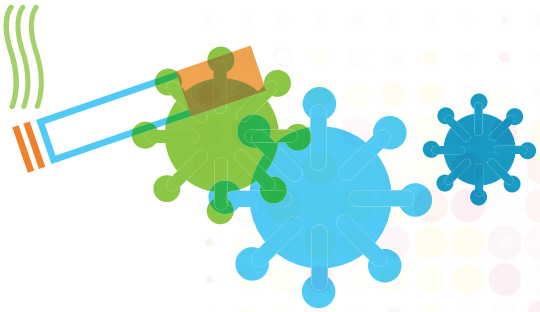
THE EFFI BARRY
TRAINING INSTITUTE

SMOKING & PEOPLE WITH HIV

DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

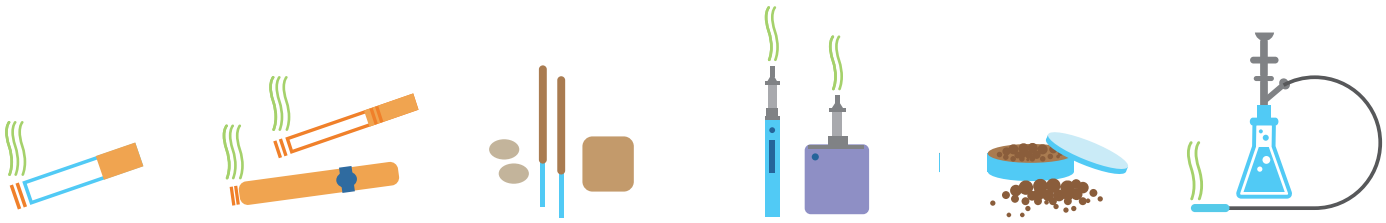
HealthHIV

TABLE OF CONTENTS

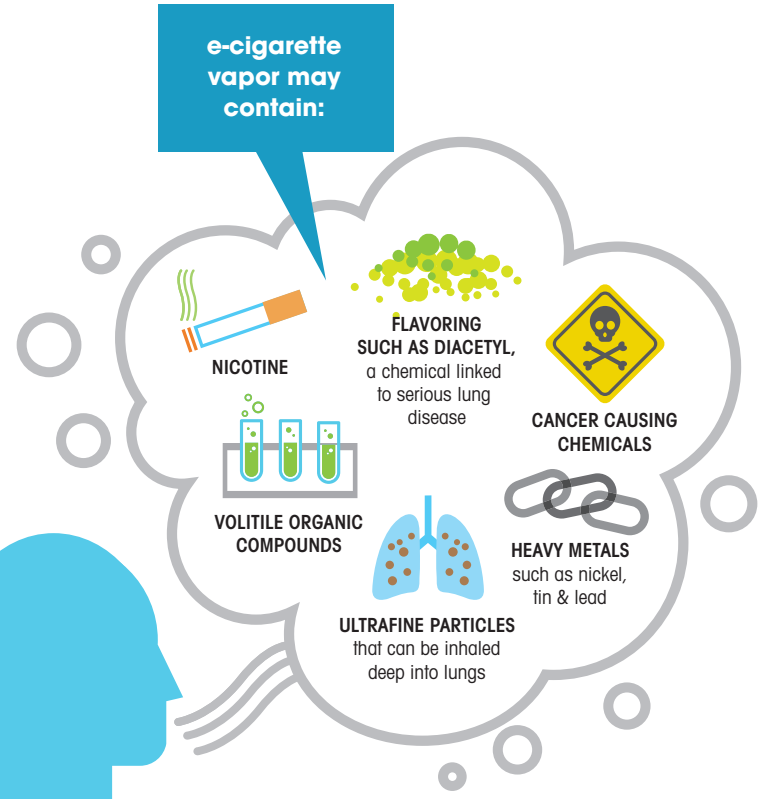


WHAT ARE "TOBACCO PRODUCTS?"

The Food and Drug Administration (FDA) defines six types of tobacco products: Cigarettes; cigars, little cigars, and cigarillos; dissolvable products (e.g., lozenges, strips, or sticks); electronic cigarettes (aka electronic nicotine delivery systems including vape pens, e-hookah, hookah pen); traditional smokeless tobacco products (e.g., chewing tobacco or moist snuff); and waterpipes (aka hookah, shisha, narghile, argileh).



CIGARETTES | CIGARS, LITTLE CIGARS & CIGARILLOS | DISSOLVABLE PRODUCTS | ELECTRONIC CIGARETTES | TRADITIONAL SMOKELESS TOBACCO PRODUCTS | WATERPIPES



Electronic cigarettes (hereto referred to as e-cigarettes) have gained in popularity over the last few years. E-cigarettes are designed to simulate the act of tobacco smoking by producing a flavored aerosol that looks like tobacco smoke and delivers nicotine.

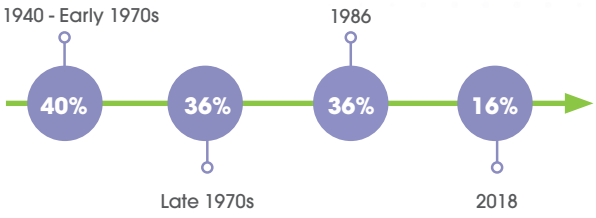
E-cigarettes have been marketed as a safer, less toxic alternative to conventional cigarettes because they deliver nicotine without burning tobacco. However, the scientific evidence to date does not support e-cigarettes as a safe or healthy alternative to cigarettes.

Another popular misconception is that smokeless tobacco (inclusive of e-cigarettes and traditional smokeless tobacco products) is effective in helping individuals quit smoking. Data overwhelmingly support that smokeless tobacco does not aid individuals who want to quit smoking as its use sustains nicotine dependence.

Source: https://www.ohsu.edu/oregon-poison-center/e-cigarettes-vaping

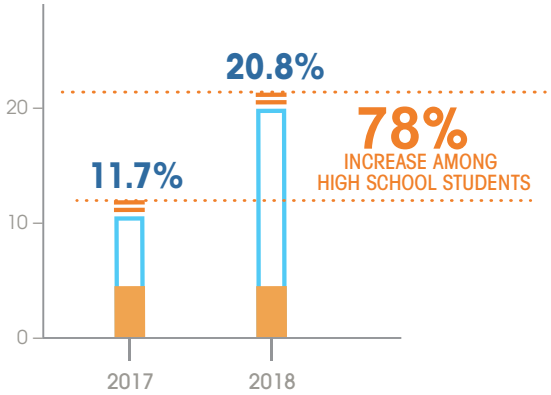
SMOKING IN THE US

Smoking rates in adults from 1944 to 2018



This chart shows smoking rates within the United States (U.S.) from 1944 to 2018. Between the 1940s and the 1970s, the U.S. smoking rate remained relatively stable with about two in five (40%) adults reporting having smoked a cigarette in the past week. Progress was made in the late 1970s with the smoking rate falling to 36% in 1977 and below 30% in 1989. A Gallop Poll conducted in 2018 found that the smoking rate in the U.S. fell to 16%. This decrease in smoking is attributed to public smoking bans in many cities and states, increased awareness of the hazards of smoking, and an increase in taxes on tobacco products.

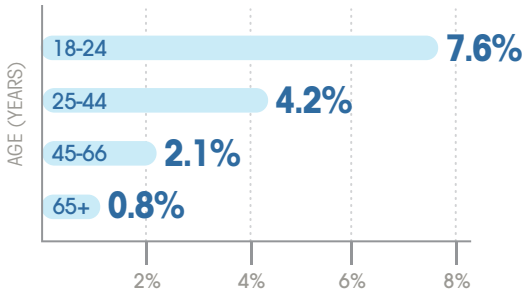
Surge in youth current e-cigarette use



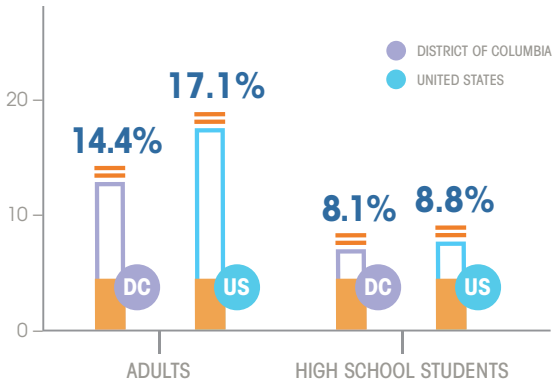
Vaping and the use of e-cigarettes in the US

Results from the 2019 National Youth Tobacco Survey (NYTS) shows that more than 5 million U.S. middle and high school students are current e-cigarette users (having used within the last 30 days). The NYTS survey, which is conducted annually by the FDA in conjunction with the Centers for Disease Control and Prevention (CDC), also shows that of current youth e-cigarette users, approximately 1.6 million were using frequently (use on 20 days or more in a 30-day period), with nearly one million using e-cigarettes daily. The overall levels of youth e-cigarette use are particularly concerning because it puts them at risk for nicotine addiction and other health consequences.

Adults who currently use e-cigarettes as of 2018



Cigarette use among adults & highschool students



Smoking in Washington, D.C.

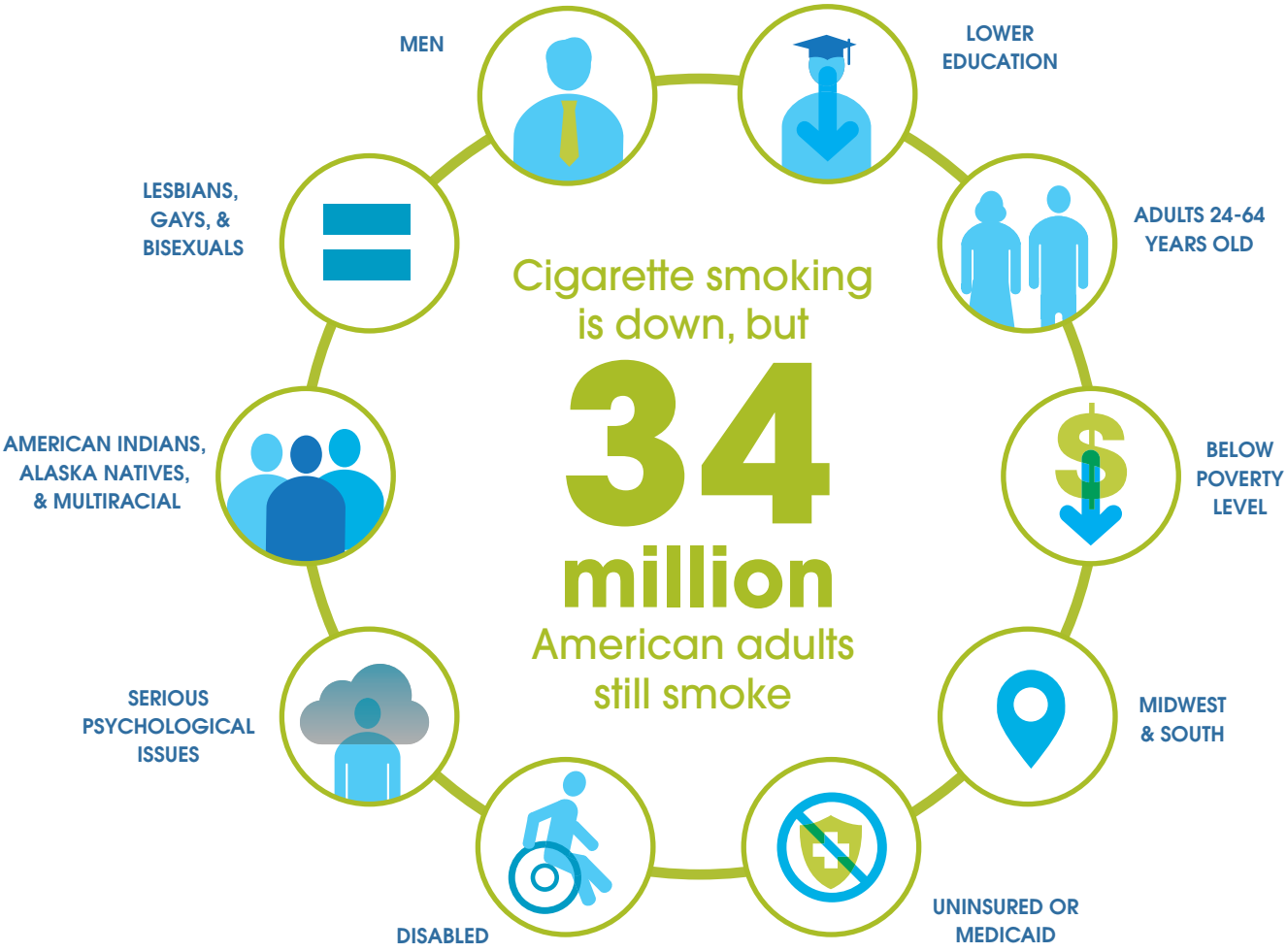
More than 14% of adults in Washington, D.C. are smokers. Tobacco-use is disproportionately high among African Americans (26%) and lesbian, gay, bisexual and transgender (LGBT) adults (34%). In 2017, 8.1% of high school students in D.C. smoked cigarettes on at least one day in the past 30 days, 10.9% used e-cigarettes, and 10.5% smoked cigars, cigarillos or little cigars on at least one day in the past 30 days.

SOCIODEMOGRAPHIC CHARACTERISTICS OF SMOKERS IN THE U.S.

Despite the consistent decline in smoking rates, approximately 34 million American adults still smoke. Cigarette smoking remains high among certain groups of adults. For example, approximately 16% of men are current cigarette smokers compared to about 12% of women. Cigarette smoking is highest among people with a general education development (GED) certificate (36%) and lowest among those with a graduate degree (3.7%). Current cigarette smoking is also higher among people with a low annual household income (<$35,000, 21.3%) than those with higher annual household incomes ($100,000+, 7.3%).

In the U.S., regional differences exist in smoking, with more people living in the Midwest (16.2%) and the South (14.8%) reporting past week cigarette use compared to people residing in the Northeast (12.5%) and West (10.7%).

Since 2001, the surgeon general has documented smoking disparities based on sexual orientation. LGBT adults are more likely to be current smokers (20.6%) than heterosexual adults (13.5%).

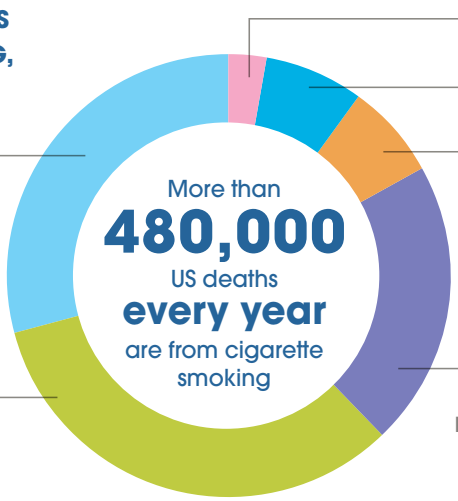


OVERVIEW OF THE NEGATIVE IMPACT OF SMOKING ON HEALTH

Cigarette smoking harms nearly every organ of the body, causes many diseases, and reduces the health of smokers in general whether they are living with HIV or not. Cancers and chronic diseases casually related to smoking by highlighted below. the 2014 Surgeon General's Report: The Health Consequences of Smoking are highlighted below.

In the U.S., cigarette smoking is the leading cause of preventable disease and death, and causes more than 480,000 deaths each year. In fact, smoking causes more deaths each year than HIV, illegal drug use, alcohol use, motor vehicle injuries, and firearm-related injuries combined. Lung cancer, heart disease, and COPD represent approximately 83% of all deaths from smoking.

ANNUAL DEATHS FROM SMOKING, UNITED STATES



LUNG CANCER
137,989
29%

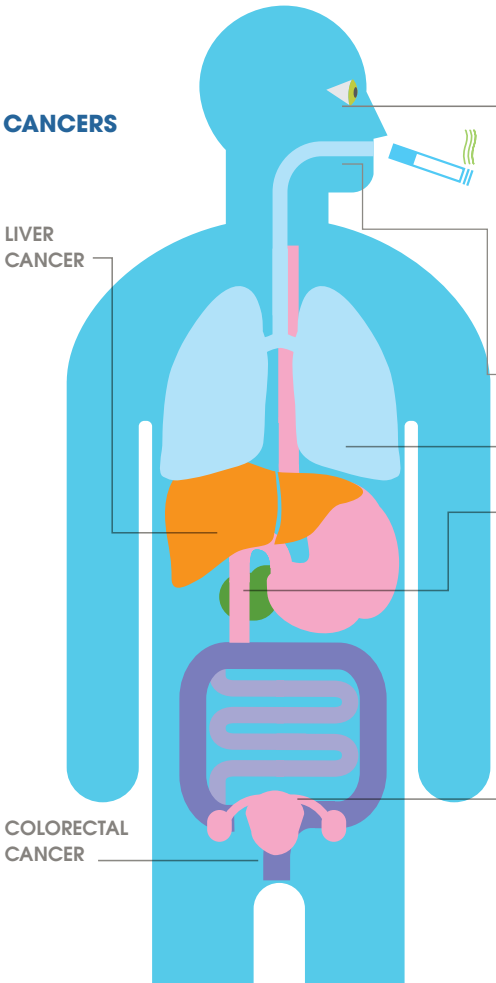
HEART DISEASE
158,750
33%

STROKE
15,300
3%

OTHER CANCERS
36,000
7%

OTHER DIAGNOSIS
31,681
7%

CHRONIC OBSTRUCTIVE PULMONARY DISEASE
100,600
21%



CANCERS

LIVER CANCER

COLORECTAL CANCER

CHRONIC DISEASES

AGE-RELATED MACULAR DEGENERATION

CONGENITAL DEFECTS - MATERNAL SMOKING: OROFACIAL CLEFTS

TUBERCULOSIS

DIABETES

ECTOPIC PREGNANCY

RHEUMATOID ARTHRITIS

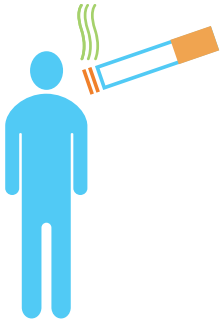
IMMUNE FUNCTION

MALE SEXUAL FUNCTION - ERECTILE DYSFUNCTION

There are a number of non-health related consequences of smoking which include economic and social costs. For example, on average smokers earn less at their jobs than non-smokers. A study conducted by the Federal Reserve Bank of Atlanta examined economic trends in smoking and found that smokers' wages are approximately 80% of the wages of non-smokers after controlling for individual characteristics like gender, race/ethnicity, education, and age. Other studies show that cigarette smoking leads to lost worker productivity and increased insurance premiums. Socially, non-smoker preferences in community and professional settings may cause smokers to experience both financial and social costs including exclusion, social isolation, and lost opportunities.

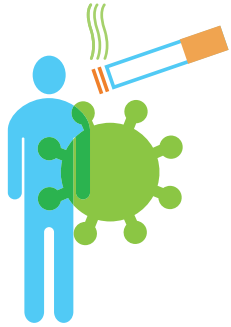
SMOKING AMONG PEOPLE LIVING WITH HIV (PLWH)

Smoker without HIV LOST ALMOST 4 YEARS OF LIFE



Non-smoker with HIV LOST 5 YEARS OF LIFE

Smoker with HIV LOST 12 YEARS OF LIFE



A Danish study conducted in 2013 sought to assess mortality attributable to smoking among people living with HIV (PLWH). Researchers in this study analyzed data from an HIV positive cohort who received free HIV care and compared them to matched controls. A total of 2,921 PLWH and 10,642 controls were followed for 14,281 and 45,122 person-years, respectively. Matched controls were similar to the HIV positive cohort in age, gender, income, access to care, and other individual characteristics. The only difference between the two groups was that one group was comprised of PLWH and the other, people who were HIV-negative. Results from this study showed that HIV-positive smokers lost more years of life from smoking than HIV-negative smokers. Specifically, a non-smoker with HIV lost five years of life to the disease. A smoker without HIV lost almost four years of life to smoking. But a person with HIV who also smoked lost a total of 12 years of life. They concluded that, even when an individual's HIV is under control with antiretroviral medications, the risk of smoking remains and becomes a greater and often leading preventable risk for illness and death for that person.

In the U.S., a recent study was conducted to examine the association between tobacco smoking and biomarkers of HIV disease progression, including unsuppressed viral load and low CD4 cell count. In this study, recent tobacco smoking was reported by 40% of the 14,713 PLWH enrolled in Ryan White Part A programs in the New York City metropolitan area. After controlling for sociodemographic and clinical characteristics, analyses showed that recent tobacco smoking was independently associated with unsuppressed viral load (AOR = 1.38, CI 1.26–1.50) and low CD4 cell count (AOR = 1.12, CI 1.01–1.24).

Collectively, research on smoking among PLWH underscores the importance of routine assessments of tobacco use in clinical care settings, prioritizing interventions for smoking cessation in the care of PLWH, and the need for more research to examine the mechanisms that may explain the associations between tobacco use and HIV outcomes.

DETERMINANTS OF SMOKING AMONG PLWH

There are a number of sociocontextual and individual factors which may help explain why smoking rates are higher among PLWH compared to people who are HIV-negative. Socioeconomic disadvantage is a predictor of smoking in the general population. Economically and socially marginalized people continue to represent a large portion of PLWH. As a result, the increase in smoking among PLWH may also be related to socioeconomic status.

Some of the social situational factors associated with persistent tobacco use in the general population are also observed in PLWH, including a disproportionate amount of daily stress and social stigma, substance use and substance use disorders, and less social support for smoking cessation. Additionally, PLWH report smoking to relieve HIV-related symptoms and to cope with fatalism and distress about their HIV status.

The health risks associated with smoking are greater for PLWH than for HIV-negative smokers. PLWH who use tobacco products are at an increased risk for lung cancer, heart disease, high blood pressure, and stroke. They also report decreased mental, physical, and social functioning. PLWH who use tobacco products may also experience a more rapid disease progression to AIDS and an increase in HIV-associated infections. This effect is particularly concerning for HIV prevention as there is a population level association between viral suppression of HIV and population level HIV risk.

BARRIERS TO SMOKING CESSATION AMONG PLWH

There is an urgent need to reduce tobacco product use among PLWH and promote cessation to improve their health. Although the majority of PLWH who smoke report a strong desire to quit, they are less likely to quit compared to the general population of smokers. PLWH face a number of sociocontextual and individual barriers to smoking cessation. Lack of access to treatment and to evidence-based cessation interventions is a significant challenge. Research on smoking cessation for PLWH is limited, and it is unclear whether interventions for HIV-negative smokers will have the same effect in PLWH. Additionally, given the number of health concerns PLWH face and the clinical care settings they frequent, they are often not screened for tobacco use or provided with cessation support.

There are a number of studies that show that the tobacco industry directly targets certain groups with advertisement and tobacco promotions (e.g., free giveaways in bars, coupons, and promotional items). These groups include Black Americans, people residing in low income neighborhoods, and LGBT populations; groups that are also disproportionately burdened by the HIV epidemic. This targeting poses several challenges for smoking cessation. For example, the ubiquitous presence of cigarettes and promotion of tobacco use in these populations means that smoking is perceived to be the norm, and PLWH who smoke encounter few deterrents to smoking in their social and community settings. Lack of social support for smoking cessation is another barrier to quitting. PLWH report having a social network of smokers including friends and family members who use tobacco products. As such, the temptation to smoke is high when socializing and support for cessation is low. Despite advances in HIV treatment and care, PLWH may use tobacco products to manage stress related to HIV status, HIV-related stigma, health, and other general life stressors. Lastly, PLWH report being unaware of the association between smoking and decreased effectiveness of antiretroviral medications. They also report having limited knowledge about smoking cessation interventions including behavioral counseling and pharmacotherapy.

TOOLS FOR SMOKING CESSATION

To date, the tools used for smoking cessation in the general population of smokers are the same as what is recommended for PLWH who smoke. These tools include behavioral counseling/ support and pharmacotherapy.

Behavioral counseling/ support	**Cognitive-behavioral therapy (CBT), combined with pharmacotherapy,** is quite effective for smokers who are motivated to quit. CBT is an evidence-based psychological treatment that focuses on identifying and changing maladaptive thoughts, emotions, and behaviors that trigger problems. Counseling for smoking cessation can be completed as part of individual or group therapy and may be delivered by trained specialists through telephone (e.g., quit lines) or SMS text messages. Brief advice on smoking cessation from a health care professional is another effective tool for promoting smoking cessation. In fact, some evidence supports that a clinician simply suggesting to a patient that they should quit smoking may trigger at least one quit attempt. The **5As approach** provides health professionals who are not smoking cessation specialists with a useful framework for structuring brief smoking cessation advice. The 5As approach assists in identifying smokers by encouraging health professionals to **'ask'** patients if they smoke/ use tobacco products. It then suggests that they **'assess'** willingness to stop smoking, **'advise'** on the importance of quitting, offer **'assistance'** in the form of pharmacotherapy and/or referral for behavioral support, and **'arrange'** a follow-up appointment. A shortened adaptation to the 5As that has been shown to be effective is the very brief advice (VBA) approach. Using VBA to quit smoking, health professionals are encouraged to ask patients about their smoking, acknowledge that the patient may have tried to quit many times in the past, and discuss the options that exist to support a quit attempt.
Nicotine replacement therapy (NRT)	The nicotine in tobacco is addictive and leads to physical dependence. This dependence can cause unpleasant withdrawal symptoms when a person tries to quit. Nicotine replacement therapy (NRT) can help relieve some of the physical withdrawal symptoms as it provides controlled amounts of nicotine without the other harmful chemicals found in tobacco. Currently, there are five forms of FDA approved NRT– **patch, gum, nasal spray, inhaler, and lozenge**.

TOOLS FOR SMOKING CESSATION

Prescription medications	**Prescription medications** are also used to reduce nicotine withdrawal symptoms. There are two common medications used to support smoking cessation, Bupropion and Varenicline. Bupropion is a prescription antidepressant which helps to reduce cravings and nicotine withdrawal symptoms. This medication alters the chemicals in the brain that are related to nicotine cravings. Studies show that Bupropion works best if started one or two weeks before an individual's quit date. Varenicline was developed to support smoking cessation. Varenicline interferes with nicotine receptors in the brain to both lessen the pleasure associated with smoking and reduce the symptoms of nicotine withdrawal. It is recommended that individuals begin using this medication about one month to a week before their quit date.
Alternative therapies	Some smokers report success with **combining alternative therapies (e.g., hypnosis and acupuncture) with pharmacotherapy and behavioral counseling.** Investigations of the effectiveness of these alternative therapies are limited and mostly anecdotal. **E-cigarettes** have the potential to benefit adult smokers who are not pregnant if used as a complete substitute for regular cigarettes and other smoked tobacco products. However, research to date does not support e-cigarettes as effective for quitting smoking. While e-cigarettes are less harmful than smoking, they are still unsafe and more research is needed to understand the long-term health effects of e-cigarette use. Particularly concerning is that many e-cigarette users receive even more nicotine than they would from a traditional tobacco product because they are able to purchase extra-strength cartridges, increase the e-cigarette's voltage, and use them more frequently throughout the day. To date, most of the aforementioned evidence-based strategies for smoking cessation have not been rigorously evaluated in PLWH. More research and evidence is needed to develop a better understanding of the factors that contribute to effective smoking cessation among PLWH.

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RESOURCES

Title	Citation or Website	Date published or last updated	Summary	Resource Type	D.C. or National Resource	Source
SmokefreeTXT	https://smokefree.gov/tools-tips/text-programs/quit-for-good/smokefreetxt	n.d.	A texting service to assist people who want to quit smoking. Text service lasts from 6 - 8 weeks and participants are expected to receive 3-5 texts per day.	Website/ Text service	National	Smokefree.gov
What to Tell Your Patients About Smoking	https://www.cdc.gov/tobacco/data_statistics/sgr/2010/clinician_sheet/pdfs/clinician.pdf	n.d.	Fact sheet for providers to help patients quit smoking. Includes summary of smoking cessation tools and talking points on the dangers of smoking.	Factsheet	National	Centers for Disease Control and Prevention
Toolkit: Helping New Health Insurance Enrollees Quit Tobacco	https://www.lung.org/our-initiatives/tobacco/cessation-and-prevention/assistors-toolkit.html	Updated August 2019	Online toolkit for public health professionals and healthcare enrollment assisters to help new insurance enrollees quit smoking.	Online Toolkit of resources	National	American Lung Association
Counseling about Smoking Cessation	https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Richmond-Center/Pages/Counseling-About-Smoking-Cessation.aspx		Website containing resources and talking points to help clinicians communicate with youth about stopping tobacco use. Includes fact sheets, motivational interviewing techniques, and social media marketing campaigns.	Website	National	American Academy of Pediatrics
Treating Tobacco Use and Dependence: 2008 Update	October 2019. Agency for Healthcare Research and Quality, Rockville, MD. https://www.ahrq.gov/prevention/guidelines/tobacco/clinicians/index.html	Last reviewed October 2019	Guidelines for clinicians to treat tobacco use in patients	Guidelines	National	AHRQ/HHS
DC Tobacco Free Coalition/ 1-800-QUIT-NOW	http://www.dctfc.org/	n.d.	Website for the DC Tobacco Free Coalition with information on cessation events, factsheets, and the 1-800-QUIT-NOW phone line for free counseling and nicotine replacement therapy. Also provides information on tobacco and HIV: http://www.dctfc.org/tobacco-and-hiv	Website	DC	DC Tobacco Free Coalition
DC Tobacco Free Coalition/ Youth Programs	http://www.dctfc.org/youth-programs/	n.d.	List of programs to inform youth on the dangers of tobacco. "Toxic Soup" and the "Nasty" educational video program.	Website	DC	DC Tobacco Free Coalition
Smoking Cessation Programs	https://dchealth.dc.gov/service/smoking-cessation-programs	n.d.	List of resources for people trying to quit smoking in the DC area	Resource List	DC	DC Health
People Living with HIV - Tips From Former Smokers	https://www.cdc.gov/tobacco/campaign/tips/groups/hiv.html	Updated March 26, 2019	Website with information to help PLWH quit, facts, and testimonials from PLWH who previously smoked tobacco. Testimonials include quitting support, health consequences of tobacco use, and facts.	Website	National	Centers for Disease Control and Prevention
Efficacy of Cell Phone–Delivered Smoking Cessation Counseling for Persons Living With HIV/AIDS: 3-Month Outcomes	Vidrine, D. J., Marks, R. M., Arduino, R. C., & Gritz, E. R. (2012). Efficacy of cell phone-delivered smoking cessation counseling for persons living with HIV/AIDS: 3-month outcomes. Nicotine & tobacco research: official journal of the Society for Research on Nicotine and Tobacco, 14(1), 106–110. https://doi.org/10.1093/ntr/ntr121	*January 2012	Randomized control trial where individuals either received the usual smoking cessation treatment or a cell phone intervention (CPI). RESULTS: Individuals who received the CPI were significantly more likely to abstain from smoking compared to those who received the traditional treatment.	Research Study Intervention		Nicotine and Tobacco Research

THE EFFI BARRY
TRAINING INSTITUTE

The Effi Barry Training Institute provides trainings and technical assistance to support current and prospective HAHSTA grantees and community-based organizations in the Fee-for-Service business process; basic HIV service competencies; advanced skills in health care systems, data and health informatics; high-impact prevention programs, including biomedical; and emerging evidence-based or informed approaches through a series of group-level trainings, boot camps, community forums, and individual consultation.

Rooted in the idea of holistic, integrated, patient-centered care, HealthHIV capacity building efforts help develop an organization's ability to improve patient outcomes and increase efficiencies, while remaining organizationally sustainable. The agency's unique approach involves structuring sustainable systems and services that span the HIV care continuum. HealthHIV's ability to diagnose and address multisystem challenges is enhanced by a comprehensive team of expert consultants and focuses on achieving measurable outcomes. By remaining data and outcomes driven, HealthHIV employs state-of-the-art, and state-of-the-sciences approaches to improve health care delivery.

EffiBarryInstitute.org

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