

# Homeless and Tobacco

## FACT SHEET



## Homeless

---

Homelessness can be caused by a variety of problems. The main cause is unaffordable housing for the poor. Secondary causes include mental illness, physical illnesses, substance abuse, lack of incentives to work and poor work ethics.

## National Facts and Trends

---

- As many as 700,000 Americans are homeless on any given night. Up to 2,000,000 are homeless in any given year. A disproportionate number of homeless are ethnic minorities.<sup>1</sup>
- An estimated 20%–25% of homeless people have a serious mental illness, and one-half of this subgroup also have an alcohol and/or drug problem. Minorities, especially African Americans, are over-represented among homeless persons with mental illness.<sup>2</sup>
- Although it is difficult to determine the level of cigarette use in the homeless population, studies suggest that between 70% and 99% of homeless adults smoke.<sup>3</sup>
- As a result of their low income, they use tobacco in a very hazardous way: hand-rolled cigarettes without filters; recycled tobacco from butts; group smoking, a cigarette passing from mouth to mouth together with Koch's bacillus, etc. They also leave shorter butts by smoking the cigarette down as close to the filter or to the end as possible.<sup>4</sup>
- The health result of their smoking habits is appalling, with a dramatic increase of throat and mouth cancer.<sup>5</sup>

## Maine Facts and Trends

---

- • According to advocates, Maine's homeless youth are disproportionately comprised of racial and ethnic minorities—approximately 15% of Maine's homeless youth belong to racial or ethnic minorities although these minorities comprise less than 5% of the overall population.<sup>6</sup>
- Advocates for this population estimate smoking rates among Maine's homeless youth to be 80%–90%.<sup>6</sup>

# The Story Behind the Facts: Why Is this Information Important

- Because homeless persons have high rates of death due to treatable or preventable causes, smoking cessation has the potential to reduce morbidity and mortality substantially in this vulnerable population.<sup>7</sup>
- Homelessness makes people susceptible to smoking. Homelessness is highly stressful. It leaves people feeling vulnerable, overwhelmed, and helpless. For most, the stress of being homeless is compounded by past traumatic experiences, such as catastrophic illness, violence, combat, abrupt separations, and physical and sexual abuse.<sup>9</sup>
- Mental illness and chemical dependency, both of which impair judgment, may make the homeless more susceptible to marketing efforts that suggest cigarettes help people “cope with stress.”<sup>9</sup>
- “Homeless smokers recruited from the inpatient and outpatient services of a large, urban teaching hospital reported interest in both stopping tobacco use and receiving assistance to quit smoking. Having an illness that a smoker believes is tobacco-related, having greater confidence in the ability to quit, and having more social support for quitting were associated with greater readiness to quit and more interest in smoking cessation counseling. Alcohol and drug abuse were not associated with reduced interest in quitting smoking.”<sup>10</sup>

## References:

<sup>1</sup> National Coalition for the Homeless, NCH Fact Sheet #2, February 1999.

<sup>2</sup> SAMHSAS National Mental Health Information Center: Center for Mental Healing. <http://mentalhealth.samhsa.gov/cmhs/Homelessness/>.

<sup>3</sup> Apollonio, D.E. & Malone, R.E., 2005, “Marketing to the marginalized: tobacco industry targeting of the homeless and mentally ill,” *Tobacco Control* 2005, Vol. 14, pp. 409-415.

<sup>4</sup> Aloit, CB, DL Vredevoe, and ML Brecht. “Evaluation of high-risk smoking practices used by the homeless.” *Cancer Nursing* (1993) 16: 1202–1203.

<sup>5</sup> Stefani (de), E, F Oreggia, S Rivero, and L Fierro. “Hand-rolled cigarette smoking and risk of cancer of the mouth, pharynx and larynx.” *Cancer* (1992) 70: 679–682.

<sup>7</sup> Maine Coalition on Smoking or Health. An Initial Assessment of Tobacco Use and Tobacco-Related Issues Among Diverse Populations in Maine. November 30, 2004.

<sup>8</sup> Substance Abuse and Mental Health Services Administration’s Homelessness Resource Center, <http://www.nrchmi.samhsa.gov>.

<sup>9</sup> Lasser, K, JW Boyd, S Woolhandler et al. “Smoking and Mental Illness: a population-based prevalence study.” *JAMA* 284, no. 22 (November 2000): 2606–10.

<sup>10</sup> Arnsten, J.H., Reid, K., Bierer, M., and Rigotti, N, 2004. Smoking behavior and interest in quitting among homeless smokers. *Addictive Behaviors*, Vol. 29, No. 6, August 2004.



## Appropriation #014-10A-9922-022

The Department of Health and Human Services (DHHS) does not discriminate on the basis of disability, race, color, creed, gender, age, sexual orientation, or national origin, in admission to, access to or operation of its programs, services, activities or its hiring or employment practices. This notice is provided as required by Title II of the Americans with Disabilities Act of 1990 and in accordance with the Civil Rights Acts of 1964 as amended, Section 504 of the Rehabilitation Act of 1973 as amended, the Age Discrimination Act of 1975, Title IX of the Education Amendments of 1972 and the Maine Human Rights Act. Questions, concerns, complaints, or requests for additional information regarding civil rights may be forwarded to the DHHS' ADA Compliance/EEO Coordinator, State House Station #11, Augusta, Maine 04333, 207-287-4289(V) or 207-287-3488(V), TTY: 800-606-0215. Individuals who need auxiliary aids for effective communication in programs and services of DHHS are invited to make their needs and preferences known to the ADA Compliance/EEO Coordinator. This notice is available in alternate formats, upon request.