

Information sheet: Smoking and your mental health



The smoking rate of the Canadian population is just less than 15%¹. But surveys have shown that smoking rates for people with a mental health problem is much higher than the general population².

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. It examines some beliefs about smoking and mental health problems. It also provides information for people with a mental health problem who are thinking about quitting.

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 withdrawal³. Smoking has also been linked with first-ever incidence of a mental health problem such as anxiety and alcohol abuse⁴.

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 effect³.

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 cigarette³.

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 cigarettes⁵.

Giving up smoking is hard for anybody because smoking is addictive and, for many people, is a longstanding habit. On average it can take seven or eight attempts to finally quit smoking.

How to give up smoking

If you smoke and you have a mental health problem, you can give up smoking. The following provides some information on how and what to think about as you prepare to quit.

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.

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

Talk to your health care provider for more information and advice on your quit plan.



Pharmacotherapies for people with a mental health problem

Nicotine replacement therapies (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 weeks⁷. 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. They can give you helpful advice and information to give up smoking. For one-on-one support see the list “for more information and support” at the bottom of this page.

Considerations before cutting down

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.

For more information and support

Smokers' Helpline in Manitoba: A friendly trained professional quit specialist can provide guidance through the quitting process. 1-877-513-5333

The Lung Association's *Journey to Quit* booklet available at mb.lung.ca

Canadian Cancer Society, For Smoker's Who Want to Quit: One Step at a Time, 1-866-786-3934

For more tips on how to quit from professionals as well as other quitters, see ManitobaQuits.ca

You can also talk to your doctor, pharmacist or other health professional about quitting.

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 programs available that can help you cut down over six to nine months. 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 and mental health

Myths / beliefs:

Evidence:

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.

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.

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. Smoking has not only been ignored, it has been encouraged and reinforced in the mental health sector.

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.

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 an average of 7 to 8 attempts before successfully stopping. It can take a longer amount of time for some people with a mental health problem to quit smoking and they may need more intensive support but it is not impossible.

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 history of depression will not experience a relapse and some people will experience a relapse.

Nicotine replacement therapies (NRT) 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 talk to your doctor first. All products should be used in conjunction with individual or group counselling.

References

- [1] Propel Centre for Population Health Impact. (2015). *Tobacco use in Canada: Patterns and trends, 2015 Edition*. Waterloo: Ontario. Available at www.tobaccoreport.ca
- [2] People with a psychiatric disorder or substance use disorder are 2 to 4 times more likely to smoke than that general population. Over 3/4 of people living with schizophrenia and bipolar disorder are smokers. Kalman, D., Morissette, S., and George, T. (2005). Co-morbidity of smoking in patients with psychiatric and substance use disorders. *The American Journal on Addictions*, 14: 106-123; Els, E., Kunyk, D., McColl, L. (2009). Benefits and risks

- of smoking cessation: The fundamental importance of cessation must be recognized. *Smoking Cessation Rounds*, 3: 1-6; Lasser, K. et al. (2000). Smoking and mental illness: A population-based prevalence study. *The Journal of the American Medical Association*, 284: 2606-2610. Cited in *Mental Illness and Smoking: Key Messages for Health Care Providers and Policy Makers*, available at www.can-adaptt.net.
- [3] 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.
- [4] 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.
- [5] Lawn, S. (2001). Australians with a mental illness who smoke. *British Journal of Psychiatry*, 178(1):85.
- [6] 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.
- [7] 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.