

Smoke-free Public Housing: **HELPING SMOKERS QUIT**



Smoking Cessation Leadership Center

UCSF

University of California
San Francisco

Quitting smoking is hard

- About 2 out of 3 of smokers say they want to quit
 - About half try to quit each year, but few succeed without help
- Smokers become physically dependent on nicotine, but there's also a strong emotional (psychological) dependence
 - Affects a smoker's behavior, mood, and emotions.
 - Some smokers use tobacco to help manage unpleasant feelings and emotions
 - Some smokers may link smoking with social activities & other activities

It's hard, but it's not impossible

Only about 4% to 7% of people are able to quit smoking on any given attempt without medicines or other help

Benefits of Quitting

How does your body recover after quitting ...

20 minutes



Your heart rate and blood pressure drop.

12 hours



The carbon monoxide level in your blood drops to normal.

2 weeks to
3 months



Your circulation improves, and your lung function increases.

1–9 months



Coughing and shortness of breath decrease; cilia start to regain normal function in the lungs, increasing the ability to handle mucus, clean the lungs, and reduce the risk of infection.

1 year



The excess risk of coronary heart disease is half that of someone who continues to smoke. Your heart attack risk drops dramatically.

5 years



The risk of cancer of the mouth, throat, esophagus, and bladder is cut in half. Cervical cancer risk falls to that of a non-smoker. Stroke risk can fall to that of a non-smoker after 2-5 years.

10 years



The risk of dying from lung cancer is about half that of a person who is still smoking. The risk of cancer of the larynx (voice box) and pancreas decreases.

15 years



The risk of coronary heart disease is that of a non-smoker's.

What works to help people quit?

- Nicotine replacement therapy
- Medicines – Varenicline (Chantix); Bupropion (Wellbutrin), others being tested
 - Early evidence that combining certain medicines may work better than using a single drug
- Counseling & other types of emotional support can boost success rates higher than medicines alone (including quitlines)
- Behavioral & supportive therapies may increase success rates even further

Pick at least 2

- Make the decision to quit
 - Why quit? Why NOT quit?
- Set a quit day that's not too far away
- Plan for the quit day, including getting rid of tobacco & decide on medication or NRT
- Talk to health care provider about nicotine replacement therapy, prescription drugs, or methods they recommend
- Get support
 - Local stop-smoking programs, telephone quitlines, Nicotine Anonymous meetings, self-help materials such as books and pamphlets, and smoking counselors can be a great help
 - Tell your family, friends, and co-workers and ask for help and encouragement

E-cigarettes

- Aerosolizes nicotine; e-cig products in evolution
- Cartridges contain about 20 mg nicotine
 - Probably deliver less nicotine than promised
- Safety unproven, but probably safer than cigarette smoke
- Unclear if helps smokers quit
- Not approved by FDA
- Expensive
- General advice: avoid in favor of what IS approved, lots of options

Other things to consider

- Behavioral health concerns
 - Other substance use disorders and mental illness
- Access to cessation aids like counseling, NRT, medication
- Support from friends and family

2017 Current Smoking Among Adults With Past Year Mental Illness:

28.2 %

vs.

18.7 %

2017 Current Smoking Among Adults With Past Year Substance Use Disorder:

45.5 %

vs.

18.6 %

Pilot overview



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This Initiative

- Funded by RWJF
- American Cancer Society, Smoking Cessation Leadership Center at UCSF, and the North American Quitline Consortium are collaborating with CHCs, PHAs, and state quitlines
- Pilot will start in 6 communities
 - One each in CA, FL, KY, MO, PA, SC
- Creating a virtual learning community for staff from CHCs, PHAs, and state quitlines to share and learn best practices and increase collaboration to help residents of public housing quit smoking for good



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Project Goals

- Increase demand for and access to tobacco cessation services among residents of public housing to encourage quit attempts
- Strengthen collaborations among CHCs, quitlines, and PHAs to promote smoking cessation in public housing communities
- Improve systems and clinical workflows in CHCs to more effectively deliver high-quality tobacco cessation services
- Increase referrals to quitlines and other community resources
- Increase knowledge about tobacco harms and tobacco control landscapes
- Increase knowledge about evidence-based cessation tools



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Project Timeline

- January 2019 – in-person kick off meeting for selected CHCs, PHAs, and quitlines
- February 2019 – February 2020 – virtual learning collaborative that includes all stakeholders
- Spring 2020 – official release of best practices/lessons learned
- Ongoing – sharing and dissemination of lessons learned along the way



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Project ECHO (Extension for Community Healthcare Outcomes)

- Moves knowledge, not people: experts mentor and share their expertise across a virtual network via case-based learning and didactic presentations
- The model:
 1. Use technology to leverage scarce resources
 2. Share “best practices” to reduce disparities
 3. Apply case-based learning to master complexity
 4. Evaluate and monitor outcomes
- Create and share best practices to help residents quit; help make processes more efficient for CHCs, PHAs, and quitlines



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ACS Resources - Flyer Available

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The American Cancer Society Can Help

With the HUD smoke-free rule now in effect, we want to help all residents of public housing who are ready to quit smoking get access to all the support and services they need. Anyone can call us at **1-800-227-2345** anytime, 24 hours a day, to talk to a live person and connect with resources, or visit cancer.org/quittobacco.

How does your body recover after quitting ...

- 20 minutes  Your heart rate and blood pressure drop.
- 12 hours  The carbon monoxide level in your blood drops to normal.
- 2 weeks to 3 months  Your circulation improves, and your lung function increases.
- 1-9 months  Coughing and shortness of breath decrease; cilia start to regain normal function in the lungs, increasing the ability to handle mucus, clean the lungs, and reduce the risk of infection.
- 1 year  The excess risk of coronary heart disease is half that of someone who continues to smoke. Your heart attack risk drops dramatically.
- 5 years  The risk of cancer of the mouth, throat, esophagus, and bladder is cut in half. Cervical cancer risk falls to that of a non-smoker. Stroke risk can fall to that of a non-smoker after 2-5 years.
- 10 years  The risk of dying from lung cancer is about half that of a person who is still smoking. The risk of cancer of the larynx (voice box) and pancreas decreases.
- 15 years  The risk of coronary heart disease is that of a non-smoker's.





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Other resources

American Cancer Society – cancer.org/quittobacco or
[1-800-227-2345](tel:18002272345) for brochures

American Cancer Society Great American Smokeout -
cancer.org/smokeout

SCLC – smokingcessationleadership.ucsf.edu

North American Quitline Consortium – naquitline.org

National Center for Health in Public Housing – nchph.org

Building Success Smoke-free website for sharing practical
ideas for implementation – buildingsuccesssmokefree.org

Thank you!
smokefreePHA.org

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