World Health Organization
REGIONAL OFFICE FOR Europe

TOBACCO USE AND MENTAL HEALTH

MENTAL ILLNESS MAKES PEOPLE TWICE AS LIKELY TO USE TOBACCO.
TOBACCO MAKES PEOPLE MORE VULNERABLE TO MENTAL ILLNESS.

MENTAL HEALTH CONDITIONS CAN BE SPLIT INTO
COMMON AND SEVERE.

COMMON

mental health conditions include **depression** and **anxiety**, which are estimated to affect 5–10% of the population.

More than one in 10 of the general population will have a mental health condition at any time *(1)*.

SEVERE

mental disorders include **bipolar** and **psychotic** disorders. They affect only a small percentage of the population but have a much greater impact on people's quality of life and daily functioning than common mental health conditions and have more significant effects on families and carers.

Two in three of those with **severe** mental health conditions are current smokers *(1)*. Those with **severe** mental health conditions smoke approximately **double** that of the general population *(1)*.

PEOPLE WITH MENTAL ILLNESS **DIE PREMATURELY**:

5–10 YEARS SHORTER LIFE for adults with **any** mental health condition *(1)*

15–20 YEARS SHORTER LIFE for adults with **severe** mental health conditions *(2)*.

TOBACCO USE IS ONE OF THE MAIN CAUSES.

TOBACCO INCREASES MENTAL ILLNESS SYMPTOMS: it increases levels of depression, anxiety and stress, attention deficit hyperactivity disorder (ADHD) and psychiatric symptoms *(1,3–5)*.

TOBACCO REDUCES THE EFFECTIVENESS OF MEDICATIONS FOR MENTAL HEALTH: it can interact and inhibit the effectiveness of certain medications *(2)*.

MYTH	TRUTH
People with mental illness who quit tobacco face further mental health concerns.	The opposite it true – quitting tobacco has a positive impact on mental health. It reduces levels of depression, anxiety and stress, enhances mood and can improve the symptoms of ADHD *(3–5)*.
Using tobacco helps people with severe mental health conditions manage their problems more effectively.	People with severe mental health conditions who smoke experience increased psychiatric symptoms *(1)*.
People with mental illness use tobacco as self-medication.	In reality, tobacco can interact with and inhibit the effectiveness of certain medications taken for mental health concerns *(2)*.
If people who take medication for their mental health conditions didn't use tobacco, their dosage of medicine would need to be higher.	Again, this is not right – in fact, tobacco cessation allows people on certain antipsychotic medications to reduce the dosage by up to 25%. This reduces the side-effects and long-term risks associated with taking these medications (*5,6*).
Tobacco users with mental health conditions may not be capable of handling nicotine withdrawal symptoms when attempting to quit.	With appropriate encouragement and support, smokers with mental health disorders are capable of quitting. Nicotine withdrawal symptoms can be addressed through a combination of pharmacological and non-pharmacological interventions *(2,5,7)*.

WHO IS BEHIND THE MYTHS?

The tobacco industry continues to raise misconceptions about smoking and mental health. The industry has used multiple strategies to market tobacco products to people with mental health conditions, including the following *(5)*:

- funding research to promote myths about difficulties in quitting for people with mental health conditions; these were poorly designed studies – later, more robust and independent studies showed the opposite effect;
- donating or providing low-cost cigarettes to mental health facilities;
- making financial contributions and developing relationships with organizations that work with people with mental health conditions;
- weakening efforts to promote smoke-free policies in mental health facilities, arguing that these are "inhumane"; and
- creating marketing plans that target people with mental health conditions.

Appropriately tailored anti-smoking mass media campaigns, alongside strong tobacco prevention and control programmes and policies that are protected from industry interference, can help reduce the burden of disease among people with mental illness.

BENEFITS OF QUITTING

FOR PEOPLE WITH MENTAL HEALTH DISORDERS

A positive impact on mental health

Reduced dosage of some antipsychotic medications

Less likelihood of relapse of alcohol and other drugs use *(8)*

Immediate benefits to physical health

Quitting dramatically reduces the risk of heart disease, stroke and cancer; the risk of a heart attack has a sharp drop after just one year of quitting *(8)*.

CESSATION CHALLENGES

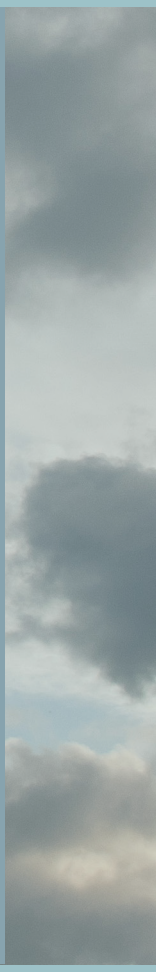
- **People with mental health disorders are at higher risk of cigarette use and nicotine addiction.** Nicotine temporarily can mask the negative symptoms of mental disorder *(9)*.
- **Tobacco users with mental health disorders often experience more nicotine withdrawal symptoms than other tobacco users** *(5,10)*.
- **People with mental health conditions may face extra challenges in quitting successfully.** For example, they may have stressful living conditions and low annual household income, as well as lack of access to health insurance, health care and support for quitting *(9)*.

THESE CHALLENGES CAN BE ADDRESSED WITH ADDITIONAL SUPPORT AND TOBACCO-CONTROL POLICIES THAT HAVE A MENTAL HEALTH COMPONENT.

GENERAL TOBACCO-CONTROL POLICIES HAVE NOT WORKED AS EFFECTIVELY FOR PEOPLE WITH MENTAL HEALTH CONDITIONS. THEY ARE BEING LEFT BEHIND.

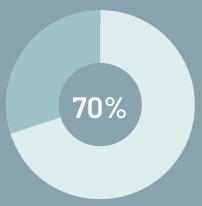
POLICY CONSIDERATIONS

Action to reduce smoking among people with mental illness, whether through health systems or by clinicians, should be a high priority *(1)*. No other action would do more to reduce the life expectancy gap.

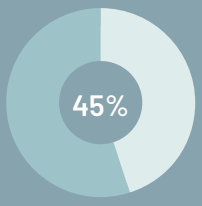


SMOKE-FREE MENTAL HEALTH SERVICES

These can be provided by ensuring full implementation of the WHO Framework Convention on Tobacco Control through removing exemptions for mental health services in smoke-free legislation. This would protect mental health professionals from the harmful impact of secondhand smoke and help to stop the perpetuation of inequalities in the treatment of people with mental health conditions.



Nearly 70% of countries in the WHO European Region have smoke-free legislation covering health-care facilities, but several have an exception for mental health facilities.



Approximately 45% of countries in the Region have smoke-free legislation covering all health-care facilities, including the protection of staff and patients in mental health services.

Awareness campaigns targeting mental health professionals can reverse misconceptions held by a significant proportion of health professionals about patients' willingness and ability to quit tobacco.

Training in cessation counselling for mental health professionals enables the integration of smoking-cessation interventions into mental health services, with tailored interventions for this patient group.

Tobacco pack warnings of potential risks can be expanded to include mental health risks posed by tobacco use, addressing an important subset of the population and educating the wider public.

Combined pharmacological and non-pharmacological interventions can increase cessation success. Pharmacological interventions are varenicline, bupropion and nicotine replacement therapy, and nonpharmacological interventions include supportive behavioural programmes.

Increased tobacco taxation can improve cessation and has a strong impact on reducing smoking prevalence in this group. Taxation measures are more likely to be supported if they outline clearly how the taxes will be spent and what benefits will accrue to people with mental health conditions.

GOOD PRACTICE EXAMPLE

Smoking has been banned in public places in United Kingdom (Scotland) since 2006, but residential mental health institutions are exempt. In March 2010, the Public Health Minister announced that guidance would be produced to support mental health service providers to ban smoking altogether.

Since then, many mental health hospitals in Scotland have paved the way to implement smoke-free environments, driven by a conviction that:

- allowing people with mental health conditions to smoke in mental health hospitals while smoking is banned in other public places signals people with mental health conditions as being "different";
- people with mental health conditions should be treated the same as other members of the public and protected equally; and
- staff in mental health facilities should be protected from the harmful impact of secondhand smoke.

St John's Hospital in Livingston, West Lothian, is a general hospital with a mental health ward intended for short-term stays averaging 15 days. The mental health ward proudly went smoke-free in 2009 and the old smoking room was re-purposed as a gym – a double win. Monitoring has revealed higher than expected sustained physical activity among patients post-discharge. In addition to creating a supportive smoke-free environment, as one clinical nurse manager said, "we feel proud to have got people into physical activity" *(11)*.

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1 All weblinks accessed 4 October 2021.

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