



Impact |

Let's talk about smoking

Guidance for mental health support services
about the effects of smoking on mental health.

Welcome

I welcome this guidance. Smoking is such an important and emotive issue in the world of mental health.

I smoked for twenty-five years; in retrospect I do not understand why I did. I think it was something we all used to do. It gave me pleasure and something to do, although, for a time, I used it as a public statement about how little I cared about my life.

Looking back, I find it hard to remember and accept those days when we would be so desperate for a cigarette that we would gather the fag ends from our ash trays to turn them into new cigarettes – and those times when I lost my tobacco; oh! The desperation and the panic! For me they were a good way of making friends and being part of a circle of people and of fitting in.

It took me years and years before I even contemplated giving up and I was lucky; one day it was like a key turned in my heart and I decided. After that it was easy for me, I did all the things to gain distraction, I ate apricots and nuts, I looked at the money I saved, I used patches but most important was the support I got from fellow 'service users' like me. Although they carried on smoking, they wouldn't help me buy new fags and they wouldn't give me theirs. It worked very well for me. I still worry that if I go back into hospital that I will start smoking again, but really, I mainly feel safe from that temptation.

It shocks me how badly smoking affects our community's health. I know many of us insist on our right to smoke and of course we can smoke if we want to but all those lives lost, all those years of illness and regrets too late, about not giving up.

We are still a community where it is almost cool to smoke, where there is that touch of comfort and that wee element of rebellion. It seems to me that there are better ways of socialising and rebelling than contributing to the profits of huge multinationals and by so doing ruining our health and our wellbeing.

Having the conversation about smoking is important – but having a conversation that is not patronising, not directive, one that is free from that element of 'do this, do that' is even more important. Conversations that are about something that is, for some of us, the one pleasure we have in almost intolerable lives need to be sensitive, need to respect our world and need to offer some comfort and hope.

They need to be genuine and yet they need to remember that if we can get that small step away from the negative and if we can see our lives in ways that give us some small hope for the future, then not only could smoking become a part of our past but eventually we may find other aspects of our lives that give us cause to smile.

It is a long road and a harsh struggle and we should not be shamed if we cannot manage it – but we should be supported if we want to talk about it, think about it, dare to think about it.

About this guidance

The Scottish Government's ten-year Mental Health Strategy for Scotland, to be issued in 2017, will make it clear that improving the physical wellbeing of people living with mental health issues should be a national priority.

The 'life expectancy' gap – whereby people living with enduring mental ill-health will die 10-20 years earlier than the wider population – is a huge health inequality and an injustice that urgently needs to be addressed.

We know that people experiencing poor mental health are more likely to smoke – and to smoke more heavily – than the general population, which results in a higher burden of smoking-related illness and disease being borne by this already-disadvantaged group. This means that addressing smoking is not only necessary but now also a priority – and so should be part of the day-to-day work done in community-based mental health settings.

Stopping smoking can help improve conditions such as depression, stress and anxiety; for people living with illnesses such as schizophrenia, stopping smoking also means that they may be able to reduce levels of some medications (under supervision). And whilst those experiencing poor mental health can be just as motivated to stop smoking, they are likely to need more intensive support, and for longer, than others.

People who are supported by services must, of course, make up their own minds about whether they want to stop smoking or not; if they don't wish to, that should be respected. It is neither a fault nor a failure of support workers if the answer is 'no' – but the question should still be asked in the first place.

And since we know that around two-thirds of all smokers – including those experiencing poor mental health – say that they would prefer not to continue, it means that there is always a large number of people who want to quit and should be given the support and encouragement to do so.

IMPACT

This guidance document was written by ASH Scotland as part of the IMPACT project (Improving Mental and Physical health: Achieving Cessation Targets). We reviewed the most recent evidence around smoking and mental health and consulted with support organisations across the Lothians – this was exclusively community-based and did not include NHS settings.

A series of workshops for staff and focus groups for people supported by services were held to explore related topics; within this guidance, quotes from some focus group attendees have been used to illustrate certain points.



For more information about the IMPACT project, please visit www.impact.scot.



Throughout the guidance we use a framework called AID: Ask, Inform, Discuss.

This is intended to keep the guidance person-centred and enable its contents to be tailored for each individual, so that specific solutions can be identified for every person who wants to find out more about how smoking may be affecting them – and what they can do to reduce that harm.

The examples we give are merely suggestions;

practitioners will be much better-placed to use whatever language and terminology they feel appropriate when discussing smoking with the people they help support.

Look out for the icon above.

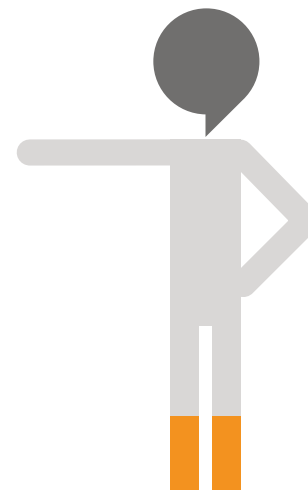
We call on all those working in community-based mental health settings to use this guidance and to implement AID as a means of starting conversations about the effect of smoking on health inequality, so that everybody has an equal chance to be supported in improving their wellbeing – and to live longer, healthier lives.



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Stopping smoking can help improve conditions such as depression, stress and anxiety; it can also improve the effectiveness of some mental health medications.



Section 1

Let's talk about the effects smoking

Effect of smoking on mental health	4-5
Effect of smoking upon mental health medications	6-7
Effect of smoking on the body	8-9



The relationship between smoking and mental health

We know that a lot of people say that smoking helps them calm down or relax, especially in stressful situations; others state that it can be a kind of 'mindful' activity (particularly for roll-your-own cigarettes).

These are understandable reasons that people have for smoking – but there is no 'safe' level of consumption and tobacco use will kill 50% of long-term smokers. A mental health practitioner's role should include trying to reduce such harm where possible.

Smoking releases nicotine – which in turn changes brain chemistry and sets up a 'reward' pathway to release dopamine. But this 'feel-good' factor quickly drops after a cigarette is finished and the withdrawal from nicotine is what can add to – or worsen – anxiety, stress and depression.

So when somebody says that smoking calms them down, it's often really a combination of moving away from a stressful situation, taking deep breaths (needed for smoking) and topping up on dopamine – but it comes at a high mental and physical price.

There are some uncomfortable statistics around smoking and mental health:

at least one-third of all tobacco consumed in the UK is used by people with mental health issues;

smoking is at least twice as common amongst people experiencing poor mental health than by the wider population (and this increases with severity of illness);

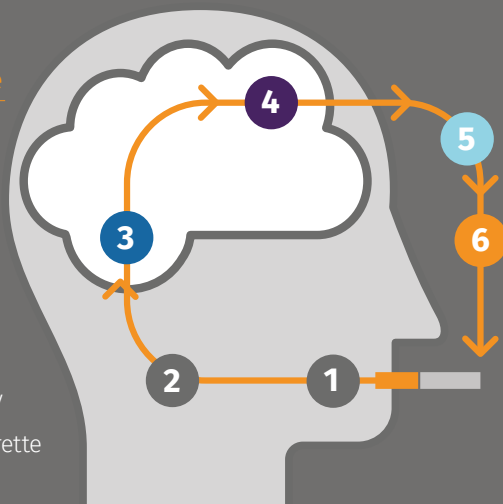
over 60% of people who have a diagnosis of schizophrenia smoke tobacco;

almost 60% of people who experience a first episode of psychosis are smokers;

smoking is linked with poorer outcomes and increased severity for those with bipolar disorder.

The development of nicotine dependence

- 1 Nicotine delivered by smoking
- 2 Nicotine travels to the brain
- 3 Nicotine activates nicotinic receptors which stimulates the release of Dopamine
- 4 Dopamine released, leading to pleasant feelings of calmness and reward
- 5 Dopamine levels reduce, leading to withdrawal symptoms of stress and anxiety
- 6 Withdrawal triggers desire for another cigarette



There are lots of resources which can help you find out more about smoking and mental health – for example:

→ **The Royal College of Physicians & Royal College of Psychiatrists' joint report 'Smoking and Mental Health' (2013):**
<https://www.rcplondon.ac.uk/projects/outputs/smoking-and-mental-health>

→ **The Royal College of Psychiatrists' website also has information available at**
<http://www.rcpsych.ac.uk/healthadvice/problemsdisorders/smokingandmentalhealth.aspx>

→ **Maudsley Prescribing Guidelines in Psychiatry (2015):**
<http://eu.wiley.com/WileyCDA/WileyTitle/productCd-1118754603.html>

→ **The ASH Scotland website at**
<http://www.ashscotland.org.uk/what-we-do/tobacco-and-mental-health/>

→ **ASH Scotland's report 'Smoking and Mental Health: A Neglected Epidemic' (2015):**
<http://www.ashscotland.org.uk/media/6671/ASHScotlandSmokingandmentalhealth.pdf>



Ask:

What do you believe that smoking does for your mental health and wellbeing?

Inform:

It can be hard to disentangle the cravings for tobacco, and its subsequent release of nicotine and dopamine, from underlying mental health issues.

Discuss:

- Explore the aspects of smoking which the person you support feels has an effect (positive and/or negative) on their mental health and wellbeing.
- Examine if there are other, less harmful, ways in which a positive 'reward' could be experienced.



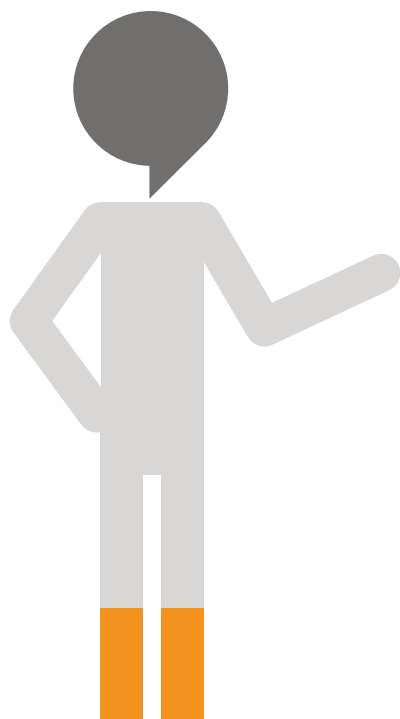
The effect of smoking upon some mental health medications

Smoking has an effect on the metabolism of some medications – and it's specifically the tobacco smoke, not the nicotine, carbon monoxide or tar inhaled from a cigarette which affects blood plasma levels. This in turn means that a higher dose of prescribed medications (such as Clozapine, Olanzapine and some tricyclic anti-depressants) can be needed in order to be effective.

When we asked people at focus groups about this link – all of whom have had experience of poor mental health – there seemed to be very little awareness of it. This quote is from one of the attendees:

“If you're prescribed antibiotics you don't drink alcohol, everyone knows that; it should be the same with smoking [and its interaction with medication]. It should just become common knowledge... when you go to your doctor's; [they should] mention that actually you're not getting the benefit of your medication [if you're smoking]”

(Lee, male, 50's, smoker)



Helping make informed choices

As mental health practitioners, one of your roles is to help ensure that the people you support are making decisions based on 'informed choice' – but if they don't know that smoking can interfere with their medication, they won't be making a fully-informed choice when it comes to continuing to smoke.

You'll be aware that some of these drugs are already quite toxic to the system. This means that stopping smoking abruptly can make people more physically unwell, as the concentration of medication is suddenly higher than required. It's therefore really important that if any person you support is on medication(s) and decides to stop smoking, it's done under the close medical supervision of their doctor, Community Psychiatric Nurse (CPN) or other health professional so that dosage levels can be tapered accordingly.

- The Maudsley Prescribing Guidelines in Psychiatry (2015, 12th edition) has more information about the interaction between smoking and medications – **see our Reference sheet for further details.**
- There are effective alternatives available to help reduce nicotine withdrawal symptoms when quitting smoking – **see the 'Nicotine Replacement Therapy and Champix' section later in this guidance for more information.**



Ask:

What do you know about the links between smoking and mental health medications?

Inform:

If you're taking medication for your mental health condition, smoking can interfere with how well it works in your body and you might need to be on a higher dose than is really necessary. Stopping smoking can mean that you might be able to reduce the level of medications you're on.

Discuss:

Explore if the person you are supporting experiences side-effects from any medication – and if so, whether stopping smoking might be a way of reducing those.

The physical effect of smoking on the body

Most people already know that smoking is harmful for physical health and wellbeing. Smoking tobacco produces tar and carbon monoxide, both of which affect the whole human system and can eventually lead to many different kinds of illness (including dementia, diabetes, cancers and heart disease).

Tar

'Tar' is a term that describes a collection of solid particles that smokers inhale when they light a cigarette. It is a mixture of lots of chemicals, many of which can cause cancer. When it settles, tar forms a sticky brown residue that can stain smokers' teeth, fingers and lungs. Because tar is listed on packs as one of the ingredients, it's easy to believe that it is the only harmful part of a cigarette. But some of the most dangerous chemicals in tobacco smoke are present as gases and do not count as part of 'tar'.

Second-hand smoke

Second-hand smoke – that is, the smoke from other people's cigarettes – is also harmful, particularly in enclosed places like a room or a car. Even amongst non-smokers it can increase the chances of developing certain types of cancer as well as heart disease, heart attacks and strokes.

Aid

Ask:

Are the effects of smoking on your physical health something that you're worried about, either at the moment or for the future?

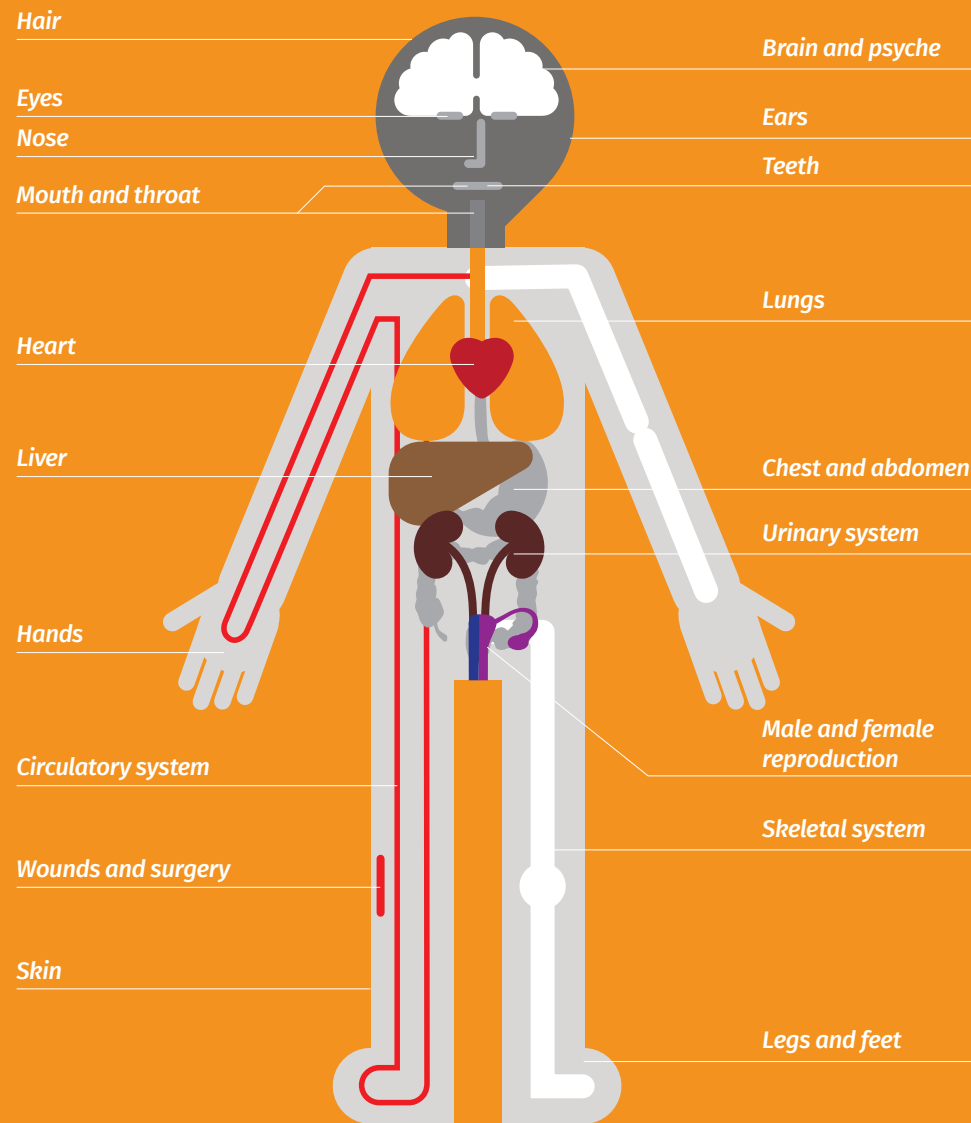
Inform:

Stopping smoking at any age will improve an individual's chances of staying healthy for longer – and after a few years, the increased risks of developing certain conditions through being a smoker (such as stroke, dementia, heart disease and some types of cancer) have completely gone. Keeping physically well helps people to keep mentally well.

Discuss:

Explore if the person you help support has any specific physical health concerns which relate to smoking and consider if that's something they'd like to address. Boosting physical health can also have knock-on effects for mental health – and be part of their ongoing recovery process.

Smoking causes disease and disability to almost every organ



Source: www.tobaccoatlas.org/topic/health-consequences

Section 2

Let's talk about *your role*

The role of Mental Health practitioners	12-13
How to help present information	14-15



The role of Mental Health practitioners in discussions around smoking and mental health

Although most mental health support workers have not been trained as stop-smoking advisors, they will know about (and frequently be using) techniques drawn from Cognitive Behavioural Therapy, Motivational Interviewing, the Cycle of Change theory and Person-Centred Care.

These same principles – asking about triggers for specific 'behaviours' such as smoking; using open-ended questioning; being non-judgemental; listening out for 'change' talk etc. – can be applied to help support those who want to quit smoking. You know best the people who attend your services, so you'll know what kind of approach might have the greatest chance of success with each individual.

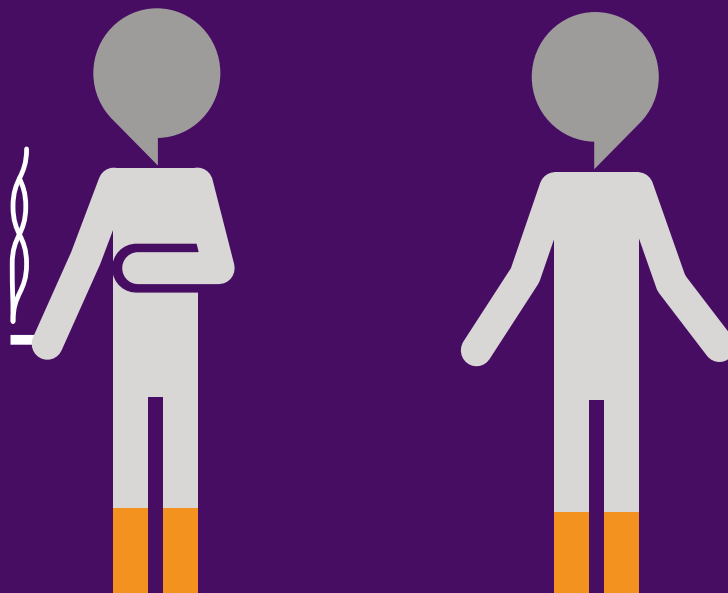
As the links between smoking and mental health become more commonly known, stopping smoking may also be part of an individual's Wellness Recovery Action Plan (WRAP). And with the requirement to address smoking being a priority for the new national Mental Health Strategy for Scotland, it means that staff will need to be able to provide information and support as part of their commitment to underpin such efforts.

It's not necessary to be an expert in stop-smoking support but it is important that staff are able to talk about the issues and signpost to appropriate agencies.

In the same vein, any changes to medication levels for those who are quitting smoking should only be made by an individual's medical practitioner (whether that's a doctor or CPN) – but it will help if mental health practitioners are aware of the detrimental effect of smoking on medication and can advise people accordingly.

I find that smoking helps me to relax.

Although it may feel relaxing, smoking actually increases stress on the body and brain – so quitting can help improve your overall health.



Aid

Ask:

If you're interested in stopping smoking, how would you like me to help support you with that?

Inform:

Give details of what kind of support you and/or your organisation can provide, what you cannot provide (e.g. NRT), and which other services (principally from the NHS) are available locally to anybody wanting to quit.

Discuss:

Smoking doesn't help mental health in the long term, and that is different from what many people assume. While some experience smoking as something which helps them relax or relieve stress, the overall effect is harmful to health and people who stop smoking generally report that doing so helps their mental as well as physical health.

How to help present information around smoking and mental health

In conversation with people supported by mental health services, the consensus was that having somebody on-site to provide stop-smoking information and support a quit attempt (as opposed to going to a separate service) would be the preferred option for most.

Since mental health workers have already built up trust and rapport with those they support, it was felt that they would be ideally placed to extend that relationship (rather than 'parachuting in' an external professional).

Community-based organisations might therefore wish to consider training workers in stop-smoking advice and support, to facilitate such a choice.

We know that there may be literacy and cognitive issues for some people experiencing poor mental health, making it vital that any information is given in as clear and jargon-free a way as possible.

One focus group attendee stated:
"You can procrastinate reading but you can't procrastinate listening", suggesting that it's harder to ignore an individual talking to you than it is to ignore a leaflet – or that it's easier to listen than it is to read.

Some of these options may be available at your organisation.



1 A mental health worker from your organisation who has been trained in stopping smoking and can support a quit attempt;

2 an in-house health improvement group which combines peer support with stopping smoking for those who want to quit;

3 somebody from a local NHS stop-smoking service (or other health improvement agency) who can come in and talk about the issues and answer questions or concerns that clients might have;

4 leaflets, posters or information sheets;

5 links to a relevant website.

Aid

Ask:

What do you know about the relationship between smoking and mental health? What kind of information would it be helpful for you to have?

Inform:

There's lots of information available about the harm that smoking does, and the benefits that can come from quitting, including for long-term mental health conditions. It's available in a variety of formats.

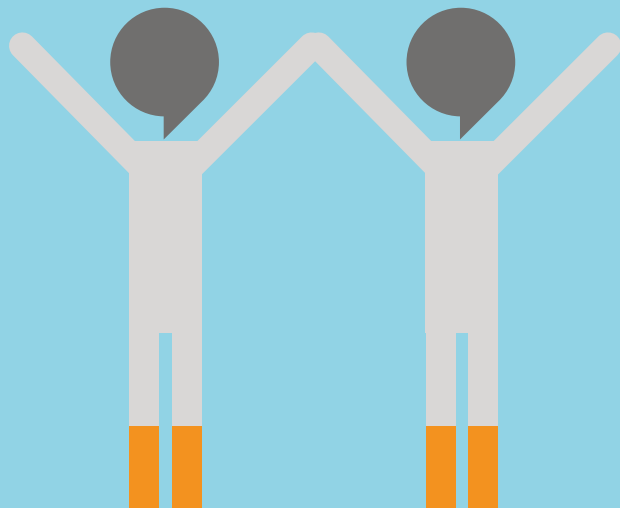
Discuss:

Explore how your organisation can provide support for stopping smoking to all those who want to quit – this could include staff too, if appropriate.

Section 3

Let's talk about **helping** **people stop** **smoking**

Nicotine Replacement Therapy and Champix	18–19
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Nicotine Replacement Therapy and Champix

There's lots of evidence to show that the most successful way of managing to stop smoking is by a combination of an 'abrupt' quit, using Nicotine Replacement Therapy (NRT) products – such as patches, gum or nasal spray – and support from a trained professional.

NRT

NRT is free upon prescription from a doctor, pharmacist or prescribing nurse, or can be bought over-the-counter at pharmacies.

NRT works by allowing a little bit of nicotine to be delivered into the bloodstream in a 'cleaner' way than by smoking – so it still triggers the release of dopamine in the brain but without the tar, carbon monoxide or other harmful substances found in tobacco smoke.

Using NRT does not appear to have any effect on mental health medications, unlike tobacco smoke – but bear in mind that if the person you're helping support has stopped smoking completely, they will need medical supervision to monitor their blood plasma levels if they are taking medications for their mental health condition. This is true whether or not they're using NRT or any other form of nicotine-containing product (like an electronic cigarette).

Heavy smokers

For people who are the most addicted to smoking, using two different types of NRT at the same time (for example, a patch and an inhalator) can help to beat the worst of the cravings. Smoking needs to be stopped completely for NRT to be most effective, although some people might find this

challenging – in such cases, NICE (the National Institute for Health and Care Excellence) has stated that using NRT whilst still smoking might help as part of a 'cut down to quit' approach. If that's the case for people you help support, it's useful to have a timescale for when they want to stop smoking completely, so that their motivation is maintained.

Champix

Varenicline (which goes by its trade name of Champix) is another drug prescribed to help people quit smoking; it works by interrupting the release of dopamine and so means that less pleasure is experienced by continued smoking. Although clinical trials for this drug didn't include those with active psychiatric conditions, subsequent reviews of the evidence found that Champix was effective and well-tolerated in this cohort.

Note:

Varenicline should not be used in combination with NRT, as they work against each other. Varenicline is a prescription-only medicine and cannot be bought over-the-counter.

Using NRT does not appear to have any effect on mental health medications, unlike tobacco smoke.

Aid

Ask:

There are different types of medication to help people stop smoking. Which ones have you heard of?

Inform:

You've got the best chance of stopping smoking completely if you use NRT and get support from a trained stop-smoking advisor.

Discuss:

Explore if getting support and/or using NRT or Champix is something that the person you support would be interested in.

Suggestions for helping deal with boredom or stress in those making a quit attempt

At the heart of successfully stopping smoking is an individual's willpower to quit and then to stick with it. But boredom and stress can hamper anybody's attempt to stop smoking, so it's really important for individuals to have a plan when trying to give up tobacco – and especially so if dealing with additional challenges such as an ongoing mental health issue.

A stop-smoking plan should include:

when an individual wants to stop smoking (ideally on a specific date),

why they want to stop (which should be a strong motivational factor, unique to them),

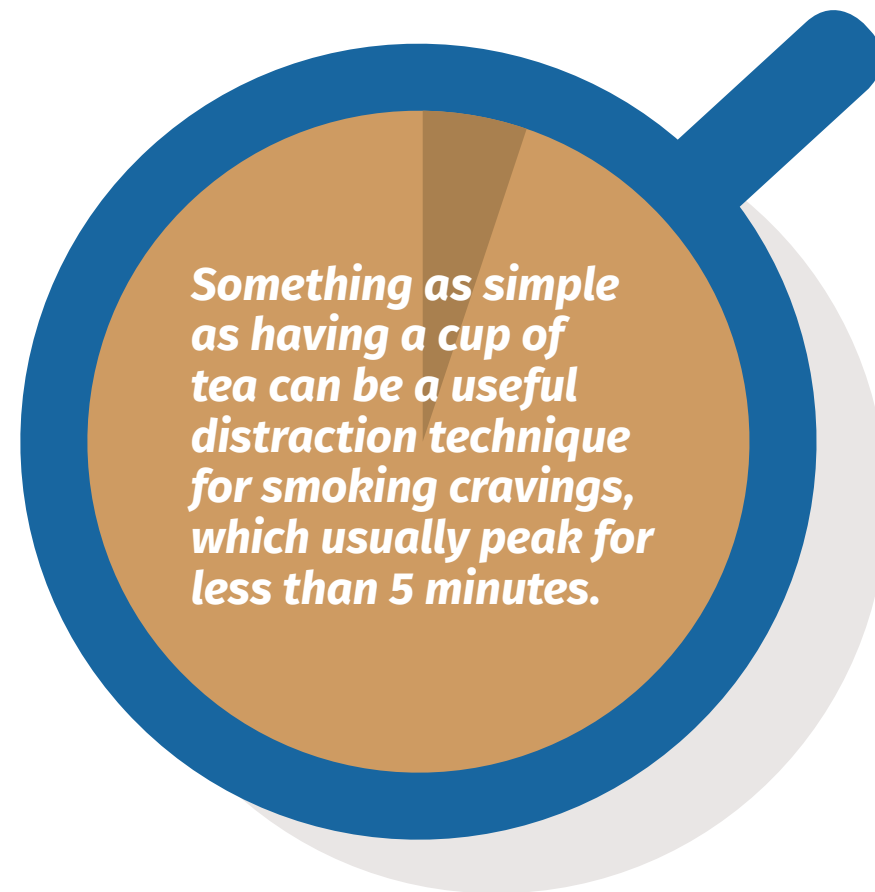
who is going to help support them (for example, a friend or a family member they can rely on), and

what they're going to do if they feel overwhelmed by a desire to start smoking again.

The worst cravings to smoke usually peak for less than five minutes, meaning that having some sort of a distraction technique for that short space of time can be useful. It can be something as simple as having a cup of tea, eating a piece of fruit, going for a walk around the block or chatting to somebody on the phone.

Participants at focus groups came up with a variety of alternatives to continued smoking, in order to distract and occupy when making a sustained quit attempt – for example, creating art; making or listening to music; playing computer games; writing; walking; drinking water; eating fruit or vegetables; avoiding places where smokers will be; a reward, particularly with money saved (e.g. magazines, perfume, holiday); volunteering.

Reflecting on your skills as a mental health practitioner, you can explore what options would best suit the individuals you work with to ensure that they have the best chance of success at stopping smoking.



Ask:

What do you feel you get from smoking? What would you miss if you gave it up?

Inform:

There may be other, healthier ways to reward yourself – for example, an activity to take your mind off smoking or a stress-relieving exercise.

Discuss:

Consider what 'distraction' methods might best suit the person you support. Ask for their ideas on what they think they might do instead of lighting up, and how your organisation could help with that.

Electronic cigarettes

At the time of writing this guidance (early 2017), what we know about electronic cigarettes (“e-cigarettes”) is that they appear to be significantly less harmful than continued tobacco smoking – mainly because they don’t produce tar or carbon monoxide, which cuts out the main health-harming elements.

We don’t yet know if any long-term harm is caused by prolonged exposure to nicotine (or other ingredients, such as glycol and/or flavourings); it’s also hard to compare ‘like for like’ when there are over 500 different e-cigarette devices available on the market and thousands of different synthetic flavours.

But the best information we have at the moment is that using only an e-cigarette – becoming a ‘vaper’ - is much less harmful than continuing to smoke any amount of tobacco, so it may help to combat nicotine withdrawal symptoms.

Using an e-cigarette does not appear to have any adverse effect on mental health medications such as Clozapine either, as no tobacco smoke enters the bloodstream. Again, blood plasma levels should be monitored closely by a GP or CPN, if an e-cigarette is being used to deliver nicotine instead of any smoked tobacco product.

How they work

E-cigarettes are fully sealed and powered by a battery. Original first-generation e-cigarettes resemble conventional cigarettes and they heat liquid nicotine, which in turn produces a vapour that is inhaled.

Second-generation (and later) e-cigarettes work in the same way but tend to have larger nicotine cartridges (‘tanks’) that are re-fillable. Each individual ‘vaper’ can add different concentrations of liquid nicotine (including

flavoured varieties) – although this may lead to higher doses of nicotine being administered than from regular cigarettes.

We know that mental health workers aren’t necessarily also experts on e-cigarettes, so to increase your knowledge and confidence it may be helpful to find out what products are locally available.

Aid

Ask:

If you would like to reduce the harm that’s caused by smoking, switching to an electronic cigarette might be worth considering. Do you know anybody who’s using one? Is that something you’d be interested in finding out more about?

Inform:

There are lots of e-cigarette products available that could help you quit smoking.

Discuss:

Consider which (if any) products might give the person you support the best chance of success at stopping smoking, and how you can help facilitate that.

E-cigarette mechanics: How does an e-cigarette work?

Cig-alikes

LED light

Sensor

to detect when a smoker puffs

Heating mechanism

to vaporize nicotine

Cartridge

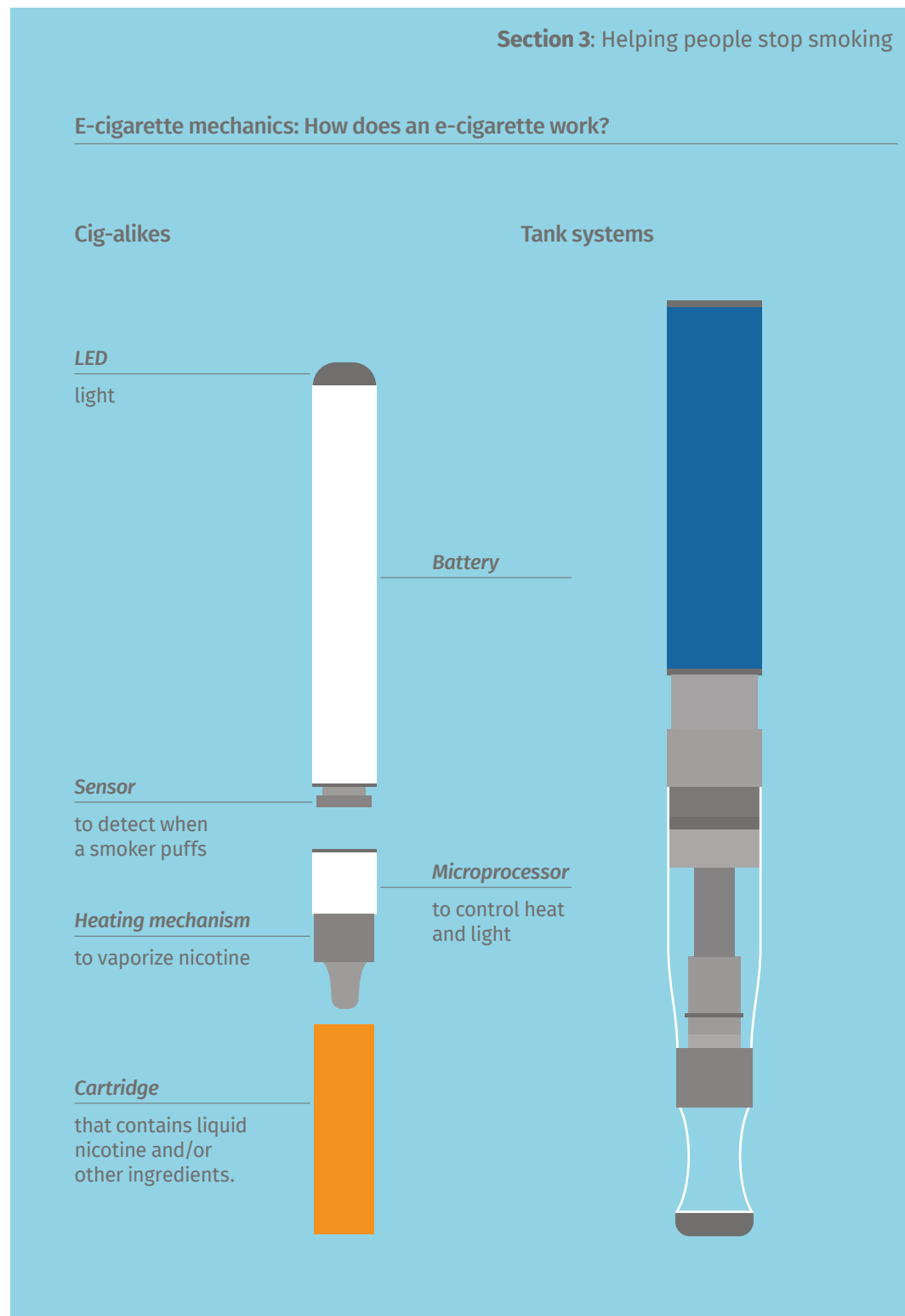
that contains liquid nicotine and/or other ingredients.

Tank systems

Battery

Microprocessor

to control heat and light



What services are currently available to help people stop smoking?

As previously mentioned, stopping smoking can affect the uptake of some mental health medications – the person you help support should speak to their doctor or CPN first if this applies to them.



For anybody who does want to quit smoking, the NHS provides a range of **free** services (one-to-one support and/or groups), which are available for all to access either directly or through referral from their GP.

To find out what's available in the NHS Lothian area, visit:

→ www.nhslothian.scot.nhs.uk/HealthInformation/HealthAwareness/Smoking/Pages/ContactDetails.aspx



All NHS pharmacies offer **free** stop-smoking support; this can be done on a one-off basis, or over a period of weeks with agreed appointment times.

Pharmacists can prescribe and dispense NRT free of charge, or it can be bought over the counter; Varenicline (Champix) can also be prescribed by some pharmacies.

Smokeline 0800 84 84 84

Smokeline is Scotland's **free** national stop-smoking service, run by NHS 24.

It is open every day from 8am-10pm and advisers can offer tips on quitting, support during cravings, information on using NRT, Champix or e-cigarettes, and provide referrals to local NHS stop smoking services.

There are several ways to contact Smokeline:

- Phone free on 0800 84 84 84
- Web chat through www.NHSinform.scot/Smokeline
- Text CALL to 83434 for a Smokeline adviser to call back
- Text QUIT to 83434 for a quit pack to be sent out
- Email smokeline@nhs24.scot.co.uk

What you can do

To get the most relevant information for the people you help support, you could find out what stop-smoking services are available in your area from the NHS, at GPs surgeries and in pharmacies and then compile a list of what's offered, including NRT and other stop-smoking medications.



Ask:

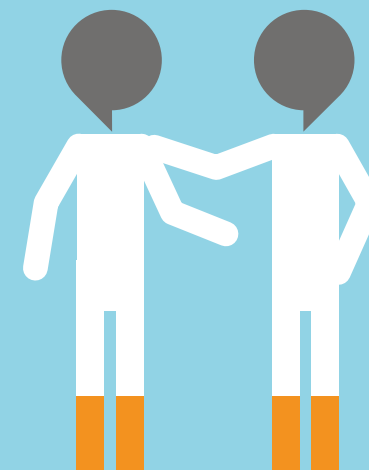
Are you interested in getting help to stop smoking?

Inform:

These are the options available in our area.

Discuss:

Explore which of the options might best suit the person you're supporting and how you can help them access services, if that's what they would like to do.



Acknowledgements

ASH Scotland would like to thank all staff at mental health organisations across the Lothians who contributed to discussions about smoking and mental health for this project. Particular appreciation is given to the people attending those services, who gave such valuable insights at focus groups. Patricia Rodger of Advocard was a great help in facilitating two of those sessions. Graham Morgan is gratefully acknowledged for his foreword to this guidance. The IMPACT project Steering Group is thanked for their guidance and support.

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