Drug Treatment Must Be Flexible, British Study Finds

BY JONATHAN GARDNER
London Bureau

Increasing numbers of drug users seeking addiction treatment in one region in England have led to a decrease in the proportion of addiction patients who are discharged drug-free and an increase in the proportion who drop out, a new study has found.

The investigators examined outcomes for drug treatment in 26,415 patients in Cheshire and Merseyside in England from 1997 to 2005 to identify those who were in treatment from 1998 through 2002 (BMC Public Health 2006;6:205 [doi:10.1186/1471-2458-6-205]). The period examined coincides with the launch of a national drug strategy that increased the number of treatment personnel and reduced waiting times.

Drug users referred to treatment in exchange for a lighter sentence may not have the same motivation as those who enter treatment voluntarily.

In Cheshire and Merseyside, the number of patients rose from 7,594 in 1998 to 11,530 in 2004/2005, mirroring an increase in the health care system's capacity to treat addiction.

Over the course of the longitudinal study, the researchers found that the proportion of individuals who completed their course of treatment drug-free decreased from 5.8% in 1998 to 3.5% in 2001/2002 (record-keeping changed from a calendar-year basis to a fiscal-year basis in 2000), and the percentage of dropouts increased from 7.2% to 9.6%.

Younger patients were more likely to drop out, as were patients seen in the later years of the study.

The researchers also found an increase in the percentage of patients who had been discharged drug-free and returned for treatment the following year: up from 27.8% in 1998 to 44.5% in 2001/2002. The percentage of patients who dropped out and then returned the following year also increased: 22.9% in 1998 to 48.6% in 2001/2002.

Older patients were more likely to return for further treatment, as were patients who had prior addiction treatment histories. Patients who were referred to treatment through the criminal justice system were much less likely to complete treatment, the researchers found. In 2001/2002, for example, 14% of the patients who came in from the criminal justice system were discharged drug-free, compared with 30.9% of those who came from other sources.

The researchers argued that the drug users referred to treatment in exchange for a lighter sentence in court may not have the same motivation as those who enter treatment voluntarily.

"Once in treatment, practitioners therefore face the challenge of shifting a drug user's motivation from external to internal incentives," wrote the researchers. "If measures to increase uptake become more coercive, treatment must be flexible to adapt to drug users who may be very different from ones who voluntarily seek assistance." ■

Movie Villains Who Smoke More Influential on Teens

BY ROBERT FINN
San Francisco Bureau

San Francisco — Several studies have shown that depictions of smoking in films influence adolescents to begin smoking themselves, but a new study appears to show that teens are more influenced when the bad guys smoke than when the good guys do.

After adjusting for number of covariates, Dr. Susanne E. Tanski and Dr. James D. Sargent of Dartmouth Medical School, Lebanon, N.H., determined that every 20 exposures to smoking by villains increased the odds that the child would begin smoking by 30%, and every 20 exposures to smoking by a "mixed" character increased the odds of smoking initiation by 16%. Both those increases were statistically significant, but there was no statistically significant increase in the odds that exposures to smoking by heroes would lead a child to begin smoking.

The study, presented in a poster session at the annual meeting of the Pediatric Academic Societies, involved a telephone survey of 6,521 U.S. adolescents who were recruited in 2003 by random digit dialing. About 73% of them were followed up both 8 months and 16 months later. At each survey, the adolescents were asked whether they had tried smoking and whether they had seen 50 movies randomly selected from a list of 500 popular movies that were released between 1998 and 2002.

In all, 18% of the adolescents had tried smoking by the 16-month follow-up.

Trained coders identified 3,630 characters in those 500 movies, assessed smoking status, and classified each character as positive, negative, or mixed/neutral. In all, 64% of the characters were classified as good guys, 14% of the characters were classified as bad guys, and the remaining 22% were classified as mixed or neutral.

Only 13% of the good guys were observed smoking, compared with 22% of the bad guys and 20% of the mixed or neutral characters. Given the much larger numbers of good guys in movies, however, the typical adolescent had far greater exposure to good-guy smoking than to bad-guy smoking.

The odds ratios were adjusted for social demographics, other social influences, personality factors, and parenting style.

Smoking initiation also was significantly associated with increasing age, male gender, school performance, friend or parent smoking, and rebelliousness. ■

Clinical Capsules

Inpatients + Cigarettes = Comorbidities

Nearly half of psychiatric inpatients with at least one medical comorbidity were smokers, based on data from 1,097 adults aged 18-93 years admitted to a psychiatric hospital over 10 months.

Overall, 48% of the patients had multiple medical comorbidities, reported Cynthia L. Dakin, Ph.D., in a poster at a conference on tobacco control sponsored by the American Cancer Society.

Tobacco use data were available for 784 patients. Dr. Dakin and her associates at Northeastern University, Boston, found that 55% of the 784 patients smoked, and 66% of them smoked at least one pack of cigarettes daily. Another 26% smoked between 15 and 20 cigarettes daily, and 8% smoked fewer than 15 cigarettes daily.

Tobacco use was significantly associated with hypertension, diabetes, cancer, osteoporosis, heart disease, and a history of stroke.

The most common DSM-IV diagnoses in the overall sample were major depressive disorder; substance intoxication, dependence, or abuse; bipolar disorder; and schizophrenia.

This study did not review the associations between tobacco use and psychiatric diagnoses, but previous research has shown significant associations between smoking and psychiatric conditions. One study of 2,774 psychiatric patients (of whom 61% were smokers) found that bipolar disorder, schizoaffective disorder, and schizophrenia were independently related to smoking (Psychol. Addict. Behav. 2003;17:259-65).

Dr. Dakin and her colleagues plan to conduct follow-up research on smoking cessation efforts for psychiatric inpatients.

Ask Blue-Collar Patients About Smoking

Significantly fewer white-collar workers than blue-collar workers are smokers, according to National Health Interview Survey data from more than 140,000 respondents.

Pooled smoking data from 1997 to 2004 showed the highest reported rates among construction workers (39%) and the lowest reported rates among health professionals (5%), said David J. Lee, Ph.D., who presented the findings at a conference on tobacco control sponsored by the American Cancer Society.

"The overarching goal of Healthy People 2010 is to reduce health disparities in the U.S. population, and I think you'll agree that we have a health disparity here with respect to smoking groups," said Dr. Lee, who is with the epidemiology and public health department at the University of Miami.

Dr. Lee cited his study of 8-year smoking trends by occupational category based on NHIS data in which the 20 occupations with the highest smoking rates (all greater than 40%) were blue-collar jobs, and included bartenders, waiters, maintenance workers, truck drivers, and carpenters (J. Occup. Environ. Med. 2004;46:538-48).

"We saw some evidence of a smoking decline [among] roofers (who topped the list with a 58% smoking rate), but it was not statistically significant," he said.

By contrast, the occupations with the 20 lowest smoking rates were classified as white-collar jobs, and ranged from 15% among airline pilots to 4% among clergy and physicians.

Despite evidence of declining smoking rates in some blue-collar professions, the findings suggest that blue-collar workers need more attention from their employers and health professionals if they are going to stop smoking.

Workplace health and safety programs offer excellent opportunities to encourage smokers to quit, especially those who rarely see a physician in the office, Dr. Lee said. But office-based physicians who ask their blue-collar patients about smoking and assist those who want to quit are essential to reducing the occupational disparity, he emphasized.

The National Health Interview Survey provides an annual representative sample of noninstitutionalized U.S. workers older than 18 years. The survey places workers in 1 of 41 occupational categories, and smoking information has been collected consistently since 1997.

Tobacco Tx Guidelines to Be Updated

The U.S. government's guidelines for the treatment of tobacco dependence are due for a checkup, and clinicians can help.

An updated version of the government-sponsored publication, "Treating Tobacco Use and Dependence," will be published in 2008, Dr. Michael C. Fiore said at a conference on tobacco control sponsored by the American Cancer Society.

"The guidelines will remain treatment-based; this will not be a soup-to-nuts rewrite," said Dr. Fiore, a professor of medicine at the University of Wisconsin, Madison, and chair of the panel charged with writing the update.

The panel welcomes input from inside and outside the medical community on significant research in tobacco dependence treatment and issues that were not addressed in the current guidelines (published in 2000), Dr. Fiore said.

Topics submitted so far include the clinical efficacy of the "five A's" (a method of assessing willingness to change behavior), the effectiveness of telephone hotlines, and the safety and efficacy of combination drug therapies. The update will address counseling and pharmacotherapy for pregnant smokers and smokers with comorbid mental illness. Suggested topics for or improvements to the guidelines should be sent before October 2006 to guidelineupdate@ctri.medicine.wisc.edu. Research references should be included.

—Heidi Splete