

Research Utilization: An Experience of National Study on Merging Smoking Cessation With Drug Abuse Treatment in Welfare Organization, Iran 2017

Mohsen Roshanpajouh, MD^{2*}, Gholamreza Heydari, MD, MPH, Ph.D.¹

Behroz Almasinia¹, Parizad Sinaee, Ph.D.¹, Mehri Amiri, Ph.D.²

^{2*}Addiction Researches Department, School of Behavioral Sciences and Mental Health, Iran University of Medical Sciences. (IUMS) Tehran, Iran

¹Tobacco Prevention and Control Research Center (TPCRC), National Research Institute of TB and Lung Diseases (NRITLD), Shahid Beheshti University of Medical Sciences, Tehran, Iran

²State Welfare Organization, Tehran, Iran

Abstract:

Background: Many of opium abusers are a tobacco smoker and would like to quit smoking but there is a challenge to accept that smoking cessation can be added to treatment for drug abuse. The aim of this study was to merging smoking cessation with drug abuse treatment nationally as research utilization based on finding from a randomized clinical trial on dual addiction in Tehran, 2012.

Method: This was a cross sectional study of merging quit smoking intervention with behavioral therapy and medication in 24 drug abuse treatment centers at welfare organization in 6 districts of Iran in 2017.

Results: More than 2000 male clients were involved with age over 18. 78% of them were satisfied with this new treatment and after 6 months 23% of them quit smoking, in 46% smoking less than half amount at first was seen and 31% were smoker while they had their maintenance medication on addiction.

Conclusion: Research utilization of smoking cessation intervention was acceptable and can have a significant impact on the general health of drug abusers.

Key words: smoking, cessation, drug abuse, treatment

BACKGROUND

Nicotine addiction is rarely regarded with the same urgency as drug narcotics abuse in the scope of public health [1]. Yet, with the rise of cigarette consumption within developing countries reaching epidemic levels, the specter of widespread smoking-related morbidity and mortality remains a looming public health crisis [2]. It is predicted that by 2030 over 80% of smoking-related deaths worldwide will occur in countries with low or average income [3]. In the Islamic Republic of Iran, conservative estimates place the over prevalence at 16% [4]. Recent data show that 80.6% of current smokers first experimented before the age of 15 years (around the average age of narcotics experimentation). It is estimated that 10.3% of young people smoke habitually [5].

Over the past two decades the demographics of drug abuse in the Islamic Republic of Iran have been similarly changing. Whereas the average age of addiction used to fall between 25 and 29 years, that figure is now between 10 and 19 years [6]. Today, the average drug abuser is younger and less financially stable. Couple this trend with an over all younger population in the Islamic Republic of Iran and the number of drug abusers

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is burgeoning. The behavioral connections between smoking and drug use become important as the mean age of introduction for tobacco and narcotics converge.

The intersection of these “dual addictions” is particularly problematic for Iranian health officials. Tobacco usage is very common among those addicted to drugs and especially among opiate abusers, who constitute the majority of the Islamic Republic of Iran’s addict population. Among this group 60%- 90% are smokers [7]. The phenomenon of dual addictions has been noted in studies around the world. In a study conducted in the north-eastern United States of America, 83% of those who receive methadone treatment are also addicted to smoking cigarettes [8]. Data from China’s National Institute of Addiction show that cigarette smoking is prevalent among an astounding 99.4% of opiate addicts [9]. The principle explanation for the high prevalence of nicotine addiction among opium addicts is the neurochemical relatedness of the addictions. Research has shown that nicotine addiction is controlled by the same chemical nerve receptors that control addiction to opium derivatives [10]. Those undergoing methadone treatment report an intensified craving for nicotine [11]. Stein et al. [12] conducted a series of experiments in 2006 and 2007 that suggest there is a significant relationship between nicotine replacement therapy and a reduction in both smoking and drug abuse. Reid et al. in 2008 [13] demonstrated that smoking cessation treatment can be added to treatment for drug abuse. Elkader et al. in 2009 [14] showed that those who quit smoking cigarettes become more jovial and less restless or depressed and suggested that the two treatments can be combined. Contrarily, West et al. (15) noted that many treatment personnel will fully tolerate nicotine addiction among their patients as they see smoking as a coping mechanism for patients struggling with cravings for heroin and other hard drugs.

Nonetheless, it is clear that the elimination of nicotine dependency is crucial for the successful treatment of drug addiction. Doctors, clinicians and public health experts should become aware of the relationship between addiction to nicotine and opium derivatives in order to better provide for the social costs of public health. For the first time in Iran Heydari et al (16) showed that smoking cessation treatment with opium maintenance therapy had better outcome with less relapse. After that a challenge was started in health system to approve this new approach.

Since the many studies in this field were not utilized this research paper may represents the first research utilization on merging smoking cessation with drug abuse treatment nationally within the Islamic Republic of Iran in support of parallel treatment of dual addictions.

METHOD

This was a cross-sectional study was done from 2012 to 2016. The results of clinical trial (16) were reported to Iran Drug Control Headquarters and Treatment Deputy of State Welfare Organization. However, due to the contradiction of these results to the health policies at that time several scientific and advisory meetings were held in these organizations during which similar foreign and updated documents were presented and the treatment method was defended.

In 2014 following the confirmation of this method in State Welfare Organization it was appointed to sign scientific memorandum of understanding between Treatment Deputy of State Welfare Organization and Tobacco Prevention and Control Research Center of Shahid Beheshti Medical Sciences University. It was also appointed to prepare common guidelines in order to provide the ground for running treatment programs. Then in 2015 it was appointed in the first phase to choose seven provinces of Tehran, Eastern Azerbaijan, Razavi Khorasan, Isfahan, Fars and Mazandaran for necessary trainings and starting to give smoking cessation services in substance abuse treatment centers. From each province four centers were chosen including two outpatient centers and two inpatient centers. Besides, 24 persons including both physicians and health care workers were chosen to take the related training courses and treatment guidelines. These centers have provided the services

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since the beginning of June 2016 and all the new clients of substance abuse treatment were entered the survey. Clients with substance abuse treatment were entered the survey. Clients with severe psychotic disorders and having no family and specific address were omitted. All services were given free of charge including visit, assessment of tobacco smoking and its history, behavioral consultation and guidance to use nicotinic and non-nicotinic medications. Of course the State Welfare Organization dedicated some financial aids to these centers.

FINDINGS

2086 persons entered the study. All the participants were male. Their age average was 36.38 ± 13.21 years. 1213 person (58.14%) consumed opium; 618 persons (29.6%) consumed amphetamine; and the rest consumed more than one substance. All of them had the experience of tobacco smoking. 1627 persons (78%) wanted to have simultaneous smoking cessation and they were satisfied. Among them 375 persons (23%) could successfully quit smoking after six months and they were also in the procedure of substance abuse maintenance treatment. For 748 persons (46%) the harm reduction was about the reduction of tobacco smoking in half the amount of starting the study. But the smoking cessation was not achieved in 504 persons (31%). All the colleagues in 24 centers were satisfied with this program and considered it as a fruitful program.

DISCUSSION

Utilization of the study's outcomes is an important issue which is mostly disregarded and finally the utmost point of a study brings about a report or a published article. Whereas the outcomes lead to some changes in policies and new services, the study will be fruitful. Our experience herein was merging smoking cessation course with the State Welfare's program which was happening for the first time across the nation. It happened following a clinical trial done in 2012. (16)

Since many studies have showed that (17-18) in maintenance treatment of substance abuse, smoking cessation could reduce the relapse rate of substance abuse and also it could promote the quality of life, so it is essential to employ this method. However, it wasn't taken seriously before the study of Heydari et al. (16) and there was a misbelieve that it was hard to take the cessation programs of smoking and substance abuse parallelly during the same period. It is exactly the same matter that was pointed out in Shoptaw study (19) in which many families believed that substance abuse quit was highly important and they accepted the consumption of tobacco products. Even the addiction therapists believed that their duty was just in realm of substance abuse and it was not about the whole realm of health. This belief was reported in the studies of Tacke (20).

In these circumstances the outcomes of study of Heydari et al. (16) brought about a new challenge to alter the quit addiction programs. Due to the outcomes of this study which showed that patients and their families were satisfied of simultaneous cessation of smoking and drug and also it caused some reduction in substance abuse and relapse, policy makers of addiction treatment were convinced of changing the programs. The exemplars of this experience are shown in the studies of Satre et al. (21) and Josef et al. (22).

In our experience, about 40% of substance abusers could reduce smoking to half the initial consumption. This trend is totally plausible because as seen in the studies of Reid et al. (23) and Myers and Brown (24) this phase could be beneficial for the patients' health and it made them ready for the next phase.

As it is seen in several studies (25) simultaneous smoking cessation with drug abuse treatment not only leads to negative consequences, but also it can be suggested for successful treatment of drug abuse. Besides, as it is demonstrated in the present study, this program can be generalized and developed in other provinces all across the nation.

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Many documents in Iran show that tobacco control program are acceptable (26-28) and many smoking cessation methods are available (29-35) but this experience about merging smoking cessation with drug abuse treatment is newly coming and may have effective outcomes in future.

In conclusion research utilization of smoking cessation intervention was acceptable and can have a significant impact on the general health of drug abusers.

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