

Smoking Cessation Therapies Benefit Substance Use Disorder Clients



Smoking tobacco is one of the deadliest forms of addiction.^{1,2}

At minimum, **65% of clients in treatment** for substance use disorders smoke cigarettes.³

Smoking kills more people than

alcohol, AIDS, car accidents, illegal drugs, homicides, and suicides combined, with thousands more dying from smokeless tobacco use.⁴

People who smoke are also at **greater risk for conditions** such as diabetes, high blood pressure, COPD, and others.^{5,6,7}

+ During substance use disorder treatment, therapies that help people quit smoking do not interfere with an individual's recovery.

- Studies have shown that as many as **80% of clients** in substance use disorder treatment have **expressed an interest in tobacco cessation**.⁸
- Quitting tobacco** use during drug addiction treatment is linked to a **25% increase in long-term sobriety**.⁸

Research has shown **substance use disorder treatment attendance did not differ** between the groups receiving smoking cessation treatment and those receiving treatment as usual.



In fact, **85% of participants completed the 10-week active treatment period** concurrent with smoking cessation treatment.⁹

People in treatment for cocaine dependence may increase their success by participating in smoking cessation therapies.

Research has shown that participants receiving **smoking cessation treatment demonstrated better outcomes** for drug free days and abstinence.⁹

Smoking cessation therapies provided during substance use disorder treatment were associated with a **25% increased likelihood of long-term abstinence from alcohol and illicit drugs**.¹⁰

Incorporate smoking cessation therapies into your substance use disorder treatment programs. You are making a difference.

1. Guze, S. B. (1995). Diagnostic and Statistical Manual of Mental Disorders, (DSM-IV). *American Journal of Psychiatry*, 152(8). 2. Centers for Disease Control and Prevention. (2007). Cigarette smoking among adults—United States, 2006. *MMWR, Morbidity and Mortality Weekly Report*, 56(44), 1157-61. 3. Goydsh, J., Passalacqua, E., Tajima, B., Chan, M., Chun, J., & Bostrom, A. (2011). Smoking prevalence in addiction treatment: a review. *Nicotine & Tobacco Research*, 401-411. 4. 50 Years of Progress: A Report of the Surgeon General, 2014, (2014, January 1). *Surgeon General*. Retrieved from <http://www.surgeongeneral.gov/library/reports/50-years-of-progress-by-section.html> 5. Smoking and Diabetes. (2014, May 8). *Centers for Disease Control and Prevention*. Retrieved from <http://www.cdc.gov/tobacco/campaign/tips/diseases/diabetes.html> 6. Smoking and COPD. (2014, January 13). *Centers for Disease Control and Prevention*. Retrieved from <http://www.cdc.gov/tobacco/campaign/tips/diseases/copd.html> 7. Smoking and Heart Disease and Stroke. (2014, May 16). *Centers for Disease Control and Prevention*. Retrieved from <http://www.cdc.gov/tobacco/campaign/tips/diseases/heart-disease-stroke.html> 8. Prochaska, J. J., Delucchi, K., & Hall, S. M. (2004). A meta-analysis of smoking cessation interventions with individuals in substance abuse treatment or recovery. *Journal of Consulting and Clinical Psychology*, 72(6), 1144. 9. Winhusen, T., Theobald, J., Vanvelhuisen, P., Lewis, D., Sharma, G., Haynes, L., et al. (2014). A Randomized Trial of Concurrent Smoking-Cessation and Substance Use Disorder Treatment in Stimulant-Dependent Smokers. *The Journal of Clinical Psychiatry*, 75(4), 336-343. 10. Baca, C.T., & Yahne, C.E. (2009). Smoking cessation during substance abuse treatment: What you need to know. *Journal of Substance Abuse Treatment*, 36(2), 205-219.

