

Smoking-cessation 'quitlines' could help identify hazardous drinkers

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Although numerous studies have shown a strong link between drinking and smoking behaviors, few telephone smoking-cessation "quitlines" routinely screen and counsel callers about their alcohol use. A first-of-its-kind study of drinking and smoking-cessation rates among callers to the New York State Smokers' Quitline (NYSSQL) has found that a high proportion of the smokers calling also drank at hazardous levels, and these high-level drinking smokers had more difficulty quitting smoking than moderate drinking smokers.

Results will be published in the September 2012 issue of *Alcoholism: Clinical & Experimental Research* and are currently available at Early View.

"Quitlines provide telephone-based treatment services for smokers who want assistance quitting," explained Benjamin A. Toll, assistant professor of psychiatry at the Yale University School of Medicine. "All quitlines offer counseling and self-help materials. About 75 percent of quitlines also offer free medications."

"Quitlines have a broad reach, serving about a half a million smokers in the US each year, and are able to reach populations of smokers that would otherwise be difficult to provide services to," added Christopher Kahler, professor of behavioral and social sciences at the Center for [Alcohol](#) and Addiction Studies at Brown University. "They are a remarkable success story in taking tested treatment methods, validating them for use in a new format, and disseminating this approach very

broadly. Quitlines are available in all 50 states and are common in Europe, Canada, and elsewhere."

Toll said that his group chose the NYSSQL for study because he had worked with the quitline for more than five years on various research projects. "It is one of the busiest quitlines in the country – receiving [more than] 100,000 contacts for assistance in 2010 – and is committed to researching innovative treatments to help smokers quit."

Toll and his colleagues assessed rates of hazardous [drinking](#) among 88,479 (53.2% female) callers to the NYSSQL using modified guidelines from the National Institute on Alcohol Abuse and Alcoholism. The study authors also collected data during two routine follow-up interviews (n=14,123, n=24,579), and a three-month follow-up interview (n=2,833), in order to compare [smoking-cessation](#) rates for callers who met criteria for [hazardous drinking](#) as compared to moderate drinkers and non-drinkers.

"Our strongest finding was that in a large sample of smokers – almost 90,000 individuals – a relatively high proportion, almost 23 percent, drank at government-defined hazardous drinking levels," said Toll. "This is the first study to assess prevalence of hazardous alcohol use in a quitline population of smokers."

"In other words, this study demonstrated that hazardous drinking occurs in almost one out of four quitline callers and can interfere with efforts to quit smoking," said Kahler. "The results provide powerful documentation that there are a large number of heavy drinkers who could be served through the quitline system if assessments and brief alcohol intervention were made a part of the quitline protocols."

While the high proportion of smokers who were hazardous drinkers surprised neither Toll nor Kahler, they both said the reasons for this

association are varied.

"There are many potential contributing factors," said Kahler. "First, those who drink heavily may have more disrupted lives and more psychosocial stressors. They are likely to have a higher proportion of smokers in their social networks. Finally, drinking alcohol can lead to cravings to smoke, and high levels of drinking may make it more difficult to inhibit smoking behavior during a quit attempt. Results from prior work I have done suggests that heavy drinkers are generally equally motivated to quit smoking as moderate drinkers."

Both Toll and Kahler said that this study highlights a novel way to reach a very large number of hazardous drinkers to assist them in reducing their alcohol consumption.

"Brief alcohol interventions for as short as five minutes have been shown to reduce rates of hazardous drinking," said Toll. "It would be relatively straightforward for quitlines to add in a counseling module specific to hazardous drinkers. In fact, we just completed data collection for a study testing the effect of adding a brief alcohol intervention to standard NY quitline smoking cessation treatment for hazardous drinking smokers. We expect the results of that study to be forthcoming within the year."

"The standard advice is to recommend that smokers avoid drinking alcohol as much as possible when quitting," added Kahler. "However, that advice is not very detailed. Our approach in clinical trials has been to provide information on the association between drinking and smoking relapse, assess drinking patterns and their association with quitting, and assess smokers' willingness to avoid or reduce drinking when quitting. After that, it is important to help smokers set concrete goals for their drinking and to check in on those goals at each session." That said, he noted, "we have found that even those [smokers](#) who make a quit attempt and fail are often able to maintain reductions in drinking."

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