

Stimulant-addicted patients can quit smoking without hindering treatment

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Smokers who are addicted to cocaine or methamphetamine can quit smoking while being treated for their stimulant addiction, without interfering with stimulant addiction treatment. This is according to new research funded by the National Institute on Drug Abuse (NIDA), part of the National Institutes of Health.

According to the Substance Abuse and Mental Health Services Administration, in 2008, 63 percent of people who had a substance use disorder in the past year also reported current tobacco use, compared to 28 percent of the general population. In fact, [smoking](#) tobacco causes more deaths among patients in substance abuse treatment than the substance that brought them to treatment. Despite this, most substance abuse treatment programs do not address [smoking cessation](#).

"Substance abuse treatment programs have historically been hesitant to incorporate concurrent smoking cessation therapies with standard drug addiction treatment because of the concern that patients would drop out of treatment entirely," said

NIDA Director Dr. Nora D. Volkow. "However, treating their tobacco addiction may not only reduce the negative health consequences associated with smoking, but could also potentially improve substance use disorder treatment outcomes."

In this study, published today in the *Journal of Clinical Psychiatry*, some cocaine and/or methamphetamine-dependent patients in [substance abuse treatment](#) were randomly assigned to also receive smoking cessation treatment. Treatment included weekly counseling sessions and extended-release bupropion during weeks one through 10; and a nicotine inhaler and contingency management, which awards prizes to encourage smoking cessation, during weeks four through 10. Outcomes were measured by drug and carbon monoxide testing, and by self-report during the 10-week trial and at a three- and six-month follow-up. Results showed that smoking cessation therapy significantly increased smoking quit rates—both during treatment and at follow-up—without negatively affecting participation in stimulant [addiction treatment](#).

"These findings, coupled with past research, should reassure clinicians that providing smoking-cessation treatment in conjunction with treatment for other [substance use disorders](#) will be beneficial to their patients," said Dr. Theresa Winhusen, from the University of Cincinnati College of Medicine and first author on the study.

More information: For a copy of the article by Winhusen et al., go to www.psychiatrist.com/privatepd...3m08449/13m08449.htm External Web Site Policy.

Provided by National Institutes of Health

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