

NO-SMOKING POLICIES IMPLEMENTATION: FIRST YEAR EXPERIENCE IN A SPANISH DETOXIFICATION UNIT

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INTRODUCTION

Smoking is the first avoidable mortality and morbidity risk factor. The recent implementation of the non-smoking law in Spain has been both a challenge and a chance for psychiatric hospitalisation units.

PURPOSE OF THE STUDY

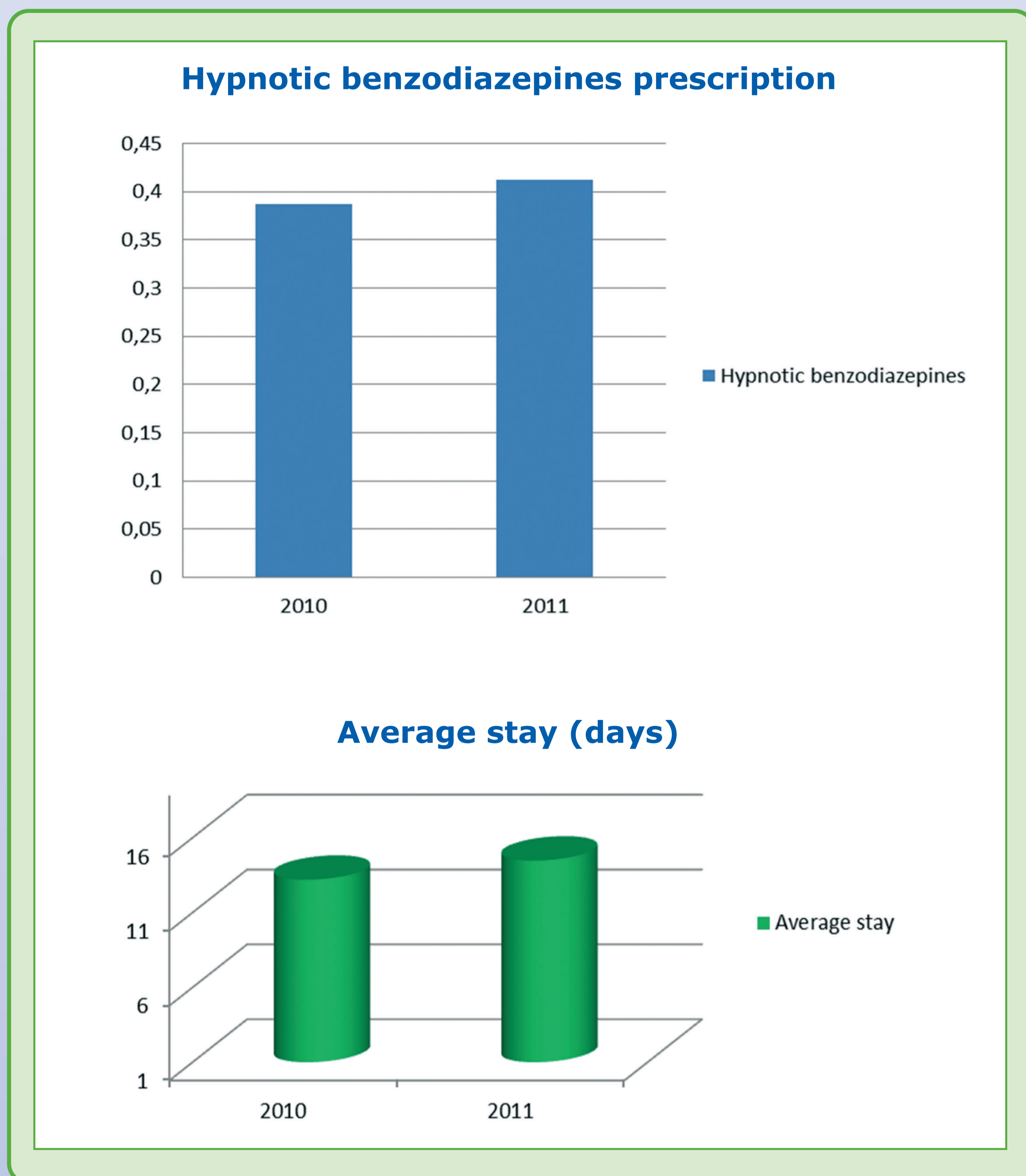
To analyse the influence of the non-smoking policy in the clinical outcome, as well as in hypnotic benzodiazepines (lormetazepam) administration in a Spanish detoxification unit.

METHODS

This is a transversal study. All patients admitted for detoxification treatment in a general Hospital from the 04/01/2010 to the 15/12/2011 were included. Data about socio-demographical status, administrative information about the admission and clinical situation (substance use, psychiatric comorbidity and treatment) were collected. Clinical data about severity of tobacco dependence (measured by Fargeström scale) and nicotine substitutive treatment prescription were registered. Patients admitted during 2010 were then compared to the ones admitted in 2011 (when no-smoking law was approved and implemented) as for average length of stay and hypnotic prescription.

RESULTS

The sample consisted of 216 patients (79% man; mean age: 45+10 years). In the 52.8% of the cases alcohol was the drug motivating the admission, followed by cocaine (18.1%) and heroine (15.4%). The 25% of the patients were policonsumers. All patients are admitted as voluntary admissions, prior acceptance of therapeutic contract. No statistical difference was found in percentage of patients receiving medical discharge between patients admitted pre or post implementation of the no-smoking policy. No patient had to be forced to leave the unit in 2011, whether 2 patients were expelled in 2010. Within the 216 patients, 106 (49.07%) did receive hypnotic benzodiazepines (lormetazepam) during the admission. We compared the two groups (2010 group vs 2011 group) and obtained the following results: there were no significant differences between the groups in terms of sex, age, civil state or study level. There were no differences between the prescription of hypnotic benzodiazepines (lormetazepam) nor the number of days necessary for completing the detoxification process. It is worth highlighting that the patient that needed hypnotic benzodiazepines had more often a diagnosis of alcohol use disorder and the hypnotic treatment was more likely to be prescribed at the end of the detoxification process.



Sex	
Female	21%
Men	79%
Age	
	45±10
Civil state	
Low	27'7 %
Medium	31'2 %
Medium-High	18'4 %
High	12'7 %
Drug motivating admission	
Alcohol	52'8 %
Cocaine	18'1 %
Heroine	15'4 %
Cannabis	8'6 %
Benzodiazepines	4'2 %
Other	0'9 %
Treatment received	
Benzodiazepines	91'3 %
Antidepressants	35'6 %
Antipsychotics	17'2 %
Methadone	14'6 %
Antiepileptic drugs	15'3 %
Hypnotic benzodiazepines	49'07 %

CONCLUSIONS

The no-smoking law, implemented in Spain since January 2011, seems to have no negative impact in the development of the detoxification treatment. In fact, we did not find any relevant differences between the 2010 group and 2011 group in terms of average stay or hypnotic prescription, nor the prohibition to smoke was cause of poorer clinical outcome. The hypnotic prescription seems to be more often related to the alcohol use disorder and more necessary at the end of the detoxification process. We did not find any evidence that the no-smoking law has represented an additional difficulty for the treatment of SUD patients.

REFERENCES

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