

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

3x-5x

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.

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

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.¹⁵
- Contrary to popular belief, people experiencing homelessness are interested in quitting. In fact, 40%-60% made a quit attempt in the past year.¹³
- Factors associated with quitting and quit attempts among this population include availability of and engagement in cessation services in homeless service settings.^{2,13}

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.^{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.¹⁸
- Higher intensity interventions and/or longer interventions are often necessary.¹⁹
- Interventions that focus on tobacco use along with addressing co-occurring mental health and substance disorders use are most effective.¹³
- Use of trauma-informed care as a framework for treatment.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

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