

## **California Homeless Coordinating and Financing Council**

**Key priorities: What other priorities should the state consider to improve outcomes for the following performance measures, and why? Increasing job placements and income growth for homeless individuals**

### **Tobacco cessation as one pathway to maintaining housing and financial stability among people exiting homelessness**

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Homelessness has reached epidemic proportions in California, affecting at least 25% of the general population.<sup>1</sup> The crisis of homelessness has worsened in the past decade as a result of rising costs of living, inadequate access to affordable housing, and income inequality, in part driven by low minimum wage for low-skilled workers.<sup>2,3</sup> Increasing access to permanent supportive housing and increasing the minimum wage are some of the primary methods to reduce the risk of re-entry into homelessness among individuals exiting homelessness permanently. Permanent supportive housing, subsidized housing with closely linked services (e.g. medical and/or social services), is the dominant form of housing available to individuals exiting homelessness permanently.<sup>4</sup> Permanent supportive housing operates on a harm reduction framework, prioritizing housing stability over any preconditions of abstinence or a requirement to engage in supportive services. Permanent supportive housing is the preferred and proven approach to ending chronic homelessness.<sup>5</sup> Individuals in permanent supportive housing pay 30% of their income in rent, with the rest covered by government subsidies.

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<sup>1</sup> The U.S. Department of Housing and Urban Development. The 2016 Annual Homeless Assessment Report to Congress. Part 2: Estimates of Homelessness in the United States. December 2017. <https://www.hudexchange.info/resources/documents/2016-AHAR-Part-2.pdf>. Accessed April 1, 2019.

<sup>2</sup> Dollars on the Margins. <https://www.nytimes.com/interactive/2019/02/21/magazine/minimum-wage-saving-lives.html>. Accessed April 1, 2019.

<sup>3</sup> Aging onto the street. <https://www.sfchronicle.com/bayarea/article/Aging-onto-the-street-Nearly-half-of-older-13668900.php>. Accessed April 1, 2019.

<sup>4</sup> Tsemberis S, Gulcur L, Nakae M. Housing First, consumer choice, and harm reduction for homeless individuals with a dual diagnosis. *Am J Public Health*. 2004;94(4):651-656.

<sup>5</sup> Kertesz SG, Baggett TP, O'Connell J. et al. Permanent supportive housing for homeless people – Reframing the debate. *N Engl J Med* 2016; 375:2115-2117.

Permanent supportive housing is an opportune time for individuals exiting homelessness to improve their health and financial well-being, and the stable environment in supportive housing is conducive to achieving these outcomes. For many homeless individuals, receipt of supportive housing is often associated with an increase in disposable income to buy food and other necessities that are necessary for healthy living. Services in supportive housing are tailored to the unique needs of individuals who have experienced homelessness, with a goal of helping these individuals maintain housing and financial stability.

### **Tobacco use as a barrier to achieving housing and financial stability**

Tobacco use is one of the major threats to achieving the goal of housing and financial stability among people experiencing homelessness. While it may not be customary to think of tobacco use as a threat to housing stability, our work as well as the work of many others has shown the detrimental impact of tobacco use among individuals experiencing homelessness.<sup>6,7,8</sup> The prevalence of cigarette smoking among people experiencing homelessness is 70%<sup>9</sup> -- five times higher than the state smoking prevalence in California.<sup>10</sup> California is a leader in population-wide tobacco control efforts.<sup>11</sup> Despite four decades of success in reducing the population prevalence of smoking, smoking prevalence in California's homeless population has remained stagnant. Despite a high motivation to quit smoking and a high trial rate for smoking cessation, successful quit rates among homeless adults are exceedingly low compared to the general population.<sup>12,13</sup> Mental health and substance use disorders are common among people

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<sup>6</sup> Porter, J., Houston, L., Anderson, R. H., & Maryman, K. (2011). Addressing tobacco use in homeless populations: recommendations of an expert panel. *Health Promot Pract*, 12(6 Suppl 2), 144S-151S.

<sup>7</sup> Public Health Law Center. Underserved and overlooked: Tobacco addiction among the homeless population. <https://publichealthlawcenter.org/sites/default/files/resources/Underserved-Overlooked-Tobacco-Addiction-Homeless-2017.pdf>. Accessed April 1, 2019.

<sup>8</sup> Vijayaraghavan, M., Olsen, P., Weeks, J., McKelvey, K., Ponath, C., & Kushel, M. (2018). Older African American Homeless-Experienced Smokers' Attitudes Toward Tobacco Control Policies-Results from the HOPE HOME Study. *Am J Health Promot*, 32(2), 381-391.

<sup>9</sup> Baggett TP, Tobey ML, Rigotti NA. Tobacco use among homeless people--addressing the neglected addiction. *N Engl J Med*. 2013;369(3):201-204.

<sup>10</sup> California Tobacco Facts and Figures 2018. New Challenges to Tobacco Control in California. <https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/CTCB/Pages/FactsandFigures.aspx>. Accessed April 1, 2019.

<sup>11</sup> California Tobacco Control Program. <https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/CTCB/Pages/CaliforniaTobaccoControlBranch.aspx>. Accessed April 1, 2019.

<sup>12</sup> Vijayaraghavan M, Tieu L, Ponath C, Guzman D, Kushel M. Tobacco Cessation Behaviors Among Older Homeless Adults: Results From the HOPE HOME Study. *Nicotine Tob Res* 2016;18:1733-9.

<sup>13</sup> Vijayaraghavan, M., Penko, J., Vittinghoff, E., Bangsberg, D. R., Miaskowski, C., & Kushel, M. B. Smoking Behaviors in a Community-Based Cohort of HIV-Infected Indigent Adults. *AIDS Behav*.

experiencing homelessness, and are barriers to successful cessation.<sup>14</sup> Inadequate access to smoke-free housing and smoking cessation resources are other barriers to successful cessation.<sup>15</sup> Homeless adults are three to five times more likely to die prematurely than individuals who are not homeless.<sup>16</sup> Tobacco-related diseases are the leading cause of morbidity and premature mortality in the homeless population.<sup>17</sup>

In addition to driving morbidity and mortality, smoking increases poverty and housing instability. Homeless adults spend a third of their monthly income on tobacco, and those who have high levels of nicotine dependence (i.e. who smoke heavily and who need to smoke within the first 30 minutes of waking) are more likely to face subsistence challenges such as finding shelter or food.<sup>18</sup> In our work, we have found that among individuals exiting homelessness and entering permanent supportive housing, the median monthly income spent on tobacco is 12% (range 5% to 26%).<sup>19</sup> In the setting of a meagre income (average monthly income is often <\$1000/month), the amount spent on tobacco represents a substantial financial burden leaving little money for rent, food, and other necessities. Smoking-related expenses can interfere with residents' ability to pay their 30% share of rent in supportive housing, as evidenced in our work.<sup>20</sup> This can place them at risk for eviction. Rent evasion are some of the most common reasons for case management interventions in supportive housing.<sup>21</sup> Yet case management services do not engage in discussion on the impact of smoking on financial and housing

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<sup>14</sup> Vijayaraghavan M, Hurst S, Pierce JP. Implementing Tobacco Control Programs in Homeless Shelters: A Mixed-Methods Study. *Health Promot Pract.* 2016 07; 17(4):501-11.

<sup>15</sup> Vijayaraghavan M, Hurst S, Pierce JP. Implementing Tobacco Control Programs in Homeless Shelters: A Mixed-Methods Study. *Health Promot Pract.* 2016 07; 17(4):501-11.

<sup>16</sup> Hwang, S. W., Wilkins, R., Tjepkema, M., O'Campo, P. J., & Dunn, J. R. (2009). Mortality among residents of shelters, rooming houses, and hotels in Canada: 11 year follow-up study. *BMJ*, 339, b4036.

<sup>17</sup> 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. *Am J Public Health*, 105(6), 1189-1197.

<sup>18</sup> Baggett TP, Rigotti NA, Campbell EG. Cost of Smoking among Homeless Adults. *N Engl J Med.* 2016;374(7):697-698.

<sup>19</sup> Petersen AB, Stewart H, Nguyen T, Alizaga N, Vijayaraghavan M. Smoke-free or not: Attitudes toward indoor smoke-free policies among supportive housing residents.

<https://apha.confex.com/apha/2018/meetingapp.cgi/Person/371891>. Accessed April 1, 2019.

<sup>20</sup> Petersen AB, Stewart H, Nguyen T, Alizaga N, Vijayaraghavan M. Smoke-free or not: Attitudes toward indoor smoke-free policies among supportive housing residents.

<https://apha.confex.com/apha/2018/meetingapp.cgi/Person/371891>. Accessed April 1, 2019.

<sup>21</sup> Alizaga N, Nguyen T, Petersen AB, Elser H, Vijayaraghavan M. Implementing tobacco control interventions in permanent supportive housing for formerly homeless adults. *Health Promot Pract.* 2019; In press.

instability and the potential for smoking cessation to relieve this burden.<sup>22</sup> Smoking cessation could help relieve part of this burden by reducing financial hardship, increasing housing stability in permanent supportive housing, and reducing food insecurity.

### **Recommendations for the California Homeless Coordinating and Financing Council**

Policies that discourage tobacco use in permanent supportive housing could mitigate both the financial and health-related burden of tobacco use in these populations and also promote anti-tobacco norms, which are one of the primary motivators of cessation behaviors. Supportive housing generally do not have smoke-free policies because there is a concern that policies contradict the harm reduction framework of supportive housing.<sup>23</sup> However, findings from a study that described the experiences of an early adopter of smoke-free policies in permanent supportive housing suggests that most residents are supportive and support increased more among smokers than non-smokers during policy implementation.<sup>24</sup> None of the residents left the property and there were no evictions.<sup>25</sup> To support residents' health and well-being and also to provide a financial lifeline for people exiting homelessness and entering supportive housing, we propose the introduction of smoke-free policies and cessation services in permanent supportive housing.

We highlight below several strategies that permanent supportive housing can incorporate to integrate smoke-free policies and cessation services into its ongoing services. If these recommendations are supported by California State and County leadership on homelessness, then they will more likely be adopted universally by permanent supportive housing. These strategies include:

- Screening all residents for tobacco use upon entry into permanent supportive housing
- Offering cessation resources for all residents interested in smoking cessation
- Integrating smoking cessation counseling with case management interventions around housing stability and/or financial management

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<sup>22</sup> Alizaga N, Nguyen T, Petersen AB, Elser H, Vijayaraghavan M. Implementing tobacco control interventions in permanent supportive housing for formerly homeless adults. *Health Promot Pract.* 2019; In press.

<sup>23</sup> Petersen AB, Stewart HC, Walters J, Vijayaraghavan M. Smoking Policy Change Within Permanent Supportive Housing. *J Community Health.* 2018 Apr;43(2):312-320.

<sup>24</sup> Petersen AB, Stewart HC, Walters J, Vijayaraghavan M. Smoking Policy Change Within Permanent Supportive Housing. *J Community Health.* 2018 Apr;43(2):312-320.

<sup>25</sup> Petersen AB, Stewart HC, Walters J, Vijayaraghavan M. Smoking Policy Change Within Permanent Supportive Housing. *J Community Health.* 2018 Apr;43(2):312-320.

- Encouraging adoption of smoke-free homes, homes where no smoking is allowed indoors
- Combining smoke-free policies in permanent supportive housing buildings with access to cessation services including medications for cessation
- Training supportive housing service providers on how to provide cessation counseling and increasing awareness of resources available for cessation
- Partnering with state and county tobacco control organizations to increase capacity to offer cessation services in permanent supportive housing

In summary, by addressing tobacco use, supportive housing will increase awareness among residents about the detrimental impact of tobacco use on health, financial wellbeing and housing stability, and the potential impact of cessation on improving these outcomes. It also sends a message that this is an important issue and that supportive housing is willing and ready to support residents in addressing this high-risk behavior. Addressing tobacco use in supportive housing is a real opportunity that should not be missed.