Tobacco Use and Treatment for People Experiencing Homelessness

**Background:**

- Homelessness has been on the rise in the U.S. since 2017, with an overall increase of 6% and is an independent risk factor for tobacco use.¹
- Nationwide tobacco use prevalence among individuals who experience homelessness is 70%, as compared to 11% among the general population.²
- Individuals with severe mental health disorders, substance use disorders,³ or both, who identify as racial/ethnic minorities, who are older, or who self-identify as a gender and sexual minority⁴ are disproportionately represented in populations experiencing homelessness.⁵,⁶ These populations carry a high burden of tobacco use and tobacco-caused morbidity and mortality.⁷,⁸
- Substance use, including stimulant, opioid, alcohol, and cannabis use, are strongly related to current cigarette smoking.⁹

**Tobacco-Related Inequities:**

People experiencing homelessness often face structural and psychosocial challenges that make them particularly susceptible to tobacco use and complicate treatment of tobacco use such as:

- Structural racism and discrimination that impede economic and housing opportunities¹⁰
- High rates of trauma and adverse childhood experiences, for which tobacco is used as coping¹¹
- Tobacco industry marketing¹²
- High rates of mental health and substance use disorders that are linked with tobacco use¹³
- Limited access to treatment in homeless services settings¹⁴
- Persistent myths that they are not interested in quitting²

People experiencing homelessness are 3-5 times more likely to die prematurely and smoking-caused illness is the leading cause of death for those aged 50 years and older.
Treatment Recommendations:

- As with the general population, treatment should address physiological and behavioral aspects of dependence. Combination pharmacotherapy accompanied with counseling via cognitive behavioral therapy or motivational interviewing are recommended.\(^\text{16,17}\)
- Incorporate intersectionality to recognize how marginalized social statuses interact with individuals’ lived experiences to create structural barriers and oppression. Understand that there is no one-size-fits-all method for effective interventions.\(^\text{18}\)
- Higher intensity interventions and/or longer interventions are often necessary.\(^\text{19}\)
- Interventions that focus on tobacco use along with addressing co-occurring mental health and substance disorders use are most effective.\(^\text{13}\)
- Use of trauma-informed care as a framework for treatment.\(^\text{20}\)

Promising Interventions:

- Community-based pharmacy linked interventions that deliver behavioral counseling and pharmacotherapy in homeless services settings
- Contingency management, i.e., providing financial incentives for smoking cessation (access webinar here)
- Peer-based and navigator programs that involve people with lived experiences of homelessness

Health Impact and Quitting:

- People experiencing homelessness are 3-5 times more likely to die prematurely and smoking-caused illness is the leading cause of death for those aged 50 years and older.\(^\text{15}\)
- Contrary to popular belief, people experiencing homelessness are interested in quitting. In fact, 40%-60% made a quit attempt in the past year.\(^\text{13}\)
- Factors associated with quitting and quit attempts among this population include availability of and engagement in cessation services in homeless service settings.\(^\text{2,13}\)

Contrary to popular belief, people experiencing homelessness are interested in quitting. In fact, 40% - 60% made a quit attempt in the past year.
References


