Introduction

Most adults in the UK are aware of the physical health risks of smoking tobacco, but research shows that smoking also affects people's mental health.

This booklet is for anyone who wants to understand the links between smoking and mental health. It outlines some of the factors that keep people smoking and describes how smoking is particularly linked to stress, anxiety, depression and schizophrenia.

Although the reasons for smoking differ from person to person, understanding why many people smoke can help those who want to stop. The booklet suggests approaches that can help smokers to give up and the kinds of support that can make their attempts more successful.

Why people smoke

The biological factors involved in smoking relate to how the brain responds to nicotine. When a person smokes, a dose of nicotine reaches the brain within about ten seconds. At first, nicotine improves mood and concentration, decreases anger and stress, relaxes muscles and reduces appetite. Regular doses of nicotine lead to changes in the brain, which then lead to nicotine withdrawal symptoms when the supply of nicotine decreases. Smoking temporarily reduces these withdrawal symptoms and can therefore reinforce the habit. This cycle is how most smokers become nicotine dependent.

Social and psychological factors also play a part in keeping smokers smoking. Although many young people experiment with cigarettes, other factors influence whether someone will go on to become a regular smoker. These include having friends or relatives who smoke and their parents’ attitude to smoking.
As young people become adults, they are more likely to smoke if they misuse alcohol or drugs or live in poverty. These factors make it more likely that someone will encounter stress. Most adults say that they smoke because of habit or routine and/or because it helps them relax and cope with stress.

**Smoking and stress**

The idea that people smoke cigarettes to help ease the signs and symptoms of stress is known as ‘self-medication’. Stress is very common, affecting us when we feel unable to cope with unwelcome pressure. It can cause physical symptoms like headaches or breathlessness as well as making people feel irritable, anxious or low. These feelings can alter our behaviour and feeling stressed often makes people drink alcohol or smoke more than usual. Long term stress is also related to anxiety and depression.

**Smoking and anxiety**

Research into smoking and stress has shown that instead of helping people to relax, smoking actually increases anxiety and tension. Nicotine creates an immediate sense of relaxation so people smoke in the belief that it reduces stress and anxiety. This feeling of relaxation is temporary and soon gives way to withdrawal symptoms and increased cravings. Smoking reduces nicotine withdrawal symptoms, which are similar to the symptoms of anxiety, but it does not reduce anxiety or deal with the underlying causes.

**Smoking and depression**

In the UK, smoking rates among adults with depression are about twice as high as among adults without depression. People with depression have particular difficulty when they try to stop smoking and have more severe withdrawal symptoms during attempts to give up.
Smoking and mental health

Nicotine stimulates the release of the chemical dopamine in the brain. Dopamine is involved in triggering positive feelings. It is often found to be low in people with depression, who may then use cigarettes as a way of temporarily increasing their dopamine supply. However, smoking encourages the brain to switch off its own mechanism for making dopamine so in the long term the supply decreases, which in turn prompts people to smoke more.

Most people start to smoke before they show signs of depression so it is unclear whether smoking leads to depression or depression encourages people to start smoking. The most likely explanation is that there is a complex relationship between the two.

Smoking and schizophrenia

People with schizophrenia are three times more likely to smoke than other people and they tend to smoke more heavily. One of the most common explanations of this is that people with schizophrenia use smoking to control or manage some of the symptoms associated with their illness and to reduce some of the side effects of their medication.

Does smoking improve mental health?

Although many people with mental health problems say that they smoke to reduce their symptoms, they usually start smoking before their problems begin. Heavy smoking does not necessarily lead to fewer symptoms of mental health problems in the long term. Any short term benefits that smoking seems to have are outweighed by the higher rates of smoking-related physical health problems, such as lung cancer, that are common in people with mental health problems.
Ways to help you quit

Preparing for change

Stopping smoking suddenly through willpower alone (‘going cold turkey’) is the least effective way to quit. Stopping is more likely to be successful if you plan ahead, have support and choose the right time to try. Your attempt is less likely to work if you are feeling unstable, experiencing a crisis or undergoing significant changes in your life.

To prepare for change, think about your relationship with smoking. Understanding the effect that it has on you can boost your motivation to quit. Think about what you will gain by not smoking, for instance better physical health, fresher breath, improved concentration and more money in your pocket to spend on other things. You may find it helpful to write this down as a reminder of why you want to stop.

Finding other ways to cope with stress

Because smoking is often used as a way of coping, smokers need other ways of dealing with stress, anxiety or other problems if they want to stop smoking. Methods that people have found helpful include meditation and breathing exercises, regular exercise, cutting down on alcohol, eating a well-balanced diet, acupuncture and clinical hypnosis. Counselling or talking things through with a supportive friend or family member and religious or spiritual activities can also help.

Making changes takes time and effort - progress is often slow. Be patient. You may not be able to control all the factors that contribute to your stress, but identifying the source of your anxiety and trying to find ways to reduce or overcome it are as important as finding new ways to cope with it.
Getting support from family and friends

Stopping smoking can be easier if you talk about it to family and friends and let them support you. If other people who live with you smoke, it may be harder for you to give up. You could try to get other household members who smoke, or friends who smoke, to stop smoking at the same time. At the least, encourage them not to smoke around you or leave their cigarettes, ashtrays or lighters where you will see them.

Avoiding triggers linked to smoking

The mind is very sensitive to associations, so removing all tobacco products from your home can help lessen some of the cravings of nicotine withdrawal. Smokers are accustomed to smoking in certain situations like in the pub or after a meal. If you can identify your trigger situations and avoid them, the chances of relapse will be much lower.

Being prepared for withdrawal symptoms

Likely withdrawal symptoms include headaches, nausea, irritability, anxiety, craving cigarettes, feeling miserable, difficulty in concentrating, increased appetite and drowsiness. Withdrawal symptoms tend to peak after 12-24 hours and then gradually ease over 2-4 weeks. Drinking more fresh fruit juice or water, eating more high fibre foods and reducing the caffeine and refined sugar in your diet all help some people cope with withdrawal symptoms.

Talking therapies

Individual, group or telephone counselling can help people to stop smoking. Talking therapies can help people change their behaviour by thinking and acting more positively. Many counselling programmes use the techniques of cognitive behavioural therapy (CBT) and social skills development. Research has shown that CBT may be particularly effective in smokers with or without mental health problems.
Nicotine replacement therapy and medication

Nicotine replacement therapy (NRT), anti-depressants and other medication have all been shown to help smokers without mental health problems to stop smoking and they may also be helpful for people with depression or schizophrenia. NRT appears to be more effective when combined with a talking therapy.

For advice on stopping smoking and which treatments might be suitable for you, talk to your GP, a pharmacist or a health visitor. They will also be able to point you to services for smokers in your area.

Further information and support

NHS Smoking Helplines
England & Wales 0800 169 0169
Northern Ireland 0800 85 85 85
Scotland 0800 84 84 84

NHS Asian Tobacco Helplines
(Lines open 1-9pm on Tuesdays)
Urdu 0800 169 0881
Punjabi 0800 169 0882
Hindi 0800 169 0883
Gujarati 0800 169 0884
Bengali 0800 169 0885

ASH - ASH campaigns to reduce the health problems caused by tobacco
www.ash.org.uk
enquiries@ash.org.uk

Quit - Quit supports people wanting to stop smoking
www.quit.org.uk
stopsmoking@quit.org.uk
Quitline 0800 00 22 00
This booklet is for anyone who wants to understand the links between smoking and mental health. It explains the factors that keep people smoking and the effect that nicotine can have on people with mental health problems and suggests approaches that smokers can use if they want to give up.

For more information about mental health, visit: 
www.mentalhealth.org.uk

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