Smoking: People experiencing homelessness

- People experiencing homelessness face greater health inequalities and have higher smoking rates than the general population.
- Smokers experiencing homelessness face substantial barriers to quitting.
- Homelessness services and health professionals must work together to create a supportive environment for homeless smokers who want to quit.

Homelessness, smoking and health

- In 2014, around **77% of people experiencing homelessness smoked compared to 17% in the general population** (Homeless Link 2014).
- The quantity of cigarettes smoked by people experiencing homelessness is particularly high. A 2016 report found that many people experiencing homelessness smoked **more than 20 cigarettes per day** compared to an average of 11 cigarettes per day in the general population (Groundswell 2016, ONS 2017).
- People experiencing homelessness have a **3x higher chance of dying from chronic lower respiratory diseases**, primarily caused by smoking (Crisis 2012). 80% of people experiencing homelessness have an increased risk of lung cancer as a result of smoking (Groundswell 2016).
- The **average age of death** of a single person experiencing homelessness is **30 years lower** than that of the general population (PHE 2016).

Risky smoking habits exacerbate health risks

Poverty related to homelessness can lead to riskier smoking behaviours, such as **sharing cigarettes** with other people or using **discarded cigarette butts** (Groundswell 2016).

Smoking is also known to have a negative impact on **illicit substance use** and **alcohol addiction** (Goodwin et al 2017).

Barriers to quitting

At least 50% of smokers experiencing homelessness want to quit, but face barriers, such as:

- **Poor access to information** about quitting and smoking cessation services (Groundswell 2016).
- **Poor mental health:** Smoking rates are disproportionately high among people with mental health conditions. Up to 80% of people experiencing homelessness suffer from depression and other mental health conditions (Crisis 2017).
- **Peer-group pressure:** Being around many other people who smoke can undermine quit attempts. (Groundswell 2016).
- Many people experiencing homelessness say they smoke to **relieve boredom or stress** generated by homelessness (Groundswell 2016)

85% of people experiencing homeless are current smokers
66% have had no advice to quit from homeless services in the last 12 months
65% have tried to quit
31% have stopped for less than a month
10% started smoking again after five years not smoking
6% have never smoked

Data from Groundswell Report: "Room to Breathe" 2016

Benefits of quitting

Quitting smoking reduces the risk of diseases such as cancer, cardiovascular disease and chronic obstructive pulmonary disease (COPD). Despite competing priorities and the often difficult circumstances that single homeless people face, quitting smoking can have significant benefits which go beyond the positive effects on physical health, including:

- Up to a **25% increase in the likelihood of long-term abstinence from alcohol and illicit drugs** (Prochaska et al, 2004).
- Better **physical and mental health** and reduced risk of premature death (ASH, 2016).
- **Reduced risk of infection.** Smoking discarded cigarette butts or sharing cigarettes puts homeless people at greater risk of infectious diseases (Groundswell 2016).
- **Better stress management.** Smoking increases anxiety and tension. The feeling of relaxation is temporary and soon gives way to withdrawal symptoms and increased cravings (ASH, 2016).
- **Financial relief:** Smoking 20 cigarettes a day costs around £3139 a year (NHS, accessed July 2019).
- **Reduce the pressure on the NHS.** The average number of A&E visits and hospital admissions per homeless person is 4x higher than for the general public, amounting to a cost of approximately £85m per year (Homeless Link 2014).

Who helps people experiencing homelessness to quit smoking?

As with the general population, **GPs should play a central role in helping people experiencing homelessness to quit smoking.** Nevertheless, only 50% of homeless smokers are advised to stop smoking by their medical practitioner (Groundswell 2016).

Equal access to GPs must be guaranteed (cf. s1C Health & Social Care Act 2012). However, homeless people are still sometimes denied access to dentists and GPs (Homeless Link 2014).

Local authority **public health teams should collaborate with homelessness support** and local civil society organisations, ensuring stop smoking support is provided to people experiencing homelessness. Novel referral routes and outreach initiatives should be considered where appropriate.

Recommendations for reducing smoking among people experiencing homelessness

- **Local authorities** should facilitate a joint approach between public health institutions and homelessness services.
- **Remove barriers to quitting:** The threshold for accessing smoking cessation services must be low (i.e. without any formal requirements). Information about specialised stop smoking support in homelessness services must be more visible. Breathing tests could be delivered by healthcare staff in homelessness services (Groundswell 2016).
- **Prioritise smoking cessation support** in homelessness services. Tobacco should be treated as seriously as alcohol and drug use (Homeless Link 2014).
    - **Key workers should receive training** on how to approach their clients on quitting smoking (Groundswell 2016) and to follow the “ask, advise, assist & arrange” model.
    - **Peer support mechanisms** can provide additional support for people (Homeless Link 2014).