

Smoking cessation interventions in substance use treatment facilities: clinical implications and recommendations for implementation

Tratamiento del tabaquismo en centros de tratamiento de drogodependencias: implicaciones clínicas y recomendaciones para su implementación

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There exists mounting evidence stating the positive impact of smoking cessation over substance use abstinence outcomes. While quitting smoking is related to a 25% greater likelihood of long-term abstinence from drugs (Prochaska, Delucchi, & Hall, 2004), smoking leads to 4.86 times greater odds of substance use relapse (Weinberger et al., 2018). Despite consensus having been reached in favor of the implementation of smoking cessation services in substance treatment facilities (Cohn, Elmasry, & Niaura, 2017), the integration of quitting aids within these contexts has been scarcely adopted. In Spain, the organizational culture of substance use treatments is considered the major barrier to integrating smoking cessation services (Nieva & Gual, 2005). Both staff and patients typically perceive tobacco as a less harmful drug than alcohol. The belief that smoking cessation will compromise substance abuse recovery deters patients from quitting.

This study sought to advance knowledge on the provision of smoking cessation treatments within substance use disorder SUD treatment facilities in Spain. It also sought to identify barriers to effectively implementing smoking cessation treatments.

A total of 20 SUD treatment facilities from the Principality of Asturias (located in the north-west of Spain with 1,034 million inhabitants), were identified using a guide on substance use resources (Health Council of the Principality

of Asturias, 2016). Of 20 existing facilities, 15 agreed to participate (7 out of 12 ambulatory, 5 out of 5 residential and 3 out of 3 mixed facilities). Treatment modality was primarily mixed (14/15), followed by female-centered (1/15). Most of the treatment programs were focused on three or more substances (10/15), followed by cocaine only (2/15), cocaine and opiates (1/15), cannabis only (1/15), and alcohol only (1/15). An ad hoc survey (fully accessible at <https://docs.google.com/forms/d/1y1Mt-PzmQQptSHVHOprsd2dBOaAGmf9NzRJw5Ih9UFkA/edit?ts=5c86aee2>) comprising 34 items was provided to the principal coordinator of each facility between July-October 2018 to collect data on the availability/provision of resources to support patients' quit attempts and normative tobacco use. The coordinators were also queried on their opinion about providing patients reporting SUD with quitting aids.

Of the 15 surveyed centers, only 3 (20%) systematically offered smoking cessation. A total of 10 out of 15 centers (66.66%) self-reported any tobacco control measure: banning cigarette exchange (4/10; 40%), limiting time for rolling cigarettes (4/10; 40%), and using cigarettes as a prize/punishment (2/10; 20%). Barriers to effectively implementing smoking cessation treatments are reported in Table 1.

The low provision of quitting aids within SUD treatment facilities is substantially lower than the one reported by a similar study indicating that 55.6% of 142 Spanish drug

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centers provide cessation support (Becoña Iglesias et al., 2006). Delaying offering quitting aids results in a lack of treatment for some patients who would otherwise have been interested in attempting to quit.

Table 1. *Barriers to effectively implementing smoking cessation treatments (N = 15)*

Staff level (n/%)	Negative beliefs of the effect of quitting smoking on SUD abstinence	11 (73,3%)
	Lack of specific training	2 (13,3%)
Resource level (n/%)	Lack of financial and time resources	3 (20%)
Organizational level (n/%)	Lack of recognition of smoking cessation as part of the therapeutic plan	9 (60%)
	Lack of restrictions on the daily CPD	7 (46,6%)

Note. SUD = Substance use disorder; CPD = Cigarettes per day.

We have identified several factors that reduce the chance of addressing patients' smoking behavior: negative beliefs regarding the impact of quitting over drug abstinence, lack of smoke-free policies, no staff training, and a permissive smoking culture.

Organizational change approaches have been increasingly developed and assessed within drug treatment settings and shown to be cost-effective for increasing provision of cessation counselling (Skelton et al., 2018). Implementing organization change models pursuing "denormalization" of tobacco use, providing staff with education on smoking cessation treatment and eliminating negative beliefs of the effect of quitting smoking on SUD abstinence are all highly advisable measures.

Limitations need to be mentioned. The fact that we did not collect data on patients and staff might have negatively impacted the center's representativeness. Also, the fact that the study was restricted to Asturias prevents its generalization to other communities. Finally, hospitalization centers were not included, and the results cannot be extrapolated to these contexts.

In sum, these findings add substantially to the current situation on the provision of quitting aids within SUD facilities. Changes at patient, staff, and organizational levels should be approached in order to effectively integrate smoking cessation treatments into SUD treatment facilities.

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Conflict of interest

No conflict declared.

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