

The Intersection of OPIOIDS & NICOTINE

WHAT IS AN OPIOID?

Opioids are a type of drug that bind to opioid receptors on nerve cells in the brain and body, stopping the body from sending pain signals to the brain.

National Institute on Drug Abuse | Center for Disease Control and Prevention

They include everything from **heroin** and **fentanyl** to prescription pills like **oxycodone** (OxyContin®), **hydrocodone** (Vicodin®), **codeine** and **morphine**.

U.S. Department of Health and Human Services

WHY DO THEY MATTER?

More than **130 people in America die every day** due to accidental misuse of these drugs--that's one person every 11 minutes.

U.S. Department of Health and Human Services

HOW DO OPIOIDS RELATE TO NICOTINE?

Exposure to nicotine primes the adolescent brain to be sensitive to other **addictive substances**; **74% of opioid misusers** are current or former **tobacco users**.

U.S. Department of Health and Human Services

The strongest predictor for the risk of non-medical use of opioids is **tobacco product use**, especially smoking.

US National Library of Medicine | National Institute of Health

Intermittent and daily smokers are **3 times** more likely to have **used** prescription opioids for non-medical purposes.

US National Library of Medicine | National Institute of Health

Intermittent smokers are **3 times** more likely to have **misused** prescription opioids.

US National Library of Medicine | National Institute of Health

Daily smokers are **5 times** more likely to have **misused** prescription opioids.

US National Library of Medicine | National Institute of Health



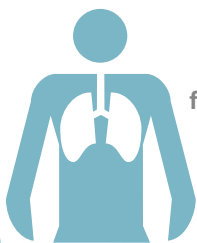
In Collaboration with:



Tri-County Community Action Agency
Southern Providence County
Regional Coalition
Cranston • Johnston • North Providence • Pawtucket • Southfield



AMERICAN LUNG ASSOCIATION.



IMPACT ON LUNG HEALTH

The misuse of opioids can **suppress breathing** and **block air** from entering the lungs, leading to hypoxia and suffocation. It can also worsen asthma symptoms.

Due to decreased lung capacity, individuals who have an **existing lung disease** are **more likely to die** from an overdose.

American Lung Association

SO NOW WHAT?

We know what the problem is - how do we solve it?

1. Educate substance use treatment program providers and staff about the health effects of tobacco use and tobacco dependence treatment.

There are many programs available to increase staff awareness and knowledge of strategies to deliver tobacco cessation treatment. Treatment centers can utilize educational programs such as the National Association of Alcoholism and Drug Abuse Counselors' National Certificate in Tobacco Treatment Practice.

2. Implement tobacco-free campus policies at substance use treatment centers

De-normalizing tobacco use among populations in recovery and in treatment settings is critical support for both staff and patients in their efforts to quit.

3. Integrate smoking cessation into SUD treatment plans, including routinely screening for, and documenting tobacco use.

Tobacco use screening and intervention is one of the most cost-effective clinical preventive services available. Many people who smoke cite a physician's advice to quit as an important motivator for attempting to quit.

American Lung Association



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