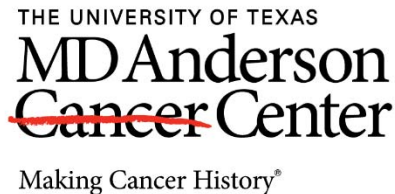


# Project TEACH

## Tobacco Cessation With People Receiving Substance Abuse Treatment

***Maher Karam-Hage, MD***



# Outline

- 1) Implications of quitting smoking while in substance use treatment
- 2) Need for special treatment approach?
- 3) Which one to quit first?

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# Background

- Patients with substance use disorders (SUDs) have higher rates of tobacco use 70-80%\*
- In general population in 2014 it is at 16.8%
- In addition to (-) health effects of smoking, patients receiving SUD Tx who continue to smoke are at higher risk of relapse to SUD\*\*

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\* Richter KP, Ahluwalia HK, Mosier MC, Nazir N, Ahluwalia JS. A population-based study of cigarette smoking among illicit drug users in the United States. *Addiction*. 2002 Jul; 97(7):861-9.

\*\* Tsoh JY, Chi FW, Mertens JR, Weisner CM. Stopping smoking during first year of substance use treatment predicted 9-year alcohol and drug treatment outcomes. *Drug Alcohol Depend*. 2011 Apr 1; 114(2-3):110-8

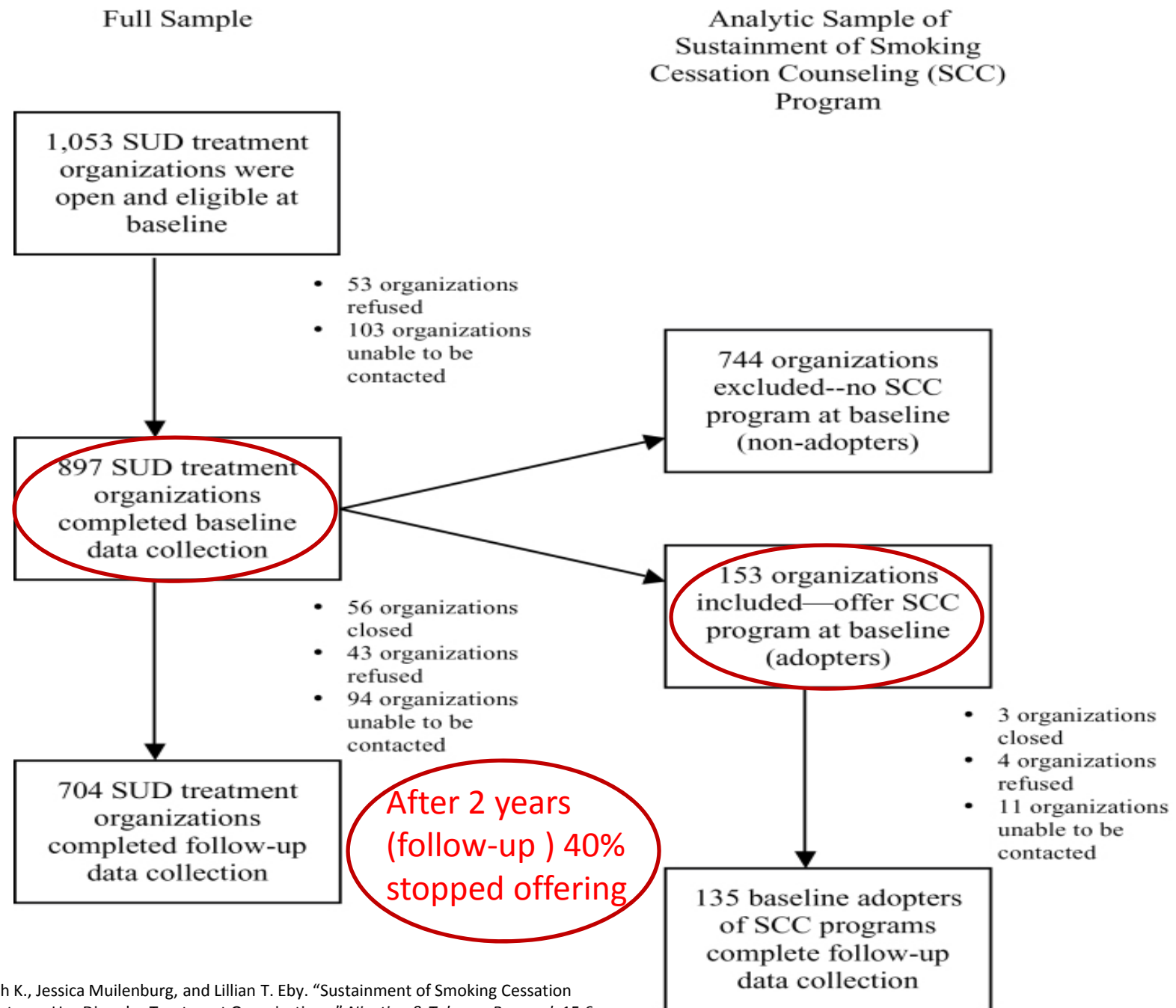
## Background (2)

- SUD Tx facilities: 86% ask all new patients about smoking at intake
- 35% of organizations develop quit plans for motivated smokers, 12-20% offer medication \*
- A longitudinal 2010 study: 17% of SUD-Tx offered counseling-based smoking cessation\*\*

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\* Knudsen HK, Studts JL, Boyd S, Roman PM. Structural and cultural barriers to the adoption of smoking cessation services in addiction treatment organizations. *J Addict Dis* 2010;29:294–305

\*\* Knudsen, Hannah K., Jessica Muilenburg, and Lillian T. Eby. "Sustainment of Smoking Cessation Programs in Substance Use Disorder Treatment Organizations." *Nicotine & Tobacco Research* 15.6 (2013): 1060–1068.



# Barriers

- SUD treatment providers see tobacco cessation as a low priority, and as less harmful than the patient's other substance use \*
- Funding and insurance coverage \*\*
- SUD treatment providers lack training & rates of smoking among them is around 20% \*\*\*

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\* Ziedonis DM, Guydish J, Williams J, Steinberg M, Foulds J Barriers and solutions to addressing tobacco dependence in addiction treatment programs. *Alcohol Res Health*. 2006; 29(3):228-35.

\*\* Muilenburg JL, Laschober TC, Eby LT. Organizational factors as predictors of tobacco cessation pharmacotherapy adoption in addiction treatment programs. *J Addict Med* 2014;8:59–65.

\*\*\* Knudsen, Hannah K., Jessica Muilenburg, and Lillian T. Eby. "Sustainment of Smoking Cessation Programs in Substance Use Disorder Treatment Organizations." *Nicotine & Tobacco Research* 15.6 (2013): 1060–1068

# Implication On SUD Recovery?

- A concern about integrating tobacco treatment into SUD Tx is that smoking cessation may threaten SUD recovery
- Several studies have refuted that concept \*
- In 2003, a large longitudinal study: quitting smoking ↑↑ abstinent days 1 & 5 y. follow-up

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\* Kalman D, Kim S, DiGirolamo G, Smelson D, Ziedonis D. Addressing tobacco use disorder in smokers in early remission from alcohol dependence: the case for integrating smoking cessation services in substance use disorder treatment programs. Clin Psychol Rev 2010;30:12–24

\*\* Kohn CS, Tsoh JY, Weisner CM. Changes in smoking status among substance abusers: baseline characteristics and abstinence from alcohol and drugs at 12-month follow-up. Drug Alcohol Depend 2003;69:61–71



# Are SUD Patients Interested?

- Many SUD patients are interested in quitting or cutting down their tobacco use \*
- Patients are interested in smoking cessation services being delivered by treatment agencies
- Those who receive cessation services from clinicians are likely to make a quit attempt \*\*

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\* McClure EA, Acquavita SP, Dunn KE, Stoller KB, Stitzer ML. Characterizing smoking, cessation services, and quit interest across outpatient substance abuse treatment modalities. J Subst Abuse Treat 2014;46:194–201.

\*\* Martinez C, Guydish J, Le T, Tajima B, Passalacqua E. Predictors of quit attempts among smokers enrolled in substance abuse treatment. Addict Behav 2015;40:1–6

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# Can SUD Patients Quit Smoking?

- Eight studies (5 based on NESARC). Adults with lifetime or past-year AUDs/SUDs were less likely to quit smoking in cross-sectional and longitudinal data \*
- If quit smoking but continue to use other substances, more likely to relapse to smoking\*\*

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\* P.H. Smith, K.C. Young-Wolff, A. Hyland, S.A. McKee. Are statewide restaurant and bar smoking bans associated with reduced cigarette smoking among those with mental illness? *Nicotine Tob Res.*, 16 (6) (2014), pp. 846–85

\*\* A.H. Weinberger, C.E. Pilver, R.A. Hoff, C.M. Mazure, S.A. McKee. Changes in smoking for adults with and without alcohol and drug use disorders: Longitudinal evaluation in the U.S. population. *The Am. J. Drug Alcohol Abuse*, 39 (3) (2013), pp. 186–193

# Do SUD Pts. Need Different Tx?

- Smokers with a history of alcoholism are more nicotine dependent than those without a history of alcoholism\* are also less likely to quit smoking\*\*
- Former alcoholics that seek to quit smoking request more pharmacotherapy than smokers without a history of alcoholism\*\*\*

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- (Hurt 2003; Ward 2012)
- (Hays 1999).
- (Hughes 2000)

# Do SUD Pts. Need Different Tx? (2)

A 2016 review of 17 RC studies; 12 did not report an effect, while 5 reported significant effects of smoking cessation Tx among SUD pts:

- 1) Nicotine patches improved C. abstinence, 6 m
- 2) Nicotine gum improved C. abstinence, 12 m

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\* Sarah L. Thurgood MSc1, Ann McNeill PhD2, David Clark-Carter PhD1, Leonie S. Brose PhD2. A Systematic Review of Smoking Cessation Interventions for Adults in Substance Abuse Treatment or Recovery. *Nicotine & Tobacco Research*, 2016, 993–1001

# Do SUD Pts. Need Different Tx? (3)

- 3) Counseling, Contingency Management, Relapse Prev. improved C. abstinence 6 & 12 m
- 4) CBT plus NRT improved PPA at 6 months
- 5) Combination of bupropion, NRT, counseling Contingency Management improved PPA, 6m

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\* Sarah L. Thurgood MSc1, Ann McNeill PhD2, David Clark-Carter PhD1, Leonie S. Brose PhD2. A Systematic Review of Smoking Cessation Interventions for Adults in Substance Abuse Treatment or Recovery. *Nicotine & Tobacco Research*, 2016, 993–1001

# SUD Patients Relapse To Substance Use If They Quit Smoking?

In the same 2016 review of 17 studies:

- 2 studies showed some evidence of improved subs. use outcomes if patients quit smoking
- 8 studies did not show difference in substance use outcomes when patient quit smoking.  
None had (-) effect on substance use outcome

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\* Sarah L. Thurgood MSc1, Ann McNeill PhD2, David Clark-Carter PhD1, Leonie S. Brose PhD2. A Systematic Review of Smoking Cessation Interventions for Adults in Substance Abuse Treatment or Recovery. *Nicotine & Tobacco Research*, 2016, 993–1001

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# Simultaneous OR Sequential?

- Studies are not conclusive, there does not seem to be a negative impact if done simultaneously\*.
- If patient is ready to quit all together they would benefit from doing so

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\* Kalman D, Hayes K, Colby SM, Eaton CA, Rohsenow DJ, Monti PM. Concurrent versus delayed smoking cessation treatment for persons in early alcohol recovery. A pilot study. *J Subst Abuse Treat.* 2001 Apr; 20(3):233-8.

# Simultaneous OR Sequential? (2)

- The consensus is that patients ought to try tobacco (smoking) cessation as soon as they are comfortable and ready
- Either simultaneously or after they quit their other substance of use, not wait for one year

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\* Kalman D, Hayes K, Colby SM, Eaton CA, Rohsenow DJ, Monti PM. Concurrent versus delayed smoking cessation treatment for persons in early alcohol recovery. A pilot study. *J Subst Abuse Treat*. 2001 Apr; 20(3):233-8.

# Take Home Points