

# ASHES, Vol. 10(1) - Homeless or not, where there's smoke, there's desire: Smoking and desire to quit among homeless individuals

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In the absence of affordable alternatives, some people turn to risky behaviors as a way to cope with stress. Homelessness presents a unique set of challenges that could exacerbate risky health behaviors such as smoking cigarettes. Research has identified higher rates of smoking in homeless populations compared to the general population (CDC, 2011). In this fourth installment of our [Special Series on Homelessness and Economic Hardship](#), we examine the links among homelessness, smoking behavior, and the desire to quit smoking.

## Methods

- Researchers used results from the 2009 Health Center Patient Survey, a cross-sectional survey administered to 2678 patients at community health centers across the nation. Community health centers typically attract vulnerable and medically underserved people.
  - Researchers measured current cigarette smoking by asking, “Do you now smoke cigarettes every day, some days, or not at all?”
  - They measured desire to quit smoking by asking, “During the past twelve months, have you wanted to stop smoking?”
  - Researchers identified people with a history of homelessness by asking “Have you or your family ever not had your own place to live, that is, not had your own place where you could stay at for 30 days or longer?”
  - Researchers identified people who were currently homeless by asking, “Do you or your family currently have your own place to live, such as a house, apartment, or room?”
  - Researchers used [logistic regressions](#) to model the relationship between homelessness history and current smoking, and between homelessness history and desire to quit smoking. They controlled

for certain factors so that they could measure the direct relationship between homelessness and smoking behavior.

## Results

- As Table 1 (Step 3) shows, even after controlling for demographics, other socioeconomic factors, mental health problems, and substance use problems, people with a history of homelessness were twice as likely to report being a current smoker than people without a history of homelessness (odds ratio = 2.09, 95% confidence interval = 1.49–2.93 ).
  - People with low education levels, mental illness, and alcohol and drug use problems were also more likely to smoke than their counterparts without these characteristics.
- However, people with a history of homelessness did not differ significantly from people with no history of homelessness in their desire to quit smoking. Large majorities of all kinds of smokers expressed a desire to quit, including 84% of currently homeless respondents, 89% of formerly homeless respondents, and 82% of respondents with no history of homelessness.

Predictor	Outcome: Current Smoking (N=2669) (Odds Ratio [95% CI])
<b>Step 1</b>	
History of Homelessness	3.68 (2.60–5.20)*
<b>Step 2</b>	
History of Homelessness	2.96 (2.22–3.94)*
< High School (vs. > High School)	1.56 (1.03–2.38)*
High School/GED (vs. > High School)	1.21 (0.80–1.84)
Unemployed	1.44 (0.95–2.18)
Income < 100% FPL (vs. >200% FPL)	0.94 (0.49–1.79)
Income 100%-200% FPL (vs. >200% FPL)	0.60 (0.25–1.44)
<b>Step 3</b>	
History of Homelessness	2.09 (1.49–2.93)*
< High School (vs. > High School)	1.84 (1.21–2.80)*
High School/GED (vs. > High School)	1.42 (0.94–2.15)
Unemployed	1.31 (0.90–1.90)
Income < FPL (vs. 2x FPL)	0.94 (0.50–1.78)
Income < FPL (vs. 1-2x FPL)	0.63 (0.27–1.47)
Mental Illness	1.85 (1.21–2.83)*
Alcohol Use Problem	2.37 (1.63–3.44)*
Drug Use Problem	4.43 (2.09–9.37)*

Figure. Logistic Regression Predicting Current Smoking (adapted from Baggett et al., 2013)

Notes: FPL = Federal Poverty Level. GED = General Equivalency Degree. \* = Indicates a statistically

significant odds ratio. Because all statistically significant odds ratios are greater than one, all characteristics marked with an asterisk represent risk factors, rather than protective factors, for current smoking. Click image to enlarge.

## **Limitations**

- Because the housed respondents were recruited from community health centers, they should not be considered representative of all housed people. Similarly, because the homeless individuals were receiving some sort of medical attention or treatment, the study might have captured a subset of homeless people with fewer adverse or untreated health behaviors.
- This is a cross-sectional study, so it cannot determine the direction of the relationship between homelessness and smoking. It might be that the stress of homelessness leads people to initiate smoking or smoke more, or it might be that the outflow of financial resources needed to maintain a smoking habit might contribute to economic hardship and homelessness.
- Any self-reported data carries a risk for distortion, due in part to incorrect recall or social desirability bias.

## **Conclusions**

This study suggests that people who have experienced homelessness are more likely than others to be current smokers, even when other socioeconomic and psychological factors are taken into account. However, researchers also found that there was no difference between homeless and non-homeless smokers in their desire to quit smoking. This suggests that homeless smokers are interested in quitting, and that resources should be directed toward the homeless population accordingly. Future research could investigate the direction of the relationship between smoking initiation and homelessness. This would help identify the best time for effective behavioral interventions.

-Kat Belkin

## **References**

Baggett, T.P., Lebrun-Harris, L.A., Rigotti, N.A. (2013). Homelessness, cigarette smoking, and desire to quit: results from a US national study. *Addiction*, 108, 2009-2018.

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