SMOKING CESSATION IS ASSOCIATED WITH REDUCED SUBSTANCE USE IN AOD TREATMENT CLIENTS: FINDINGS FROM THE AUSTRALIAN PATIENT PATHWAYS NATIONAL PROJECT

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Introduction and Aims: Approximately 90\% of AOD treatment-seekers smoke tobacco, with individuals in treatment more likely to die of tobacco-related causes than from causes attributable to their primary drug of concern (PDOC). Despite mixed attitudes towards smoking cessation (SC) in AOD treatment settings, a handful of small-scale overseas studies have suggested that providing specific SC treatments during AOD treatment may actually improve, not worsen treatment success. In secondary analyses of a nationally representative sample from the Australian Patient Pathways National Project, we explored whether SC was associated with improved treatment outcomes 12-months after initiating a treatment episode.

Design and Methods: In a prospective, multi-site treatment outcome study, 796 AOD treatment-seekers were recruited from 21 publicly-funded specialist AOD services across Victoria and Western Australia between January 2012 and January 2013. 555 (70\%) participants completed a 12-month follow-up assessment. Associations between changes in tobacco use and AOD “treatment success” (either abstinence or statistically reliable reductions in PDOC use) at follow-up were analysed using Pearson’s chi-squared and logistic regression.

Results: Participants who quit smoking at follow-up were significantly more likely to achieve treatment success (81\%) than those who continued smoking (51\%). Among those who smoked regularly at baseline, reduction in number of days of tobacco use per month at follow-up also significantly predicted treatment success.

Discussions and Conclusions: Tobacco remains the only substance which is not consistently addressed in routine AOD treatment, despite causing the most deaths. This is the first large-scale Australian study to demonstrate that reduced tobacco use is associated with AOD treatment success.

Implications for Practice or Policy: Our findings challenge the common misconception that encouraging SC may worsen AOD treatment outcomes. This supports Australian clinical practice guidelines which encourage offering SC support (i.e., NRT and supportive counselling) during AOD treatment.

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