

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)



A close-up photograph of a person's hands. The person is wearing a blue denim jacket. In their right hand, they hold a lit cigarette. In their left hand, they hold a small, clear glass bottle, which appears to be empty. The background is blurred.

THE LINKS BETWEEN TOBACCO AND OPIOIDS

Key Points from Expert Panelists

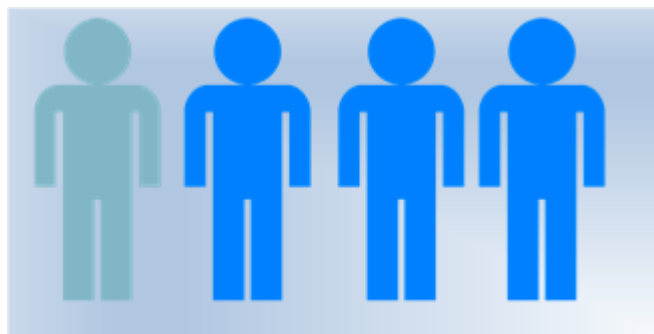
- 3 percent of American adults are on long-term opioid therapy for chronic pain. These patients are significantly more likely to smoke than the general population
- A majority of the users of illicit opioids also smoke cigarettes
- Tobacco use is a gateway drug that increases use of other opioids, perhaps 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.



THE SCIENCE OF TOBACCO AND OPIOID ADDICTION

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

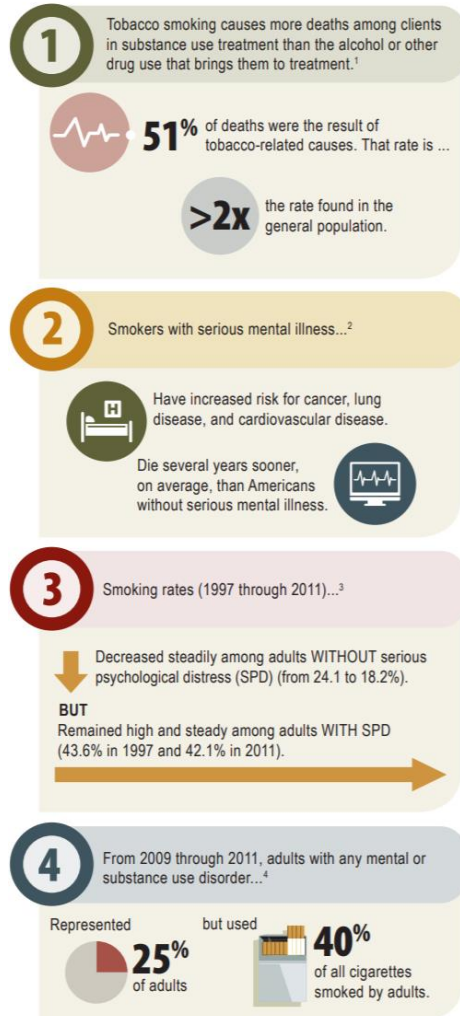
Key Points from Expert Panelists

- 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)

MAKE YOUR CASE: POINT OUT THE DISPARITIES



¹ Hurt et al. (1996), a seminal 11-year retrospective cohort study of 845 people who had been in addiction treatment (described in SAMHSA, [2011]).

² Prochaska (2011).

³ SAMHSA, Center for Behavioral Health Statistics and Quality (2013).

⁴ SAMHSA (2013b).

A photograph of a male doctor with glasses and a mustache, wearing a white lab coat over a checkered shirt. He is holding a small orange pill bottle in his left hand and gesturing with his right hand while talking to a woman. The woman is seen from the back, wearing a pink and white checkered shirt and holding a baby. They are in a pharmacy with shelves of medicine in the background.

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 \(CDC\)](#)

IMPLEMENTING TOBACCO CESSATION PROGRAMS IN SUBSTANCE USE DISORDER TREATMENT SETTINGS

A QUICK GUIDE FOR PROGRAM DIRECTORS AND CLINICIANS



SAMHSA
Substance Abuse and Mental Health
Services Administration





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 \(*Journal of Psychoactive Drugs*\)](#)





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

