

MENTAL ILLNESS & SMOKING



Key Messages for Health Care Providers and Policy Makers

Overview

People living with mental illness are more likely to smoke and be at greater risk for smoking-related health problems than the general population. Smoking and tobacco interact with some psychiatric medications and therefore, people being treated for mental illnesses require clinical supervision when they quit or reduce smoking in order to address possible side effects and medication toxicity.

The Link between Smoking and Mental Illness

- Research has shown that people who have been diagnosed with a psychiatric disorder or a substance use disorder are 2-4 times more likely to smoke than those in the general population. 1 Up to 88% of people with schizophrenia² and 82.5 % of people with bipolar disorder smoke.³
- People living with mental illness or substance use disorders consume 44.3% of all cigarettes sold in the U.S., although they represent only 22% of the population.³
- Nicotine and inhaling smoke can alleviate some of the symptoms of attention hyperactivity disorder and may counteract depression. 4 Nicotine has been found to alleviate some of the symptoms of schizophrenia and may provide relief from side effects of antipsychotic medications. 2,4,5,6 People living with mental health disorders may use cigarettes as a coping mechanism, although the risks of smoking greatly outweigh the benefits.^{2,7,8}

Impact

- People living with mental illness are more likely to smoke greater numbers of cigarettes, and be more heavily addicted and therefore at greater risk for smoking-related health problems than the general population.²
- If patients reduce or stop smoking, their medications need to be carefully monitored to prevent side effects and toxicity.^{2,5,6}
- Smoking cessation can reduce the doses and costs of psychiatric medications needed.⁷
- Patients with mental health and/or substance use addictions who quit smoking may need higher doses of pharmacological aids like Nicotine Replacement Therapy than non-smokers.⁹

Actions

- Although smoking rates among people with mental health disorders are disproportionately high, existing anti-smoking campaigns are rarely directed to this population.⁶ Smoking cessation strategies could significantly improve their physical health—an aspect of care that is often overlooked.^{6,7}
- Health care providers should ask about tobacco use in the same way that they would ask about any other drug.⁶ Early identification of daily stressors is essential for the prevention of dependence on cigarettes for social, physical, and psychological comfort.⁸
- Although people living with mental illnesses are more likely to smoke, there is evidence that they are also able to quit, particularly if they are supported with a combination of pharmacotherapy and counselling.^{3,10} It is important to monitor the interaction of medications and the impact of smoking cessation on medication doses, toxicity and side effects.^{2,5,11,12}

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Actions

- The CAN-ADAPTT Guideline Development Group¹² recommends that health care providers should:
 - Ask patients about tobacco use status on a regular basis.
 - Clearly advise patients or clients to quit.
 - Assess the willingness of patients or clients to begin treatment to quit smoking.
 - Offer assistance to every tobacco user who expresses the willingness to begin treatment to quit.
 - Conduct regular follow-up to assess response, provide support and modify treatment as necessary.
 - Refer patients or clients to relevant resources as part of the treatment, where appropriate.

Helpful Resources

- The CAMH (Center for Addiction and Mental Health) Nicotine Dependence Service <www.camh.net>
- Smokers' Helpline <www.smokershelpline.ca>
- Tobacco Treatment for Persons with Substance Use Disorders
<<http://smokingcessationleadership.ucsf.edu/Downloads/Steppsudtoolkit.pdf>>

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