



Smoking & Your Mental Health

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. The smoking rate of the Australian population is just less than 12.8%¹ but for people with a mental health problem the rate is about 32%² and in some cases, such as people diagnosed with schizophrenia and schizoaffective disorders the rate is 70% or people diagnosed with a psychotic disorder the rate is 66%.³

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.⁴ Smoking has also been linked with first-ever incidence of a mental health problem such as anxiety and alcohol abuse.⁵

▶ **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.⁴

- ▶ **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.⁴
- ▶ **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.⁶ You can save almost \$10,000 a year by quitting if you are a pack-a-day smoker.

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.

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' without using any form of assistance, some people use counselling and/or medications to help them quit and other people reduce their smoking until they quit (see Cutting down – things to consider on the following 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.

There is evidence that combining these medications with individual or group support⁷ is one of the best ways to give up smoking.

For more information visit the iCanQuit website at www.icanquit.com.au

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, lozenges and tablets.
- ▶ **Bupropion:** This includes brand names Bupropion-RL™, Clorprax®, Prexaton® and Zyban SR®. Bupropion is a mild stimulant and increases levels of dopamine in the brain. It is the best-supported medicine for use in patients with schizophrenia. 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. It is important to consult with our doctor before taking this product so they can help with monitoring if there are any problems.
- ▶ **Varenicline:** Commonly known by the brand name Champix was developed especially to help quit smoking. It does this by reducing withdrawal symptoms and reducing rewarding effects of nicotine. Varenicline may cause nausea and abnormal dreams. Serious neuropsychiatric symptoms have occurred in some patients being treated with varenicline or Champix. The use of this medication should be discussed with a doctor to determine if the medication is suitable for individual clients.

Important Things to Consider About Addressing your Smoking

- ▶ **Medication:** Giving up smoking may have an effect 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.⁸ 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.

If you reduce it from say a pack a day, to a pack every second day, to a pack every third day, to where I am now - a pack every seven days - you need to give yourself a pat on the back. Yeah, you haven't reached the end of the journey yet, but you're getting there.

- Anne, client at Schizophrenia Fellowship of NSW.

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 6–9 month 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.



Common Concerns about Smoking & Mental Health

Myths/Beliefs	Evidence
<p>Smoking helps people deal with their mental health problems</p>	<p>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.</p>
<p>Smoking helps to ease stress</p>	<p>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.</p>
<p>People with a mental health problem have a right to smoke</p>	<p>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.</p>
<p>People with a mental health problem are not interested in giving up smoking</p>	<p>This is an assumption. Research and anecdotal evidence show that many people with a mental health problem are interested in giving up smoking.</p>
<p>It is too hard for people with a mental illness to give up smoking</p>	<p>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.</p>
<p>Quitting smoking will cause a relapse in mental illness</p>	<p>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.</p>
<p>Pharmacotherapies are not suitable for people with a mental health problem</p>	<p>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.</p>

For more information:

- Tackling Tobacco SA: email tacklingtobacco@cancersa.org.au or phone 8291 4344
- The Mental Health Coordinating Council: <http://www.mhcc.org.au>

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