AP-HP. Centre Université de Paris

MÉDECINE PARIS CENTRE
Santé
Université de Paris

UMS 11
cohortes épidémiologiques en population

Le sevrage du tabac en cas de coaddiction

Guillaume Airagnes

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DMU Psychiatrie et Addictologie
AP-HP.Centre-Université de Paris

Liens d’intérêts

- Honoraires de consultant et/ou d’orateur :
  - Lundbeck
  - Pfizer
  - Pierre Fabre

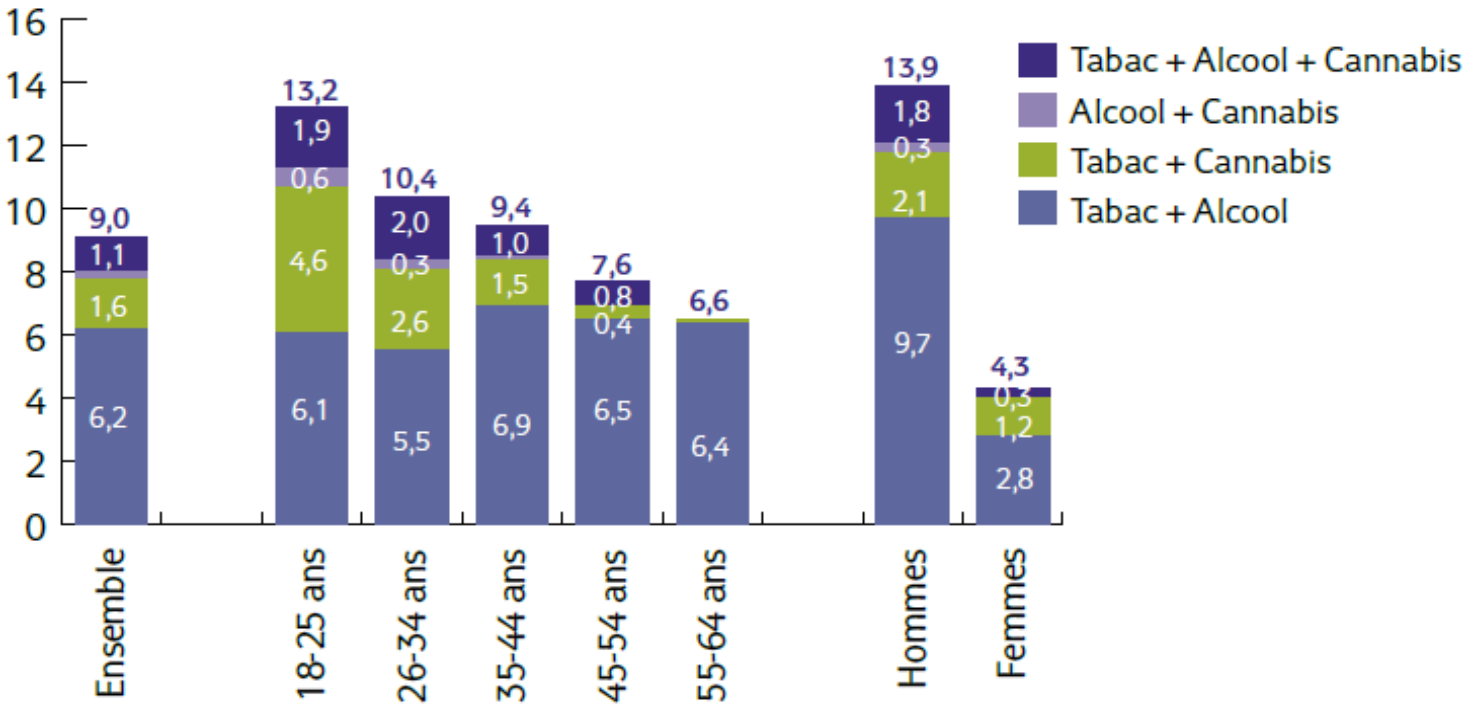
- Aucun liens d’intérêts avec l'industrie du tabac, de l'alcool et des jeux, ni avec l’industrie de la cigarette électronique.

❑ **Tabac** (Králíková et al., 2014; Fluharty et al., 2017)

- **1er cause de mortalité évitable**
- 1er facteur de risque de cancer
- 1er facteur de risque cardiovasculaire
- Dépression
- Suicide

❑ **Alcool** (WHO, 2015)

- **2ième cause de mortalité évitable**
- 200 pathologies induites
- 50% des tentatives de suicide
- 50% des accidents de la voie publique
- 50% des agressions



Source : Baromètre santé 2014, Inpes, exploitation OFDT

De nombreuses croyances

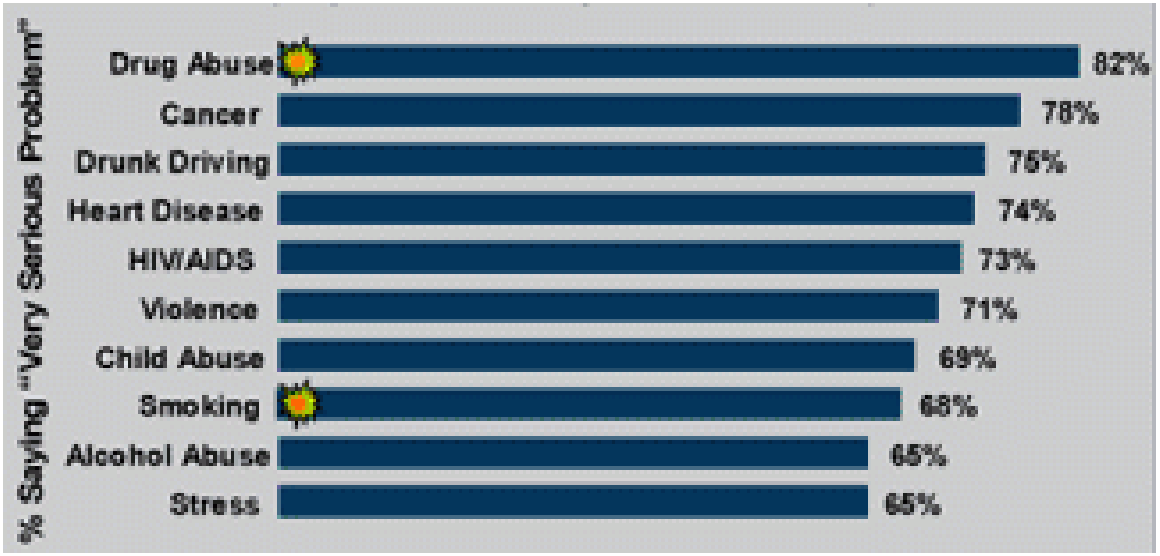
- **Les patients**
  - L'alcool est un problème plus grave, je préfère m'en occuper d'abord
  - Je ne me sens pas prêt à tout mener de front
  - Je ne veux pas qu'on parle d'autre chose que de la substance qui m'a amené à consulter

- **Les soignants**
  - Le sevrage tabagique risque de compromettre l'abstinence de l'alcool
  - Le sevrage de l'alcool risque de majorer la consommation de tabac
  - Les patients dépendants à l'alcool ne sont pas motivés pour arrêter de fumer

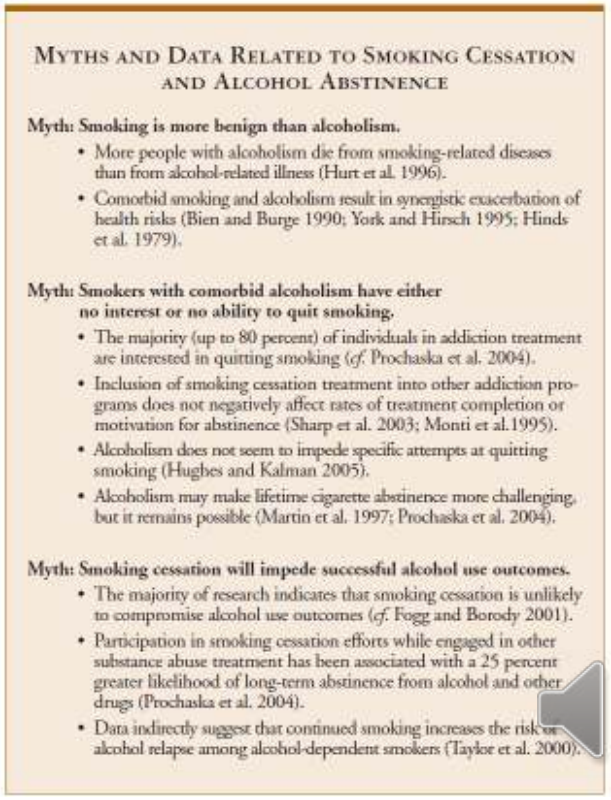
Smoking Cessation and Alcohol Abstinence: What Do the Data Tell Us?

ALCOHOL RESEARCH & HEALTH VOL. 29, NO. 3, 2006

SUZY BIRD GULLIVER, PH.D.; BARBARA W. KAMHOLZ, PH.D.; AND AMY W. HELSTROM, PH.D.



Americans' Views of the Seriousness of Health Problems
(Harvard School of Public Health et al., 2000)



MYTHS AND DATA RELATED TO SMOKING CESSATION AND ALCOHOL ABSTINENCE

Myth: Smoking is more benign than alcoholism.

- More people with alcoholism die from smoking-related diseases than from alcohol-related illness (Hurt et al. 1996).
- Comorbid smoking and alcoholism result in synergistic exacerbation of health risks (Bien and Burge 1990; York and Hirsch 1995; Hinds et al. 1979).

Myth: Smokers with comorbid alcoholism have either no interest or no ability to quit smoking.

- The majority (up to 80 percent) of individuals in addiction treatment are interested in quitting smoking (*cf.* Prochaska et al. 2004).
- Inclusion of smoking cessation treatment into other addiction programs does not negatively affect rates of treatment completion or motivation for abstinence (Sharp et al. 2003; Monti et al.1995).
- Alcoholism does not seem to impede specific attempts at quitting smoking (Hughes and Kalman 2005).
- Alcoholism may make lifetime cigarette abstinence more challenging, but it remains possible (Martin et al. 1997; Prochaska et al. 2004).

Myth: Smoking cessation will impede successful alcohol use outcomes.

- The majority of research indicates that smoking cessation is unlikely to compromise alcohol use outcomes (*cf.* Fogg and Borody 2001).
- Participation in smoking cessation efforts while engaged in other substance abuse treatment has been associated with a 25 percent greater likelihood of long-term abstinence from alcohol and other drugs (Prochaska et al. 2004).
- Data indirectly suggest that continued smoking increases the risk of alcohol relapse among alcohol-dependent smokers (Taylor et al. 2000).

(*JAMA*. 1996;275:1097-1103)

Mortality Following Inpatient Addictions Treatment

Role of Tobacco Use in a Community-Based Cohort

Richard D. Hurt, MD; Kenneth P. Offord, MS; Ivana T. Croghan, PhD; Leigh Gomez-Dahl; Thomas E. Kottke, MD; Robert M. Morse, MD; L. Joseph Melton III, MD

- **N=845 patients admis pour TUA (78%), TUS (18%) ou les deux (4%)**
- **Mortalité liée au tabac : 50.9%**
  - **2 fois plus que la population générale**
- **Mortalité liée à l'alcool: 34.1%**
  - **4 fois plus que la population générale**

Drug and Alcohol REVIEW
APSAD

Drug and Alcohol Review (2016)
DOI: 10.1111/dar.12475

The prominence of smoking-related mortality among individuals with alcohol- or drug-use disorders

RUSSELL C. CALLAGHAN[1,2,3], JODI M. GATLEY[1,2,3], JENNA SYKES[4] & LAWREN TAYLOR[5]

Dépendance	N	% de décès liés au tabac
Alcool	509 422	49
Cocaïne	35 276	40
Opiacés	53 172	39
Cannabis	15 995	36
Amphétamines	36 717	32

Drug and Alcohol Dependence 202 (2019) 6–12

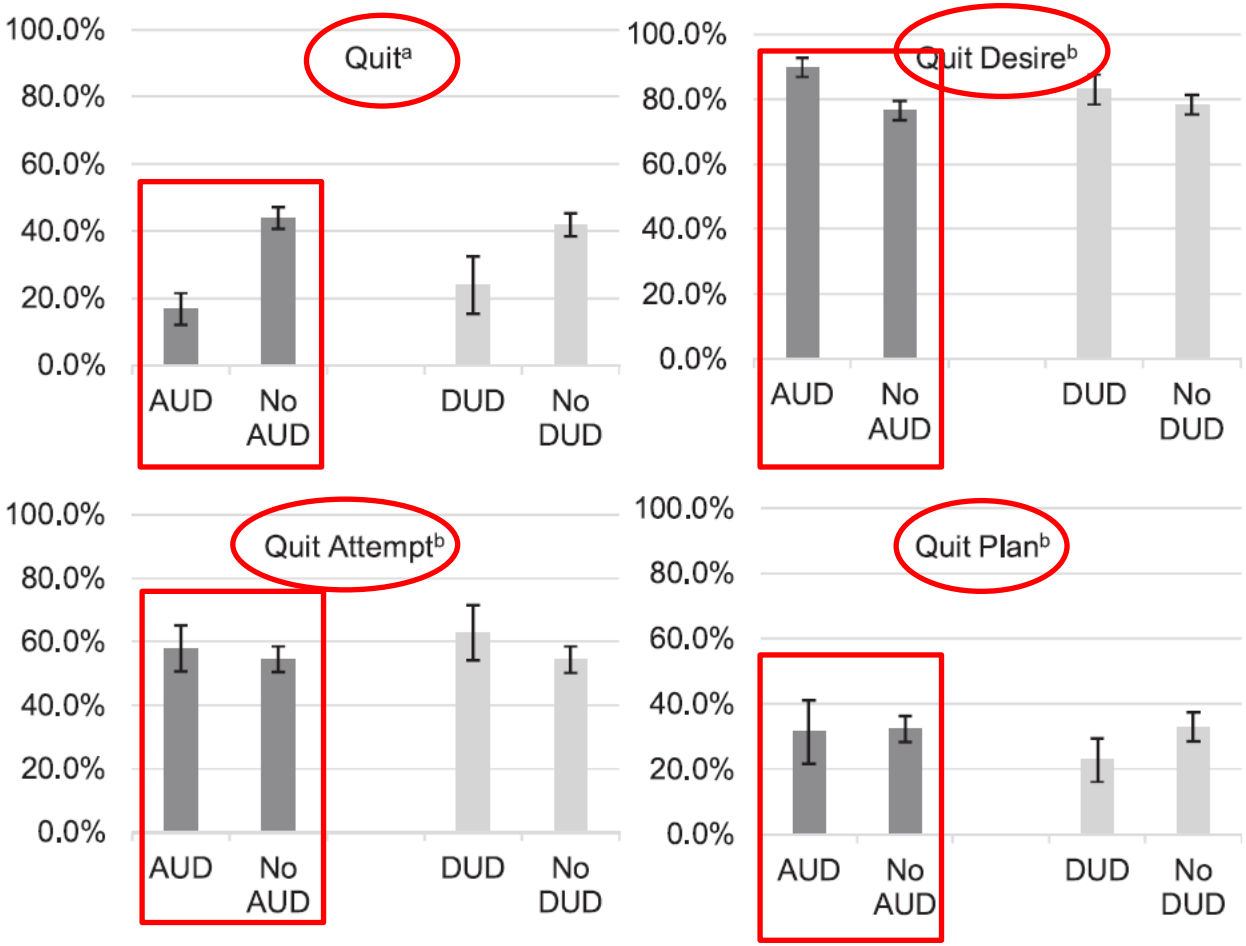
Contents lists available at ScienceDirect

Drug and Alcohol Dependence

journal homepage: www.elsevier.com/locate/drugalcdep

Smoking status and quit behaviors among health center patients with substance use disorders: A national study

Danielle R. Fine[a,b,*], Benjamin I. Bearnot[a,b], Nancy A. Rigotti[a,b], Travis P. Baggett[a,b,c]



Available online at www.sciencedirect.com
SCIENCE DIRECT®
Drug and Alcohol Dependence 82 (2006) 91–102
DRUG and ALCOHOL DEPENDENCE
www.elsevier.com/locate/drugalcdep

Review

Do smokers with alcohol problems have more difficulty quitting?

John R. Hughes [a,*], David Kalman [b]

- **Revue systématique des articles évaluant le niveau de dépendance au tabac et les chances de succès du sevrage tabagique en fonction du TUA (ATCD, actuel, vie entière)**
  - **17 articles sur le niveau de dépendance**
  - **12 articles sur les chances d'arrêter après une tentative**
  - **7 articles sur le nombre d'arrêts vie entière**
  - **2 articles sur les tentatives d'arrêt**
- **TUA (ATCD et actuel) => dépendance plus sévère à la nicotine**
- **TUA (ATCD et actuel) => moins d'arrêts vie entière**
- **ATCD de TUA => chances de succès lors d'une tentative équivalentes aux patients sans TUA**

American Journal of Public Health July 1996, Vol. 86, No. 7

Are Smokers with Alcohol Disorders Less Likely to Quit?

Naomi Breslau, PhD, Edward Peterson, PhD, Lonni Schultz, PhD, Patricia Andreski, MA, and Howard Chilcoat, ScD

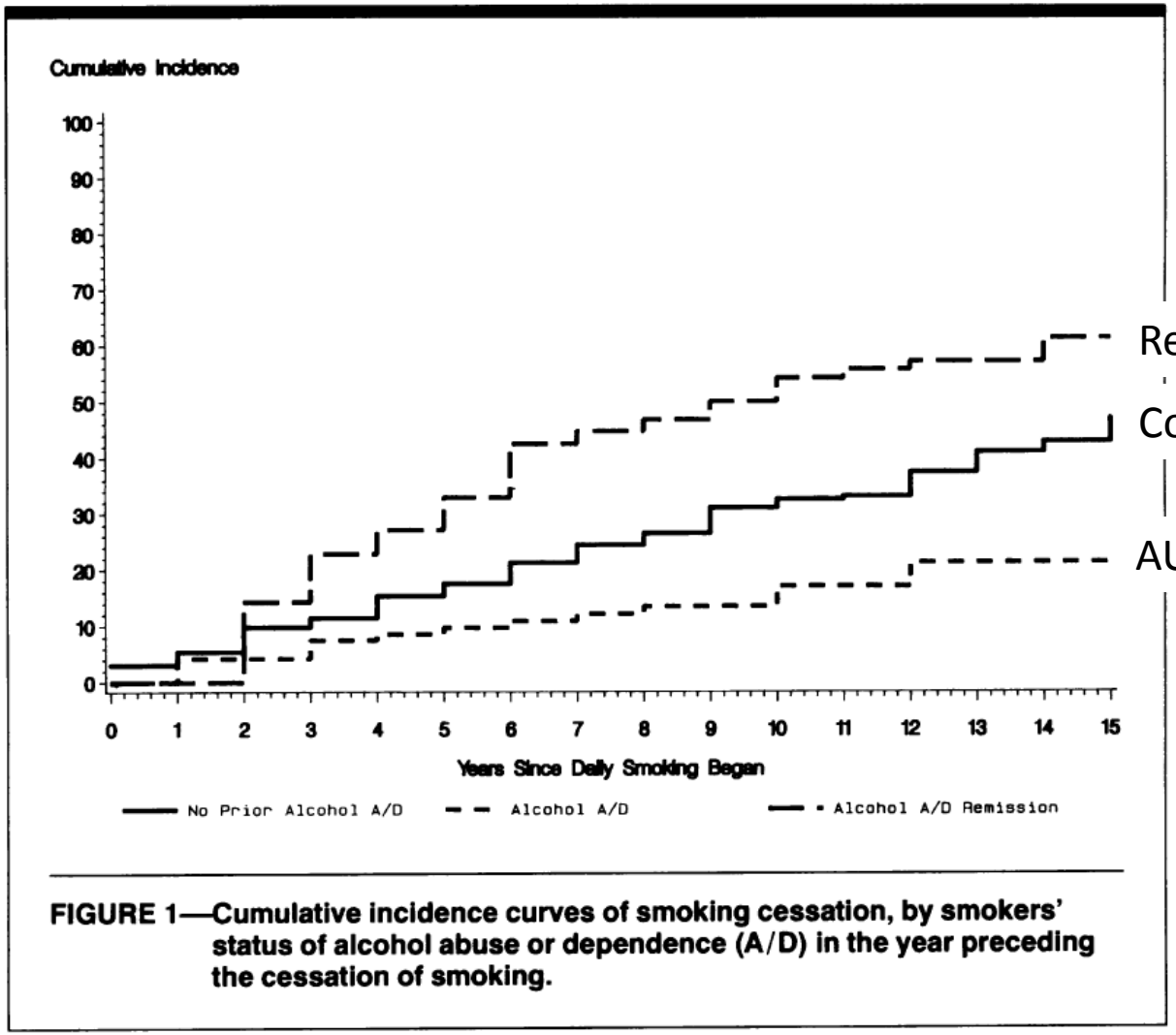


FIGURE 1—Cumulative incidence curves of smoking cessation, by smokers' status of alcohol abuse or dependence (A/D) in the year preceding the cessation of smoking.

Drug and Alcohol Dependence 163 (2016) 157–164

Contents lists available at ScienceDirect

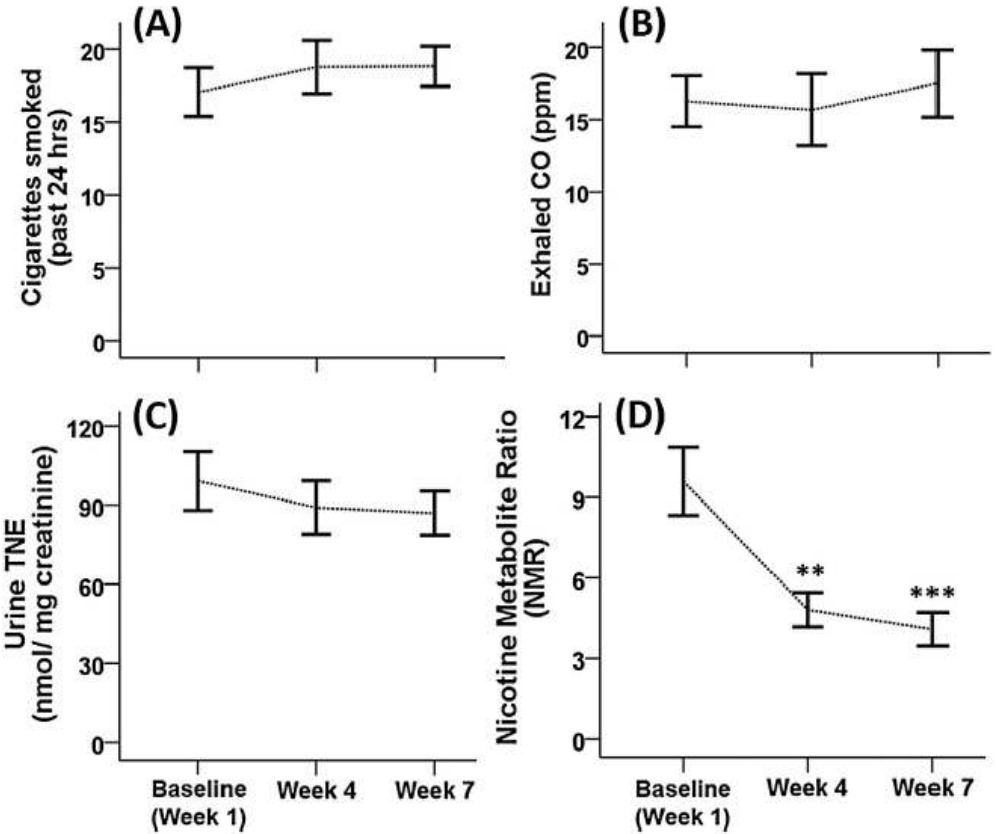
Drug and Alcohol Dependence

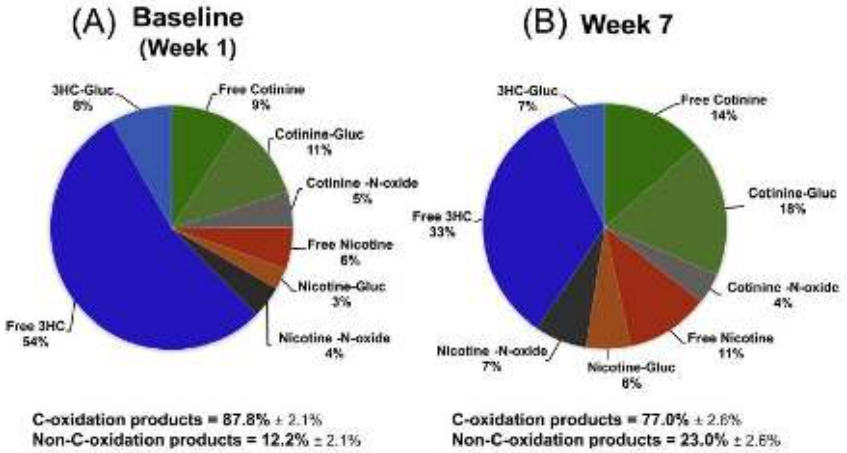
journal homepage: www.elsevier.com/locate/drugalcdep

Full length article

Cessation of alcohol consumption decreases rate of nicotine metabolism in male alcohol-dependent smokers

Noah R. Gubner[a], Aleksandra Kozar-Konieczna[b], Izabela Szoltysek-Boldys[c], Ewa Slodczyk-Mankowska[c], Jerzy Goniewicz[b], Andrzej Sobczak[c,d], Peyton Jacob III[a], Neal L. Benowitz[a,e], Maciej L. Goniewicz[f,*]





Perceived barriers to smoking cessation among adults with substance use disorders

R. Kathryn McHugh [a,b,*], Victoria R. Votaw [a], Francesca Fulciniti [a], Hilary S. Connery [a,b], Margaret L. Griffin [a,b], Peter M. Monti [c], Roger D. Weiss [a,b]

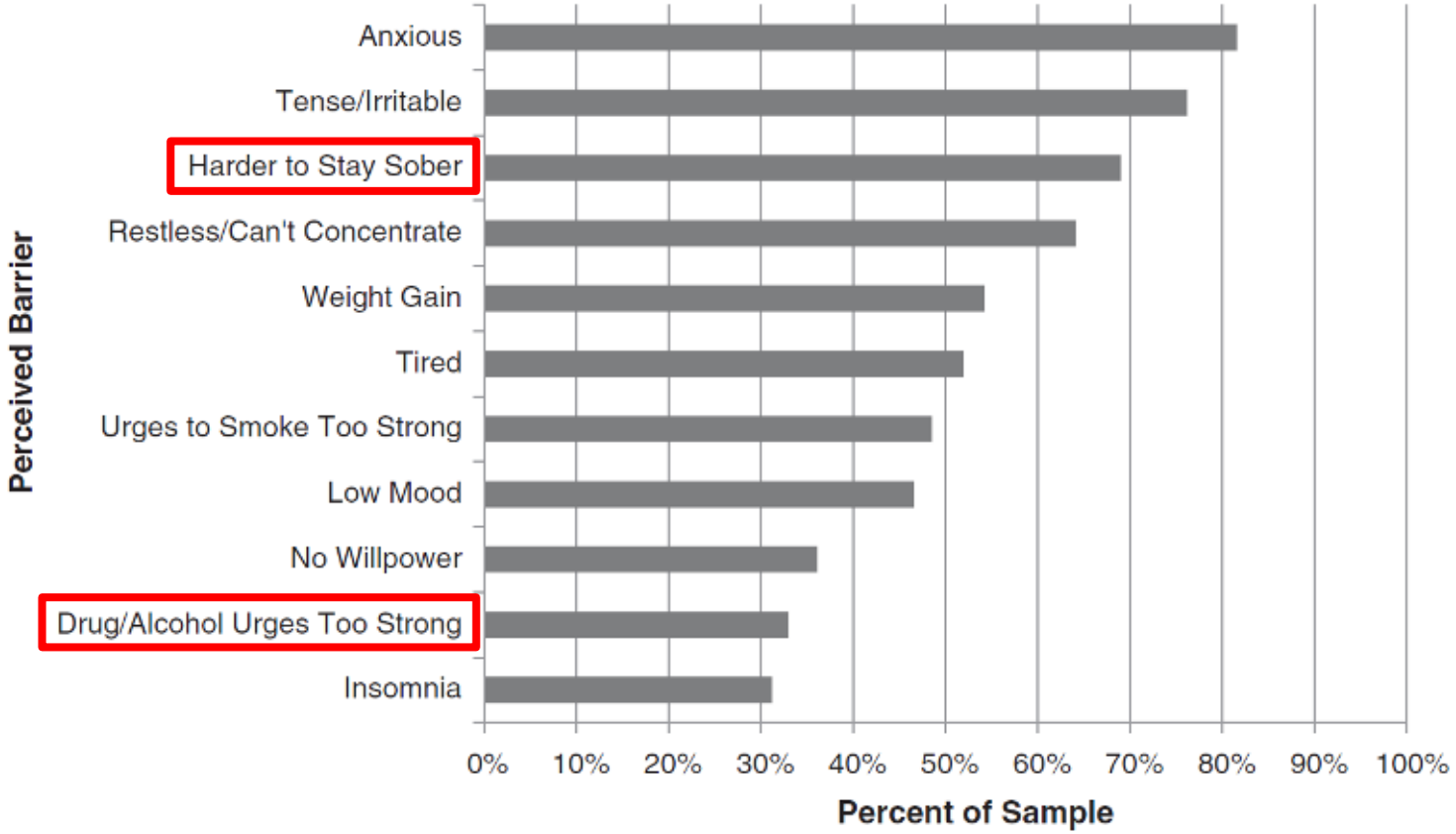


Fig. 1. Consequences of smoking cessation (rated as true or false) - percent of the sample endorsing each consequence (N = 206).

McHugh RK, Votaw VR, Fulciniti F, et al. Perceived barriers to smoking cessation among adults with substance use disorders. *Journal of substance abuse treatment.* 2017;74:48-53. from H-J. Aubin

Psychological Medicine (2014), 44, 2523–2535. © Cambridge University Press 2014
doi:10.1017/S0033291713003206

ORIGINAL ARTICLE

Smoking cessation is associated with lower rates of mood/anxiety and alcohol use disorders

P. A. Cavazos-Rehg[1]*, N. Breslau[2], D. Hatsukami[3], M. J. Krauss[1], E. L. Spitznagel[4], R. A. Grucza[1], P. Salyer[1], S. M. Hartz[1] and L. J. Bierut[1]

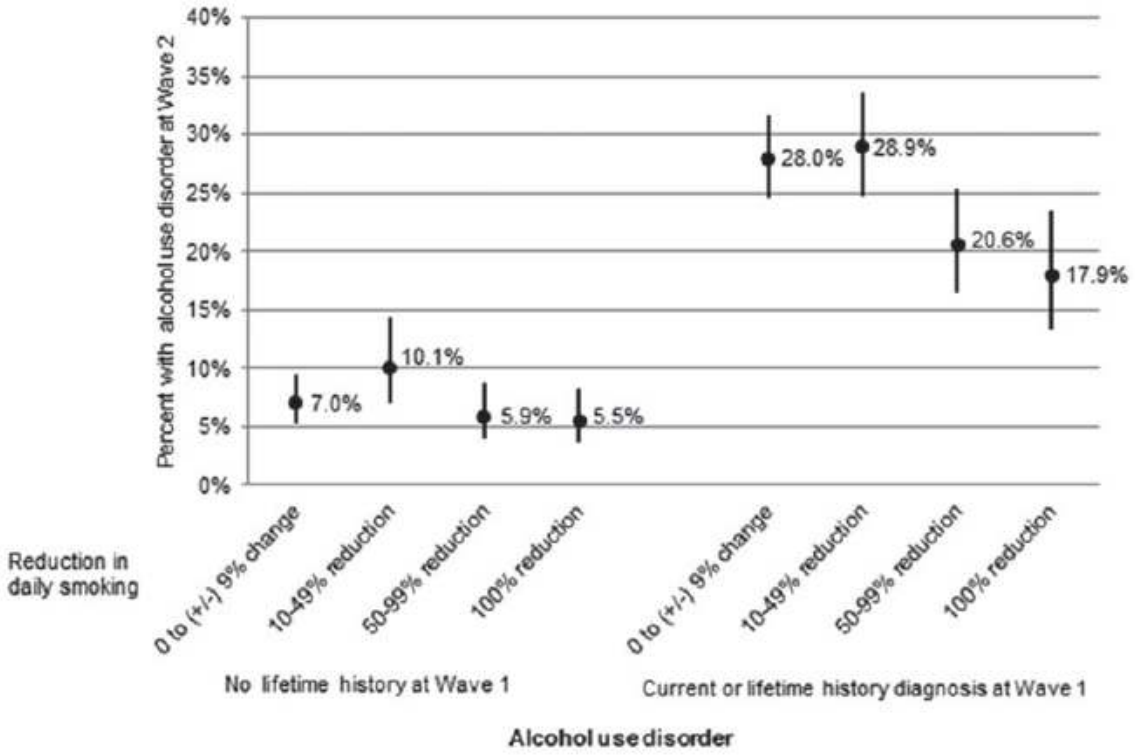


Fig. 2. Prevalence of alcohol abuse/dependence within the past 12 months at Wave 2, by smoking reduction from Wave 1 to Wave 2, stratified by status of alcohol use disorder at Wave 1. Data are given as prevalence estimates (●), with lines representing 95% confidence intervals.

Psychological Medicine (2014), 44, 2523–2535.
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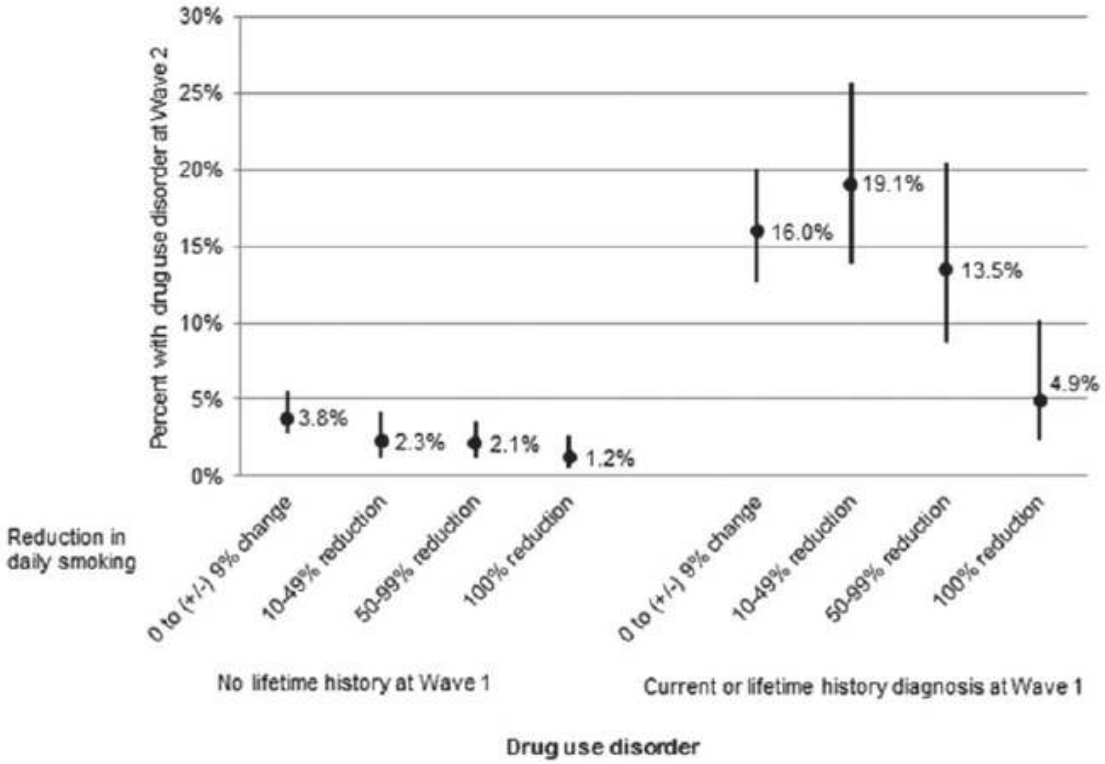

Fig. 3. Prevalence of drug use disorder within the past 12 months at Wave 2, by smoking reduction from Wave 1 to Wave 2, stratified by status of drug use disorder at Wave 1. Data are given as prevalence estimates (●), with lines representing 95% confidence intervals.

Psychological Medicine (2014), 44, 2523–2535. © Cambridge University Press 2014
doi:10.1017/S0033291713003206

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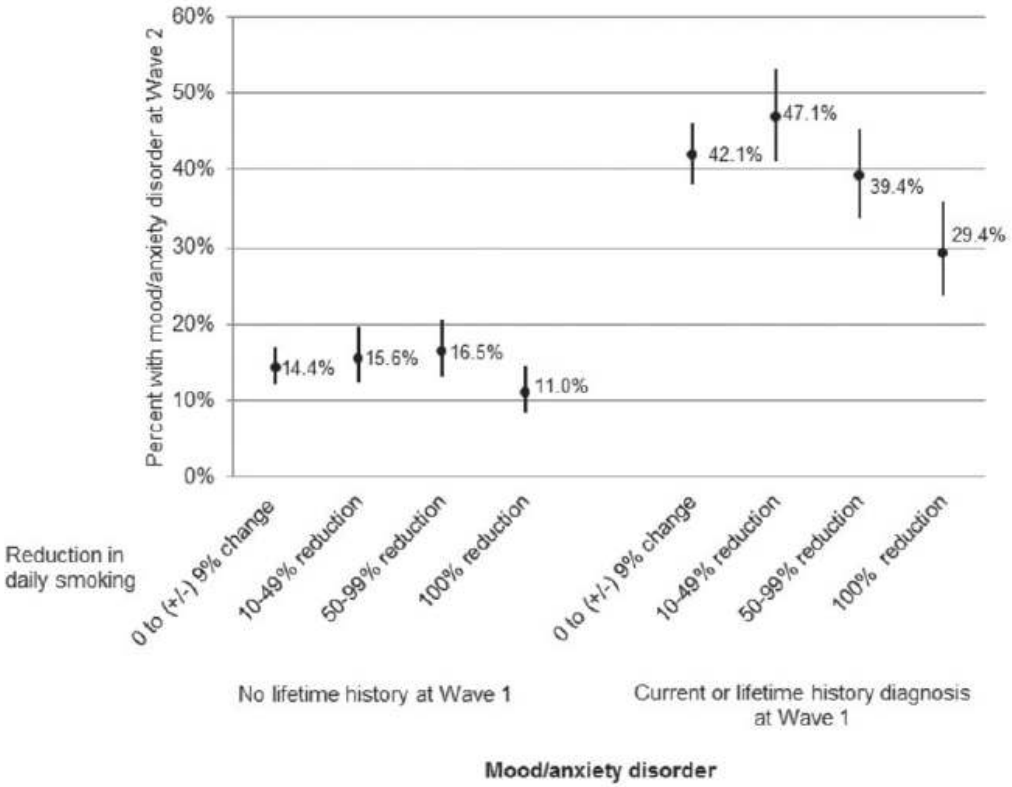

Fig. 1. Prevalence of mood/anxiety disorder within the past 12 months at Wave 2, by smoking reduction from Wave 1 to Wave 2, stratified by status of mood/anxiety disorder at Wave 1. Data are given as prevalence estimates (●), with lines representing 95% confidence intervals.

Drug and Alcohol Dependence 194 (2019) 128–135

Contents lists available at ScienceDirect

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Full length article

The relationship between smoking cessation and binge drinking, depression, and anxiety symptoms among smokers with serious mental illness

Patrick J. Hammett[a,c,*], Harry A. Lando[a], Brent C. Taylor[a,b,c], Rachel Widome[a], Darin J. Erickson[a], Anne M. Joseph[b], Barbara Clothier[c], Steven S. Fu[b,c]

Binge Drinking at 12-Month Follow-Up in Smoking Quitters vs Non-Quitters by SMI Group.

Model	Smoking Quitter[a]	Binge Drinking	SMI (N = 585)		Non-SMI (N = 934)	
			OR (95% CI)	p Value	OR (95% CI)	p Value
5	Yes vs No	0 days	–	0.518	–	**0.033**
		1 day	1.20 (0.46-3.16)	.	0.95 (0.48-1.89)	.
		2-3 day	0.69 (0.24-2.05)	.	0.65 (0.32-1.30)	.
		> 3 days	0.43 (0.12-1.49)	.	0.30 (0.13-0.68)	.

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PHQ-2 Depression Scores at 12-Month Follow-Up in Smoking Quitters vs Non-Quitters by SMI Group.

Model	Smoking Quitter[a]	SMI (N = 585)			Non-SMI (N = 882)		
		12-M Mean	Mean Diff	p Value	12-M Mean	Mean Diff	p Value
5	Yes	2.12	0.16	0.481	0.89	0.22	0.108
	No	2.28	.	.	1.10	.	.

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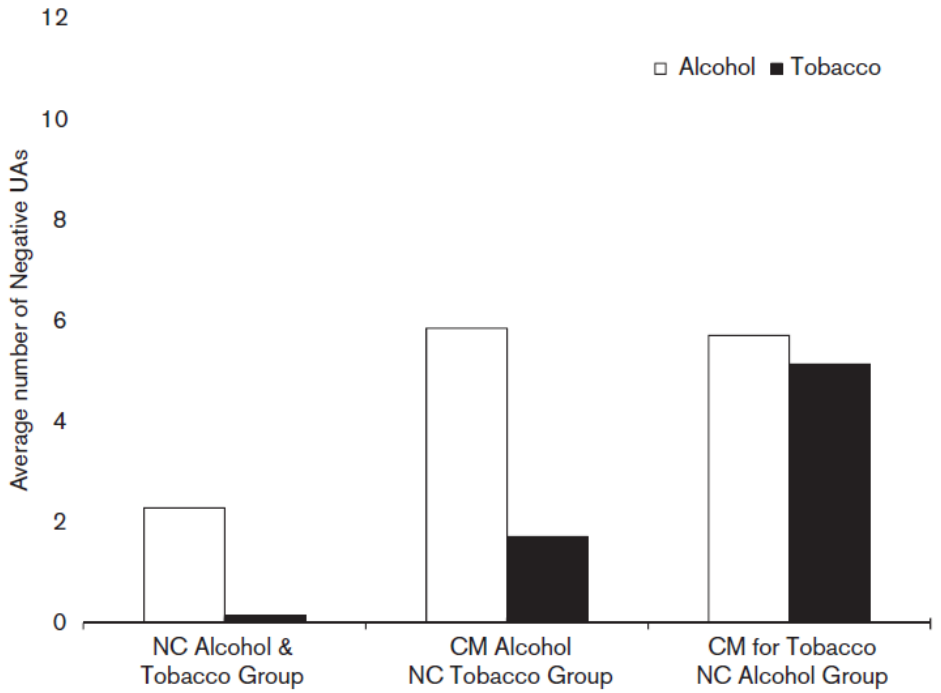
Model	Smoking Quitter[a]	SMI (N = 585)			Non-SMI (N = 882)		
		12-M Mean	Mean Diff	p Value	12-M Mean	Mean Diff	p Value
5	Yes	2.12	0.16	0.481	0.89	0.22	0.108
	No	2.28	.	.	1.10	.	.

PROMIS Anxiety Scores at 12-Month Follow-Up in Smoking Quitters vs Non-Quitters by SMI Group.

Model	Smoking Quitter[a]	SMI (N = 664)			Non-SMI (N = 980)		
		12-M Mean	Mean Diff	p Value	12-M Mean	Mean Diff	p Value
5	Yes	57.43	2.94	**0.009**	49.48	1.35	0.125
	No	60.37	.	.	50.83	.	.

Pilot investigation: randomized-controlled analog trial for alcohol and tobacco smoking co-addiction using contingency management

Michael F. Orr[a,b,c,d], Crystal Lederhos Smith[a,b,c,d], Myles Finlay[a,b,c,d], Samantha C. Martin[a,b,c,d], Olivia Brooks[b,c,d], Oladunni A. Oluwoye[a,b,c], Emily Leickly[a,b,c], Michael McDonell[a,b,c], Ekaterina Burduli[a,b,c], Celestina Barbosa-Leiker[b,c,d], Matt Layton[a,b,c], John M. Roll[a,b,c] and Sterling M. McPherson[a,b,c]



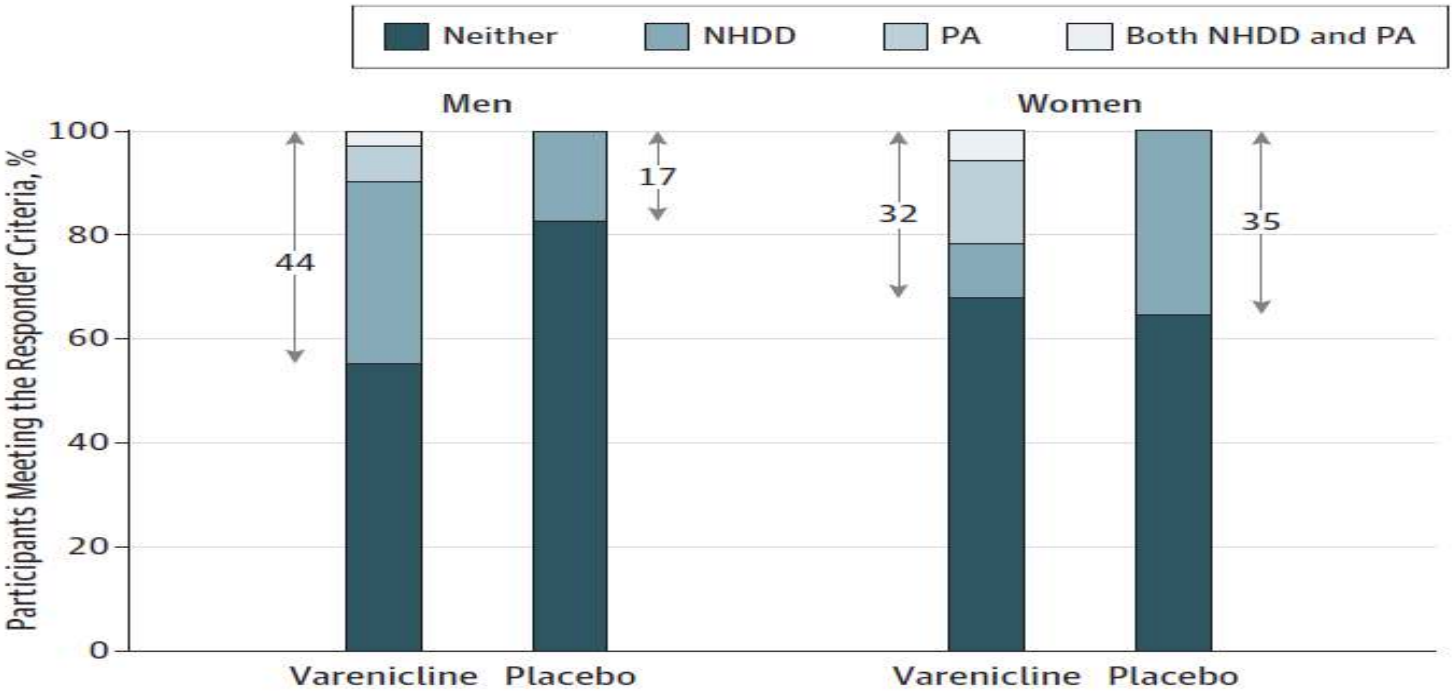
Average number of negative urine samples submitted during follow-up across groups (missing visits coded as positive). CM, contingency management; NC, noncontingent control; UA, urinalyses.

JAMA Psychiatry | Original Investigation

Effect of Varenicline Combined With Medical Management on Alcohol Use Disorder With Comorbid Cigarette Smoking
A Randomized Clinical Trial

Stephanie S. O'Malley, PhD; Allen Zweben, PhD; Lisa M. Fucito, PhD; Ran Wu, MS; Mary E. Piepmeier, MA; David M. Ockert, PhD; Krysten W. Bold, PhD; Ismene Petrakis, MD; Srinivas Muvvala, MD, MPH; Peter Jatlow, MD; Ralitza Gueorguieva, PhD

Figure 3. Percentage of Participants Meeting the Responder Criteria by Treatment Group and Sex



Positive response on the integrated response measure was defined as either No Heavy Drinking Days (NHDD), Prolonged Smoking Abstinence (PA), or both during the last 28 days of treatment. Percentages within the arrows correspond to the percentage who had a good response on the integrated measure. Missing data were treated as nonresponse. Varenicline treatment had a higher integrated response rate than placebo for men (Cohen h = 0.60) but not for women (Cohen h = −0.06). Varenicline was given as varenicline tartrate.

Conclusion

- Chez les patients dépendants à l'alcool, environ 50% de la mortalité est liée au tabac.
- L'arrêt du tabac permet de réduire la consommation d'alcool et réduit les risques de rechute chez les patients dépendants à l'alcool.
- Les patients ayant un trouble de l'usage de l'alcool ne sont pas moins motivés et ne font pas moins de tentatives d'arrêt.
- Lorsque le trouble de l'usage de l'alcool est traité, ils n'ont pas moins de chances de succès que la population générale.
- Les traitements d'aide au sevrage tabagique pourraient aussi avoir des bénéfices sur le trouble de l'usage de l'alcool.