

Retraction Notice

Title of retracted article: **Characterizing Using Tobacco, Cessation Solutions and Quit Attention around Outpatient Substance Abuse Treatment Method**

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Journal: Open Journal of Psychiatry
 Year: 2015
 Volume: 5
 Number: 1
 Pages (from - to): 43 - 55
 DOI (to PDF): <http://dx.doi.org/10.4236/ojpsych.2015.51007>
 Paper ID at SCIRP: 53184
 Article page: <http://www.scirp.org/journal/PaperInformation.aspx?PaperID=53184>
 Retraction date: 2018-06-01

Retraction initiative (multiple responses allowed; mark with All authors

- Some of the authors:
 Editor with hints from Journal owner (publisher)
 Institution:
 Reader:
 Other:

Date initiative is launched: 2018-05-15

Retraction type (multiple responses allowed):

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 Lab error Inconsistent data Analytical error Biased interpretation
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 Failure to disclose a major competing interest likely to influence interpretations or recommendations
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 were found to be overall invalid.

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- honest error
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History

Expression of Concern:

yes, date: yyyy-mm-dd

no

Correction:

yes, date: yyyy-mm-dd

no

Comment:

The paper does not meet the standards of "Open Journal of Psychiatry".

This article has been retracted to straighten the academic record. In making this decision the Editorial Board follows [COPE's Retraction Guidelines](#). Aim is to promote the circulation of scientific research by offering an ideal research publication platform with due consideration of internationally accepted standards on publication ethics. The Editorial Board would like to extend its sincere apologies for any inconvenience this retraction may have caused.

Characterizing Using Tobacco, Cessation Solutions and Quit Attention around Outpatient Substance Abuse Treatment Method

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Received 19 November 2014; revised 10 December 2014; accepted 18 December 2014

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Abstract

A lot of individuals trying to find therapy regarding substance use with ailments are generally cigarette smokers, yet smoking cessation will be not often resolved throughout therapy. Completing expose smoking-related depiction is connected with drug abuse therapy individuals across therapy moralities which may be useful to the actual improvement connected with tailored therapy approaches. This specific paper applied any pack connected with self-report equipment for person to assess cigarettes with stop, which makes an attempt, smoking expertise as well as behavior, method services, as well as fascination with giving up between smoking individuals signed up for opioid replacing treatments (ORT) vs. non-opioid replacing (non-ORT). ORT weighed against non-ORT members who smoked cigarettes much more extent had larger cigarettes dependency, as well as promoted larger experience of smoking cessation services on therapy programs. Good behavior in direction of cessation throughout therapy was being found within the two groupings. These data determine many possible scientific goals, especially such as confidence in abstaining as well as behavior toward cessation pharmacotherapy which might be resolved simply by drug abuse therapy centers.

Keywords

Tobacco, Cessation Solutions, Smoking

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1. Introduction

The prevalence regarding that smoking cigarettes making use of amid drug abuse end premature ejaculation enrollees may be proved to be exceptionally substantial together with several research representing amounts regarding 75% - 97% [1]-[5]. This smoking can be significantly more than costs in the common people, which is about 19.3% in USA [6]. Those people enrolled in drug abuse treatment are more inclined to perish on account of smoking-related ailments than problems from other major substance of preference [7]-[9], even with substantial costs regarding smoking cigarettes within drug abuse treatment patients, and also the well-known health risks regarding smoking cigarettes, generally not really dealt with within treatment centers. Study research used over treatment controls possesses documented estimations regarding smoking cigarettes cessation products and services recommended within 18% in order to 41% regarding programs [10]-[12].

Substantial costs regarding smoking cigarettes along with smoking-related condition amid patients receiving treatment pertaining to element making use of disorders offers encouraged number of expresses along with national corporations in order to really encourage the progress smoking cigarettes cessation surgery pertaining to these kind of patients [13] [14]. That's in keeping with the advice on cigarette use along with dependence medical process suggestions [15]. This process is supported by means of research suggesting which smoking cigarettes cessation surgery in course of drug abuse treatment don't risk and might possibly enrich long-term abstinence from medicines along with alcohol [16]-[21]. For example, amid patients received treatment pertaining to element making use of disorders, smoking cigarettes abstinence right at end initial calendar year regarding treatment seemed to be the most powerful predictor regarding abstinence from illicit substance making use of at 9-year follow-up [21], as well as meta-analysis regarding smoking cigarettes cessation within element abusers documented new 25% increased chances of long term substance abstinence amid patients who in addition achieved smoking cigarettes cessation [19]. Drug abuse treatment centers in addition manage to produce smoking cigarettes cessation resources. Affected individuals generally attend the clinic generally along with pertaining to expanded periods of time, which gives an original possibility to consistently keep an eye on smoking cigarettes, adjust smoking cigarettes cessation strategies while essential, along with generally putting into action protracted cessation intervention.

Understanding smoking cigarettes features and also cessation requirements regarding individuals receiving substance abuse treatment is crucial in regard to developing cessation providers straight into hospitals. Cigarette smoking and also cessation sources are already well-characterized amongst substance abuse treatment individuals receiving methadone upkeep. Approximately 92% of methadone-maintained patients smoke cigarettes [4] [22]-[24] 70% - 80% report pursuit inside laying off smoking cigarettes, 68% - 75% get attempted to quitting at least once, and also 75% report readiness in order to participate in any smoking cigarettes cessation treatment in event, one particular ended up being provided [4] [22] [24] [27]. Repeated use of healthcare personnel inside methadone hospitals has additionally already been associated with increased option of smoking cigarettes cessation sources [10] and even more friendly use of nicotine replacement therapy [28]. Nonetheless, many reports get documented that opioid agonists enhance the reinforcing consequences regarding tobacco [29]-[33], which implies which opioid-dependent individuals with extended use often have different smoking cigarettes profiles or perhaps who are receiving opioid replacement therapy (ORT) such as methadone or perhaps buprenorphine upkeep than those with non-opioid material use. As a result, most of these data would possibly not generalize in order to non-opioid maintained individuals, and also there exists dearth regarding present reports open to characterize smoking cigarettes and also fascination with laying off amongst basic substance abuse treatment individuals. More, fascination with distinct smoking cigarettes cessation merchandise hasn't been well-characterized inside both inhabitants. Ultimately, despite the fact that an up to date evaluation documented which smoking cigarettes offer normally lower inside ORT and also non-opioid replacement therapy (non-ORT) individuals over time [2], in keeping with downhill smoking cigarettes developments apparent inside the basic inhabitants, the outcomes wouldn't target the precise smoking cigarettes features and also fascination with laying off that may persuade substance abuse treatment hospitals to supply smoking cigarettes cessation sources with their individuals.

The purposes of the current study were to characterize the smoking profile of substance abuse treatment patients receiving either ORT or non-ORT treatment services and to identify any potential differences among these patients, which may then inform smoking cessation treatment strategies. Group facts, smoking cigarettes features, fascination with laying off (and inside the application of distinct cessation products), perceived option of

cessation providers offered by their particular substance abuse treatment plan, and also beliefs in regard to no matter whether smoking cigarettes sources need to be available throughout substance abuse treatment ended up being surveyed.

2. Methods

2.1. Participants

Participants (N = 266) were employed through 8 substance abuse treatment hospitals inside the Tehran City via published fliers inside center locations, referral marketing, and also center personnel. Recruitment was held between September regarding 2013 and also June regarding 2014. Like smoking aficionado wasn't needed for study contribution. The one criterion with regard to contribution ended up age much older than 20 years and also at this time enrolled in substance abuse treatment (for just about any period of time). Ten individuals didn't offer home elevators their particular drugs status (methadone, buprenorphine, or perhaps neither) and also ended up ruled out on the data established. One of many staying 258 individuals, 203 (78.7%) ended up present smokers by self-report, having increased percentage regarding smokers determined inside ORT (85% in comparison with 74% in the non-ORT center sample; $r = 0.01$). Questionnaires ended up determined and also contribution was totally non-reflex. Achievement in the customer survey served as permission.

2.2. Study Setting

Many study sites ended up substance abuse treatment suppliers. Sites different inside the form and also breadth regarding substance abuse treatment sources supplied, with number of study sites delivering opioid replacement therapy solely (n = 3 sites), a number of delivering psychosocial counseling and also non-ORT providers solely (n = 1 site) and also the remaining delivering both types of providers (n = 4 sites). Members employed through every single center symbolized any convenience sample and also composed merely an amount in the overall in-treatment inhabitants.

2.3. Survey Measures

Members clarified many concerns made to characterize demographics, substance abuse treatment information, and also smoking cigarettes facts. Questionnaires included any locally-derived, self-report smoking cigarettes gauge which surveyed participant demographics, treatment status, present smoking cigarettes status, heritage regarding give up makes an attempt during the past year, and also attention and also self confidence inside laying off smoking cigarettes. Caused by data which methadone may well enhance reinforcing consequences regarding smoking cigarettes and may thus raise smoking cigarettes rates [29]-[33], many concerns with regards to smoking cigarettes status prior to and also soon after commencing treatment ended up included in order to determine no matter whether treatment modality was associated with differential alterations inside smoking cigarettes status throughout treatment. Moreover, individuals ended up asked which often smoking cigarettes cessation merchandise they've utilized during the past (e.g. nicotine replacement, transitioning in order to small tar tobacco or perhaps eating smoking cigarettes, bupropion, varenicline), together with just what merchandise they would be interested in attempting, in the event offered. Not all merchandise ended up evidence-based smoking cigarettes cessation merchandise and also included options like electric smoking cigarettes, special holders/filters, and also e-cigarettes.

Participants also completed Fagerström Test out with regard Nicotine Dependency (FTND; Heatherton *et al.*, 1991); any 6-item Assurance to stop Customer survey [34]; and also the Cigarette smoking, Information, Thought patterns, and also Services customer survey [35] [36]. The particular S-KAS is really a complete self-report gauge which assesses affected person understanding hazards regarding smoking cigarettes (7 items), behavior with regards to smoking cigarettes cessation inside the wording regarding substance abuse treatment (including this suggested timing regarding smoking cigarettes cessation in relation to stopping medication make use of; 8 items), clinician providers distinct in order to advertising smoking cigarettes cessation as part of substance abuse treatment, providers supplied, and also clinician smoking cigarettes cessation proficiency (7 items), and also program providers which determine smoking cigarettes cessation providers and also sources supplied in the treatment center, together with guidelines and also techniques in keeping with smoking cigarettes cessation (19 items). Reliability in the psychometric properties in this rating, quantified via Cranach's leader coefficient

(α), ended up mild in order to large with regard to understanding ($\alpha = 0.57$), behavior ($\alpha = 0.75$), clinician providers ($\alpha = 0.82$), and also program providers ($\alpha = 0.82$; Guydish [35]). Four specific SKAS goods considered to be regarding specific clinical meaning with regard to software programs seeking to come to a decision no matter whether to supply smoking cigarettes cessation providers ended up reviewed independently: 1) must smoking cigarettes cessation be offered, 2) as soon as is the foremost point out quitting, 3) will you be forwarded to just about any smoking cigarettes cessation medications, and also 4) is actually smoking cigarettes cessation component of own treatment. S-KAS goods ended up ranked about 5-point Likert machines (1 - 5), and also summed straight into 4 subscale scores (knowledge, behavior, clinician providers, and also program services).

Questionnaires were self-administered both via cardstock and pad surveys (72%) or perhaps computer (28%). Contributors got either \$5 or maybe a modest award pertaining to review completion. Additional goods around the list of questions not really especially document asked regarding verbal exchanges technologies work with [37] and second-hand light up coverage [38].

2.4. Data Evaluation

Just data coming from current smokers were analyzed due to this document ($n = 203$ out of 258). Info were analyzed employing merged designs within IBM SPSS Statistics edition 20 in order to take into account arbitrary outcomes involving hospital (8 unique sites) on dependent variables. Linear merged designs were used by continual variables; whilst generalized linear merged designs were used by convey variables. A lot of these designs are generally perfect for considering clustered data [39]. This set factor for all those studies ended up being substance abuse treatment modality (ORT as opposed to non-ORT), and hospital ended up being utilized as being a arbitrary result. Methadone ($n = 64$) and buprenorphine-maintained ($n = 33$) individuals were flattened jointly for ORT party. Based mostly variables integrated demographics, cigarette smoking features, interest in giving up and S-KAS are researching ORT and non-ORT members. S-KAS studies were tied to members that were enrolled in cure system pertaining to at least two weeks, allowing these people ample time for you to possess touch cigarette smoking cessation products and services, in relation to recommendations coming from Guydish *et al.* [35]. For that reason, for S-KAS evaluation, 10% involving ORT and 15% involving non-ORT members were omitted coming from those people studies. Effects were averaged straight into subscale ideals and as opposed concerning ORT and non-ORT members. Cranach's alpha coefficient (α) for know-how, thought patterns, medical, and system products and services skin scales from the current data fixed were 0.38, 0.58, 0.78 and 0.83.

3. Results

3.1. Participants

Demographic data out of this review examine has been noted in another place [37], and is particularly shown throughout **Table 1** regarding smokers solely like a functionality regarding ORT ($n = 97$) and also non-ORT ($n = 106$) remedy modality. No market variations existed around remedy modality, despite the fact that sex greeted meaning ($p = 0.07$). Non-ORT participants ended up very likely to report much better wellness standing ($p = 0.003$) compared to ORT participants. Self-reported main element regarding abuse was equally spread among sufferers signed up for non-ORT remedy. Costs regarding additional element employ around equally remedy modalities ended up noted throughout 17% in the overall sample regarding alcohol, 31% regarding stimulants, 8% regarding cannabis, 15% regarding opiates, and also 3% regarding additional prescription drugs (*i.e.* electronic. hallucinogens, benzodiazepines, sedatives, and so on) (**Table 2**).

3.2. Smoking Characteristics

Current as well as prior smoking cigarettes use can be demonstrated like a perform of cure modality within Dining room table a couple of. ORT members reported significantly larger FTND scores (5.1 vs. 4.2, respectively, $p = 0.002$), far more tobacco daily (12.9 vs. 10.6, respectively, $p = 0.05$), plus much more tobacco reviewed daily ahead of entering cure (14.2 vs. 11.0, respectively, $p = 0.04$). Otherwise, the two organizations ended up related upon a number of smoking-related attributes, such as usage of substitute smoking cigarettes products, grow older at which they began using tobacco frequently, as well as amount of days reviewed weekly ahead of entering cure. Around both cure varieties, 47% of members reported no adjust within their cigarette smoking considering

Table 1. Demographics regarding smokers simply like perform regarding treatment method modality.

Treatment modality	ORT (n = 97)	Non-ORT (n = 106)	p value
	Mean years (SD)/% (N)		
Age	45 (11)	43 (11)	0.6
Gender	(96)	(103)	0.07
Male	54	69	
Female	46	29	
Transgender	0	2	
Relationship status	(94)	(101)	0.5
Married	40	34	
Divorced/separated/widowed	26	29	
Never married	34	37	
Education	(96)	(103)	.6
Less than HS diploma	47	40	
Diploma	31	39	
Some college or more	22	21	
Employment	(97)	(106)	0.6
Unemployed	39	35	
Student	42	50	
Retired or disability	19	15	
Annual income	(95)	(103)	0.9
<\$1,000	58	59	
\$1000 - \$1500	24	24	
≥\$1500	18	17	
Counseling intensity	(97)	(106)	0.9
IOP	42	43	
OP	58	57	
ORT medication	(97)	-	
Methadone	66	-	
Buprenorphine	34	-	
Primary drug of abuse	(96)	(98)	0.001
Alcohol	4	25	
Stimulants	4	26	
Opiates	89	31	
Other	3	18	
Health status	(95)	(101)	0.003
Excellent	5	16	
Very good	18	29	
Good	29	33	
Fair	43	16	
Poor	5	6	

Note: Demographics with regard to smokers just are divided through opioid substitution remedy (ORT) and also non-opioid substitution (non-ORT). Rigorous outpatient (IOP) incorporates eight or higher hours connected with timetabled therapy weekly. Outpatient (OP) means less than eight time-tabled hours weekly. Substantial therapy collection variations established through linear and also generalized linear merged models with center site thought as a new randomly impact.

Table 2. Cigarettes traits as purpose associated with therapy modality.

	% (N)/mean (SD)		p value
	ORT	Non-ORT	Non-ORT
FTND	81	91	0.002
Mean (SD)	5.2 (2.0)	4.2 (2.0)	
Cigarettes/day	96	106	0.05
Mean (SD)	12.9 (7.4)	10.6 (5.7)	
Use of other tobacco products ever?	96	101	0.1
Cigars	15	14	
Smokeless tobacco	5	2	
E-cigarettes	26	14	
Snus	1	1	
Menthol cigarettes	58	64	0.04
Mentholated	81	92	
Non-mentholated	19	8	
Age of regular smoking	96	103	0.3
Mean (SD)	15.8 (5)	16.6 (6)	
Days/week of smoking before treatment	(97)	(106)	.5
Mean (SD)	6.4 (1.5)	6.3 (1.5)	
Cigarettes/day before treatment	93	102	0.04
Mean (SD)	14.2 (9.6)	11.0 (5.9)	
Smoking changes since entering treatment	95	102	0.2
Smoke more	31	19	
Smoke less	24	32	
Smoke the same	45	49	

Note: Major remedy collection variances decided by way of linear and also generalized linear put together versions having hospital internet site thought as some sort of randomly result.

that entering drug abuse cure, having 25% reporting cigarette smoking far more considering that entering drug abuse cure, as well as 28% reporting cigarette smoking a smaller amount.

3.3. Quit Attempts and Interest in Quitting

Rankings associated with previous leave tries, desire to stop smoking, along with self confidence to avoid smokes as soon as leave usually are demonstrated inside Dining room **Table 3**. Regardless of differences inside FTND lots along with smokes each day throughout treatment modality, simply no substantial between-group differences were being seen in amount of leave tries in the past year. Many ORT along with not for ORT contributors documented creating both equally non-reflex along with pressured (e.g., incarceration, hospitalization, or residential treatment facility) leave tries which lasted at least one day in the past year. Participants inside both equally organizations also documented average desire to stop smoking (3.3 out of 6) along with 29% associated with contributors documented that they were being severely taking into consideration a new leave attempt next 1 month. On the other hand, both equally organizations documented reduced self confidence into their chance to

Table 3. Quit interest and characteristics as a function of treatment modality for smokers only.

	% (N)/mean (SD)		p value
	ORT	Non-ORT	Non-ORT
Voluntary quit attempts (24+ hours)	87	99	0.6
One or more times (%)	59	55	
Forced quit attempts (24+ hours)	87	97	0.7
One or more times (%)	72	69	
Considering quitting in the next 30 days?	87	101	0.9
Yes (%)	29	30	
Desire to quit smoking now	95	104	0.1
Mean (SD)	3.1 (2.1)	3.6 (2.1)	
Confidence you can quit at this time	94	103	0.5
Mean (SD)	2.3 (1.8)	2.6 (2.0)	
Confidence-abstain for 24 hours	94	103	0.1
Mean (SD)	2.1 (1.9)	2.6 (2.2)	
Confidence-abstain for 1 month	94	102	0.6
Mean (SD)	1.7 (1.8)	1.7 (2.0)	

Note: Substantial remedy class variances determined by way of linear and also generalized linear combined designs having medical center site understood to be the arbitrary influence (none found). Want to leave and also assurance ratings ranged via 0 in order to 6 (0 = generally not very self-assured, 6 = extremely confident).

avoid smokes for 24 hours around 30 days.

The application of a variety of solutions which contributors get tried out in the past that can help these people stop smoking (lifetime) is usually demonstrated inside eventually left solar panel. It's not all solutions outlined were being cigarettes cessation solutions along with involved using along with curiosity about electronic tobacco, particular holders/filtration, along with e-cigarettes. May be patch was the most widely used cessation solution inside previous leave tries among analyze small sample. Somewhat more ORT than non-ORT contributors documented previous using patch, although this particular effect only contacted value ($p = 0.06$). Participants also expressed curiosity about seeking these along with other solutions in the future, since demonstrated inside right solar panel. ORT contributors expressed more enthusiasm than performed non-ORT contributors regarding seeking the cigarette smoking patch along with other solutions that can help these people stop smoking ($p < 0.05$).

Smoking Knowledge, Attitudes, Clinician, and Program Services (S-KAS)

As shown in Table 4, ORT and non-ORT participants had mostly similar scores within the expertise, perceptions, and clinician provider's subscales on the S-KAS musical instrument. Know-how and perceptions have been mild around individual populations. Plan providers, however, received far lower scores and ORT participants performing their particular therapy programs greater in comparison to non-ORT participants ($p < 0.001$), indicating providers and procedures in keeping with the treatment of cigarettes reliance.

Four S-KAS items that could be involving distinct clinical relevance intended for drug abuse therapy programs are generally revealed in Table 4. The majority of participants, separate involving therapy modality, arranged in which smoking cessation needs to be made available inside their end premature ejaculation and currently wasn't component of their particular drug abuse treatment plan. Almost half the actual participants additionally experienced in which the best time to avoid smoking ended up being just before or maybe as well while halting drug make use of (47%). Last but not least, ORT participants have been prone to are already given a minimum of one smoking cessation treatment as a result of their particular end premature ejaculation (22% vs. 4%; $p < 0.001$).

Table 4. S-KAS scale ratings.

S-KAS subscales (1 - 5)	% (N)/mean (SD)		p value
	ORT	Non-ORT	Non-ORT
Knowledge	86	87	0.9
	3.48 (0.57)	3.49 (0.62)	
Attitudes	86	88	0.06
	3.46 (0.67)	3.25 (0.74)	
Clinician services	80	81	0.9
	2.30 (0.96)	2.16 (1.09)	
Program services	87	88	≤0.001
	2.73 (0.91)	2.13 (0.72)	

Note: Knowledge, attitudes, clinician along with system services sub-scales had been rated from 1 in order to 5. Greater quantities indicated higher expertise, pro-smoking cessation thinking, along with clinician along with system services that will promote using tobacco cessation. Each subscale included the subsequent number of things: expertise (n = 7), thinking (n = 8), clinician services (n = 7), system services (n = 19). Important team variances motivated through linear put together products having clinic site looked as the arbitrary influence.

4. Discussion

Most of these files spotlight critical variations that you can get in between drug abuse cure people obtaining ORT when compared with people not obtaining ORT, and offer the first in depth characterization regarding using tobacco amid non-ORT people. General, both equally groups got large prices regarding using tobacco, even though ORT members were almost certainly going to possibly be smokers, been smokers more intensely, and also were more cigarette smoking centered (based on FTND scores). ORT members tended in order to record more beyond experience using tobacco cessation as well as other solutions when compared with non-ORT members, even though these types of prices were typically reduced instead of statistically various. This development just isn't amazing considering the fact that ORT cure is usually a modality whereby people are getting a beneficial medicine to cut back needing and also flashbacks signs as a way to preserve long-term abstinence. ORT people can also be subjected to healthcare personnel during cure, the system quality of which anticipates availability of using tobacco cessation methods [10]. Other system and also personnel attributes of which foresee using tobacco cessation cure are acknowledged in the literary works, which may be relevant in order to ORT cure people also. Hospital-affiliated hospitals will probably supply using tobacco cessation pharmacotherapy plus much more evidence-based methods [40] [41], possibly as a result of personnel attributes of which foresee more advantageous using tobacco cessation thinking (*i.e.* reduce using tobacco prices amid personnel, higher education levels) [4].

The existing record in addition found of which ORT members exhibited increased desire for seeking a variety of using tobacco cessation solutions. On the other hand, non-ORT members claimed reduce enthusiasm to utilize new releases, which include 24% whom specially promoted not any desire for applying almost any using tobacco cessation solution. This enthusiasm to utilize new releases amid ORT members may reveal an even more pro-medication perspective plus much more openness in order to techniques using pharmacotherapy. This obtaining can be response to influence regarding personnel knowledge and also thinking about using tobacco cessation methods, the unique organization and also the vision mainly because it relates to overall health, experience of healthcare personnel on a regular basis, and/or patient's perceptions regarding drug abuse and also medicines to keep up abstinence. The actual complex relationship in between organization, personnel, and also affected individual with regards to using tobacco cessation need to be more researched, in addition to the pro-medication perspective seeing that this kind of obtaining is new and also critical since it presents a possible scientific target with regard to non-ORT people.

The existing files show of which people can also be keen on seeking non-evidence structured techniques, implying of which both equally people and also personnel may need information on powerful approaches for cessation. By way of example, somewhere around 37% regarding members coming from both equally groups claimed desire for applying e-cigs (e-cigarettes) with regard to cessation. E-cigarettes haven't been recently ex-

hibited being an evidence based cessation technique; on the other hand, non-substance hurting everyone is using e-cigarettes with regard to cessation functions [42]. Interest in using almost any technique of using tobacco cessation cure within a terminate attempt inside a drug abuse cure people is surely a location of which warrants more exploration. Among the standard people regarding smokers, those who are more smoking centered are shown to follow cure within a terminate attempt [43] [44]. Much more intensely centered smokers are near the highest danger with regard to relapse, and will experienced various unassisted and also failed terminate makes an attempt previously, as a result pressing adopting regarding cure. Shiffman [43] in addition exhibited of which using choice cures with regard to using tobacco cessation (hypnosis and also acupuncture) was larger some of those who had previously been using tobacco with regard to in excess of 15 years. Most of these the desired info is relevant with a drug abuse cure people, and also specially these taken care of on opioid replacement, while they signify a very smoking centered collection using a lengthy record regarding typical using tobacco. Fascination or even inclination with choice cures amid drug abuse cure people may originate from various and unsuccessful terminate makes an attempt, increased accessibility to choice cures, and also reduce expenses. Much more research should be applied about the importance regarding non-evidence structured strategies to showcase cessation makes an attempt or even lower damage, seeing that these items may be well-received simply by both equally ORT and also non-ORT people. However, in place of these files, hospitals could strengthen cessation final results simply by helping people discriminate in between cessation techniques reinforced and also unsupported simply by proof.

ORT individuals backed far more providers supplied via their own cure programs. Along with firm along with workers features mentioned above, ORT cure designs normally provide a more time length of time connected with speak to. As opposed, cure involvement is generally connected with shorter length of time with non-ORT programs, which may transfer target to prioritizing cure of the major substance connected with abuse. Likewise, there might not be adequate period pertaining to workers to be effective in promoting give up efforts. Variances with cure philosophies along with center way of life will also be planning to impression vistas around the usage connected with using tobacco cessation prescription drugs with programs that will follow approaches tightly like 12-step programs [45]. All rounds, each of our data suggest that non-ORT individuals are at a life threatening service-level downside on the subject of using tobacco cessation help. Although variations with cure modalities along with approaches provide distinct opportunities to a target cessation, a number of small along with immediate approaches, like motivational approaches, cessation merchandise training, or even sampling, might be used by cessation with non-ORT individuals. Motivational approaches can be especially essential along with essential, while verified by simply minimal self confidence reviews pertaining to profitable using tobacco cessation with both sufferer subgroups. Interventions made to boost self confidence or even knowledge along with abstinence via conditional rewards [46] can be useful along with using tobacco cessation prescription drugs pertaining to smokers with substance abuse cure.

In keeping with data advising that will opioid agonists enhance the reinforcing consequences connected with using tobacco, ORT individuals documented using tobacco far more tobacco on a daily basis as compared to non-ORT individuals before stepping into cure along with continuing for you to smoke cigarettes with larger charges although enrolled in cure. All round, nor collection revealed some sort of pattern connected with improving or even lowering the amount smoked cigarettes after cure accessibility. Most of these data show that will despite receiving specialized medical assistance available as substance abuse cure, accessibility in to cure won't lessen using tobacco charges. Regular professional medical speak to along with extended length of time connected with cure that is normally supplied with substance abuse configurations represents a perfect along with distinctive possibility to target using tobacco cessation methods. The truth that accessibility into cure wasn't regarding savings with using tobacco features the requirement to methodically target using tobacco cessation inside of cure configurations.

S-KAS way of measuring objects mentioned substantial understanding along with advantageous using tobacco cessation attitudes in this review sample, and that is consistent with past studies through methadone-maintained populations [4] [22]. Cheaper reviews connected with providers availableness can be consistent with new studies through which support supply had been examined with substance abuse cure clinics that will varied with geographic place along with sample populace [36] [37]. Significantly, people studies discovered that will organizational transform, often via insurance plan or even involvement, generated general enhancements with sufferer attitudes to using tobacco cessation, together with reviews connected with system along with clinician providers.

Several hindrances are present that will complicate the particular setup connected with using tobacco cessation providers in to substance abuse cure clinics, like; limited workers teaching along with deficiency of information about using tobacco cessation approaches, limited financial resources pertaining to using tobacco cessation, resistance through workers, the belief that some sort of using tobacco involvement could have a poor impact on medications, deficiency of purchaser fascination with giving up smoking using tobacco, along with experts independently becoming smokers and not approaching using tobacco using clientele [1] [47]-[54]. There is certainly a good amount of justification, however, to invest any time along with methods in to overcoming these kind of hindrances in order to provide using tobacco cessation providers for you to substance abuse individuals. Proof inside novels has shown that will from 44% for you to 80% connected with substance abuse cure individuals need to quit smoking on a cure occurrence [4] [55]-[57]. On the list of recent data arranged, 29% documented severely considering generating a give up test inside future four weeks. It's also been confirmed that will using tobacco cessation surgery during substance abuse cure do not put in danger and may even possibly boost long-term abstinence through prescription drugs along with alcohol consumption [1] [18]-[20].

This review possesses various limits that need to be observed. First, members filling out the particular questionnaire consisted of some sort of ease sample through metropolitan substance abuse cure clinics and may even not have access to recently been adviser coming from all center individuals. This can abate generalize of our findings for you to other cure trials. Second, engaging clinics received varying features, place, along with using tobacco insurance policies, of not directly examined on this review. Presented center variations along with sufferer features around sites, the particular statistical strategy on this record handled center as being a randomly result. Cure modality variations were being still discovered when information technology pertaining to center site, however the distinct features of the center must be examined with future are people may possibly have an effect on sufferer responses. Third, queries regarding cessation merchandise didn't inquire about advising or even give up range support, and it's also furthermore feasible that will merchandise may well not happen to be backed mainly because individuals received in no way heard of these individuals. Final, simply no cure levels data were being obtained, which in turn puts a stop to us through identifying no matter whether using tobacco or even fascination with giving up smoking varied as being a functionality connected with continuous illicit medicine utilize during cure pertaining to major materials or even other materials utilized, or even no matter whether cure had been required or even voluntary. Additional, many of us were being not able to establish in the event the path connected with current administration of the major or even other materials connected with abuse influenced questionnaire responses (*i.e.* inhalation as opposed to hypodermic injection, for example). It might be that will those who utilize other prescription drugs which might be inhaled could change inside their using tobacco features along with attitudes towards cessation. Last but not least, lacking data were being a problem on this review. Numerous questionnaires were being used by using cardstock along with pen along with study workers could hardly constantly examine achievement along with persistence around responses. Surveys used on computers integrated skip behavior making sure that participants were being solely giving an answer to appropriate queries, and as well reminded members when they received skipped some sort of issue. For that reason, computer-delivered questionnaire current administration had been more effective, but is not constantly achievable or even well-liked between review members.

5 Conclusion

Even with these kinds of limits, this kind of review comes with a detailed and complete portrayal connected with using tobacco attitudes with ORT along with non-ORT individuals. The info obtained regarding ORT individuals tends to be consistent with past studies, which in turn fortifies the chance that our effects will probably generalize towards greater substance harming populace. Significantly, these kinds of data discover various probable professional medical finds, most notably of which include self confidence with abstaining along with attitudes to the particular accessibility to cessation merchandise that could be attended to by simply substance abuse cure clinics. Pro-medication attitude along with openness for you to pharmacotherapy's pertaining to using tobacco cessation between ORT individuals must be larger employed to encourage much better understanding of using tobacco cessation, attitudes, along with cure routines between workers that should end up being prompted with non-ORT cure designs. Adapted system surgery around cure modalities can sometimes include improved usage of cessation merchandise pertaining to ORT, although non-ORT providers should concentrate on determination along with informative info in promoting curiosity along with sampling connected with cessation

merchandise. This method will be consistent with professional medical exercise recommendations pertaining to cigarette reliance and several talks along with firm tips, and could guide to lessen the particular tobacco-related morbidity along with death rate on this populace.

References

- [1] Bobo, J.K. (1989) Nicotine Dependence and Alcoholism Epidemiology and Treatment. *Journal of Psychoactive Drugs*, **21**, 323-329. <http://dx.doi.org/10.1080/02791072.1989.10472174>
- [2] Guydish, J., Tajima, B., Chan, M., Delucchi, K.L. and Ziedonis, D. (2011) Measuring Smoking Knowledge, Attitudes and Services (S-KAS) among Clients in Addiction Treatment. *Drug and Alcohol Dependence*, **114**, 237-241.
- [3] Kalman, D. (1998) Smoking Cessation Treatment for Substance Misusers in Early Recovery: A Review of the Literature and Recommendations for Practice. *Substance Use & Misuse*, **33**, 2021-2047. <http://dx.doi.org/10.3109/10826089809069815>
- [4] Nahvi, S., Richter, K., Li, X., Modali, L. and Arnsen, J. (2006) Cigarette Smoking and Interest in Quitting in Methadone Maintenance Patients. *Addictive Behaviors*, **31**, 2127-2134. <http://dx.doi.org/10.1016/j.addbeh.2006.01.006>
- [5] Pajusco, B., Chiamulera, C., Quaglio, G., Moro, L., Casari, R., Amen, G., *et al.* (2012) Tobacco Addiction and Smoking Status in Heroin Addicts under Methadone vs. Buprenorphine Therapy. *International Journal of Environmental Research and Public Health*, **9**, 932-934. <http://dx.doi.org/10.3390/ijerph9030932>
- [6] Centers for Disease Control and Prevention (CDC) (2011) Quitting Smoking among Adults—United States, 2001-2010. *MMWR. Morbidity and Mortality Weekly Report*, **60**, 1513-1519.
- [7] Baca, C.T. and Yahne, C.E. (2009) Smoking Cessation during Substance Abuse Treatment: What You Need to Know. *Journal of Substance Abuse Treatment*, **36**, 205-219. <http://dx.doi.org/10.1016/j.jsat.2008.06.003>
- [8] Hser, Y.I., McCarthy, W.J. and Anglin, M.D. (1994) Tobacco Use as a Distal Predictor of Mortality among Long-Term Narcotics Addicts. *Preventive Medicine*, **23**, 61-69. <http://dx.doi.org/10.1006/pmed.1994.1009>
- [9] Hurt, R.D., Offord, K.P., Croghan, I.T., Gomez-Dahl, L., Kottke, T.E., Morse, R.M., *et al.* (1996) Mortality Following Inpatient Addictions Treatment. Role of Tobacco Use in a Community-Based Cohort. *JAMA: The Journal of the American Medical Association*, **275**, 1097-1103. <http://dx.doi.org/10.1001/jama.1996.03530380039029>
- [10] Friedmann, P.D., Jiang, L. and Richter, K.P. (2008) Cigarette Smoking Cessation Services in Outpatient Substance Abuse Treatment Programs in the United States. *Journal of Substance Abuse Treatment*, **34**, 165-172. <http://dx.doi.org/10.1016/j.jsat.2007.02.006>
- [11] Fuller, B.E., Guydish, J., Tsoh, J., Reid, M.S., Resnick, M., Zammarelli, L., *et al.* (2007) Attitudes toward the Integration of Smoking Cessation Treatment into Drug Abuse Clinics. *Journal of Substance Abuse Treatment*, **32**, 53-60. <http://dx.doi.org/10.1016/j.jsat.2006.06.011>
- [12] Richter, K.P., Choi, W.S., McCool, R.M., Harris, K.J. and Ahluwalia, J.S. (2004) Smoking Cessation Services in US Methadone Maintenance Facilities. *Psychiatric Services*, **55**, 1258-1264. <http://dx.doi.org/10.1176/appi.ps.55.11.1258>
- [13] American Society of Addiction Medicine (2008) Public Policy Statement on Nicotine Addiction and Tobacco (Formerly Nicotine Dependence and Tobacco). Chevy Chase.
- [14] Williams, J.M. (2008) Eliminating Tobacco Use in Mental Health Facilities: Patients' Rights, Public Health, and Policy Issues. *JAMA: The Journal of the American Medical Association*, **299**, 571-573. <http://dx.doi.org/10.1016/j.jsat.2006.06.011>
- [15] Fiore, M.C., Jaen, C.R., Baker, T.B., Bailey, W., Benowitz, N., Currie, S., *et al.* (2008) Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline. US Department of Health and Human Services, Public Health Service, Rockville.
- [16] Bobo, J.K., McIlvain, H.E., Lando, H.A., Walker, R.D. and Leed-Kelly, A. (1998) Effect of Smoking Cessation Counseling on Recovery from Alcoholism: Findings from a Randomized Community Intervention Trial. *Addiction*, **93**, 877-887. <http://dx.doi.org/10.1046/j.1360-0443.1998.9368779.x>
- [17] Frosch, D.L., Shoptaw, S., Nahom, D. and Jarvik, M.E. (2000) Associations between Tobacco Smoking and Illicit Drug Use among Methadone-Maintained Opiate Dependent Individuals. *Experimental and Clinical Psychopharmacology*, **8**, 97-103. <http://dx.doi.org/10.1037/1064-1297.8.1.97>
- [18] Joseph, A.M., Nichol, K.L. and Anderson, H. (1993) Effect of Treatment for Nicotine Dependence on Alcohol and Drug Treatment Outcomes. *Addictive Behaviors*, **18**, 635-644. [http://dx.doi.org/10.1016/0306-4603\(93\)90017-4](http://dx.doi.org/10.1016/0306-4603(93)90017-4)
- [19] Prochaska, J.J., Delucchi, K. and Hall, S.M. (2004) A Meta-Analysis of Smoking Cessation Interventions with Individuals in Substance Abuse Treatment or Recovery. *Journal of Consulting and Clinical Psychology*, **72**, 1144-1156. <http://dx.doi.org/10.1037/0022-006X.72.6.1144>

- [20] Richter, K.P. and Arnsten, J.H. (2006) A Rationale and Model for Addressing Tobacco Dependence in Substance Abuse Treatment. *Substance Abuse Treatment, Prevention, and Policy*, **1**, 23.
<http://dx.doi.org/10.1186/1747-597X-1-23>
- [21] Tsoh, J.Y., Chi, F.W., Mertens, J.R. and Weisner, C.M. (2011) Stopping Smoking during First Year of Substance Use Treatment Predicted 9-Year Alcohol and Drug Treatment Outcomes. *Drug and Alcohol Dependence*, **114**, 110-118.
<http://dx.doi.org/10.1016/j.drugalcdep.2010.09.008>
- [22] Clemmey, P., Brooner, R., Chutuape, M.A., Kidorf, M. and Stitzer, M. (1997) Smoking Habits and Attitudes in a Methadone Maintenance Treatment Population. *Drug and Alcohol Dependence*, **44**, 123-132.
[http://dx.doi.org/10.1016/S0376-8716\(96\)01331-2](http://dx.doi.org/10.1016/S0376-8716(96)01331-2)
- [23] Haas, A.L., Sorensen, J.L., Hall, S.M., Lin, C., Delucchi, K., Sporer, K., *et al.* (2008) Cigarette Smoking in Opioid-Using Patients Presenting for Hospital-Based Medical Services. *The American Journal on Addictions*, **17**, 65-69.
<http://dx.doi.org/10.1080/10550490701756112>
- [24] Richter, K.P., Gibson, C.A., Ahluwalia, J.S. and Schmelzle, K.H. (2001) Tobacco Use and Quit Attempts among Methadone Maintenance Clients. *American Journal of Public Health*, **91**, 296-299.
<http://dx.doi.org/10.2105/AJPH.91.2.296>
- [25] Clarke, J.G., Stein, M.D., McGarry, K.A. and Gogineni, A. (2001) Interest in Smoking Cessation among Injection Drug Users. *The American Journal on Addictions*, **10**, 159-166.
- [26] Frosch, D.L., Shoptaw, S., Jarvik, M.E., Rawson, R.A. and Ling, W. (1998) Interest in Smoking Cessation among Methadone Maintained Outpatients. *Journal of Addictive Diseases*, **17**, 9-19. http://dx.doi.org/10.1300/J069v17n02_02
- [27] Kozlowski, L.T., Skinner, W., Kent, C. and Pope, M.A. (1989) Prospects for Smoking Treatment in Individuals Seeking Treatment for Alcohol and Other Drug Problems. *Addictive Behaviors*, **14**, 273-278.
[http://dx.doi.org/10.1016/0306-4603\(89\)90058-0](http://dx.doi.org/10.1016/0306-4603(89)90058-0)
- [28] Knudsen, H.K. and Studts, J.L. (2011) Availability of Nicotine Replacement Therapy in Substance Use Disorder Treatment: Longitudinal Patterns of Adoption, Sustainability, and Discontinuation. *Drug and Alcohol Dependence*, **118**, 244-250. <http://dx.doi.org/10.1016/j.drugalcdep.2011.03.028>
- [29] Chait, L.D. and Griffiths, R.R. (1984) Effects of Methadone on Human Cigarette Smoking and Subjective Ratings. *The Journal of Pharmacology and Experimental Therapeutics*, **229**, 636-640.
- [30] Mello, N.K., Mendelson, J.H., Sellers, M.L. and Kuehnie, J.C. (1980) Effects of Heroin Self-Administration on Cigarette Smoking. *Psychopharmacology*, **67**, 45-52. <http://dx.doi.org/10.1007/BF00427594>
- [31] Mello, N.K., Lukas, S.E. and Mendelson, J.H. (1985) Buprenorphine Effects on Cigarette Smoking. *Psychopharmacology*, **86**, 417-425. <http://dx.doi.org/10.1007/BF00427902>
- [32] Mutschler, N.H., Stephens, B.J., Teoh, S.K., Mendelson, J.H. and Mello, N.K. (2002) An Inpatient Study of the Effects of Buprenorphine on Cigarette Smoking in Men Concurrently Dependent on Cocaine and Opioids. *Nicotine & Tobacco Research: Official Journal of the Society for Research on Nicotine and Tobacco*, **4**, 223-228.
<http://dx.doi.org/10.1080/14622200210124012>
- [33] Schmitz, J.M., Grabowski, J. and Rhoades, H. (1994) The Effects of High and Low Doses of Methadone on Cigarette Smoking. *Drug and Alcohol Dependence*, **34**, 237-242. [http://dx.doi.org/10.1016/0376-8716\(94\)90162-7](http://dx.doi.org/10.1016/0376-8716(94)90162-7)
- [34] Juliano, L.M., Donny, E.C., Houtsmuller, E.J. and Stitzer, M.L. (2006) Experimental Evidence for a Causal Relationship between Smoking Lapse and Relapse. *Journal of Abnormal Psychology*, **115**, 166-173.
<http://dx.doi.org/10.1037/0021-843X.115.1.166>
- [35] Gurdish, J., Passalacqua, E., Tajima, B., Chan, M., Chun, J. and Bostrom, A. (2011) Smoking Prevalence in Addiction Treatment: A Review. *Nicotine & Tobacco Research: Official Journal of the Society for Research on Nicotine and Tobacco*, **13**, 401-411. <http://dx.doi.org/10.1093/ntr/ntr048>
- [36] Gurdish, J., Tajima, B., Kulaga, A., Zavala, R., Brown, L.S., Bostrom, A., *et al.* (2012) The New York Policy on Smoking in Addiction Treatment: Findings after 1 Year. *American Journal of Public Health*, **102**, e17-e25.
<http://dx.doi.org/10.2105/AJPH.2011.300590>
- [37] McClure, E.A., Acquavita, S.P., Harding, E. and Stitzer, M.L. (2013) Utilization of Communication Technology by Patients Enrolled in Substance Abuse Treatment. *Drug and Alcohol Dependence*, **129**, 145-150.
<http://dx.doi.org/10.1016/j.drugalcdep.2012.10.003>
- [38] Acquavita, S.P., McClure, E.A., Hargraves, D., Stitzer, M.L. (In Preparation) Environmental Tobacco Smoke Exposure for Individuals Receiving Outpatient Substance Abuse Treatment.
- [39] McCulloch, C. and Searle, S.R. (2001) Generalized, Linear, and Mixed Models. John Wiley & Sons, Inc., New York.
- [40] Knudsen, H.K., Studts, J.L., Boyd, S. and Roman, P.M. (2010) Structural and Cultural Barriers to the Adoption of Smoking Cessation Services in Addiction Treatment Organizations. *Journal of Addictive Diseases*, **29**, 294-305.

- <http://dx.doi.org/10.1080/10550887.2010.489446>
- [41] Tajima, B., Guydish, J., Delucchi, K., Passalacqua, E., Chan, M. and Moore, M. (2009) Staff Knowledge, Attitudes, and Practices Regarding Nicotine Dependence Differ by Setting. *Journal of Drug Issues*, **39**, 365-384. <http://dx.doi.org/10.1177/002204260903900208>
- [42] Goniewicz, M.L., Lingas, E.O. and Hajek, P. (2012) Patterns of Electronic Cigarette Use and User Beliefs about Their Safety and Benefits: An Internet Survey. *Drug and Alcohol Review*, **32**, 133-140. <http://dx.doi.org/10.1111/j.1465-3362.2012.00512.x>
- [43] Shiffman, S., Brockwell, S.E., Pillitteri, J.L. and Gitchell, J.G. (2008) Individual Differences in Adoption of Treatment for Smoking Cessation: Demographic and Smoking History Characteristics. *Drug and Alcohol Dependence*, **93**, 121-131. <http://dx.doi.org/10.1016/j.drugalcdep.2007.09.005>
- [44] Shiffman, S., Brockwell, S.E., Pillitteri, J.L. and Gitchell, J.G. (2008) Use of Smoking Cessation Treatments in the United States. *American Journal of Preventive Medicine*, **34**, 102-111. <http://dx.doi.org/10.1016/j.amepre.2007.09.033>
- [45] Rothrauff, T.C. and Eby, L.T. (2011) Counselors' Knowledge of the Adoption of Tobacco Cessation Medications in Substance Abuse Treatment Programs. *The American Journal on Addictions*, **20**, 56-62. <http://dx.doi.org/10.1111/j.1521-0391.2010.00095.x>
- [46] Dunn, K.E., Saulsgiver, K.A. and Sigmon, S.C. (2011) Contingency Management for Behavior Change: Applications to Promote Brief Smoking Cessation among Opioid Maintained Patients. *Experimental and Clinical Psychopharmacology*, **19**, 20-30. <http://dx.doi.org/10.1037/a0022039>
- [47] Asher, M.K., Martin, R.A., Rohsenow, D.J., MacKinnon, S.V., Traficante, R. and Monti, P.M. (2003) Perceived Barriers to Quitting Smoking among Alcohol Dependent Patients in Treatment. *Journal of Substance Abuse Treatment*, **24**, 169-174. [http://dx.doi.org/10.1016/S0740-5472\(02\)00354-9](http://dx.doi.org/10.1016/S0740-5472(02)00354-9)
- [48] Bobo, J.K. and Davis, C.M. (1993) Recovering Staff and Smoking in Chemical Dependency Programs in Rural Nebraska. *Journal of Substance Abuse Treatment*, **10**, 221-227. [http://dx.doi.org/10.1016/0740-5472\(93\)90047-6](http://dx.doi.org/10.1016/0740-5472(93)90047-6)
- [49] Campbell, B.K., Krumenacker, J. and Stark, M.J. (1998) Smoking Cessation for Clients in Chemical Dependence Treatment—A Demonstration Project. *Journal of Substance Abuse Treatment*, **15**, 313-318. [http://dx.doi.org/10.1016/S0740-5472\(97\)00197-9](http://dx.doi.org/10.1016/S0740-5472(97)00197-9)
- [50] Guydish, J., Passalacqua, E., Tajima, B. and Manser, S.T. (2007) Staff Smoking and Other Barriers to Nicotine Dependence Intervention in Addiction Treatment Settings: A Review. *Journal of Psychoactive Drugs*, **39**, 423-433. <http://dx.doi.org/10.1080/02791072.2007.10399831>
- [51] Hahn, E.J., Warnick, T.A. and Plemmons, S. (1999) Smoking Cessation in Drug Treatment Programs. *Journal of Addictive Diseases*, **18**, 89-101. http://dx.doi.org/10.1300/J069v18n04_08
- [52] Sussman, S. (2002) Smoking Cessation among Persons in Recovery. *Substance Use & Misuse*, **37**, 1275-1298. <http://dx.doi.org/10.1081/JA-120004185>
- [53] Walsh, R.A., Bowman, J.A., Tzelepis, F. and Lecathelinais, C. (2005) Smoking Cessation Interventions in Australian Drug Treatment Agencies: A National Survey of Attitudes and Practices. *Drug and Alcohol Review*, **24**, 235-244. <http://dx.doi.org/10.1080/09595230500170282>
- [54] Ziedonis, D.M., Guydish, J., Williams, J., Steinberg, M. and Foulds, J. (2006) Barriers and Solutions to Addressing Tobacco Dependence in Addiction Treatment Programs. *Alcohol Research & Health: The Journal of the National Institute on Alcohol Abuse and Alcoholism*, **29**, 228-235.
- [55] Ellingstad, T.P., Sobell, L.C., Sobell, M.B., Cleland, P.A. and Agrawal, S. (1999) Alcohol Abusers Who Want to Quit Smoking: Implications for Clinical Treatment. *Drug and Alcohol Dependence*, **54**, 259-265. [http://dx.doi.org/10.1016/S0376-8716\(98\)00180-X](http://dx.doi.org/10.1016/S0376-8716(98)00180-X)
- [56] Richter, K.P. and Ahluwalia, J.S. (2000) A Case for Addressing Cigarette Use in Methadone and Other Opioid Treatment Programs. *Journal of Addictive Diseases*, **19**, 35-52. http://dx.doi.org/10.1300/J069v19n04_04
- [57] Zullino, D., Besson, J. and Schnyder, C. (2000) Stage of Change of Cigarette Smoking in Alcohol-Dependent Patients. *European Addiction Research*, **6**, 84-90.

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