Smoking and people experiencing mental illness: Busting the Myths
The harmful health consequences of smoking are well documented. Smoking is the leading cause of preventable cause of death and disease in Australia. The U.S. Surgeon General has concluded that smoking causes a number of cancers, cardiovascular disease, pulmonary diseases, asthma, macular degeneration, rheumatoid arthritis, impaired immune function, and contributes to complications of diabetes.\(^1\)

A large-scale, long-term Australian study undertaken by the Sax Institute found that two thirds of deaths in current smokers are the result of smoking, and even light smokers double their risk of a premature death due to cigarettes.\(^2\)

**Smoking significantly affects the life expectancy of people experiencing mental illness.**

People experiencing mental illness have a reduced life expectancy of nearly 16 years for men and 12 years for women. Evidence shows that smoking is a substantial contributing factor to this gap, with a study of approximately 300,000 psychiatric patients in Western Australia demonstrating that cardiovascular disease, cancer and respiratory disease were the cause of 77.7% of premature deaths.\(^3\)

There is a high prevalence of smoking among people experiencing mental illness. Approximately 32% of people experiencing mental illness smoke\(^4\) (more than twice the national rate of 15%) and this figure increases significantly for people experiencing severe mental illness such as schizophrenia.\(^5\) In addition to this, individuals experiencing mental illness who also have alcohol or other drug problems have reported very high smoking rates.\(^6\)

There are a number of myths about smoking and mental illness. These misconceptions contribute to the continuing high prevalence and associated health problems-and resulting life expectancy gap - caused by smoking in people experiencing mental illness.

The Mental Illness Fellowship of WA supports the use of the 5 As for medical providers:

1. **Ask** all patients about smoking
2. **Assess** readiness to quit and level of nicotine dependence
3. **Advise** all smoking patients to quit
4. **Assist** by offering support and addressing barriers to quitting
5. **Arrange** follow up
• Ask all your patients/clients experiencing mental illness whether they smoke.
• Advise smokers of the risks of smoking and the benefits of quitting.
• Offer encouragement and support to quit. Where possible more intensive help should be available as needed.
• Do not discourage your patients/clients experiencing mental illness from quitting smoking.
• Talk to your patients/clients about their smoking, acknowledge how hard it is to quit and that each attempt is a positive step towards quitting for life.
• Encourage the smoker to continue attempting to quit, and to try a range of things to find what works best for them.
• Ensure that medications are monitored and adjusted, if necessary, for your patients/clients who quit smoking.

1 The Health Consequences of Smoking—50 Years of Progress: A Report of the US Surgeon General, 2014
2 Sax Institute, 45 and Up Study, 2013
7 Ragg M. and Ahmed T., Smoke and Mirrors: a review of the literature on smoking and mental illness, Cancer Council NSW, June 2008, 45.
12 Ragg M. and Ahmed T., Smoke and Mirrors: a review of the literature on smoking and mental illness, Cancer Council NSW, June 2008
15 Prochaska J., Quitting smoking is associated with long term improvements in mood, BMJ 2014; 348:gt1562 (published 17 Feb 2014, http://www.bmj.com/content/348/bmj.g1562
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Myth

Smoking helps manage stress.

FACT

Smoking causes long-term stress such as concerns about health problems, financial stress, and social isolation. Daily repetitious nicotine withdrawal experienced by a smoker causes, rather than alleviates, stress. 

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Fact: While there are some perceived short-term benefits associated with smoking, the risks of smoking far outweigh any justification for using it as a treatment tool. Smoking cessation results in improvements in depression, anxiety, stress, and psychological quality of life.\(^8\)

Myth: Smoking is a useful tool in treating some psychiatric patients, by establishing a reward system or creating rapport, or as a way to manage stress.

Fact: Smoking substantially contributes to the massive and under-recognised life expectancy gap for people experiencing mental illness and causes short and longer term health problems. People living with a mental illness smoke for many of the same reasons that other people do, and smoking increases stress levels.\(^9\)

Myth: Smoking by people experiencing mental illness is “the least of their problems” and “their little bit of pleasure.”
Myth
People experiencing mental illness don’t want to quit smoking.

FACT
Studies show many people experiencing mental illness do want to quit but are often not encouraged or supported to do so. Negative staff attitudes or lack of advice from health professionals can be a barrier to people who are thinking about quitting or trying to stay quit.

Myth
People experiencing mental illness find it harder to quit smoking than people who are not living with a mental illness.

FACT
Evidence shows people experiencing mental illness not only want to quit but are more than capable of doing so if they are provided with good information and support. Quitting smoking can be difficult for smokers, many of whom try to quit several times before they are successful.
Myth

Quitting will cause a relapse of the mental health condition.

FACT

Smoking cessation does not exacerbate symptoms of the mental health condition and is more likely to result in improved mental health than to produce any negative effects. Psychiatric patients provided with smoking cessation treatment are less likely to be re-hospitalised. Quitting can result in many benefits, including reduction in medication, clarity of thought, decrease in stress, ease of financial pressure, and the beginning of the recovery process.

Myth

Stopping smoking interferes with medications required to treat mental illness and therefore should not be encouraged.

FACT

The efficacy of some medications is affected by smoking, and a person’s medication levels may need to be monitored and adjusted following smoking cessation. A long-term benefit of quitting may be that the person requires a lower dose of medication. This is not a reason to discourage cessation.
Help to quit:

Quitline: 13 78 48
(Quitline counsellors are trained to provide cessation advice to people with a mental illness)

The Meerkat Mob
(Physical Health Program), Mental Illness Fellowship of WA, www.mifwa.org.au

https://www.sane.org/
www.quitnow.gov.au

The Quit Now Calculator
Assists with calculating the financial savings from not smoking, available at www.quitnow.gov.au

MyQuitBuddy
A personalised interactive quit application, available to download free on an iPhone or iPad from ITunes