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### **Smoking Cessation for a Chicago Homeless Population**

**Description:** I led a four-week smoking cessation class at Interfaith House, a respite center for ill or injured homeless individuals in Chicago. As part of the SEARCH Program, I worked with Dr. Paul Luning for six weeks at the PCC Wellness Center in Oak Park. PCC runs a clinic at Interfaith House, so I had the opportunity to work with the residents there once a week. I wanted my project to involve patient education, and found out that there was a need for a smoking cessation class for the residents. We met one evening a week for an hour providing a support group and information session.

**Short-term Goal:** The short-term goal was to provide residents at Interfaith House with a forum for discussing smoking cessation. The forum included: Health benefits of quitting, Assessment of readiness to quit, Identifying barriers to quitting, Nicotine withdrawal signs and symptoms, Pharmacologic therapies for cessation, Preventing relapses.

**Long-term Goal:** To ultimately decrease the rate of smoking among the homeless population.

**Rationale:** Healthy People 2010 lists Tobacco Use as one of the Leading Health Indicators because of its link to heart disease, stroke, lung cancer, and many other preventable diseases. Each year, more than 430,000 lives are lost due to smoking-related illnesses. One of the major goals is to reduce the rate of tobacco use from 24% (1998 statistic) to 12% in 2010. According to the 1998 National Health Interview Survey, the overall smoking rate among all adult Americans was 24%, compared to the rate of 34% for adult Americans in the poor income level (1). This disparity is even more profound when the rates of smoking among the homeless population are addressed. Several authors have estimated the smoking prevalence in the homeless population from 68-78% (2,3,4). Cardiovascular disease has been listed as the number one cause of death for older homeless men, and smoking is a known risk factor for heart disease (3). The disproportionate rates of smoking among the homeless population along with the known health risks of tobacco use give us plenty of evidence that smoking cessation programs are needed for this group.

**Method:** I was able to borrow materials from the Program Coordinator at Interfaith House. Smoking cessation classes have been held at the facility before, but it had been a while since the last program. I modeled the classes after the American Lung Association's *Freedom from Smoking*® program. The program provided resources for assessing readiness to quit, identifying stressors, dealing with withdrawal, and

preventing relapses. It has been found that social support programs and group counseling sessions can improve quit rates and assist in smoking cessation (5,6). Each week we discussed different topics. When appropriate, participants evaluated their commitment and readiness to quit, identified their reasons for wanting to quit, assessed their level of nicotine addiction, selected a quit date, and created a quitting plan. We also discussed the various forms of nicotine replacement therapy (NRT) and pharmacologic options such as bupropion. The use of NRT during smoking cessation attempts has been shown to double the rate of success, and the combined use of bupropion and NRT seems to be the most effective method for treating nicotine dependence (5). I advised participants to discuss these options with their physicians, and those who were not currently under care of a physician were directed to the on-site clinic staffed by PCC clinicians.

I attempted to integrate cultural competency at each session. We discussed many of the prevalent stressors at Interfaith House. Many residents find it difficult to avoid smokers since many of the outdoor areas are occupied by smokers during free time. In addition, many of the participants have dealt with other drug addictions in the past, so we spent considerable time discussing the comparison between nicotine and other drugs. We discussed withdrawal symptoms, and how withdrawal from nicotine may be similar to or different from other substances.

**Results:** The attendance at each session was variable, ranging from 4-9 participants. For those who regularly attended, I will be handing out a questionnaire at the last session. This questionnaire will be used to evaluate whether the sessions were useful for the residents, and to see if they have any suggestions for improving the sessions. I think it may be difficult to follow up with participants at a later date to see if they were successful in quitting or maintenance of quitting. If some participants continue to seek care from the physicians at PCC Wellness Center, it would be possible to continually assess smoking status and provide support for any potential relapses.

**Discussion:** Overall this was a challenging but rewarding project to undertake. I have never led a smoking cessation class in the past, nor have I ever been a smoker, so I was a bit apprehensive for the first session. I decided to rely on my medical knowledge and discussed the health risks associated with smoking and the benefits of quitting for the first meeting. The sessions usually turned into discussions with question/answer periods. I kept a list of the responses I didn't know, researched them, then started the next week's session with the new info I had discovered. Through my own weekly research I learned a great deal about the effects of smoking, the various nicotine replacement therapies, and benefits of quitting. In addition to the scientific topics, I learned a lot about counseling techniques, supportive treatment, and assessing someone's willingness to quit. These are all skills that will definitely be useful in my future career.

One of the other challenges I encountered during this project was learning to relate to people from a different background. Having never been a smoker, I couldn't pretend to understand how difficult it is to quit. I also had to take into account how their

homelessness and financial status affected the stress in their lives, potentially making it more difficult for them to quit.

In the future I think a project like this would be a rewarding experience for other students. It would be interesting to compare the experiences of students who worked with different populations and cultures. I would suggest that before beginning a class, there should be an evaluation of the population that will be attending the sessions. Understanding their backgrounds and any special needs would allow for more effective communication and possibly better results. I would recommend using the *Freedom From Smoking*® materials, especially for those who had never run a smoking cessation series before. Another good resource would be to include a former smoker as a guest lecturer or as a participant to give advice and guidance through the quitting process. In the future, session leaders should come up with a way for participants to report back on their continued success. They would need to do long-term follow-up with participants to assess whether or not the intervention techniques were successful.

#### References:

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