Tools for Providers

In this section you will find:

- Data on HIV-affected populations and smoking
- Information about tobacco products
- Brief intervention tools
- Stages of change
- Motivational interviewing
- Nicotine Replacement Therapy (NRT) information

Why are people at risk for HIV also more likely to smoke?

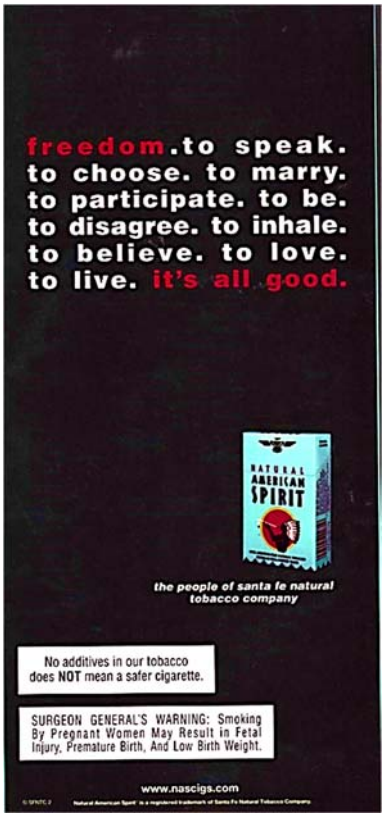


Image Source: Freedom From Tobacco, San Francisco LGBT Community Center

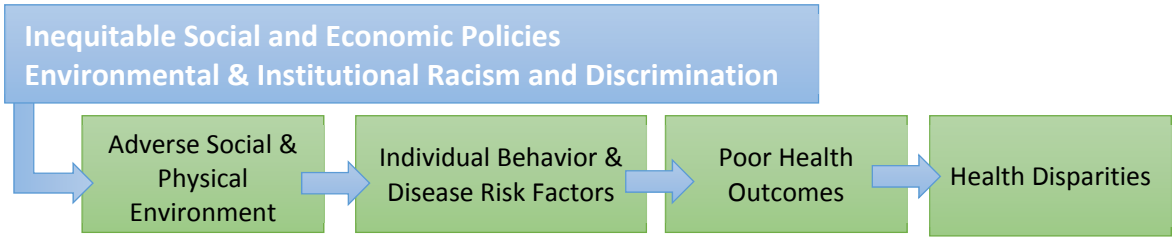
People living with HIV, LGBT individuals, LGBT youth, people of color, homeless individuals, people in low socioeconomic brackets, and people with mental health or substance use disorders are all more likely to smoke than the general population. The factors associated with HIV disparities among these groups are very similar to those associated with higher smoking rates, such as stigma and discrimination, poor access to quality services, chronic stress and trauma.[8] Many start smoking at a young age to cope with stress or to fit in socially.

In addition, since the 1990s the tobacco industry has been **directly targeting LGBT groups with advertisement**:

- Featuring gay and lesbian couples and weddings
- Placed in LGBT spaces and publications, including Pride and other community events
- A condition of substantial financial contributions to HIV/AIDS support organizations

The majority of the LGBT-identified people prefer products that appear to support their community[9]. By openly supporting LGBT groups, the tobacco industry has normalized smoking in a population particularly vulnerable to such advertisement tactics[10], thus fueling the disparities in tobacco use.

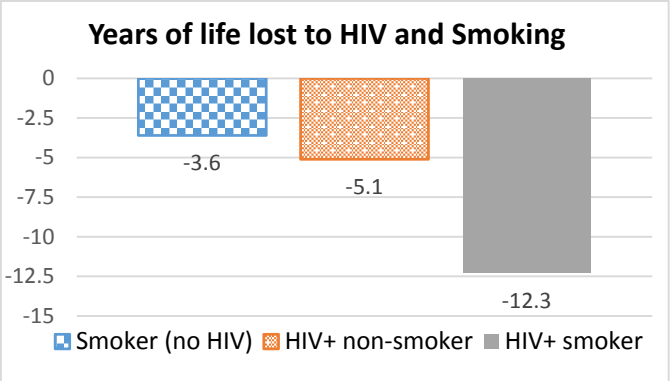
Social Determinants of Health



Source: Iton A. Tackling the Root Causes of Health Disparities Through Community Capacity Building. Tackling Health Inequities Through Public Health Practice: a Handbook for Action. Quoted in: American Lung Association. Smoking Out a Deadly Threat: Tobacco Use in the LGBT Community.

People Living with HIV

- Smoking rate is 2-3 times higher among adults who are HIV-positive (50-70%)[11]
- HIV increases the risk for smoking-related illnesses while smoking adds to the injury caused by HIV, and contributes to morbidity and mortality in this HIV positive population[12, 13, 14].
- Because people with HIV are living much longer, there are more opportunities to acquire **smoking-related chronic conditions** that lead to disability and early death, including:
    - Heart disease and stroke [12, 15]
    - Lung, head and neck, cervical, and anal cancer[16],[17]
    - Chronic obstructive pulmonary disease (COPD), and emphysema.



- Smoking can amplify the effects of HIV by **increasing the risk of HIV-related infections** (including thrush, mouth sores, bacterial pneumonia[18], and pneumocystis pneumonia)[19]; **affecting CD4 counts**[20]; and **increasing the risk of long-term side effects of HIV**, such as osteoporosis and osteonecrosis[13].
- Smoking can affect HIV treatment by lowering the effectiveness of ART,[21] and increasing HIV treatment side effects such as vomiting and nausea[13]. In addition, people with HIV who use tobacco were found to be **less likely to adhere to ART**[22,23,24].
- There are more people living with HIV/AIDS that are in the contemplation/ preparation phase than the general public[25], but **quit rates are 37% lower for HIV positive smokers**[26], **unless supported by a provider**. HIV prevention providers are trusted sources of information and support.
- **Alcohol use is often intertwined with smoking** and is associated with poor ART adherence [21, 22, 23]. Consider more holistic approaches to smoking, and alcohol and other drug use.
- Patients should be aware that medication that support tobacco cessation and HIV medications can have interactions.

Cessation Drug	Potential side-effects or interactions with HIV drugs
Bupropion SR (Wellbutrin)	Levels increased in patients on P450 3A4 inhibitors. Use with caution if the patient has a history of seizures or eating disorders, or used an MAO inhibitor in the past 14 days.
Varenicline (Chantix)	Lower dosage may be recommended if the patient has creatinine clearance (CrCl) of < 30 mL/min or are on dialysis.
Nortriptyline (Pamelor)	Use with caution if the patient has heart conduction abnormalities. Do not use if the patient is taking MAO inhibitor.

People who Use Substances

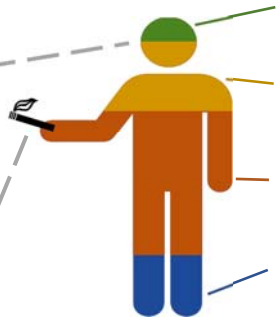
Substance users smoke at much higher rates than the general population, and quit rates are lower. Smokers are also less likely to remain in recovery from drug use[27].

However, studies show that when substance use and tobacco use programs are combined, the success rates of both programs are improved. **When drug use recovery *and* tobacco use recovery efforts are combined, tobacco quit rates increase**[33] to be comparable to the general population **and relapse rates are reduced** for *all* substances.

Stimulants[28]: Methamphetamine and Cocaine

Early exposure to nicotine in youth can cause long-term changes in the brain, and increase the risk of stimulant addiction[28]

Cigarettes, smoke, vapor, and lighters can be triggers for people in recovery from crack cocaine[29]



92% of **meth** users smoke

84% of **heroin** users smoke

80% of **cocaine** users smoke

17% of the population smokes

- When tobacco is combined with stimulants, it increases the levels of dopamine in the brain, giving the drugs a heightened effect. This leads to higher stimulant use **& poorer treatment outcomes for both** tobacco, and stimulants[29].
- Heavy smokers report greater feeling of euphoria and sexual impulse after meth use[30], putting them at **higher risk for STDs**.
- Cocaine users who smoke reported starting using cocaine at an earlier age[31], and the amount of cocaine they used was higher, and closely related to amount of tobacco use[31, 32].
- Individuals who use both cocaine and tobacco report more respiratory illness[29] and higher mortality rates[28], than those who use cocaine and do not smoke.
- Cocaine use (current or past) is associated with poor cessation rates[33]. Tobacco quit rates are much lower (12% or less) **unless combined for both substances.**

Narcotics/Opioids

- Death rate for narcotic users who smoke was 4x higher than non-smoking narcotics users[34].
- Smokers using narcotics can experience more health problems, family/social issues, and depression.

Small Changes Can Make a Big Difference

Drug use and smoking within 30 minutes of waking up are associated with lower likelihood of making an attempt to change use. When talking to clients about their drug use patterns, ask about their smoking. **Delaying the first cigarette for any amount of time is a small change that is doable for many clients.**

People Diagnosed with a Mental Illness

Nearly 45.7 million people in the United States are diagnosed with a mental illness. **16.45 million of them smoke[35].** More people with mental illness smoke than people without mental illness.

37 % of people with mental illness smoke[36]

31% of ALL CIGARETTES are smoked by adults with mental illness[38]

48% of people with mental illness who live below the poverty level smoke[36]

$2,190 – How much money a one $6 pack a day habit costs in a year

- 40% of men and 34% of women with mental illness smoke[36].
- Half of all deaths among people with mental illness are caused by smoking
- Challenges of people with mental illness:
  - Low income
  - Stressful living conditions
  - Lack of access to insurance and care
- Studies show that, nationwide, residential treatment facilities do not think that addressing smoking is a priority
- People with mental illness may be more susceptible to nicotine addiction and have a harder time changing their smoking

Integration is Best Practice:

Although mental illness is associated with lower adherence to tobacco cessation plans[24], integrated smoking cessation treatments can be effective for people with mental illness[37].

1. Make changing the tobacco habits a part of the approach to mental health treatment and overall wellness strategies
2. Call attention to and stop institutional practices that encourage tobacco use
   - Implement tobacco free policies at treatment and residential facilities
   - Up to 30-35% of behavioral healthcare workers smoke[38], encourage them to quit too!
3. Quit Lines may provide a helpful resource for persons with mental illness[39,40]
   - Provide services without needing travel or direct contact
   - Can be tailored to specific populations such as persons with mental illness

Medications and Tobacco

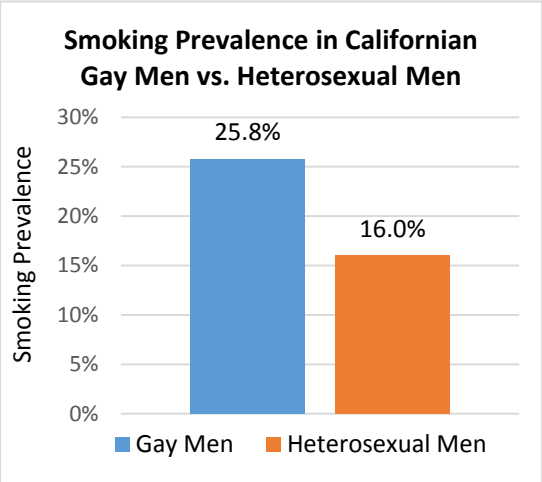
Tar in cigarettes slows down metabolism, and affects how well some medication work.

People who reduce their tobacco use may be able to lower the doses of these (and other) medications:

- Haloperidol
- Olanzapine
- Chlorpromazine
- Clozapine

Cessation of tobacco use increases metabolism of medications and can lead to possible overdose for some patients[41]. At the same time, nicotine withdrawal symptoms may present as medication toxicity **– know your patient's tobacco use status,** and actively support their attempts to change the habit[42].

Lesbian, Gay, Bisexual and Transgender (LGBT) Communities



Gay men are 50% more likely to smoke than straight men, according to the California Adult Tobacco Survey (2005-2010)[43].

- Bisexual men are 2.6 times more likely to smoke
- Bisexual women are 3.5 times more likely to smoke than heterosexual women[44].

Lesbian, Gay, Bisexual and Transgender youth are greatly affected by smoking[44]:

- 38-59% of LGBT youth reported active smoking, versus 28-35% of all youth
- Bisexual and lesbian teenage girls are nearly ten times more likely to smoke than their peers.

Why do LGBT individuals smoke more than their straight peers?

Stigma, Discrimination and Unique Stress Factors

Youth who were **rejected by their families** after coming out about their sexual orientation are:

- 5.9 times more likely to suffer from depression
- 3.4 times more likely to report drug use, and engage in unprotected sex[45].

Stressors for LGBT persons include coming out, rejection and lack of support, death of a friend or partner, HIV diagnosis, and assault, and can trigger Post-Traumatic Stress Disorder (PTSD)[8].

60% gay men show symptoms of PTSD → PTSD is associated with: risk-taking behaviors, unsafe sex practices → Use tobacco as: coping strategy, stress-relief, social/ bonding tool to overcome stress

Employer discrimination of LGBT-identifying persons, while illegal, is still prevalent. As recently as 2013, 29 states allowed employers to fire staff because of their sexual orientation[46].

Bar Culture and Social Smoking

Historically, bars, and clubs were some of the only safe places for the LGBT people. Drinking, socializing and smoking often went hand-in-hand. The link between smoking and alcohol use is well documented, and remains a common trigger for those in recovery from smoking.

Lack of Competent Care

The LGBT community overall has a significantly more difficult time accessing health services[44].

- Fewer competent, and knowledgeable providers
- 2 times more likely to be denied services completely
- More likely to be in lower income jobs that may not provide adequate insurance coverage, and/or exclude same-sex partner coverage

Transgender Community

There is *very little data* available on the transgender population and tobacco use!

Much higher rates of trauma, substance use, depression, HIV infection, and discrimination lead to higher smoking rates[44].

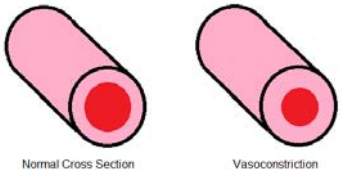
30.7% (roughly 1 in 3) of the transgender persons smoke[47], versus 17% of the general population.

Some choose to smoke as way to maintain weight loss[48].

Smoking Cessation is Especially Important for Transitioning Persons

Smoking, *and* nicotine product use is especially **harmful for ALL** people who are going through transition process, like gender reassignment surgery or taking hormone replacement therapies.

- Smoking causes blood vessels to constrict, and decreases the blood and oxygen flow to the surgical area
- Smoking-related blood vessel constriction may lead higher risk of poor healing, infection, bad scarring, and skin necrosis.[49]



"My doctor asked me to quit for my surgery. I didn't know that smoking interfered with the healing." – Transgender man

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- Smoking while on hormone replacement therapy, especially estrogen therapy, increases the risk of Venous Thromboembolism (blood clot).[50]

"I'm here to quit smoking. My doctor told me smoking while taking hormone replacement increases my chances of a heart attack." – Transgender woman

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Benefits of Provider Care

Many transgender people have experienced hostility and insensitivity from their healthcare providers in the past, and are often reluctant or fearful of disclosing their gender identity, and their true health concerns.

Transgender smokers under regular care of a caring and knowledgeable provider are more likely to adopt healthy behaviors, like changing their smoking[51]. **The success of tobacco cessation in the transgender community depends highly on the competency of the healthcare providers.**

When working with transgender patients, remember:

- Do *NOT* make assumptions about gender, or gender identity
- Use *preferred* name and pronoun
  - When in doubt – ASK!
- Advocate for unisex bathrooms at your clinic or work space
- Treat *all* clients with compassion, understanding and respect