

Reducing Tobacco Use Among Young People Experiencing Homelessness

Recommendations for Service Providers

ERIKA LITVIN BLOOM, WILLIAM G. SHADEL, JOAN S. TUCKER

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SOCIAL AND ECONOMIC WELL-BEING

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Preface

Rates of cigarette smoking and use of other tobacco products (e.g., e-cigarettes or vapes) among youth experiencing homelessness are extremely high. Many of these youth express a clear desire to stop using tobacco, but most are unsure where to turn for help or how to be successful. Service providers might not know what resources are available or what might be possible within the confines of their settings.

This manual was designed to be used primarily by service providers (e.g., case managers, health educators) who interact with youth experiencing homelessness in such settings as shelters, drop-in centers, and health clinics. It contains an easy-to-use guide for service providers to deliver brief and inexpensive assistance to youth experiencing homelessness who want to stop using tobacco products. Specifically, it includes suggested content for three-minute and 15-minute tobacco cessation counseling sessions, recommendations for developing a more intensive on-site program if sufficient resources are available, and a list of free, nationwide internet-based tobacco cessation programs to which youth may be referred. It also includes background information, based on our research, about tobacco use and quitting among youth experiencing homelessness.

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1. Introduction

Rates of cigarette smoking and use of other tobacco products (e.g., e-cigarettes or vapes) among youth experiencing homelessness are extremely high.¹ Many of these youth are using multiple tobacco products, which may increase long-term health risks. The good news is that many youth express a clear desire to stop using tobacco. The less-good news is that most are unsure where to turn for help or how to be successful, especially given other urgent health concerns (e.g., mental health conditions and other substance use disorders) and life challenges.

This manual was designed to be used primarily by service providers (e.g., case managers, health educators) who interact with youth experiencing homelessness in such settings as shelters, drop-in centers, and health clinics. It contains an easy-to-use guide for providing brief and inexpensive assistance to youth experiencing homelessness who want to stop using tobacco products. It also includes background information, based on our research, about tobacco use and quitting among youth experiencing homelessness.

You are in a unique position to provide tobacco cessation assistance to these youth. In fact, this manual was developed in consultation with service providers. Service providers told us that they believed quitting tobacco would benefit these youth and that youth would be receptive to tobacco cessation assistance, but service providers did not know how to best deliver this assistance or did not think that they had enough time.

There is little existing research on effective tobacco cessation strategies specifically for youth experiencing homelessness. Therefore, this manual is based primarily on well-established strategies that have worked with other populations. Nevertheless, it takes into account the uniquely complex needs of these youth.

Other Drug Use

Tobacco use often goes hand in hand with the use of other substances, such as alcohol and cannabis, which can make quitting smoking more difficult.² Also, service providers are sometimes concerned that quitting tobacco may lead youth to increase their use of other substances and therefore should be a lower priority. Research with homeless adults indicates that

¹ Joan S. Tucker, William G. Shadel, Daniela Golinelli, Rachana Seelam, and Daniel Siconolfi, “Correlates of Cigarette and Alternative Tobacco Product Use Among Young Tobacco Users Experiencing Homelessness,” *Addictive Behaviors*, Vol. 95, August 2019.

² Andrea H. Weinberger, Lauren R. Pacek, Melanie M. Wall, Misato Gbedemah, Joun Lee, and Renee D. Goodwin, “Cigarette Smoking Quit Ratios Among Adults in the USA with Cannabis Use and Cannabis Use Disorders, 2002–2016,” *Tobacco Control*, Vol. 29 No. 1, January 2020.

this does not typically happen.³ In fact, studies have actually shown reductions in alcohol and drug use following smoking cessation treatment.⁴ Furthermore, studies of adults who use tobacco and have other substance use disorders have shown that they are more likely to die from tobacco use than from other substance use.⁵

Life Stress and Mental Health Problems

Youth experiencing homelessness are a vulnerable population and have significant life stress. People who use tobacco often say that it helps them cope with negative feelings, such as stress and anxiety. Both youth who use tobacco and service providers may fear that quitting could make these emotional issues worse. However, the good news is that it does not appear that quitting tobacco worsens stress or existing mental health problems. Although research has not been conducted with tobacco users experiencing homelessness specifically, studies show that tobacco cessation is actually associated with lower rates of mood and anxiety disorders and perceived stress, including among those with a history of mental disorders.⁶

More Treatment = Better Outcomes

We intend for service providers to be able to use this manual to deliver brief (three- or 15-minute) and effective tobacco cessation assistance without any additional training. In particular, routinely screening clients for tobacco use, offering three-minute advice to quit, and referring them to free tobacco cessation programs available nationwide may be a good option for agencies interested in offering a low-cost, evidence-based program. Nevertheless, when it comes to tobacco cessation treatment, the general rule of thumb is *more is better*.⁷ A multisession program

³ L. Reitzel, N. Nguyen, S. Eischen, J. Thomas, and K. S. Okuyemi, “Is Smoking Cessation Associated with Worse Comorbid Substance Use Outcomes Among Homeless Adults?” *Addiction*, Vol. 109, No. 12, December 2014.

⁴ P. A. Cavazos-Rehg, N. Breslau, D. Hatsukami, M. J. Krauss, E. L. Spitznagel, R. A. Grucza, P. Salyer, S. M. Hartz, and L. J. Bierut, “Smoking Cessation Is Associated with Lower Rates of Mood/Anxiety and Alcohol Use Disorders,” *Psychological Medicine*, Vol. 44, No. 12, September 2014; S. Donald, H. Chartrand, and J. M. Bolton, “The Relationship Between Nicotine Cessation and Mental Disorders in a Nationally Representative Sample,” *Journal of Psychiatric Research*, Vol. 47, No. 11, November 2013; J. J. Prochaska, K. Delucchi, and S. M. Hall, “A Meta-Analysis of Smoking Cessation Interventions with Individuals in Substance Abuse Treatment or Recovery,” *Journal of Consulting and Clinical Psychology*, Vol. 72, No. 6, December 2004.

⁵ R. D. Hurt, K. P. Offord, I. T. Croghan, L. Gomez-Dahl, T. E. Kottke, R. M. Morse, and L. J. Melton, “Mortality Following Inpatient Addictions Treatment: Role of Tobacco Use in a Community-Based Cohort,” *Journal of the American Medical Association*, Vol. 275, No. 14, April 1996.

⁶ Cavazos-Rehg et al., 2014; Donald, Chartrand, and Bolton, 2013; P. Hajek, T. Taylor, and H. McRobbie, “The Effect of Stopping Smoking on Perceived Stress Levels,” *Addiction*, Vol. 105, No. 8, August 2010; M. Ragg, R. Gordon, T. Ahmed, and J. Allan, “The Impact of Smoking Cessation on Schizophrenia and Major Depression,” *Australasian Psychiatry*, Vol. 21, No. 3, June 2013.

⁷ U.S. Department of Health and Human Services, *Treating Tobacco Use and Dependence: 2008 Update—Clinical Practice Guideline*, Rockville, Md., May 2008.

will likely be more effective than a single counseling session, and combining medication (e.g., nicotine patches or gum, available over-the-counter for those age 18 or older who are smoking cigarettes) with any type of counseling will likely be more effective than counseling alone. We have included links to other training options (e.g., online courses) for service providers who can provide more intensive, multiple-session counseling and want to further develop their skills.

Here is a summary of our recommendations:

- Identify one or two staff members to oversee cessation programming.
- Create and maintain an environment conducive to quitting.
- Train all staff in delivering three-minute and 15-minute tobacco cessation counseling.
 - Provide youth with at least three-minute cessation counseling and, for those who are at least 18 years old and smoking cigarettes, information about getting **free** or low-cost medication. Provide up to 15 minutes of cessation counseling as time permits.
- If sufficient resources are available to support a more intensive program, an on-site multisession group-based program is better.
- If resources are more limited, consider partnering with an outside vendor, physician practice, or academic institution to leverage its resources to provide a more intensive treatment option. Alternatively, youth can be connected with “quitlines” that provide free multisession counseling and sometimes **free** nicotine replacement.

2. What Does Tobacco Use Look Like Among Youth Experiencing Homelessness?

Cigarettes

Youth experiencing homelessness who smoke tend to smoke heavily and engage in high-risk smoking practices.

A few studies suggest that up to 70 percent of youth experiencing homelessness are current cigarette smokers (that is, have smoked in the past month). In 2013, our research team surveyed 292 young smokers ages 13–25 experiencing homelessness from street sites (e.g., sidewalks, parks, alleys, beaches) in Hollywood, Venice Beach, and Santa Monica, California. Youth could participate if they had **smoked at least one cigarette** in the past 30 days.

In the **past 30 days**

- 95 percent had smoked every day⁸
- on average, the youth smoked 15 cigarettes per day (almost a full pack)⁹
- nearly all youth had engaged in high-risk smoking practices that can increase their exposure to toxins or susceptibility to infectious diseases, such as sharing cigarettes and smoking discarded cigarettes (*sniping*).¹⁰

Other Tobacco Product Use

Most youth experiencing homelessness who smoke cigarettes are using multiple tobacco products.

In **2017–2018**, our research team surveyed **469** youth ages 13–25 experiencing homelessness from 25 service sites (e.g., shelters, drop-in centers) and street sites (e.g., sidewalks, parks, alleys, beaches) throughout Los Angeles County, California. Youth could participate if they had used **any type of tobacco product** in the past 30 days.

In the **past 30 days**

- 90 percent smoked regular cigarettes¹¹

⁸ Joan S. Tucker, William G. Shadel, Daniela Golinelli, and Brett Ewing, “Alternative Tobacco Product Use and Smoking Cessation Among Homeless Youth in Los Angeles County,” *Nicotine and Tobacco Research*, Vol. 16, No. 11, November 2014.

⁹ Tucker et al., 2014.

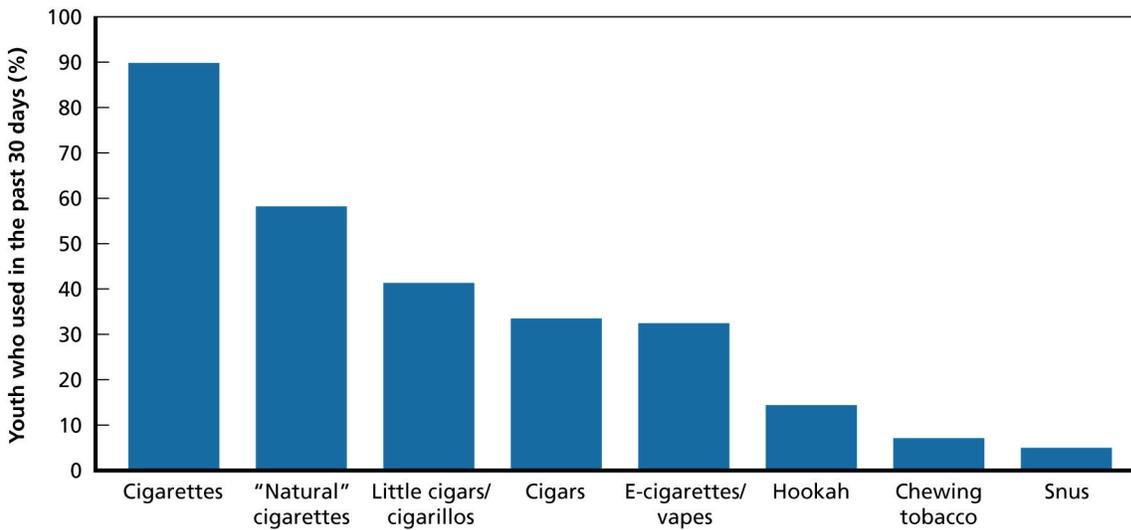
¹⁰ Joan S. Tucker, William G. Shadel, Daniela Golinelli, Leslie Mullins, and Brett Ewing, “Sniping and Other High-Risk Smoking Practices Among Homeless Youth,” *Drug and Alcohol Dependence*, Vol. 154, September 2015.

¹¹ Tucker et al., 2019.

- 58 percent smoked “natural” cigarette brands (e.g., American Spirit), which youth may perceive as safer than other brands because of how they are marketed (e.g., “organic,” “additive-free”)—however, they are **not** actually safer
- 78 percent had used one or more tobacco products other than regular cigarettes (see Figure 2.1).¹²

Thus, it is important that **programs** to help youth experiencing homelessness reduce their tobacco use focus not only on traditional cigarettes (“natural” and other brands) but also on a **broad range of tobacco products and on polytobacco use.**

Figure 2.1. Recent Use of Tobacco Products



SOURCES: Science Museum Group, “Packet of 20 ‘Natural American Spirit’ Cigarettes,” webpage, undated (CC BY-NC-SA 4.0); Breakingpic (CC0); Rom4in (Pixabay); sarahjohnson1 (Pixabay); Conmongt (Pixabay); Iburgan (Pixabay); abvrockgroup (Pixabay).

¹² Tucker et al., 2019.

Interest in Quitting and Risk Perception Differ by Product Type

- Among youth who had used the product in the past month, **motivation to quit the product** was highest for cigarettes (33 percent), followed by e-cigarettes or vapes (30 percent), little cigars or cigarillos (25 percent), and “natural” cigarettes and cigars (20 percent each).¹³
- When asked to rate the **health risks** posed by tobacco products other than regular cigarettes, youth consistently rated these products as “**somewhat risky.**”¹⁴
- When asked to rate the **harmfulness of these products relative to cigarettes**, results varied by product type. Compared with regular cigarettes, 49 percent of youth thought that “natural” cigarettes were **less harmful**, 38 percent thought that e-cigarettes/vapes were **less harmful**, and 12 percent thought that cigars were **less harmful.**¹⁵
- Many youth used other tobacco products, especially e-cigarettes or vapes, to try to cut down on or quit their use of regular cigarettes.¹⁶

These results suggest that youth experiencing homelessness often **try to reduce or quit smoking regular cigarettes by using other tobacco products**, yet they are also interested in quitting their use of these other tobacco products. Moreover, youth experiencing homelessness may be using these other products to quit because they **believe that the other products are less harmful** than cigarettes. It is important to emphasize that although some tobacco products may be less harmful than others, all carry risk, and it is best to quit all forms of tobacco use.¹⁷

Most Homeless Youth Who Smoke Want to Quit But Need Help

- In our 2013 study (published in 2015), **66 percent** of the youth **had quit for at least 24 hours in the past year**, with most prior quit attempts being unassisted (i.e., “cold turkey,” on their own).¹⁸
- Of the surveyed youth experiencing homelessness, **59 percent** were **interested in getting help** for quitting smoking (e.g., nicotine replacement products, counseling).¹⁸
- Youth who said that they were **asked by a service provider** about smoking were more **motivated to quit** and **more interested in smoking cessation services.**¹⁹

¹³ Joan S. Tucker, William G. Shadel, Daniela Golinelli, Rachana Seelam, and Daniel Siconolfi, “Motivation to Quit Cigarettes and Alternative Tobacco Products: Prevalence and Correlates Among Youth Experiencing Homelessness,” *Journal of Behavioral Medicine*, Vol. 43, April 2020.

¹⁴ Tucker et al., 2020.

¹⁵ Tucker et al., 2019.

¹⁶ Tucker et al., 2020.

¹⁷ Danielle Underferth and Heather Alexander, “Can e-Cigarettes Help You Quit Smoking?” *Focused on Health* (University of Texas MD Anderson Cancer Center), February 2019.

¹⁸ Joan S. Tucker, William G. Shadel, Daniela Golinelli, Brett Ewing, and Leslie Mullins, “Motivation to Quit and Interest in Cessation Treatment Among Homeless Youth Smokers,” *Nicotine and Tobacco Research*, Vol. 17, No. 8, August 2015.

¹⁹ Tucker, Shadel, Golinelli, Ewing, and Mullins, 2015.

3. Recommendations for Providing Assistance to Youth Who Are Interested in Quitting Tobacco

Creating an Environment Conducive to Quitting

From our research, we know that youth experiencing homelessness have **a lot of exposure to others who are using tobacco products**, sometimes even in the places where they are seeking services.

Youth who reported being often or sometimes **around others** who used e-cigarettes or vapes, little cigars or cigarillos, or hookah were **three to five times more likely** (depending on the product) to report **using the product themselves** in the past month.

Service providers can implement **relatively small changes** to help counteract these social influences and **play an important role** in preventing and reducing tobacco use among youth experiencing homelessness.

These **changes** can include

- routinely **asking** youth about their use of all types of tobacco products during intake
- training staff to deliver **brief counseling** so they can better assist youth who want to quit
- having **reading materials** on tobacco use and quitting available in waiting rooms and common areas
- establishing a **tobacco-free outdoor area** at the service site.

Referrals to Evidence-Based Programs

Here are some **free** resources to which service providers can refer youth who are using tobacco. There are a lot of options out there, especially on the internet, but not all of them are very good or based on science. All of the programs below are evidence-based, and we include options for multiple types of tobacco products, including cigarettes, smokeless tobacco, and e-cigarettes or vapes.

The Toll-Free California Smokers' Helpline (1-800-NO-BUTTS)

The helpline provides **telephone counseling** and **self-help materials** to help people quit tobacco use. Counselors are available on weekdays from 7 a.m. to 9 p.m. and on Saturday from 9 a.m. to 5 p.m. Special services are available for tobacco chewers, pregnant smokers, teens, and e-cigarette or vape users.

Youth can also sign up to receive text-messaging support, online help, referrals to local programs, and the No Butts mobile app to assist them with quitting on the website <https://www.nobutts.org>.

Nationwide Free Text Message Programs for Teens and Adults That Provide Support for Quitting Cigarettes

SmokefreeTXT is for adults and SmokefreeTXT for Teens is for ages 13–17:

- Receive three to five text messages per day for six to eight weeks that provide support and tips for quitting.
- Enroll up to 14 days before a chosen quit date.
- SmokefreeTXT users can text *CRAVE*, *MOOD*, or *SLIP* to get extra help.
- SmokefreeTXT for Teens users can text *WANT*, *UH OH*, or *BOOST* to get extra help
- Sign up for SmokefreeTXT on the Smokefree.gov website:
<https://smokefree.gov/tools-tips/text-programs/quit-for-good/smokefreetxt>.
- Sign up for SmokefreeTXT for Teens on the Smokefree.gov website:
<https://teen.smokefree.gov/become-smokefree/smokefreeteen-signup>.
- Visit <https://smokefree.gov/> for more information about these programs.

Practice Quit and Daily Challenges Programs

- These programs are for people who want to quit tobacco for good eventually but want to **start by not smoking for short periods**.
- Practice Quit users choose a one-, three-, or five-day program that includes three to five text messages per day.
- Sign up for Practice Quit on the Smokefree.gov website:
<https://smokefree.gov/tools-tips/text-programs/practice-quitting/practice-quit>.
- Daily Challenges consists of one challenge per day for seven days.
- Sign up for Daily Challenges on the Smokefree.gov website:
<https://smokefree.gov/tools-tips/text-programs/practice-quitting/daily-challenge>.

DipfreeTXT

- DipfreeTXT is for young adults who want to quit using smokeless or chewing tobacco.
- DipfreeTXT users receive three to five text messages per day for six to eight weeks.
- Enroll up to 14 days before a chosen quit date.
- Text *CRAVE*, *MOOD*, or *SLIP* to get extra help.
- Sign up for DipfreeTXT on the Smokefree.gov website:
<https://smokefree.gov/tools-tips/text-programs/quit-for-good/dipfreetxt>.

This Is Quitting from the Truth Initiative

- This Is Quitting is for people who want to quit using *any* type of tobacco product, including e-cigarettes or vapes.
- The program includes content (e.g., tweets, blog posts) from real people trying to quit.
- Receive tailored text messages and access other support resources and training exercises.
- More information is available on the website <http://www.thisisquitting.com/>.

Three-Minute Counseling

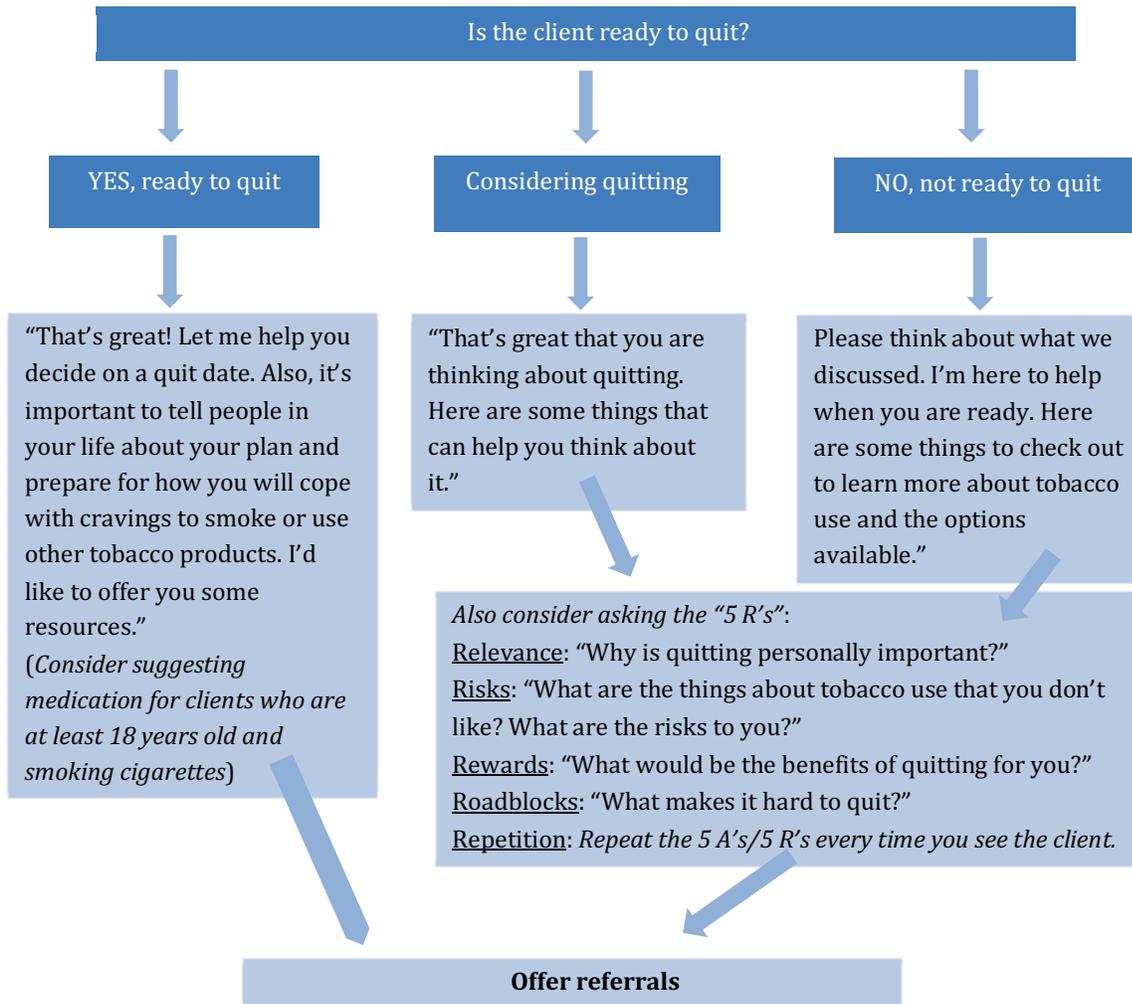
You can **screen** for tobacco product use and **offer brief quitting support**, in as little as **three minutes**, using the “**5 A’s**” model (ask, advise, assess, assist, arrange).²⁰ The suggested scripts below are only offered as guides; you should feel free to modify for your own voice and personal style.

1. **ASK about tobacco use:** Do you currently smoke cigarettes? Do you currently use any other tobacco or nicotine products (e.g., electronic cigarettes, Juuls, vapes, smokeless or chewing tobacco, hookah, or cigars)?
2. **ADVISE to quit:** I strongly advise you to stop using all of these products. You might feel uncomfortable for a short time while your body gets used to not having nicotine, but soon you’ll start to feel better. Quitting will improve your physical health and may also improve your mental health over the long term. I believe that you can do it, but it has to be your choice, and I’m here to support you. You may be tempted to try using one tobacco product as a way to quit using another tobacco product. However, this is not likely to work. Using more than one tobacco product may actually make it harder to quit using all tobacco products.
3. **ASSESS interest in quitting:** How important do you think it is for you to stop using [fill in the tobacco or nicotine products the youth is using]? How confident are you that you will be able to stop? Are you willing to try to stop using [fill in tobacco or nicotine products]? Have you ever tried to stop using [fill in tobacco or nicotine products] before?
4. **ASSIST with quitting:** See Figure 3.1 on the next page.
5. **ARRANGE follow-up:** Let’s check in about tobacco use again next time I see you. I’m here to support you and help in any way that I can.

At follow-up, repeat the 5 A’s.

²⁰ Lori Pbert, Harold Farber, Kimberly Horn, Harry A. Lando, Myra Muramoto, Jennifer O’Loughlin, Susanne Tanski, Robert J. Wellman, Jonathan P. Winickoff, and Jonathan D. Klein, “State-of-the-Art Office-Based Interventions to Eliminate Youth Tobacco Use: The Past Decade,” *Pediatrics*, Vol. 135, No. 4, April 2015.

Figure 3.1. Assist with Quitting



More-Intensive Cessation Programs

15-Minute Counseling

Spending a little bit more time with a tobacco user (up to 15 minutes) could increase the impact of counseling. In the appendix, we've included a script that provides key points for a 15-minute counseling session for tobacco users who have indicated a desire to stop. The script is written as an individual session with a cigarette user, but it can be delivered in a group setting or on a one-to-one basis and adapted for your own voice, for other tobacco product(s), and for the number of clients you have. Below is a description of the main elements in the script.

Introduction

- Inform the client(s) that you're here to help and support them and will do your best to answer their questions.
- Explain that you know quitting is hard and often takes multiple attempts.

Information Gathering and Motivating Clients

- Ask the client(s) to discuss previous quit attempts.
- Explain that you learn something during each quit attempt that can be applied to future attempts to increase likelihood of long-term success.
- Praise the decision to quit.
- Explain the importance of planning and developing strategies to manage urges to use tobacco and situations in which they would use tobacco.
- Discuss the youth's personal feelings about and reasons for quitting.
- Discuss what they will do with the money saved from quitting.
 - An example of a money-savings calculator (for cigarettes) is available on the Smokefree.gov website:
<https://smokefree.gov/quit-smoking/why-you-should-quit/how-much-will-you-save>.
- Discuss concerns about the effects of quitting tobacco on other drug use or mental health, if relevant. Emphasize that quitting tobacco is unlikely to increase other drug use or worsen mental health but rather may help youth reduce or quit other drug use and improve long-term mental health.

Intervention Components

- Assist with setting a quit date, preferably within a few days.
- Provide reading materials and referrals (e.g., quitline and websites or apps).
- Discuss the importance of seeking social support from friends.
- For clients who are at least 18 years old and smoke cigarettes, advise the use of over-the-counter nicotine replacement therapy (patches, gum, or lozenges).

Follow-Up

- Arrange to check in about tobacco use again at the client's next visit.

Multisession Programs

We know from interviews with service providers that more-intensive programs that involve multiple individual or group sessions are not usually easily implemented in busy settings.²¹

That said, if a setting has the capacity to develop and host such a program, several **free** or low-cost provider-centered resources and treatment manuals exist for training and provision of these more-intensive services.

- The Center for Tobacco Research and Training at the University of Massachusetts Medical Center offers both online and in-person training (for a nominal charge) to support service providers in the development and delivery of smoking cessation treatment programs. Information can be found at the “Accredited Tobacco Treatment Specialist Training” webpage: <https://www.umassmed.edu/tobacco/training/>.
- The Smoking Cessation Leadership Center at the University of California, San Francisco, offers a variety of training and education resources for providers, including online trainings (Rx for Change) tailored for providers in various settings and tool kits. More information is available on the website: <https://smokingcessationleadership.ucsf.edu/>.
- Several practitioner-focused how-to books are available for help in setting up a more intensive program. The book *The Tobacco Dependence Treatment Handbook* has chapters that
 - provide session-by-session materials and scripts for developing and delivering multisession intensive treatment programs
 - offer specialized smoking cessation treatment modules for smokers with comorbid substance misuse and psychiatric diagnoses
 - provide system-level guidance for developing and operating a smoking cessation service within a busy clinical setting.²²

²¹ William G. Shadel, Joan S. Tucker, Leslie Mullins, and Lynette Staplefoote, “Providing Smoking Cessation Programs to Homeless Youth: The Perspective of Service Providers,” *Journal of Substance Abuse Treatment*, Vol. 47, No. 4, October 2014.

²² David B. Abrams, Raymond Niaura, Richard A. Brown, Karen M. Emmons, Michael G. Goldstein, and Peter M. Monti, *The Tobacco Dependence Treatment Handbook: A Guide to Best Practices*, New York: Guilford Press, 2003.

4. Summary and Conclusion

Youth experiencing homelessness who use tobacco tend to smoke heavily and to smoke cigarettes in addition to using other types of tobacco products, such as e-cigarettes. Although it might be assumed that these youth would not be interested in quitting tobacco use, especially given the other life challenges they are facing, our and other research indicates that these youth do want to quit and would be receptive to tobacco cessation assistance. In this manual, we have presented information about tobacco use among youth experiencing homelessness and recommendations for providing tobacco cessation assistance, including brief and more-intensive individual counseling approaches that depend on available time and resources, free internet tobacco cessation programs to which youth can be referred, and suggestions for agency-wide policies, such as placing education materials in waiting rooms and creating smoke-free outdoor areas.

Appendix

This script is for a 15-minute counseling session with a youth client who has a desire to quit using tobacco products. It can be adapted for group settings.

Introductory Remarks

- “I’m here to talk with you about quitting tobacco use, and to provide you with assistance in doing so. I’ll do my best to answer any questions you have about quitting and provide you with whatever help that I can so that you can be successful with quitting.”
- “The first thing I want you to know is that quitting tobacco is hard. Most people who use tobacco products will try nearly half a dozen times and use different methods to quit each time before they eventually are able to stay off tobacco for good.”

Information Gathering and Motivating Clients

- “Which tobacco products do you use? Have you tried to quit using tobacco before? How did it go? What challenges did you face in trying to quit?”

Let the client respond. The goal is to build rapport, specifically with regard to tobacco use, as well as for you as the interventionist to be an active empathic listener and to gather some information about past quit attempts and barriers to quitting to weave into this session.

- “Each time that you try to quit is different. You are a different person than you were during your last quit attempt, primarily because you learned a little more each time about what it is like to be someone who doesn’t use tobacco. You’re not starting from scratch. The more times that you try to quit, and the longer that you are able to stop using tobacco, means that you are more likely to remain a nonuser on your next attempt.”
- “I’m happy that you’ve made the decision to quit. I know that it was not an easy decision to come to, and the fact that you’ve decided that this is the route that you’d like to take speaks very highly about your commitment to make positive changes in your life.”
- “I’m here to help you in any way I can to make your experience with quitting a successful one. You should feel free to ask me any questions you’d like about quitting and smoking, for that matter. My only goal here is make sure that I can help you in any way I can.”
- “I’d like you to consider something: Quitting tobacco is like driving across the country (for example, like driving from here to New York). You have a specific destination in mind and know sort of the direction you must go to get there. But you might be unsure about the specific roads, highways, and exits you would take to get there. Most people probably would not just jump in their car and head off in any direction in driving across the country—there are too many unknowns, too many chances to get lost. Most people would look at a map ahead of time and carefully plan out their route and places along the way where they will stop for gas and food. Despite their best planning, though, some

people may get unexpectedly lost, held up in traffic because of construction, or stop to ask for directions, but if they keep driving with the goal of getting to New York, they will eventually get there.”

- “We know that people who are successful at quitting tobacco spend a lot of time planning what they’ll do to help them quit—a unique menu of strategies that will help them to manage their cravings and situations in which they would use tobacco. It is important to remember, though, that despite the best plans sometimes, some people encounter tough situations that they did not anticipate in which they end up having a cigarette or two (or using another tobacco product). This doesn’t mean that they don’t eventually quit; it just means that they need to look for different ways to help them to not use tobacco.”
- “What are some of the reasons that you want to quit using tobacco?”

Let the client respond. Adapt the following response to reflect back their reasons and expand to include other reasons for quitting that the client did not mention.

- “These are all common reasons for people to want to quit using tobacco. Quitting tobacco is one of the most important things you can do for yourself. It will improve your health right now because you will feel better and have more energy. Not using tobacco will also protect you from developing a lot of health problems in the future, like cancer and lung diseases. And if you sometimes smoke cigarettes that you find on the ground or in public ashtrays, or take puffs off cigarettes that other people are smoking, quitting smoking will also protect you from infectious diseases, such as oral herpes, tuberculosis, and influenza. Another reason to quit using tobacco is that you’ll save a lot of money. For example, if you smoke half a pack of cigarettes per day and are paying \$8 per pack, you could save about \$1,500 over the next year by quitting. Think about it for a minute—what would you buy if you had an extra \$1,500 in your pocket?”

Let the client respond. Typical responses will include clothes and food. If the youth is using other substances or has mental health concerns, consider the following responses:

- “How concerned are you that quitting tobacco could increase your use of [other substances youth is using] or make it more difficult to stop using [other substances]?”
- “How concerned are you that quitting tobacco could make you feel more stressed, anxious, or sad?”

Let the client respond. If the client expresses concern, validate the concern and share that, fortunately, research suggests the opposite—that is, that quitting tobacco either won’t have an effect on or will reduce other drug use or improve mental health over the long term. If relevant, verify that the client is receiving treatment or services at the agency for substance use or mental health concerns or offer to refer them to such services if warranted.

Intervention Components

- “I can recommend a few things to help you out.”
- **“First, set a specific quit day.** I recommend that you set a quit date within the next few days. You’re here because you’re motivated to quit smoking. It’s important to strike

while the iron is hot, which is why I recommend that you set a quit date within the next few days. What day works for you?"

Ask client to set a concrete quit date, preferably within a few days of the current session.

- **“Second, you should read about quitting.** There are a number of different materials you can read. Here is something to get you started.”

Give California Smokers’ Helpline “Top 10 Tips to Quit Smoking” or some other pamphlet to the client. Also, offer one of the websites provided in this manual.

- **“Third, get support** from your friends about quitting. Tell them about your quitting plans and how they can help you to avoid using tobacco.”

If the client is at least 18 years old and is smoking cigarettes, suggest that they use over-the-counter nicotine-replacement therapy.

- **My last recommendation to help you with quitting cigarettes is to use nicotine replacement**, like the nicotine skin patch, nicotine gum, or nicotine lozenges. These are available over-the-counter at most drug stores, such as CVS and Walgreens. Nicotine replacement can help you manage withdrawal symptoms and urges to smoke after you quit. It is recommended that people trying to quit smoking use nicotine replacement each day for eight to 12 weeks.”
- “Nicotine replacement comes with an instruction booklet and dosing instructions. Also, you might experience some minor side effects, which include vivid dreams or sleep difficulties or headaches. These usually fade within a few days.”
- “Nicotine replacement is intended to be used while you are actively trying to quit. So, if you quit for a few days but then find yourself smoking again, you should stop using nicotine replacement until you are ready to set another quit day—at which point you should start using it again following the instructions.”
- “You should also not use the patch if you are using other tobacco or nicotine-containing products (including e-cigarettes or personal vaporizers).”
- “Finally, you should not use the patch if you are pregnant or breastfeeding.”
- “Any questions?”

Follow-Up

- “Let’s check in about tobacco use again next time I see you. I’m here to support you and help in any way that I can.”

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