

How to Quit: Research on Cessation Strategies Tailored to Specific Priority Populations

Helping the community reduce smoking and other commercial tobacco use for better health is essential not only for individuals but also for public health. Yet quitting tobacco use is a multifaceted issue, often dependent on family and social support, personal knowledge, and desire to quit.

One of the main goals of the [Tobacco-Related Disease Research Program](#) (TRDRP) is to support communities most vulnerable to tobacco-related health disparities by providing real time, relevant and actionable research. We have included here results from some of our latest cessation research, tailored to specific populations, with direct relevance to helping achieve our shared goal of ending commercial tobacco use by 2035.

If you would like to know more about any of these topics or have questions about other commercial tobacco control topics, please contact trdrp@ucop.edu.

Do Tobacco-Free Policies at Substance Use Programs Reduce Smoking?

In many mental health and substance use treatment clinics, patients are allowed to smoke and use tobacco. In a [study](#) of nearly 400 patients from three different residential substance use disorder treatment facilities (men only, women-only, and mixed gender), researchers found that tobacco-free policies were effective at reducing smoking while the \$2 per increase in California's tobacco tax price was not associated with any further change in smoking behavior in this population. However, previous studies have found that higher prices do reduce smoking rates in the general population.

Bottom Line: Tobacco-free policies may effectively reduce patient smoking in substance use treatment facilities.

Does Smoking Help or Hinder Anxiety in People with Schizophrenia?

While many smokers report using cigarettes to reduce anxiety, it may increase agitation and anxiety over the long term. This [study](#) assessed 38 patients with a diagnosis of schizophrenia staying at inpatient clinics for at least three months. They found that patients who smoked tended to use anxiety medication more than non-smokers, which suggests that in the long-run, smoking appears to increase anxiety, or at least the need for anxiolytic medications.

Bottom Line: Smoking may cause longer-term anxiety and greater need for anxiety-reducing medication, at least in patients with schizophrenia.

How Can We Reduce High Smoking Rates Among Vietnamese American Men?

While the adult smoking rate in California is on the order of 10%, in Vietnamese men, the smoking rate is 24.4% (in those with low English proficiency, it's 45%). A [study](#) of Vietnamese men trying to quit smoking assessed the effectiveness of culturally-tailored interventions and social support mechanisms. A key component of the intervention was empowering a family member in how best to support the person attempting to quit, which the men reported to be helpful in quitting. They also reported feeling more accountable for their own health behaviors.

Bottom Line: Culturally-tailored interventions using family and health worker support can help reduce smoking rates in Vietnamese men.

Can Social Media Reduce Smoking in Sexual and Gender Minorities?

Sexual and gender minorities (SGM)—people who are not heterosexual or who do not identify with their sex assigned at birth—have higher-than-average smoking rates; furthermore, they experience barriers to substance use treatment including tobacco cessation. A [study](#) of 165 SGM young adults tested two types of Facebook social media interventions that ran for 90 days: one tailored towards SGM youth, and one that wasn't tailored. Participants who received SGM-tailored interventions were more likely to reduce their smoking rates and intensity at three and six months.

Bottom Line: Interventions tailored to sexual and gender minorities can reduce tobacco use and help people quit. Social media may be an effective way to support SGM or other youth wanting to quit.