Smoking Cessation and Adolescent Treatment Outcomes

Christina M. Delos Reyes, M.D., Kathleen M. Svala, M.D., Narendra Singh, M.D., Michael D. Scur, B.A., and Maria E. Pagano, Ph.D.

Department of Psychiatry, Case Western Reserve / University Hospitals Case Medical Center, Cleveland, OH

Discussion

Background

• Cigarette smoking is the leading preventable cause of death
• 2 of 3 patients with substance use disorders (SUD) smoke
• Quitting smoking does not hinder and can improve AOD treatment response in adults
• Early initiation of smoking compounds tobacco-related health problems
• Impact of smoking cessation on adolescent treatment response unclear

Results

Intake Characteristics (Table 1)

- 195 youth
- 48% male
- Average age 16.2 years
- 50% with single parent
- 39% African-American, 8% Hispanic
- 87% with felony history
- 91% with substance dependence, 61% with comorbid alcohol dependence, 92% with comorbid marijuana dependence
- Limited 12-step participation

- 74% were smokers
- Youths smoked 1 pack per day on most days
- Youths who quit smoking at intake had less abstinence in the prior month and used more alcohol, hallucinogens, marijuana, and inhalants than non-smokers

Discharge Characteristics (Table 2)

- 195(90%) completed treatment, 10(5%) prematurely discharged
- 49% of smokers did not smoke during treatment

- Quitters vs. continued smokers: similar intake profile, limited 12-step participation
- Similar NRT rates for continued smokers (4%) and quitters (6%) (p<.05)
- Greater reduction in AOD cravings among quitters (p<.01)
- Greater increase in psychosocial improvements among quitters (p<.01)
- Greater service participation among quitters (p<.05)

Future Research

• Preliminary study to explore impact of smoking cessation on adolescent treatment response: Large sample of high-risk juvenile offenders with substance dependence, including 302 girls
• Rigor of assessments (biomarkers, TLFB, multiple informants)
• Advanced analytic methods
• Naturalistic study in clinical care setting

Clinical Implications

• Findings support smoke-free environments
• Integration of tobacco interventions/NRT into treatment
• Educate patients and staff that smoking cessation is feasible and associated with improved AOD outcomes
• Encouraging AA-related helping may further quit attempts

Risk of Funding Source: This research was supported in part by grants awarded to Dr. Pagano from the National Institute on Alcohol Abuse and Alcoholism (NIAAA, K01AA011687) and the John Templeton Foundation (JTF #13591). The NIAAA and JTF had no further role in study design, in the collection, analysis, and interpretation of data.

Acknowledgements

The presenters wish to thank the New Directions program, staff, and participants in this study.

Role of Funding Source: This research was supported in part by grants awarded to Dr. Pagano from the National Institute on Alcohol Abuse and Alcoholism (NIAAA, K01AA011687) and the John Templeton Foundation (JTF #13591). The NIAAA and JTF had no further role in study design, in the collection, analysis, and interpretation of data.