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Behavioural Treatment Dimensions Alcohol & Substance Misuse

Alcohol or Substance Misuse & Mental Health

Those drugs that are legally bought and sold are the most commonly used (and misused). In relation to alcohol, for example, UK statistics suggest that nearly one in three adults exceed the recommended daily consumption level on at least one day during per week, with men more likely to exceed the benchmark than women (ONS, 2006).

In relation to illicit drug use, the British Crime Survey (Home Office, 2007) estimated that 10% of adults in the UK had taken an illicit drug in the last year. This prevalence unsurprisingly varied with the substance concerned. For example, in the British Crime Survey, cannabis was the most frequently used illicit drug with around three million (11%) 16- to 59-year-olds reporting its use, while the figure dropped to one million (3%) for those who reported using Class A drugs.

The co-existence of mental health and substance misuse problems is often referred to as a 'Dual Diagnosis'. In the UK it is estimated that a third of mental health service users have a substance misuse problem (RCPsych, 2002), while among people involved in substance misuse treatment, one in five people report recent psychiatric treatment (Marsden et al 2000).

Substance Use & Smoking Cessation

For the individual stopping smoking, alcohol or drug use presents a potential trigger to a lapse back into smoking. In a recent study, McKee et al (2006) found that after consuming an alcoholic beverage, participants were less able to resist the first cigarette and smoked more cigarettes compared to a comparison group.

There may be a number of reasons why the use of other substances puts a smoking cessation attempt at risk. First, if the use of two substances has been associated for a prolonged period of time (eg – alcohol and cigarettes) then the use of one may create a craving for the other, possibly through the process of classical conditioning. Second, the use of another substance may dis-inhibit a quitting smoker and reduce their ability to resist smoking. Third, the use of another substance may bring a quitting smoker into contact with others with whom they formally shared their smoking as a social activity. Thus, offers of a cigarette, or even encouragement to smoke, may be more likely. Finally, the use of some substances, such as marijuana, can involve the concurrent use of smoked tobacco.

Strategies for Intervention

Little is known about how best to address the influence of other substance use on the course of an attempt to quit smoking. The most straight-forward strategy is avoidance of other substances, and in some cases, avoidance of the social context in which other substances are often used. For example, a person quitting smoking may temporarily avoid going to a bar, or meeting a friend with whom he or she usually smokes a joint.

Another strategy that does not rely on avoidance is the development of active coping strategies for dealing with the effects of other substances. These strategies can be developed with the help of the

Stop Smoking advisor, put into practice, and then reviewed at the next support session. For example, a service user may decide that she will continue to meet friends at a bar as normal. However, she may decide to ask her friends not to smoke in front of her, to not offer her a cigarette, and at times when she feels like smoking she may plan to leave the room temporarily (maybe going to the washroom) and take some time alone to let the craving pass.

Stop Smoking Interventions During Substance Misuse Treatment

There is debate over the question of whether people with substance misuse problems, especially those undergoing substance misuse treatment, should be offered stop smoking support. There is concern that for this group, smoking cessation will not only be ineffective, but also may hinder the success of the treatment dealing with the other substances.

There is evidence to contradict this view however, and indeed, it may be that continuing to smoke (rather than quitting) actually raises the risk that a person with an alcohol or drug problem will relapse back into the misuse of those substances. In their review of the available evidence, Prochaska et al (2004) examined 19 randomized controlled trials with individuals in current addictions treatment or recovery. Intervention effects for smoking cessation were significant at post-treatment and comparable for participants in addictions treatment and recovery. What is more, smoking cessation intervention provided during addictions treatment was associated with a 25% increased likelihood of long-term abstinence from alcohol and illicit drugs.

References

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