



Outcomes Following Treatment of Veterans for Substance and Tobacco Addiction



Bridgette Helms Vest ^{a,*}, Catherine Kane ^b, Josephine DeMarce ^c, Edie Barbero ^b, Rebecca Harmon ^b, Joanne Hawley ^c, Lauren Lehmann ^c

^a University of Virginia and Veterans Affairs Administration Salem, VA

^b University of Virginia - School of Nursing, Charlottesville, VA

^c Veterans Affairs Administration Salem, VA Medical Center, Salem, VA

ABSTRACT

Persons who use tobacco in addition to alcohol and other drugs have increased health risks and mortality rates. The purpose of this study was to evaluate the impact of participation in a tobacco cessation program on tobacco, alcohol, and other drug use in a population seeking treatment for substance use disorders (SUDs). Tobacco, alcohol, and other drug use were assessed by urine drug screens, breathalyzer readings, and self-report. Veterans (N = 137) with a tobacco use disorder enrolled in inpatient program for the treatment of SUDs at the Salem Veterans Affairs Medical Center participated in tobacco cessation education as part of their treatment programming. Use of tobacco, drugs and/or alcohol was evaluated upon admission, 2 weeks following admission, at discharge and 1 month following graduation. The 1-month follow-up rate was 70.8%, with 97 veterans completing the follow-up assessment. Of those 97 veterans, 90.7% (n = 88) reported abstinence from alcohol and 91.8% (n = 89) reported abstinence from other drugs of abuse. Fourteen veterans (14.4%) reported abstinence from tobacco at the 1-month follow-up. The veterans reporting abstinence from tobacco use also reported abstinence from alcohol and other drugs at the 1-month follow-up.

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While the prevalence of smoking is declining in the general population, this decline is not seen in those suffering with mental illnesses, particularly, those with schizophrenia (Evins et al., 2005). In a nationally representative U.S. sample, Lasser et al. (2000) found that individuals with a mental illness are nearly twice as likely to smoke as persons without a mental illness, purchasing approximately 45% of the tobacco products sold in the U.S. today.

The Substance Abuse and Mental Health Services Association (SAMHSA, 2010) reports that among the general population, tobacco use in persons suffering with schizophrenia ranges from 62% to 90%, bipolar disorder 51% to 70%, major depression 36% to 80%, anxiety disorders 32% to 60%, PTSD 45% to 60%, attention deficit hyperactivity disorder 38% to 80%, alcohol abuse 34% to 80%, and other addictions 49% to 98% (Beckham et al., 1995; Grant, Hasin, Chou, Stinson, & Dawson, 2004; Lasser et al., 2000; Ziedonis, Kosten, Glazer, & Frances, 1994).

Given the high rate and severity of tobacco dependence among psychiatric patients this is a serious issue for the Veterans Administration (VA) health care system, which is the largest provider of

behavioral health care in the nation (VA, 2004). Of all the veterans receiving treatment within the VA system, 25 to 40 percent have a psychiatric disorder (VA, 2006). Many veterans with psychiatric disorders, particularly seriously mentally ill veterans, have high morbidity and mortality rates, which are often related to tobacco-caused illnesses (Cradock-O'Leary et al., 2002). As a result, many individuals with mental illness or addiction will likely die of medical disorders caused by tobacco use (Hurt et al., 1996).

This research examined the effects of participation in tobacco cessation education on tobacco, alcohol, and other drug use in a sample of veterans who sought treatment for substance use disorders (SUDs). The transtheoretical model (Prochaska & DiClemente, 1983) provided the theoretical framework for the study. This intervention was predicted to improve substance use outcomes for veterans enrolled in the Substance Abuse Residential Rehabilitation Treatment Program (SARRTP) Tobacco Cessation Group. Measurements included the stage of change for tobacco use, workbook progression, pharmacotherapy used, pharmacotherapy adherence, urine drug screens and breathalyzer tests, and self-report of tobacco, alcohol, and other drug use.

The Substance Abuse Program

The SARRTP is a 28-day residential treatment program that immerses veterans in psychosocial interventions including cognitive-behavioral therapy, brief advice and education, motivational and stage-

* Corresponding Author: Bridgette Helms Vest, DNP, PMHNP, GNP, VA Medical Center, 1970 Roanoke Boulevard, Salem, VA 24153.

E-mail addresses: bridgette.vest@va.gov (B.H. Vest), cfk9m@virginia.edu (C. Kane), josephine.demarce@va.gov (J. DeMarce), ed5z@virginia.edu (E. Barbero), rbh8a@virginia.edu (R. Harmon), joanne.hawley@va.gov (J. Hawley), lauren.lehmann@va.gov (L. Lehmann).

based interventions, relapse prevention and skill-based and behavioral strategies (a complete description of the program may be obtained from the first author). Veteran's self-select group programs for participation which include introduction to 12-step, pain management, cognitive rehabilitation, dealing with depression, mental health and recovery, mindfulness, recreation therapy, life skills training, goal setting, relationship building, family therapy, wellness education, and more. Veterans are encouraged to work with their case manager and treatment team in order to choose groups that are most appropriate for their treatment goals.

The Tobacco Cessation Program

The SARRTP Tobacco Cessation Group met three times weekly for 30 minutes each session. Topics were presented in a structured workbook format, allowing each participant to cover the entire workbook during his or her stay in the 28-day program. Workbook progression was documented in the electronic medical record. Topics discussed in the Tobacco Cessation Program included the health benefits of tobacco cessation, personal reasons for tobacco cessation, coping with triggers, breathing techniques for stress management, strategies to reduce smoking, quit date preparation, weight management strategies, exercise tips, identifying supportive people, dealing with slips and relapse, and medications for tobacco cessation. By identifying the relationship between a person's tobacco use and substance use, patients are able to identify associations and triggers. Pharmacotherapy was also provided during treatment and following completion of the program.

METHODS

Veterans (N = 137) were included in the study if they were 1) admitted to the Salem Veterans Affairs Medical Center's SARRTP from May 1, 2012 through December 31, 2012.; and 2) reported tobacco use within 1 month prior to admission to the program. Participants (N = 137) were between the ages of 24 and 70 with a mean age of 48.41 (SD = 11.30). The majority (96%) of participants were male. Fifty-seven percent of the sample was identified as Caucasian, 42% as African American, 1% as Hispanic and 1% as "other." Eighty-four percent of the sample was diagnosed with an alcohol use disorder, and 78% was diagnosed with drug use disorder. Fifty-eight percent had a co-occurring non-SUD Axis I diagnosis (see Table 1 for detailed sociodemographic information).

Table 1
Baseline Characteristics (n = 137).

Characteristics	N	%	
Gender	Male	131	95.6
	Female	6	4.4
Race	African American	57	41.6
	Caucasian	78	56.9
	Hispanic	1	0.7
	Other	1	0.7
Marital status	Never married	23	16.8
	Married	24	17.5
	Separated	22	16.1
	Divorced	62	45.3
	Widowed	6	4.4
Education	9th grade or less	7	5.1
	Some high school	34	24.8
	High school graduate	45	32.8
	Some college/technical	43	31.4
	Bachelors degree	7	5.1
	Masters degree	1	0.7
Psych Dx	Yes	80	58.4
	No	57	41.6
Drug Dx	Yes	107	78.1
	No	30	21.9
Alcohol Dx	Yes	115	83.9
	No	22	16.1

Demographic and baseline descriptive variables were compared for those who completed the 1-month follow-up (n = 97) to those who did not (n = 40). Chi-squares were used to compare categorical variables, and independent *t*-tests were used to examine continuous variables. No statistically significant differences were found for any of the variables examined.

Diagnostic information for substance use and other mental health disorders were obtained from the electronic medical records of each veteran admitted to SARRTP. All veterans who used tobacco were enrolled in the tobacco cessation group, whether they intended to quit using tobacco or not. Data collection included percentage of days abstinent from tobacco, drugs and/or alcohol at points on admission, 2 weeks following admission, discharge and 1 month follow-up as determined by urine drug screens, breathalyzer readings, and self-report.

RESULTS

Stages of Change

Prior to admission, 43 (31.4%) veterans stated that they had no interest in quitting tobacco. At graduation, that number changed to 13 (11.2%) veterans still expressing no interest in quitting smoking. At 1 month follow-up, there was an increase to 24 (24.7%) veterans who once again decided that they were not interested in quitting tobacco. The number of veterans in the precontemplation stage of tobacco cessation decreased from 31.4% to 24.7%. At the 1 month follow-up visit, 20 (20.6%) veterans were in the action stage of tobacco cessation (see Table 2 for further details).

Co-occurring Mental Illness

Of the 137 veterans enrolled in this study, 58.4% (n = 80) were diagnosed with a co-occurring mental health diagnosis. The most prevalent diagnosis was PTSD (n = 35) followed by major depressive disorders (n = 28), schizophrenia (n = 8), bipolar disorder (n = 6), and anxiety disorder (n = 3). Of the 97 veterans noted at follow-up, 53 had a co-morbid mental health diagnosis. Of those veterans, 49 abstained from alcohol and other drugs of abuse, and 11 had abstained from alcohol, other drugs of abuse and tobacco. Twenty-four veterans with co-occurring mental health diagnoses were lost to follow-up.

Workbook Progression

One hundred percent of the participants completed the workbook. There are twelve sections, each one covered on one of the 12 days the group meets during admission to SARRTP. Assignments were given to veterans who missed any groups due to conflicting appointments or illness. Veterans were encouraged to keep their workbooks following graduation to be used as tools for relapse prevention for tobacco, alcohol and other drugs of abuse.

Medication Adherence

In the month prior to entering treatment 32.1% (n = 44) of participants reported that they were prescribed pharmacotherapy,

Table 2
Stage of Change for Quitting Tobacco.

	Baseline (n = 137)	2-weeks (n = 121)	Discharge (n = 116)	Follow-up (n = 97)
Precontemplation	43 (31.4%)	14 (11.6%)	13 (11.2%)	24 (24.7%)
Contemplation	42 (30.7%)	25 (20.7%)	19 (16.4%)	23 (23.7%)
Preparation	47 (34.3%)	69 (50.4%)	70 (60.3%)	30 (30.9%)
Action	5 (3.6%)	13 (10.7%)	14 (12.1%)	20 (20.6%)
Maintenance	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)

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