





Tips for HIV Clinicians Working with Tobacco Users

Smoking is the leading cause of preventable death and disease in the United States, killing more than 480,000 Americans each year. It is responsible for nearly 1 in 5 deaths. Smoking causes immediate damage to the body, harms every organ system, and leads to disease and disability. For every smoking-related death, at least 30 Americans live with a smoking-related illness. The only proven strategy for protecting against these detrimental effects is to refrain from smoking entirely. Persons who currently smoke or use tobacco products should be advised to quit.¹

Nicotine is a chemical produced naturally in tobacco leaves. It is present in tobacco products such as cigarettes, cigars, pipe tobacco, and smokeless varieties (e.g., chewing tobacco, snuff, dip, snus). Like heroin or cocaine, nicotine alters the way the brain functions and stimulates cravings for more, which can lead to emotional and physical dependence. The highly addictive properties of nicotine are what makes it so difficult to quit smoking and using other tobacco products.² In fact, the U.S. Surgeon General has warned that nicotine is as addictive as heroin and cocaine.

Fast Facts³

- The nicotine in cigarette smoke reaches the brain within 10 seconds.
- Research shows menthols may be even more addictive than other types of cigarettes.
- More than 7,000 chemicals, many of which are carcinogenic, are found in cigarettes.
- Some teens have cravings after smoking just a few cigarettes.
- Three in four teen smokers who think they will stop smoking in a few years will not.
- A pack-a-day smoker spends about \$2,000 per year on cigarettes.
- On average, each cigarette takes 11 minutes off the lifespan of a smoker.

What are the health effects of smoking?

When tobacco is smoked, nicotine is absorbed by the lungs and quickly enters the bloodstream, where it circulates throughout the brain, stimulating the release of neurotransmitters that, over time, can cause behavioral and physiologic changes. Nicotine also has been associated with cardiovascular disease, pulmonary conditions, nerve damage, and respiratory problems. Nicotine can enter the bloodstream through mucous membranes in the mouth or nose if smokeless tobacco products are used.⁴ This image from the CDC shows the myriad of cancers and chronic diseases caused by smoking.

What are the behavioral health impacts of smoking?

About half of smoking-related deaths in the United

States occur among individuals with a chronic mental illness or substance abuse issue. Persons with mental illness smoke nearly 50% of cigarettes consumed, but are only half as likely to quit as other smokers. They die an average of 5 years earlier than individuals who do not have these disorders.



What special issues affect HIV-infected individuals who smoke?

The prevalence of smoking among people living with HIV remains between 2- and 3-fold higher than that of the general population and this high prevalence has profound health implications. The harmful effects of smoking are greatly magnified in persons who are infected with HIV, even if the virus appears to be under control through the use of antiretroviral medications.⁶ HIV-infected individuals who smoke may have less success with HIV drug therapy, including lower CD4 counts, and be more likely to experience side effects with their medications. They also may have a greater chance of developing opportunistic infections and higher rates of HIV transmission.⁷

What are the short- and long-term benefits of quitting?

No matter how long an individual has been smoking, quitting brings tremendous benefits to that person's overall health and wellness almost immediately. Within 20 minutes of cessation, the body begins to undergo a series of positive transformations that continue for years. Within 24 hours, blood pressure drops, and risk of heart attack begins to decrease. Within months, better lung function and improved circulation occur. Over the course of several years, the risk of lung cancer and heart disease is greatly reduced. People who quit at the age of 50 are half as likely to die of smoking-related causes as those who continue to smoke.⁸

What are the main types of smoking cessation approaches?9

- Nicotine Replacement Therapies (patch, spray, gum, lozenges)
- Other Medications (Bupropion [Zyban®]; Varenicline [Chantix®])
- Behavioral Treatments (e.g., CBT, brief interventions, group therapy)
- Quitlines (e.g., 1-800-QUIT-NOW)

Other types of smoking cessation approaches include acupuncture, hypnosis, and counseling and support.⁷

What resources are available to HIV clinicians?

- American Lung Association: http://www.lung.org
- Centers for Disease Control and Prevention: http://www.cdc.gov/tobacco
- Smoking Cessation Leadership Center: http://smokingcessationleadership.ucsf.edu
- Many state and county health departments have smoking cessation programs, as well.

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