

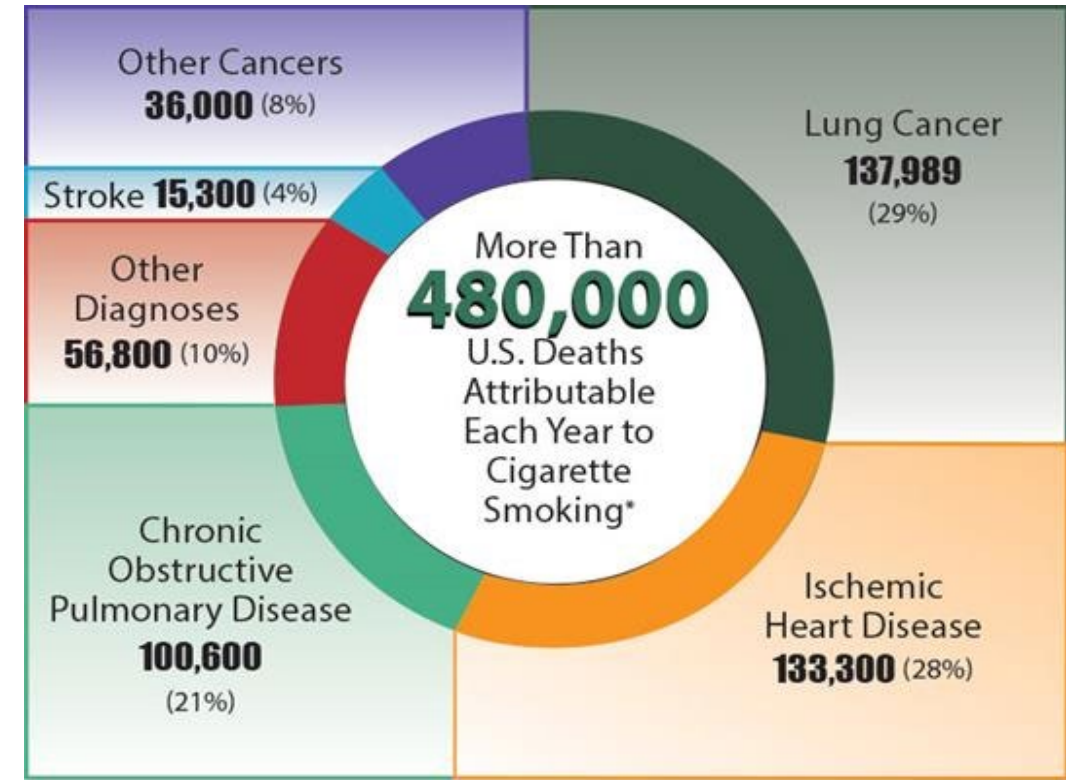
Addressing Tobacco Use Among People Experiencing Homelessness



Hazards of Smoking

Smoking is the leading preventable cause of death and disability in the United States

- Smoking causes more than 480,000 deaths each year
- About 1 in 5 deaths is related to smoking



Source: The Health Consequences of Smoking—50 Years of Progress:
A Report of the Surgeon General, 2014

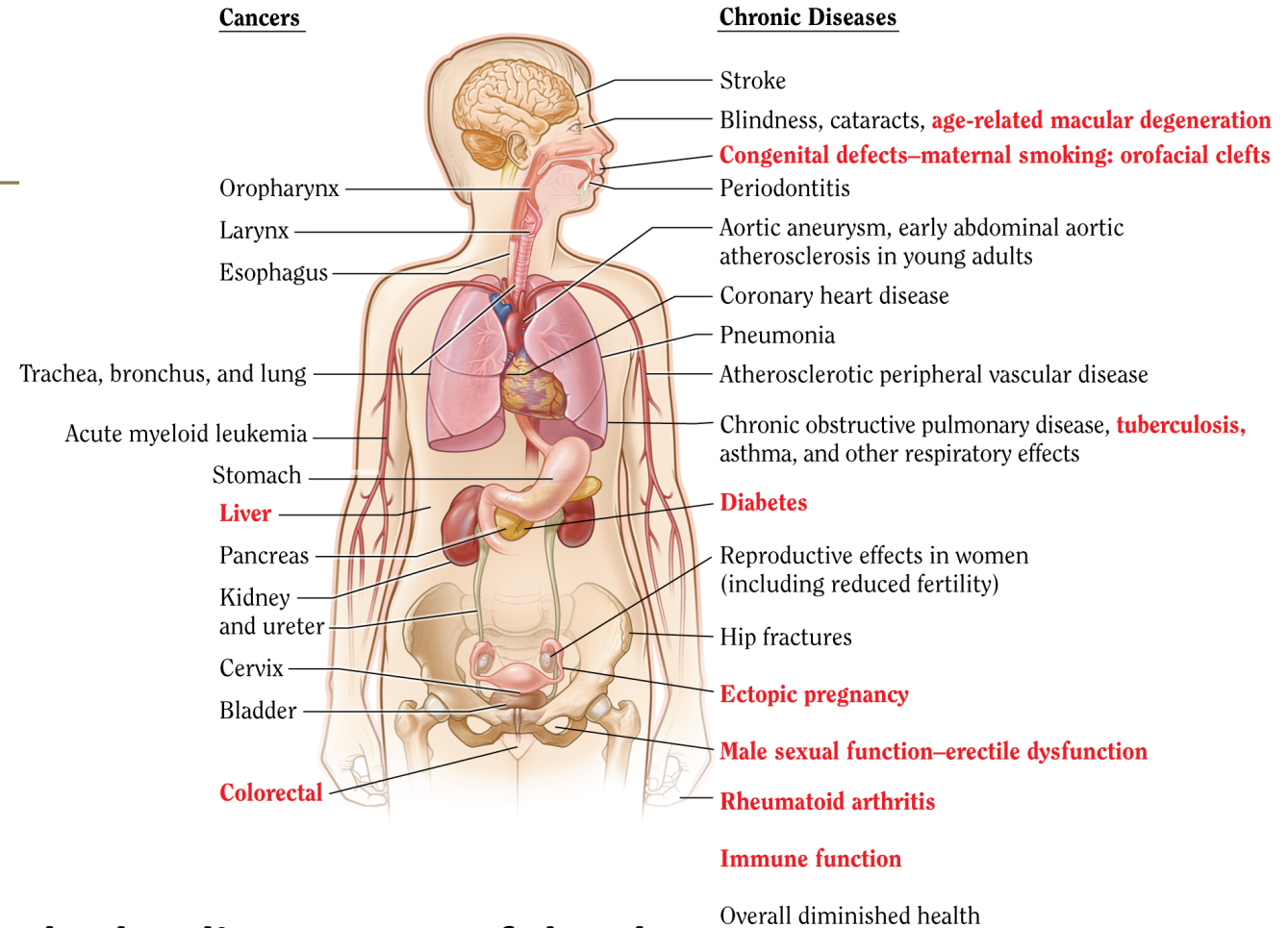
Hazards of Smoking

Smoking increases risk for:

- Cancer
- Heart disease
- Stroke
- COPD
- Reduced fertility

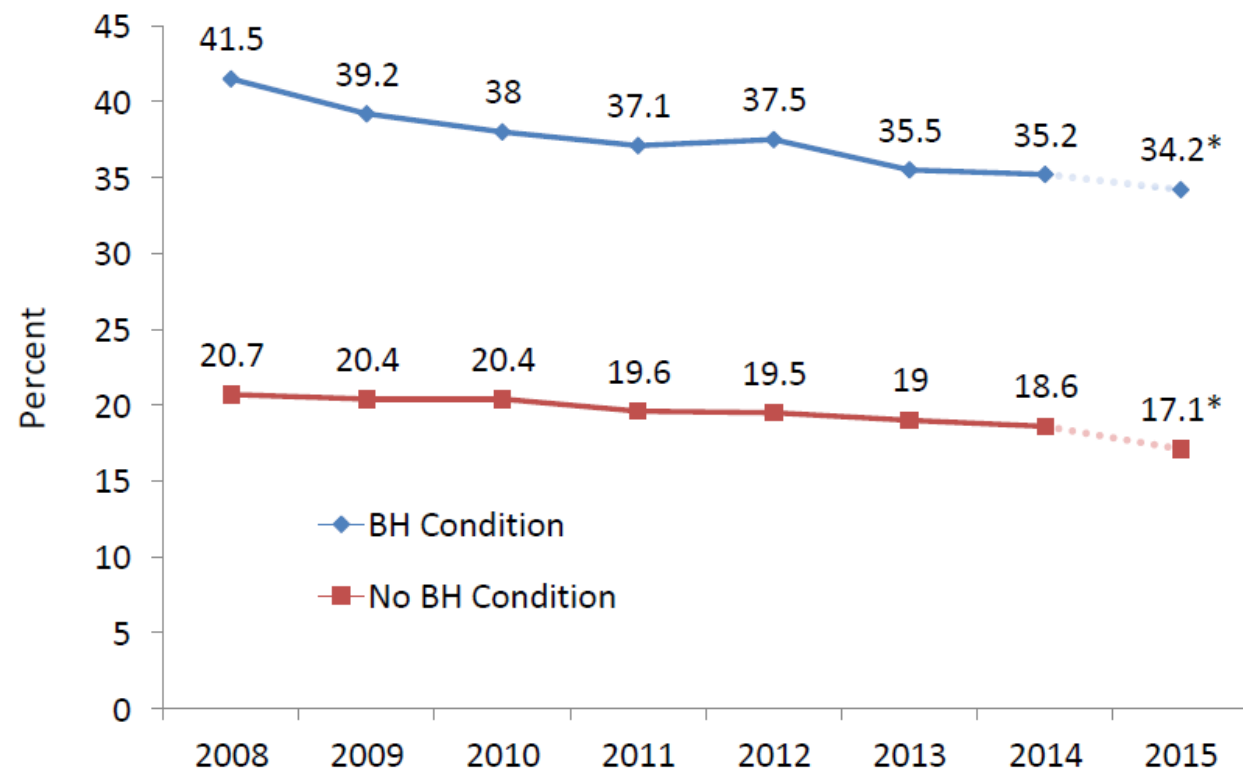
Cancer and heart disease are the leading causes of death among 45 – 64 year old homeless adults.

Baggett et al., JAMA Int Med, 2013; Baggett et al., AJP, 2015



High Rate of Tobacco Use Among People Experiencing Homelessness

- Prevalence of smoking among homeless populations is between 60% and 80%
- Homeless adults spend a third of their monthly income on tobacco
- Targeted by tobacco industry - nearby tobacco shops, discounted prices and low-end tobacco products, free giveaways and samples at festivals and events (SXSW, Pecan Street Festival, etc.)
- Experience substance abuse and/or mental health concerns



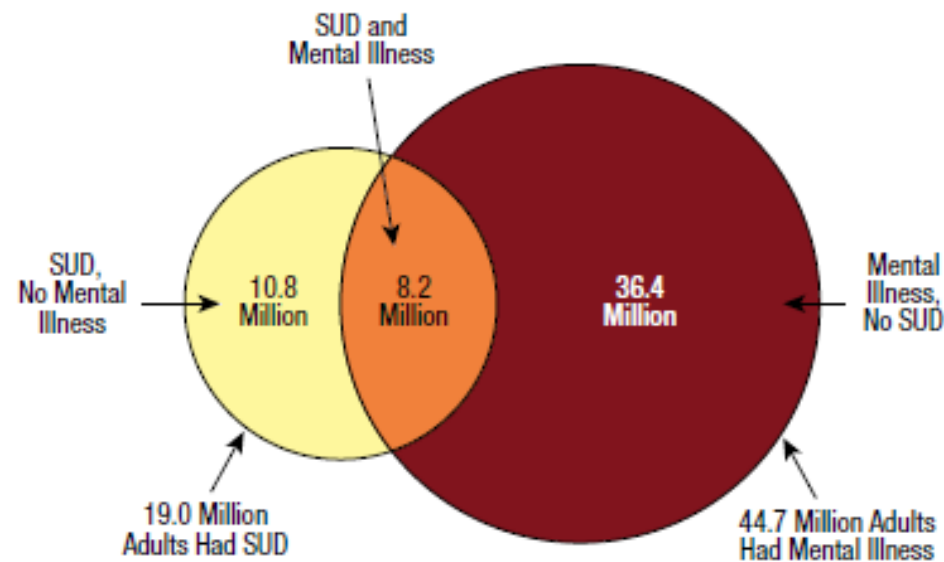
* Due to changes in survey questions regarding substance use disorders in 2015, this data is not comparable to prior years.

NSDUH: 2008 - 2015.

Connor, 2002; CDC. MMWR; 2015; Baggett et al., NEJM, 2016; Baggett et al., NEJM, 2016

Co-occurring Substance Use and Mental Health Disorders

Figure 1. Past Year Substance Use Disorder (SUD) and Mental Illness among Adults Aged 18 or Older: Numbers in Millions, 2016



- 44% of all cigarettes sold in the United States are consumed by those with a substance use or mental health disorder.
 - 175 **billion** cigarettes sold/\$39 billion annual profit

Graphic courtesy of: SAMHSA Key Substance Use and Mental Health Indicators in the United States: Results from the 2016 National Survey on Drug Use and Health, pg. 46.

A Hidden Epidemic: Tobacco Use and Mental Illness
June 2011

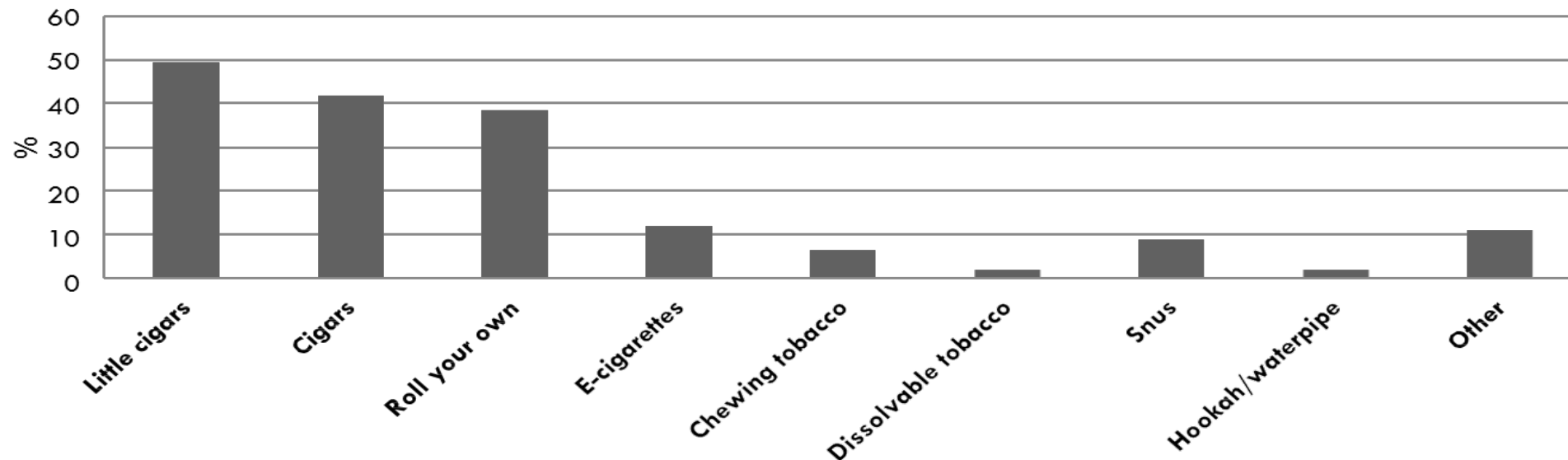
Tobacco Use Patterns Among Homeless Adults

- Initiate smoking at younger ages – average age 15
- Daily cigarette consumption
 - 10-13 cigarettes a day
- Half are daily, heavy smokers (>10 cigarettes a day)
- More likely to smoke within 30 minutes of waking – greater dependence level
- Spend a significant amount of income on cigarettes/tobacco (\$20 - \$40/week)
- More likely to rely on high-risk smoking practices
 - Sharing cigarettes
 - Smoking discarded cigarette butts or filters – higher CO levels, carcinogens

Arnsten et al., Addictive Behaviors, 2004; Aloot et al., Cancer Nurse, 1993; Okuyemi et al., NTR 2006; Vijayaraghavan et al., AJHP, 2015

Using Multiple Tobacco Products

- The data shows a sample of sheltered homeless English speaking current smokers in Dallas, Texas (N=178)
 - Data collected in August 2013
 - Average age 46 years
 - 51% had used other tobacco in the past 30 days



Using Multiple Tobacco Products

Participants from six homeless-serving agencies and/or shelters in Oklahoma City (N=396)

- Rate of concurrent use was high: 67.2%.
- No significant difference between concurrent users and non-concurrent users on readiness to quit or having received recent smoking cessation intervention
- Concurrent users are commonly pursuing the reduction or elimination of cigarette usage and should be specifically targeted for cessation intervention

Frequency of Endorsed Concurrent Nicotine and Tobacco Product Use (n = 266).

	Snus	RY O	Tobacco from a hookah or waterpipe	Dissolvable tobacco products	ENDS	Cigars	Little cigars/ cigarillos/bidis	Chewing tobacco, dip, or snuff	Other tobacco products
	% [n]	% [n]	% [n]	% [n]	% [n]	% [n]	% [n]	% [n]	% [n]
Less than 1 day a Week	31.8% [7]	27.4% [43]	83.3% [5]	50.0% [2]	34.3% [36]	32.5% [26]	43.3% [26]	27.7% [13]	40.0% [6]
1 to 2 days a Week	18.2% [4]	20.4% [32]	0% [0]	25.0% [1]	19.0% [20]	31.3% [25]	30.0% [18]	19.1% [9]	20.0% [3]
3 to 4 days a Week	22.7% [5]	12.1% [19]	0% [0]	25.0% [1]	9.5% [10]	16.3% [13]	18.3% [11]	14.9% [7]	26.7% [4]
5 to 6 days a Week	0% [0]	8.9% [14]	16.7% [1]	0% [0]	15.2% [16]	12.5% [10]	3.3% [2]	14.9% [7]	0% [0]
Every Day	27.3% [6]	31.2% [49]	0% [0]	0% [0]	21.9% [23]	7.5% [6]	5.0% [3]	23.4% [11]	13.3% [2]
Missing	4	2	1	1	2	1	1	1	1
Total Number of Users	26	159	7	5	107	81	61	48	16

Beliefs About Smoking Among People Experiencing Homelessness

MYTHS

- They don't want to quit
- They can't quit

FACTS

- Quit attempts are similar to general population (40 – 50% attempted in past year)
- They are able to quit especially when provided evidence based treatment
 - Majority attempt to quit with no help and limited resources – reducing success rate

O'Connor et al., JGIM, 2011; Baggett et al., Addiction, 2013; Arnsten et al., Addictive Behaviors, 2014; Vijayaraghavan et al., NTR, 2016

Symptom Changes Associated with Quitting Tobacco

- Quitting smoking associated with significant decreases in anxiety, depression, stress
- Increase in psychological quality of life and positive affect
- Associated improvements greater than or equal to effect of antidepressants in depressive and anxiety disorders
(Taylor et al., 2014)



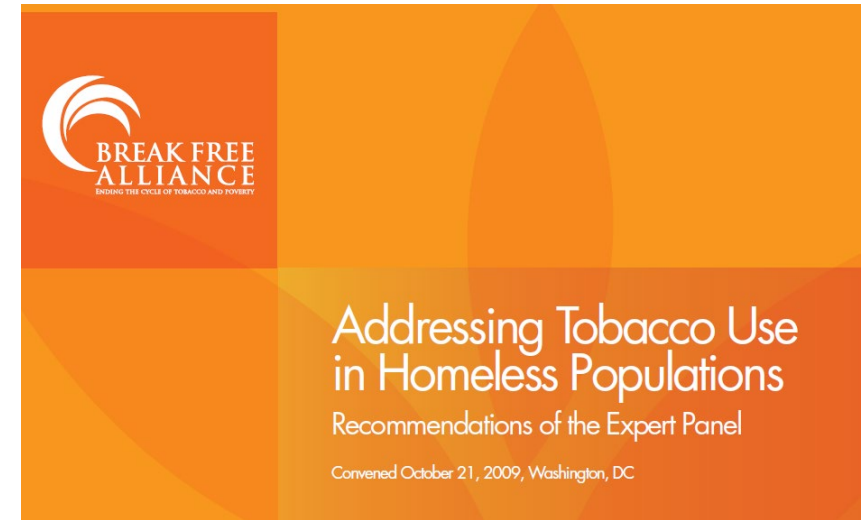
Tobacco Use and Recovery

- Quitting smoking does not jeopardize sobriety or treatment outcomes
 - Smoking cessation interventions were associated with 25% increased likelihood of long-term abstinence (Prochaska, 2004)
 - Clients who quit smoking were significantly more likely to report abstinence at follow-up – 93% vs. 62% (Joseph, 2005)
 - Tobacco use can harm recovery and trigger other substance use (Williams, 2005; APA 2006)
- 50% of people in substance abuse recovery, who continue to smoke, die of tobacco related illness

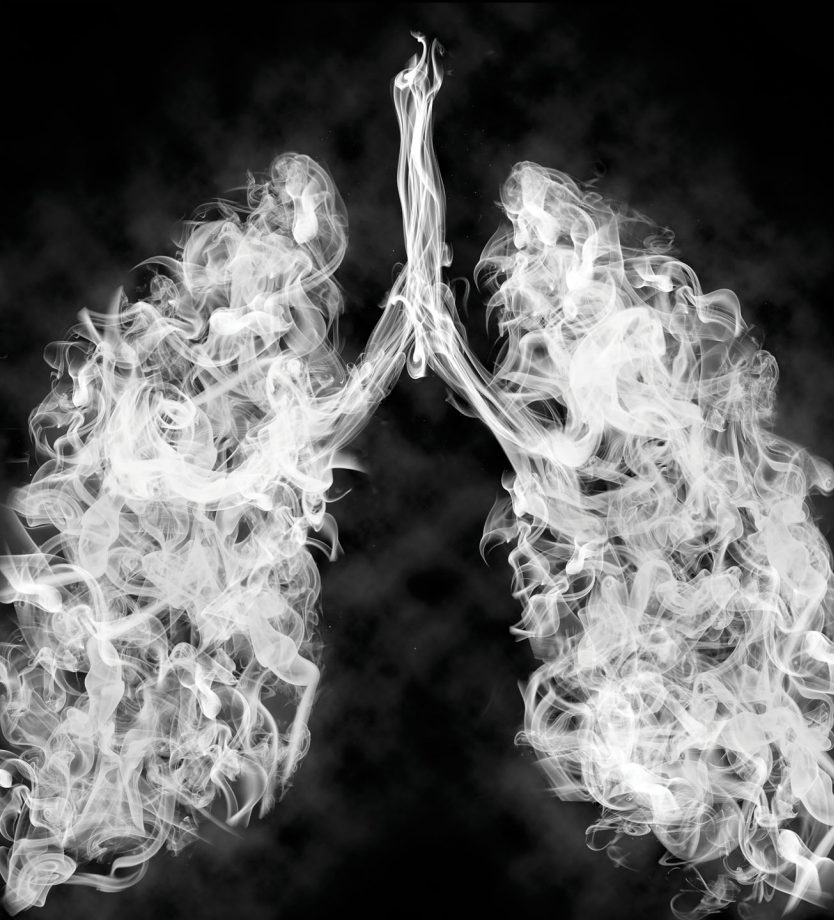
What Can Be Done

By Homeless Shelter Staff & Facilities

- Make quitting tobacco part of an overall approach to wellness for consumers and employees
- Have conversations with people about their tobacco use, encourage them to quit tobacco and guide them to services available to help them quit
- Make entire facilities 100% tobacco-free
- Stop practices that encourage tobacco use (inconsistent enforcement of policies, smoke breaks during groups, staff smoking with consumers or giving away tobacco, etc.)
- Integrate tobacco cessation into every part of mental health, medical, substance abuse and skill building programs



OUR MISSION



The mission of Taking Texas Tobacco Free is promoting wellness among Texans by partnering with healthcare organizations to build capacity for system-wide, sustainable initiatives that will reduce tobacco use and secondhand smoke exposure among employees, consumers, and visitors.



 @TTTF_  @TakingTexasTobaccoFree
www.takingtexas tobaccofree.com

Recruiting A Few Good Centers

TTTF seeks to add another 8 substance use treatment centers in 2019

- Provide technical assistance to write and adopt 100% tobacco-free policy
- Provide hour and half tobacco treatment/education training for all staff
- Provide regional Motivational Interviewing training for staff
- Send one staff member to Certified Tobacco Treatment Specialist (CTTS) training at MD Anderson Cancer Center in Houston
- Provide print materials & permanent signage to inform/remind people about the tobacco-free policy
- Provide starter kit (\$2,000 - \$3,000) of nicotine replacement therapy



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CANCER PREVENTION & RESEARCH
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INTERESTED IN JOINING OUR PROJECT?

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www.takingtexasobaccofree.com

- Articles, presentations, fact sheets
- Tobacco-free worksite implementation guide
- Videos
- Posters
- Quit plans
- Training module



"You can't find the tobacco sales display because we replaced it with the nicotine patch display."

RESOURCES

Clients:

- Quit Line 1-877-YES-QUIT
- Nicotine Anonymous (support groups, online, phone)
- Non-smoking AA & NA meetings (majority are smoke-free)
- On site NRT

Employees:

- EAP
- PCP co-pay and prescription reimbursement (spouses and eligible dependents included)
- Nicotine Anonymous, as well as non-smoking NA and AA groups
- On site NRT
- Quit Line 1-877-YES QUIT



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