the rollout. Champions may lead short in-service refreshers, observe and support

screenings, and offer positive reinforcement to colleagues adopting new practices.

To maintain momentum, centers are encouraged to:
- Recognize champions and early adopters through internal communications.
- Highlight employee successes in newsletters or during team meetings.
- Provide refresher tips and talking points via email or handouts.
- Offer booster training sessions for targeted groups, especially providers administering pharmacotherapy.

Consistent reinforcement helps prevent early fatigue and promotes a sense of shared ownership over the new system.

d. RESPONDING TO CHALLENGES AND POLICY VIOLATIONS

Some resistance is natural, particularly in the early stages of implementation. Employees should be equipped with non-confrontational language to address clients or coworkers who violate the policy. Watching a role-play video can help employees learn to respond with empathy while reinforcing the organization's commitment to a healthy, tobacco-free environment. It is important for employees to emphasize compassion, support, and the availability of treatment resources when engaging clients who are using tobacco in violation of the policy.

Examples include:
- "For your health and safety, we are a tobacco-free campus. I can share information about free resources if you're interested in quitting."
- "We understand quitting is hard. Our policy is here to support everyone's health. Here's a handout with resources if you'd like help."
- Supervisors should be prepared to handle more serious or repeated violations according to the

disciplinary procedures outlined in the policy. At the same time, providers should continue to emphasize compassion, support, and the availability of treatment resources when engaging clients.

Supervisors should be prepared to handle employee violations of the tobacco-free workplace policy according to the remedial or disciplinary procedures outlined with it.

e. MONITORING RELIABLE INTERVENTION DELIVERY AND ADDRESSING BARRIERS

Implementation should be monitored closely during the initial weeks and months. Consider this a "soft launch" period; ensure the program champion(s) establish regular check-ins to evaluate how well processes are working and identify any emerging issues. For example, centers may notice that:
- Screening is inconsistent across departments or providers.
- Employees are uncertain about how to refer clients or pharmacotherapy options.
- Clients report confusion about the tobacco-free workplace policy's scope.
- Materials are not displayed uniformly throughout the center.

These issues should be documented and addressed through targeted adjustments, clarification emails, and follow-up trainings. Champions and frontline employees should be invited to share feedback and suggestions.

In cases where the program is being delivered reliably and consistently, but impact is limited (e.g., few clients are engaging in tobacco treatment), teams should assess whether workflows, scripts, or incentives need to be revised.

✓ Policy   ✓ Clinal Workflows   ✓ Clear Communication   ✓ Visible Materials
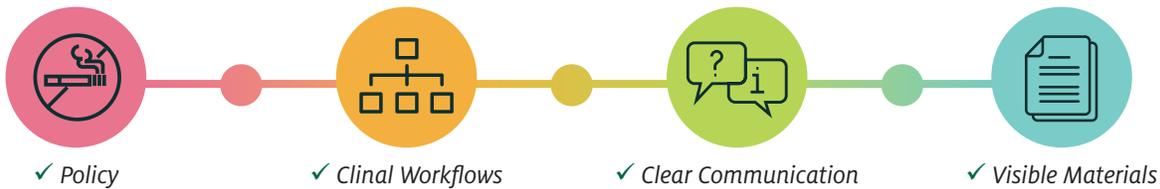
Conclusion of the Implementation Phase

By the end of the **Implementation** phase, your center should have successfully launched the tobacco-free workplace policy, embedded screening and treatment/referral practices into center operations, and established clear lines of communication to support employee and client compliance. Champions should be active, materials should be visible, and early indicators of success, such as completed tobacco use assessments and client engagement, should be emerging. The groundwork laid here will enable your center to transition into the final phase of Project ACTION: Sustainment.

PHASE 4: SUSTAINMENT (MONTH 9 AND BEYOND)

KEY INSIGHTS

The **Sustainment** phase is critical to ensuring that the efforts initiated through Project ACTION are not temporary, but rather embedded into the fabric of your center. In this final phase, the focus shifts from launching new practices to maintaining them, refining them over time, and institutionalizing them across all levels of the center's operations. Effective sustainment strategies preserve the integrity of the program, foster a community of practice, and support a culture of continuous quality improvement to support wellness, prevention, and client-centered care.

Are you thinking...

How can we best support clients to prevent relapse to tobacco use during their quit journey? Check out our FAQs!

a. ESTABLISHING ONGOING REINFORCEMENT MECHANISMS

One of the clearest indicators of a sustainable program is the presence of systems that reinforce tobacco-free policies and workflows without external prompting. These systems include institutional policies, onboarding materials, routine training schedules, and standing data collection procedures to assess success.

Centers should update volunteer or Human Resources paperwork and employee orientation protocols to reflect the tobacco-free workplace policy, ensuring that every new employee member understands expectations (and available resources) from day one. Periodic reminders through newsletters, signage, or brief in-service refreshers help maintain awareness among existing employees. Champions or clinical leads may continue to serve as on-site mentors and resources for troubleshooting or peer training.

Leadership can support these efforts by continuing to reference the program in high-level communications and by allocating budgetary support for program maintenance (e.g., restocking printed materials, updating signage, making pharmacotherapy available on site, or renewing employee training).

b. MAINTAINING INTERNAL TRAINING CAPACITY

To sustain momentum, centers must have capacity to train new and existing employees. This can be accomplished by adopting a "Train-the-Trainer" model, wherein program champions or selected employees receive advanced training in tobacco treatment strategies and program implementation, and how to train others in these subjects.[24, 25] These individuals are then empowered to conduct internal training sessions or onboarding briefings. Adoption of a train-the-trainer model builds internal training capacity, ensuring in-house expertise can withstand employee turnover.

Options to build internal capacity include:

- Encouraging key employees to pursue Tobacco Treatment Specialist (TTS) training.
- Hosting annual "booster" trainings or refresher modules.
- Creating internal video tutorials or e-learning modules tailored to center-specific workflows.
- Maintaining a training toolkit with printed materials and scripts.

Investing in internal expertise ensures that as employee turnover occurs, the knowledge and skills required to support Project ACTION remain within the center.

c. MONITORING PROGRAM DELIVERY AND IMPACT

Long-term success requires regular monitoring of both reliable program delivery and impact. Delivery refers to how consistently the tobacco-free policies, screening practices, and referral or treatment

Long-term success requires regular monitoring of both reliable program delivery and impact.

workflows are being followed. Program impact refers to outcomes such as increased client quit attempts, higher intervention rates, or improved employee confidence in delivering brief interventions.

Centers should establish clear metrics and timelines for reviewing program performance. For example:
- Regular (e.g., quarterly) audits of tobacco use screening and intervention rates.
- Reviews of referral rates to internal or external treatment services.
  - Surveys of employee attitudes and knowledge about tobacco treatment.
  - Client satisfaction data or follow-up quit success rates.

Data collection processes may be streamlined by leveraging existing quality improvement mechanisms or electronic health record systems. If one does not already exist, a designated quality improvement committee or lead could be established to guide future adjustments and training needs.

d. NORMALIZING THE POLICY AND PROMOTING A CULTURE OF WELLNESS

Sustainment is not just about policy adherence; it is also about culture change. A truly integrated program becomes part of how the organization defines itself. The tobacco-free policy should be positioned not simply as a rule, but as a reflection of the center's commitment to client and employee well-being.

Centers can continue to promote this culture by:
- Publicly celebrating smoke-free anniversaries or milestones.
- Sharing employee or client success stories related to quitting.
- Partnering with local public health initiatives that share common goals.

- Engaging with community partners to expand the reach and visibility of treatment services.

In addition, continued visibility of materials (e.g., signage, client education brochures) helps reinforce the center's stance and provides easy access to resources for those on their quit journey.

e. ENSURING CONTINUING ACCESS TO TOBACCO TREATMENT

To ensure long-term success, centers must ensure evidence-based interventions are embedded into routine care. This entails:

- Center operations include tobacco screening at every client visit.
  - When structured client visits are not part of center services it is important to train employees to be familiar with available tobacco treatment services, maintain resources throughout the center (e.g., flyers, pull-up banners) to inform clients and employees (see Appendix G), and provide opportunities to self-initiate a tobacco screening (see Appendix F).
- Processes in place to prompt providers to deliver brief tobacco interventions (e.g., the 5A's, 5R's; see Appendix N) and to administer or refer clients for intensive counseling and pharmacotherapy.
  - Where possible, integrate electronic health record reminders.

Sustaining a tobacco-free workplace program like Project ACTION often requires strategic planning around funding and resource allocation for educational materials, employee and provider training, and treatment availability. The most sustainable method is to track these expenses during implementation and include them in the center's annual budget. If that's not possible, consider the following options:

- Free training resources
  - Project ACTION provides a range of virtual training opportunities and leverages established community-based trainings, as well as tele-mentoring and peer exchange platforms, some of which include free continuing education credits. Refer to Appendix L for training preparation tools.
  - Taking Texas Tobacco Free sends out a curated training list twice a month, featuring free webinars and training opportunities focused on tobacco/nicotine dependence treatment, along with a highlighted resource (e.g., client-facing education material, government reports, etc.). To subscribe, email TakingTexasTobaccoFree@gmail.com with the subject line "ACTION Training List".

- Identify and apply for grants from organizations focused on public health, tobacco treatment, and substance use treatment that can be solicited for funds.
  - Consider the Cancer Prevention & Research Institute of Texas, the Centers for Disease Control, the Substance Abuse and Mental Health Services Administration, local foundations, state health departments, and health-focused non-profits.
    - ° Tips for securing funding:
      - ◇ Align funding proposals with your center's strategic goals and existing cancer prevention, tobacco dependence, or substance use treatment services.
      - ◇ Highlight the high prevalence of tobacco use among LGBTQ+ communities and the potential for improved health outcomes through expanded treatment services.
      - ◇ Collect program data and success stories to demonstrate need and potential impact.

- Explore insurance reimbursement options to cover behavioral counseling and pharmacotherapy costs.
  — The American Lung Association is one of several reputable organizations that includes information about coverage for tobacco cessation services on their website.

f. PLANNING FOR ADAPTATION AND GROWTH

As harm-reduction and healthcare environments evolve, centers should anticipate the need to revisit policies, workflows, and training content. This is particularly relevant when:

- New buildings or clinic sites are opened.
- Telehealth services are expanded.
- Evolving tobacco delivery mechanisms are released (e.g. vapes, nicotine pouches).
- New treatment guidelines or medications are introduced.
- Leadership transitions occur.

Planning for periodic review of policies and workflows ensures that Project ACTION remains current and effective. As shown in Appendix E, including dates like the most recent review, approval, or update, along with the next planned review, can help keep records organized and up to date. Continuing supervision of program implementation can be assigned to a sustainability team or to a quality improvement department.

Adaptability is a key principle of successful implementation. As long as the core goals remain intact – protecting health, promoting access to treatment, and maintaining a tobacco-free environment – adjustments can and should be made to meet changing needs.

✓ *Daily Operations*　　✓ *Training Systems*　　✓ *Center Identity*　　✓ *Confident Staff*
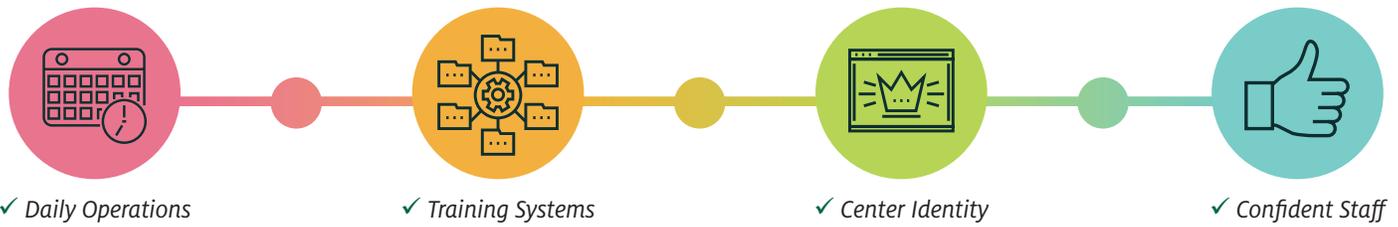
Conclusion of the Sustainment Phase

By the end of the **Sustainment** phase, Project ACTION should be fully embedded into your center's daily operations, training systems, and organizational identity. Employees should feel confident delivering brief interventions, referring clients to treatment, and upholding tobacco-free expectations. Clients and visitors should clearly understand the center's stance on tobacco use and feel supported in their quit efforts.

Sustainment does not mark an end point, but a transition from active rollout to lasting cultural change. With consistent reinforcement, internal capacity, and leadership support, your center can continue to champion tobacco treatment efforts for years to come.

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IV.

EVALUATION STRATEGY

Evaluation is an essential component of Project ACTION, designed not only to assess implementation success, but also to promote a culture of continuous quality improvement. Using an approach that integrates data monitoring with stakeholder reflection, centers can ensure that program activities lead to meaningful, lasting outcomes for clients and employees. This section outlines methods for assessing the reliability, effectiveness, and sustainability of program delivery. It is recommended to identify specific champion(s) or leadership members who will be responsible for facilitating regular evaluation.

a. ONGOING DOCUMENTATION OF ACTIVITIES AND PROGRESS

Throughout implementation, program champions and employees are encouraged to maintain monthly documentation of site-level activities.

Activities to document may include:
- Employee education sessions and provider training (e.g., attendance logs).
- Number and placement of policy signage (e.g., create maps showing signage locations to support future checks for wear, replacement, and hotspot identification).
- Distribution of pharmacotherapy (e.g., number of nicotine replacement therapy boxes provided).
- Counseling services and referrals (e.g., number of sessions delivered, referrals made).
- Number of client educational and provider support materials distributed.

Documentation can be simple and informal, yet it offers valuable insight into how the program is integrated and evolves over time.

b. PROGRAM REFLECTIONS FROM CLIENTS AND EMPLOYEES

Understanding how employees, both staff and providers, and clients receive the program is essential for sustaining progress and making informed adjustments. Centers are encouraged to collect feedback from both groups at multiple points during and after implementation. This feedback may be gathered via informal surveys, comment cards, focus groups, or brief questions following provider interactions, support group sessions, etc.

Feedback a center might explore includes:
- Employees' confidence in delivering brief interventions like the Ask-Advise-Refer (staff) or 5A's (providers) models.
- Client awareness of available resources such as referrals, counseling, or pharmacotherapy.
- Perceptions of how well the tobacco-free workplace policy is communicated and enforced.
- Client views on how inclusive treatment materials and services are, particularly when provided externally (e.g., through a quitline).
- Recommendations for how to clarify or improve access to or uptake of treatment services.

This type of engagement helps ensure the program is responsive to employee and client needs, and that policy implementation is both inclusive and practical.

c. WORKFLOW INTEGRATION MONITORING

Centers are encouraged to periodically review how well Project ACTION components have been embedded into the center's operations.

Questions to monitor may include:
- Is the tobacco use screening occurring routinely during client visits or intake?
- Are referral processes (e.g., to a quitline/external provider) being followed?
- Are employees regularly documenting how and when they address clients' tobacco use in the client record?

These reviews do not need to be exhaustive or overly technical. Often, brief debriefings or chart reviews conducted by champions or clinical leads during already scheduled employee meetings are sufficient to highlight strengths and identify areas where reinforcement is needed.

d. REGULAR CHECK-INS WITH PROGRAM CHAMPIONS

Throughout the implementation process, centers are encouraged to conduct brief interviews or discussions (aka "check-ins") with program champions and any other key employees. These activities are distinct from client and employee reflections on the program; instead, they are designed to actively engage key stakeholders in the rollout process.

These conversations can explore:
- What is working well in launching the policy and workflows.
- Challenges to implementation as they arise, and how they might be addressed.
- Employee and client responses to the new policy and availability of treatment services.
- What adaptations need to be made to fit the programs to the center's needs.
- How the program might be improved or sustained going forward.

These discussions create space for shared reflection and help generate employee-driven solutions.[26] Information gleaned from these "check-ins"

complements quantitative tracking of program activities and policies or procedures adherence and provides depth and context that can inform strategic adjustments.

e. COLLABORATIVE REVIEW AND QUALITY IMPROVEMENT

Evaluation should be a shared, reflective process. Project ACTION encourages centers to hold occasional meetings with key implementation stakeholders (e.g., program champions, center leadership, clients) focused specifically on program review. These may occur quarterly or semi-annually, depending on center capacity.

In these meetings, teams can:

- Review client and employee feedback.
- Discuss successes and opportunities for refinement.
- Decide on any adjustments needed in training, workflows, or communication.
- Reaffirm leadership support and program visibility.

This ongoing review process reinforces sustainability and keeps the program relevant as the center's needs evolve.

f. CONTRIBUTION TO BROADER LEARNING

Centers adopting Project ACTION are contributing to a growing understanding of how to address tobacco use in centers serving LGBTQ+ communities. Centers may consider sharing (with appropriate consent and deidentification) evaluation findings – whether in the form of formal reports, informal summaries, or testimonials – on their website and/ or through academic publications or presentations at professional conferences.

These insights help improve the program across sites and allow participating centers to serve as thought leaders in tobacco treatment equity for LGBTQ+ communities and workplace wellness.

✓ *Data & Dialogue*　　✓ *Structured Tracking*　　✓ *Reflective Learning*　　✓ *Collaborative Problem-Solving*

Conclusion of Evaluation Strategy

Evaluation in Project ACTION is not limited to numbers – it is a dynamic process that empowers organizations to reflect, adapt, and grow using both data and dialogue. Through consistent documentation, stakeholder feedback, and outcome monitoring, Project ACTION supports centers in creating lasting, tobacco-free environments that affirm the health and dignity of LGBTQ+ communities.

V. ANTICIPATED BARRIERS AND MITIGATION STRATEGIES
From Obstacles to Opportunities

KEY INSIGHTS

Implementing a comprehensive tobacco-free workplace program in healthcare and community centers that serve LGBTQ+ communities requires organizational change that can, at times, be met with hesitation, confusion, or resistance. Understanding and preparing for potential challenges helps ensure a smoother implementation process and increases the likelihood of long-term success. This section outlines common barriers reported by centers that participated in Project ACTION, and offers practical, experience-informed strategies for addressing them.

a. EMPLOYEE RESISTANCE OR LOW ENGAGEMENT

One of the most frequently encountered barriers is hesitancy among employees – particularly when some employees use tobacco themselves or perceive the program as punitive or unrealistic given competing responsibilities. This can be especially true in environments where tobacco use is normalized or used as a coping mechanism for stress or trauma.

Mitigation Strategies:

- **Early and transparent communication:** Emphasize that Project ACTION is designed to support – not penalize – employees and clients by creating a safer and healthier environment for everyone. Reinforce that the tobacco-free policy applies to spaces, not individuals, and that accepting tobacco treatment is always voluntary.
- **Promote employee-focused benefits:** Highlight resources available to employees interested in quitting, whether through center-provided benefits or referral services. Normalize use of these services for employees as well as clients.
- **Use peer champions:** Identify respected employees who can model tobacco-free behavior, provide informal support to peers, and help reframe the program as a supportive, community-driven effort.
- **Training as empowerment:** Frame trainings as professional development opportunities that equip employees with the best practices to support their clients, as well as communication tools for policy enforcement.

b. INCONSISTENT POLICY ENFORCEMENT

Even when policies are clearly written, enforcing them consistently can be difficult – especially in centers with multiple entry points, outdoor spaces, or shared facilities.[21, 27, 28] Inconsistent enforcement can undermine program credibility and frustrate both employees and clients.

Mitigation Strategies:

- **Develop clear protocols:** Outline what enforcement looks like across all roles, from front-desk employees to leadership, and provide enforcement scripts with simple, respectful language that emphasize empathy and support over confrontation (e.g., see our role-play video). For example: *"Hi there! Just a heads-up, this is a tobacco-free area. If you'd like, I can share some resources to help you quit."* Reinforce these scripts during training and onboarding.
- **Ensure visible signage:** Use temporary or permanent signs at entrances, exits, and high-traffic areas to clearly communicate that the space is tobacco-free (see Appendix D).
- **Designate point people:** Identify employees (e.g., program champions, supervisors) responsible for monitoring and addressing ongoing enforcement concerns. Create clear lines of accountability and ensure supervisors are prepared to address violations with employees, as well as support employees who may face resistance from clients.

c. LIMITED TIME FOR TOBACCO USE SCREENING AND INTERVENTION

Community and healthcare settings often operate with limited time and high workloads. These time constraints may reduce the likelihood that employees complete screenings or engage clients in conversations about their tobacco use.[29, 30]

Mitigation Strategies:

- **Embed into existing workflows:** Integrate screening tools (such as the tobacco use assessment) into materials available to clients or intake procedures already completed by providers.
- **Brief interventions models:** Use brief, simplified processes that take 1-3 minutes and have proven effective such as the Ask-Advise-Refer or the 5A's models.
- Provide employees with laminated quick-reference sheets or digital templates (see Appendix N).
- **Resource promotion:** Promote available tobacco treatment resources widely using all available communication channels, such as posters, pull-up banners, and social media (see Appendix G).
- **Make referrals:** Consider establishing referrals to tobacco treatment to reduce burden. For example, through connection to the Texas Tobacco Quitline, where a coach will proactively reach out within 48 hours, minimizing client effort and boosting enrollment.
- **Cross-train employees:** Train multiple roles (e.g., front-desk, case managers, providers) to share responsibility for screening and intervention

services. This distributes the workload and ensures continuity if someone is unavailable.

d. CLIENT RESISTANCE OR MISTRUST

Some clients may be hesitant to engage in tobacco treatment or perceive the policy as judgmental – especially if they have had negative experiences with healthcare providers in the past.[4]

Mitigation Strategies:

- **Use affirming, nonjudgmental language:** Frame tobacco use as a health issue, not as a failing, and acknowledge the role of stress, trauma, and industry targeting in shaping behaviors.[4, 31]
- **Offer accessible resources alongside reminders:** When informing clients about the policy, pair the message with actionable support (e.g., a "quit card", see Appendix I).
- **Use motivational techniques:** Train employees to apply the 5R's (see Appendix O) to explore ambivalence and support autonomy in decision-making.
- **Highlight community relevance:** Use culturally appropriate materials that reflect LGBTQ+ identities (see Appendix G, Appendix H, and Appendix M), acknowledge barriers, and promote resilience and empowerment.

e. EXTERNAL ENVIRONMENTAL CHALLENGES

Some centers operate within multi-tenant buildings or community hubs where enforcing a tobacco-free policy beyond their immediate space may be difficult. These limitations can reduce clarity and consistency for clients and employees.

Mitigation Strategies:

- **Work with partner organizations:** Share your plans for the new policy with partners in shared spaces (e.g., other tenants or building managers) and highlight your center's commitment to maintaining a safe, tobacco-free environment.

- **Define your perimeter:** Establish and communicate a defined tobacco-free boundary (e.g., 25 feet from entrances or windows that open). Include this boundary in policy language and signage.
- **Use temporary signage and visual cues:** Post window decals, portable banners, or sidewalk signs (e.g., A-frames/sandwich boards) to signal the policy (see Appendix D).

f. COMPETING PRIORITIES AND PROGRAM FATIGUE

Implementation may coincide with other initiatives, causing "change fatigue" or lack of prioritization. Employees may question whether the tobacco-free policy is truly important or whether the program will last.

Mitigation Strategies:

- **Align with organizational values:** Reinforce how Project ACTION supports broader center mission/s, such as promoting equity and wellness among LGBTQ+ communities.
- **Celebrate wins:** Showcase accomplishments, such as policy milestones and completed training, through recognition awards and leadership shoutouts. Recognize employee and client success stories in quitting tobacco via newsletters, team huddles, or other internal communications.
- **Integrate, don't add-on:** Embed Project ACTION core components into existing systems like employee onboarding, regular quality improvement meetings, or health campaigns to avoid redundancy.
- **Involve leadership regularly:** Ensure that leaders periodically re-emphasize the importance of the program and share updates or encouragement to keep it present in employee meetings, bulletin boards, and onboarding processes.

✓ *Navigate Resistance*　　✓ *Strengthen Engagement*　　✓ *Strong Foundation*　　✓ *Sustainable Change*
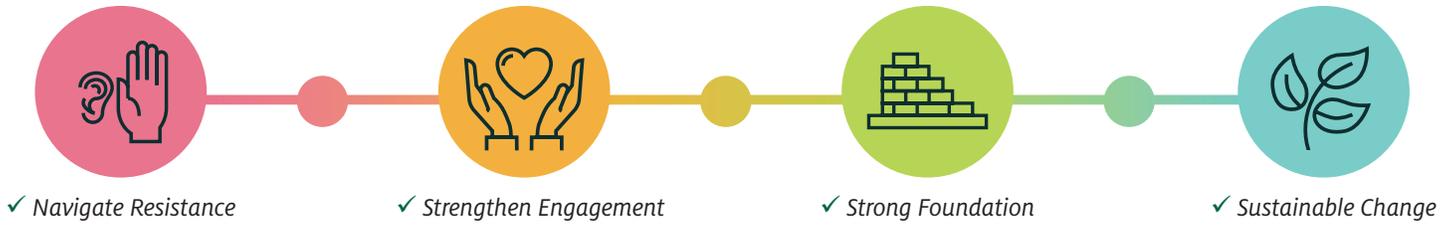
Conclusion of Anticipated Barriers and Mitigation Strategies

While barriers are a natural part of any organizational change process, they are not insurmountable. By anticipating challenges and equipping employees with compassionate, practical tools, centers can foster buy-in, support clients effectively, and maintain momentum toward lasting change. Project ACTION offers a flexible yet structured path forward—empowering organizations to create tobacco-free, affirming environments that prioritize the health and dignity of LGBTQ+ communities.
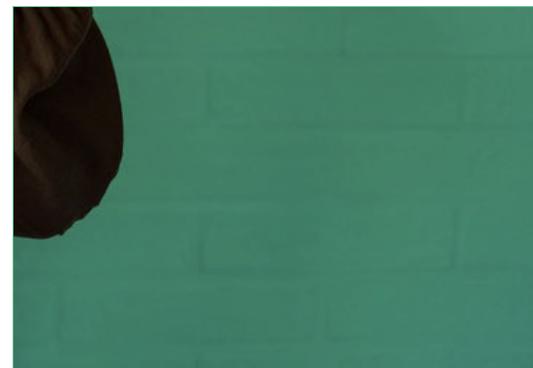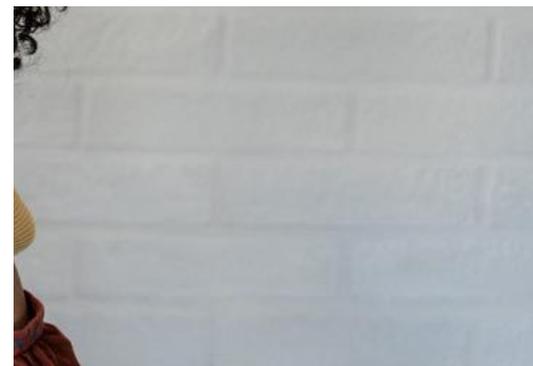
VI. FREQUENTLY ASKED QUESTIONS

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

The implementation of a tobacco-free workplace policy does not appear to significantly impact client retention or engagement, as supported by several studies,[32, 33] and our own experience. In this day and age, tobacco-free policies are common in restaurants, schools, work settings, entertainment venues, and public places; most people are used to abiding by these policies by now. However, it is important to remember that the policies do not prohibit tobacco use entirely, they just create boundaries where use is disallowed. Still, change can be difficult for clients and employees alike.

To minimize the risk of losing clients as the result of a tobacco-free workplace policy implementation, it is important to communicate the overall goal: adopting a tobacco-free workplace policy creates a healthier environment for everyone by reducing secondhand and thirdhand smoke exposure. Moreover, it can help people who are actively trying to quit by reducing their exposure to cues (e.g., the smell of cigarette smoke) that could trigger an urge to use tobacco. We highly recommend that you couple the policy announcements and reminders with information about the availability of tobacco treatment resources for clients and employees who wish to make a quit attempt.

Even if your center does not offer tobacco use counseling or medications, giving your stakeholders information about the availability of these services through the Texas Tobacco Quitline or increasing awareness of specific allowances in your employees' medical insurance coverage can go a long way toward a successful policy rollout. For more information on external treatment resources, see Appendix K.

2. 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?

It is still possible to effectively implement and enforce your tobacco-free workplace policy, even if your center is in a shared space. One approach is to clearly define a specific distance (e.g., 25 feet) around your entrance and exits where tobacco use is prohibited, and even around windows too if they are capable of opening to let in outside air. Although you may face limitations with the installation of permanent signage about the policy due to the shared space, temporary signage can be an effective tool. For instance, outdoor stands and window or door decals can inform visitors, clients, and employees that your center maintains a tobacco-free policy during business hours. Examples of signage can be found in Appendix D.

Remember, if tobacco use continues near your center, this is a great opportunity to remind people about the policy and provide them with resources, such as information about the Texas Tobacco Quitline, in case they would consider making a quit attempt.

3. How can we ensure that support for tobacco treatment is implemented in a way that minimizes clients' stress and does not impact our clients' mental health?

The steps outlined in the Exploration and Preparation phases, particularly around engaging employees and stakeholders early, are intentionally designed so that the context of your workplace guides the implementation process. Regular evaluation touchpoints will allow you to assess client levels of stress and comfort with the changes and new culture.

Employees should emphasize the benefits of quitting tobacco as a step toward overall well-being to ensure support for quitting minimizes clients' stress. In fact, quitting tobacco use concurrently with mental health or substance use care has the potential to *benefit* recovery. There are numerous benefits of quitting tobacco use, including lower anxiety and depression, improved mood and positive outlook, better quality of life, an enhanced sense of control over life, improved sleep and concentration, and even increased medication effectiveness![34, 35] Medical benefits include improved HIV management, better surgical outcomes and decreased surgical risks (including

gender-affirming surgery), decreased cancer risk, and reduced cardiovascular risk, which is especially important when taking gender-affirming hormones.[36, 37]

Importantly, given that quitting tobacco use often requires multiple quit attempts,[38] it is vital to create a supportive environment where clients feel encouraged to continue their journey, not pressured. If your clients experience relapse to tobacco use, encourage them to try quitting again. Reframing quit attempts that did not endure as opportunities to learn about situations that triggered urges can be helpful for handling them without using in the future. Engage in conversations to identify things that did work during the prior quit attempt, convey your support, and use strategies to rebuild motivation to quit, if possible. For more information on motivational strategies like the 5R's model (Relevance, Risks, Rewards, Roadblocks, Repetition), see Appendix N.

4. How can we best support clients to prevent relapse to tobacco use during their quit journey?

Supporting clients in preventing relapse begins with proactive planning and ongoing encouragement throughout their quit journey. Proactive planning starts with the lasting cultural change for your center to create those supportive environments, free from tobacco use triggers, that help prevent relapse.

You can also support clients by helping them identify high-risk situations in advance. Teaching

clients coping strategies is critical. Encourage them to plan to avoid or to step away from triggering situations. In addition, positive self-talk and mental reinforcement can be powerful tools. Lastly, it is important to normalize relapse as part of the journey; it should not be seen as a failure.

If you are a healthcare provider, one of the most effective strategies is helping clients create a personalized quit plan. This plan should include a combination of medication (such as varenicline, bupropion, or nicotine replacement therapy) and counseling, both of which have been shown to significantly improve quit success and reduce the risk of relapse.

Nicotine dependence is a chronic, relapsing condition.[39, 40] By combining practical tools, emotional encouragement, and medical support, you can help clients build resilience and confidence in maintaining a tobacco-free life.

5. Some of our center's employees use tobacco themselves. How can we secure employee support for implementing this program?

To secure employee support for implementing a tobacco-free workplace 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, clients, and visitors. This is particularly important to support non-tobacco users, those undergoing a quit attempt, and even former tobacco users who want to stay

quit. Engaging employees in the process is key; involve them early in planning the program rollout, provide a clear timeline, and outline the steps your center will take to implement the program while simultaneously promoting the availability of tobacco treatment resources. For examples of how to communicate the updated tobacco-free policy and available tobacco treatment resources, see Appendix B and Appendix G, respectively.

6. Should we recommend vaping as a harm reduction strategy for clients 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. Vapes contain toxic substances and are not FDA-approved to treat tobacco dependence.[41, 42] There are proven, evidence-based medications that are safer and more effective for quitting.[41] Seven FDA-approved options exist: over-the-counter nicotine patch, gum, and lozenge, as well as prescription nicotine inhaler and nasal spray, bupropion SR, and varenicline. These can be used alone or in combination to increase quit success.

7. Due to staffing constraints, our center is currently unable to fully implement a comprehensive tobacco treatment program. What would be the most effective way to connect our clients with available resources?

If you cannot implement a comprehensive tobacco-free workplace program at your center, one of

the best ways to connect clients with treatment resources is to employ the Ask-Advise-Refer model, ideally providing clients with a direct referral to the Texas Tobacco Quitline (aka the Ask-Advise-Connect method). Once a direct referral is submitted, a Quitline coach will contact the client within 48 hours to start the program. A direct referral can be made to the Quitline multiple ways, including:

- Fax
- Texas Quitline App
- Online Referral Portal
  — For healthcare providers
  — For community organizations
- Electronic Health Record

Referring healthcare providers covered by HIPAA can elect to receive a report once their client is enrolled. For more information about referral methods, please visit the Quitline referrals page. Appendix P also displays snapshots of the Texas Quitline App, which, in addition to serving as a method for direct referrals, provides resources and support for providers.

8. What specific services are available for clients under the age of 18?

Texas residents aged 13 and older who use any tobacco product can be referred to the Texas Tobacco Quitline for free support. For clients 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.

Several LGBTQ+ specific resources have been specifically created by and with members of the community in collaboration with the Project ACTION team to ensure messaging that resonates with and is responsive to the needs of clients.

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.

Another free resource is the EX Program (formerly known as "This is Quitting"). It is a text message-based program for individuals 13 and older. It offers a personalized experience based on factors like age and tobacco product type. Smokefree.gov is also a valuable resource hub for individuals looking to quit smoking, including resources specifically for teens. It offers a variety of evidence-based programs and tools designed to support a smoke-free lifestyle (see **Appendix K** for more information). However, it is important to note that these offerings may change over time; a simple search on the internet can be helpful to navigate any changes in offerings.

9. Are there any LGBTQ+ specific resources we can tell our employees and clients about to support them in their quit attempts?

Several LGBTQ+ specific resources have been specifically created by and with members of the community in collaboration with the Project ACTION team to ensure messaging that resonates with and is responsive to the needs of clients. The materials are designed such that you can use them as is, and centers are also welcome to tailor each to fit their unique needs, promoting adoption and ownership among employees and

leadership. Project ACTION maintains a website where resources can be accessed freely.

Additionally, there are several national resources that are tailored to support LGBTQ+ individuals in their tobacco quit journey (see Appendix O).

10. **How can we get more training or resources in how to address tobacco use with our LGBTQ+ clients?**

There are several resources available to enhance your knowledge and skills in addressing tobacco use in LGBTQ+ communities. Asynchronous trainings used in Project ACTION are one place to start. In particular, we recommend *Tobacco Dependence: Education and Training* and *LGBTQ+ Affirming Care and Smoking Cessation*. The first training provides an overview of the risks of tobacco use, challenges and barriers impacting tobacco use in LGBTQ+ communities, evidence-based treatment for tobacco dependence, and the benefits of a tobacco-free workplace policy. The second training provides information on how tobacco use is impacting LGBTQ+ communities and some explanations on why people within these communities use tobacco products at higher rates than heterosexual and cisgender people.

Also, Appendix L includes a variety of general tobacco training and educational resources. Additionally, several listservs provide notifications of training opportunities that you may wish to sign up for to learn about upcoming training opportunities, including the following:

• University of California at San Francisco Smoking Cessation Leadership Center
   — The Communiqué and 100 Pioneers
• American Lung Association
   — Lung Association Insider
• Tobacco Online Policy Seminar
   — Mailing List
• National Council for Mental Wellbeing
   — National Council News
• National Center of Excellence for Tobacco-Free Recovery
   — Mailing List

Back to Table of Contents

Resource Spotlight!

Don't want to sort through multiple listservs? Taking Texas Tobacco Free sends out a curated training list twice a month, featuring free webinars and training opportunities focused on tobacco/nicotine dependence treatment, along with a highlighted resource (e.g., client-facing education material, government reports, etc.). To subscribe, email TakingTexasTobaccoFree@gmail.com with the subject line "ACTION Training List".

VII. APPENDICES

APPENDIX A – TOBACCO-FREE WORKPLACE PROGRAM EDUCATION MATERIALS FOR LEADERSHIP

To request editable/downloadable files, please reach out to us at TakingTexasTobaccoFree@gmail.com.

Take pride in your health, quit smoking/tobacco today.

About our Program

Getting Started

- Establish expectations between our team and your center

- Help our team get to know your center through surveys and interviews

- Determine the data your center can report and how we compensate

Building It

Work alongside one another to:

- Enhance training and skill development

- Establish policies and procedures

- Customize and order educational and cessation resources

Wrapping It Up

- Strategize how to ensure long-term success of the program

- Learn about the changes your center made in response to the program through surveys and interviews

Continuous Quality Improvement

Regular Check-ins

Monthly Reporting

Implementing a Tobacco-Free Workplace Policy

Key Benefits

Improved Health Outcomes

- ✓ Protects non-smokers from second- and third-hand smoke exposure
- ✓ Encourages quit attempts among current smokers
- ✓ Reduces risk of tobacco-related diseases
- ✓ Enhances overall quality of life for members
- ✓ Changes social norms around tobacco use

Workplace Advantages

- ✓ Reduces staff absenteeism
- ✓ Increases staff productivity
- ✓ Reduces smoking-related fires
- ✓ Averts medical costs
- ✓ Reduces litter (e.g., cigarette butts) on the grounds

Treatment Benefits

- ✓ Supports tobacco use cessation by eliminating environmental triggers
- ✓ Improves mental health outcomes for members who quit smoking
- ✓ Complements existing behavioral health treatment programs
- ✓ Supports long-term sobriety in substance use treatment centers

Implementation Success Factors

Policy Components

- ✓ Complete prohibition of all nicotine and tobacco products, including vapes
- ✓ Applicability and scope include zero exceptions
- ✓ Compliance guidelines, responsibilities, and consequences are defined
- ✓ Paired with cessation resources and support

Support Services

- ✓ Make resources available for staff and members interested in quitting
- ✓ Provide access to FDA-approved cessation medications
- ✓ Educate staff and members on tobacco use harms and cessation benefits
- ✓ Train staff on policy enforcement methods

Best Practices

- ✓ Display clear signage throughout facilities
- ✓ Provide advance notice of policy implementation
- ✓ Offer comprehensive staff training before enactment
- ✓ Enforce the policy consistently
- ✓ Make cessation resources available prior to enforcement
- ✓ Monitor and evaluate policy effectiveness

Addressing Common Concerns & Clarifying Goals

In the 10+ years our team has been implementing tobacco-free workplace programs in Texas, these are the most common concerns that arise:

1 Tobacco-free workplace policies will cause members to seek services elsewhere.
- Scientific studies show **a tobacco-free workplace policy has no significant effect on census**, which reflects our observation with partners.

2 Smoking is a right staff and members have.
- Courts in the U.S. have consistently ruled that **smoking is a privilege that can be restricted to protect others**.

3 Tobacco-free policies force staff and/or members to quit.
- The policy **does not require anyone to quit**.
- The goal of the policy is to provide a tobacco-free environment that:
  - **Protects non-tobacco users**.
    - No level of second-hand smoke exposure is safe.
  - **Provides support to tobacco users**, most of whom want to quit.

4 E-cigarettes/vapes are recommended as part of a harm reduction approach.
- **The long-term health effects are unknown**.
- E-cigarettes/vapes:
  - **May be less harmful than combustible products**.
    - However, they **contain harmful chemicals and are not risk-free**.
  - **Are not FDA-approved for smoking cessation**.

APPENDIX B – TOBACCO-FREE WORKPLACE POLICY ANNOUNCEMENT EMAIL EXAMPLE

Finn's Place policy announcement email:

At Finn's Place, we are committed to fostering a healthy, supportive environment for our community. As part of our ongoing dedication to improve the well-being of our members and staff, we are excited to announce **a new tobacco-, smoke-, and vapor-free policy**! To support all members, a designated smoking area will be provided. This offers a safe space for those who smoke, while also **protecting the health and comfort** of non-smokers and those working to quit by keeping **shared areas smoke-free**. The policy will take effect on **September 18, 2025**, and will apply to all members, visitors, employees, volunteers, and vendors while on our property. We encourage everyone to work together to create a healthier space for all.

As part of our commitment to health, Finn's Place is offering resources to those who want to quit tobacco, smoke, and/or vapor products. We recommend the Texas Tobacco Quitline, which offers five counseling sessions and eight weeks of combination nicotine replacement therapy to each individual twice a year, at no cost.

- **For staff to self-refer:** Call 1-877-YES-QUIT (1-877-937-7848), visit www.yesquit.org, or scan the QR code below., or scan the QR code below.

- **For staff to refer a member:** A training session on the referral process will be held on September 15, 2025, providing all the information you need to make successful referrals.

Thank you for your support as we make Finn's Place a tobacco-, smoke-, and vapor-free space! Together, we can improve the health and wellness of our community.

APPENDIX C – TOBACCO-FREE WORKPLACE POLICY EXAMPLE

The Montrose Center tobacco-free workplace policy

11.2.2 SMOKING/TOBACCO POLICY

The Montrose Center is a health care facility and as such is subject to Article IX of the Houston Health Code - Smoking in Public Places and HHS-SAS Licensure and Contract Standards. Therefore all the Center facilities and activities shall be non-smoking/tobacco free.

Purpose:
The 2006 U.S. Surgeon General's Report, The Health Consequences of Involuntary Exposure to Tobacco Smoke, has concluded that (1) secondhand smoke exposure causes disease and premature death in children and adults who do not smoke; (2) children exposed to secondhand smoke are at an increased risk for sudden infant death syndrome (SIDS), acute respiratory problems, ear infections, and asthma attacks, and that smoking by parents causes respiratory symptoms and slows lung growth in their children; (3) exposure of adults to secondhand smoke has immediate adverse effects on the cardiovascular system and causes coronary heart disease and lung cancer; (4) there is no risk-free level of exposure to secondhand smoke; (5) establishing smokefree workplaces is the only effective way to ensure that secondhand smoke exposure does not occur in the workplace, because ventilation and other air cleaning technologies cannot completely control for exposure of nonsmokers to secondhand smoke; and (6) evidence from peer-reviewed studies shows that smokefree policies and laws do not have an adverse economic impact on the hospitality industry. According to the 2010 U.S. Surgeon General's Report, How Tobacco Smoke Causes Disease, even occasional exposure to secondhand smoke is harmful and low levels of exposure to secondhand tobacco smoke lead to a rapid and sharp increase in dysfunction and inflammation of the lining of the blood vessels, which are implicated in heart attacks and stroke. According to the 2014 U.S. Surgeon General's Report, The Health Consequences of Smoking—50 Years of Progress, secondhand smoke exposure causes stroke in nonsmokers. The report also found that since the 1964 Surgeon General's Report on Smoking and Health, 2.5 million nonsmokers have died from diseases caused by tobacco smoke. There is indisputable evidence that implementing 100% smoke-free environments is the only effective way to protect the population from the harmful effects of exposure to secondhand smoke.

Definitions:
"Tobacco" means any substance containing tobacco leaf, including but not limited to, cigarettes, cigars, pipe tobacco, hookah tobacco, snuff, chewing tobacco, dipping tobacco, bidis, blunts, clove cigarettes, or any other preparation of tobacco; and any product or formulation of matter containing biologically active amounts of nicotine that is manufactured, sold, offered for sale, or otherwise distributed with the expectation that the product or matter will be introduced into the human body by inhalation, ingestion, or absorption; but does not include any cessation product specifically approved by the U.S. Food and Drug Administration for use in treating nicotine or tobacco dependence.

"Electronic Smoking Device" means any product containing or delivering nicotine or any other substance intended for human consumption that can be used by a person in any manner for the purpose of inhaling vapor or aerosol from the product. The term includes any such device, whether manufactured, distributed, marketed, or sold as an e-cigarette, e-cigar, e-pipe, e-hookah, or vape pen, or under any other product name or descriptor.

"Employee" means a person who is employed or on contract with Montrose Center in consideration for direct or indirect monetary wages or profit, or a person who volunteers his or her services for a non-profit entity.

APPENDIX C – TOBACCO-FREE WORKPLACE POLICY EXAMPLE
(CONTINUED)

All tobacco products including, but not limited to: cigarettes, cigars, pipes, water pipes (hookah), bidis, electronic cigarettes (vapes), smokeless tobacco, snuff and chewing tobacco are prohibited making the Montrose Center building and grounds 100% tobacco-free at all times. Smoking or use of tobacco products shall not be permitted in any part of the buildings, parking lots and building fronts, rental space or in vehicles as described below. This policy applies to all employees, interns, volunteers, tenants, renters and visitors. Vending machines that dispense tobacco products shall not be permitted on the premises. Staff, student interns and volunteers shall not provide, distribute, or facilitate participants' access to tobacco products. All children and adolescent/youth client/participants shall be prohibited from using tobacco products on-site or during sponsored structured activities. Further adults, including staff members, visitors, volunteers and clients, shall not use tobacco products in the presence of children or adolescent participants in the Center programs including outreach contacts in the field. The Montrose Center became a completely tobacco-free campus 6.1.12.

Vehicles:
At all times that staff members are deemed to be on compensated work time, including during compensated travel time in their own vehicle in connection with the performance of their job duties, then that vehicle is considered to be the Center work environment and staff members are subject to all of the Policies & Procedures established by the Center.

It is the desire and intention of the Center to maintain a safe work environment at all times, including times that work is performed outside of the Center offices. When traveling in a private vehicle for the performance of job duties, all occupants of the vehicle shall behave in an appropriate and respectful manner towards the other occupants. Specifically, no activity or conversation may be engaged in that is offensive or objectionable to any other occupant of the vehicle, including but not limited to smoking and playing loud music. No staff member may smoke or use tobacco products in any private vehicle while engaged in the Center business unless they is alone in the vehicle. This shall not be construed as authorizing the use of separate vehicles for the convenience of the staff member or any other reason when more than one staff member is going to the same location.

For all guests of the Center, including but not limited to vendors, contractors, and clients, smoking or use of tobacco products in personal vehicles while on the Center's property is not allowed.

Enforcement: Violation of tobacco use regulations:
All employees, visitors and contractors are responsible for the respectful enforcement of this policy.
- Employee Violation Procedures:
  - Any employee who willfully (knowingly) violates the Center's tobacco use regulations shall be subject to disciplinary procedures.
  - Violation Procedures are as follows:
    - There are no verbal warnings for violations of this policy;
    - Any violations of this policy will result in a minimum of a referral to the Employee Assistance Program;
    - Continuous violation of the policy shall be subject to the Personnel Policy Disciplinary Action §8.07.
  - Individuals that refuse to follow the policy shall be reported to Human Resources and their supervisor.

APPENDIX C – TOBACCO-FREE WORKPLACE POLICY EXAMPLE
(CONTINUED)

Tobacco Cessation Services:

Any employee, intern, volunteer or visitor who uses tobacco will be offered tobacco cessation services at the Center or by referral. The following are local organizations that offer tobacco cessation services:

Human Resources x885	
Quitline at https://www.yesquit.org/ 1.877.YES.QUIT	
Nicotine Anonymous - referrals to groups 713.827.5989	American Lung Association of Texas Freedom from Smoking Manuals & workbooks 1.800.586.4872 and press 2
M. D. Anderson Cancer Center - individual counseling - 713.792.0919 or nicotinestudy.org	American Cancer Society – 1.800.227.2345

Candles:

The use of candles in any of the Center's facilities shall not be routinely permitted. A Therapist who uses a candle in a therapeutic ritual may only do so under the following conditions:

- prior staffing with and permission from their supervisor to use a candle
- all candles must be unscented;
- all candles must be votive or tapers; and
- all candles must be extinguished when the Therapist leaves the room.

Any staff member not complying with this policy shall be subject to immediate disciplinary action which shall be determined based on the nature, severity and frequency of the prohibited behavior.

APPENDIX D – TOBACCO-FREE WORKPLACE POLICY SIGNAGE EXAMPLES

To request editable/downloadable files, please reach out to us at TakingTexasTobaccoFree@gmail.com.

Indoor and outdoor tobacco-free workplace signage for the Coastal Bend Pride Center:

APPENDIX D – TOBACCO-FREE WORKPLACE POLICY SIGNAGE EXAMPLES (CONTINUED)

Bench signage to enhance policy enforcement at Coastal Bend Wellness Foundation:

Tobacco-free signage on a bench at Coastal Bend Wellness Foundation reinforces the policy in an area with high tobacco use.

APPENDIX D – TOBACCO-FREE WORKPLACE POLICY SIGNAGE EXAMPLES (CONTINUED)

Parking lot signage to enhance policy enforcement at The Montrose Center:

Example window or door decal (cling) that can serve as temporary signage in leased spaces where permanent building-mounted signage is not allowed:

APPENDIX E – TOBACCO USE ASSESSMENT EXAMPLES

For downloadable examples, visit our provider resources page.

Tobacco use assessment from The Montrose Center:

Tobacco Use Screening (including cigarettes, e-cigarettes/vapes, chewing tobacco, etc.):
☐ Current every day smoker ☐ Current some day smoker ☐ Former smoker ☐ Never smoker
☐ Smoker, current status unknown   ☐ Unknown if ever smoked
If you currently use nicotine, please tell what, how much, and how often?_____

If you are a current user, are you interested in quitting in the next 30 days? ☐ Y ☐ N

Have you ever attempted to quit? ☐ Y ☐ N

        If so, when was the last attempt to quit?_____

If you are a former user of nicotine products, how long has it been since you quit? _____

Do you have a desire to quite using tobacco product(s)? (Please note that even if you say no now, you can still add these items to your treatment at a later date) ☐ Y ☐ N

APPENDIX E – TOBACCO USE ASSESSMENT EXAMPLES
(CONTINUED)

Example comprehensive tobacco use assessment:

TOBACCO USE ASSESSMENT FORM

Date of Assessment: _____

Note: *For the purposes of this assessment, the term "tobacco" refers generally to any product that contains tobacco or nicotine, including cigarettes, cigars, smokeless tobacco, e-cigarettes, hookah, etc.*

Section 1. Personal Information				
Name			**Age**	

Section 2. Tobacco Usage
Have you ever used tobacco? ☐ Yes ☐ No   **If No**, ask next question, then assessment is complete.
Do you live with a tobacco user? ☐ Yes ☐ No   **If Yes,** provide information on secondhand smoke.
Do you currently use tobacco? ☐ Yes ☐ No   **If No**, indicate date of last use: _____
Which types of tobacco do you currently use? (Read out loud options as needed). ☐ Cigarettes (complete **Section 2A**)   ☐ Electronic cigarette/vape (complete **Section 2B**) ☐ Smokeless tobacco (complete **Section 2B**)   ☐ Other (*Please specify*): _____ (complete **Section 2B**)

2A. For individuals who smoke cigarettes:
i. For <u>daily smokers</u>: On average, how many cigarettes do you smoke **per day?** _____ For how many years have you smoked? _____
ii. For <u>non-daily smokers</u>: On average, how many cigarettes do you smoke **per month**?: _____

2B. For Individuals who selected non-cigarette tobacco use (complete applicable row/s):				
	How many days do you use per <u>week</u> or <u>month</u>? (circle one).	**i.** <u>Daily users</u>: How much do you use per day?	**ii.** <u>Non-daily users</u>: How much do you use each time you use?	How long have you used this product? (months and/or years)
Smokeless tobacco use				
Electronic cigarette/vape				
Other:				

| Section 3. Quit Attempts |
|---|
| Have you ever attempted to quit tobacco?   Yes When was your last quit attempt? _____   No |
| Did you use anything to help you quit in previous quit attempts? (*Read out loud options as needed. Check all that apply.)*
☐ No, Cold turkey (quit with no help/guidance/medication)   ☐ Counseling/quit group
☐ Nicotine Replacement Therapy: ○ patch   ○ gum   ○ lozenge   ○ inhaler   ○ spray
☐ Prescription medication (Chantix/Wellbutrin/Zyban)   ☐ Hypnosis/acupuncture
☐ If other, please specify: _____ |
| Do you have a desire to quit using tobacco product(s)?   ☐ Yes   ☐ No   ☐ Unsure
If yes, go to **Section 4A**. If no or unsure, go to **Section 4B**. |

Section 4. Services or Intervention Provided Today
4A. Complete following only if <u>ready</u> to quit:

What services were provided to assist the person to quit using tobacco products?
  ☐ Distributed NRT Product (check which were provided)
    ○ 21 mg nicotine patch   ○ 14 mg nicotine patch   ○ 7 mg nicotine patch
    ○ 4 mg nicotine gum   ○ 4 mg nicotine lozenge   ○ inhaler   ○ spray
  ☐ Prescribed prescription medication (circle medication used: Chantix/ Wellbutrin/ Zyban)
  ☐ Referral to call the Texas Quitline   ☐ Other service provided (*specify*): _____

4B. Complete following only if <u>not ready</u> to quit (or <u>unsure</u>):

What Intervention was provided to the person? *(Check all that apply)*
☐ Advised person to quit tobacco   ☐ Provided card to Texas Quitline   ☐ Discussed 5Rs
☐ Rack card provided *(check which were provided)*
    ○ secondhand smoke   ○ smoking and pregnancy   ○ substance use   ○ mental health
    ○ electronic cigarettes/vapes   ○ displaced individuals   ○ pain/opioid   ○ physical disabilities
☐ Provided Motivational Interviewing   ☐ Agreed to discuss at next visit

APPENDIX F - TOBACCO USE ASSESSMENT DELIVERY CARD

To request editable/downloadable files, please reach out to us at TakingTexasTobaccoFree@gmail.com.

Coastal Bend Pride Center index card–sized print material designed to allow clients and employees to self-refer:

Front
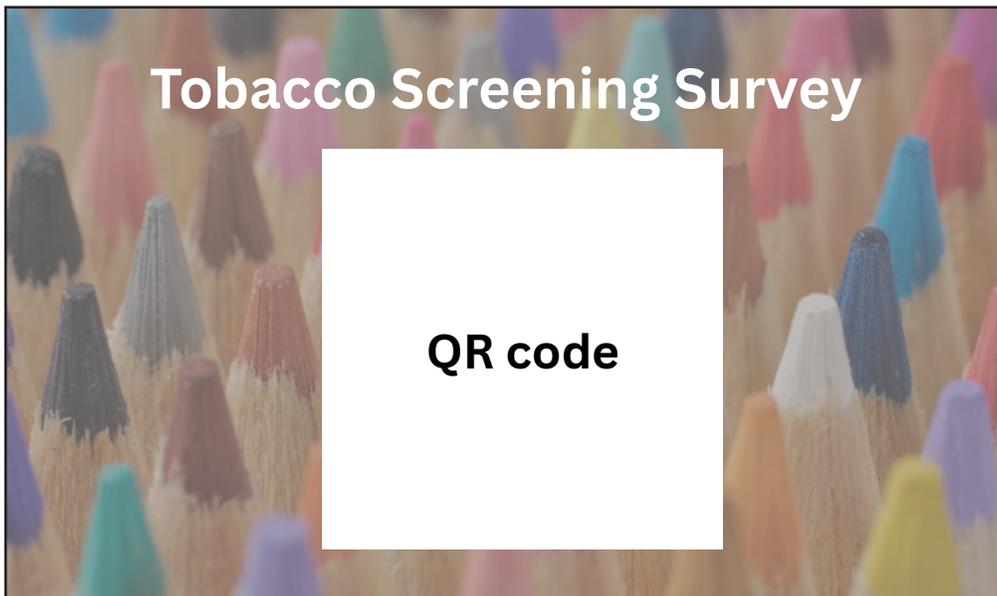
Back

APPENDIX G – TOBACCO TREATMENT SERVICES PROMOTION EXAMPLES

Coastal Bend Pride Center flyer and pull-up banner to notify employees and clients:

To request editable/downloadable files, please reach out to us at TakingTexasTobaccoFree@gmail.com.

COASTAL BEND WELLNESS FOUNDATION
YOUR COMMUNITY HEALTH CENTER

At Coastal Bend Pride Center, your well-being is our priority. That's why we offer a free tobacco cessation program designed to support you on your path to a healthier, tobacco-free life.

WHAT THE PROGRAM OFFERS:

- **One-on-one support**
- Access to **nicotine replacement therapy**
- **Referrals** to medical and community resources

WHY IT MATTERS:

- LGBTQ+ communities are significantly more likely to use tobacco products than heterosexual or cisgender adults.
- This puts our communities at greater risk for serious health conditions, including lung cancer, heart disease, and chronic respiratory illness.

As part of our commitment to a tobacco-free workplace and community, we're here to support you when you're ready to take the next step.

(XXX) XXX-XXXX

@ XXX@XXX.XXX

Coastal Bend PRIDE Center

APPENDIX G – TOBACCO TREATMENT SERVICES PROMOTION EXAMPLES (CONTINUED)

COASTAL BEND WELLNESS FOUNDATION
YOUR COMMUNITY HEALTH CENTER

At Coastal Bend Pride Center, your well-being is our priority. That's why we offer a free tobacco cessation program designed to support you on your path to a healthier, tobacco-free life.

WHAT THE PROGRAM OFFERS:

• **One-on-one support**

• Access to **nicotine replacement therapy**

• **Referrals** to medical and community resources

WHY IT MATTERS:

• LGBTQ+ communities are significantly more likely to use tobacco products than heterosexual or cisgender adults.

• This puts our communities at greater risk for serious health conditions, including lung cancer, heart disease, and chronic respiratory illness.

As part of our commitment to a tobacco-free workplace and community, we're here to support you when you're ready to take the next step.

📞 (XXX) XXX-XXXX   @ XXX@XXX.XXX

Coastal Bend PRIDE Center

QR code

APPENDIX G – TOBACCO TREATMENT SERVICES PROMOTION EXAMPLES (CONTINUED)

Montrose Center banner to notify employees:

To request editable/downloadable files, please reach out to us at TakingTexasTobaccoFree@gmail.com.

At the Montrose Center, we care about the well-being of our staff. That's why we offer a free, tobacco cessation program to support you on your journey to a healthier, tobacco-free life.

OUR PROGRAM INCLUDES:
- Personalized quit plans
- One-on-one peer coaching
- Nicotine replacement therapy (as funds permit)
- Referrals to medical and community resources

WHY IT MATTERS:
- LGBTQ+ communities are significantly more likely to use tobacco products than heterosexual or cisgender adults.
- This puts our communities at greater risk for serious health conditions, including lung cancer, heart disease, and chronic respiratory illness.

As part of our commitment to a tobacco-free workplace, we're here to support you when you're ready to take the next step. **To learn more or get started, contact Kirby and Steven in Recovery Coaching.**

En el Montrose Center, nos interesa el bienestar de nuestros empleados. Por eso ofrecemos un programa gratuito de apoyo para dejar el tabaco que le ayudará a llevar una vida más sana y sin tabaco.

NUESTRO PROGRAMA INCLUYE:
- Planes personalizados para dejar de fumar
- Soporte personalizado entre iguales
- Terapia de sustitución de nicotina (si los fondos lo permiten)
- Remisiones a recursos médicos y comunitarios

POR QUÉ ES IMPORTANTE:
- Las comunidades LGBTQ+ tienen muchas más probabilidades de consumir productos del tabaco que los adultos heterosexuales o cisgénero.
- Esto expone a nuestras comunidades a un mayor riesgo de padecer enfermedades graves, como cáncer de pulmón, cardiopatías y enfermedades respiratorias crónicas.

Como parte de nuestro compromiso por un lugar de trabajo sin tabaco, estamos aquí para apoyarte cuando estés listo para dar el siguiente paso. **Para obtener más información o empezar, póngase en contacto con Kirby y Steven en Recovery Coaching.**

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Como parte de nuestro compromiso por un lugar de trabajo sin tabaco, estamos aquí para apoyarte cuando estés listo para dar el siguiente paso. **Para obtener más información o empezar, póngase en contacto con Kirby y Steven en Recovery Coaching.**

APPENDIX G – TOBACCO TREATMENT SERVICES PROMOTION EXAMPLES (CONTINUED)

Finn's Place Social Media Toolkit:

To request editable/downloadable files, please reach out to us at TakingTexasTobaccoFree@gmail.com.

Sample social media post images:

Instagram post carousel 1
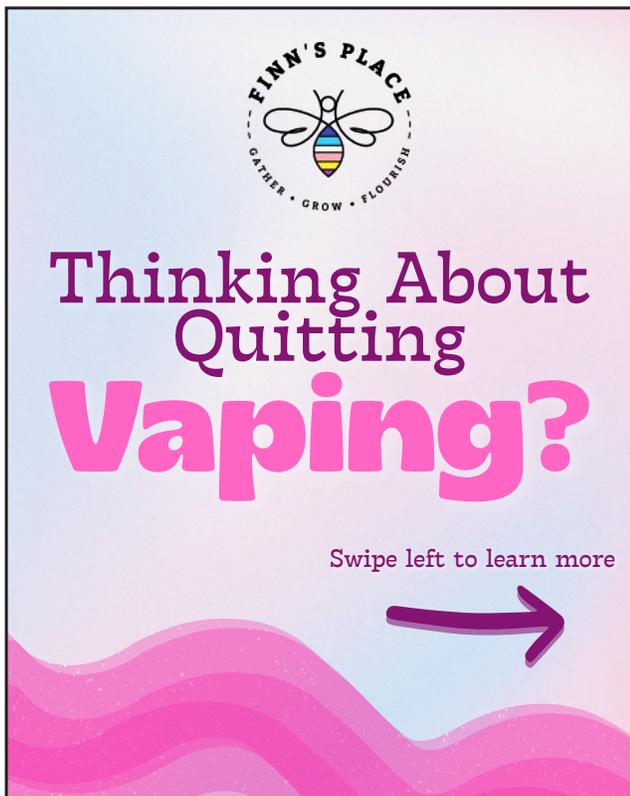
APPENDIX G – TOBACCO TREATMENT SERVICES PROMOTION EXAMPLES (CONTINUED)

Instagram post carousel 2

APPENDIX G – TOBACCO TREATMENT SERVICES PROMOTION EXAMPLES (CONTINUED)

Instagram post carousel 3

APPENDIX G – TOBACCO TREATMENT SERVICES PROMOTION EXAMPLES (CONTINUED)

Instagram post carousel 4
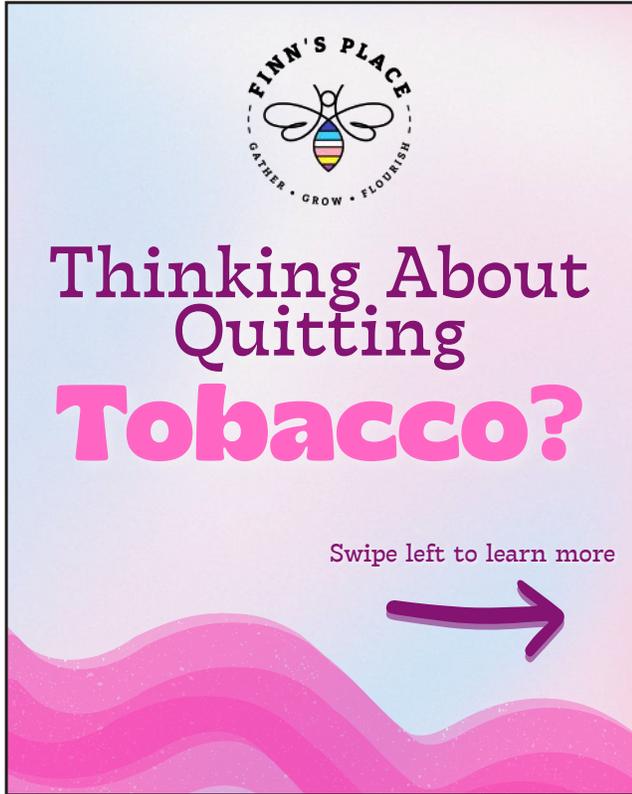
APPENDIX G – TOBACCO TREATMENT SERVICES PROMOTION EXAMPLES (CONTINUED)

Coastal Bend Pride Center social media toolkit:

To request editable/downloadable files, please reach out to us at TakingTexasTobaccoFree@gmail.com.

Sample social media post text:

🚭 ✨ **Smoking Cessation Program!** ✨ 🚭

The Pride Center is thrilled to announce the launch of our Smoking Cessation Program, designed to support LGBTQ+ individuals ready to take the first step toward a tobacco-free life! 🫁 🚳

This FREE program includes:
- ☑ Personalized counseling
- ☑ Nicotine Replacement Therapy (NRT)
- ☑ Access to medical & community resources
- ☑ Educational materials & coaching
- ☑ Ongoing follow-up for long-term success

How to enroll:
- ☞ Schedule an appointment with the Pride Center
- ☞ Call xxx-xxx-xxxx / email xxx@xxx.xxx

Let's work together to create a smoke-free environment! Know someone who could benefit? Spread the word & refer them today! 🌈 💗

#TobaccoFree #LGBTQHealth #QuitSmoking #HealthJourney #SupportAndSuccess

APPENDIX G – TOBACCO TREATMENT SERVICES PROMOTION EXAMPLES (CONTINUED)

Sample social media post images:

APPENDIX G – TOBACCO TREATMENT SERVICES PROMOTION EXAMPLES (CONTINUED)

Have you heard?

We offer support to help you quit nicotine and tobacco use for good.

📞 (xxx)-xxx-xxxx
@ xxx@xxx.xxx

Coastal Bend PRIDE Center

Have you heard?

We offer nicotine replacement therapy to help you quit tobacco use.

📞 (xxx)-xxx-xxxx
@ xxx@xxx.xxx

Coastal Bend PRIDE Center

Coastal Bend PRIDE Center

Smoking damages nearly every organ in your body—starting with your lungs.

It's never too late to quit.

📞 (xxx)-xxx-xxxx
@ xxx@xxx.xxx

If you knew quitting today added years to your life...would you do it?
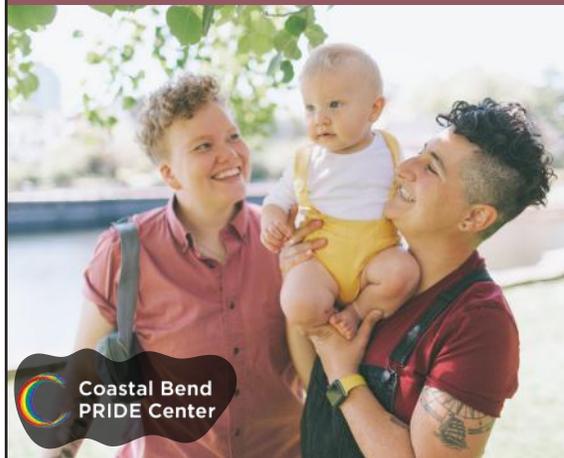
Coastal Bend PRIDE Center

Contact us for support.

📞 (xxx)-xxx-xxxx
@ xxx@xxx.xxx

APPENDIX G – TOBACCO TREATMENT SERVICES PROMOTION EXAMPLES (CONTINUED)

The Montrose Center social media toolkit:

These posts were developed by the Tobacco Cessation Clinic Enhancement Program (TCCEP) team for The Montrose Center.

Sample social media post images:
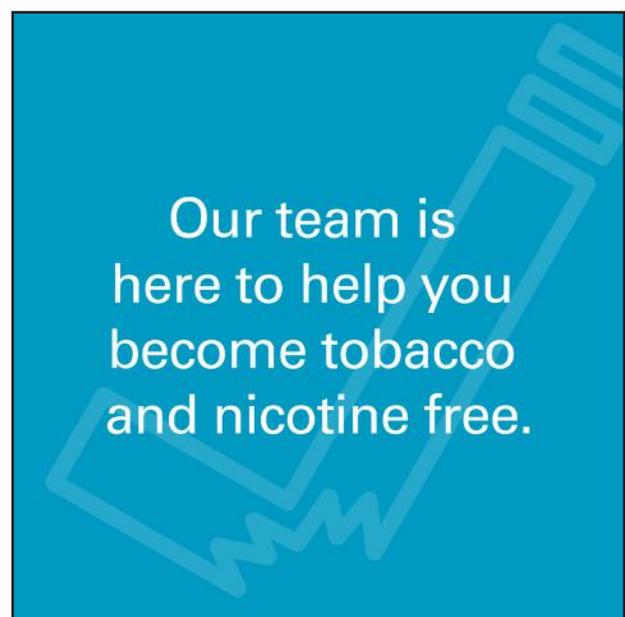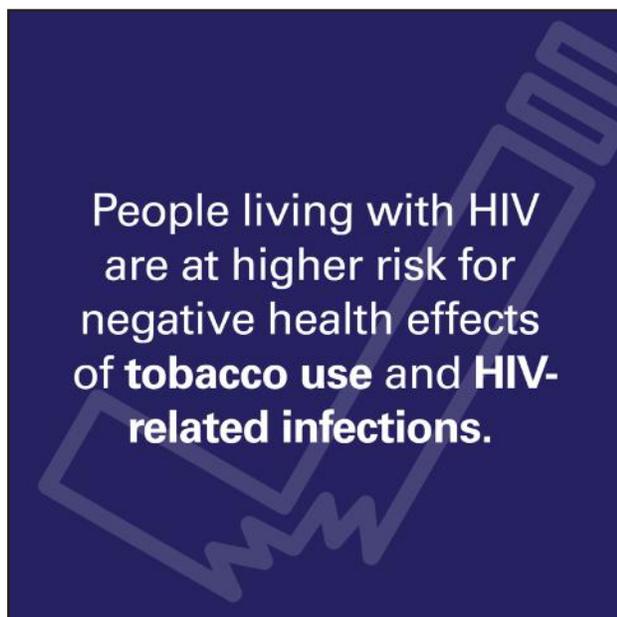
APPENDIX G – TOBACCO TREATMENT SERVICES PROMOTION EXAMPLES (CONTINUED)

Talk to a staff member to learn more about quitting tobacco, especially if you are considering **hormone replacement therapy (HRT)**.

TRANS LIVES MATTER

We're here to help you make moves to be the best version of yourself.

We're here to help you make moves to be the best version of yourself.

Quitting tobacco can have beneficial short- and long-term effects on your health.

APPENDIX H – HEALTH EDUCATION MATERIALS FOR CLIENTS

Please visit our website for printable/downloadable copies and other Project ACTION resources, including materials in Spanish.

Sample materials in English:

Sample educational brochures developed:

Why is quitting tobacco important for transgender folx?

THE UNIVERSITY OF TEXAS
MD Anderson Cancer Center
Making Cancer History®

Did you know?

- Transgender adults are at least **2X as likely** as cisgender adults to use tobacco products.
- Transgender youth are at least **3X as likely** as cisgender youth to use tobacco products.

There is no safe tobacco product.
Tobacco use is linked to at least 12 types of cancers, diminished lung function, elevated blood pressure and several other medical complications.

High rates of tobacco use among transgender people can be linked to:

- Predatory marketing from "Big Tobacco" that targets people who identify as transgender.
- Greater use of menthol cigarettes, which are highly addictive and hard to quit.
- Personal and systemic experiences with identity-based discrimination.
- High levels of stress related to coming out and transitioning.
  - Tobacco use actually makes stress, anxiety and depression worse.

APPENDIX H – HEALTH EDUCATION MATERIALS FOR CLIENTS (CONTINUED)

Tobacco use can negatively affect gender-affirming hormone therapy and surgeries.

Transwomen who smoke while taking estrogen:

- Increase their risk for blood clots.
- Increase their risk of stroke and heart attacks.
- Decrease the effectiveness of the estrogen.

Transmen who smoke while taking testosterone:

- Increase their risk for heart attacks.

Smoking before and after gender-affirming surgery:

- May delay your ability to get gender-affirming hormone therapy and surgeries.
- Leads to complications with anesthesia and breathing.
- Increases chances for infection and makes scars worse.

Ready to quit tobacco use?

How to get help:

- Visit Cancer-Network.org/Outlast-Tobacco for more information.
- Call 1-800-784-8669 for your state's tobacco quitline.
- Text QUIT to 47848 for a smoke-free texting program.
- Visit LGBTQHealthCareDirectory.Org to find LGBTQ+ friendly health care near you.

APPENDIX H – HEALTH EDUCATION MATERIALS FOR CLIENTS (CONTINUED)

In what ways does smoking affect my health as someone living with HIV?

THE UNIVERSITY OF TEXAS
MD Anderson ~~Cancer~~ Center
Making Cancer History®

Smoking is especially dangerous if you are living with HIV.

Did you know?

If you are living with HIV, smoking can result in:

- Reduced effectiveness of antiretroviral therapy (ART)
- Experiencing more HIV-related symptoms
- More severe respiratory infections
- A weakened immune system, which can lead to more HIV-related oral and lung infections, for example, thrush, leukoplakia and pneumonia.
- Double the risk of cardiovascular disease compared with people living with HIV who do not smoke.

Even if you do not smoke, living with HIV means you have a higher risk for smoking-related cancers due to a weakened immune system. Smoking further increases these risks.

APPENDIX H – HEALTH EDUCATION MATERIALS FOR CLIENTS (CONTINUED)

If you are living with HIV, you are twice as likely to smoke than the general population and are less likely to quit.

The myths & the facts

MYTH: I'm living with HIV and smoking doesn't affect my health.

FACT: Smoking significantly worsens your health if you are living with HIV. It impacts HIV-related conditions and non-HIV-related conditions.

MYTH: Smoking helps me to cope with the stress of living with HIV.

FACT: You can manage stress with healthy coping mechanisms like:

- Finding support through friends, family, support groups or a counselor.
- Engaging in relaxation techniques, like meditation.
- Finding activities to reduce stress, like physical activity.

Quitting tobacco can help you lead a healthier life and experience fewer HIV-related symptoms.

- View Brian I.'s story from the Tips From Former Smoker's® campaign
  - TinyURL.Com/BrianTFFS

Ready to quit tobacco use?

How to get help:

- Visit Cancer-Network.org/Outlast-Tobacco for more information.
- Call 1-800-784-8669 for your state's tobacco Quitline.
- Text QUIT to 47848 for a smoke-free texting program.
- Visit LGBTQHealthCareDirectory.Org to find LGBTQ+-friendly healthcare near you.

APPENDIX H – HEALTH EDUCATION MATERIALS FOR CLIENTS (CONTINUED)

Menthol cigarettes and the LGBTQ+ community

THE UNIVERSITY OF TEXAS
MD Anderson
Cancer Center

Making Cancer History®

What is menthol?

- Menthol is mint flavoring that can be taken from peppermint plants or made in a lab.
- Adding menthol to cigarettes creates a "cooling" effect that makes inhaling smoke easier.

Did you know?

- Menthol cigarette use is higher in LGBTQ+ communities.
  - For adults, 36% of LGBTQ+ smokers report smoking menthol cigarettes, compared to 29% of heterosexual and cisgender smokers.

Why are menthol cigarettes more common in LGBTQ+ communities?

- Tobacco companies intentionally and aggressively target LGBTQ+ communities to sway them toward menthol cigarettes.
- People in LGBTQ+ communities start smoking when they are younger.
  - Menthol cigarettes are more commonly used by younger smokers.
- People in LGBTQ+ communities have high rates of mental health concerns like depression and anxiety due to experiences such as identity-based discrimination, family rejection, harassment and fear of violence.
  - Menthol cigarettes are more commonly used by people with mental health concerns.

APPENDIX H – HEALTH EDUCATION MATERIALS FOR CLIENTS (CONTINUED)

The myths & the facts

❌ Menthol cigarettes are less harmful than other types of tobacco products.

✅ Menthol cigarettes can lead to deeper inhalation of tobacco smoke and higher risk of respiratory diseases, lung cancer and heart issues.

❌ Menthol cigarettes are easier to quit than other types of tobacco products.

✅ The cooling effect of menthol can make cigarettes more addictive and harder to quit.

❌ LGBTQ+ individuals naturally prefer menthol cigarettes.

✅ The higher use of menthol cigarettes in LGBTQ+ communities is strongly influenced by targeted marketing from tobacco companies.

❌ There is no reason to ban menthol products.

✅ In 2022, the Food and Drug Administration **proposed** a ban on selling menthol tobacco products, which would help to protect the health of marginalized groups.

Quitting menthol cigarettes is hard but it's one of the best things you can do for your health.

Smoking non-menthol cigarettes is not a healthier alternative.

Ready to start your smoke-free journey?

How to get help:

- Visit Cancer-Network.org/Outlast-Tobacco for more information.

- Call 1-800-784-8669 for your state's tobacco Quitline.

- Text QUIT to 47848 for a smoke-free texting program.

- Visit LGBTQHealthCareDirectory.Org to find LGBTQ+-friendly healthcare near you.

APPENDIX H – HEALTH EDUCATION MATERIALS FOR CLIENTS (CONTINUED)

Nightlife and social smoking in LGBTQ+ communities

THE UNIVERSITY OF TEXAS
MD Anderson
~~Cancer~~ Center
Making Cancer History®

Social smoking can have a big impact on the health of LGBTQ+ communities.

Social smoking is smoking mostly or only in social situations rather than smoking every day.

Learn how to protect yourself and your community.

Did you know?

- Big Tobacco aggressively targets LGBTQ+ communities at festivals, bars and clubs with tailored advertising campaigns.

- Tobacco manufacturers and retailers frequently use coupons, price discounts, sponsorships and giveaways to make tobacco products more appealing and accessible.

- LGBTQ+ individuals are exposed to tobacco couponing messages on video streaming platforms at three times the rate of their heterosexual and cisgender peers.

- Many LGBTQ+ individuals use smoking as a way to cope with stress and discrimination in social environments, including nightlife scenes.

APPENDIX H – HEALTH EDUCATION MATERIALS FOR CLIENTS (CONTINUED)

The negative effects of social smoking

- **Health issues:** Even occasional social smoking can lead to immediate health issues like coughing and shortness of breath, which over time can worsen into serious long-term health problems such as heart disease, cancer and breathing problems.

- **Potential for dependence:** Smoking even occasionally during social and nightlife activities, like drinking alcohol, can increase the risk of nicotine dependence.

- **Normalization of smoking:** Many people smoke in LGBTQ+ nightlife scenes, which can make smoking seem more common than it is. This can even influence younger community members to start smoking.

Take action against social smoking in LGBTQ+ communities:

- Advocate for smoke-free policies in local bars, clubs and public spaces that LGBTQ+ communities visit often.

- Support organizations dedicated to reducing tobacco use and promoting health in LGBTQ+ communities.

- Use social media and take part in community events to spread awareness about the risks of tobacco use for LGBTQ+ communities and the importance of smoke-free environments.

How to get help:

- Visit Cancer-Network.org/Outlast-Tobacco

- Call 1-800-784-8669 for your state's tobacco quitline.

- Text QUIT to 47848 to join a smoke-free texting program.

- Visit LGBTQHealthCareDirectory.Org to find LGBTQ+ friendly health care providers.

APPENDIX H – HEALTH EDUCATION MATERIALS FOR CLIENTS (CONTINUED)

Don't let vaping cloud your judgement

THE UNIVERSITY OF TEXAS
MD Anderson
~~Cancer~~ Center

Making Cancer History®

Get the Facts

The myths & the facts

❌ Vaping is a safe way to help people quit smoking.

✅ Vaping is not risk-free – vapes contain harmful chemicals that can damage your lungs.

Vaping may be less harmful than smoking cigarettes, but the long-term health risks of vaping are still unknown.

The FDA has not approved any vaping products to help people quit tobacco use.

❌ Vaping helps manage nicotine addiction.

✅ Nearly all vaping devices contain nicotine - some with the same amount of nicotine as 20 cigarettes.

Nicotine is highly addictive no matter how it is consumed.

Vaping can make you more dependent on nicotine, making it harder to quit.

APPENDIX H – HEALTH EDUCATION MATERIALS FOR CLIENTS (CONTINUED)

❌ Vape products do not have harmful chemicals.

✅ Flavorings may be safe to eat but they can harm lung tissue when inhaled.

The long-term effects of inhaling these chemicals are still unknown.

Vape liquids can contain 30+ chemicals, some become toxic when heated.

❌ Vaping is the best way to quit smoking.

✅ The FDA has approved several safe, effective methods for quitting tobacco, including:

- Nicotine patches, gum and lozenges
- Prescription medications like varenicline and bupropion

Using FDA-approved medications with counseling can more than double your chances of quitting.

Get help quitting today

Speak with your health care provider.
For free support and resources:

Call 1-800-QUIT-NOW

Text EXPROGRAM to 88709

Visit SmokeFree.Gov

APPENDIX H – HEALTH EDUCATION MATERIALS FOR CLIENTS (CONTINUED)

Are you bisexual, a teen and using e-cigarettes?

THE UNIVERSITY OF TEXAS
MD Anderson ~~Cancer~~ Center

Making Cancer History®

E-cigarette use among bisexual teens and young adults is rising much faster than among heterosexual teens.

Did you know?

High rates of e-cigarette use among bisexual teens can be linked to:

- Marketing by e-cigarette companies that targets LGBTQ+ youth, including bisexual teens.
- Experiences of sexuality-based harassment and bullying in schools.
- Experiences of discrimination because of biphobia.
- Higher rates of physical abuse experienced by LGBTQ+

E-cigarette use can lead to:

- Respiratory issues.
- Cardiovascular issues.
- Lung disease caused by the chemical flavorings in e-cigarettes.
- Mood, attention and impulse control problems because nicotine can damage brain development in teens and young adults.

APPENDIX H – HEALTH EDUCATION MATERIALS FOR CLIENTS (CONTINUED)

The myths & the facts

- ❌ E-cigarette use is just flavored water vapor and a safe alternative to smoking.
- ✅ E-cigarettes can contain harmful substances, including nicotine, heavy metals and carcinogens.

- ❌ Using e-cigarettes has no long-term health effects.
- ✅ A single e-cigarette pod can contain as much nicotine as 20 regular cigarettes. Long-term health effects of e-cigarettes include E-cigarette or Vaping use-Associated Lung Injury (EVALI), which causes severe lung damage, chest pain, fevers and chills, elevated blood pressure, lung scarring, asthma and can even be fatal.

- ❌ Most teens use e-cigarettes.
- ✅ Most teens do not use e-cigarettes. In 2023, only 25% of teens used e-cigarettes daily; 75% of teens did not use e-cigarettes daily.

Quitting e-cigarettes is one of the best things you can do for your health.

Quit vaping today!

Consider the following:

- Consider nicotine replacement therapies like patches and gum, so you don't feel as uncomfortable when quitting.
  - These therapies give you nicotine without the harmful chemicals that are in e-cigarettes.
- Seek professional help if you are concerned about any additional substance use.
  - It is important to find help that addresses e-cigarettes and other substance use together.
- Get counseling or therapy to help change habits and identify coping strategies.
- Find healthy ways to cope with triggers for e-cigarettes and other substance use.
- Set achievable goals and milestones for quitting.

How to get help:

- Visit Cancer-Network.org/Outlast-Tobacco for more information.
- Call 1-800-784-8669 for your state's tobacco quitline.
- Text QUIT to 47848 for a smoke-free texting program.
- Visit LGBTQHealthCareDirectory.Org to find LGBTQ+ friendly healthcare near you.

APPENDIX H – HEALTH EDUCATION MATERIALS FOR CLIENTS (CONTINUED)

Educational brochures on display at Coastal Bend Pride Center

APPENDIX H – HEALTH EDUCATION MATERIALS FOR CLIENTS (CONTINUED)

Sample educational/motivational posters developed:
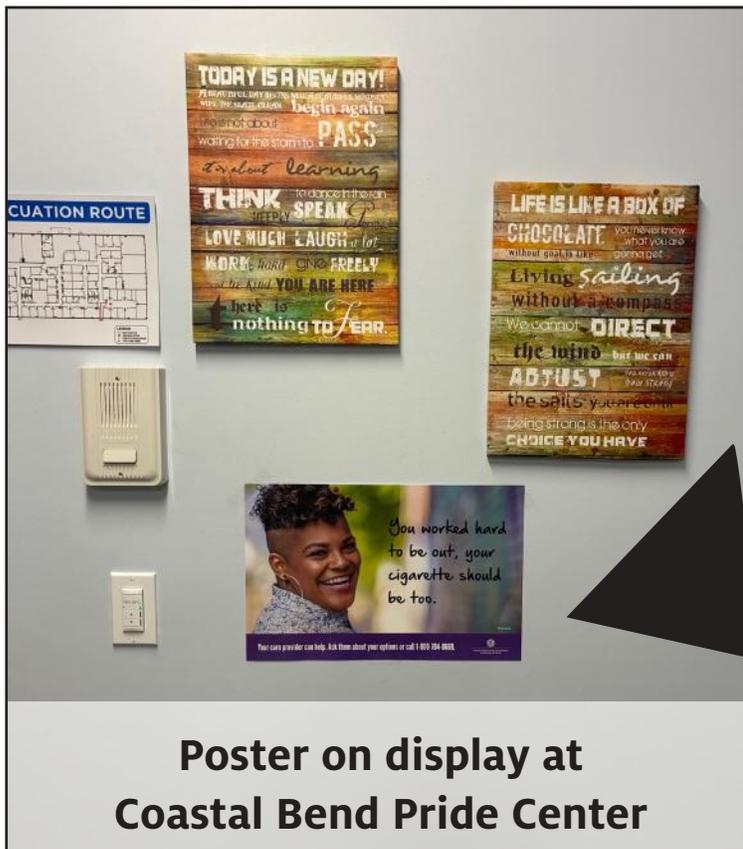
Poster on display at Coastal Bend Pride Center

APPENDIX H – HEALTH EDUCATION MATERIALS FOR CLIENTS (CONTINUED)

Your true colors shine brighter without tobacco.

*Stock Image

Your care provider can help. Ask them about your options or call 1-800-784-8669.

CANCER PREVENTION & RESEARCH INSTITUTE OF TEXAS

Don't let smoke dull your rainbow.

*Stock Image

Your care provider can help. Ask them about your options or call 1-800-784-8669.

CANCER PREVENTION & RESEARCH INSTITUTE OF TEXAS

APPENDIX H – HEALTH EDUCATION MATERIALS FOR CLIENTS (CONTINUED)

Keep your colors bright, put out the light.

*Stock Image

Quit tobacco today. Your care provider can help.
Ask them about your options or text QUITNOW to 333888.

CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

Put out the cigarette, ignite your pride.

*Stock Image

Your care provider can help. Ask them about your options or text QUITNOW to 333888.

CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

APPENDIX I – PROVIDER INTERVENTION TOOLS: ASK-ADVISE-REFER

Badge cards for the Ask-Advise-Refer model with an accompanying quit card:

Front

ASK
about tobacco product use.

ADVISE
about the benefits of quitting and the support available.

REFER
those ready to quit to the state quitline.

Back

ASK
"Do you smoke, vape, or use any other form of tobacco?"

ADVISE
"Quitting is challenging, but it's the best step you can take for your health. Counseling and medication together give you the best chance of success. Would you like to try?"

REFER
"The state quitline provides free support to help you quit. You can reach them at **1-800-QUIT-NOW**."
Provide quit card.

Badge cards for the Ask-Advise-Refer model with a direct connection (i.e., Ask-Advise-Connect):

Front

ASK
about tobacco product use.

ADVISE
about the benefits of quitting and the support available.

CONNECT
those ready to quit with counseling and medication.

Back

ASK
"Do you smoke, vape, or use any other form of tobacco?"

ADVISE
"Quitting is challenging, but it's the best step you can take for your health. Counseling and medication together give you the best chance of success. Would you like to try?"

CONNECT
"Would it be okay if I shared your contact details with the state quitline so they can connect with you for support?"

APPENDIX I – PROVIDER INTERVENTION TOOLS: ASK-ADVISE-REFER (CONTINUED)

Quit cards to support the Ask-Advise-Refer model:

Front

Quitting tobacco is linked to **better mental health, lower stress**, and an overall **improved quality of life**.

Get help; **quit now**.

Back

Want to quit tobacco?

Call the **QUITLINE**:
1-800-QUIT-NOW (1-800-784-8669)

Quitting smoking is linked to **better mental health, lower stress**, and an overall **improved quality of life**.

Get help; **quit now**.

Want to quit smoking?

Call the **QUITLINE**:
1-800-QUIT-NOW (1-800-784-8669)

Quitting vaping is linked to **better mental health, lower stress**, and an overall **improved quality of life**.

Get help; **quit now**.

Want to quit vaping?

Call the **QUITLINE**:
1-800-QUIT-NOW (1-800-784-8669)

APPENDIX J – NICOTINE REPLACEMENT THERAPY PROCEDURES AND EDUCATIONAL MATERIALS

The Montrose Center nicotine replacement therapy procedures:

Nicotine Replacement Therapy Storage and Disbursement

I. PURPOSE:

The purpose of this procedure is to help guide tobacco use assessment (TUA) and the storage/distribution of Nicotine Replacement Therapy (NRT).

II. SCOPE:

As a participant of Project ACTION (Alliances to Combat Tobacco In Organizations Now), the Montrose Center has agreed to provide employees and clients with training and education related to tobacco use, provide NRT, and provide support for tobacco cessation..

III. PROCEDURE:

In continued efforts to provide the benefit of a healthy work environment for employees, clients, visitors, volunteers, and vendors, and in compliance with the Tobacco Free Workplace Policy, the Montrose Center has established a procedure for storing and allocating NRT.

IV. DEFINITIONS:

a. Tobacco or Nicotine Delivery Products: cigarettes, cigars, pipe, pipes or rolling tobacco, tobacco substitutes (e.g., clove cigarettes), dip, snus, snuff, chewing or spit tobacco, nicotine pouches, or any type of **ENDS**/electronic smoking device.

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

c. Tobacco Use Assessment (TUA): documentation of screening for either current tobacco and nicotine use or no current use on a client records form (Example).

V. EMPLOYEE TRAINING:

The Montrose Center employees will be offered in-person, virtual, or online trainings related to tobacco cessation, use of NRT, and supporting clients in tobacco cessation. Employees must attend the 90- minute training provided by Project ACTION employees in order to distribute NRT to clients.

VI. NRT STORAGE:

a. Product inventory shall be the responsibility of the Montrose Center and all NRT products shall be inventoried upon arrival to the Montrose Center. Project ACTION employees will be notified of receipt of NRT products and confirm the correct amount was received.

b. A log will be maintained to ensure expiration dates of NRT are logged and tracked to ensure product is used accordingly.

c. NRT will be stored in a locked file cabinet and monitored to ensure safety and security. Only designated employees will have access to the NRT.

APPENDIX J – NICOTINE REPLACEMENT THERAPY PROCEDURES AND EDUCATIONAL MATERIALS
(CONTINUED)

d. NRT will be inspected monthly by designated employees to ensure that outdated/expired NRT will be disposed of as per the Montrose Center medication disposal policy.

e. If NRT products are recalled by the FDA or other agency, such NRT stock will be collected and returned to the manufacturer or disposed of in accordance with instructions provided. The Montrose Center employees will provide notice to consumers and employees affected.

f. NRT will be kept separate from disinfectants and cleaning product.

VII. TOBACCO USE ASSESSMENT:

a. Initial screening for desire to quit will be done at eligibility.

b. Clients may be administered a TUA by a certified tobacco specialist, CM, therapist, or SLW.

c. TUA is completed at intake.

d. If a client is not interested in quitting tobacco, document the client's decision, and re-assess client's desire to quit on an ongoing basis. Best practice is to re-assess desire to quit with each visit.

e. No TUA will be administered to any minors

VIII. NRT ALLOCATION TO CLIENTS:

a. To receive NRT, the client must meet with one of the providers and complete the TUA to determine the correct form (patch, gum, lozenge) and dosing of NRT. During this time, the client will be presented with an agreement for signature, which will be reviewed with them by a tobacco specialist.

b. Once the client's form and dose of NRT is determined, only a two (2) week supply will be provided at one time. If the client decides to continue NRT, they will need to meet with the provider prior to receiving the next two (2) week allocation. Meeting with a provider can include in-person visit, virtual visit, phone call, online client portal message, or other interaction deemed appropriate by the provider. NRT will be provided free of charge. Allocation of NRT to clients will be documented and become part of their health record.

c. Allocation of NRT to both clients and employees will be documented on a written sheet with employee signature/initials documenting who provided the NRT as well as the type and amount. This will not include names of employees/clients receiving NRT but rather only if it was provided to employees or clients and will be provided back to Project ACTION employees as part of monthly reports.

d. Clients can receive up to 6 weeks of NRT per calendar year

e. Individuals will be educated on the proper use of the type of NRT they receive (gum, patch, lozenges) and side effects associated with NRT.

f. No NRT will be allocated to minors

g. Should the center run out of Project ACTION-provided NRT, the Montrose Center will seek out additional funding for continued NRT provision, and/or provide clients with referral sources to assist them in continuing with their tobacco cessation.

APPENDIX J – NICOTINE REPLACEMENT THERAPY PROCEDURES AND EDUCATIONAL MATERIALS
(CONTINUED)

IX. NRT ALLOCATION TO EMPLOYEES:

a. Employee must request NRT through a Montrose Center certified tobacco specialist. Employees should complete the TUA to determine the correct form (patch, gum, lozenge) and dosing of NRT. During this time, the client will be presented with a client agreement for signature, which will be reviewed with them by a tobacco specialist.

b. Once the employee's form and dose of NRT is determined, only a two (2) week supply will be provided at one time. If the employee decides to continue NRT, they will need to meet with a certified tobacco specialist to receive the next two (2) week allocation. Meeting with a provider can include in-person visit, virtual visit, phone call, or other interaction deemed appropriate by the provider. NRT will be provided free of charge. Unless the employee is also a client of the Montrose Center, allocation of NRT to employees will not be documented in a medical record.

c. Allocation of NRT to both clients and employees will be documented on a written sheet with employees' signature/initials documenting who provided the NRT as well as the type and amount. This will not include names of employees/clients receiving NRT but rather only if it was provided to employees or clients and will be provided back to Project ACTION employees as part of a monthly report.

d. Employees can receive up to 6 weeks of NRT per calendar year.

e. Individuals will be educated on the proper use of the type of NRT they receive (gum, patch, lozenges) and the side effects associated with NRT.

f. Should the center run out of Project ACTION-provided NRT, the Montrose Center will seek out additional funding for continued NRT provision, and/or provide employees with referral sources to assist them in continuing with their tobacco cessation efforts).

X. GENERAL DOSING GUIDELINES AND PRECAUTIONS:

a. Nicotine patch dosing steps:
Step 1: 21 milligrams (mg)/day, Step 2: 14 mg/day, Step 3: 7mg /day
If you smoke more than 10 cigarettes per day, use according to the following 10-week schedule:
1. Step 1; 21mg patch/day for weeks 1-6
2. Step 2; 14mg patch/day for weeks 7-8
3. Step 3; 7mg patch/day for weeks 9-10
4. Weeks may be changed/extended as needed based on clinical judgement.

If you smoke 10 or less cigarettes per day:
1. DO NOT use Step 1
2. Start with Step 2; 14mg patch/day for weeks 1-6
3. Step 3; 7mg patch/day for weeks 7-8

b. Nicotine gum or lozenge dosing:
1. Gum or lozenge may be used as primary source of nicotine or as a supplement to the nicotine patches. Project ACTION only provides 4mg gum and lozenge.
2. If gum or lozenges are used as a primary source of nicotine:
Weeks 1-6, use 1 piece every 1-2 hours

APPENDIX J – NICOTINE REPLACEMENT THERAPY PROCEDURES AND EDUCATIONAL MATERIALS
(CONTINUED)

Weeks 7-9, use 1 piece every 2-4 hours

Weeks 10-12, use 1 piece every 4-8 hours

3. If gum or lozenges are used as a supplement for the nicotine patch: use 1 piece of 4 mg gum or lozenge as needed. Do not use more than 24 pieces a day.

4. If a person uses an ENDS device or is unsure of how much nicotine they are receiving, clinical judgment and close monitoring for adequate dosing may be required.

c. Precautions:

1. Allergy to adhesive tape; increased risk of rash with transdermal patch.

2. Cardiac arrhythmias; may increase heart rate, tachycardia or palpitations may occur.

3. Coronary heart disease; may increase heart rate.

4. For those with cardiovascular issues (e.g., recent myocardial infarction, serious arrhythmias, or unstable angina), concurrent use of other nicotine-containing products such as cigarettes, chewing tobacco, snuff, or nicotine gum; can increase risk of cardiovascular events and therefore should be avoided. However, for those who do not have cardiovascular issues, occasional tobacco use – e.g., smoking ~3-5 cigarettes daily, while using the patch, is acceptable. If someone continues to use tobacco products at the same rate as before using NRT products, they should consult their provider about changing their dosage or type of NRT product.

5. Hypertension, uncontrolled; may increase blood pressure.

6. Magnetic resonance imaging (MRI) procedures done while wearing opaque NicoDerm transdermal patches may cause skin burns. Remove the patch before such procedures.

7. Myocardial infarction, history or recent; may increase heart rate.

8. Pregnancy; with medical advice, NRT products can be used in pregnancy. When you chew nicotine gum, the nicotine is absorbed through the lining of your mouth. Nicotine patches are not ideal for pregnant women as they deliver a stronger flow of nicotine. If you do choose patches, only use them during the day.

9. At present, the US Food and Drug Administration (FDA) has not approved NRT for youth under 18 years old. Research on the effectiveness of NRT for helping youth quit successfully is limited due to a lack of adequately powered studies. There is no evidence of serious harm from using NRT in adolescents under 18 years old.

10. Please review insert information available in the box or online to review full list of precautions, possible side effects, and contraindications.

APPENDIX J – NICOTINE REPLACEMENT THERAPY PROCEDURES AND EDUCATIONAL MATERIALS (CONTINUED)

Nicotine replacement therapy instruction cards:

These cards were developed by the Tobacco Cessation Clinic Enhancement Program (TCCEP) team. Download copies from our Provider Resources page.

English

Nicotine Replacement Therapies:

Patch

- **For best results, make sure you start on the right dose.** The nicotine patch comes in three strengths: 7 mg, 14 mg and 21 mg. The right dose for you depends on how much you currently smoke. If you smoke more than 10 cigarettes per day, consider starting on the 21 mg patch. Do not use more than one patch per day or wear two patches at once unless directed to do so by your health care provider. If directed by your provider, you may use two to three patches per day. After 8 to 12 weeks of abstinence, you may lower the dose with the goal of stopping use of the patch completely.

- **Wear the nicotine patch for around 24 hours.** The patch can even be worn when showering or bathing. When you wake up, take off the old patch, wash the area, then put a fresh patch on clean skin and wear it for a full 24 hours. If you find that you are having vivid dreams or that your sleep is disturbed, you can take the patch off before bed and put a new one on the next morning.

- **Put the patch on clean, dry, hair-free skin on the upper body.** Suggested places to put the patch are the upper chest, upper arm, shoulder, back or inner arm. Each location should only be used once per week, so avoid putting the patch in the same spot until seven days have passed. Avoid areas of irritated, oily, scarred or damaged skin. When removing the patch from the foil package, peel off the protective layer and immediately apply the patch to your skin. Press down for about 4 seconds to ensure the patch sticks to your skin.

NRTs: Patch – continued

- Wash your hands with soap and water after you apply the patch to wash away any nicotine from your fingers.

- When changing your patch, remove the patch carefully and dispose of it by folding it in half with the sticky sides together. Then apply a new patch to a different part of your upper body.

- **Keep out of reach of children and pets.** Nicotine gum, lozenges and patches – even used patches – may have enough nicotine to make children and pets sick. In case of accidental use or ingestion, contact a Poison Control Center right away at 800-222-1222.

Call **1-800-QUIT-NOW (1-800-784-8669)** for free, confidential support to quit tobacco or nicotine.

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APPENDIX J – NICOTINE REPLACEMENT THERAPY PROCEDURES AND EDUCATIONAL MATERIALS
(CONTINUED)

Nicotine Replacement Therapies:

Gum

- **Use one piece every 1-2 hours for the first 6 weeks of your quit attempt and set an alarm to help you stay on schedule.** To ensure that your body gets enough nicotine to ease withdrawal symptoms, it is best to use at least 6-8 pieces of gum per day for the first 6 weeks. Try to think ahead about when you might get a craving and use a piece of gum before the craving happens.

- **If you are using the gum along with the nicotine patch, do not use more than 16 pieces of gum per day.** Following 6 weeks of abstinence from tobacco, you can reduce to 1 piece every 2-4 hours and then extend to 1 piece every 4-8 hours.

- **If you use fewer than 10 cigarettes per day, or do not smoke every day, talk with your doctor or other health care provider about dosing.** They may want you to start on a lower dose and use the gum less frequently.

NRTs: Gum – continued

- **Do not eat or drink for at least 5 minutes before, during or after using the gum, or while the gum is in your mouth.** Food and drinks that are acidic, such as soda and coffee, can stop nicotine from absorbing in the lining of the mouth as well.

- **Nicotine gum is not like regular chewing gum.** To use it correctly, you need to alternate between chewing it and parking it; ideally, bite down and chew slowly on the gum for 5-15 seconds or until you feel a tingling in your mouth. Then "park" the gum between your teeth or your cheek and gum. Hold it for 5-15 seconds to let the nicotine absorb through your mouth and into your body. Then repeat this "chew" and "park" process for 15-30 minutes, occasionally changing where you "park" the gum in your mouth.

- **Keep out of reach of children and pets.** Nicotine patches, lozenges and gum – even used gum – may have enough nicotine to make children and pets sick. In case of accidental use or ingestion, contact a Poison Control Center right away at 800-222-1222.

Call **1-800-QUIT-NOW (1-800-784-8669)** for free, confidential support to quit tobacco or nicotine.

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APPENDIX J – NICOTINE REPLACEMENT THERAPY PROCEDURES AND EDUCATIONAL MATERIALS (CONTINUED)

Nicotine Replacement Therapies:

Lozenges

- **Use one lozenge every 1-2 hours for the first 6 weeks of your quit attempt and set an alarm to help you stay on schedule.** After 6 weeks of abstinence, reduce to 1 lozenge every 2-4 hours. After 3 weeks on that schedule, reduce to 1 lozenge every 4-8 hours. Try to think ahead about when you might get a craving and use a lozenge before the craving happens.

- If you are using the lozenge along with the nicotine patch, do not use more than 16 lozenges per day.

- Do not use more than one lozenge at a time, and do not use one lozenge right after another.

- Do not eat or drink for at least 5 minutes before or after using the lozenge, or while the lozenge is in your mouth.

NRTs: Lozenges – continued

- **Nicotine lozenges are not like regular lozenges.** To use correctly, put the lozenge in your mouth between your cheek and gum. You may feel a warm or tingling sensation. Allow the lozenge to dissolve slowly over 20-30 minutes or 10-15 minutes for the mini lozenges, moving it from one side of your mouth to the other. Do not chew, suck or swallow the lozenge as nicotine is absorbed in the mouth and it does not get absorbed once it gets to the stomach.

- **Keep out of reach of children and pets**. Nicotine gum, patches and lozenges – even used lozenges – may have enough nicotine to make children and pets sick. In case of accidental use or ingestion, contact a Poison Control Center right away at 800-222-1222.

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APPENDIX J – NICOTINE REPLACEMENT THERAPY PROCEDURES AND EDUCATIONAL MATERIALS (CONTINUED)

<u>**Spanish**</u>

Terapias de Reemplazo de Nicotina:

Parche

- **Para obtener mejores resultados, asegúrese de comenzar con la dosis correcta.** El parche de nicotina viene en tres concentraciones: 7 mg, 14 mg y 21 mg. La dosis adecuada para usted depende de cuánto fuma actualmente. Si fuma más de 10 cigarrillos por día, considere comenzar con el parche de 21 mg. No use más de un parche por día ni use dos parches a la vez, a menos que su proveedor de atención médica lo indique. Si su proveedor lo autoriza, puede usar dos o tres parches por día. Después de 8–12 semanas de abstinencia, puede reducir la dosis con el objetivo de dejar de usar el parche por completo.

- **Use el parche durante aproximadamente 24 horas.** Puede usarlo incluso al bañarse. Cuando despierte, retire el parche anterior, lave el área, luego aplique uno nuevo en piel limpia y úselo por 24 horas. Si nota sueños intensos o alteraciones en el sueño, puede quitarse el parche antes de dormir y ponerse uno nuevo por la mañana.

- **Coloque el parche en piel limpia, seca, sin vello, en la parte superior del cuerpo (pecho, brazo, hombro, espalda o parte interna del brazo).** Use cada ubicación solo una vez por semana. Evite piel irritada, grasosa, cicatrizada o dañada. Retire la cubierta protectora y aplique inmediatamente el parche sobre la piel. Presione durante 4 segundos para que se adhiera correctamente.

TRNs: Parche – continuación

- Lávese las manos con agua y jabón después de aplicar el parche.

- Al cambiarlo, dóblelo por la mitad con el lado pegajoso hacia adentro y deséchelo adecuadamente.

- **Manténgalo fuera del alcance de niños y mascotas.** Los parches, pastillas y chicles de nicotina — incluso los ya usados — pueden contener suficiente nicotina para causar daño. En caso de ingestión o uso accidental, llame al Centro de Control de Veneno: 800-222-1222.

Llame al **1-855-DÉJELO-YA (1-855-335-3569)** para recibir apoyo gratuito y confidencial para dejar el tabaco o la nicotina.

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APPENDIX J - NICOTINE REPLACEMENT THERAPY PROCEDURES AND EDUCATIONAL MATERIALS
(CONTINUED)

Terapias de Reemplazo de Nicotina:

Chicle

- **Use una pieza cada 1–2 horas durante las primeras 6 semanas de su intento por dejar de fumar y configure una alarma para mantenerse en horario.** Para asegurarse de que su cuerpo reciba suficiente nicotina y así reducir los síntomas de abstinencia, se recomienda usar al menos 6–8 piezas de chicle por día durante las primeras 6 semanas. Trate de anticiparse a cuándo puede tener un antojo y mastique una pieza de chicle antes de que aparezca el deseo.

- **Si está usando el chicle junto con el parche de nicotina, no use más de 16 piezas de chicle al día.** Después de 6 semanas sin usar tabaco, puede reducir a 1 pieza cada 2–4 horas, y luego extender a 1 pieza cada 4–8 horas.

- **Si fuma menos de 10 cigarrillos al día, o no fuma todos los días, hable con su médico o proveedor de salud sobre la dosis adecuada.** Es posible que le recomienden comenzar con una dosis menor y usar el chicle con menos frecuencia.

TRNs: Chicle – continuación

- **No coma ni beba durante al menos 5 minutos antes, durante o después de usar el chicle, ni mientras lo tenga en la boca.** Las comidas o bebidas ácidas, como el refresco o el café, pueden impedir que la nicotina se absorba adecuadamente en la mucosa bucal.

- **El chicle de nicotina no es como el chicle normal.** Para usarlo correctamente, debe alternar entre masticarlo y "guardarlo" en la boca. Idealmente, muerda y mastique lentamente durante 5–15 segundos o hasta sentir un cosquilleo en la boca. Luego "guarde" el chicle entre los dientes o entre la encía y la mejilla. Manténgalo ahí por 5–15 segundos para permitir que la nicotina se absorba a través de la boca y entre en su cuerpo. Repita este proceso de "masticar" y "guardar" durante 15–30 minutos, cambiando ocasionalmente el lugar donde lo guarda dentro de la boca.

- **Manténgalo fuera del alcance de niños y mascotas.** Los parches, pastillas y chicles de nicotina — incluso los ya usados — pueden contener suficiente nicotina para causar daño. En caso de ingestión o uso accidental, llame al Centro de Control de Veneno: 800-222-1222.

Llame al **1-855-DÉJELO-YA (1-855-335-3569)** para recibir apoyo gratuito y confidencial para dejar el tabaco o la nicotina.

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APPENDIX J – NICOTINE REPLACEMENT THERAPY PROCEDURES AND EDUCATIONAL MATERIALS
(CONTINUED)

Terapias de Reemplazo de Nicotina:

Pastillas (Lozenges)

- **Use una pastilla cada 1–2 horas durante las primeras 6 semanas de su intento por dejar el tabaco, y configure una alarma para ayudarle a mantenerse en horario.** Después de 6 semanas de abstinencia, reduzca a una pastilla cada 2–4 horas. Luego de 3 semanas en ese horario, reduzca a una pastilla cada 4–8 horas. Trate de anticiparse a los momentos en los que sienta ansiedad por fumar y use una pastilla antes de que ocurra ese deseo.

- Si está usando las pastillas junto con el parche de nicotina, no use más de 16 pastillas al día.

- No use más de una pastilla a la vez, ni use una inmediatamente después de otra.

- No coma ni beba al menos 5 minutos antes o después de usar la pastilla, ni mientras la tiene en la boca.

TRNs: Pastillas (Lozenges) – continuación

- **Las pastillas de nicotina no son como las pastillas regulares.** Para usarlas correctamente, coloque una pastilla entre la mejilla y la encía. Puede sentir una sensación de calor u hormigueo. Deje que la pastilla se disuelva lentamente durante 20–30 minutos (o 10–15 minutos si se trata de una pastilla mini), moviéndola de un lado de la boca al otro. No mastique, succione ni trague la pastilla, ya que la nicotina se absorbe en la boca y no se absorbe correctamente si llega al estómago.

- **Manténgalo fuera del alcance de niños y mascotas.** Los parches, pastillas y chicles de nicotina — incluso los ya usados — pueden contener suficiente nicotina para causar daño. En caso de ingestión o uso accidental, llame al Centro de Control de Veneno: 800-222-1222.

Llame al **1-855-DÉJELO-YA (1-855-335-3569)** para recibir apoyo gratuito y confidencial para dejar el tabaco o la nicotina.

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APPENDIX J – NICOTINE REPLACEMENT THERAPY PROCEDURES AND EDUCATIONAL MATERIALS (CONTINUED)

Nicotine replacement therapy patient chart attachments:

These attachments were developed by the Tobacco Cessation Clinic Enhancement Program (TCCEP) team. Download copies from our Provider Resources page.

English

Nicotine Replacement Therapies

Patch

For best results, make sure you start on the right dose. The nicotine patch comes in three strengths: 7 mg, 14 mg and 21 mg. The right dose for you depends on how much you currently smoke. If you smoke more than 10 cigarettes per day, consider starting on the 21 mg patch. Do not use more than one patch per day or wear two patches at once unless directed to do so by your health care provider. If directed by your provider, you may use two to three patches per day. After 8 to 12 weeks of abstinence, you may lower the dose with the goal of stopping use of the patch completely.

Wear the nicotine patch for around 24 hours. The patch can even be worn when showering or bathing. When you wake up, take off the old patch, wash the area, then put a fresh patch on clean skin and wear it for a full 24 hours. If you find that you are having vivid dreams or that your sleep is disturbed, you can take the patch off before bed and put a new one on the next morning.

Put the patch on clean, dry, hair-free skin on the upper body. Suggested places to put the patch are the upper chest, upper arm, shoulder, back or inner arm. Each location should only be used once per week, so avoid putting the patch in the same spot until seven days have passed. Avoid areas of irritated, oily, scarred or damaged skin. When removing the patch from the foil package, peel off the protective layer and immediately apply the patch to your skin. Press down for about 4 seconds to ensure the patch sticks to your skin.

- Wash your hands with soap and water after you apply the patch to wash away any nicotine from your fingers.

- When changing your patch, remove the patch carefully and dispose of it by folding it in half with the sticky sides together. Then apply a new patch to a different part of your upper body.

Keep out of reach of children and pets. Nicotine gum, lozenges and patches – even used patches – may have enough nicotine to make children and pets sick. In case of accidental use or ingestion, contact a Poison Control Center right away at 800-222-1222.

Call **1-800-QUIT-NOW (1-800-784-8669)** for free, confidential support to quit tobacco or nicotine.

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APPENDIX J – NICOTINE REPLACEMENT THERAPY PROCEDURES AND EDUCATIONAL MATERIALS
(CONTINUED)

Nicotine Replacement Therapies

Gum

Use one piece every 1-2 hours for the first 6 weeks of your quit attempt and set an alarm to help you stay on schedule. To ensure that your body gets enough nicotine to ease withdrawal symptoms, it is best to use at least 6-8 pieces of gum per day for the first 6 weeks. Try to think ahead about when you might get a craving and use a piece of gum before the craving happens.

If you are using the gum along with the nicotine patch, do not use more than 16 pieces of gum per day. Following 6 weeks of abstinence from tobacco, you can reduce to 1 piece every 2-4 hours and then extend to 1 piece every 4-8 hours.

If you use fewer than 10 cigarettes per day, or do not smoke every day, talk with your doctor or other health care provider about dosing. They may want you to start on a lower dose and use the gum less frequently.

Do not eat or drink for at least 5 minutes before, during or after using the gum, or while the gum is in your mouth. Food and drinks that are acidic, such as soda and coffee, can stop nicotine from absorbing in the lining of the mouth as well.

Nicotine gum is not like regular chewing gum. To use it correctly, you need to alternate between chewing it and parking it; ideally, bite down and chew slowly on the gum for 5-15 seconds or until you feel a tingling in your mouth. Then "park" the gum between your teeth or your cheek and gum. Hold it for 5-15 seconds to let the nicotine absorb through your mouth and into your body. Then repeat this "chew" and "park" process for 15-30 minutes, occasionally changing where you "park" the gum in your mouth.

Keep out of reach of children and pets. Nicotine patches, lozenges and gum – even used gum – may have enough nicotine to make children and pets sick. In case of accidental use or ingestion, contact a Poison Control Center right away at 800-222-1222.

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APPENDIX J – NICOTINE REPLACEMENT THERAPY PROCEDURES AND EDUCATIONAL MATERIALS
(CONTINUED)

Nicotine Replacement Therapies

Lozenges

Use one lozenge every 1-2 hours for the first 6 weeks of your quit attempt and set an alarm to help you stay on schedule. After 6 weeks of abstinence, reduce to 1 lozenge every 2-4 hours. After 3 weeks on that schedule, reduce to 1 lozenge every 4-8 hours. Try to think ahead about when you might get a craving and use a lozenge before the craving happens.

- If you are using the lozenge along with the nicotine patch, do not use more than 16 lozenges per day.

- Do not use more than one lozenge at a time, and do not use one lozenge right after another.

- Do not eat or drink for at least 5 minutes before or after using the lozenge, or while the lozenge is in your mouth.

Nicotine lozenges are not like regular lozenges. To use correctly, put the lozenge in your mouth between your cheek and gum. You may feel a warm or tingling sensation. Allow the lozenge to dissolve slowly over 20-30 minutes or 10-15 minutes for the mini lozenges, moving it from one side of your mouth to the other. Do not chew, suck or swallow the lozenge as nicotine is absorbed in the mouth and it does not get absorbed once it gets to the stomach.

Keep out of reach of children and pets. Nicotine gum, patches and lozenges – even used lozenges – may have enough nicotine to make children and pets sick. In case of accidental use or ingestion, contact a Poison Control Center right away at 800-222-1222.

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APPENDIX J – NICOTINE REPLACEMENT THERAPY PROCEDURES AND EDUCATIONAL MATERIALS (CONTINUED)

Spanish

Terapias de Reemplazo de Nicotina

Parche

Para obtener mejores resultados, asegúrese de comenzar con la dosis correcta. El parche de nicotina viene en tres concentraciones: 7 mg, 14 mg y 21 mg. La dosis adecuada para usted depende de cuánto fuma actualmente. Si fuma más de 10 cigarrillos por día, considere comenzar con el parche de 21 mg. No use más de un parche por día ni use dos parches a la vez, a menos que su proveedor de atención médica lo indique. Si su proveedor lo autoriza, puede usar dos o tres parches por día. Después de 8–12 semanas de abstinencia, puede reducir la dosis con el objetivo de dejar de usar el parche por completo.

Use el parche durante aproximadamente 24 horas. Puede usarlo incluso al bañarse. Cuando despierte, retire el parche anterior, lave el área, luego aplique uno nuevo en piel limpia y úselo por 24 horas. Si nota sueños intensos o alteraciones en el sueño, puede quitarse el parche antes de dormir y ponerse uno nuevo por la mañana.

Coloque el parche en piel limpia, seca, sin vello, en la parte superior del cuerpo (pecho, brazo, hombro, espalda o parte interna del brazo). Use cada ubicación solo una vez por semana. Evite piel irritada, grasosa, cicatrizada o dañada. Retire la cubierta protectora y aplique inmediatamente el parche sobre la piel. Presione durante 4 segundos para que se adhiera correctamente.

- Lávese las manos con agua y jabón después de aplicar el parche.

- Al cambiarlo, dóblelo por la mitad con el lado pegajoso hacia adentro y deséchelo adecuadamente.

Manténgalo fuera del alcance de niños y mascotas. Los parches, pastillas y chicles de nicotina — incluso los ya usados — pueden contener suficiente nicotina para causar daño.
En caso de ingestión o uso accidental, llame al Centro de Control de Veneno: 800-222-1222.

Llame al **1-855-DÉJELO-YA (1-855-335-3569)** para recibir apoyo gratuito y confidencial para dejar el tabaco o la nicotina.

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APPENDIX J – NICOTINE REPLACEMENT THERAPY PROCEDURES AND EDUCATIONAL MATERIALS
(CONTINUED)

Terapias de Reemplazo de Nicotina

Chicle

Use una pieza cada 1–2 horas durante las primeras 6 semanas de su intento por dejar de fumar y configure una alarma para mantenerse en horario. Para asegurarse de que su cuerpo reciba suficiente nicotina y así reducir los síntomas de abstinencia, se recomienda usar al menos 6–8 piezas de chicle por día durante las primeras 6 semanas. Trate de anticiparse a cuándo puede tener un antojo y mastique una pieza de chicle antes de que aparezca el deseo.

Si está usando el chicle junto con el parche de nicotina, no use más de 16 piezas de chicle al día. Después de 6 semanas sin usar tabaco, puede reducir a 1 pieza cada 2–4 horas, y luego extender a 1 pieza cada 4–8 horas.

Si fuma menos de 10 cigarrillos al día, o no fuma todos los días, hable con su médico o proveedor de salud sobre la dosis adecuada. Es posible que le recomienden comenzar con una dosis menor y usar el chicle con menos frecuencia.

No coma ni beba durante al menos 5 minutos antes, durante o después de usar el chicle, ni mientras lo tenga en la boca. Las comidas o bebidas ácidas, como el refresco o el café, pueden impedir que la nicotina se absorba adecuadamente en la mucosa bucal.

El chicle de nicotina no es como el chicle normal. Para usarlo correctamente, debe alternar entre masticarlo y "guardarlo" en la boca. Idealmente, muerda y mastique lentamente durante 5–15 segundos o hasta sentir un cosquilleo en la boca. Luego "guarde" el chicle entre los dientes o entre la encía y la mejilla. Manténgalo ahí por 5–15 segundos para permitir que la nicotina se absorba a través de la boca y entre en su cuerpo. Repita este proceso de "masticar" y "guardar" durante 15–30 minutos, cambiando ocasionalmente el lugar donde lo guarda dentro de la boca.

Manténgalo fuera del alcance de niños y mascotas. Los parches, pastillas y chicles de nicotina — incluso los ya usados — pueden contener suficiente nicotina para causar daño. En caso de ingestión o uso accidental, llame al Centro de Control de Veneno: 800-222-1222.

Llame al **1-855-DÉJELO-YA (1-855-335-3569)** para recibir apoyo gratuito y confidencial para dejar el tabaco o la nicotina.

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APPENDIX J – NICOTINE REPLACEMENT THERAPY PROCEDURES AND EDUCATIONAL MATERIALS
(CONTINUED)

Terapias de Reemplazo de Nicotina

Pastillas (Lozenges)

Use una pastilla cada 1–2 horas durante las primeras 6 semanas de su intento por dejar el tabaco, y configure una alarma para ayudarle a mantenerse en horario. Después de 6 semanas de abstinencia, reduzca a una pastilla cada 2–4 horas. Luego de 3 semanas en ese horario, reduzca a una pastilla cada 4–8 horas. Trate de anticiparse a los momentos en los que sienta ansiedad por fumar y use una pastilla antes de que ocurra ese deseo.

- Si está usando las pastillas junto con el parche de nicotina, no use más de 16 pastillas al día.

- No use más de una pastilla a la vez, ni use una inmediatamente después de otra.

- No coma ni beba al menos 5 minutos antes o después de usar la pastilla, ni mientras la tiene en la boca.

Las pastillas de nicotina no son como las pastillas regulares. Para usarlas correctamente, coloque una pastilla entre la mejilla y la encía. Puede sentir una sensación de calor u hormigueo. Deje que la pastilla se disuelva lentamente durante 20–30 minutos (o 10–15 minutos si se trata de una pastilla mini), moviéndola de un lado de la boca al otro. No mastique, succione ni trague la pastilla, ya que la nicotina se absorbe en la boca y no se absorbe correctamente si llega al estómago.

Manténgalo fuera del alcance de niños y mascotas. Los parches, pastillas y chicles de nicotina — incluso los ya usados — pueden contener suficiente nicotina para causar daño. En caso de ingestión o uso accidental, llame al Centro de Control de Veneno: 800-222-1222.

Llame al **1-855-DÉJELO-YA (1-855-335-3569)** para recibir apoyo gratuito y confidencial para dejar el tabaco o la nicotina.

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APPENDIX K – EXTERNAL TREATMENT RESOURCES

Note: It is important to be aware that these offerings may change over time; a simple search on the internet can be helpful to navigate any changes in offerings.

Telephone Quitlines

- Tobacco treatment services are provided by trained counselors who offer personalized support to help individuals quit.
- Quitlines are available in every state, though eligibility (e.g., minimum age), services, and hours vary. Visit the North American Quitline Consortium's U.S. quitlines profile page for details on your state's offerings.
- A national network of quitlines routes callers to their state-specific service when they call one of the following numbers
  — English callers: 1-800-QUIT-NOW (1-800-784-8669)
  — Spanish callers: 1-800-DEJELO-YA (1-800-335-3569)

Texas Tobacco Quitline:

The Texas Tobacco Quitline (TTQL) is operated by the Texas Department of State Health Services and provides confidential and free services (in 100+ languages) to Texas residents to assist them in quitting all tobacco products, including e-cigarettes.

The Quitline offers a range of specialized tracks to meet the diverse needs of its callers. For more information, visit their services page.

How to enroll:

- Interested individuals can call the Quitline directly at 1-877-YES-QUIT (1-877-937-7848).
- Healthcare providers can provide a direct referral to clients in four ways:
  — For more information, visit their referrals page.

National Quitlines:

Select national quitlines are available to certain callers based on language and other specific needs.

- Veterans Quitline:
  — 1-855-784-8838
- The Asian Smokers' Quitline (presently for California callers only):
  — Chinese callers: 1-800-383-8917
  — Korean callers: 1-800-556-5564
  — Vietnamese callers: 1-800-778-8440

APPENDIX K – EXTERNAL TREATMENT RESOURCES
(CONTINUED)

EX Program

The EX Program, developed by the Truth Initiative and Mayo Clinic, offers a personalized, digital quit plan designed for all tobacco users ages 13 and older, 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. .

Services are available in English and Spanish and include:

- Custom quit plans and interactive tools
- Access to educational videos and expert guidance
- Motivational text messages tailored to their quit journey, including reminders, tips, and encouragement
- 24/7 online peer support community

How to enroll:

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

Nicotine Anonymous

Nicotine Anonymous is a 12-step fellowship that helps people quit nicotine through peer support and spiritual principles. It's free and open to anyone with a desire to stop using nicotine. Meetings are available:

- Conference call
- Hybrid
- In-person
- Online

SmokeFree.Gov

Through SmokeFree.Gov, the National Cancer Institute provides free information and professional help to people trying to quit smoking.

Quitline services:

- English and Spanish callers: 1-877-44U-QUIT (1-877-448-7848)

Tailored text messaging services:

Visit smokefree.gov/tools-tips/text-programs to find a text messaging program customized to you. Offerings include:

- SmokefreeTXT
  — Who: Adults who are ready to quit smoking
  — Enroll: Text QUIT to 47848
- SmokefreeTXT for teens
  — Who: Teens 13-17 who are ready to quit smoking
  — Enroll: Text QUIT to 47848
- SmokefreeNATIVE
  — Who: American Indian and Alaska Native adults and teens who are ready to quit smoking
  — Enroll: Text NATIVE to 47848
- SmokefreeVET
  — Who: Veterans enrolled in VA health care who are ready to quit tobacco
  — Enroll: Text VET to 47848
- SmokefreeMOM
  — Who: Pregnant women who are ready to cut back on cigarettes or quit smoking
  — Enroll: Text MOM to 222888
- DipfreeTXT
  — Who: Young adults who are ready to quit dip
  — Enroll: Text SPIT to 222888
- SmokefreeTXT en español
  — Who: Adults who speak Spanish and are ready to quit tobacco
 — Enroll: Text ESP to 47848

APPENDIX K – EXTERNAL TREATMENT RESOURCES
(CONTINUED)

- SmokefreeVET en español
  - Who: Spanish-speaking veterans enrolled in VA health care who are ready to quit tobacco
  - Enroll: Text VETESP to 47848

- Practice Quit
  - Who: Adults who want to quit, but want to get comfortable with not smoking for short periods first
  - Enroll: Text GO to 47848

- Daily Challenges
  - Who: Adults who are thinking about quitting, but aren't ready to stop completely
  - Enroll: Text GO to 47848

Smartphone app:

Check out quitSTART, a free mobile app designed to help you understand your smoking habits, manage cravings, and stay smoke-free. With quitSTART, you can:

- Prepare to quit with expert tips and personalized guidance
- Track cravings by time and location to spot patterns
- Earn badges for milestones and achievements along your journey
- Get support after a slip and stay motivated
- Cope with cravings and tough moods in healthy ways
- Stay distracted with games and fun challenges
- Save your favorite tips, inspirations, and tools in your personalized Quit Kit
- Share your progress and victories on social media
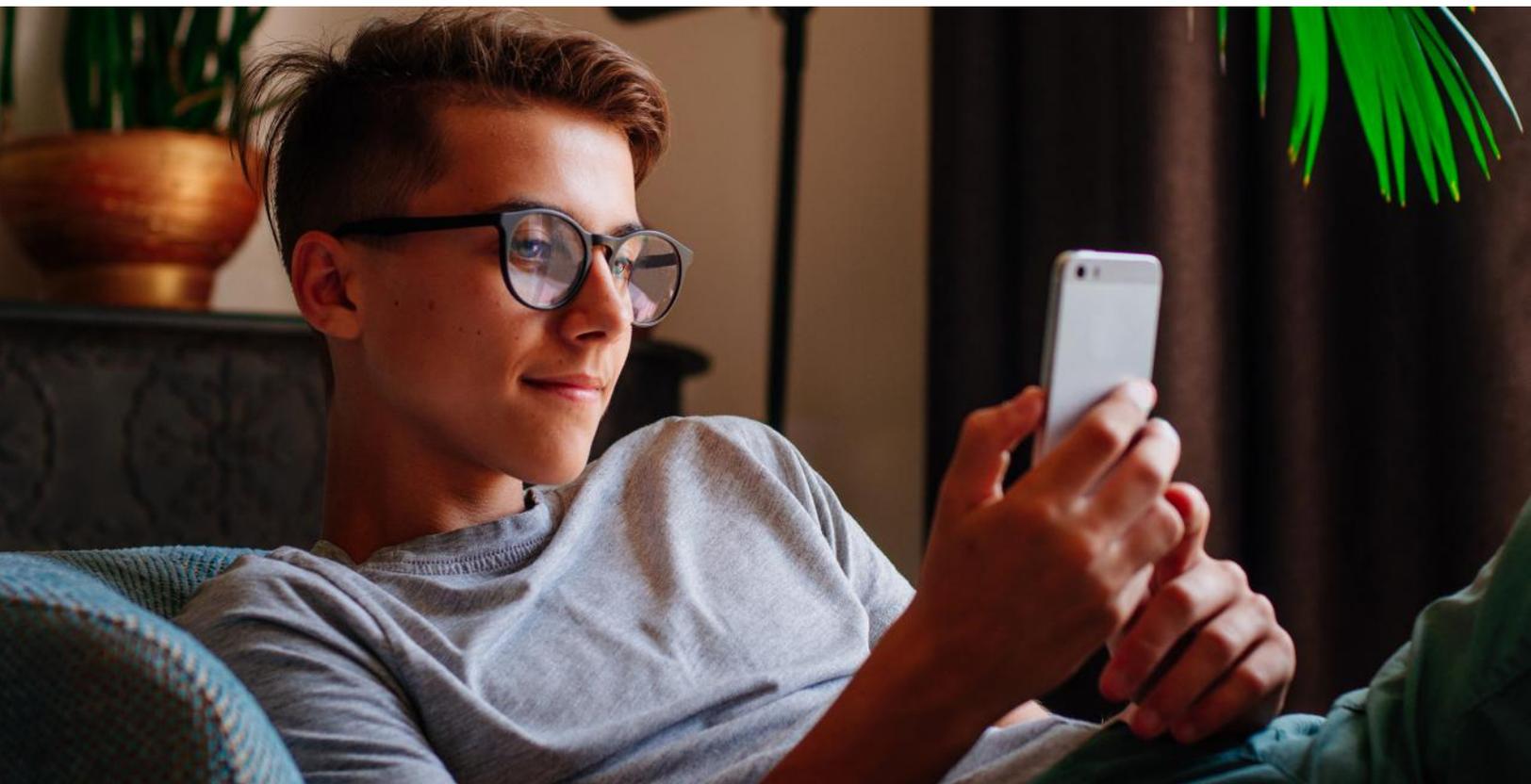
APPENDIX L – TOBACCO TRAINING AND EDUCATIONAL RESOURCES

Professional Training Opportunities

- **Project ACTION Tobacco Dependence Education and Training** – a 40-minute virtual, asynchronous training designed for health and community centers serving LGBTQ+ communities, focused on equipping staff with information about the harms of tobacco use and evidence-based treatments for quitting. Click the image below to view the training!
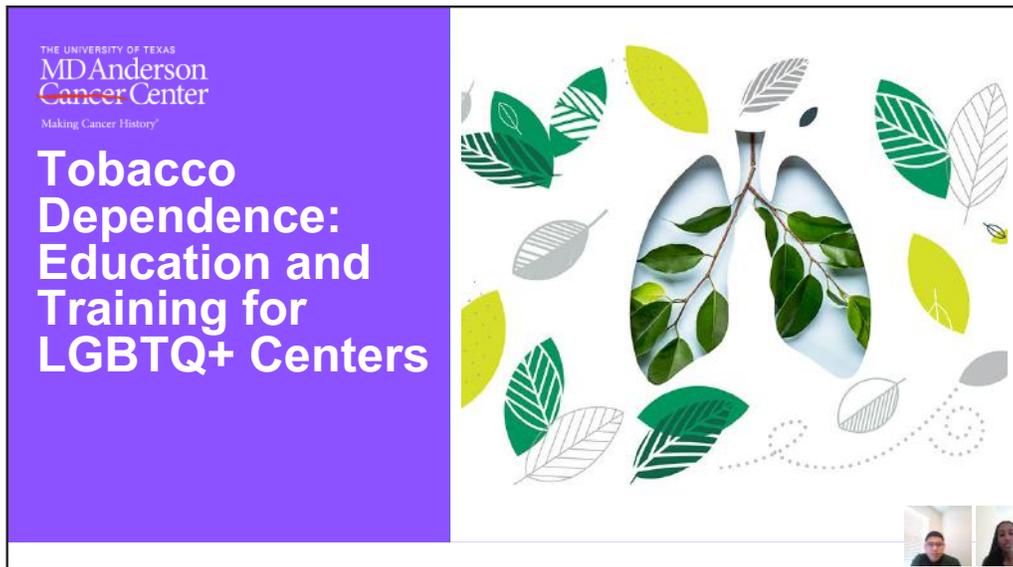
- **Tobacco's Impact on the LGBTQI+ Community** – a 30-minute video providing information on how tobacco use is impacting LGBTQ+ communities and some explanations on why people within these communities use tobacco products at higher rates than heterosexual and cisgender people. Click the image below to view the training!

APPENDIX L – TOBACCO TRAINING AND EDUCATIONAL RESOURCES
(CONTINUED)

- **The University of Texas MD Anderson Cancer Center's** Tobacco Treatment Training Program (TTTP) – this program offers coursework in counseling skills, motivational interviewing, treatment planning, pharmacotherapy, and relapse prevention, Training options include a 5-day course with up to 32.25 continuing education (CE) hours and a 1-day session for prescribers offering up to 7 CE hours. Click the image below or scan the QR code to visit the website and learn more!

Become a Tobacco Treatment Specialist

Tobacco Treatment Training Program is a nationally accredited course by the Council of Tobacco Treatment Training Programs.

Participants in this program will be trained to treat tobacco use disorder if they successfully complete the full program and pass the exam to become a tobacco treatment specialist.

The program exceeds the required 24 hours of core competency training to qualify for the national exam and become a Certified Professional in tobacco treatment offered by the American Heart Association (CPAHA).

- Counseling skills
- Motivational interviewing
- Treatment planning
- Pharmacotherapy
- Relapse prevention

Registration
MDAnderson.org/Conferences

Questions
CTTS@MDAnderson.org

Visit our website

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MD Anderson will offer continuing education hours from the Accreditation Council for Continuing Medical Education (ACCME), National Commission for Health Education Credentialing (NCHEC).

For further information on MD Anderson's End Tobacco Program:
www.mdanderson.org/EndTobacco

APPENDIX L – TOBACCO TRAINING AND EDUCATIONAL RESOURCES
(CONTINUED)

- **Tobacco Dependence Education and Training** – a 60-minute virtual, asynchronous training (currently available through March 9, 2028). Designed for any level of healthcare professional, this training covers tobacco use disorder, disparities in tobacco-related health concerns across demographic groups, and clinical interventions to address these disparities. The training also explores evidence-based treatment options, quitlines, and practice models such as Ask-Advise-Refer and Ask-Advise-Connect. Participants who complete the training can claim 1.0 CME/CNE/PA/MOC credit at no cost.

- **The University of Texas MD Anderson Cancer Center's** Project TEACH (Tobacco Education and Cessation in the Health System) – a virtual learning series held twice monthly on Tuesdays from 12–1 PM, featuring sessions on motivational interviewing, tobacco cessation, substance use, relapse prevention, and more. In addition to didactic content, these sessions offer the option for providers to sign up and share case presentations, creating space for collaborative discussion, problem-solving, and sharing best practices. To join the listserv and receive the training link, email Echo-Tobacco@MDAnderson.org and complete the pre-assessment survey.

APPENDIX M – PROVIDER CONVERSATION TOOL: TALKING TO LGBTQ+ YOUTH ABOUT VAPING

Please visit our website for a printable/downloadable copy and other Project ACTION resources, including materials in Spanish.

How to talk to LGBTQ+ youth about vaping

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Deliver the core message

- You deserve to thrive and be your authentic self.
- LGBTQ+ communities have fought hard for the right to be healthy.
- LGBTQ+ communities still face unique challenges, but are stronger together – don't let vaping hold you back.
- You have the strength to quit, and you don't have to do it alone.

Equip yourself with facts that matter

- The vaping industry specifically targets LGBTQ+ communities.
- One JUUL pod contains the same amount of nicotine as 20 cigarettes.
- The chemicals in vape products can cause serious lung damage.
- Many people turn to vaping to cope with stress, but there are healthier ways to manage it.
- Mental health challenges like anxiety and depression are real. Vaping might feel like it helps, but it often makes these feelings worse.

APPENDIX M – PROVIDER CONVERSATION TOOL: TALKING TO LGBTQ+ YOUTH ABOUT VAPING (CONTINUED)

Essential elements to address

- Create opportunities to discuss nicotine use in a judgement-free way.
- Acknowledge how the unique challenges LGBTQ+ youth face can lead to nicotine use.
- Focus on empowerment rather than criticism.
- Highlight community strength and support.

Conversation prompts

Natural ways to open the discussion

- I've noticed a lot of discussion lately about vapingin the LGBTQ+ community. What are your thoughts on that?
- Some of LGBTQ+ youth mentioned feeling stressed about [current event/issue]. How do you usually handle stress?
- What kinds of health topics would you like to see us address more in our programs?
- We're thinking about how we can improve wellness for LGBTQ+ youth. What would be most helpful for you and your friends?

During group activities

- What are some ways our community takes care of each other?
- What health issues do you think aren't talked about enough in LGBTQ+ spaces?
- What does being healthy mean to you?
- If you could change one thing about wellness resources for LGBTQ+ youth, what would it be?

One-on-one conversations

- How are you feeling about the pressures you're dealing with lately?
- What helps you feel supported when things are tough?
- What kinds of resources would make you feel more empowered about your health?
- Have you heard about our new support programs? I'd love to hear your thoughts on them.

Follow-up questions (if they mention vaping)

- What got you interested in talking about vaping?
- What have you noticed about vaping in the LGBTQ+ community?
- What would make you feel comfortable discussing this more?
- Would you be interested in hearing about some resources we have?

APPENDIX N – PROVIDER INTERVENTION TOOLS: 5A'S AND 5R'S

Please visit our provider resources page for printable/downloadable copies.

One-pager for using the 5A's:

USING THE 5A'S
ASK • ADVISE • ASSESS • ASSIST • ARRANGE

PATIENT NAME

DATE OF BIRTH

ASK about current tobacco use
• Ask every patient, at every visit, about their tobacco use.

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 N – PROVIDER INTERVENTION TOOLS: 5A'S AND 5R'S (CONTINUED)

One-pager for using the 5R's:

USING THE 5R'S

RELEVANCE • RISKS • REWARDS • ROADBLOCKS • REPETITION

PATIENT NAME

DATE OF BIRTH

RELEVANCE of their current tobacco use and reasons to stop

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

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 N – PROVIDER INTERVENTION TOOLS: 5A'S AND 5R'S (CONTINUED)

Badge cards for using the 5A's:

Front

USING THE 5A'S

ASK about current tobacco use.

ADVISE to quit / make a quit attempt.

ASSESS willingness to make a quit attempt.

ASSIST the quit attempt.
- Brief counseling
- Medication, if appropriate
- Refer to additional resources

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

Back

ASK *"Do you use any tobacco or electronic nicotine delivery products, even once in a while?"*

ADVISE *"Quitting is one of the most important things you can do to improve your overall health."*

ASSESS *"Do you have a desire to quit smoking/vaping/other tobacco use in the next 30 days?"*

ASSIST *"I am happy you want to quit. Would you like to hear about the options to help you quit smoking/vaping/other tobacco use?"*

ARRANGE *"I would like to meet with you again in two weeks to discuss your progress."*

Badge cards for using the 5R's:

Front

USING THE 5R'S

RELEVANCE of their current tobacco use and reasons to stop.

RISKS of continued tobacco use.

REWARDS of tobacco cessation.

ROADBLOCKS to a successful quit attempt.
- Need counseling referral?
- Medication or NRT?
- Any additional resources?

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

Back

RELEVANCE: *"What do you think the overall impact is to your health?"*

RISKS: *"Do you have children who may be exposed to the secondhand smoke?"*

REWARDS: *"You've had several visits this year for your asthma, can you tell me how quitting smoking might help your asthma symptoms?"*

ROADBLOCKS: *"You've talked about being concerned about withdrawal symptoms, would you like to talk about nicotine replacement therapy?"*

REPETITION: Patients with a failed quit attempt should be advised that most people make multiple quit attempts before they are successful.

APPENDIX O – TOBACCO RESOURCES AND INTERVENTIONS TAILORED FOR LGBTQ+ COMMUNITIES

OUTLAST Tobacco:

The National LGBT Cancer Network developed the OUTLAST Tobacco program to address the lack of tobacco treatment resources designed for LGBTQ+ communities. LGBTQ+ communities are less likely to be aware of, or to use, mainstream resources like quitlines. This gap is often tied to prior negative experiences with the healthcare system, the resulting mistrust, and the lack of safe spaces where LGBTQ+ identities can be openly acknowledged. When it comes to quitting tobacco, it's nearly impossible to address the role of major stressors while simultaneously feeling the need to hide such a significant part of one's life.

OUTLAST Tobacco was thus created to provide tailored, affirming outreach materials that resonate with LGBTQ+ communities, recognizing that a "one size fits all" approach does not work. The program offers resources that providers can easily adapt and build upon. For example, Project ACTION collaborated with the OUTLAST Tobacco team to co-brand materials from their Out Proud Free campaign (examples below), providing partners with tools that are both culturally relevant and immediately usable.

LGBTQ Minus Tobacco:

LGBTQ Minus Tobacco challenges the tobacco industry's targeting of LGBTQ+ communities. They raise awareness about policies that prevent youth nicotine addiction, protect people from secondhand smoke, and share information on available quit resources (some limited to California residents). Visit their website to learn more about how discrimination and targeted tobacco industry advertising have contributed to higher tobacco use rates in LGBTQ+ communities.

APPENDIX O – TOBACCO RESOURCES AND INTERVENTIONS TAILORED FOR LGBTQ+ COMMUNITIES (CONTINUED)

We Breathe:

The California LGBTQ Health and Human Services Network runs We Breathe, a statewide program working to reduce tobacco's impact on LGBTQ communities in California. We Breathe helps local projects connect with LGBTQ communities, prevent and reduce tobacco use, and address the health problems caused by tobacco. Their webpage offers a suite of resources and education materials including:

- HIV & Tobacco Factsheet – in Spanish
- Gender Transition & Tobacco Fact Sheet – in Spanish
- Tobacco Cessation Resources for LGBTQ+ Folk – in Spanish
- Amplifying Queer Voices: Mental Health and Substance Use Stories
  — Personal stories describing personal quit journeys for LGBTQ+ communities

History of successful LGBTQ+ tobacco treatment programs:

Past campaigns include *The Last Drag* by the Coalition of Lavender Americans (CLASH), a seven-session, six-week intervention in which nearly 60% of participants were smoke-free at the end and 36% remained smoke-free at six months (read the full article). Howard Brown Health Center also ran a series of programs – *Call It Quits*, later renamed *Bitch to Quit* and then *Put It Out* – from 2002 to 2008, achieving self-reported quit rates of 32.3% post-treatment (read the full article). The *QueerTIPs* program, developed by the University of California, San Francisco and Progressive Research Training for Action, consisted of nine two-hour sessions over eight weeks for classes of 8–20 participants, with two booster sessions at three and six months. About 40% of participants had quit smoking by the final class (read the full article; view the facilitator manual).

APPENDIX P – TEXAS TOBACCO QUITLINE APP

Snapshots of the Texas Tobacco Quitline app offerings:
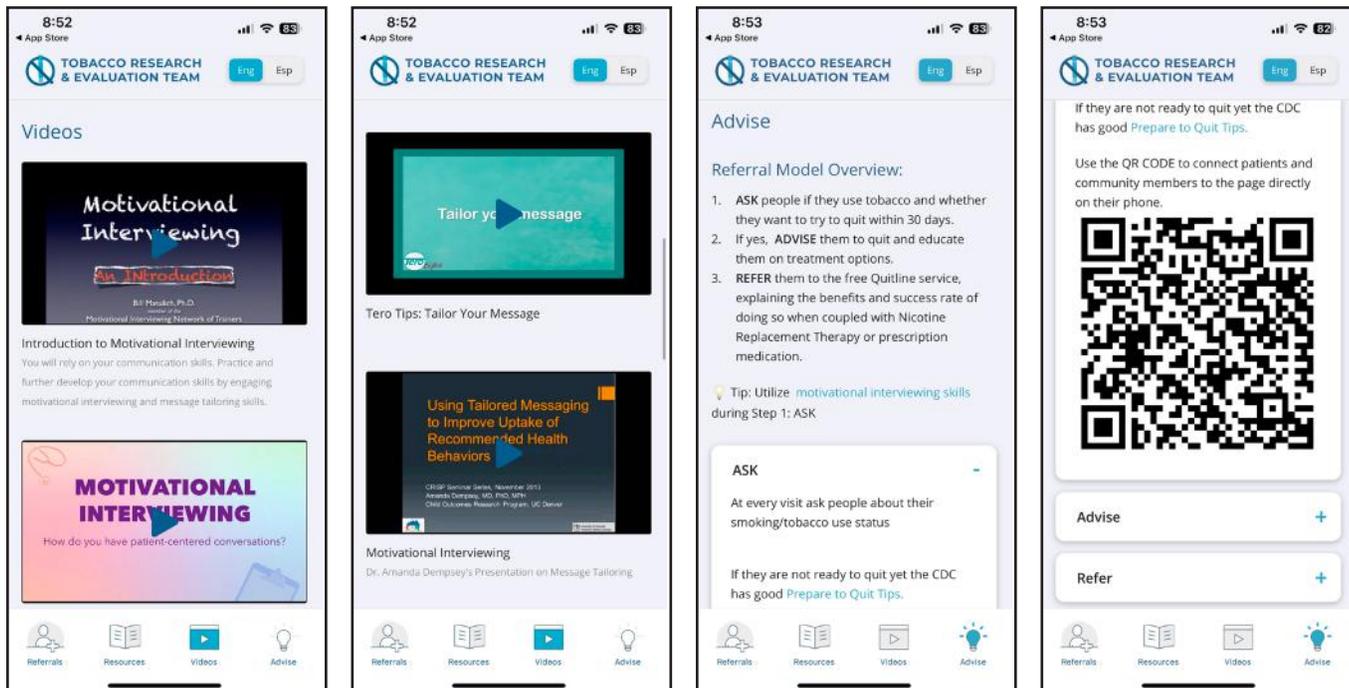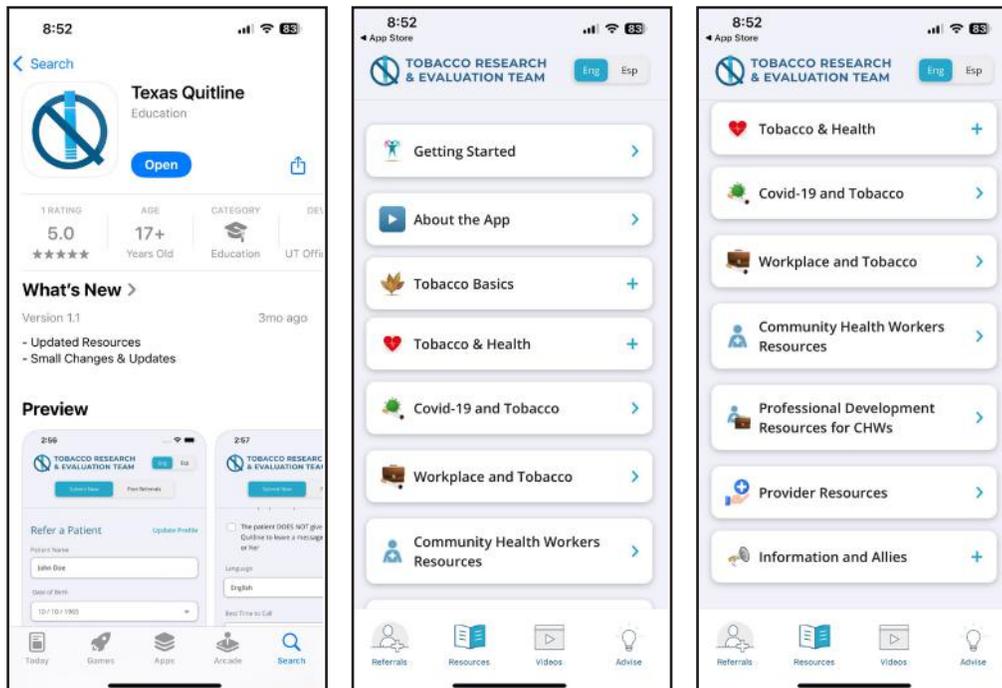
*To download the app, go to the App or Play Store and search "Texas Quitline."

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