

# Help Your Patients Quit Tobacco for a Better Chance at Abstinence

[Tobacco use disproportionately impacts people with substance use disorders.](#)

People with substance use disorders are more than twice as likely to smoke cigarettes as people without such disorders<sup>i</sup>, and are more likely to die from smoking-related illness than from their behavioral health conditions.<sup>ii</sup>

Cigarette smoking is the leading cause of preventable death and disease in the United States, accounting for more than 480,000 deaths every year, or about 1 in 5 deaths.<sup>iii</sup> Quitting smoking can reduce patients' risk of health problems and premature death, and the sooner they are able to quit, the sooner they can look forward to better health.

[Tobacco and nicotine use is substance use; substance-free also means tobacco-free.](#)

Nicotine is the fundamental cause of addiction among people who use tobacco. Its biological effects are widespread and extend to all systems of the body including cardiovascular, respiratory, renal and reproductive systems.<sup>iv</sup> Further, evidence supports that nicotine can act as a gateway for the use of other illicit substances, and that smoking is a strong predictor of risk for nonmedical use of opioids.<sup>v</sup>

[Co-treatment works.](#)

Addressing smoking during treatment for other substances is associated with a 25% increase in long-term abstinence from substance use.<sup>vi</sup> People who smoke often make several attempts before they are able to quit for good, but trying different strategies for cessation, including provider counseling and nicotine replacement therapy (NRT), can make quitting easier.

[Opioid Treatment Network \(OTN\) patients are now eligible for robust tobacco cessation services.](#) To help your patients become truly substance-free and maintain sobriety, provide them with tobacco cessation counseling and medication resources. You can refer your patients via fax or email to the Tobacco Cessation Behavioral Health Program (TCBHP) offered through the Washington State Tobacco Quitline (WAQL). The WAQL will contact your patients, enroll them in the TCBHP, and provide seven proactive telephone counseling sessions and up to 12 weeks of combination NRT.

To learn how to refer your OTN patients for the TCBHP, contact George Banks at [George.Banks@doh.wa.gov](mailto:George.Banks@doh.wa.gov).

*For people with disabilities, this document is available on request in other formats.  
To submit a request, please call 1-800-525-0127 (TDD/TTY call 711).*

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<sup>i</sup> Centers for Disease Control and Prevention (CDC) (2013). Vital signs: current cigarette smoking among adults aged ≥18 years with mental illness - United States, 2009-2011. *MMWR. Morbidity and mortality weekly report*, 62(5), 81–87.

<sup>ii</sup> Prochaska, JJ, Das, S., & Young-Wolff, KC. (2017). Smoking, Mental Illness, and Public Health. *Annual review of public health*, 38, 165-185. <http://dx.doi.org/10.1146/annurev-publhealth-031816-044618> Retrieved from: <https://escholarship.org/uc/item/7nj5w2zz>.

<sup>iii</sup> National Center for Chronic Disease Prevention and Health Promotion (US) Office on Smoking and Health. *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General*. Atlanta (GA): Centers for Disease Control and Prevention (US); 2014. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK179276/>.

<sup>iv</sup> Mishra, A., Chaturvedi, P., Datta, S., Sinukumar, S., Joshi, P., & Garg, A. (2015). Harmful effects of nicotine. *Indian journal of medical and paediatric oncology : official journal of Indian Society of Medical & Paediatric Oncology*, 36(1), 24–31. doi:10.4103/0971-5851.151771.

<sup>v</sup> Jin H. Yoon, Scott D. Lane & Michael F. Weaver (2015) Opioid Analgesics and Nicotine: More Than Blowing Smoke, *Journal of Pain & Palliative Care Pharmacotherapy*, 29:3, 281-289, DOI: 10.3109/15360288.2015.1063559

<sup>vi</sup> Prochaska JJ, Delucchi K, Hall SM. A meta-analysis of smoking cessation interventions with individuals in substance abuse treatment or recovery. 2004. In: *Database of Abstracts of Reviews of Effects (DARE): Quality-assessed Reviews* [Internet]. York (UK): Centre for Reviews and Dissemination (UK); 1995. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK70482/>.