

The NSDUH Report

June 23, 2011

Nicotine Dependence among Persons Who Received Substance Use Treatment

Great strides have been made in reducing and preventing tobacco use in the United States during the past two decades. Yet, rates of nicotine dependence remain high in certain subpopulations,

including those with alcohol or illicit drug addictions. Addressing nicotine dependence remains extremely challenging in populations with other addictive disorders. Substance use treatment facilities are increasingly recognizing the need to treat nicotine addiction as part of treating the whole person and as an important part of helping their clients live healthier and more productive lives.¹

The National Survey on Drug Use and Health (NSDUH) collects information on substance use, including use of tobacco, alcohol, and illicit drugs.² For persons who smoked cigarettes in the 30 days prior to the survey interview, NSDUH defines nicotine dependence using criteria derived from the Nicotine Dependence Syndrome Scale (NDSS) and the Fagerstrom Test of Nicotine Dependence (FTND). Smokers who met the criteria for either the NDSS or the FTND were defined as having nicotine dependence in the past month. NSDUH also asks questions to determine receipt of alcohol and illicit drug use treatment at a specialty facility in the past year, hereafter referred to as “substance use treatment.”³

This issue of *The NSDUH Report* examines nicotine dependence among persons aged 12 or older who received treatment for a substance use disorder in the past year. All findings are annual averages from combined 2005 to 2009 NSDUH data.

In Brief

- From 2005 to 2009, more than 2.4 million persons per year (1.0 percent of those aged 12 or older) received treatment for an alcohol or illicit drug use problem at a specialty facility in the past year
- Of these, 56.3 percent met the criteria for nicotine dependence from cigarette smoking in the past month
- Males and females who received substance use treatment at a specialty facility in the past year were equally likely to be nicotine dependent in the past month
- Among persons who received substance use treatment, the rate of past month nicotine dependence was lower among youths aged 12 to 17 (46.9 percent) than among those aged 18 to 25 (57.2 percent) and those aged 26 or older (56.9 percent)

Figure 1. Past Month Cigarette Use and Nicotine Dependence among Persons Aged 12 or Older, by Past Year Substance Use Treatment: 2005 to 2009

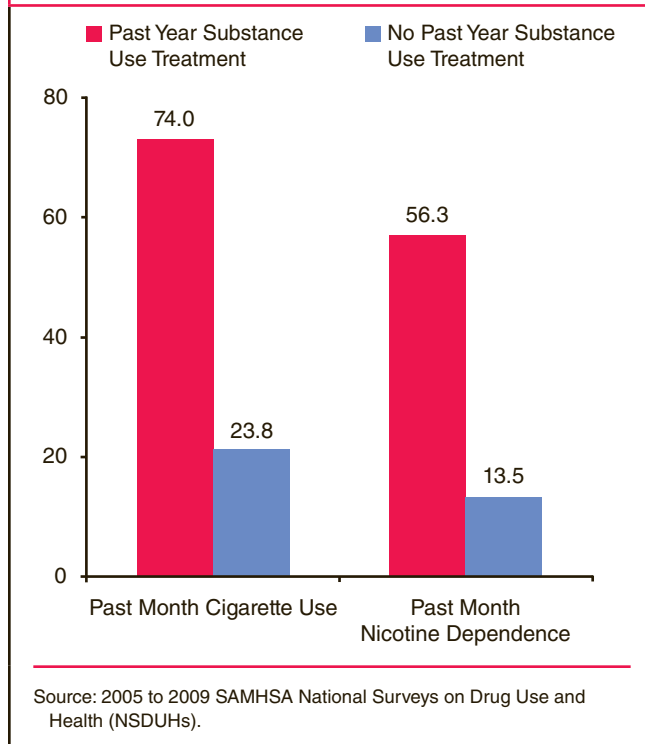
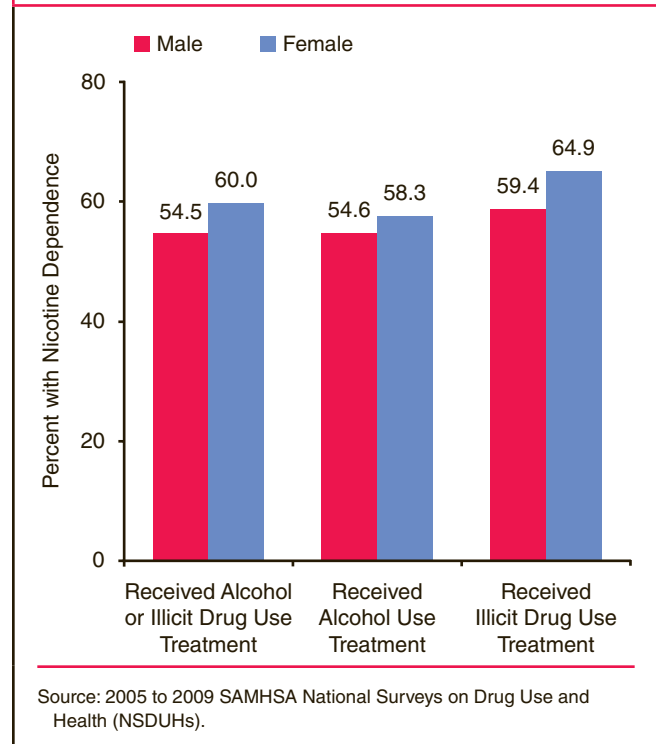


Figure 2. Past Month Nicotine Dependence among Persons Aged 12 or Older Who Received Substance Use Treatment at a Specialty Facility in the Past Year, by Gender: 2005 to 2009



Substance Use Treatment, Cigarette Use, and Nicotine Dependence

From 2005 to 2009, an estimated 1.6 million persons per year (0.6 percent of those aged 12 or older) received treatment for an alcohol use problem in a specialty facility in the past year, and an estimated 1.4 million (0.6 percent) received treatment for an illicit drug use problem. More than 2.4 million (1.0 percent) received treatment for either alcohol or illicit drug use.⁴ Individuals who received treatment for a substance use disorder in the past year were about 3 times more likely to be current (past month) smokers than those who did not receive treatment (74.0 vs. 23.8 percent). Those who received treatment were also more likely to have been nicotine dependent (56.3 vs. 13.5 percent) (Figure 1).

Nicotine Dependence among Subgroups of Persons Who Received Substance Use Treatment

An estimated 56.3 percent of persons who received substance use treatment met the criteria for past month

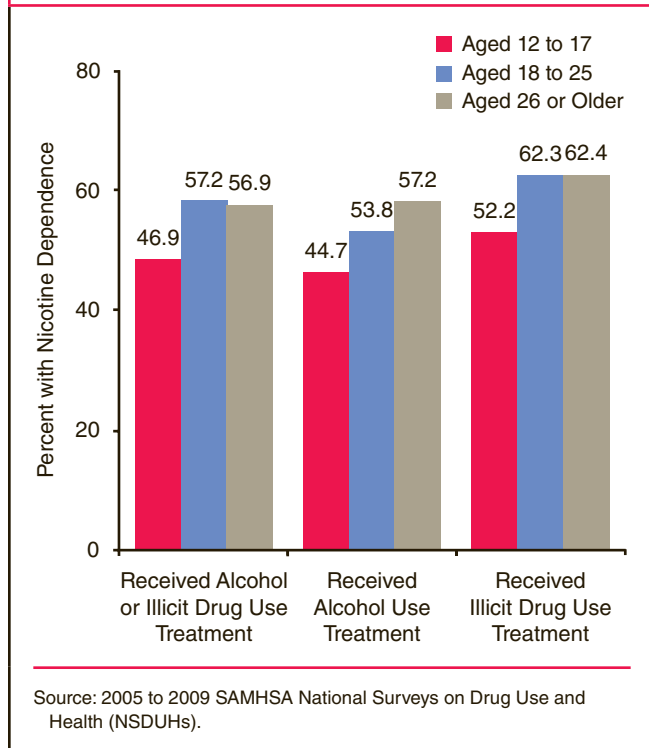
nicotine dependence. More than half (55.7 percent) of persons who received alcohol use treatment met the criteria for past month nicotine dependence, as did more than three fifths (61.4 percent) of persons who received illicit drug use treatment.

Males and females who received substance use treatment at a specialty facility in the past year were equally likely to be nicotine dependent in the past month (Figure 2). However, rates of nicotine dependence varied by age group (Figure 3). Among persons who received substance use treatment, the rate of past month nicotine dependence was lower among youths aged 12 to 17 (46.9 percent) than among those aged 18 to 25 (57.2 percent) and those aged 26 or older (56.9 percent). Whites and blacks who received alcohol or illicit drug use treatment were more likely than Hispanics to have been nicotine dependent (Figure 4).

Discussion

Although tobacco use has generally decreased, it remains the most significant preventable cause of death in the United States and accounts for at least 443,000 premature deaths and \$96.8 billion in productivity losses annually.⁵ Nicotine dependence is a significant health problem among people with addictions to other substances, including

Figure 3. Past Month Nicotine Dependence among Persons Aged 12 or Older Who Received Substance Use Treatment at a Specialty Facility in the Past Year, by Age Group: 2005 to 2009



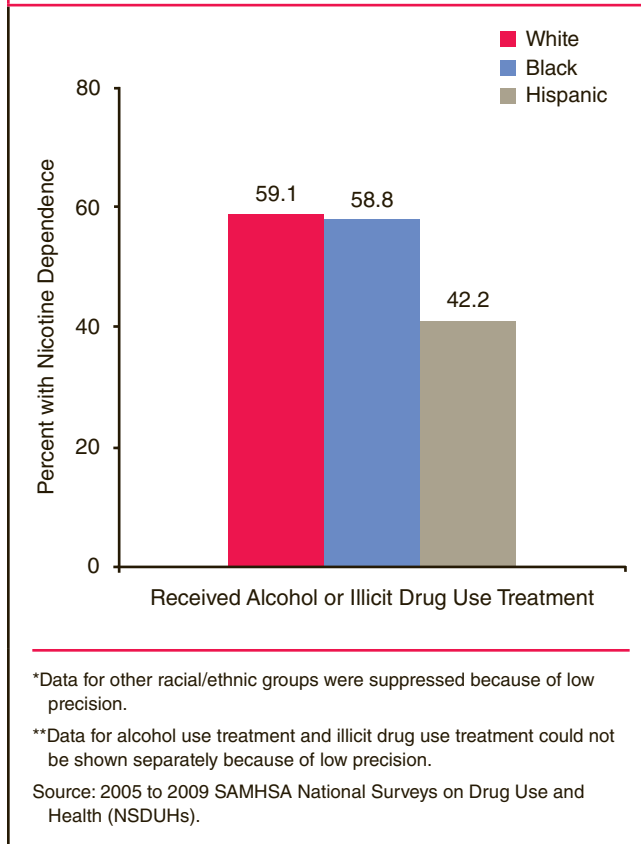
those who receive treatment for such addictions. Many substance use treatment programs have adopted “no smoking” policies, and programs are increasingly offering services to address nicotine addiction in concert with other addictions.^{1,6} Continuing education about the benefits and risks of addressing nicotine dependence concurrently with other substance use treatment will help substance abuse counselors as they develop and implement treatment plans for their clients. Furthermore, additional research may be needed on the benefits and risks associated with concurrent treatment of nicotine addiction and substance use disorders so that innovative interventions may be developed and implemented to engage alcohol and drug abusers in smoking cessation.

End Notes

¹ Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. (November 18, 2010). *Data Spotlight: Number of substance abuse treatment facilities offering nicotine replacement therapy has increased since 2006*. Rockville, MD. [Available as a PDF at <http://oas.samhsa.gov/spotlight/Spotlight010Nicotine.pdf>]

² NSDUH defines illicit drugs as marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type drugs used nonmedically. Nonmedical use is defined as use of prescription-type pain relievers, sedatives, stimulants, or tranquilizers not prescribed for the respondent by a physician or used only for the experience or feeling they caused. Nonmedical use of prescription-type drugs does not include over-the-

Figure 4. Past Month Nicotine Dependence among Persons Aged 12 or Older Who Received Alcohol or Illicit Drug Use Treatment at a Specialty Facility in the Past Year, by Race/Ethnicity^{*}: 2005 to 2009**



counter drugs; nonmedical use of stimulants includes methamphetamine use.

³ Specialty substance use treatment at a specialty facility is defined as treatment received at drug or alcohol rehabilitation facilities (inpatient or outpatient), hospitals (inpatient services only), and mental health centers; it excludes treatment in an emergency room, private doctor’s office, self-help group, prison or jail, or hospital as an outpatient.

⁴ Note that there is overlap between the alcohol and illicit drug use treatment categories because approximately 600,000 persons received treatment for both types of disorders.

⁵ Centers for Disease Control and Prevention. (2008). Smoking-attributable mortality, years of potential life lost, and productivity losses—United States, 2000-2004. *Morbidity and Mortality Weekly Report*, 57(45), 1226-1228.

⁶ The National Association of State Alcohol and Drug Abuse Directors (NASADAD) & University of California, San Francisco (UCSF) Smoking Cessation Leadership Center. (2010, March). *Tobacco cessation in substance use disorder treatment facilities: Single State Agency (or SSA) tobacco policies*. Retrieved from http://www.nasadad.org/resource.php?base_id=2093

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Findings from SAMHSA's 2005 to 2009 National Surveys on Drug Use and Health (NSDUHs)

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The National Survey on Drug Use and Health (NSDUH) is an annual survey sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). The 2005 to 2009 data used in this report are based on information obtained from 341,416 persons aged 12 or older. The survey collects data by administering questionnaires to a representative sample of the population through face-to-face interviews at their place of residence.

The NSDUH Report is prepared by the Center for Behavioral Health Statistics and Quality (CBHSQ, formerly the Office of Applied Studies), SAMHSA, and by RTI International in Research Triangle Park, North Carolina. (RTI International is a trade name of Research Triangle Institute.)

Information on the most recent NSDUH is available in the following two-volume publication:

Office of Applied Studies. (2010). *Results from the 2009 National Survey on Drug Use and Health: Volume I. Summary of national findings* (HHS Publication No. SMA 10-4586Findings, NSDUH Series H-38A). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Office of Applied Studies. (2010). *Results from the 2009 National Survey on Drug Use and Health: Volume II. Technical appendices and selected prevalence tables* (HHS Publication No. SMA 10-4586Appendices, NSDUH Series H-38B). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Also available online: <http://oas.samhsa.gov>.



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