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Screening for health behaviors in ambulatory clinical settings

Does smoking status predict hazardous drinking?

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Abstract

Although a link between alcohol consumption and smoking behavior is well documented, the majority of studies have focused on individuals dependent on both alcohol and nicotine. The present study examined the likelihood of hazardous drinking as a function of smoking status, gender, age, ethnicity, and education in a sample of 676 medical and dental patients whose drinking covered the spectrum from abstinence to high levels. We hypothesized that hazardous drinking would be more common among young, male respondents who were current smokers and that past smokers would show a risk of hazardous drinking that was intermediate between that of current smokers and nonsmokers. Results showed that younger age, fewer years of education, male gender, and current smoking status were significant predictors of hazardous drinking. However, there was no relationship between a past history of smoking and current risk of hazardous drinking. Evaluation of the Fagerstrom Tolerance Questionnaire (FTQ) showed that it was no more useful as a screening instrument than a single question that elicited current smoking status. These findings suggest that patients who report current smoking should routinely be asked about their current alcohol consumption. Interventions should then be tailored to

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address smoking and, if appropriate, hazardous drinking as well. © 2002 Elsevier Science Ltd. All rights reserved.

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1. Introduction

Numerous studies show an association between drinking and smoking (Cooney, Stevens, & Cooney, 1998). People who drink excessively tend to smoke, often heavily. Epidemiological data have shown that alcohol-dependent individuals smoke approximately twice the number of cigarettes per day as nonalcoholic smokers (Maletzky & Klotter, 1974). Hughes (1995), in a review of 11 studies, found that a median of 83% of alcoholics were current smokers, nearly triple the rate of smoking in the general population, with alcoholics also more likely to smoke heavily.

Several theoretical models have been invoked to explain the high degree of overlap between smoking and drinking. These include neurobiological and associative learning theories. From a neurobiological perspective, nicotine and alcohol have cross-reinforcing and cross-tolerance effects (Burch, de Fiebre, Marks, & Collins, 1988; Zacny, 1990). Acute administration of either of these drugs has been shown to increase the concentration of dopamine and endogenous opioids in ventral tegmentum and nucleus accumbens, areas that have been implicated in reward (DiChiara & Imperato, 1988; Wise, 1988). Through this common pathway, one substance may promote the desire for the other, either through acute administration or through withdrawal of the substance. Furthermore, nicotine may serve to counteract the unpleasant effects of alcohol, such as the sedative effects associated with the descending limb of the blood alcohol curve. Similarly, alcohol may dampen the irritability or agitation associated with nicotine withdrawal.

An associative learning model would suggest that smoking and drinking become conditional stimuli for one another (Istvan & Matarazzo, 1984; Zacny, 1990). Since alcohol and nicotine are frequently consumed together, repeated pairings may result in smoking cues becoming conditional stimuli for drinking behavior through classical conditioning. Similarly, drinking may serve as a conditional cue for smoking behavior.

To date, research on the relationship between alcohol and nicotine consumption has focused primarily on alcohol-dependent individuals, with little examination of the interaction of smoking and drinking in individuals who are not alcohol dependent. Most studies have surveyed patients seeking alcoholism treatment, who are thought to have a somewhat higher rate of smoking than alcoholic patients who are not in treatment (Burling & Ziff, 1988; DiFranza & Guerrero, 1990; Dreher & Fraser, 1967, 1968). Among alcoholic patients who were not seeking treatment, smoking rates were found to be moderated by levels of alcohol dependence, with the highest prevalence of smoking among individuals with the most severe alcohol dependence (Friedman, Tekawa, Klatsky, Sidney, & Armstrong, 1991; Hale & Hughes, 1994).

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