



Key facts about smoking and mental health



Life expectancy among people with severe mental illness is [10 to 25 years](#) less than that among the general population.



People with mental health issues are dying [prematurely](#) because of a smoking intervention gap.



Although cigarette consumption in the general population has shown a sustained decrease over the past 20 years, consumption among smokers with mental illness has remained relatively [unchanged](#).



Up to 3 million smokers in the UK, 30% of all smokers, have [evidence of mental disorder](#) and up to one million with longstanding disease.



The estimated economic cost of smoking in people with mental health issues was £2.34 billion (in 2010) of which about [£719 million](#) (31% of the total) was spent on treating diseases caused by smoking.

These facts are tragic and may largely be due to the fact that many individuals believe that smoking provides them with [mental health benefits](#). Yet sadly, the evidence suggests this is [mostly based on myths](#), many of which have been perpetuated by the tobacco industry.



Busting the myths

Myth 1

Smoking helps to alleviate stress

Fact: Smoking often [increases anxiety and stress](#) in the long-run and may even make [smokers less able to cope](#) with stressful situations. Former smokers often [report](#) feeling [less stressed](#) following a [successful quit attempt](#).

Myth 2

Stopping smoking is bad for your mental health

Fact: Quitting smoking with appropriate support [does not](#) generally [cause deterioration of mental illnesses](#) such as [depression](#), [schizophrenia](#) or [post-traumatic stress disorder](#).

Many research papers find that [quitting smoking may](#) even [improve](#) long-run [mental health](#). There is consistent evidence that stopping smoking is associated with [improvements in depression](#), anxiety, stress, psychological quality of life, and positive affect compared with continuing to smoke, and the effect sizes of quitting smoking on improved mental health [may even be equal or larger](#) than those of antidepressant treatment for mood and anxiety disorders. There is also evidence of a [positive association](#) between [smoking and suicide](#). Yet [more research is needed](#) to verify whether these [relationships](#) are [causal](#).

Myth 3

Smoking helps to alleviate symptoms of mental illness

Fact: Smoking interferes with the metabolism of pharmacotherapy: smokers require higher doses of some psychiatric medication, which potentially [increases medication side effects](#). Smoking increases psychotropic drug costs in the UK by up to [£40 million per annum](#), due to the need for higher doses of some psychiatric medication.

Myth 4

People with mental health issues do not want to quit

Fact: Smokers with mental health problems are [motivated to quit](#) and [willing to do so](#) with specialist support.

Myth 5

People with mental illness cannot quit smoking

Fact: Smokers with mental illnesses such as [depression](#), [schizophrenia](#) [post-traumatic stress](#) disorder and [anxiety disorders](#) can quit successfully but generally have lower quit rates.

Effective ways to quit smoking for individuals coping with a mental illness.

A recent [evidence review](#) finds that most effective treatment combines pharmacotherapy with behavioural support for all smokers suffering from a mental illness. A [joint report](#) by the Royal College of Physicians and the Royal College of Psychiatrists, concludes:



Smoking cessation does not exacerbate symptoms of mental disorders, and improves symptoms in the longer term. However, symptoms of nicotine withdrawal are easily confused with those of underlying mental disorder, and should be treated with NRT or other cessation therapy.



“NRT is effective in people with mental disorders, but is likely to be required in high doses, for longer durations and with more intensive behavioural support than in the general population of smokers.



Bupropion and varenicline are both effective in people with mental disorders, but should be used with appropriate supervision and monitoring; further research on their use in this population is an urgent priority.



Smoking cessation reduces the metabolism of some drugs, such as clozapine, used to treat mental disorder, necessitating prompt reduction in doses of affected drugs at the time of quitting, and increases in the event of relapse.



Smokers who do not want to quit smoking, or else feel unable to make a quit attempt, should be encouraged to cut down on smoking, and to use NRT or other nicotine-containing devices (in line with NICE tobacco harm reduction guidance) to support smoking abstinence in secondary care or other smoke-free settings, and promote the likelihood of future quit attempts”.

There is some limited evidence that for people with mental illness, e-cigarettes may be as effective and safe as NRT patches, [yet more acceptable, and associated with greater smoking reduction](#) and reducing nicotine withdrawal symptoms and [side effects from quitting](#), but more evidence is needed.

