



# THE UNHEALTHY CONNECTION TOBACCO ADDICTION AMONG PEOPLE WITH SUBSTANCE ABUSE DISORDERS

Individuals who suffer from opioid addiction most likely started with tobacco addiction. This initial addiction to tobacco makes individuals more likely to abuse other drugs such as opioids.

- A 2009 study examined smoking behavior among opioid-dependent clients entering treatment: 95% of opioid-dependent clients smoked upon entering treatment; 13% of clients quit smoking while in treatment. Participants who reported smoking a greater number of cigarettes were more likely to report a stronger drug addiction.<sup>i</sup>
- A 2010 study explored the effects of smoking and depression on pain severity and opioid use and found that smoking was independently associated with greater opioid use (independent of depression).<sup>ii</sup>
- Smokers may be more prone to long-term opioid use. Past or current nicotine use was significantly associated with an “episodic” or long-term prescribing plan compared to a short-term prescribing plan for opioids.<sup>iii</sup>
- Individuals with drug problems who also smoke are four times more likely to die prematurely relative to individuals with drug problems who do not use tobacco.<sup>iv</sup>

## COST TO INDIANA

- Every Hoosier household, regardless of current tobacco use, pays more than \$900 per year to cover the health care costs from smoking.
- In 2015, there were 529 deaths in Indiana related to overdose involving any opioid. Since 2010, 2,322 Hoosiers have lost their lives to drug overdoses.
- The impact of tobacco in Indiana costs 11,100 Hoosier lives each year.<sup>v</sup>

## POLICY PROPOSALS FOR INDIANA'S ADDICTION CRISIS

- The Raise It for Health campaign is focused on raising the cigarette tax by \$1.50, restoring tobacco prevention and cessation funding to \$35 million, and reducing health care costs for Hoosiers. We also believe that increasing the cigarette tax would help many Hoosiers quit, even those who suffer from an opioid addiction.
- Significantly increasing the cigarette tax by \$1.50 would prevent 48,700 youths under age 18 from becoming smokers and would reduce their risk of abusing prescription drugs.
- Increasing funding for tobacco prevention and cessation can help provide additional resources to substance abuse treatment centers for trainings and technical assistance. This would allow centers to offer cessation services and promote positive policies such as tobacco-free grounds.
  - Persons with mental illness and/or substance use disorders often express interest in smoking cessation services and resources, and they often can successfully quit using tobacco. One study found that 52% of cocaine addicts, 50% of alcoholics, and 42% of heroin addicts were interested in quitting smoking at the time they started treatment for their other addictions.<sup>v</sup>
  - Nationally, less than half of substance abuse treatment centers (42%) offer cessation services.<sup>vi</sup>
  - Treating tobacco use during addictions treatment increases the likelihood of abstinence from alcohol and illicit drugs by 25%.<sup>vii</sup>

<sup>i</sup>Chun et al. Cigarette Smoking Among Opioid-Dependent Clients in a Therapeutic Community. *Am J Addict.* 2009 Jul-Aug; 18(4): 316-320.

<sup>ii</sup>Hooten et al. The Effects of Depression and Smoking on Pain Severity and Opioid Use in Patients with Chronic Pain. *Pain.* 2011 Jan; 152(1): 223-229.

<sup>iii</sup>Hooten et al. Incidence and Risk Factors for Progression From Short-term to Episodic or Long-term Opioid Prescribing. *Mayo Clinic Proceedings.* July 2015 Volume 90, Issue 7, Pages 850-856 Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs – 2014. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

<sup>iv</sup>Hser YI, McCarthy WJ, Anglin MD. Tobacco use as a distal predictor of mortality among long-term narcotics addicts. *Prev Med.* 1994;23:61-69.

<sup>v</sup>Sullivan, M.A., Covey, L.S. (2002). Current perspectives on smoking cessation among substance abusers. *Current Psychiatry Reports.* 4: 388-396.

<sup>vi</sup>Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (September 19, 2013). The N-SSATS Report: Tobacco Cessation Services. Rockville, MD.

<sup>vii</sup>Prochaska JJ, Delucchi K, Hall SM. A meta-analysis of smoking cessation interventions with individuals in substance abuse treatment or recovery. *J Consult Clin Psychol.* 2004 Dec; 72(6):1144-56.