

Tobacco Cessation for Homeless Individuals and Public Housing Residents: A Brief Review



November 16, 2023

Housekeeping

- All participants muted upon entry
- Engage in chat
- Raise hand if you would like to unmute
- Meeting is being recorded
- Slides and recording link will be sent via email



National Center for Health in Public Housing

- The National Center for Health in Public Housing (NCHPH) is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U30CS09734, a National Training and Technical Assistance Partner (NTTAP) for \$2,006,400 and is 100% financed by this grant. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
- The mission of the National Center for Health in Public Housing (NCHPH) is to strengthen the capacity of federally funded Public Housing Primary Care (PHPC) health centers and other health center grantees by providing training and a range of technical assistance.



Today's speakers



Fide Pineda Sandoval, CHES
Manager of Training and Technical Assistance



Jose Leon, MD
Chief Medical Officer



Alaina Boyer, PhD
Senior Director of Programs



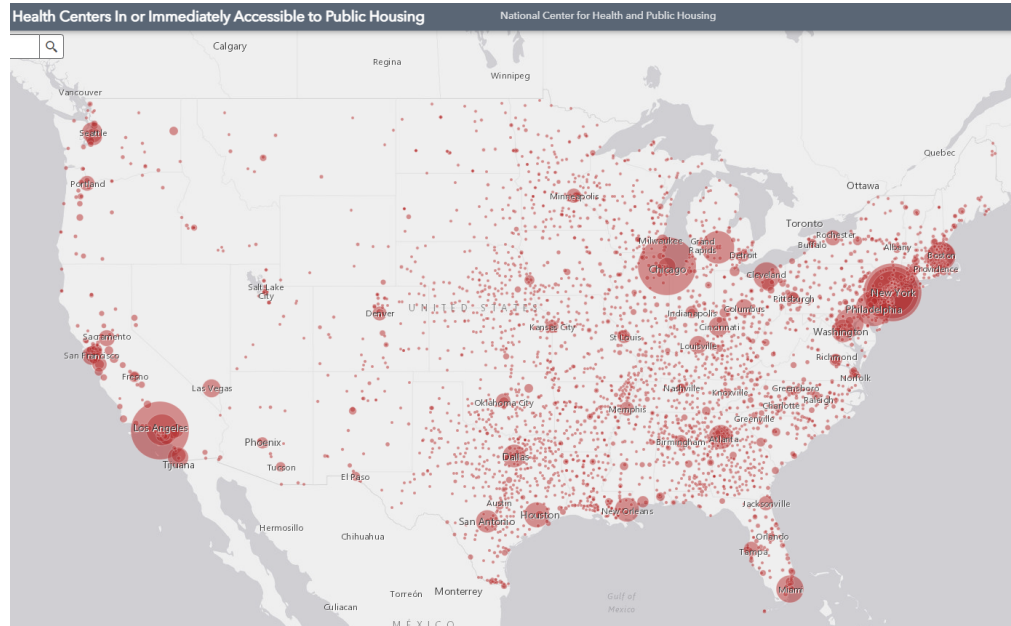
Frank Vitale, MA
National Director Pharmacy Partnership for Tobacco Cessation;
Clinical Assistant Professor



Health Centers Close to Public Housing

- 1,370 Federally Qualified Health Centers (FQHC) = 30.5 million patients
- 483 FQHCs In or Immediately Accessible to Public Housing = 6.1 million patients
- 107 Public Housing Primary Care (PHPC) = 935,823 patients

Source: [2022 Health Center Data](#)



Source: [Health Centers in or Immediately Accessible to Public Housing Map](#)

Public Housing Demographics



1.5 Million
Residents



2 Persons
Per Household



38% Disabled



52% White



91% Low
Income



43% African-
American



26% Latinx



19% Elderly



36% Children



32% Female Headed
Households with
Children

HUD 2023 Data

Preventive Care Screening: Tobacco Use: Screening and Cessation Intervention

	All FQHC's
Total Patients Aged 18 and Older	13,271,719
Estimated Number of Patients Assessed for Tobacco Use and Provided Intervention if a Tobacco User	11,228,127
Estimated % of Patients Assessed for Tobacco Use and Provided Intervention if a Tobacco User	84.60%

Source: [Table 6B: Quality of Care Measures](#)

Tobacco and Vaping product use in FQHCs: 2022 Health Center Patient Survey

n (weighted) = 27,224,243	All other Housing	95% CI	All HUD- PH	95% CI	p	Public Housing	95% CI	p
	Current smoker	31.4	26.6-36.2	31.4	22.3-42.2	0.0132	34.7	2.2-5.5
Smoked at least 100 cigarettes in life	44.3	35.6-46.0	44.3	35.5-53.5	0.043	44.4	30.4-59.0	0.7
Plans in the future to quit smoking	88.5	70.6-82.5	88.5	73.5-95.5	0.11	88.5	72.3-100.0	0.023
Patient has a time frame for quitting smoking	52	38.6-53.2	52	34.9-68.6	0.6	52	38.6-67.4	0.53
Advised to stop smoking by provider within past 12 months	67.3	59.4-74.3	86.3	72.3-93.8	0.015	67.3	59.4-74.3	0.18
Ever used smokeless tobacco	12.8	9.3-17.4	8.2	4.6-14.1	0.11	5.5	2.6-11.0	0.04
Desire to stop smoking in last 12 months	75.9	68.7-81.8	90.6	75.7-96.7	0.07	92.7	76.2-98.0	0.057
Percent of smokers that smoke cigarettes every day	38.1	32.8-43.7	56.7	40.9-71.3	0.011	56.8	35.0-76.2	0.046
Ever used vaping products	26.1	22.0-30.6	28.6	19.6-39.7	0.65	26.3	15.0-41.9	0.91

**95% Confidence Interval
(95% range of real possibility)**

**P – value
(statistical significance)**

* Includes Section 8 Voucher, Housing Choice Voucher, Project-based Section 8 and other HUD PH programs

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	Current smoker	20.3	16.6-24.6	31.4	22.3-42.2	0.0132	34.7	2.2-5.5
Smoked at least 100 cigarettes in lifetime	40.0	35.0-45.0	40.0	35.0-45.0	0.043	40.0	35.0-45.0	0.007
Plans in the future to quit smoking for good	55.5	50.5-60.5	55.5	50.5-60.5	0.11	58.8	53.8-63.8	0.023
Patient has a time frame in mind to quit smoking	52.2	47.2-57.2	52.2	47.2-57.2	0.6	54.4	49.4-59.4	0.53
Advised to stop smoking by provider within past 12 months	67.3	59.4-74.3	86.3	72.3-93.8	0.015	79.42	50.4-93.6	0.18
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**All patients
(reference
group)**

**All HUD-assisted
(comparison
group 1)**

**Public housing
only (comparison
group 2)**

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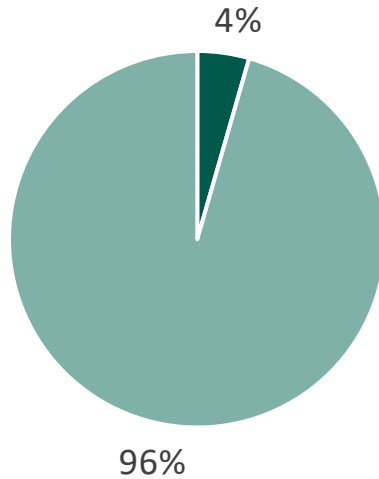
**NATIONAL
HEALTH CARE**
for the
**HOMELESS
COUNCIL**

**Tobacco Measures and Health Care for the
Homeless Health Centers**

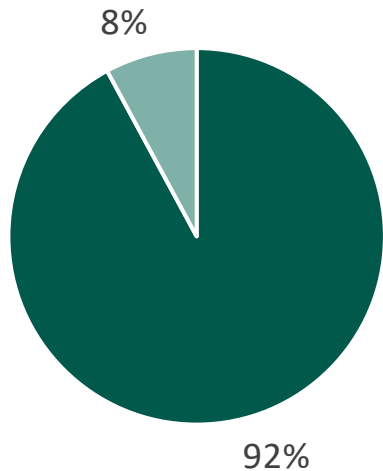


Persons Experiencing Homelessness at Health Centers

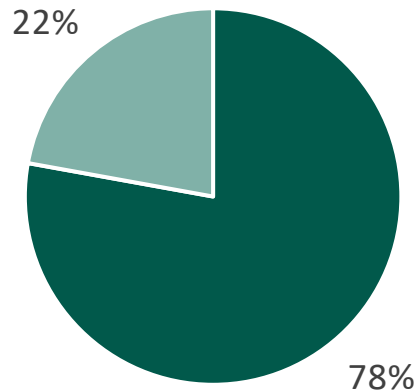
All Health Centers (1370)



HCH Health Centers (299)

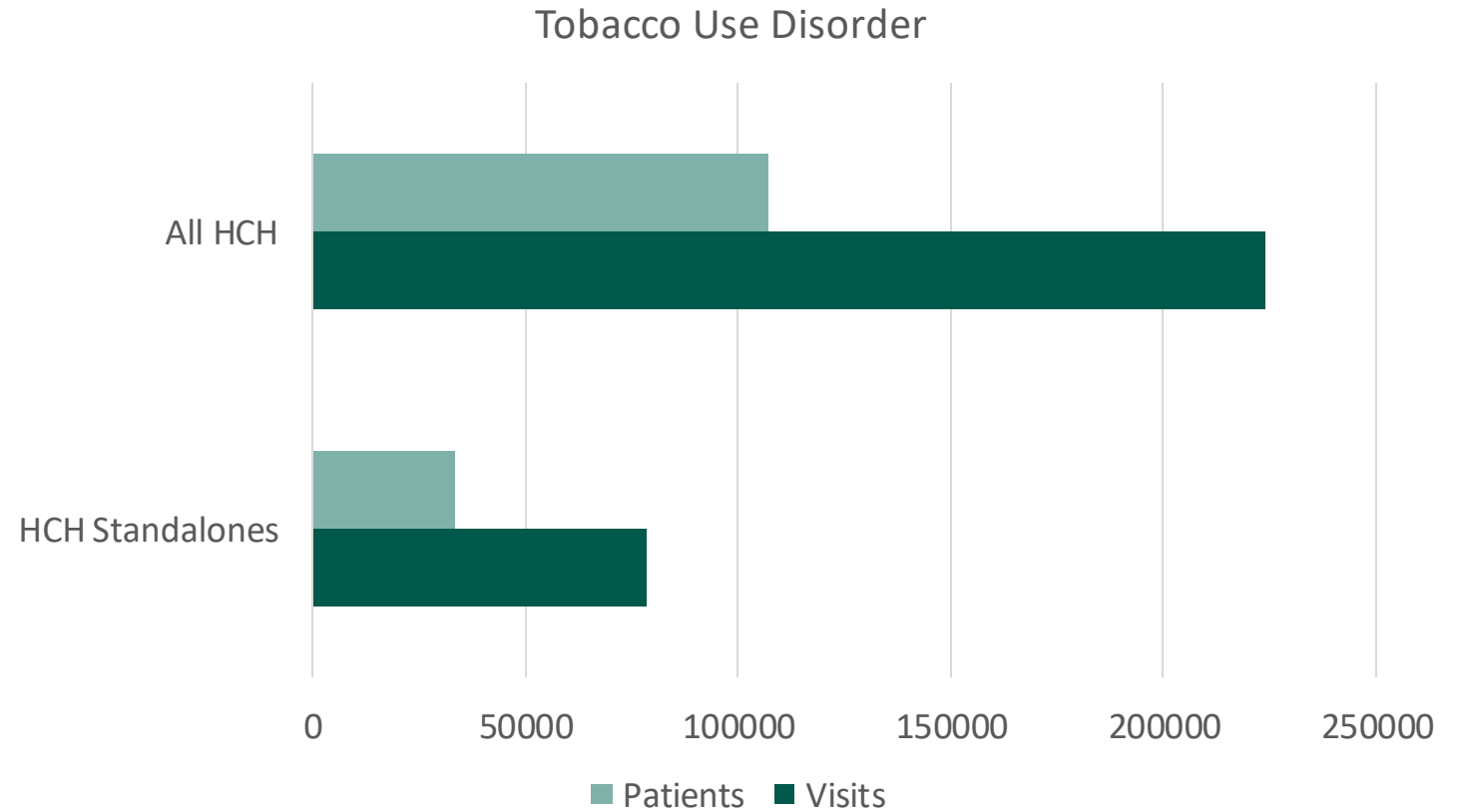


HCH Standalones (49)



Tobacco Use Disorder in Persons Experiencing Homelessness

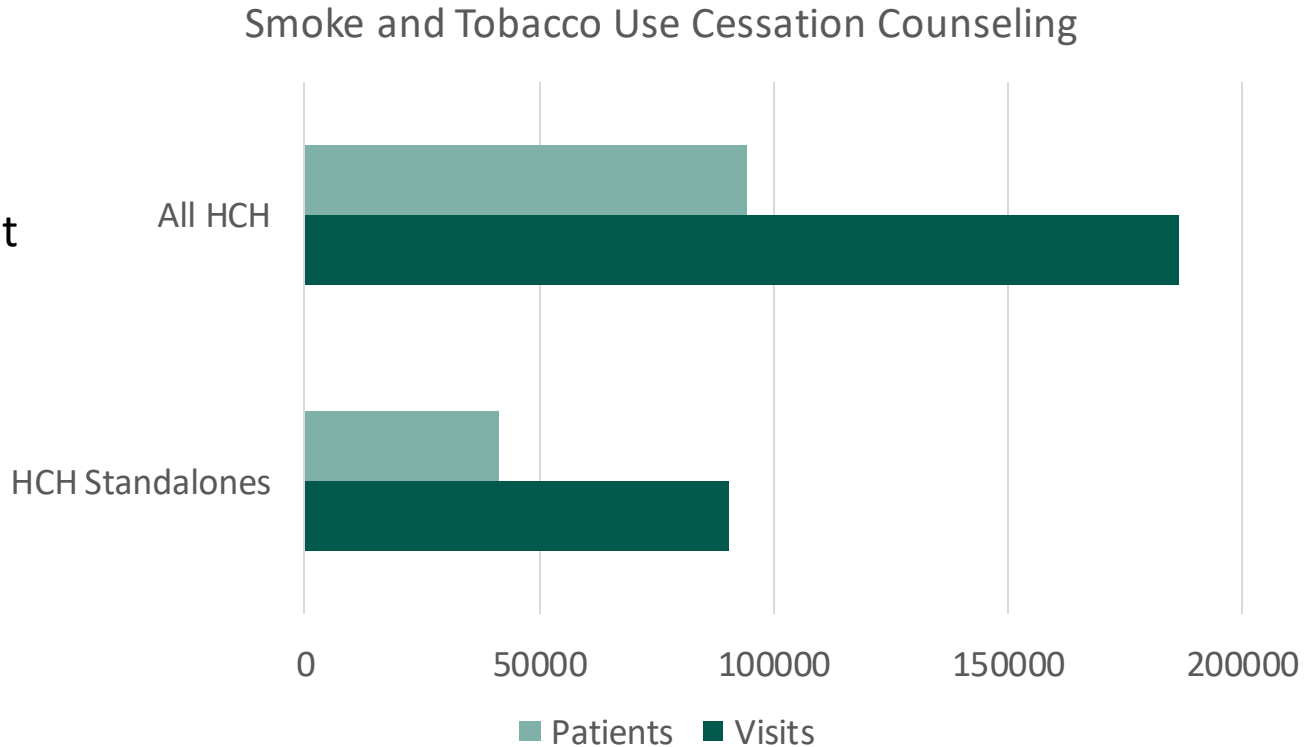
- More prevalent among homeless populations than general US adult population
- High Prevalence among individuals with mental health disorders and substance use
- Increased disease burden
 - Cardiovascular disease
 - Stroke
 - Respiratory disease



Cessation Counseling in Persons Experiencing Homelessness

- 54% received advice to quit
- 81% experienced physical or sexual assault
- 80% had a history of mental illness
- 80% had a history of illicit drug or alcohol use

- Need tailored interventions that with trauma informed practices



Tobacco Cessation for Homeless Individuals and Residents of Public Housing

A Very Brief Review

OBJECTIVES

- Review the impact of tobacco use and the rationale for cessation in this population
- Detail the 7 FDA approved cessation medications
- Introduce brief behavior modification techniques that can be implemented in any setting

THE RESEARCH

- [Interventions to reduce tobacco use in people experiencing homelessness - Vijayaraghavan, M - 2020 | Cochrane Library](#)
- Major Findings:
 - Identified 10 studies with 1634 participants
 - As of 12/20, “There is insufficient evidence to assess the effects of any tobacco cessation interventions specifically in people experiencing homelessness”.
 - Standard cessation interventions will most likely work just fine in this population
 - Further study is needed to find specific tailored interventions

In the meantime.....

THE CHALLENGE

- Finding individuals
 - Where to conduct the intervention?
- When to intervene?
- What's the motivation?
 - Many individuals have little else in their lives
 - Most everyone around them smokes
- Clinician beliefs
 - They don't want to quit
 - They can't quit.
- Consistency of intervention
 - How/when to do follow up
 - Medication Compliance

THE REALITY

- Anyone can quit smoking. It's just a matter of finding the right program for each individual.
- Individuals with psychiatric diagnoses/behavioral health issues:
 - want to quit at the same rate as the general population
 - do quit at the same rate as the general population
- Tobacco use is very expensive
 - Average expenditure nearly \$4000/year
 - Where is the money coming from?
- Most individuals who smoke are experiencing health consequences
 - Quitting directly benefits health of everyone

COMPOUNDS in TOBACCO SMOKE

An estimated 4,800 compounds in tobacco smoke,
including 16 proven human carcinogens

Gases

- Carbon monoxide
- Hydrogen cyanide
- Ammonia
- Benzene
- Formaldehyde



Particles

- Nicotine
- Nitrosamines
- Lead
- Cadmium
- Polonium-210

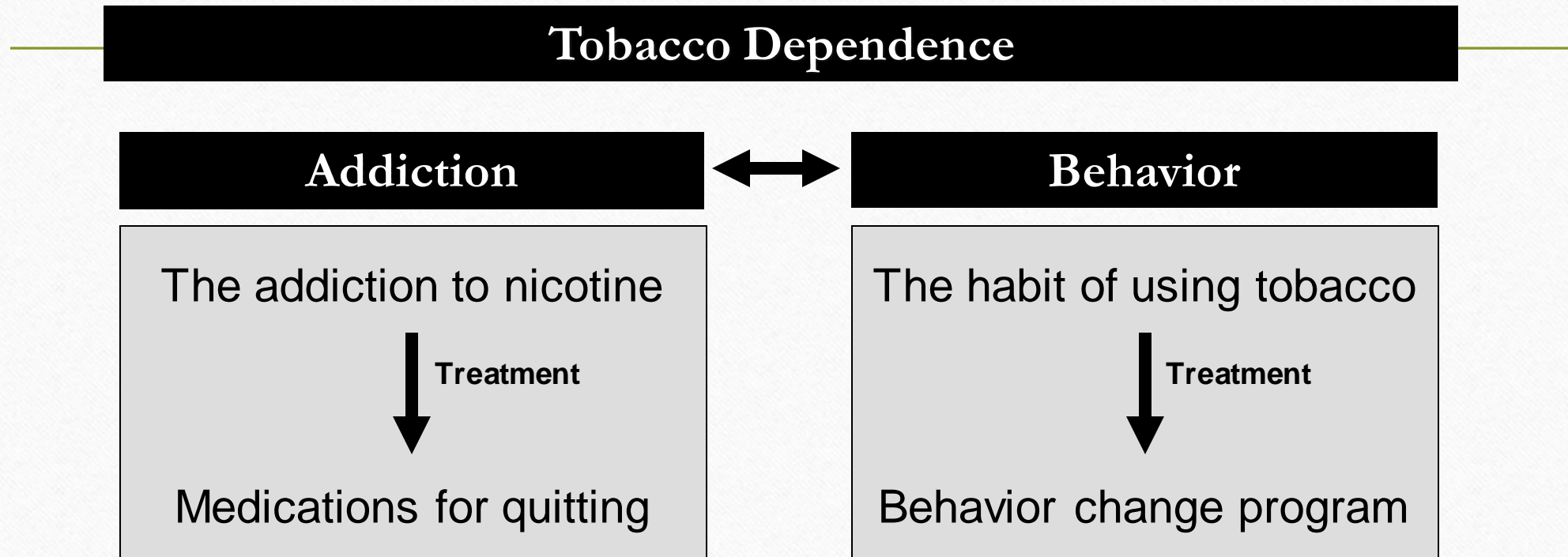
Nicotine is the addictive component of tobacco products,
but it does NOT cause the ill health effects of tobacco use.

HEALTH CONSEQUENCES of SMOKING

-
- Cancers
 - Bladder/kidney/ureter
 - Blood (acute myeloid leukemia)
 - Colon/rectum/liver
 - Esophagus/stomach
 - Lung
 - Oropharynx/larynx
 - Pulmonary diseases
 - Asthma
 - COPD
 - Pneumonia/tuberculosis
 - Chronic respiratory symptoms
 - Cardiovascular diseases
 - Aortic aneurysm
 - Coronary heart disease
 - Peripheral vascular disease
 - Reproductive effects
 - Reduced fertility in women
 - Poor pregnancy outcomes (e.g., congenital defects, low birth weight, preterm delivery)
 - Infant mortality
 - Other: cataract, diabetes (type 2), erectile dysfunction, impaired immune function, osteoporosis, periodontitis, postoperative complications, rheumatoid arthritis

What Can You Do?

TREATING TOBACCO DEPENDENCE: A 2-PART APPROACH



Treatment should address the addiction **and** the behavior/habit.

MEDICATIONS for Smoking Cessation

Nicotine gum

- Nicorette (OTC)
- Generic nicotine gum (OTC)

Nicotine lozenge

- Nicorette Lozenge (OTC)
- Nicorette Mini Lozenge (OTC)
- Generic nicotine lozenge (OTC)

Nicotine patch

- NicoDerm CQ (OTC)
- Generic nicotine patches (OTC, Rx)

Nicotine nasal spray

- Nicotrol NS (Rx)

Nicotine inhaler

- Nicotrol (Rx)

Bupropion SR tablets

- Zyban (Rx)
- Generic (Rx)

Varenicline tablets

- Chantix (Rx)

OTC = over-the-counter / no prescription needed

These are the only medications approved by the Food and Drug Administration (FDA) for cessation.

NICOTINE GUM

- Absorbed through the lining of the mouth
 - Should ***not*** be used like regular gum
- Available in two strengths:
 - 2mg and 4mg
- Available sugar-free flavors:
 - Original, cinnamon, fruit, mint (various), and orange
- Not a good choice for people with jaw problems, braces, retainers, or significant dental work



NICOTINE LOZENGE

- Absorbed through the lining of the mouth
 - Regular
 - “Mini”
- Available OTC in two strengths:
 - 2mg and 4mg
- Available sugar-free flavors:
 - Mint
 - Cherry
- Suck on much like a cough drop



NICOTINE PATCH

- Absorbed through the skin
 - Step down therapy: Three levels
 - Brand/Generic
- Wear on upper part of the body, in a place with little hair such as the upper back or outside of the arm
- Do not cut
- Apply a new patch every 24 hours



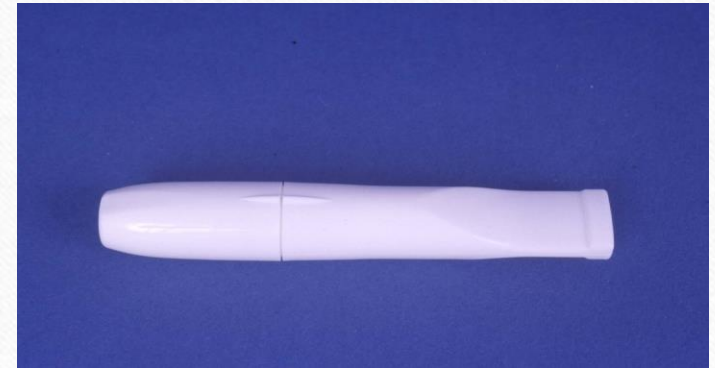
NICOTINE NASAL SPRAY

- About 100 doses per bottle
- Quickly absorbed through the lining of the nose
 - Very irritating
- Sold with a prescription as Nicotrol NS



NICOTINE INHALER

- Nicotine inhalation system:
 - Mouthpiece
 - Cartridge
- Absorbed through the lining of the mouth
- Allows for similar hand-to-mouth ritual of smoking
- Sold with a prescription as Nicotrol Inhaler



BUPROPION

- Does not contain nicotine
 - Same as Wellbutrin
 - Zyban no longer manufactured
 - Only generics available
- Tablet that is swallowed whole
 - The medication is released over time
- Should not be used with individuals who have seizure disorder or head trauma

VARENICLINE

- Does not contain nicotine
- Prescription only
 - People who take Chantix should be in regular contact with their doctor
- Tablet that is swallowed whole
- Generic version available as of 1/23
 - Chantix currently not being manufactured
 - Future availability uncertain as of 10/23

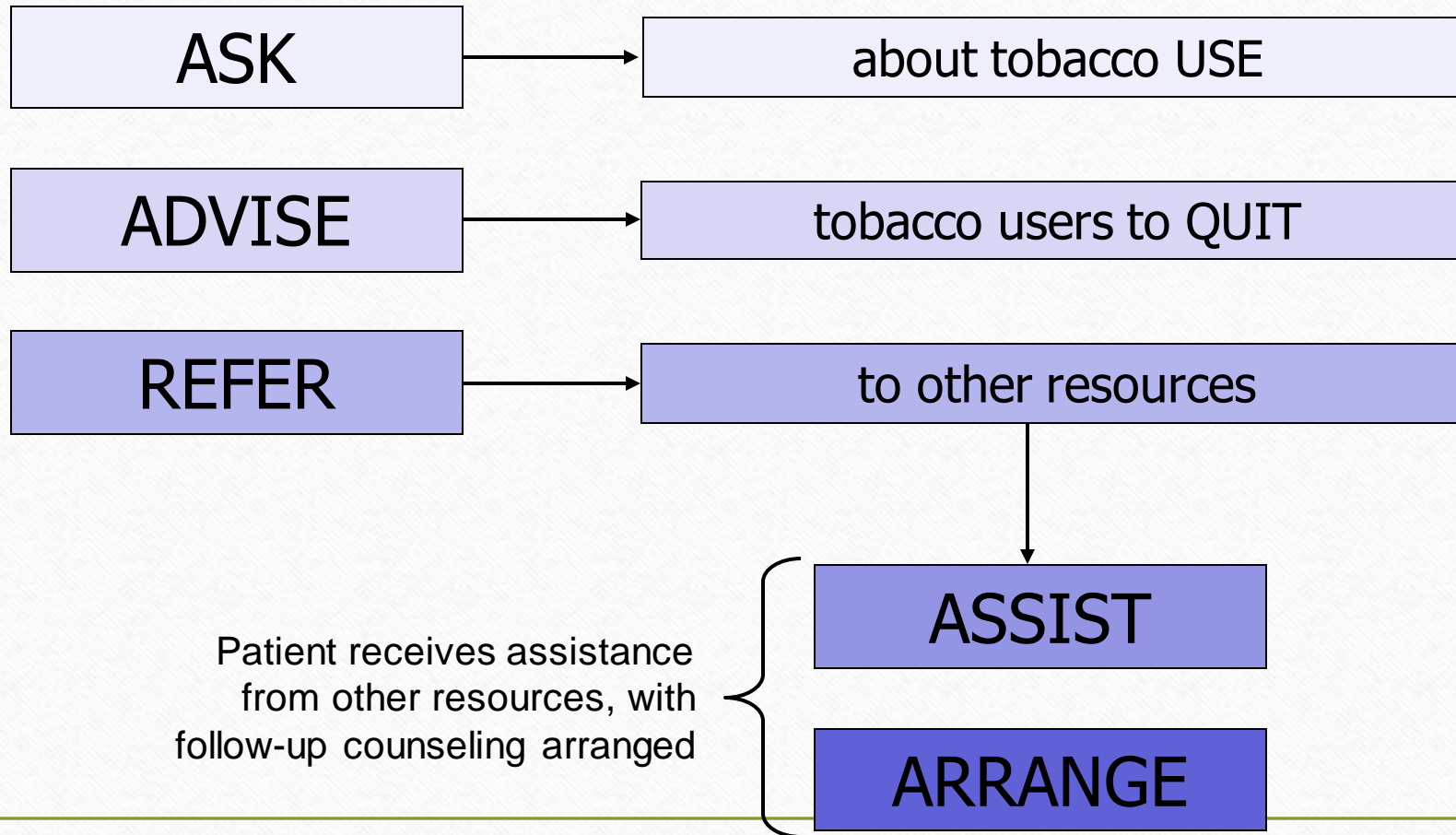


What Can You Say About the Medications?

- Inform individuals of their existence
- Advise individuals that using a medication significantly increases their chances of quitting long term
- Let them know that quitting is most successful when a medication is combined with a behavior change program
- Explain that some medications need a prescription but the patch, gum, and lozenge are available over the counter
- If they are interested refer to a pharmacist or physician

DO NOT RECOMMEND ANY SPECIFIC MEDICATION

BRIEF COUNSELING: ASK, ADVISE, REFER



Tobacco Quitlines:

- Available free of charge in all 50 states
- Staffed by specially trained counselors, usually Master's level
- Create tailored quitting plans
- Generally 5 to 7 counseling cessation
 - Many languages spoken
- Some Quitlines provide free medication

Take Control

1-800-QUIT-NOW

Call. It's free. It works.

1-800-784-8669

For details on your state services, go to: <http://map.naquitline.org>

Where Else Can You Refer?

- Local Hospital/Clinic programs
- AHA/ALA
- Medication programs
 - All seven medications come with a free behavior change program
- Pharmacists
- Web based programs
 - Become An EX Smoker, Learn to Quit Smoking, Stop Smoking Cigarettes

Should I Suggest Vaping?



IF YOU WANT TO DO MORE

- Cognitive/behavioral therapy
 - Coping Techniques:
 - Change how you think
 - Change what you do
- Motivational Interviewing
 - Guide the individual to telling **you they want to quit** rather than you telling them they have to quit
- Support/Encourage

IF YOU WANT TO LEARN MORE

- DIMENSIONS: Tobacco Free Program – Behavioral Health and Wellness Program (bhwellness.org)
- Rxforchange: Mental Health Peer Counselor Curriculum (ucsf.edu)
- Peers Helping Peers: Ways to Quit Tobacco with Rx for Change | Smoking Cessation Leadership Center (ucsf.edu)

Additional Resources

- NCHPH Learning Collaborative
 - Series of one hour lectures on various cessation topics
- <https://rny.jqr.mybluehost.me/resources/quality-improvement-learning-collaboratives/>

For More Information:

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Q&A Session





Complete our Post Evaluation Survey



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Thank you!

