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# Drinking, smoking, and quitting

*Helping people with alcohol dependency quit smoking.*

**A**nyone who's attended an Alcoholics Anonymous meeting knows instinctively what research confirms: people who are dependent on alcohol are also likely to smoke cigarettes. Depending on the cohort, anywhere from 35% to 95% of alcohol-dependent adults smoke cigarettes, compared with 21% of adults in the U.S. population.

Many experts believe that it's important to counsel people who are alcohol-dependent to give up smoking as well as drinking. First, most evidence indicates that giving up both habits will increase the chances of someone remaining sober. Second, it's better for overall health.

## A synergistic relationship

One recent study of 1,508 adults found that as alcohol use increased, the odds increased that a person would begin smoking daily and develop nicotine dependence. Roughly 90% of people who were severely dependent on alcohol were also dependent on tobacco.

It's not clear why the two addictions seem to go hand in hand. One theory is that alcohol and nicotine, the addictive component of tobacco, somehow interact in the brain to increase dependency to both substances. Alcohol appears to enhance nicotine's pleasurable effects, boosting the urge to smoke. People who are alcohol-dependent may also rely on nicotine's ability to improve attention and cognition.

## Treatment options

A common worry is that trying to quit smoking and drinking at the same time will undermine treatment for alcohol dependence. However, most studies have reported that smoking cessation efforts either have no impact on maintaining sobriety, or actually improve outcomes for alcohol treatment.

However, people dependent on alcohol do face particular challenges when

it comes to quitting smoking. Alcohol-dependent adults tend to smoke more than other adults, become more dependent on nicotine, and may experience more intense nicotine withdrawal.

There are no smoking cessation guidelines designed specifically for alcohol-dependent adults. For now, the best option is to follow the federal guidelines for treating tobacco dependence, which recommend a combination of counseling and medication for optimal outcome.

Counseling options include psychotherapy, behavioral therapy, or attendance at a 12-step meeting or other support group. Nicotine replacement therapy can help to alleviate withdrawal symptoms, but may not be sufficient on its own.

Two stop-smoking medications, bupropion (Wellbutrin, but the identical drug is marketed to smokers as Zyban) and varenicline (Chantix), can supplement nicotine replacement.

Bupropion may not be the best choice for people who are still alcohol-dependent or heavy drinkers. This medication can lower the threshold for seizures, and when combined with large amounts of alcohol can increase the risk of blackouts or seizures. And a study reported last year found that bupropion did not improve the ability of alcohol-dependent adults taking nicotine replacement to stop smoking more than did nicotine replacement alone.

Varenicline has not yet been studied in alcohol-dependent adults, but studies in the general population have found that it quadruples the chances of smoking cessation in the short term and increases the likelihood of staying free of cigarettes (see *Harvard Mental Health Letter*, June 2007). This medication does not carry any extra risks when used by people who are or have been heavy drinkers.

## Timing of treatment

A major and still unresolved question is whether it's better to give up smoking and drinking at the same time, or whether it's better to tackle one addiction at a time.

The Timing of Alcohol and Smoking Cessation (TASC) study was the first large randomized controlled study to compare concurrent and delayed smoking cessation treatment in people who are alcohol-dependent. Both interventions consisted of the same behavioral and pharmacological treatment, but one was administered a week after alcohol treatment started (the concurrent arm) and the other six months later (the delayed arm).

TASC researchers first reported that participants who received delayed smoking cessation treatment were more likely to remain sober than those who received concurrent treatment. But a follow-up analysis found that this may be true only for white participants.

It may be that no one approach is best for every person who is struggling with addiction to both alcohol and nicotine. Even so, it's important to remember that many people who are dependent on alcohol die from tobacco-related disorders, such as lung cancer, heart attacks, and chronic obstructive pulmonary disease. Whether smoking cessation is accomplished during alcohol treatment or later, either option is much healthier than continuing to smoke. ♥

Cooney NL, et al. "Concurrent Brief Versus Intensive Smoking Intervention During Alcohol Dependence Treatment," *Psychology of Addictive Behaviors* (Dec. 2007): Vol. 21, No. 4, pp. 570–75.

Fu SS, et al. "Ethnic Differences in Alcohol Treatment Outcomes and the Effect of Concurrent Smoking Cessation Treatment," *Drug and Alcohol Dependence* (Jan. 1, 2008): Vol. 92, No. 1–3, pp. 61–68.

For more references, please see [www.health.harvard.edu/mentalextra](http://www.health.harvard.edu/mentalextra).

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