



DC Tobacco Free Families

HIV and Tobacco Workgroup White Paper

HIV and Tobacco Workgroup

Tobacco use continues to be the leading cause of preventable death and disease, killing 720 District residents and more than 440,000 nationwide every year. One out of every five deaths in the United States is caused by tobacco. Furthermore, environmental tobacco smoke is a primary contributor to the death of more than 50,000 people per year. The DC Tobacco Free Families Campaign (DCTFF) has implemented a comprehensive program in the District to reduce the tragedy of tobacco related death and disease. The program is based on the Centers for Disease Control and Prevention's (CDC) evidence-based Best Practices. CDC's most recent studies found that in particular public health campaigns targeted and tailored to specific groups can have a significant impact.

The District has the highest rate of HIV infection in the nation, with one in 20 residents testing positive for HIV. Tobacco use greatly impairs the ability of the immune system to function properly and the ability of HIV medications to be properly absorbed. It has been determined that tobacco use prevalence in the HIV community can be as high as 60 to 70%. Given the serious problems that can arise for HIV treatments in particular, DCTFF has convened a workgroup to establish a public education campaign to raise awareness among those living with HIV/AIDS about how tobacco use negatively impacts not just their overall health outcomes, but outcomes associated with their HIV treatment.

The HIV and Tobacco Workgroup has established the following goals:

- Implement a public education campaign to the HIV community specifically in the African American, Latino, LGBT and Faith-based communities about the benefits of tobacco-free living.
- Establish a system to integrate Tobacco Use Prevention and Cessation efforts with HIV treatment.

Why is This Issue Important?

The study, "Tobacco Use Increases Risk for Pulmonary Disease and Weakens Response to Therapy in HIV Positive Patients on HARTT" suggests that tobacco use significantly increases the risk of pulmonary disease in HIV positive patients and has a potentially dangerous impact on antiretroviral treatment.

The findings show that a number of HIV positive smokers doubled their risk for developing Pneumocystis Carinii Pneumonia (PCP) and long-term smokers increased their risk of developing tuberculosis.

More importantly, “daily tobacco use seemed to [weaken] the immune and virological response to antiretroviral therapies.” Other supporting documentation shows people living with HIV still smoke (60% to 70%)¹.

Tobacco puts tremendous strain on the body which increases the risk of lung cancer, pneumonia, emphysema, and overall weakens the immune system.

HIV medications raise the amount of fats and cholesterol in the blood system. It also raises blood pressure and puts more pressure on the heart. Tobacco can worsen these problems.

Women with HIV who smoke have a greater risk of getting HPV, which can cause cancer of the cervix.

Tobacco damages the stomach, kidneys, liver, pancreas and bladder in people living with HIV who also have hepatitis C.

Tobacco and Stress

People living with HIV deal with stress, depression and anxiety (and sometimes substance abuse) and can believe that Tobacco helps them deal with the stress of being HIV positive. This can be a significant barrier to becoming smoke-free.

Next Steps: How to Address This Issue In the Community

Some questions to consider while address the issue in the District of Columbia:

- Why do so many people living with HIV/AIDS smoke?
- How many people with HIV/AIDS in the District of Columbia Smoke?
- How can those rates be reduced?
- How can smokers be motivated to quit? (Stages of Change Model)
- What are the implications of Tobacco for treating HIV/AIDS?
- What are the community resources/partnerships available to assist quitting and sustain a smoke-free life?
- What role can providers play in the “readiness to quit” decision making process?
- What is an effective protocol to raise awareness about the benefits to quitting?

Supportive Studies

“Tobacco: It Doesn’t Make Living with HIV Any Easier,” Nancy Wongvipat, MPH, The Body, November 1999.

“Tobacco Use Increases Risk for Pulmonary Diseases and Weakens Response to Therapy in HIV Positive Patients on HAART,” MJ Miguez et.al., Addict Biology 8(1):39-43, March 2003

ⁱ It's Time To Live. NY Department of Health