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Struggling With Alcohol? Better Quit Smoking, Too

Overcoming alcoholism is tough enough. That's one reason many alcoholics who smoke continue to light up even while they're in recovery from alcohol dependency.

But new research suggests that tackling both addictions simultaneously may offer the best chance of success. Recovering alcoholics often admit they're using nicotine as a drug, said Dr. Michael M. Miller, president of the American Society of Addiction Medicine. "They can tell you, 'I don't want to quit [smoking], because it changes the way I feel. I use it to deal with stress,'" added Miller, who's also director of NewStart, a chemical dependency rehabilitation program at Meriter Hospital in Madison, Wis. A study of alcoholics in treatment for their alcohol problems used brain scans to examine how performance on cognitive tests changes with abstinence from alcohol. Twenty-five alcoholics stopped drinking for six to nine months, but the 12 who smoked continued to smoke. "We found that the smoking alcoholics over six to nine months of abstinence did not recover certain types of brain function as the non-smoking alcoholics did," said study author Dieter J. Meyerhoff, a professor of radiology at the University of California, San Francisco.

Decision-making skills, thinking speed, 3-D visualization and short-term memory were affected, calling into question the prospects of long-term sobriety, he noted. And while smoking and non-smoking alcoholics improved on several other cognitive tests, such as learning and remembering words, smokers' brain function, in general, took longer to recover. The findings were published in the journal *Alcoholism: Clinical and Experimental Research*. Studies indicate that 60 percent to 75 percent of people in alcohol-treatment programs smoke cigarettes, and 40 percent to 50 percent are "heavy" smokers, consuming more than a pack a day. Yet treatment for tobacco dependence is not routinely included in alcohol treatment programs, Boston University researchers reported recently in the journal *Alcohol Research & Health*, published by the U.S. National Institute on Alcohol Abuse and Alcoholism. "I would say that over half of chemical dependency treatment agencies now talk about nicotine, encourage patients to stop [smoking] and provide them assistance to stop, such as with nicotine-replacement therapy or prescriptions for Zyban or Champix," Miller said. "So that's a tremendous advance." Oftentimes, though, smoking is excused. "What you don't see," Miller said, "is building nicotine into the treatment plan and considering tobacco use to be a relapse of addiction." The concern had been that addressing both dependencies concurrently would pose "too great a difficulty for the

patient" and impede recovery from alcoholism, the Boston researchers noted. But studies now suggest that quitting smoking does not derail alcohol treatment -- and may even improve the likelihood of longer-term sobriety, they said. In fact, Miller said studies show that people in recovery for other addictions who delay smoking cessation can later relapse to their chemical dependency because of the stress of quitting smoking six to 18 months later. "So stopping everything at once -- getting all the psychological stress out of the way at once -- is the best way to go, and also getting all the physical withdrawal syndromes out of the way at once is the best way to go," he concluded. Meyerhoff agreed that tackling smoking as part of an alcohol treatment program is a smart tactic. "The alcoholics have shown that they are willing to change one behavior, namely excessive drinking," he said. "If they are in that mindset, it is a great opportunity for treatment specialists to also convince them of the negative effects of continued chronic smoking."

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