Rhode Island Public Health Brief

Homelessness and Smoking Cessation

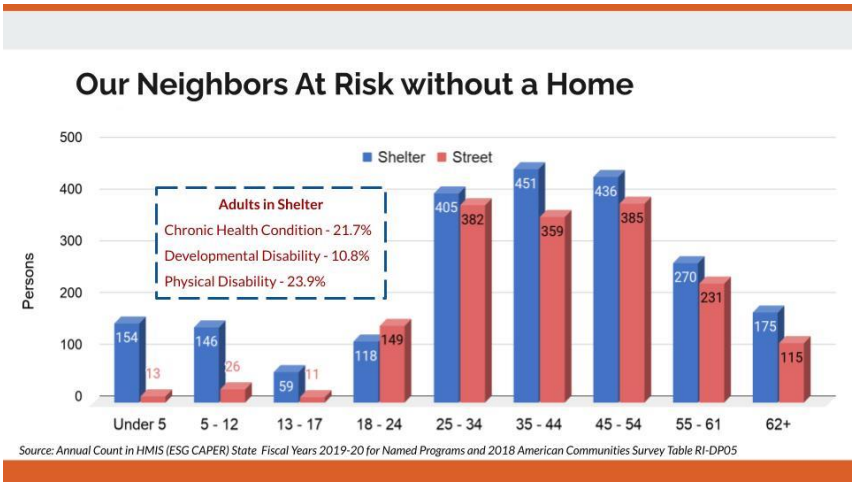
Rhode Island Public Health Association

The Rhode Island Coalition to End Homelessness reports that in 2018, an estimated 3,242 Rhode Islanders spent time in a homeless shelter in the state.[i] This number does not include Rhode Islanders living out of doors, doubled up with other families, or staying in domestic violence shelters. In 2019, it was estimated that the prevalence of smoking among homeless people was 68%-80%[ii] in contrast to 14% for the general population.[iii]

Tobacco accounts for an estimated 17.6% of all deaths of homeless individuals in Massachusetts.[iv] For homeless persons aged 50 and over, the percentage of deaths attributable to tobacco rises to 26%, reflecting the period of time it takes for many tobacco-related illnesses to occur. Given the extent of mortality due to tobacco use in this population, it is important to understand access and barriers to smoking cessation programs among Rhode Islanders experiencing homelessness.

Access to Smoking Cessation for Rhode Islanders Experiencing Homelessness Who Wish to Quit

What services are available to Rhode Islanders who wish to quit smoking? The Rhode Island Nicotine Helpline (Quitline) is a free service made available to all Rhode Islanders who wish to quit using tobacco products. To enroll in services, individuals may refer themselves by calling the Rhode Island Nicotine Helpline, or receive a referral on their behalf submitted to the Quitline by a healthcare provider through the Quitworks-RI program. The Quitline offers telephone counseling by a tobacco treatment specialist (TTS) as well as free nicotine replacement therapy (NRT), such as the patch, gum or lozenge, mailed to one's home as long as supplies last. It is not known how many referrals to QuitWorks RI are made by homeless service providers nor how many Rhode Islanders experiencing homelessness call the Quitline.



Rhode Island's nine community health centers, located at 30 sites throughout the state, offer primary healthcare, including smoking cessation support. For instance, Thundermist Community Health Center offers bilingual (English and Spanish), ongoing smoking cessation groups for the patients and non-patients at their centers in Wakefield, Woonsocket and West Warwick. Housing status is unknown for the patients who receive these smoking support services.

The CODAC Behavioral Healthcare Tobacco Cessation Services of RI offers smoking cessation counseling by certified Tobacco Treatment Specialists (TTS), as well as nicotine replacement therapy (NRT) for tobacco addiction. Services are open to both CODAC patients and community members, with or without medical insurance. Housing status information is not collected for people receiving smoking cessation counseling through CODAC.

RI Medicaid Insurance covers over-the-counter pharmacotherapy such as NRT; prescription pharmacotherapy (e.g., the nicotine inhaler or Chantix); and individual, group, and telephone counseling for smoking cessation. As

a state that expanded Medicaid under the Affordable Care Act, RI saw a drop in the uninsured, from 10.9% of the population in 2010 to 3.7% in 2018.[v] Consequently, this population should have increased access to smoking cessation since services to providers are now reimbursable. However, the Medicaid rate of reimbursement to providers for smoking cessation counseling is only $11 per half hour, which is far below the cost of care, making this service unsustainable without additional funding.[vi]

Rhode Islanders also have access to a weekly meeting of Nicotine Anonymous, the self-help group for individuals who want to quit tobacco and nicotine use.[vii] Currently the RI Nicotine Anonymous group meets every Friday evening at 7 pm via Zoom. The link is available via the Nicotine Anonymous website, but access may be challenging for individuals experiencing homelessness.

Barriers to Smoking Cessation for Rhode Islanders Experiencing Homelessness

Individuals experiencing homelessness must depend on homeless shelters for lodging, community meal sites for meals, and day respites for a safe place out of the heat or cold to stay during the day. Thus, much of the individual's day is consumed with literal survival needs which makes seeking non-emergency medical care a challenge. Individuals may also not have regular access to a phone, which makes telephone counseling such as Rhode Island Nicotine Helpline challenging.

In 2009 the Break Free Alliance, a national network of organizations, state tobacco programs, regional partners and researchers working to end the cycle of tobacco use and poverty, met to establish recommendations for addressing the neglected issue of tobacco use and its deadly consequences among people experiencing homelessness.[viii] They suggested that settings that serve the needs of individuals experiencing homelessness, such as homeless shelters, meal sites, and day respites, are ideal candidates for the provision of smoking cessation services. Yet none of the largest providers of homelessness services in Rhode Island, including Crossroads RI, Amos House, or House of Hope, offer sustained on-site smoking cessation, primarily due to a lack of resources.

Bringing smoking cessation services to homeless populations requires additional resources. According to the Campaign for Tobacco Free Kids, a nonprofit advocacy organization dedicated to reducing tobacco use, Rhode Island allocated only $394,955 to tobacco prevention and treatment in fiscal year 2020. However, the state collected more than $140 million in cigarette excise taxes. This level of expenditure is only 3.1% of the Centers for Disease Control, and Prevention's annual recommended spending for Rhode Island.[ix]

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[i] www.rihomeless.org/annual-homeless-housing-count

[ii] Baggett TP, Rigotti NA. Cigarette smoking and advice to quit in a national sample of homeless adults. Am J Prev Med. 2010;39(2):164–172. doi:10.1016/j.amepre.2010.03.024.

[iii] www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/index.htm#:~:text=In%202019%2C%20nearly%2014%20of,with%20a%20smoking%2Drelated%20disease.

[iv] Baggett, T. P., Chang, Y., Singer, D. E., Porneala, B. C., Gaeta, J. M., O'Connell, J. J., & Rigotti, N. A. (2015). Tobacco-, Alcohol-, and Drug-Attributable Deaths and Their Contribution to Mortality Disparities in a Cohort of Homeless Adults in Boston. *American Journal of Public Health*, *105*(6), 1189–1197.

[v] healthsourceri.wpengine.com/wp-content/uploads/HIS-2018_Executive-Summary-Report_8.2.19.pdf

[vi] Personal communication, CODAC

[vii] www.nicotine-anonymous.org/face-to-face-meetings

[viii] Porter J, Houston L, Anderson RH, Maryman K. Addressing tobacco use in homeless populations: recommendations of an expert panel. Health Promot Pract. 2011 Nov;12(6 Suppl 2):144S-51S. doi: 10.1177/1524839911414412. PMID: 22068577.

[ix] Broken Promises to Our Children: a State-by-State Look at the 1998 State Tobacco Settlement 21 Years Later FY2020, 2019)