

*Smoke-Free Public
Housing:
Change is in the Air*

WELCOME

PLEASE STAND BY. WE WILL BEGIN SHORTLY

Wednesday, June 27th, 2018 12:00pm CST (1 hour)

Texas Smoke-Free Housing Task Force



Today's Presenters



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Smokefree Housing Rule and Tobacco Cessation Coverage Policy

June 27, 2018

*Anne DiGiulio
National Manager, Lung Health Policy
American Lung Association*

Overview

- Background
- What is a comprehensive cessation benefit?
- What is the Smokefree Housing Rule?
- Coverage Implications



Background

Background

Tobacco's Toll

- 480,000 people die annually due to smoking related illness*
- Annual Economic Cost: \$289 billion*
- 5.6 million children under 18 will die prematurely due to smoking related illness*
- 15.5 percent of adults smoke
- 25.3 percent of adults on Medicaid smoke

*Source: Surgeon General: The Health Consequences of Smoking – 50 Years of Progress.



Quitting Tobacco

In 2015:

- 68 percent of smokers wanted to quit
- 55.4 percent had tried to quit
- Half received advice to quit from a provider
- Only 1/3 of smokers who tried to quit used an evidence-based cessation treatment
- Only 1 in 10 smokers had quit successfully



What is a Comprehensive Cessation Benefit?

Background

Comprehensive Benefit

- 3 Types of Counseling
 - Individual (face-to-face)
 - Group
 - Phone
- 7 Medications
 - 5 NRTs (Gum, Patch, Lozenge, Nasal Spray, Inhaler)
 - Bupropion
 - Varenicline



Common Barriers to Access Care

- Cost Sharing
- Prior Authorization
- Duration Limits
- Yearly or Lifetime Limits
- Dollar Limits
- Stepped Care Therapy
- Required Counseling



HUD Smokefree Housing Rule

Smokefree Multi-Unit Housing

Long-Term Effort



Dear Reader:

The U.S. Department of Housing and Urban Development, the Department of Health and Human Services, the American Academy of Pediatrics, and the American Lung Association are joining together to protect everyone living in federally assisted multifamily housing from the dangers of secondhand smoke. Since 2009, HUD has strongly encouraged Public Housing Agencies to adopt smoke-free buildings to protect the health of residents, and now urges federally assisted multifamily property owners to go smoke-free. To assist you in this process, HUD has developed smoke-free housing toolkits to provide user-friendly information on making all buildings smoke-free. There are materials for landlords, including Public Housing Agencies, and for resident organizations.

HUD Smokefree Multi-Unit Housing Rule

Key Provisions

- Takes effect by July 31, 2018
- Smokefree proposal would apply to all public housing, other than dwelling units in mixed-finance buildings
- Interior of buildings plus 25 foot zone within buildings included
- Smokefree policies will be included in a tenant's lease.

Other Provisions

- All lit tobacco products including cigarettes, cigars, hookah
 - E-cigarettes are not mandatory*

*HOWEVER....PHAs can and SHOULD include e-cigarettes

HUD Smokefree Multi-Unit Housing Rule

Why Include E-Cigarettes in Smokefree Policies?

1. Makes enforcement easier and less subjective, less subject to confusion and discretion
1. U.S. Surgeon General: Secondhand e-cigarette emissions are not safe.



E-cigarette aerosol is not harmless. It can contain harmful and potentially harmful constituents, including nicotine. Nicotine exposure during adolescence can cause addiction and can harm the developing adolescent brain.

Tobacco Cessation Coverage Implications

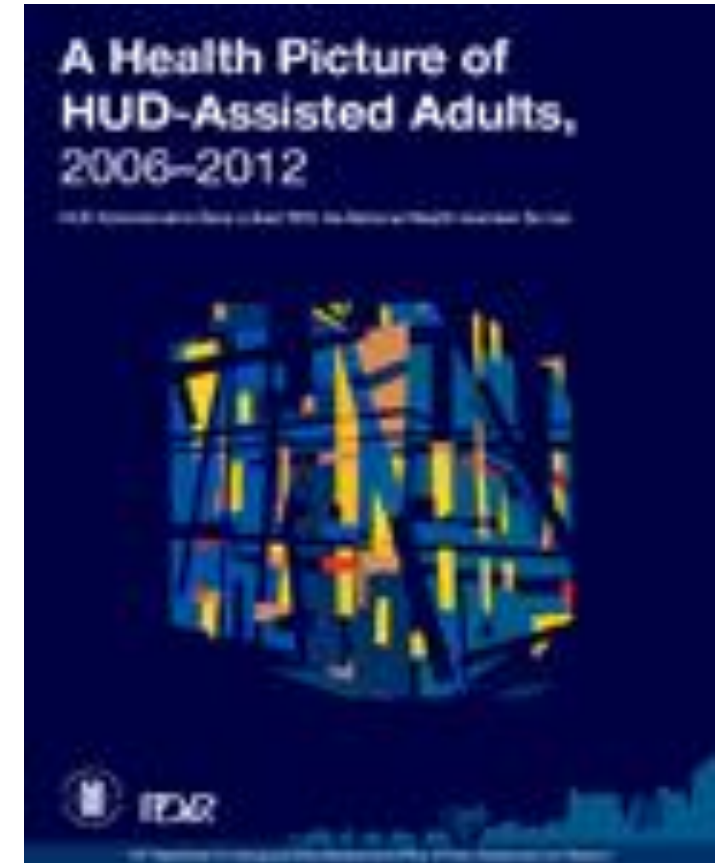
Public Housing Demographics

- 77.8 percent are at or below the Federal Poverty Level (\$30,750/ year for a family of 4)
- Approximately a third are children
- 21.9 percent of residents are uninsured
- 57.4 percent are on Medicaid
- 11.9 percent have private insurance



HUD Assisted Residents

- More likely to be in fair or poor health (35.8 percent)
- More likely to have a disability (61 percent)
- More likely to be a current smoker (33.5 percent)
- More likely to have COPD or asthma (13.6 percent and 16.3 percent)



Cessation Coverage

Standard Medicaid – Medications Requirement

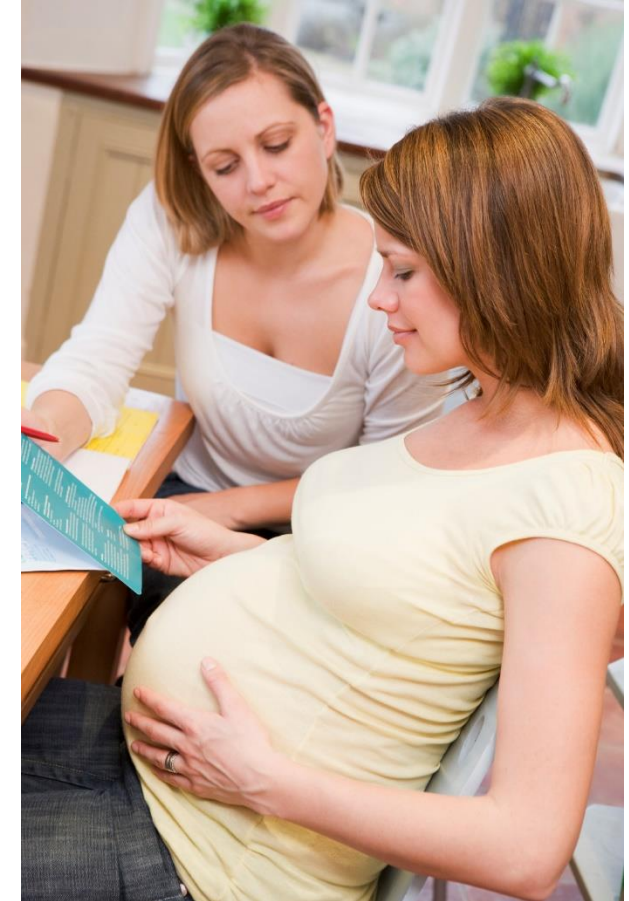
- Section 2502 of the Affordable Care Act removed tobacco cessation medications from the exclusions list.
- Counseling not addressed.
- Many States are still not covering all 7 FDA-approved medications.
- Allows states to still charge a co-pay.



Cessation Coverage

Medicaid – Pregnant Women

- 2010 ACA requirement
 - All pregnant women on Medicaid have access to all treatments with no cost sharing.
 - Written into the Law- ACA Section 4107
 - Includes all FDA-approved pharmacotherapy and counseling



Key ACA Components – Cessation Coverage

Preventive Services Requirement

- Required coverage for preventive services with no cost-sharing or prior authorization
 - Preventive Services receiving ‘A’ or ‘B’ rating from U.S. Preventive Services Task Force
 - Tobacco Cessation given ‘A’ rating
 - Includes all forms of counseling and Food and Drug Administration (FDA)-approved cessation medications
- States are responsible for implementation

The screenshot displays the U.S. Preventive Services Task Force website. The main heading is "Tobacco Smoking Cessation in Adults, Including Pregnant Women: Behavioral and Pharmacotherapy Interventions". The release date is September 2015. A "Recommendation Summary" table is shown with the following data:

Population	Recommendation	Grade (What's This?)
Adults who are not pregnant	The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and U.S. Food and Drug Administration (FDA)-approved pharmacotherapy for cessation to adults who use tobacco.	A
Pregnant women	The USPSTF recommends that clinicians ask all pregnant women about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant women who use tobacco.	A
Pregnant women	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of pharmacotherapy interventions for tobacco cessation in pregnant women.	I
All adults, including pregnant women	The USPSTF concludes that the current evidence is insufficient to recommend electronic nicotine delivery systems (ENDS) for tobacco cessation in	I

Supporting documents include: Final Research Plan, Final Evidence Review (PDF Version), and Evidence Summary (PDF Version). A Clinical Summary section explains that these are one-page documents for primary care clinicians.

Key ACA Components – Cessation Coverage

Cessation Guidance FAQ

- On May 2, 2014 the Departments of Labor, Treasury and Health and Human Services issues a FAQ questions on how the tobacco cessation recommendation should be implemented.
- Tobacco Cessation Guidance
 - At least 4 sessions of individual, group and phone counseling
 - At least 90 days of all FDA-approved smoking cessation medications, when prescribed
 - At least 2 quit attempts per year
 - No cost-sharing
 - No prior authorization

UNITED STATES DEPARTMENT OF LABOR
Employee Benefits Security Administration
DOL > EBSA > Frequently Asked Questions

FAQs about Affordable Care Act Implementation (Part XIX)

Printer Friendly Version
May 2, 2014

Set out below are additional Frequently Asked Questions (FAQs) regarding implementation of various provisions of the Affordable Care Act. These FAQs have been prepared jointly by the Departments of Labor (DOL), Health and Human Services (HHS), and the Treasury (collectively, the Departments). Like previously issued FAQs (available at <http://www.dol.gov/ebsa/healthreform/> and <http://www.cms.gov/ccio/resources/fact-sheets-and-fqs/index.html>), these FAQs answer questions from stakeholders to help people understand the new law and benefit from it, as intended.

Updated Department of Labor Model Notices

In general, under the Consolidated Omnibus Budget Reconciliation Act (COBRA), an individual who was covered by a group health plan on the day before the occurrence of a qualifying event (such as a termination of employment or a COBRA continuation coverage upon that qualifying event.⁽¹⁾ Individuals with certain notices explaining their COBRA rights. A group health plan must provide each covered employee and spouse (if any) with a written notice of notice). A group health plan must also provide qualified beneficiaries with a election (election notice).

General Notice: The general notice must be furnished to each covered employee or spouse (if any) with a written notice of notice). A group health plan must also provide qualified beneficiaries with a election (election notice).

The general notice is required to include:

- The name of the plan and the name, address, and telephone number of the plan administrator;
- A general description of the continuation coverage provided under the plan;
- An explanation of what qualified beneficiaries must do to notify the plan administrator of a change in status or to elect COBRA continuation coverage.

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Q5

September 2015 USPSTF Updated Cessation Recommendation

- In September 2015, the USPSTF updated their recommendation, reaffirming the “A” grade for tobacco cessation.
- Found that both counseling and pharmacotherapy are effective to help smokers quit.
- States are responsible for implementation for private plans.

The screenshot displays the Annals of Internal Medicine website page for the article "Behavioral and Pharmacotherapy Interventions for Tobacco Smoking Cessation in Adults, Including Pregnant Women: U.S. Preventive Services Task Force Recommendation Statement". The page includes a navigation bar with "Annals of Internal Medicine" and various menu items like "LATEST", "ISSUES", "CHANNELS", "CME/MOC", "IN THE CLINIC", "JOURNAL CLUB", "WEB EXCLUSIVES", and "AUTHOR INFO". The article title is prominently displayed, along with the author "Albert L. Siu, MD, MSPH; for the U.S. Preventive Services Task Force (1)". The abstract section is visible, detailing the update of the 2009 U.S. Preventive Services Task Force (USPSTF) recommendation. The abstract text reads: "Description: Update of the 2009 U.S. Preventive Services Task Force (USPSTF) recommendation on counseling and interventions to prevent tobacco use and tobacco-related disease in adults, including pregnant women. Methods: The USPSTF reviewed the evidence on interventions for tobacco smoking cessation that are relevant to primary care (behavioral interventions, pharmacotherapy, and complementary or alternative therapy) in adults, including pregnant women. Population: This recommendation applies to adults aged 18 years or older, including pregnant women." The page also features a sidebar with "FULL ARTICLE" options, a "WELCOME TO THE NEW ANNALS.ORG" advertisement, and a "SEE ALSO" section with a link to "Behavioral Counseling and Pharmacotherapy Interventions for".

ACA Preventive Services Requirements

This Requirement

- Almost all private plans
- Plans sold in the exchanges
- Small group plans
- Individual plans
- Medicaid expansion plans

Difference Requirements

- Medicare
- Standard Medicaid Plans
- Grandfathered Plans

Types of Health Coverage

Medicaid expansion

- Covers all individuals up to 138 percent of the Federal Poverty Level (FPL)
- 138 percent of FPL is \$16,643 for an individual and \$33,948 for a family of four
- Federal government pays for most of the cost
- Must cover the Essential Health Benefits, including preventive services
- Expansion is optional for states



Types of Health Coverage

Private Coverage

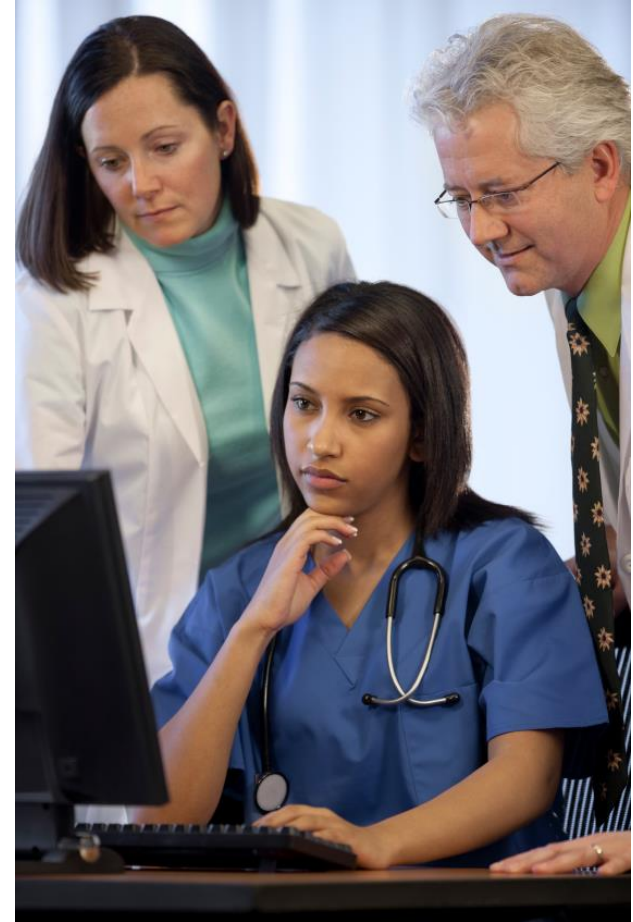
- Affordable Care Act Impact
 - Individual Marketplaces
 - Rating Rules
 - Essential Health Benefits
 - Premium Assistance (100 - 400 percent of the Federal Poverty Level)
 - Cost Sharing Subsidies (Up to 250 percent of the Federal Poverty Level)



Cessation Coverage

What does it mean?

- Studies have suggested that many private plans in the exchanges are not covering all cessation treatments and in some cases are imposing cost-sharing and other barriers.
- Information on coverage is often conflicting and confusing
- Some states are reaching out to large private employers to improve coverage.
- Some states have reached out to their Insurance Commissioner to ask for a bulletin or consumer alert clarifying what needs to be covered.



www.lung.org/smokefreehousing

Smokefree Policies in Multi-Unit Housing

Secondhand smoke exposure poses serious health threats to children and adults. For residents of multi-unit housing (e.g., apartment buildings and condominiums), secondhand smoke can be a major concern. It can migrate from other units and common areas and travel through doorways, cracks in walls, electrical lines, plumbing, and ventilation systems.

Public and private multi-unit housing properties across the country have moved to solve this problem by making their housing, including individual units, smokefree. This move not only protects residents and staff from exposure to secondhand smoke, but also saves properties money on costs to turnover units and significantly reduces fire risk for buildings.



www.lung.org/cessation-toolkit

New Opportunities: Smokefree Multi-Unit Housing and Tobacco Cessation

Presented by The American Lung Association and The University of Texas MD Anderson Cancer Center.

In November 2016, the U.S. Department of Housing and Urban Development (HUD) finalized a [final rule](#) requiring all federally-owned public housing to become smokefree by July 30, 2018. This rule will protect two million Americans from being exposed to secondhand smoke in their homes, including 760,000 children.

The American Lung Association and [The University of Texas MD Anderson Cancer Center](#) recognize that many residents may use the rule as a motivation to quit smoking. Since almost 60 percent of

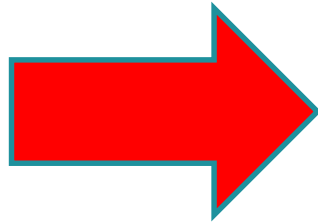
Where to Find What Your State Medicaid Program Covers for Cessation

www.Lung.org/CessationCoverage

State Cessation Coverage

The American Lung Association supports state policies that give smokers easy access to all treatments proven effective to help them quit. This includes:

- Fully funding state tobacco control programs including quitlines
- Providing a comprehensive, easily-accessed tobacco cessation benefit to all Medicaid enrollees and state employees, and through other state-run health insurance plans
- Ensuring all private health insurance plans cover a comprehensive, easily-accessible tobacco cessation benefit



State Tobacco Cessation Coverage Database

Find out which treatments your state covers to help smokers quit. [Learn more »](#)

Tobacco Cessation and the Affordable Care Act

Learn how the Affordable Care Act affects what treatments are covered to help smokers quit. [Learn more »](#)

Tobacco Cessation Coverage Factsheets and Reports

The American Lung Association's repository for tobacco cessation policy materials, including factsheets and other helpful resources. [Learn more »](#)

Contact:

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202-719-2814



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Health and Human
Services

**Texas Department of State
Health Services**

Texas Tobacco Quitline

Helping Texans Quit Tobacco



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Outline

- Texas Tobacco Quitline overview
- How to connect with the Quitline
- Quitline Eligibility
- Resources available
- Referrals to the Quitline



Texas Tobacco Quitline Overview



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- What is a Quitline?
 1. counseling
 2. pharmacotherapy



The Texas Tobacco Quitline has been managed by Optum since 2010.

How to connect with the Quitline



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- ✓ Call Quitline directly
 - 1-800-QUIT-NOW (U.S. line, will connect caller with state Quitline that matches area code)
 - 1-877-YES-QUIT (Texas-specific Quitline)
 - Available in English and Spanish
- ✓ Can register online
 - www.quitnow.net/texas
 - www.yesquit.org
- ✓ Healthcare Provider referral
 - Provider will supply the Quitline with client's information and best time to contact





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Quitline Eligibility

- Resident must have a Texas address
- Must be 18 years and older for counseling and nicotine replacement therapy
- Must have a U.S. phone number & must answer telephone
- Residents aged 13-17 years are only eligible for counseling



What the Quitline provides



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For Tobacco Users

- Resources and services for tobacco users vary based on how they were introduced to Quitline

For Providers who make referrals

- Outcomes reports are returned to HIPAA covered entities

Tobacco Users



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Clients who contact the Quitline without referral by a provider:

- Eligible for up to 5 counseling sessions with a Quit Coach
- May be eligible for 2 weeks of nicotine replacement therapy(NRT) if they meet certain criteria:
 - ✓ Uninsured
 - ✓ Tobacco users with a mental health disorder
 - ✓ Tobacco users with chronic health conditions
 - ✓ Pregnant tobacco users (with a medical override letter)
 - ✓ Residents of DSHS-funded Tobacco Coalition counties

* Clients must register for the Helpline option when registering with the Quitline in order to qualify for NRT. Not eligible if client elects to have a Web Coach®

Tobacco Users



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Clients who are referred (through fax, eTP, or app) to the Quitline by a healthcare provider:

- Eligible for up to 5 counseling sessions with an experienced Quit Coach
- Eligible for 2 weeks of nicotine replacement therapy
 - Medicaid status overrides NRT eligibility
 - Pregnant women are eligible for up to 10 counseling sessions (must have medical override letter to receive NRT)

Healthcare Provider Referral options



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1. Fax Referral form is available online at <http://www.dshs.texas.gov/tobacco/toolkit.shtm>

Note:

- Same spelling of clinic/entity name must be entered each time form is completed
- Indicate if the clinic/entity is HIPAA-compliant
- Notify client that Quitline will be calling from unknown 1-800 number
- Quitline will make 3-5 attempts to call client

Fax Referral Form

TEXAS TOBACCO QUIT LINE FAX REFERRAL FORM

Fax Number: 1-800-483-3114



Provider Information:

DATE FAX SENT

CLINIC NAME

CLINIC ZIP CODE

HEALTH CARE PROVIDER

CONTACT NAME

FAX NUMBER

PHONE NUMBER

I am a HIPAA covered entity (please check one): YES NO DON'T KNOW

Patient Information:

PATIENT NAME

DATE OF BIRTH

GENDER MALE FEMALE

ADDRESS

CITY

ZIP CODE

PRIMARY PHONE NUMBER

HM WK CELL

SECONDARY PHONE NUMBER

HM WK CELL

Language preference (please check one): ENGLISH SPANISH OTHER

By participating in this program I understand that outcome information may be shared with my provider for purposes of my treatment.

I am ready to quit tobacco and request the Texas Tobacco Quit Line contact me to help me with my quit plan.

I DO NOT give my permission to the Texas Tobacco Quit Line to leave a message when contacting me.

PATIENT SIGNATURE

DATE

The Texas Tobacco Quit Line will call you. Please check the BEST 3-hour time frame for them to reach you.

<p><i>NOTE: The Quit Line is open 7 days a week; call attempts over a weekend may be made at times other than during this 3-hour time frame.</i></p>	<input type="checkbox"/> 6AM – 9AM	<input type="checkbox"/> 3PM – 6PM	<p>Within this 3-hour time frame, please contact me at (check one):</p> <p><input type="checkbox"/> Primary # <input type="checkbox"/> Secondary #</p>
	<input type="checkbox"/> 9AM – 12PM	<input type="checkbox"/> 6PM – 9PM	
	<input type="checkbox"/> 12PM – 3PM		

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Healthcare Provider Referral options (cont'd)



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2. Electronic Referral—eTobacco Protocol (eTP)

- Referral is completed from the patient's Electronic Health Record
- Must be integrated into system-wide EHR
- Contact University of Texas Tobacco Research and Evaluation Team for information

<http://www.uttobacco.org/our-programs/etobacco-protocol>

Healthcare Provider Referral options (cont'd)



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3. Secure email to Quitline provider Optum: SupportServices@Optum.com

- Do not include any participant level information in the subject line as this causes a HIPAA violation
- Test secure connection first. Notify Maria Martin at Maria.Martin2@optum.com when ready to send a test email

Healthcare Provider Referral options (cont'd)



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4. Texas Quitline and Help to Quit Apps

- Free to download
- Available on both Android and iPhone platforms (and tablets)
- Easy to use
- Alternative to the eTobacco Protocol

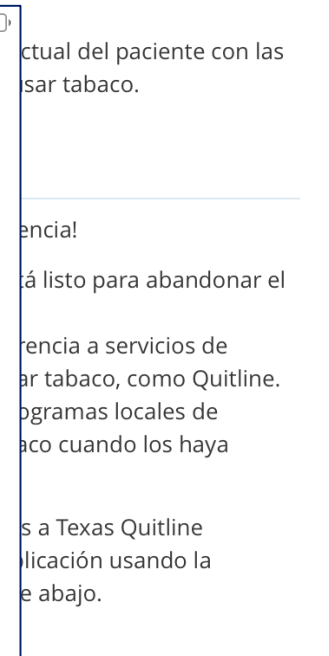
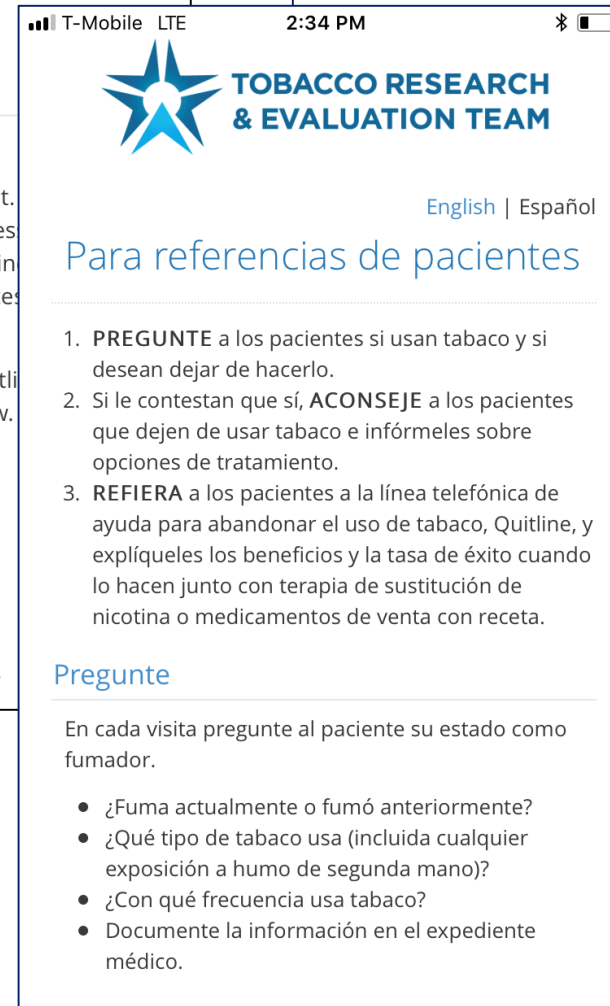
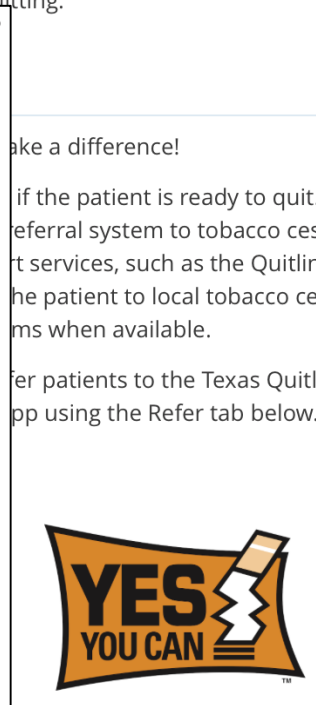
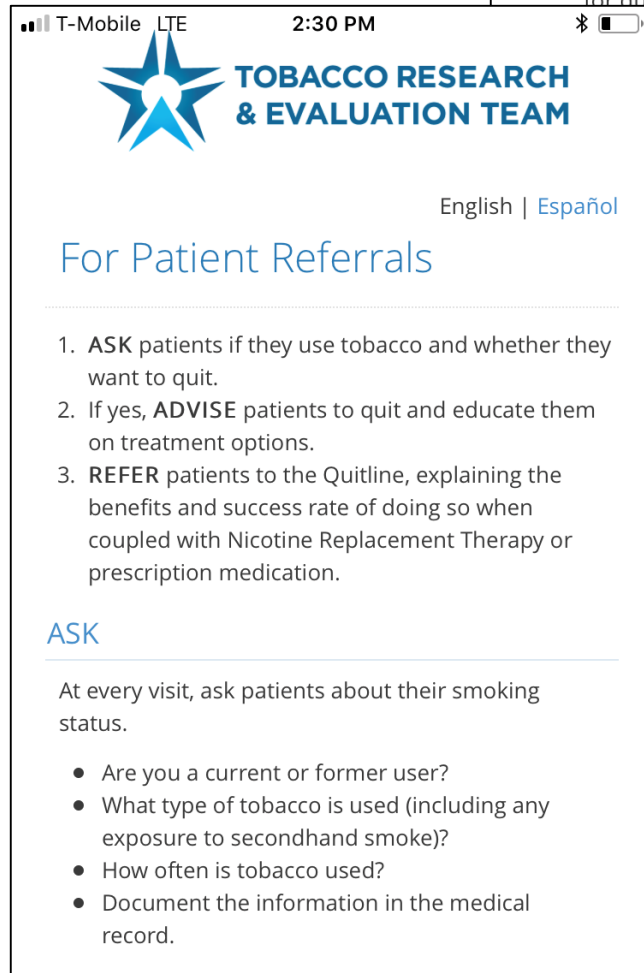
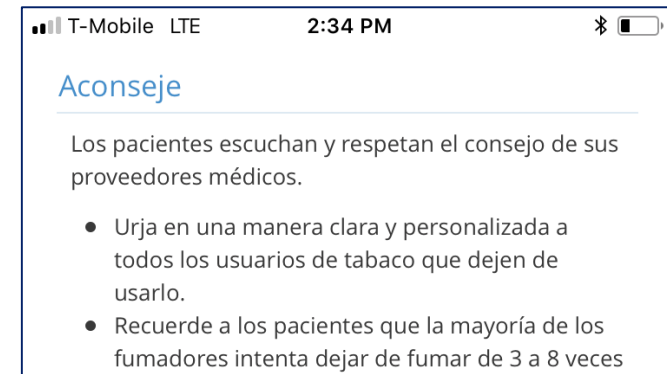
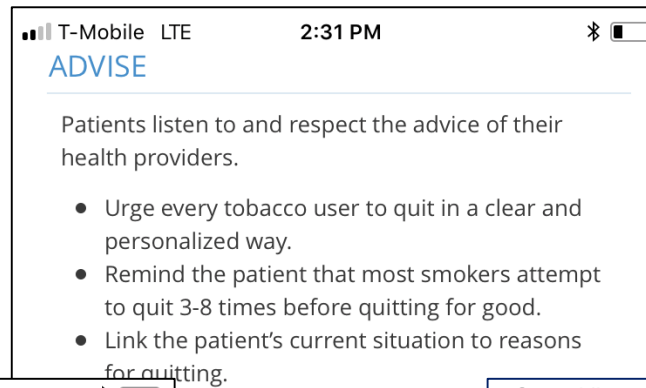
Texas Quitline App



Help to Quit App




App Screen Shots



App Registration

IPad 3:54 PM 100%

English Español

 **TOBACCO RESEARCH
& EVALUATION TEAM**

[My Profile](#) » Please complete this profile to refer patients to the Tobacco Quitline. You only need to fill out this profile once. **You will be able to update it if anything changes.**

Are you in Texas? Yes
 No

Clinic / Facility Please tell us where you work.

Clinic Phone #

Clinic Fax #


Clinic Zip Code

Your Name

Your Email

Are you a HIPAA covered entity? Yes
 No
 Unknown

Save




Menu Advise Videos Quitline Referrals

App Registration

iPad 3:52 PM 100%

English Español

 **TOBACCO RESEARCH
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[Refer a patient](#) » The information will be sent to Texas Tobacco Quitline. You can [update your profile](#) if needed.

Patient Name

Date of Birth *MM/dd/yyyy*

Primary Phone

Tobacco Types (check all that apply)

- Cigarettes
- Smokeless Tobacco
- Cigar
- Pipe
- E-cigarette

The patient is ready to quit tobacco in the next 30 days and requests the Quitline contact him or her with quit plan help.

The patient **DOES NOT** give permission to the Quitline to leave a message when contacting him or her.

Language

- English
- Español
- Other

Best time to call

- 6 am - 9 am
- 9 am - 12 pm
- 12 pm - 3 pm
- 3 pm - 6 pm
- 6 pm - 9 pm

Menu Advise Videos Quitline Referrals

Texas Tobacco Quitline



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Questions?



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Health Services**

Thank you

Tia Olarinde, MPH, CHES

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Texas Smoke-Free Public Housing

June 2018

Supported Housing and Homeless Services

assist clients in moving from temporary housing or homelessness to public housing, transitioning from criminal justice systems and extended care facilities to public housing, and connecting to resources to provide the best quality of life for our individuals.



Chelsea Vaughan, MSN, RN, QMHP-CS

Supported Housing & Homeless Services

Integral Care - *Healthy Living For Everyone*

- Client Demographic: Adults who struggle with mental illness, substance use, and have experienced chronic homelessness.
- Tasks:
 - provide education on prescribed medications
 - basic disease processes
 - coping skills
 - healthy living
 - emergency intervention



Rehabilitation Specialist/Housing Specialists

- All Integral Care staff are provided with tobacco cessation education when hired.
- At initial intake with a client, RS (Rehabilitation Specialists):
 - Enter Tobacco Use Assessment in electronic health record
 - Provide referral to internal resources or external resources (partner organization – CommUnityCare (federally qualified health center) - and Quitline)
 - If the client agrees, RS/RN will complete a Nicotine Replacement Therapy Voucher to provide patches, gum, and lozenges.

Stories



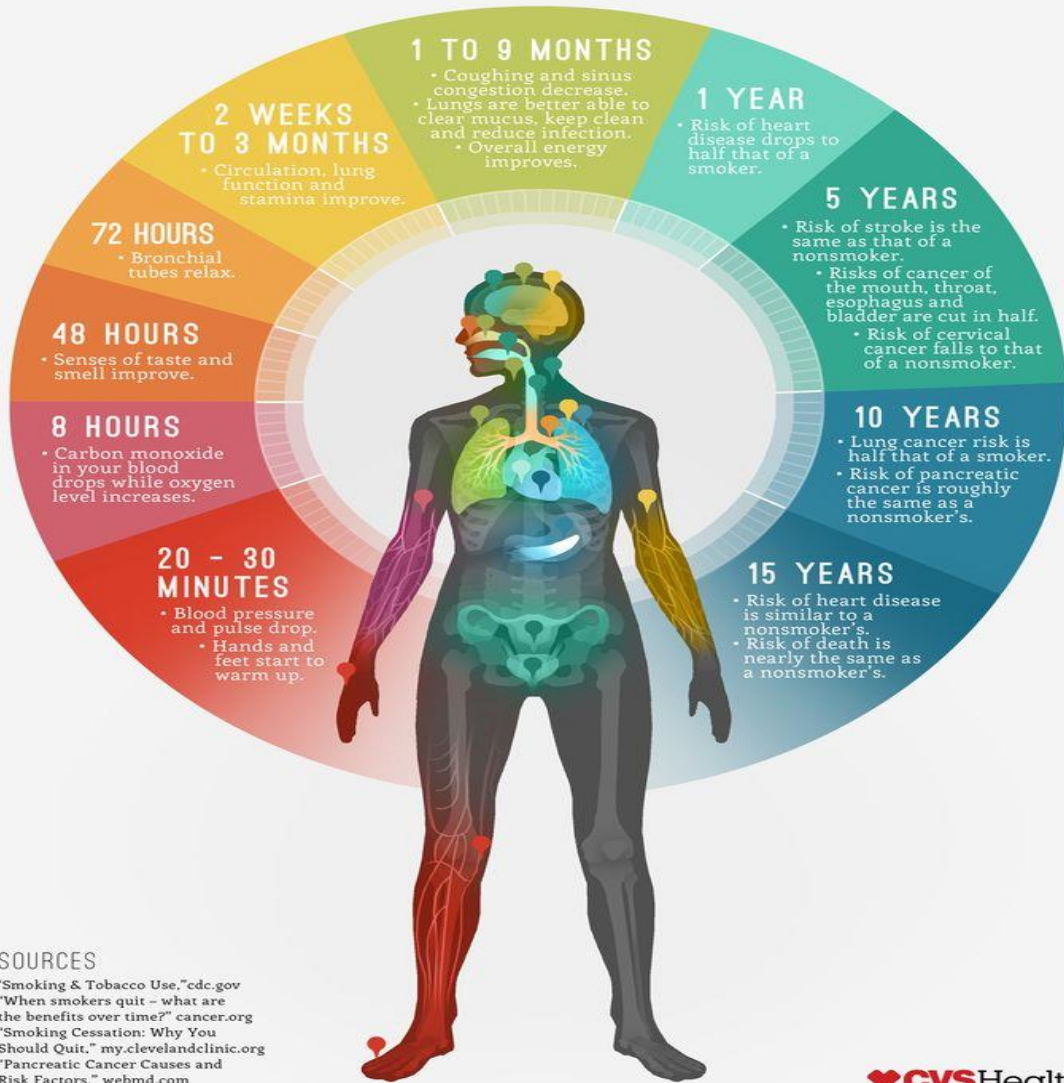
Call To Action

- Nurses and RS's are provided many opportunities to talk with their clients and assess their readiness to quit.
 - Initial Intake, Yearly Review, Case Management, Appointments, Doctor Visits
 - Integrate tobacco treatment services into all levels of care and interactions with clients/consumers/patients
- As the HUD smoke-free housing rule expands to all public housing, Integral Care employees are assisting their clients with the ultimate goal of obtaining and maintaining housing and quitting tobacco.



HOW QUITTING SMOKING CHANGES YOUR BODY

Here's what happens to your body after your last cigarette:



SOURCES

- "Smoking & Tobacco Use," cdc.gov
- "When smokers quit - what are the benefits over time?" cancer.org
- "Smoking Cessation: Why You Should Quit," my.clevelandclinic.org
- "Pancreatic Cancer Causes and Risk Factors," webmd.com



Resources Utilized

1-800-QUIT-NOW
TTY - 1-888-229-2182

CALL NOW

DRUG INTERACTIONS WITH TOBACCO SMOKE

Many interactions between tobacco smoke and medications have been identified. Note that in most cases it is the tobacco smoke—not the nicotine—that causes these drug interactions. Tobacco smoke interacts with medications through pharmacokinetic (PK) and pharmacodynamic (PD) mechanisms. PK interactions affect the absorption, distribution, metabolism, or elimination of other drugs, potentially causing an altered pharmacologic response. The majority of PK interactions with smoking are the result of induction of hepatic cytochrome P450 enzymes (primarily CYP1A2). Smokers may require higher doses of medications that are CYP1A2 substrates. Upon cessation, dose reductions might be needed. PD interactions alter the expected response or actions of other drugs. The amount of tobacco smoking needed to have an effect has not been established, and the assumption is that any smoker is susceptible to the same degree of interaction. **The most clinically significant interactions are depicted in the shaded rows.**

DRUG/CLASS	MECHANISM OF INTERACTION AND EFFECTS
Pharmacokinetic Interactions	
Alprazolam (Xanax®)	• Conflicting data on significance, but possible ↓ plasma concentrations (up to 50%); ↓ half-life (35%)
Bendamustine (Treanda®)	• Metabolized by CYP1A2. Manufacturer recommends using with caution in smokers due to likely ↓ bendamustine concentrations, with ↑ concentrations of its two active metabolites.
Caffeine	• ↑ Metabolism (induction of CYP1A2); ↑ clearance (56%). Caffeine levels likely ↑ after cessation.
Chlorpromazine (Thorazine®)	• ↓ Area under the curve (AUC) (by 36%) and serum concentrations (by 24%). • ↓ Sedation and hypotension possible in smokers; smokers may require ↑ dosages.
Clopidogrel (Plavix®)	• ↑ Metabolism (induction of CYP1A2) of clopidogrel to its active metabolite. • Clopidogrel's effects are enhanced in smokers (≥10 cigarettes/day); significant ↑ platelet inhibition, ↓ platelet aggregation, while improved clinical outcomes have been shown, may also ↑ risk of bleeding.
Clozapine (Clozaril®)	• ↑ Metabolism (induction of CYP1A2); ↓ plasma concentrations (by 18%). • ↑ Levels upon cessation may occur; closely monitor drug levels and reduce dose as required to avoid toxicity.
Erlotinib (Tarceva®)	• ↑ Clearance (24%); ↓ trough serum concentrations (2-fold).
Flecainide (Tambocor®)	• ↑ Clearance (61%); ↓ trough serum concentrations (by 25%). Smokers may need ↑ dosages.
Fluvoxamine (Luvox®)	• ↑ Metabolism (induction of CYP1A2); ↑ clearance (24%); ↓ AUC (31%); ↓ Cmax (by 32%) and Css (by 39%). • Dosage modifications not routinely recommended but smokers may need ↑ dosages.
Haloperidol (Haldol®)	• ↑ Clearance (44%); ↓ serum concentrations (70%); data are inconsistent therefore clinical significance is unclear.
Heparin	• Mechanism unknown but ↑ clearance and ↓ half-life are observed. Smoking has prothrombotic effects. • Smokers may need ↑ dosages due to PK and PD interactions.
Insulin, subcutaneous	• Possible ↓ insulin absorption secondary to peripheral vasoconstriction. • Smoking may cause release of endogenous substances that cause insulin resistance. • PK & PD interactions likely not clinically significant, but smokers may need ↑ dosages.
Irinotecan (Camptosar®)	• ↑ Clearance (18%); ↓ serum concentrations of active metabolite, SN-38 (~40%, via induction of glucuronidation); ↓ systemic exposure resulting in lower hematologic toxicity and may reduce efficacy. • Smokers may need ↑ dosages.
Methadone	• Possible ↑ metabolism (induction of CYP1A2, a minor pathway for methadone). • Carefully monitor response upon cessation.
Mexiletine (Mexitil®)	• ↑ Clearance (25%; via oxidation and glucuronidation); ↓ half-life (36%).
	• ↑ Metabolism (induction of CYP1A2); ↑ clearance (98%); ↓ serum concentrations (by

TAKING TEXAS TOBACCO FREE

Smoking is highest among people with addiction disorders, with rates as high as 87%.

TOBACCO USE IS LINKED TO HIGHER MORTALITY RATES THAN ALCOHOL USE

More people in treatment for alcohol use die from smoking-related diseases (51%) than alcohol-related diseases (34%).

ALCOHOL AND TOBACCO USE MULTIPLIES CANCER RISKS

Individuals with hazardous drinking problems experience higher cancer rates because using alcohol and tobacco together multiplies the risks for several cancers, including liver, digestive tract, mouth and throat cancers.

66% OF ADOLESCENTS IN TREATMENT ARE SMOKERS

Unfortunately, most will continue smoking as 80% of adults addicted to tobacco began smoking as adolescents.

4X HIGHER SMOKING RATES

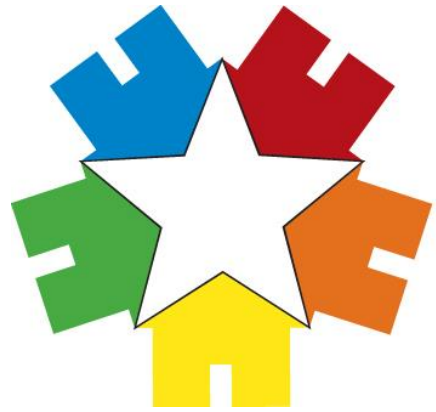
While effective treatments have driven a decline in the general population, those with substance use disorders have smoking rates 4 times higher than the general population.

TakingTexasTobaccoFree
@HEALTHuh @TTTF_

visit: www.takingtexas tobaccofree.com

HEALTH Research Institute
Thinking Everyone Across a Lifetime of Health

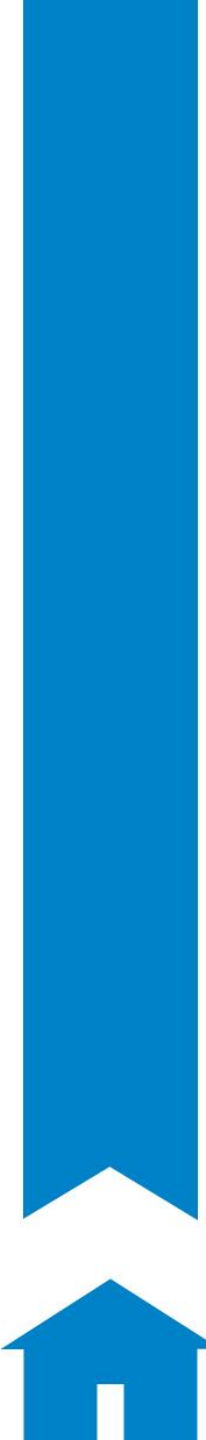




Housing Authority of the City of El Paso

Smoke-Free Housing

June 2018



Background

- **HACEP smoke-free process began 2013**
 - Built on existing partnership between HACEP/University of Texas at El Paso/City of El Paso Public Health Department/Paso del Norte Health Foundation
 - Adopted smoke-free policy for Public Housing Properties in 2014, Section 8 New Construction Properties 2016
- **HACEP implemented smoke-free policy in two phases:**
 - 2017 – Former Public Housing Properties (48)
 - 2018 – Section 8 New Construction (4) and Low-Income Housing Tax Credit Properties (16)



**Housing Authority
of the City of El Paso**

Freshstart Cessation Program

- Four sessions that help participants choose a quit date, learn about the benefits of quitting, deal with withdrawal, and preventing relapse
- City of El Paso Department of Public Health – services for both phases beginning July 2014



**Housing Authority
of the City of El Paso**

Resources

- Quitline cards provided to residents during Phase II outreach sessions
- American Lung Association will offer enforcement refresher training to existing and new property management staff



**Housing Authority
of the City of El Paso**

Thanks!

Questions?



**Housing Authority
of the City of El Paso**

Thank you for Participating!

TO LEARN MORE, VISIT

WWW.UTEP.EDU/TXSMOKEFREEPUBLICHOUSING