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Quitting smoking during addiction treatment may improve recovery rates in teens

Nov 21 2016

A Case Western Reserve University School of Medicine researcher has found that addiction treatment results improved when teens in a residential program stopped smoking. The findings are published in a new study in the November issue of the *Journal of Substance Abuse Treatment*. They hold important implications for success in treating addiction since up to three out of four people with such disorders are smokers, a significantly higher proportion than the overall national smoking rate of one out of every four Americans.

The study found that teens who stopped smoking benefited from lower cravings for alcohol and drugs, and did as well as their peers who smoked in terms of treatment duration, 12-step participation, and global functioning (a numeric scale used by mental health professionals to rate how well clients respond to various psychological and social situations and difficulties). In contrast, young people in the study who smoked were discharged with significantly higher cravings for alcohol and drugs, which has been shown to increase the risk of relapse.

Primarily because of smoking prohibitions on-site, 50 percent of participants in the study did not smoke during treatment. (Some requested and received nicotine patches, but the number was too few to evaluate the effects of this smoking-cessation aid). Those who smoked did so when on pass or attending local 12-step meetings outside of the treatment facility.

"Our results suggest that quitting smoking is associated with lowered drug and alcohol cravings," said the study's lead author, Maria E. Pagano PhD, associate professor in the department of psychiatry at Case Western Reserve University School of Medicine. "Clearly, this is a positive finding for treating drug and alcohol addiction. However, smoking cessation activities are not typically included in drug and alcohol programs because of worries about overload. The concern is that drug and alcohol addiction is a challenging enough battle by itself, let alone trying to quit smoking at the same time. Our results suggest that this outlook may need to be modified."

The findings, collected over a two-year period, are based on assessments of

195 young people, aged 14 to 18, who were court- and therapist- referred to a two-month residential treatment program for addiction. Each week, clients spent approximately 20 hours in therapeutic activities and attended up to 12-step meetings in the local community. Two-thirds (67 percent) entered treatment smoking a half-a-pack of cigarettes a day on average.

In addition, the study found that patients with attention deficit hyperactivity disorder (ADHD) did not experience similar success rates. "We found that these teens were less likely to quit smoking," said Pagano. "This could help explain their poorer drug and alcohol treatment outcomes."

One reason for better treatment outcomes in clients who stopped smoking may be their higher involvement in service activities at 12-step meetings, such as greeting newcomers at the door, putting away chairs, and helping with coffee. Service activity is associated with reduced risk of relapse and going to jail in the year following treatment. "It may be that ADHD patients need even more action-oriented programmatic activities such as these, which offer a distraction from the symptoms of nicotine withdrawal," said Pagano. "Our study suggests that increasing these types of activities for all clients, and doing so at even higher levels for those with ADHD, may result in better recovery rates from addiction, not to mention the enormous personal health and societal benefits of reducing smoking in teens."

Pagano also urged increased availability of nicotine patches: "To ease potential suffering caused by nicotine withdrawal, nicotine patches should be routinely offered to all teen smokers in residential treatment. This may increase the number of youths who quit smoking during treatment and get discharged with lower cravings for alcohol and drugs, ultimately improving treatment outcomes and lowering overall health care costs."

Source:

Case Western Reserve University
