Tobacco Treatment in Drug and Alcohol Settings:

When Quitting May Not Be the End-Point but a Gateway to Quitting

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NO CONFLICT OF INTEREST

Background

- Very high prevalence of smoking in Drug and Alcohol clientele
- RR of death from smoking in this group > 2.4
- Quitting smoking low on treatment priorities
- Outcomes in standard cessation interventions 10% at best
- Compliance major issue

Smoking Cessation Consultation Services

- Monthly consultations
- Similar to any other “specialists” service
- Enhances staff development and competencies in smoking cessation and concomitant training and in-services of staff
- Embeds smoking cessation in the mental health/drug and alcohol setting

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Smokers in D&A Setting: Sample

- Mean age 51 (31-70)
- 45% m, 55% F
- Poly-substance abusers
- 87% comorbid depression
- 25% confirmed diagnosed PTDS

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Smoking, harm reduction in smoking and the " gateway" to quitting**.**

- Cutting down or reducing smoking numbers per se may be counterproductive as smokers are known to accurately titrate their nicotine plasma levels and compensate for the lack of nicotine intake by inhaling deeper, smoking more of the actual cigarette and thus changing the "topography" of their smoking (Bittoun, 2008).
- Smoking concomitantly with nicotine replacement therapy (NRT) has been shown to be safe, reduces nicotine intake from cigarettes, as well as reduces inhaled Carbon Monoxide (CO) and particulate matter (Benowitz, 2008)
- Nicotine Replacement Therapy (NRT) and combined smoking-reduction interventions increase long-term cessation among smokers who are not ready to quit smoking (Asfar, 2011).

Harm Reduction Strategies

- Most patients unaware of strategies like Cut Down to Quit, alternating NRT with smoking as well as patch plus smoking
- Fear of overdose/continuation of addiction etc need to be debunked
- Mental health patients very receptive to this strategy

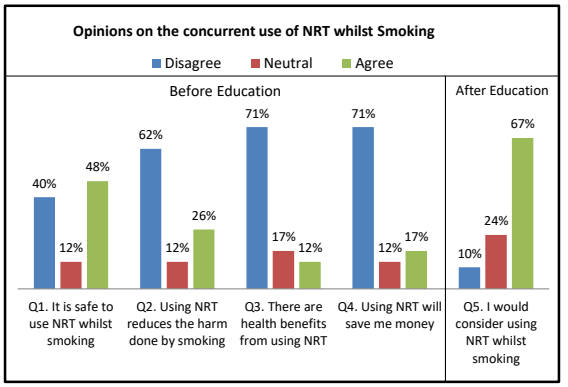

Figure 1. Opinions regarding concurrent use of NRT and cigarettes. Bittoun et al ANZJPsych May, 2014 *In Press*

Strategy

- Encourage the use of Nicotine Replacement Therapy (NRT) and concomitant smoking
- Explain strategy and safety (both to client and carers)
- Measure expired CO in ppm at every visit
- Commence strategy with nicotine patch (21mg) for ease of compliance and low cost
- Follow-up: repeat CO readings and add NRT

Outcomes of “Harm-reduction “ strategy in this setting

- 42% abstaining altogether at 12 months
  (serial validated CO abstinence)
- 45% reduction in numbers/day with reduction of CO
- 13% lost to follow-up

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Conclusion

Give these smokers an option that is other than “quit or you will die”.

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