



Predictors of quit attempts among smokers enrolled in substance abuse treatment



Cristina Martínez^{a,b,c,*}, Joseph Guydish^a, Thao Le^a, Barbara Tajima^a, Emma Passalacqua^a

^a Philip R. Lee Institute for Health Policy Studies, University of California, San Francisco, CA, USA

^b Cancer Prevention and Control Group, Institut d'Investigació Biomèdica de Bellvitge, IDIBELL, Barcelona, Spain

^c Medicine and Health Sciences School, Universitat Internacional de Catalunya, Barcelona, Spain

HIGHLIGHTS

- This study explores for the first time quit attempts among smokers in addition treatment in New York the first U.S state that required all certified addiction treatment programs to implement tobacco-free grounds and tobacco dependence interventions.
- Data shows that half of smokers in addiction treatments reported at least one past-year quit attempt. This finding confirms that persons in addiction treatment are as interested in quitting as smokers from the general population.
- This study adds to the scarce literature on quit attempts, that both clinician services and favorable patient attitudes toward quitting can increase quit attempts in this population.

ARTICLE INFO

Available online 27 August 2014

Keywords:

Smoking
Quit attempts
Substance abuse
Substance abuse treatment centers

ABSTRACT

Introduction: This study investigates factors predicting past year quit attempts among smokers enrolled in substance abuse treatment in New York State.

Methods: Data were drawn from two prior cross-sectional surveys conducted among clients treated in 10 randomly selected substance abuse treatment programs. Among 820 clients recruited, 542 self-identified as current smokers, and 485 provided information about their quit attempts. The main outcome was reporting a quit smoking attempt in the past year, dichotomized as quit attempters or non-quit attempters. Univariate and multivariate logistic regression analyses were performed to explore predictors of attempting to quit.

Results: Half of substance abuse clients in treatment programs reported a past year quit attempt. Quit attempters were more likely to be in a preparation and contemplation stage of change (preparation: OR = 2.68, 95% CI: 1.51–4.77; contemplation: OR = 2.96 95% CI: 1.61–5.42), reported more positive attitudes toward quitting (OR = 1.49; 95% CI: 1.11–1.99) and received more cessation services than non-quit attempters (OR = 1.21; 95% CI: 1.11–1.99).

Conclusions: Addressing patient attitudes about quitting smoking, having clinicians address smoking in the course of addiction treatment, and offering interventions to increase readiness to quit may contribute to increased quit attempts in smokers enrolled in addiction treatment programs.

© 2014 Elsevier Ltd. All rights reserved.

1. Introduction

Despite significant progress in reducing cigarette smoking in the general U.S. population, from 40% in 1964 to 19.0% in 2011 (Centers for Disease Control and Prevention [CDC], 2012; King, Dube, & Tynan, 2012; McGinnis & Foege, 1999; Okuyemi et al., 2013), smoking rates have remained high among persons with addictive disorders (CDC,

2013). Not all persons with addictive disorder enter treatment, but those who do enter treatment have very high smoking prevalence. Using epidemiologic data from the National Survey on Drug Use and Health (NSDUH), and for the period 2000–2009, smoking prevalence among persons who received any addiction treatment in the past year ranged from 67% to 69% (Guydish, Passalacqua, et al., 2011; Guydish, Tajima, Chan, Delucchi, & Ziedonis, 2011).

Persons with addictive disorders initiate smoking at a younger age, and are more likely to be heavy smokers, have higher nicotine dependence, and experience greater difficulty with quitting (Grant, Hasin, Chou, Stinson, & Dawson, 2004; Ward, Kedia, Webb, & Relyea, 2012). However, this population is interested in quitting smoking (Hughes &

* Corresponding author at: 3333 California Street Suite 265, San Francisco, CA 94118, USA. Tel.: +1 415 476 0954; fax: +1 415 476 0705.
E-mail address: Cmartinez2@gmail.com (C. Martínez).

Kalman, 2006), and can quit successfully with intensive and specialized cessation interventions (Schroeder & Morris, 2010).

Consistent with high smoking prevalence among those in addiction treatment, Hurt et al. (1996) found that persons admitted to an inpatient alcohol treatment program were more likely to die from tobacco-related causes than from alcohol-related causes. Similarly, a 20 year longitudinal follow-up study of patients enrolled in the California Civil Addict Program in the 1960s showed that smokers were four times more likely to die than non-smokers (Hser, Anglin, & Powers, 1993).

Approximately 4 million persons receive some form of addiction treatment annually (Substance Abuse and Mental Health Services Administration, 2009). Most addiction treatment occurs in the public sector, supported by federal and state funding (Olfson & Mechanic, 1996), and in treatment systems regulated at the state level. In recent years some states have experimented with tobacco control policies in their addiction treatment system, including the use of smoke-free grounds (Drach, Morris, Cushing, Romoli, & Harris, 2012; Guydish, Tajima, et al., 2012; Guydish, Ziedonis, et al., 2012; Utah department of health, 2011). Smoke-free grounds, now implemented over half of U.S. hospital campuses (Williams et al., 2009), may both deliver a positive health message and promote increased interest in quitting smoking (Rigotti, Munafo, & Stead, 2008; Rigotti et al., 2000). Previous studies have demonstrated that hospitalization in a smoke-free psychiatric hospital triggers smokers' quit attempts and increases expectancies about quitting and staying smoke-free (Ratschen, Britton, Doody, & McNeill, 2009; Shmueli, Fletcher, Hall, Hall, & Prochaska, 2008). Schroeder and Morris (2010) recommend addressing tobacco use in substance abuse and mental health populations by including the use of smoke-free treatment environments, tailored treatments, and supportive clinicians. Research suggests that patients who quit smoking also have better drug abuse treatment outcomes (Lemon, Friedmann, & Stein, 2003; Prochaska, Delucchi, & Hall, 2004; Shoptaw et al., 2002; Zhao, Stockwell, & Macdonald, 2009).

In 2008, the New York Office of Alcoholism and Substance Abuse Service (OASAS) required all state-certified addiction treatment programs to implement tobacco-free grounds – banning the use of all kinds of tobacco products, including smokeless, in indoor and outdoor areas – and provide tobacco dependence intervention for clients on request (OASAS, 2013). Studies of this initiative have reported that tobacco-free OASAS policy has (1) decreased client smoking (Guydish, Tajima, et al., 2012; Guydish, Ziedonis, et al., 2012), (2) improved smoking-related attitudes and practices among staff and patients in some programs (Guydish, Tajima, et al., 2012; Guydish, Ziedonis, et al., 2012), (3) decreased patients' previous resistances to tobacco-free policies (Brown, Nonnemaker, Federman, Farrelly, & Kipnis, 2012), (4) improved use of tobacco cessation-related intake procedures and use of recommended guidelines for treating tobacco dependence (Brown et al., 2012; Eby & Laschober, 2013; Eby, Sparks, Evans, & Selzer, 2012), and (5) linked the increase of smoking cessation interventions with clinician participation and organizational support (Eby, George, & Brown, 2013).

Our group conducted patient surveys in a random sample of New York State addiction treatment programs before and after the OASAS policy was implemented. We observed a small but significant decrease in smoking prevalence over time (69.4% to 62.8%, $p < .05$). Although the OASAS tobacco policy was associated with a reduction in smoking prevalence, it is clear that tobacco consumption among these patients is still high, even in the presence of favorable environments that provide tobacco-free grounds and access to tobacco-related services (Schroeder & Morris, 2010). The current study is a secondary analysis concerning quit attempts among smokers enrolled in New York State addiction treatment programs, comparing those who made at least one quit attempt in the past year with those who did not. Findings may inform efforts to increase the rate of quit attempts in this vulnerable population, where smoking prevalence is high and recalcitrant to change.

2. Methods

2.1. Design study

Data were drawn from two prior cross-sectional surveys conducted among clients enrolled in a random sample of 10 treatment programs (Guydish, Tajima, et al., 2012; Guydish, Ziedonis, et al., 2012). The first survey was in 2008 before the OASAS tobacco-free regulation was implemented, and the second was one year later in 2009. The sample of participating programs included 3 outpatient, 2 methadone, and 5 residential programs. Research staff visited each program to conduct survey data collection with a convenience sample of clients. In residential programs, all clients present on the day of the site visit were invited to a meeting where a research team member completed consent procedures and distributed the survey. In outpatient clinics, a researcher was present to conduct data collection after group sessions, and in methadone clinics a researcher was present during morning dosing hours. Participation was voluntary and anonymous, and participants received a \$20 gift card for completing the survey. Procedures for drawing the sample of programs and their representativeness of the treatment system, and procedures for participant recruitment and data collection were reported previously (Guydish, Tajima, et al., 2012; Guydish, Ziedonis, et al., 2012). Study procedures were approved by the University of California San Francisco institutional review board.

2.2. Inclusion criteria and sample size

A total of 820 clients were recruited, 409 in 2008 and 411 in 2009. The analysis reported here is focused on 542 self-identified current smokers, defined as those who endorsed the survey item responding "I currently smoke every day" or "some days." Current smokers were asked: "how many times in the past year did you quit smoking voluntarily for at least 24 hours?" We excluded 4 smokers who reported more than 50 quit attempts in the past year.

2.3. Variables

The *dependent variable* was whether the participant quit smoking in the past year, defined as voluntary smoking abstinence for at least 24 h (Hughes & Callas, 2010). The exact wording of our question was: "How many times in the past year have you quit smoking voluntarily for at least 24 hours?" Respondents provided number of quit attempts in the past year, and we dichotomized the distribution to "non-past quit attempters" (did not make a quit attempt) and "past quit attempters" (did ≥ 1 quit attempts) (from this point on called "non-quit attempters" and "quit attempters"). Among the 542 smokers, 485 responded about their quit attempts in the past year, representing 89.5% of smokers in the sample. Those who did not answer the quit attempts question ($n = 57$) had similar tobacco consumption characteristics to those who answered it ($n = 485$). In addition, they had similar socio-demographic characteristics in regards age, sex, ethnicity, and race but were significantly less educated (57.9% had less than high school education, in comparison with 34.0% of those included in this study; $p = .004$).

Independent variables included socio-demographics (age, gender, education), ethnicity/race (African American/Black, Caucasian/White, Hispanic, "Other" including Asian, Native Hawaiian, Pacific Islander, Native American), current employment (yes/no), and primary drug of choice (alcohol, crack/cocaine, heroin/opiates, others). In addition, we explored smoking patterns by asking smoking days per week, number of cigarettes per day, first cigarette per day (within 5 min, 6–30 min; 31–60 min; after 60 min), cigarette most difficult to give up (the first in the morning, all others), smoking more during the morning, and for the assessment of motivation we used the readiness-to-change model (pre-contemplation, contemplation, preparation) to measure desire to quit (Prochaska, DiClemente, & Norcross, 1992). If they were in a

Download English Version:

<https://daneshyari.com/en/article/7261209>

Download Persian Version:

<https://daneshyari.com/article/7261209>

[Daneshyari.com](https://daneshyari.com)