INTRODUCTION

Rates of cigarette smoking among individuals seeking treatment for substance abuse (≥70%) far exceed the smoking rate among American adults (22.5%). Treatment seekers who smoke are at risk of negative health consequences due to their greater daily cigarette consumption. • Tobacco-related illnesses are a major factor in the increased likelihood of premature death among individuals treated for substance use disorders.

Traditionally, smoking cessation has been viewed as outside the purview of substance abuse treatment providers. • Despite fears that smoking cessation increases risk of treatment dropout and relapse, recent research indicates that smoking cessation may improve outcomes and reduce the risk of relapse.

The clinical practice guideline issued by the Public Health Service advocates the delivery of smoking cessation services during treatment, including pharmacotherapies such as: • Nicotine replacement therapies (NRT, such as nicotine gum and nicotine patch) • Bupropion SR (Zyban®)

To date, there are few data about the availability of smoking cessation medications in community-based substance abuse treatment centers.

RESEARCH QUESTIONS

• To what extent are pharmacotherapies for smoking cessation available in community-based addiction treatment centers? • What organizational correlates are associated with the availability of these medications?

METHODS

Data from the National Treatment Center Study: • Samples of community-based addiction treatment centers. • To be eligible, centers must offer a minimum of outpatient care

Two nationally representative samples: • Publicly funded centers (n = 363) that receive >50% of revenues from government block grants/contracts (80% response rate) • Privately funded centers (n = 401) that receive <50% of revenues from government block grants/contracts (85% response rate)

Data collected via face-to-face interviews with administrators and/or clinical directors.

CONCLUSIONS

Privately funded substance abuse treatment centers are more likely to have adopted smoking cessation medications than publicly funded treatment programs.

Organizational factors, including center accreditation, levels of care offered, and presence of staff physicians, are associated with the availability of these medications.

These data suggest that patients may have unequal access to smoking cessation medications during substance abuse treatment depending on the characteristics of treatment center from which they are receiving care.