Women in Recovery Specialty Online Training Series: Adapting and Addressing Tobacco Use with Telehealth for the Pregnant Population
Presenter: Laurie Adams, TTS

Do you believe that cigarette smoking has gone down due to the increase of vaping products?
A: The decline in cigarette smoking is largely due to the tremendous strides achieved over the past few decades (anti-tobacco advertising, tobacco taxes, increases in the legal age for buying cigarettes, state and local smoking bans, etc.). However, it is true that as we see a decline in cigarette smoking, we do see an increase in vaping. It is important to note when we look at data and trends, whether they include only adult tobacco users or if they also include youth. While e-cigarette use among adults continues to see a modest increase, we see the highest increase in vaping among youth. Eventually as our young adults age, it can be expected that we will see an uptick in the overall adult tobacco use rates.

Are pregnant people who are smoking and have other substance use disorders still eligible for BABY and ME?
A: Yes, pregnant women who use tobacco products in addition to having other substance use disorders are eligible for the BABY & ME-Tobacco Free Program (BMTFP). Enrollees understand that our program only addresses tobacco use and if desired, they would need to seek counseling and medical care for other substance use disorders elsewhere.

Do they still qualify if they are using nicotine replacement products?
A: Yes, women still qualify for the program if they are using nicotine replacement products (NRT) or other FDA approved quit medications. When a participant is using NRT, BMTF counselors will refrain from using saliva tests because using any forms of NRT will garner a positive result on a saliva test.

What would a harm reduction look like in this model?
A: The topic of harm reduction in the tobacco world is a contested one. Tobacco harm reduction involves providing tobacco users who are unwilling or unable to quit using nicotine products with less harmful nicotine-containing products for continued use. Less harmful nicotine-containing products includes: (1) NRT which is FDA approved to aid in cessation, and (2) electronic nicotine delivery systems (e-cigarettes, vape, etc.) which are NOT FDA approved. We already allow women who use NRT to enroll in the program. However, we would never encourage our pregnant participants to switch to e-cigarettes because while they may be less harmful, they are not safe, especially for pregnant women and their developing babies.

Being enrolled in the BMTFP means that women are interested and committed to quitting tobacco. Our program posits that they need to strive for complete cessation. Our program is situated in a unique spot. We exist both in the tobacco and the maternal and child health world. With women who are pregnant, it’s really hard for us to fully make the case for harm reduction. We have to advise and counsel them to quit completely. If that is not their wish or their goal, they would have to seek other and/or additional services.

How long will you provide free diapers and wipes?
A: We provide $25 voucher incentives that can be used to purchase diapers and/or baby wipes when women test tobacco free at their last two prenatal sessions and then once a month for 6-12 months following the birth of the baby. This component of our program is essential and is part of our success. We will always offer this element of the program.
How do we refer women to your program?
A: Before referring women to the BMTFP, you must first verify that we are available in your state and/or area. Our program is currently available statewide in Arkansas, Colorado, Mississippi, Ohio, Tennessee, and West Virginia. In all other states, our services are only available in certain areas. If you are interested in referring women or you have questions about where we offer the program, please reach out to us and we can provide you with detailed information and instructions.

If our agencies are not in the states you are in, would we still be able to make referrals?
A: Unfortunately, in order to refer eligible pregnant women to our program, your state and/or area must offer our services. In order for our program to be offered to pregnant women, a state/county/agency must have funding available for our services.

What are some of the barriers that stop referrals to becoming enrolled clients?
A: The biggest barrier tends to be when women are referred to the program and they are not yet ready to quit, or in other words they are not at the appropriate stage in the Stages of Change Model. They may have stated that they were interested in quitting and wanted to be referred when asked by their healthcare provider, but once they leave the office they do not follow through due to a lack of desire or confidence in being able to quit. These women either refuse the program once we contact them, or are completely unreachable. Some women simply “time out of” the program and we are unable to enroll them due to how late in their pregnancy they were referred to us. Others are not actually eligible to enroll in the program based on our criteria. This may be due to the healthcare provider that referred them not understanding the requirements, or the client not fully understanding the parameters.

Do you think utilizing the interventions methods presented on today can be applicable to other substance use disorders in the pregnant population?
A: The three essential elements of the program, which are the backbone of our intervention model, are evidence based. Each element on its own is backed by science, research, and proven behavioral theory. It is possible that these methods could be successfully applied to other substance use disorders in the pregnant population.

What are avenues of funding you suggest or grants to look into to try to bring this program into our state?
A: Various funding avenues or grants that have supported the program include: state health department funding (maternal and child health grants, Tobacco Settlement Funds, tobacco control grants, SAMHSA funds); insurance companies/managed care organizations (United, Amerigroup/Anthem); local tobacco coalition funds; non-profit foundations