Incorporating smoking cessation into drug and alcohol treatment

Smoking cessation has not traditionally been a major part of drug and alcohol treatment programs, as attention is usually focused on alcohol or illicit drug use.[1] Yet diseases caused by tobacco smoking kill more people than illegal drugs and alcohol combined.[2] Also, many smokers suffer these debilitating illnesses for years as a result of smoking, even if they don't die of smoking related causes.

The relevance of tobacco smoking to drug and alcohol treatment services

The smoking rates for people in drug and alcohol treatment programs have been estimated to be between 74–100%.[3] Between 84% of methadone patients are smokers.[4] This is considerably higher than the rate for current smoking among the NSW population aged over 14 years, which was 13.1% in 2013.[5]

Tobacco smoking is one of the leading preventable causes of death and disease in Australia.[6] In 2013 tobacco smoking caused nearly 5500 (5460 exactly) deaths in NSW, and in 2013–2014 just over 46,000 hospitalisations, due mainly to lung cancer, other lung diseases and heart disease.[7] In 2004–2015, smoking caused 14 times as many deaths as alcohol, and 17 times the number of deaths due to illicit drug use in Australia.[6]

Why smoking should be addressed in drug and alcohol treatment

- Stopping smoking is unlikely to threaten abstinence from alcohol or other drug use, or undermine other drug treatment.[8]
- There is strong evidence that quitting smoking, on average, improves treatment for alcohol and other drug use by 25%.[9]
- Continuing smoking adversely affects treatment outcomes for other drugs, such as cannabis.[1]
- Surveys of individuals in addictions treatment have documented that between 44–80% are interested in quitting smoking.[10]

Facts about tobacco smoking

Tobacco smoking harms almost every organ in the body, causes many diseases, and reduces the health of smokers in general. It has been calculated that up to two-thirds of all long-term smokers will die from smoking-related causes.[11] Smoking contributes to many cancers and diseases, including lung diseases such as emphysema. It causes lung cancer, mouth and throat cancer, and cardiovascular problems.[12] Tobacco smoking often causes death at the time of people's lives when they are at the height of their productivity, depriving families of breadwinners and nations of a healthy workforce.[13]

Second-hand smoke contains many chemicals, and exposure to it is also harmful to the health of other people, especially babies, young children, adolescents and the elderly.[14] Tobacco use has a greater mortality and morbidity than alcohol and other drugs combined.[6]

Approximately 80% of oral and pharyngeal cancer cases in men and about 65% of cases in women can be attributed to alcohol and tobacco use.[15] Combining smoking with drinking alcohol has a multiplier effect on mouth cancer risk. Research has shown odds of mouth cancer approximately 200–300 times higher amongst people who drink and smoke heavily compared to non-smoking, non-drinkers.

In 2013 tobacco smoking caused nearly 5500 deaths in NSW.[7]

Beliefs about smoking

There are beliefs about smoking that make it a lower priority for people trying to quit other drugs. Many of these beliefs are not based on the facts.

Belief: "Tobacco is not as much of a life change as quitting other drugs".

Smoking cessation can be a substantial life change. A study which followed up people after they had been through alcohol and drug treatment, mainly for alcohol problems, found that most died from the diseases caused by their tobacco smoking, such as lung cancer, cardiovascular disease and heart disease.

Belief: "Tobacco is not a 'real' drug".

Tobacco may not be considered responsible for problems with family and jobs as other drugs are; however, it is a REAL drug. Tobacco smoking is addictive, and nicotine, in common with other addictive drugs, affects key reward pathways in the brain.

Belief: "Smoking with clients helps me build a relationship with them".

Research has shown that many staff of drug and alcohol treatment services smoke, and some staff believe that smoking with clients can help maintain or build relationships with them.[6] It is a worker's choice if they smoke or not, but smoking with clients discourages quit attempts, signals that smoking is acceptable and encourages an unhealthy behaviour, which is contradictory to helping clients overcome their drug addictions.

Belief: "Quitting smoking at the same time as quitting other drugs is too hard".

Studies suggest that quitting smoking at the same time as quitting other drugs does not make it harder to recover from other drugs.[8] In fact, there is evidence that it improves the success of other drug treatment.[9] While people in drug and alcohol treatment have said that tobacco can be the hardest drug to quit, it is possible to quit – and many people undergoing treatment for other drug use have successfully quit smoking as well.

Belief: "Tobacco does not have any immediate effects, unlike substance abuse disorders".

Every cigarette damages one's health. Smoking also has a large impact on finances. Smoking households are three times more likely to experience severe financial stress[16], and lifetime smoking is linked to, and contributes to, poverty.[16,17] The amount of money spent on cigarettes could be saved to pay bills, to buy a new TV or car, or to go on a holiday. The longer someone smokes, the more likely they are to suffer and die from smoking-related causes.

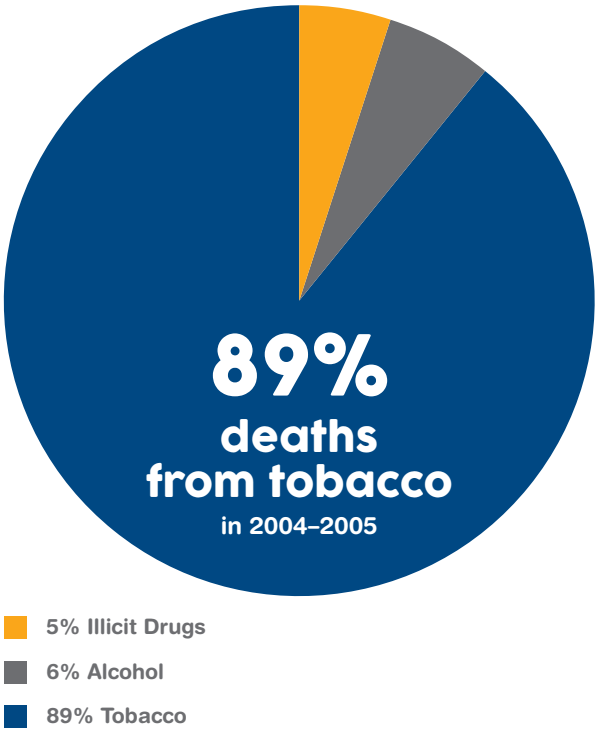
Timing of tobacco treatment

The timing of tobacco treatment with other drug/alcohol treatment will need to be considered. Studies show that the majority of clients want to tackle their drug problem first, and then consider their smoking problem.[19] However, if smoking cessation treatment is delayed, smokers could be less likely to want to quit, and they are also more likely to relapse to alcohol or other drugs.[18] The most important thing is to continually encourage a client to quit smoking throughout their treatment, as this can also be beneficial to treatment outcomes. The best way to ensure a positive treatment outcome for a client is to begin the discussion about smoking cessation treatment as soon as possible.

What treatment services can do about smoking

- Consider becoming a smoke-free organisation.
- Collect data on clients' smoking, such as attitudes to quitting and previous quit attempts.
- Record smoking status and address tobacco use in treatment plans.
- Encourage clients to discuss with their counsellor the available smoking cessation treatments and suitable quit support.
- Create policies to discourage tobacco use and to support quitting.
- Provide clients with nicotine replacement therapy (NRT).
- Refer clients to their GP or other treating clinician for information about PBS-subsidised NRT and other suitable smoking cessation pharmacotherapies.

Death from tobacco, alcohol and illicit drugs in Australia in 2004–2005



Source: Collins and Lapsley, 2008[20]

Research has shown that the odds of mouth and throat cancer are approximately 35 times higher amongst people who drink and smoke...

Useful links to more information on NRT and smoking cessation policies

- Cancer Council NSW's Tackling Tobacco program provides resources for social and community service organisations (including drug and alcohol treatment services) on how to address tobacco issues and help their clients to quit smoking. Available at: **www.cancercouncil.com.au/tacklingtobacco**
- The NSW Ministry of Health's publication Guidance for implementing smoke-free mental health facilities in NSW provides practical assistance to personnel in NSW Local Health Districts and in other healthcare facilities which are planning to implement a smoke-free policy in a public hospital, residential mental health care facility, or a drug and alcohol facility (including step-down units). The guideline is available at: **http://www0.health.nsw.gov.au/policies/gl/2009/GL2009_014.html**

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