

SMOKING CESSATION AMONG LATINOS IN SUBSTANCE USE DISORDER TREATMENT: TERTIARY PREVENTION OF TOBACCO-RELATED DISEASE

INTRODUCTION

- ◆ Persons in treatment for substance use disorder (SUD) have high smoking prevalence¹ and higher mortality from tobacco-related disease than from alcohol or illicit drug use.²
- ◆ U.S. Latinos smoke less than general population, but are less likely than non-Latino whites to quit successfully.³
- ◆ Little is known about smoking behaviors and cessation needs of ethnic minority smokers in SUD treatment.



METHODS

- ◆ Bilingual researchers interviewed Latino/a clients (n=31) at four urban, community-based SUD treatment programs in Northern California.
- ◆ Interviewees were current smokers; Hispanic or Latino/a; and in their treatment program for ≥ 2 weeks.
- ◆ Interview transcripts were analyzed thematically using ATLAS.ti software.

Table 1. Sample Characteristics (N=31)

FEATURES	n (%)
SEX	
Female	5 (15.6)
AGE (in years)	
Mean (SD)	33
Median	34
Range	20-55
18-24	6 (19.4)
25-34	10 (32.3)
35-44	13 (41.9)
45-50	1 (3.2)
50-55	1 (3.2)
COUNTRY OF ORIGIN	
United States	10 (32.4)
Mexico	19 (61.3)
Guatemala	2 (6.5)
EDUCATION	
Did not complete high school	21 (67.7)
High school graduate (or GED)	8 (25.9)
Some college or technical schooling	1 (3.2)
College or technical school graduate	1 (3.2)
MARITAL STATUS	
Single	19 (61.3)
Married	5 (16.1)
Separated/Divorced	6 (19.4)
IMMIGRATION STATUS	
Undocumented	17 (54.8)
Permanent Resident	4 (12.9)
U.S. Citizen	10 (32.3)

RESULTS

- ◆ All interviewees smoked combustible cigarettes only, most preferred menthol.
- ◆ Cigarettes per day (CPD) ranged from 5 to 20, with 10 (half a pack) the most common response.

◆ CESSATION BARRIERS INCLUDED:

- 1) belief that quitting would lead to a relapse of alcohol or other drug use;

I started using [cigarettes] these past few months because my craving for drugs was so strong...I needed to have something in my system that calmed me down, but I knew that if I started drinking alcohol instead of smoking cigarettes, [the alcohol] would lead me to do whatever it took to get money for drugs. *(Carlos, 33)*

- 2) being around other program clients who smoked:

[Clients] form little groups, like four people talking...about what's going on, how was your day, but the little group gets together and [we say] "hey, give me a cigarette"...all of us smoke...we also do construction jobs, where [the workers] smoke a lot. *(Mario, 50)*

- 3) immigration-related stress (fear of deportation, difficulty securing work, and worries about ability to support family).

...I feel that we Latinos are at a certain disadvantage...since we earn less money and we do harder jobs and we're always under stress from different things like losing work, not having papers...and all that stress that not being able to leave causes you, I think it contributes somewhat to continuing to smoke. *(Oscar, 55)*

◆ CESSATION SUPPORTS INCLUDED:

- 1) spirituality/belief in a "higher power";

What's worked for me is to ask God to keep me away from these vices, even [tobacco use] that I haven't kicked yet because I asked [God] for help to stop drinking and using drugs and he helped me...When I asked him to keep me away from beer, it started to disgust me...it was the same with drugs, and if I ask him for help it will be the same with cigarettes. *(Alfredo, 24)*

- 2) not wanting to smoke in front of one's parents or children;

I would get excited that I was going to see my kids and...I didn't want to go smelling of smoke...that helped motivate me not to smoke anymore. I didn't want my kids to see cigarette stubs, I didn't want them to get in the car and say, "it smells like smoke." That helped me to stay quit. *(Juan, 36)*

- 3) applying Twelve Step principles (e.g., emphasis on abstinence from all drugs, including nicotine) to tobacco cessation.

In AA meetings they say anyone who wants to stop smoking or drinking or doing drugs has to make changes in their decisions and attitudes...they say if someone wants to make a change, they have to leave behind every addiction that can harm them. *(Cristian, 31)*

CONCLUSIONS

- ◆ Tobacco use cessation is an important tertiary prevention measure for persons in SUD treatment who smoke.
- ◆ Findings are a first step toward designing culturally and linguistically appropriate smoking cessation services that address the specific needs of low-income Latino smokers with SUD comorbidity.

REFERENCES:

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