

# Tobacco and Opioid Dependence: Q&A

Kimber Richter, PhD, MPH



## Dr. Kim Richter mentioned tobacco quitlines quite a bit. What are they? Where are they available?

Quitlines are telephone-based tobacco cessation services that help tobacco users quit through a variety of service offerings, including counseling, practical information on how to quit, referral to other cessation resources, and mailed self-help materials. Quitlines may offer a variety of other services, such as web-assisted tobacco interventions and text messaging. They also offer information and support for family, friends, and healthcare professionals who want to help tobacco users quit.

Quitlines services are confidential, free and can be easily accessed by calling 1-800-QUIT-NOW anywhere in the US. The 2008 update to the [Public Health Service's Clinical Practice Guideline](#) Treating Tobacco Use and Dependence determined that quitlines increased the odds of 6-month abstinence by approximately 60%.

Some state quitlines offer free cessation medications or provide tobacco users with vouchers or discounts to receive these medications at reduced cost. Most quitlines also offer counseling protocols and materials designed for specific populations, such as pregnant women or smokers with chronic diseases. If you are a clinician, this is a good CDC page explaining Quitline services to your patients, if they are tobacco users interested in quitting: <https://www.cdc.gov/tobacco/campaign/tips/quit-smoking/quitline/index.html>

Adapted from: [https://www.cdc.gov/tobacco/basic\\_information/for-health-care-providers/quitlines-other/index.html](https://www.cdc.gov/tobacco/basic_information/for-health-care-providers/quitlines-other/index.html)

## Dr. Kim Richter mentioned various FDA-approved medications to treat tobacco dependence. Can you tell us more about them?

Nicotine Replacement Therapy (NRT) works by replacing some of the nicotine people who smoke get from cigarettes. There are five different NRTs approved by the U.S. Food and Drug Administration for quitting smoking: patches, gum, lozenges, inhalers, and nasal spray. They are available without a prescription (over-the-counter). Nicotine is the active ingredient in all of them. These medications lessen the withdraw symptoms, increasing the chance of quitting tobacco, which contains hundreds of harmful chemicals responsible for the high tobacco-related morbidity and mortality.

There are also two other medicines approved by the U.S. Food and Drug Administration that are pills and do not contain nicotine: varenicline and bupropion. **Varenicline** (commercialized as Chantix) mimics some of the effects that nicotine has on the brain, reducing urge to smoke and some withdrawal symptoms. It reduces the enjoyment from nicotine in cigarettes, making it easier to quit and stay quit. **Bupropion** has many effects on the brain, including helping people quit smoking. It decreases craving and other nicotine withdrawal symptoms. It is also used as an anti-depressant.

Adapted from: <https://www.cdc.gov/tobacco/campaign/tips/quit-smoking/quit-smoking-medications/how-quit-smoking-medicines-work/index.html>

## The lecture focused on opioids. Are the findings presented valid for other substances too?

From what we know today, yes. While more recent studies are needed, [US national representative data](#) show that seventy-one percent of recent illicit drug users smoked cigarettes at least once in the past month and had a much higher risk of being a smoker than the general population. Odds of being a smoker were higher for poly- versus monodrug users.



For the recording of this lecture and other lectures in this series, visit <https://attcnetwork.org/centers/northwest-attc/tobacco-related-health-disparities-and-social-justice>

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