

Senate Health and Welfare Committee – January 29, 2016
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Patients previously treated for alcoholism and/or other drug dependence were more likely to have died from tobacco-related causes than to alcohol-related causes - 51% of deaths were tobacco-related while 34% were alcohol-related.

Hurt RD, Offord KP, Croghan IT, et al. Mortality following inpatient addictions treatment. Role of tobacco use in a community-based cohort. *JAMA*. 996;275(14):1097–1103. doi:10.1001/jama.275.14.1097.

74% of people ages 12 and older who received substance abuse treatment at a specialty facility in the past year reported smoking cigarettes in the past month.

http://archive.samhsa.gov/data/2k11/WEB_SR_031/WEB_SR_031_HTML.pdf
Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. June 23, 2011. *The NSDUH Report: Nicotine Dependence among Persons Who Received Substance Use Treatment*. Rockville, MD.

Controlling for multiple factors, smoking cessation was associated with greater abstinence from drug use after completion of drug abuse treatment.

Lemon S. C., Friedmann P. D., Stein M. D. The impact of smoking cessation on drug abuse treatment outcome. *Addict Behav* 2003; 28: 1323–31.

Smoking cessation interventions provided during addictions treatment were associated with a 25% increased likelihood of long-term abstinence from alcohol and illicit drugs.

Prochaska J. J., Delucchi K., Hall S. M. A meta-analysis of smoking cessation interventions with individuals in substance abuse treatment or recovery. *J Consult Clinl Psychol* 2004; 72: 1144.

Among smokers with pre-existing alcohol use disorder, the likelihood of recurrence or continuation of their alcohol use disorder decreased if they quit smoking.

Cavazos-Rehg PA, et al.
Smoking cessation is associated with lower rates of mood/anxiety and alcohol use disorders. *Psychol Med*. 2014 Sep;44(12):2523-35. doi: 10.1017/S0033291713003206.

Among adults with remitted alcohol use disorders, use of cigarettes was associated with increased likelihood of alcohol abuse and alcohol dependence 3 years later.

Weinberger AH, Platt J, Jiang B, Goodwin RD. Cigarette Smoking and Risk of Alcohol Use Relapse Among Adults in Recovery from Alcohol Use Disorders. *Alcohol Clin Exp Res*. 2015

In 1999, the State of New Jersey passed licensure standards that required residential addiction treatment providers to assess and treat patients for tobacco dependence and maintain tobacco-free grounds at all residential treatment sites (with this later requirement phased in by November of 2001). Researchers evaluating the first year of the full policy (2001-2002) found that *rates of*

discharges were not different between smokers and nonsmokers, and there was no increase in irregular discharges or reduction in the proportion of smokers among those entering residential treatment compared with prior years.

The researchers highlighted the following lessons from the New Jersey experience:

- Tobacco dependence treatment can be fully integrated into addiction treatment programs.
 - Most patients in addiction treatment programs want to change their tobacco use.
 - Treating tobacco dependence in the context of tobacco-free grounds does not lead to patients leaving treatment early.
 - The greatest resistance to implementing a tobacco-free policy typically comes from staff rather than patients (with staff who smoke but are in recovery from other addictions sometimes feeling that their sobriety is being challenged).
 - Thorough staff preparation and training, along with availability of NRT (for both staff and patients who smoke), are important components of implementation.
 - Implementation of tobacco-free grounds is the most challenging aspect of the policy but also is an important driver of other organizational changes (e.g., policies for staff tobacco use, availability of NRT, etc.).
 - Not enforcing tobacco-free policies can detract from their effectiveness.
- WILLIAMS, J.; FOULDS, J.; DWYER, M.; ET AL. The integration of tobacco dependence treatment and tobacco-free standards into residential addictions treatment in New Jersey. *Journal of Substance Abuse Treatment* 28:331–342, 2005. PMID: 15925267

In 2008, the New York state Office of Alcoholism and Substance Abuse Services (OASAS) implemented a tobacco control policy in all state-certified addiction treatment facilities. In addition to a smoking ban requiring its roughly 1000 programs to implement tobacco-free grounds, OASAS mandated that programs offer tobacco cessation services (including nicotine replacement therapy, or “NRT”) to clients.

<https://www.oasas.ny.gov/tobacco/providers/reg856.cfm>

The American Society of Addictions Medicine (ASAM) has issued a public policy statement on Nicotine Addiction and Tobacco (Revised Oct, 2008). The statement calls on all states to introduce similar regulations as New York.

<http://www.asam.org/advocacy/find-a-policy-statement/view-policy-statement/public-policy-statements/2011/12/15/nicotine-addiction-and-tobacco>

According to the 2012 National Survey of Substance Abuse Treatment Services (N=13,094), of all facilities, 46.8% offered behavioral counseling or pharmacotherapy services for smoking cessation, and 35.2% banned smoking on the property.

Shi Y, Cummins SE. Smoking cessation services and smoke-free policies at substance abuse treatment facilities: national survey results. *Psychiatr Serv*. 2015 Jun;66(6):610-6. doi: 10.1176/appi.ps.201400328.

Mental Health Benefits

Cessation is associated with decreased depression, anxiety, and stress and increased positive mood and quality of life compared with continuing to smoke.

Taylor G, McNeill A, Girling A, Farley A, Lindson-Hawley N, Aveyard P.
Change in mental health after smoking cessation: systematic review and meta-analysis.
BMJ. 2014 Feb 13;348:g1151. doi: 10.1136/bmj.g1151.

Among smokers with a prior history of a mood or anxiety disorder, smoking cessation is associated with a decreased likelihood of recurrence/persistence of mood and anxiety disorders.

Cavazos-Rehg PA, et al.

Smoking cessation is associated with lower rates of mood/anxiety and alcohol use disorders. Psychol Med. 2014 Sep;44(12):2523-35. doi: 10.1017/S0033291713003206.