CIGARETTE SMOKING AND NICOTINE DEPENDENCE AMONG THOSE IN RESIDENTIAL TREATMENT FOR ALCOHOL AND DRUG PROBLEMS

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Abstract

The prevalence of smoking those in residential alcohol and drug treatment programmes is high and the negative health effects of cigarette smoking are well established. Smoking cessation support is not regularly offered to clients in alcohol and drug treatment programmes in New Zealand.

The aims for this study were to investigate the prevalence, clinical presentation and dependency features of smokers in residential alcohol and drug treatment. Further to establish what interest smokers, in residential alcohol and drug treatment, have in smoking cessation programmes and what smoking cessation interventions they would be interested in using. Differences in demographics, diagnosis and psychopathology between smokers and non-smokers in residential alcohol and drug treatment were also investigated.

This study used a structured questionnaire to interview 80 randomly selected clients at Queen Mary Hospital programme (Hanmer Programme and Taha Maori), Nova Lodge, The Salvation Army Bridge Programme and Odyssey House Trust. The interview included: demographics; stage of change; smoking history; dependency level, attitudes to smoking cessation; DSM-IV categories, including all alcohol and drugs sections, depression; ASPD and social phobia; and SCL-90. Statistical methods included descriptive statistics, t-test for comparing continuous variables, chi squared for nominal and odds ratios to compare groups. A significance level value of < 0.05 with 95% confidence interval was set for all statistical tests.

Results showed that the prevalence of smoking in this population was high compared with the general population. The level of dependency was high, and cigarette smoking started at an early age before other drug use. Withdrawal symptoms and unsuccessful attempts to stop smoking were features of nicotine dependency in this group. Participants reported that the reasons for smoking were because of habit, to relax and to cope with stress. Approximately 50% of the participants were interested, or very interested in smoking cessation intervention but more where interested in smoking cessation support after treatment for alcohol and other drugs. The stop smoking method that participants were most interested in was nicotine patches and anti-depressants the least preferred.

The significant demographic features related to smoking were shown to be lower education level and not being in a relationship. DSM-IV diagnoses that were significantly associated with smoking included cannabis use (both current and lifetime) ASPD, lifetime depression, and social phobia (both current and lifetime). On the SCL-90, dimensions of phobic anxiety and paranoia were significantly associated with smoking.

The prevalence of smoking in participants in the study was three times higher than the general NZ population. Smokers in alcohol and drug treatment programmes regard their smoking as a problem and an addiction with over half wanting to stop in the near future. They were prepared to use stop-smoking support especially if it was offered after alcohol and drug treatment. Nicotine replacement therapy was the preferred intervention. There was a strong association between cigarette smoking and mental disorders. Which has implication for both understanding and treatment of nicotine dependence.