Tobacco and Opioids

Intersections of Two Ongoing Public Health Challenges
About this Presentation

• This slide deck is based on the information shared by expert panelists during the April 2, 2018 ASTHO Ask the Experts virtual session on the intersection of tobacco and opioids

• Insights shared by both panelists and attendees during the Ask the Experts session, along with new resources and peer-reviewed research findings, are included in this summary presentation
Expert Panelists

- **Christine Fenlon**, Health Program Specialist, Safe and Active Communities Branch (California Department of Public Health)
- **Mary Strode**, Tobacco Cessation Lead (California Department of Public Health)
- **Dr. Don Teater**, family physician and [CDC Guidelines for Prescribing Opioids and Chronic Pain](#) expert panel facilitator
- **Doug Tipperman**, Tobacco Policy Liaison (SAMHSA)
- **Dr. Michael Weaver**, Medical Director, Center for Neurobehavioral Research on Addictions (McGovern Medical School and the University of Texas Health Science Center at Houston)
THE LINKS BETWEEN TOBACCO AND OPIOIDS
Key Points from Expert Panelists

• 3 percent of American adults are on long-term opioid therapy for chronic pain. These patients are significantly more likely to smoke than the general population
• A majority of the users of illicit opioids also smoke cigarettes
• Tobacco use is a gateway drug that increases use of other opioids, perhaps due to shared risk factors such as lower SES, ACEs, and peer pressure
• Smoking itself contributes to chronic conditions that can lead to opioid prescriptions
Key Points from Expert Panelists

- Nicotine and opioids are both metabolized in the liver, so chronic smokers might need higher doses of opioids to achieve lesser pain.
- Nicotine and opioids are received similarly in the brain, as both are linked to dopamine.
- Addictive substances might have a priming effect for other addiction when used by children.
- States can mandate prescriber education, implement prescribing guidelines, integrate PDMPs into clinical settings, and increase the availability of opioid use disorder treatment to combat the opioid epidemic.
Additional Resources

- Tobacco Use Among Adults with Mental Illness and Substance Use Disorders (CDC)
- Tobacco and Behavioral Health: The Issue and Resources (SAMHSA)
- The Opioid Epidemic and Smoking (Smoking Cessation Leadership Center)

The 25 percent of U.S. adults with mental health or substance abuse disorders consume approximately 40% of the nation’s cigarettes.
Key Points from Expert Panelists

• Nicotine use can interfere with medication-assisted treatment for opioids
• Mindfulness meditation is a viable option to reduce pain as part of a holistic approach
• Oklahoma has implemented a wellness approach utilizing yoga and meditation to address tobacco use and other addiction
Additional Resources

- Cigarette Smoking Increases the Likelihood of Drug Use Relapse (NIH)
- Combining the Somatic Approach of Yoga, and the Cognitive Approach of 12-Step Programs (Y12SR)
- A Systematic Review of Psychosocial Barriers and Facilitators to Smoking Cessation In People Living with Schizophrenia (Psychiatry)
TREATING CONCURRENT ADDICTIONS
Key Points from Expert Panelists

• It’s feasible to address multiple addictions simultaneously in treatment settings, and smoke-free policies in treatment settings can encourage patients to quit cigarette smoking.

• Smoking during treatment can make opioid withdrawal discomfort worse, which explains why smoking cessation improves the likelihood of long-term substance abstinence.

• Cross-team workgroups and whole-person health approaches can break down silos and ensure that tobacco control and substance abuse approaches are considered together.
Additional Resources

• Opioid Analgesics and Nicotine: More Than Blowing Smoke (*Journal of Pain & Palliative Care Pharmacotherapy*)

• Pain, Nicotine, and Smoking: Research Findings and Mechanistic Considerations (*Psychology Bulletin*)
PRACTICAL WAYS TO INTEGRATE TREATMENT
Key Points from Expert Panelists

• Smoke-free policies and smoking cessation resources delivered directly to substance abuse providers can help ensure both addictions are addressed in the clinical setting

• People who smoke cigarettes through opioid recovery are more likely to relapse later on

• Among those with opioid use disorder, quitting smoking can yield mental health benefits such as the prevention of depression similar in magnitude to anti-depressants
Additional Resources

- **Enhance Your State’s Tobacco Cessation Efforts Among the Behavioral Health Population (SAMHSA)**
THE ROLE OF HEALTHCARE
Key Points from Expert Panelists

- **Academic detailing** and tobacco cessation training can be utilized to inform behavioral health providers about smoking cessation treatment.
- Addiction medicine being established as a medical field subspecialty lends credibility to these issues and will build expertise among future clinicians.
- Collaboration between tobacco cessation and substance misuse stakeholders at the state level results in bi-directional learning and capacity building.
Additional Resources

- Implementing Tobacco Cessation Programs in Substance Use Disorder Treatment Settings (SAMSHA)
- Mental Health Care Professionals: Help Your Patients Quit Smoking (CDC)
PREVENTION STRATEGIES AND UNIFYING MESSAGES
Key Points from Expert Panelists

• All behavioral health treatment settings should be tobacco-free, either through state policy or voluntary systems change, to establish tobacco-free norms
• Stigma is still important to fight because it prevents people from pursuing treatment – addiction is a disease and not a lack of resolve
• Individuals treated for substance misuse are more likely to die from tobacco use than other substances
• More data sharing is needed to implement the most effective policies that help clients quit smoking
Additional Resources

- Helping Smokers Quit: The Smoking Cessation Leadership Center Engages Behavioral Health by Challenging Old Myths and Traditions (*Journal of Psychoactive Drugs*)
RAPID-FIRE QUESTIONS AND FINAL REMARKS
Key Points from Expert Panelists

• The long-term effects of e-cigarettes are still unknown, though they are likely safer than combustible tobacco products
• The lesbian, gay, and bisexual population uses opioids at twice the rate of the general population
• Greater collaboration and research is needed to establish best practices in this space
Final Notes

• For more information, view the full recording of this Ask the Experts virtual session and the corresponding resources packet

• For more tobacco resources, visit the Tobacco Control Network website and the tobacco resources page on the ASTHO website

• Additional questions and requests for information can be sent to tcn@astho.org