LOSE YOUR LAME EXCUSES FOR SMOKING!

MYTH: "Smoking is less of a problem today. Everyone is quitting and fewer people are starting."

- 80% to 90% of alcoholics smoke nationally
- 90% of recent Dawn Farm admissions use tobacco
- Only 23% of the general population smokes
- Addicts and alcoholics smoke more heavily

TRUTH: *Tobacco use is decreasing in the general population, but is still a huge problem among addicted and recovering people.*

MYTH: "Smoking is a less serious health problem than alcohol and other drug addiction. I need to address what's really going to kill me."

- 80% of all drug related deaths are due to tobacco (Unwin, 1999)
- Over 20 years, tobacco was the number one cause of death among substance abusers following treatment. 51% of deaths were tobacco-related, while 34% were alcohol-related; the observed mortality was 48.1% vs. an expected 18.5% for the group. (Hurt et al., 1996)
- 50% of substance abusers in recovery died of tobacco related illness
- Addicts and alcoholics who continue to use drugs and alcohol are more likely to die of tobacco related illness than other drugs or alcohol
- The risk of mouth and throat cancer is 38 times greater for people who use tobacco and alcohol (Blot, 1992)
- Alcoholics who smoke have significantly increased risk of cardiovascular disease (Abrams, 1996)

TRUTH: *You are more likely to die from tobacco related illness than alcohol or other drug use.*

MYTH: "They're really separate issues."

- Heavy smokers have worse relapses (Abrams, 1992)
- Heavy smokers are more likely to leave treatment early (Kempf, 1996)
- Severity of tobacco use predicts poor cocaine treatment outcomes (Patkar, 2003)
- Smoking increased urges to use (Rohsenow, 2005)
- Significantly better recovery rates were discovered for non-tobacco users (Stuyt, 1997)
- Continued smoking adversely impacted treatment for marijuana dependence (Sullivan, 2002)

TRUTH: *Smokers are more likely to be addicted to drugs and alcohol. Drug addicts and alcoholics are more likely to smoke. People who continue to smoke are less likely to recover. Addictions can't be compartmentalized.*

MYTH: "One thing at a time. Doing too much will increase relapse risk."

- Quitting smoking does not jeopardize sobriety/treatment outcomes. (Bobo, 1987; Bobo 1998; Burling, 1991; Cooney, 2003; Hurt, 2003; Joseph, 1993; Metz, 2005)
- Clients who quit smoking were significantly more likely to report abstinence at follow-up (93% vs 62%) (Joseph, 2005)
- Smoking cessation interventions were associated with 25% increased likelihood of long-term abstinence (Prochaska, 2004)
- Treatment of tobacco dependence enhanced abstinence from drinking (Hurt, 2003)
- 48% of non-tobacco users maintained sobriety for 12 months compared to 14% of tobacco users (Stuyt, 1997)

TRUTH: *The conventional wisdom of "wait a year before you quit smoking" is wrong. Trying to quit now will improve your chances of recovery.*

MYTH: "I'll quit later, on my own."

- Nicotine dependence is more severe in those with a history of alcohol dependence (Marks, 1997)
- 0% to 12% of clients quit on their own (Campbell, 1995; Joseph, 2005)
- Only 7% of alcoholic smokers were successful in quitting, compared to 49% of nonalcoholic smokers (DiFranza, 1990)

TRUTH: *This is an easy thing to say now. Unfortunately, drug addicts and alcoholics have a harder time quitting than other smokers. You're never going to have as much support for quitting as you do while in treatment.*

MYTH: "I'm only hurting myself."

- Of nonsmokers who entered treatment, 15% had started smoking by 12 month follow-up (Friend, 2004)
- Abstinence rates were lowest for those who started smoking in treatment. (Kohn, 2003)

TRUTH: *Smoking areas become the center of social life in treatment centers that allow smoking. This creates new smokers who then take on all the health risks associated with smoking and have less success in recovery.*

MYTH: "I'll be more likely to leave or get myself discharged if I try to quit."

- A smoke-free policy had no adverse effect on treatment outcomes (Joseph, 1993)
- Heavy smokers were more likely to leave treatment early. They leave smoking programs at the same rate. (Kempf, 1996)
- Clients complained but didn't leave at higher rates (Kempf, 1996)
- Census increased after initiation of no-smoking policy (Kotz, 1993)
- No smoking policy had no impact on numbers of patients seeking OP treatment or number of sessions attended (Sterling, 1994)
- There was no increase in irregular discharges, or reductions in smokers entering treatment (Williams, 2005)

TRUTH: *Quitting smoking is not associated with people getting discharged or leaving treatment early.*

MYTH: "People entering treatment don't want to quit."

- 46% were "very" or "moderately" interested in nicotine treatment (Kozlowski, 1989)
- Nearly half had a "strong desire" to quit smoking (Orleans, 1993)
- 93% believe treatment facilities should help people quit smoking (McDonald, 2000)
- 37% of smokers recently admitted to DF said that they would like help quitting.

TRUTH: *Addicts are just like everyone else. Large numbers of smokers want to quit and, likewise, many drug or alcohol addicted smokers want to quit.*

MYTH: "It's not worth it. I won't be able to quit."

- 6 weeks post-discharge 58% were nicotine-free or had greatly reduced use. (Pletcher, 1993)
- Reduced tobacco use is associated with improved treatment outcomes.
- Reduced tobacco use is associated with increased motivation to quit.

TRUTH: *Addicts and alcoholics can quit smoking. Quitting is hard. It may take several attempts. Every attempt is one step towards quitting for good.*