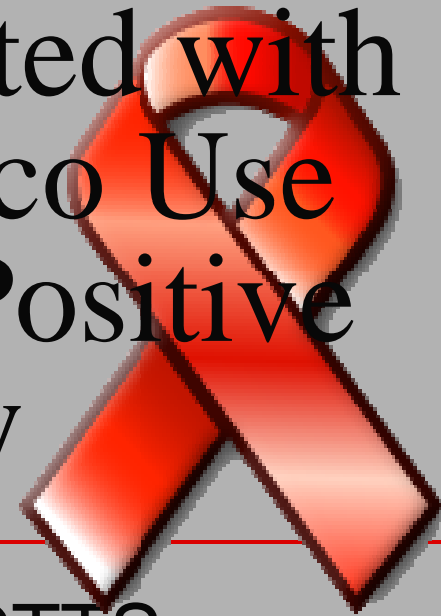
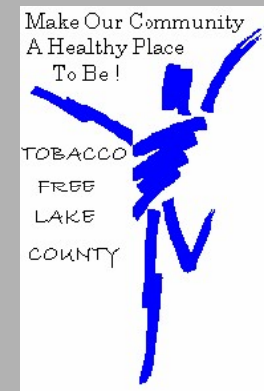


The Risks Associated with Continued Tobacco Use Among the HIV Positive Community



Danielle Grospitch, CTTS
Tobacco Free Lake County



Learning Objectives

- Gain general knowledge of tobacco use among the HIV+ community
- Understand the importance of treating tobacco use within the HIV+ community
- Learn how to create an effective program for treating tobacco dependence

The Prevention Message

- HIV is spread through bodily fluids and secretions
 - Blood, semen, breast milk, anal mucus and vaginal secretions
- Smokers are *getting* HIV at faster rates than non-smokers
 - Risky health behaviors
 - Oral ulcerations

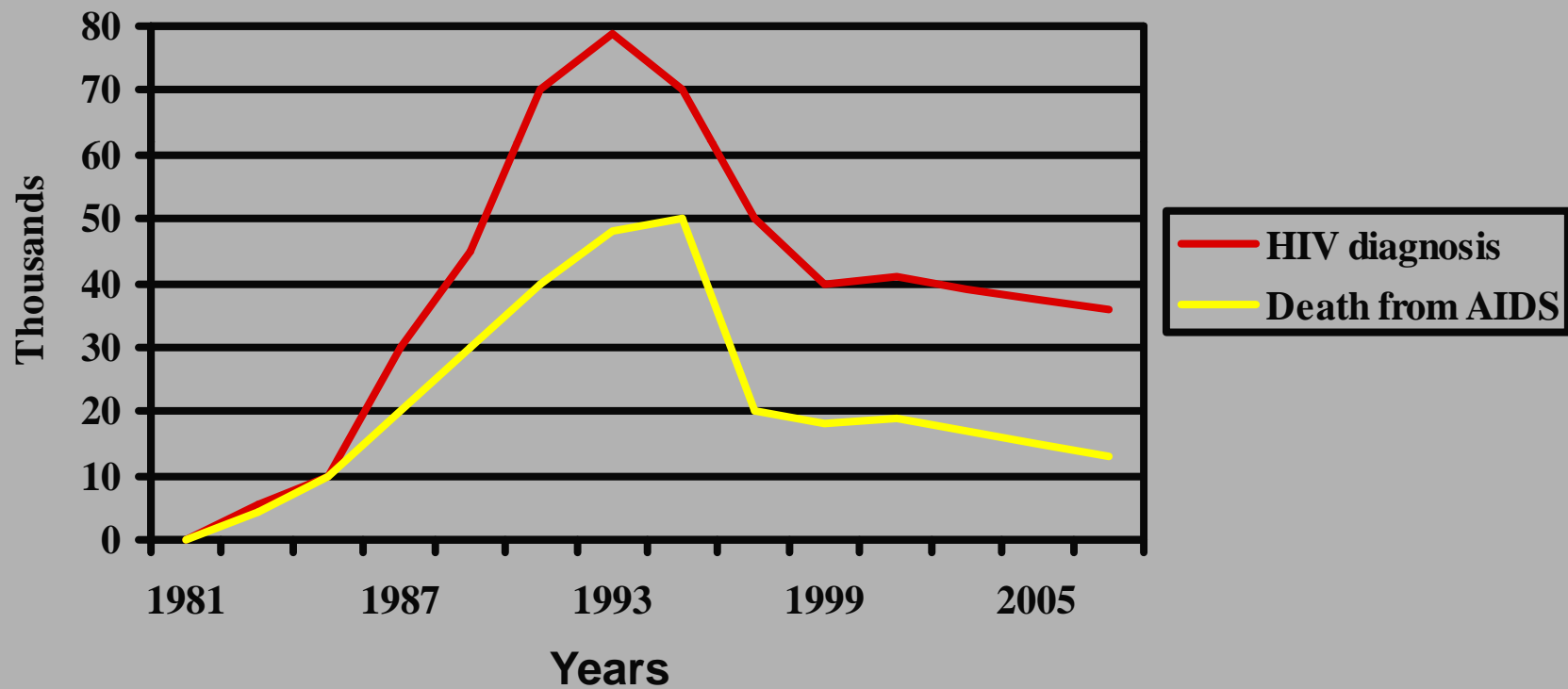
The Population

- 50-70% (550,000 – 770,000) of HIV+ people are smokers
- This rate is 2-3 times greater than that of the United States' general population

Tobacco + HIV

- 4,000 chemicals in tobacco smoke
 - 69 are known to cause cancer
- Smoking can interfere with the metabolism of HIV medications
 - Majority of chemicals are processed in the liver
 - HIV medications are processed in the liver
- Tobacco causes a reduction in immune function

People with HIV are living longer...



...but not if they smoke

- 53% higher mortality rate
- A faster progression into AIDS from opportunistic diseases

HIV vs. AIDS

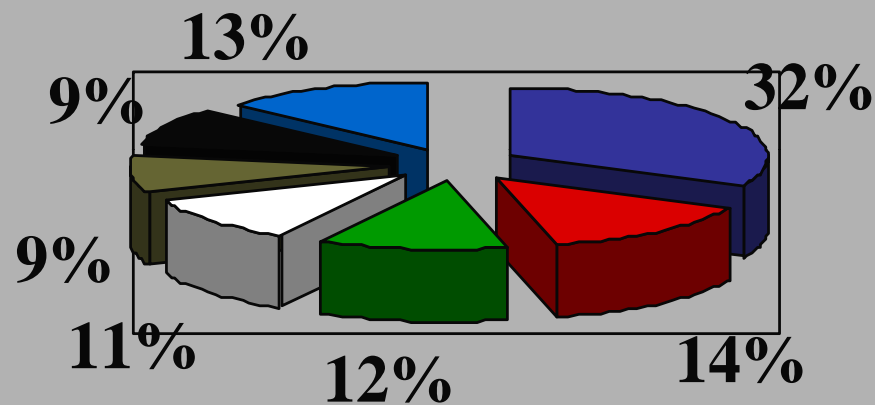
- HIV is a virus that causes the disease AIDS
 - HIV + opportunistic disease
 - HIV + CD4 count lower than 200 mm³
- AIDS is terminal

HIV + Tobacco = AIDS

People with HIV who smoke are more likely to develop these opportunistic diseases:

- **Thrush**
- **Oral Hairy leukoplakia (whitish mouth sores)**
- **Bacterial pneumonia**
- **Pneumocystis pneumonia (PCP)**
- **Human Papilloma Virus (HPV)**
 - Increases the risk of cervical cancer
- **Mycobacterium avium complex (MAC)**
 - The bacteria that causes MAC is found in the papers of cigarettes and filters even after they had burned

Causes of Death



33,000 HIV positive people were followed, with the subsequent deaths, totaling 2,192, were analyzed

■ AIDS

■ Liver-related causes

■ Non-AIDS defining cancers

■ Cardiovascular disease

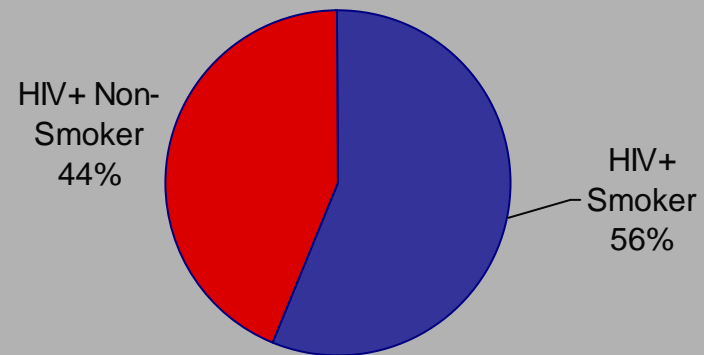
■ Bacterial Infections

■ Non-natural causes (accidents, suicide)

■ Other

Interpreting the Numbers

- According to research tobacco use can be attributed to deaths from non-AIDS defining cancers (12%), cardiovascular disease (11%), liver-related causes (14%), bacterial infections (9%) and fifty-three percent of the AIDS deaths (17%)



Case Comparison

HIV+ Smoker

- Diagnosed at 28
- No substance abuse
- MSM
- Healthy BMI
- Takes HAART
- Low viral load
- Dx with emphysema at 36
- Developed Mycobacterium Avium Complex (MAC) at 40
- Died from AIDS at 42

HIV+ Non-smoker

- Diagnosed at 24
- No substance abuse
- MSM
- Slightly underweight
- Takes HAART
- Viral load undetectable at 32
- Currently 41
- Otherwise healthy and stable

It's not the Quantity – It's the Quality

HIV+ smokers are more likely to:

- Experience AIDS related dementia
- Develop emphysema (4 times faster) than HIV negative smokers
- Experience decreased immune function
- Have a lowered ability to heal wounds
- Develop periodontal disease
- Suffer medication-related side effects like nausea and vomiting

Looking Forward

- A diagnosis of HIV is no longer a death sentence
 - People are living longer, happy lives with HIV due to antiretroviral drugs and changing behaviors
- Smoking is a modifiable behavior
 - Quitting not only increases the years but dramatically improves the quality of life

Barriers and Challenges

- Lifestyle choices may reinforce tobacco use
- “Self medication” with nicotine
- Feel excluded from mainstream cessation programs
- Lower rate of quit attempts
- High relapse rate

Barriers and Challenges

■ For Patients/Clients

- “Managing their lives”
- Not the “right” time
- Services not structured to meet their needs

■ Providers

- “One more thing”
- “Can’t do it”

■ Staff, patients, leadership attitudes set tone

- Clinic-lore: “tobacco isn’t a real drug”, “too hard to quit all substances at one time”, “quitting tobacco will worsen treatment and recovery”, “patients aren’t interested”

Moving Forward

- We know the HIV+ community needs to quit
- We know the HIV+ community wants to quit
- We know the barriers clients and providers face in treating tobacco use

How do we make the best, most effective program for the HIV+ community?

Why Integrate Tobacco Treatment?

Besides *being* the “right” thing to do...

- Treatment for tobacco dependence uses similar treatment/relapse prevention techniques as those used for alcohol and other drugs
 - Harm reduction
 - Habit reversal and other cognitive-behavioral strategies
 - Importance of support systems
- Pro-recovery and pro-wellness: **BENEFITS** patients, their families and providers

Benefits From Treating Tobacco Dependence

- Reduced financial burden
 - Annual cost for cigarettes: \$2,200
 - HIV medications: \$2,000 a month
- Increased self confidence
- Reduction in other medication load
 - Psych meds
 - Blood Pressure meds

Tasks to Create a Program

- Success in numbers
- Become knowledgeable
 - Local resources
- Cultural diversity
- ALWAYS use the 5 A's splashed with Motivational Interviewing
 - Ask, Advise, Assess, Assist, and Arrange
 - Ask, Advise, Refer

How to Help HIV+ Smokers Quit

- Comprehensive programs
- Finding the right NRT may take more than one try
 - What works for an HIV- person may not work for an HIV+ person
 - Bupropion (Zyban) has been found to interfere with the efficacy of protease inhibitors used by HIV patients

How to Help HIV+ Smokers Quit

- Nutrition should be at the center
 - Food requirements for medications
- Focus on stress management and cognitive-behavior therapy
- Relapse prevention
 - Thoughts? Feelings? Attempts?
- Rewards

In Conclusion

- HIV+ people who use tobacco *need* to quit!
- HIV+ people who use tobacco *want* to quit!
- You CAN help!

Questions...

Contact Information

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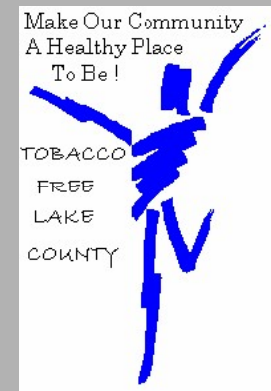
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