“You want me to quit the smokes too?”

Improved rates of treatment success following AOD treatment among clients who quit or reduce their smoking.

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Background

➢ Approximately **84%** of people entering AOD treatment smoke tobacco (Guydish et al., 2016)

➢ AOD clients are **more likely to die of their tobacco use** than their other substance use disorder (Hurt et al., 1996)

➢ Provision of smoking cessation care (i.e., psychoeducation & NRT) to AOD clients is often **inconsistent and inadequate** (Skelton et al., 2017)

➢ Common myth that clients should quit **“one substance at a time”** (Guydish et al., 2007; Weinberger et al., 2017)
Method

➢ 796 treatment-seekers recruited from 21 AOD services in VIC & WA

➢ Analysed data from 559 current smokers receiving AOD treatment

➢ Smokers classified as “concerned” and “unconcerned” if tobacco nominated as DOC

We aimed to explore whether quitting is associated with improved SUD treatment outcomes 12-months after initiating treatment
## Findings

<table>
<thead>
<tr>
<th></th>
<th>Unconcerned Smokers (n=378)</th>
<th>Concerned Smokers (n=181)</th>
<th>( p )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (( M ))</td>
<td>35.6</td>
<td>37.6</td>
<td>.051</td>
</tr>
<tr>
<td>Gender (%M)</td>
<td>62.3</td>
<td>64.6</td>
<td>.597</td>
</tr>
<tr>
<td>Educational attainment* (%)</td>
<td>39.9</td>
<td>52.5</td>
<td>.005</td>
</tr>
<tr>
<td>Psychiatric problems (%)</td>
<td>61.7</td>
<td>48.0</td>
<td>.012</td>
</tr>
<tr>
<td>Employed** (%)</td>
<td>39.4</td>
<td>52.5</td>
<td>.004</td>
</tr>
<tr>
<td>Sickness or disability support pension (%)</td>
<td>28.8</td>
<td>20.1</td>
<td>.028</td>
</tr>
<tr>
<td>Illicit PDOC</td>
<td>60.6</td>
<td>47.7</td>
<td>.005</td>
</tr>
</tbody>
</table>

*Completion of either secondary or tertiary education or trade apprenticeship
** Usually employed in past 12 months

- Unconcerned smokers represent a significantly more disadvantaged population compared to those nominating tobacco as a drug of concern
Findings

➢ Reduction in number of days of tobacco use per month at 12-month follow-up significantly predicted treatment success* (OR = 0.968, p = .021)

➢ Every day of reduced tobacco use is associated with 3.2% increase in odds of treatment success

*Treatment success defined as either abstinence or statistically reliable reductions in substance use
Implications

➢ Many people in residential settings may not have abstained from tobacco for decades, hence inpatient AOD treatment is a critical time to offer smoking cessation

➢ Given the improved rates of treatment success after quitting, our findings dispel the notion that patients should quit one substance at a time

➢ Efforts should be placed on improving routine/standard delivery of smoking cessation care, as well as ensuring that care is followed through upon discharge from treatment

<table>
<thead>
<tr>
<th>ASK</th>
<th>about tobacco USE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADVISE</td>
<td>tobacco users to QUIT</td>
</tr>
<tr>
<td>ASSESS</td>
<td>readiness to make a QUIT attempt</td>
</tr>
<tr>
<td>ASSIST</td>
<td>with the QUIT ATTEMPT</td>
</tr>
<tr>
<td>ARRANGE</td>
<td>FOLLOW-UP care</td>
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</tbody>
</table>
Smoking Cessation Brief Advice Online Training for the AOD Workforce

- Quit Victoria, in consultation with the AOD workforce, has created a smoking cessation brief advice online training course.
- The training aims to equip AOD workers with the knowledge, skills and confidence to deliver best practice smoking cessation brief advice to their clients.
- The training will be launched at VAADA’s Victorian AOD Service Providers Conference on Friday 22 November.
- For more information please contact Quit Victoria at: Quit.Education@cancervic.org.au

Brief Advice is an effective way to prompt a quitting attempt and could take as little as 2 minutes.
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