



Mental Health
Coordinating Council

Information Sheet:

Smoking & Your Mental Health

The smoking rate of the Australian population is just less than 17%¹ but for people with a mental health problem the rate is about 32%² and in some cases, such as for people with schizophrenia, the rate is up to 62%.^{}*

The relationship between smoking and mental health problems is at times complex, and quitting smoking can be hard, but the evidence shows that people with a mental health problem can quit smoking and can do so safely.

This information sheet looks at important questions about smoking and your mental health, examines some beliefs about smoking and mental health problems and provides information for people with a mental health problem who are thinking about giving up smoking.

Effects, Benefits and Harms of Smoking on Mental Health

Most people are now aware of the effect of smoking on a person's health, such as the increased risk of cancer and heart disease. But smoking also affects your life and your mental health - your overall health and wellbeing - in a number of different ways.

Mental Health Symptoms: It is commonly believed that smoking improves some people's ability to focus and perform tasks and can help correct some symptoms of schizophrenia, however the evidence for this is not strong and these 'benefits' may simply be due to relieving nicotine withdrawal.³ Smoking has also been linked with first-ever incidence of a mental health problem such as anxiety and alcohol abuse.⁴

Medication: Smoking interferes with a number of medications such as those taken for schizophrenia and depression. It affects the dosage of medications; some medications may need to be increased, some may need to be decreased and for others there is a variable or unknown effect.³

Physical Health: Smoking will cause a person to have more coughs and colds, tooth decay, be short of breath and makes being active in general, such as just going for a walk, a lot harder.

Stress: Many people say that smoking helps with stress relief and that they feel less stressed after a cigarette. But there is a lot of evidence that shows smoking might actually cause stress and that people who give up smoking are, after a while, less stressed, anxious and depressed. Smoking will help you deal with the stress from withdrawal symptoms, like sadness, anxiety, stress, depression and poor concentration, but the relief is only short term because the stress will return until you have your next cigarette.³

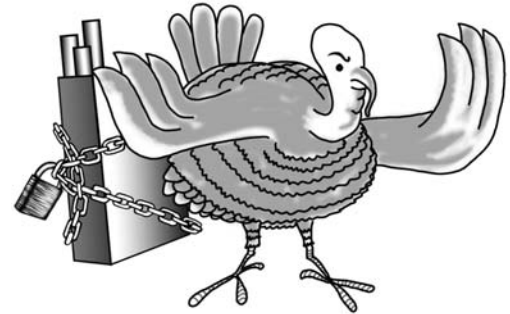


Social Stigma: More and more places are becoming smoke-free, so there are less and less places where a smoker feels comfortable. Smoking also affects a person's physical appearance, such as yellowing of fingers and teeth, and how their clothes and hair smell. This in turn affects how others respond to them and how they feel about themselves.

Financial Hardship: In general people who smoke will have more financial stress. A person who is on a pension and smokes 40 cigarettes a day may be spending almost a third of their income on cigarettes.⁵

Addressing Your Smoking

If you smoke and you have a mental health problem you can give up smoking. Giving up smoking is hard for anybody because smoking is addictive and for many people is a longstanding habit. On average it can take anyone 7-8 attempts to finally give up smoking. It is possible for people with a mental health problem to do something about their smoking and the following provides some information on how and what to think about.



cold turkey

How to give up smoking: The strategies to give up smoking are the same as for anybody else, in the end, how you give up smoking is up to you to decide. People give up smoking in many ways - some people 'go cold turkey' and some people reduce their smoking until they quit (see next page). Making an attempt to quit smoking requires planning. Individual or group counselling can help some people with managing a quit attempt, and for other people pharmacotherapies, or quit smoking medications, can help with withdrawals and cravings.

There are three types of these medications:

- Nicotine Replacement Therapy (NRT);
- Bupropion (Zyban);
- Varenicline (Champix).

It is important to remember that these medications are not a substitute for counselling or other support and they need to be used as directed to be effective, and close monitoring is recommended when using Zyban or Champix.

For more information see the NSW Health pamphlet 'Products to help you quit'

http://www.health.nsw.gov.au/pubs/2008/products_to_quit.html

There is evidence that combining these medications with individual or group support⁶ is one of the best ways to give up smoking.

Pharmacotherapies for People with a Mental Health Problem

NRT: NRT is safe for people with a mental health problem to use. It supplies nicotine to your body in smaller doses to reduce nicotine withdrawal symptoms and comes in the form of patches, inhalers, gum and tablets.

Bupropion: It is important to consult your doctor before taking this product so they can help with monitoring if there are any problems. It is an antidepressant medication only available on prescription that helps to ease withdrawal symptoms and cravings. It may not be suitable for people with a history of seizures, people with a history of anorexia or bulimia and people using other antidepressants.

Varenicline: It is important to consult your doctor before taking this product to monitor if there are any problems. It is a new medication only available on prescription. It helps with withdrawal symptoms and takes away the pleasure of smoking. There have been some reports of depressed mood, suicidal ideation and changes in emotion and behaviour using this product.

Important Things to Consider About Addressing your Smoking

Medication: Giving up smoking may have on the amount of any medications you take for a mental health problem. If you decide to stop smoking, your medication should be monitored by a clinician to monitor if the dose needs to be changed. But any effect is less risky than smoking and should not be an obstacle to quitting.

Mental Illness Relapse: There is little evidence that people with schizophrenia who give up smoking are at risk of psychosis. The evidence about the effect of quitting on depression is more mixed: some studies show that quitting reduces the incidence of depression, others show that quitting may increase the incidence of depression. Therefore it is important for clinicians to monitor anybody with schizophrenia or a history of depression who plan to quit.

Withdrawal Symptoms: When you give up smoking you may experience some withdrawal symptoms like sadness, anger, anxiety, depression, irritability, restlessness and poor concentration. You can expect these symptoms to decrease after about two weeks.⁷ It is important to remember this is normal for anybody giving up smoking and is not necessarily a symptom of mental illness. If you have any concerns you should speak to your doctor.

Get Support: Ask a friend or relative to support you in giving up smoking. Talk to your doctor so they can give you extra support and advice in giving up smoking. Call the Quitline on **13 7848 (13 QUIT)**. They can give you helpful advice and information to give up smoking.

The Tobacco and Mental Illness Project in South Australia also has some useful resources and information which can be found at the Quit SA website www.quitsa.org.au and the SANE Australia website www.sane.org.au also has information.

Cutting Down - things to consider

Many people cut down their smoking as a way to help them quit.

Cutting down should only be considered if you are thinking about quitting smoking altogether. There are some important things to be aware of if you are considering cutting down to quit.

Although cutting down is often seen as a way to try and reduce the harm that smoking causes, if you don't get your cigarette at the usual time you may end up smoking in a more harmful way, such as:

- Smoking right down to the butt;
- Puffing more frequently; and,
- Inhaling deeper, which makes the cigarette burn hotter, doing even more damage deep down in the lungs.

Also, if you have gone without your usual cigarette for a few hours, it feels so good to relieve the withdrawal symptoms that you get even more positive reinforcement from smoking, which should be avoided when trying to quit.

For this reason it is important to properly plan how you will quit.

There are commercial programs available through the pharmacy that can help you to do this over a 6-9month program. Especially for people who smoke 60-100 cigarettes a day, just stopping seems quite hard and sometimes it is considered better to reduce the amount of cigarettes to half before trying to quit for good. It may take a while, but eventually you can be smoke free.



cut back

Common Concerns about Smoking & Mental Health

Myths/Beliefs	Evidence
<ul style="list-style-type: none">Smoking helps people deal with their mental health problems	There is weak evidence that smoking improves the neurological functioning of people with schizophrenia. Smoking is strongly related with first-ever incidence of a mental health problem such as anxiety and alcohol abuse.
<ul style="list-style-type: none">Smoking helps to ease stress	Smoking may actually cause stress. Smoking only helps to ease the stress of withdrawal symptoms like sadness, anxiety, stress, depression and poor concentration in the short term. People who stop smoking report less stress and anxiety than they had before.
<ul style="list-style-type: none">People with a mental health problem have a right to smoke	People with a mental health problem also have a right to the opportunity to do something about their smoking if they want to. Smoking has not only been ignored, it has been encouraged and reinforced in the mental health sector.
<ul style="list-style-type: none">People with a mental health problem are not interested in giving up smoking	This is an assumption. Research and anecdotal evidence show that many people with a mental health problem are interested in giving up smoking.
<ul style="list-style-type: none">It is too hard for people with a mental illness to give up smoking	Giving up smoking can be hard for anybody to do and it can take on average 7-8 take of attempts before successfully stopping. It can take a longer amount of time for some people with a mental health problem to give up smoking and they may need more intensive support but it is not impossible.
<ul style="list-style-type: none">Quitting smoking will cause a relapse in mental illness	There is very little evidence that people with schizophrenia are at risk of psychosis if they give up smoking. Some people with a history of depression will not experience a relapse and some people will experience a relapse.
<ul style="list-style-type: none">Pharmacotherapies are not suitable for people with a mental health problem	It is safe for people with a mental health problem to use NRT. It is also generally safe to use Bupropion or Varenicline for most people, but it is important to speak to your doctor first. All of these products should be used in conjunction with individual or group counselling.

For more information go to:

Cancer Council NSW, Tackling Tobacco Program
<http://www.cancerCouncil.com.au/tacklingtobacco>

The Mental Health Coordinating Council, breathe easy project
<http://www.mhcc.org.au/projects-and-research/breathe-easy-project.aspx>



This information sheet was developed by Cancer Council NSW and the Mental Health Coordinating Council as part of the Tackling Tobacco Program, 2008.



¹ Australian Institute of Health and Welfare. (2007) *National Drug Strategy Household Survey: First results*. Drug Statistics Series Number 20. Cat. No. PHE 98. Canberra: AIHW.

² Australian Bureau of Statistics. (2006) *Mental Health in Australia: A Snapshot, 2004-05*. cat. no. 4824.0.55.001. Canberra: ABS

³ This figure is an average smoking rate for people with schizophrenia taken from studies across 20 countries.

⁴ Ragg, M. and Ahmed, T. (2008). *Smoke and Mirrors: A review of the literature on smoking and mental illness*. Tackling Tobacco Program Research Series No. 1. Sydney: Cancer Council NSW.

⁵ Cuijpers, P., Smit, F., ten Have, M., et al (2007) Smoking is associated with first-ever incidence of mental disorders: a prospective population-based study. *Addiction*, 102:1303-1309.

⁶ Lawn, S. (2001). Australians with a mental illness who smoke. (comment). *British Journal of Psychiatry*, 178(1): 85.

⁷ Campion J, Checinski, K. and Nurse, J. 2008. Review of smoking cessation treatments for people with mental illness, *Advances in Psychiatric Treatment*, 14: 208-216.

⁸ Zwar N, Richmond R, Borland R, Stillman S, Cunningham M, Litt J. (2004) Smoking cessation guidelines for Australian general practice: practice handbook. Canberra: Commonwealth Dept of Health and Ageing.