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Abstract

The objectives of this study were: to establish the extent to which addiction professionals are willing to treat nicotine addiction concurrently with other addictions, and to evaluate what factors affect their attitudes.

A 21-item questionnaire was developed and distributed to therapists, physicians and other mental health workers in different treatment settings in Southeastern Virginia.

CD staffers own smoking histories were significantly related to: their perceptions of the impact of nicotine use, and how likely they were to intervene in patients' nicotine use. Intervention in CD staffers own smoking behavior may increase the treatment of nicotine dependence in their patients.

(Suggested Keywords, Index Medicus MeSH: *Tobacco Use Disorder, Attitude of Health Personnel, Nicotine, Substance Dependence, Chemical Dependency Treatment*)

INTRODUCTION

It is a basic tenet in the treatment of alcoholism and drug dependence and in the maintenance of recovery (through the twelve steps of AA/NA) that individuals who wish to maintain long-term sobriety refrain from using any mood altering chemicals. The alcohol dependent person, for example, must not use drugs such as

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cocaine; the individual who is addicted to heroin must not consume alcohol. Nicotine addiction, however, has long been ignored in the treatment of chemical dependency. The coincidence of tobacco and alcohol use ranges between 60% and 94%, and those who are chemically dependent are more likely to be smokers (1,2). On average, 25% of all longtime smokers will die from causes directly attributable to smoking. Those who die prematurely will do so, on average, seven years earlier (3). The health consequences of long-term tobacco use are well documented: lung disease, heart disease, and cancers. There is evidence that chemically dependent individuals are more likely to die from the sequelae of tobacco use than from their primary drugs of choice (4). Given these facts one might wonder why nicotine addiction has been ignored.

There are many barriers to the institution of smoking cessation programs concurrent with intensive treatment for drug and alcohol dependence. Among the most difficult to overcome are the attitudes about smoking cessation held by addiction professionals. There is a common belief that concurrent interventions for nicotine dependence in patients suffering from alcohol and other drug addictions will adversely affect the overall recovery process. More pragmatic professionals are concerned that smoking cessation will be very disruptive to the treatment milieu. Some simply doubt the efficacy of treating nicotine addiction while patients are undergoing treatment for other addictions.

The objectives of this study were four-fold. First, we sought to evaluate how willing addiction professionals are to treat nicotine addiction while they are treating addictions to other substances. Secondly, we wanted to understand how the respondents' own nicotine use history and training/education in nicotine addiction affected their attitudes. Thirdly, we hoped to evaluate respondents' perceptions of nicotine addiction, particularly with regard to its impact on overall health and recovery. Finally, we wanted to assess respondents' perceptions regarding the effectiveness of intervening in nicotine addiction and how interventions might affect the treatment process for drug and alcohol dependence.

METHODS

A 21-item questionnaire was administered to 165 substance abuse professionals in six different CD treatment centers in southeastern Virginia. Respondents were asked to complete the questionnaire and return it anonymously. This questionnaire was derived from the modification and combination of: a published instrument (5) which was based on a questionnaire developed by Bobo and Gilchrist (6), an instrument used in a pilot study, developed by Gill and Bennett (7) and novel items.

RESULTS

The total number of professionals who responded was 134, yielding a response rate of 80.7%. The breakdown of respondents by profession was 75% substance abuse counselors, 18% nurses and 7% physicians. 45% of the respondents reported that they

TABLE 1.

How Respondents Answered the Question: "Would You Agree to Incorporate a Nicotine Cessation Program in Your CD Program?", as a Function of Their Smoking History

	No Response	No	Indifferent	Yes
Non-smokers	2%	10%	6%	82%
Ex-smokers	5%	14%	9%	72%
Current smokers	0%	36%	0%	64%

P = 0.004.
Cramer V = 0.316.

had used tobacco regularly in the past but not at the time of the survey, 17% had never used tobacco products and 38% were current users at the time of the survey.

Over 80% of the respondents estimated that 50–100% of the patients seen in their treatment programs used tobacco products. 70.9% of the respondents thought that it was at least probable that alcoholic and non-nicotine drug dependent individuals have a harder time giving up tobacco products than individuals who are not addicted to substances other than alcohol. When asked how often these professionals found their patients receptive to discussing the patient's nicotine dependence, approximately half stated rarely or never. Nevertheless, the majority of respondents said that they would want to incorporate a nicotine cessation program into their respective treatment programs (See Table 1). When asked how treating nicotine dependence concurrently with other addictions might affect the recovery process, 57.5% of the respondents thought that treatment for nicotine addiction increased chances for recovery. However, 20.1% thought that it would have no effect and 17.9% thought that concurrent treatment actually decreases the chance that addicts/alcoholics would stay in recovery. Moreover, the more hours of education a respondent had with respect to nicotine addiction, the more likely he or she was to believe that interventions, with respect to nicotine addiction, are effective.

When perceptions of the impact of active nicotine addiction on health and recovery are viewed as a function of professionals' own tobacco use history, two interesting but not unpredictable trends emerged. Those who were not in active nicotine addiction (never-smokers and ex-smokers) tended to think that tobacco use had a large impact on general health (65% and 76% respectively), whereas those who were current smokers tended to think that the impact of smoking was only moderate (59%) (See Table 2). Ex-smokers and never-smokers perceived in greater numbers (55% and 67% respectively) than current smokers that tobacco use hinders recovery from other addictions (See Table 3).

When asked their opinions regarding the efficacy of different modalities of treatment, 64.9% of respondents favored individual counseling, 85.9% favored nicotine dependence groups and 88.1% favored alternate nicotine delivery systems. Not surprisingly, 91.8% of all respondents favored a combination of all three. When asked

TABLE 2.

How Respondents Answered the Question: "How Much of an Impact Does Nicotine Use Have on Overall Health?", as a Function of Their Own Smoking History

	Little	Moderate	Large
Non-smokers	6%	29%	65%
Ex-smokers	2%	22%	76%
Current smokers	0%	59%	41%

P = 0.014.
Cramer V = 0.220.

how large an emphasis should be placed on smoking cessation during treatment for other addictions, only 11.9% stated that the emphasis should be heavy, 33.6% said little or no emphasis and 51.5% stated that there should be moderate emphasis placed on it.

Respondents' perceptions were examined based upon the amount of annual nicotine dependence education they received. One hundred percent of those with more than 20 hours of education annually perceived that therapeutic interventions to help patients stop smoking increased patients' chances of maintaining sobriety from other drugs and alcohol, whereas only 54% of those with less than 5 hours of education agreed. Similarly, 75% of those with 20 hours or more of education thought that individual counseling was important in helping patients stop smoking; however, only 10% of those with less than 5 hours annually agreed. When asked about their own practices regarding helping patients to stop smoking, 50% of those who had 20 or more hours of education addressed smoking in at least 50% of their patient encounters, whereas 5% of those with less than 5 hours of nicotine education annually did the same. Moreover, 36% of those with minimal education in the area of nicotine dependence (10 or fewer hours) stated that they never addressed smoking cessation with their patients.

TABLE 3.

How Respondents Answered the Question: "Do You Think Nicotine Use Impacts on Recovery From Other Addictions?", as a Function of Their Own Smoking History

	No Response	Nicotine Use Hinders Recovery	Nicotine Use Facilitates Recovery	Nicotine Use has no Impact on Recovery
Non-smokers	2%	67%	18%	13%
Ex-smokers	4%	55%	12%	29%
Current smokers	0%	23%	36%	41%

P = 0.008.
Cramer V = 0.260.

DISCUSSION

The results of this study indicate that there is indeed a great deal of diversity among addiction professionals. This is true with respect to their education regarding nicotine dependence as well as their own personal histories of nicotine use. This is also evident in their perceptions of nicotine use/dependence and its impact on overall health and recovery from other addictions. They also varied as to whether they thought intervention in nicotine dependence should be undertaken during treatment for other addictions.

It appears that several individual factors may be highly predictive of professionals' attitudes regarding smoking cessation programs during chemical dependency treatment. In the current study, the professional's own smoking behavior is significantly related to whether or not he/she desired to have a smoking cessation program in his/her respective treatment facility. Specifically, the majority of all groups (never-smokers, ex-smokers and current smokers) wanted to have such programs. However, significantly more never-smokers than ex-smokers and significantly more ex-smokers than current smokers were in favor of the smoking cessation programs during concurrent treatment for other addictions. These results are consistent with earlier findings by Bobo and Davis (8) in which they found that professionals who smoke prefer to never address cigarette smoking in their patients; conversely, professionals who are non-smokers and non alcoholic are most likely to encourage smoking cessation. A plausible explanation is that psychological factors that allow one to smoke initially, or to continue to smoke, may account for the ex-smokers' and current smokers' relative reluctance to favor concurrent treatment of nicotine addiction.

Another factor which is reliably related to attitudes and perceptions is the amount of continuing education in the area of nicotine addiction. Specifically, the more education that professionals receive in the area of nicotine addiction, the more likely they are to believe that nicotine addiction has a significant impact on patient's recovery from other addictions. The more education respondents had in the area of nicotine dependence the more likely they were to believe that individual counseling has some efficacy in treating nicotine addiction. The more education a respondent had in the area of nicotine dependence the greater the percentage of times the respondent spent in addressing nicotine dependence in his/her patients. The interpretation of this result is much less clear. One might suspect that as professionals are better educated about nicotine dependence they are more willing to address it in their patients; however, it would be equally plausible to assume that those who tend to see nicotine as an important, treatable issue tend to seek out more education regarding nicotine dependence. Further controlled studies would be needed to help clarify this issue.

Interestingly, the majority of all respondents thought that moderate to heavy emphasis should be placed on smoking cessation during treatment for other addictions; nevertheless, the majority of respondents reported that they addressed smoking in 10% or less of their sessions with patients. The origin of this gap between

perception and action is not clear. One reason might be the workload in terms of numbers of patients and the greater acuity of problems due to illicit drugs and alcohol. In other words, drugs and alcohol tend to cause more immediate and dramatic problems, thus professionals with only limited time must direct most of their energies to these addictions. Certainly, more work is needed to help understand what prevents professionals from providing interventions which they see as important and effective to their addicted patients.

No reliable relationship between professional discipline and perceptions, attitudes or clinical practice could be found. This is most likely due to the skewed sample of respondents. The overwhelming majority of respondents were addiction therapist or counselors; only a very small number of respondents were nurses or physicians which is reflective of the general population of chemical dependency treatment staffers. Clearly, more data is needed in this area.

In summary, addiction professionals' attitudes and perceptions regarding nicotine dependence are influenced by several factors. One of the most important appears to be smoking history. Given the evidence that chemically dependent individuals are more at risk for complications from smoking, a major implication of this study would be that intervening in the nicotine addiction in treatment staff may go a long way towards removing professionals' attitudes as barriers to implementing smoking cessation programs within addiction treatment programs. The fact that patients state they are willing to address nicotine addiction while in treatment for other addictions would serve to underscore this point (9).

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