

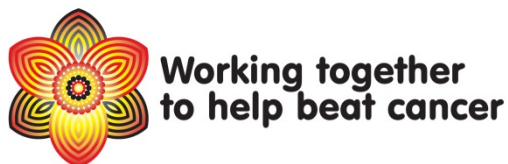
# Making Smoking Care Usual Care – How to implement Tackling Tobacco

research  
advocacy  
prevention  
support

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NADA Integrated care: Working together to respond to  
complexity conference

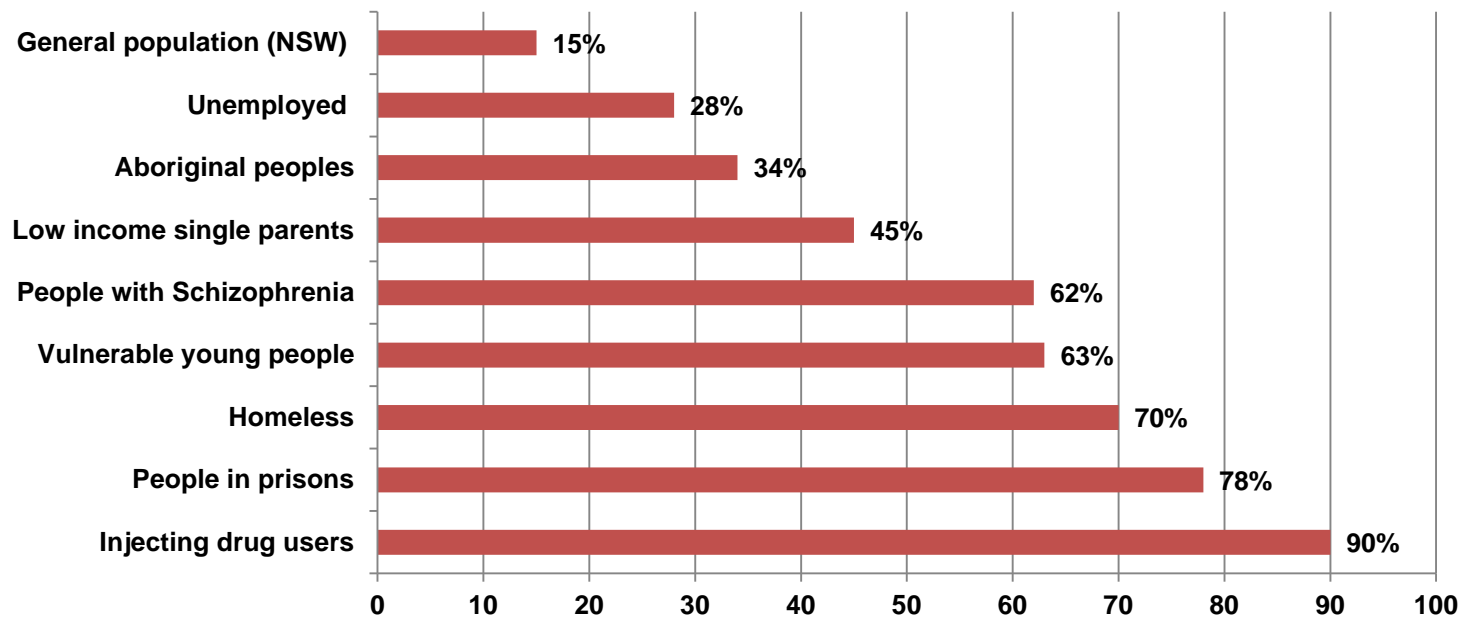


Tackling  
Tobacco

# Overview

- **Smoking prevalence in clients of alcohol and other drug (AOD) services**
- **Addressing smoking in AOD services**
- **Actions that AOD services can take**

# Smoking in disadvantaged groups



# Smokers in AOD treatment

- **Smoking rates for people in AOD treatment are very high**
- **Estimates of**
  - 84% international systematic review of AOD treatment<sup>1</sup>.
  - 84% of methadone patients in Hunter region, NSW<sup>2</sup>.
- **Strong association with alcohol dependence**

# Treating smokers in AOD services

- **Smoking cessation often not a major focus within AOD treatment programs<sup>1</sup>.**
- **Diseases caused by smoking kill more people than illegal drugs and alcohol combined<sup>2</sup>.**
- **High interest in quitting<sup>3</sup>.**

# Quitting smoking

- **Quitting smoking doesn't undermine treatment<sup>1</sup>**
- **Quitting smoking improves treatment for alcohol and other drug use by 25%<sup>2,3</sup>**
- **Continuing smoking adversely affects treatment outcomes for other drug use, such as cannabis<sup>4</sup>**

# Quitting while in treatment

- **Window of opportunity for cessation**
- **Increases clients' sense of control**
- **Targets all addictive substances**
- **Focuses on positive lifestyle changes**
- **Provides mutual benefits to all treatments**

# What can AOD services do?

- **Collect and record data on clients' smoking**
- **Address tobacco use in treatment plans**
- **Encourage clients to discuss smoking cessation**
- **Provide clients with NRT**
- **Refer clients to GP or treating clinician for medications**
- **Create complementary policies in your service**