

- People with HIV/AIDS who smoke are more likely to suffer complications from HIV medication than non-smokers (i.e. more likely to experience nausea and vomiting from taking HIV medications).
- Smoking can increase inflammation and also worsen conditions associated with hepatitis and liver disease.
- Studies show that the harmful effects of smoking are magnified for people living with HIV/AIDS, even when the virus appears to be under control.
- Most medications for quitting smoking do not interact with antiretroviral therapy.
- Talk to your doctor before starting any new medications.



Smokers living with HIV/AIDS lose an average of 12.5 years off their lives, compared with 5.1 years lost for non-smokers living with HIV/AIDS.

Statistics Canada

GET HELP TO QUIT

OHTN & PositiveLite.com

Positive Quitting
positivequitting.ca
 positive quitting

Canadian Cancer Society
One Step at a Time

A series of booklets that will help you understand why people smoke and guide you through the process of quitting once you're ready.

cancer.ca



Canadian Cancer Society
 Société canadienne du cancer

Centre for Addiction & Mental Health
Smoking Treatment for Ontario Patients (STOP) Program:

An initiative that delivers smoking cessation treatment and counselling to eligible Ontario smokers who wish to quit. To participate in the STOP on the Road program:
nicotinedependenceclinic.com

camh Centre for Addiction and Mental Health

Smokers' Helpline

Talk to a quitting specialist and create a personalized quit plan.

1-877-513-5333 • smokershelpline.ca

smokers' helpline

Offered in French and English

HIV & SMOKING



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According to the Public Health Agency of Canada, the prevalence of smoking among people living with HIV/AIDS is 40-70%.

That is three times higher than in the general Canadian population; 19%.

Why is smoking so prevalent among people living with HIV/AIDS?

- Smoking may be a way of coping with stigma surrounding the virus and other stressors such as emotional, mental, physical, or social.
- More likely to experience stigmatization due to social identity (ex. homophobia, transphobia, racism, etc.).
- Feelings of doubt regarding health outcomes or benefits of quitting smoking.
- Stigma may prevent individuals from seeking health care, or receiving non-judgemental advice to quit smoking.

Smoking inhibits effective immune function.

Smokers with HIV/AIDS are more likely to get HIV-related infections including:

- Mouth infections (thrush and white mouth sores)
- Lung infections (pneumonia)

If you are a smoker living with HIV/AIDS you are more likely to get other serious health issues such as:

- Chronic obstructive pulmonary disease (COPD)
- Emphysema
- Chronic bronchitis
- Heart disease
- Strokes
- Cancer (including lung, head, neck, cervical, and anal cancer)

“HIV didn’t cause my stroke, smoking with HIV did.”

Brian

<http://www.cdc.gov/tobacco/campaign/tips/stories/brian-biography.html>