Patient Handout: Cigarette Smoking and Chronic Pain

Cigarette smoking and chronic pain have long been linked together in the scientific literature. A 1991 study revealed that 54% of chronic pain patients seeking treatment reported regular cigarette smoking — more than twice the 25.7% rate of smoking seen in the general population at the time. While the prevalence of cigarette smoking in the United States has declined to 13.7% (as of 2018), it continues to be the number one leading preventable cause of morbidity and mortality. Cigarette smokers with chronic pain sometimes report that smoking alleviates physical discomfort, however despite robust inquiry into the matter, the pain-relieving effects of nicotine remain unclear. What is certain, is that cigarette smoking, as it relates to chronic pain management, does not result in long-term benefit. Consider the following:

As compared to non-smokers, smokers

- Have an increased risk of developing chronic pain.
- Report a greater number of painful sites, affecting all body regions, including, and perhaps most significantly, the spine.
- Suffer pain of greater intensity.
- Require significantly more pain medications, and at higher doses.
- Are more likely to be on long-term opioid therapy.
- Have greater functional impairment and long-term disability.

There are many factors to consider as to why cigarette smoking as been so strongly associated with chronic pain. These include the modulation of nicotine receptors and pain pathways within the nervous system, neuroendocrine changes, increased inflammation, tissue damage, impaired healing, and various psychological co-morbidities that can negatively impact the pain experience (i.e., depression, anxiety). It should be noted that the use of e-cigarettes in lieu of traditional cigarettes does not eliminate any of these factors, and so when it comes to effective pain management, it stands to reason that vaping is not a viable alternative to smoking.

If we understand chronic pain to be a function of overall health, then putting down the cigarette may just be about the best thing you can do for yourself, and we are here to help!

**Here are 5 simple steps to conquer nicotine dependence:**

1) **Answer this question:** Why do you want to quit?
2) **Set a quit date.** While some may choose to quit ‘cold turkey’, this can be difficult and may result in nicotine withdrawal (and early relapse). Therefore, it is recommended that you reduce the number of cigarettes you smoke by one per day (until you reach zero, ideally on your set quit date). This can be done by placing your allotted number of cigarettes for the day into a cup. By only sourcing the cup, you can easily budget your usage.
3) **Tell someone you trust,** who supports you, and who can hold you accountable.
4) **Manage nicotine withdrawal.** If during this process of quitting, you are feeling increasingly irritable, anxious, or having trouble sleeping or thinking, you may be experiencing nicotine withdrawal — especially if you decided to quit ‘cold turkey’! Please talk to your doctor. You may be recommended to try nicotine replacement therapy.
5) **Manage triggers (and cravings).** Triggers are specific things that create within you the urge to smoke. They may be people, places, smells, activities, or stresses. Identifying your triggers allows you to avoid them or to adjust your response to them. Cravings are strong urges to smoke and may be due to triggers or nicotine withdrawal. If your cravings are frequent or severe, please talk to your doctor. You may be recommended to try a prescription medication that can help manage cravings.

For additional help, call **1-800-QUIT-NOW** or visit [https://smokefree.gov/](https://smokefree.gov/)
Resources

1) Jamison RN, Stetson BA, Parris WC. The relationship between cigarette smoking and chronic low back pain. Addict Behav. 1991;16(3-4):103-10.


