Native American Rehabilitation Association
Nicotine Addiction in Chemical Dependency Treatment
Fact Sheet

Can recovering alcoholics/addicts quit smoking without endangering their sobriety?

YES! There is no evidence in research literature that addressing nicotine dependence jeopardizes the achievement, maintenance or preservation of sobriety. In fact, it is shown in studies that smokers have a higher relapse rate than non-smokers or never smokers. The affect of nicotine in the brain can lead to a drug addict to have cravings long after taking their last drink/drug due to a release of dopamine that parallels other drugs. Addicts/alcoholics not only can quit without endangering their sobriety, but the sooner that they do the better chance they have of staying clean.

Does quitting smoking interfere with recovery from other drugs?

NO! It helps because nicotine may keep biological circuits of addiction open, nicotine dependence relies on denial and co-dependence, and nicotine dependence compromises the spiritual self through encouraging lies and half-truths, preventing congruence between self and others. Also, addiction is considered a unitary problem, and use of any substance is considered a potential trigger for the primary addiction. A misconception is that, "Quitting smoking will worsen other substance recovery" yet research is finding that clients who engage in tobacco dependence treatment have better outcomes at 6 months than those that do not.

Does stopping tobacco use increase alcohol and drug abstinence rates?

YES! According to studies, clients who are smoke-free during treatment and at follow-up are twice as likely to have drug-free urine samples. In another study, clients who go back to smoking have an increased rate of relapse than those who stay smoke free. Evidence suggests that tobacco use can harm recovery from other substances because it is a trigger to use other drugs. Since the nicotine keeps dopamine receptors open, the only way addicts/alcoholics can fill this need is to find other drugs that will release more of it.

Is nicotine addiction different from other chemical dependencies?

NO! Addressing nicotine in treatment groups has allowed clients and staff to see that patterns in nicotine addiction that mirror other addictions, such as drug seeking behavior, lying and cheating to maintain use, and psychological cravings. Nicotine withdrawal and nicotine dependence are classified in DSM-VI under "organic mental syndromes and disorders" and "psychoactive substance use disorders". Nicotine increases the amount of dopamine that is released like other drugs, including cocaine and heroine. The only real difference is the amount of time that it takes nicotine to reach the brain, which is about ten seconds, whereas other highly addictive drugs can enter the brain in under four seconds.

Should alcohol and drug treatment facilities treat tobacco dependence?

Yes! Surgeon General's report of 1988 provided following logic: Nicotine is an addictive drug; treatment facilities treat drug addiction; therefore nicotine addiction should be addressed as well. Nicotine is highly addictive and has only 3% success rate of "cold turkey" quitters. Other drugs such as ecstasy, LSD, and marijuana are being treated in treatment centers around the world, yet all are ranked less dangerous than nicotine. Over 440,000 people die from tobacco in the U.S. alone and over 70% of smoker agree that they want to quit. Cessation can cause withdrawal symptoms for at least a month of irritability, craving, cognitive and attention deficits sleep disturbances and increased appetite. All of these characteristics are similar to cocaine or heroin withdrawals which are heavily treated drug addictions.

For more information, please contact NARAs Tobacco Prevention Program at 503-230-9875.