

SUPPORTING PEOPLE WITH MENTAL HEALTH PROBLEMS TO QUIT SMOKING

Key messages for health professionals working in community mental health teams

- People with mental health problems are just as likely to want to stop smoking those without.¹
- Smoking is the single largest cause of the 10-20 year gap in life expectancy between people with a mental health problem and the general population.²
- Quitting smoking improves mental health, even for those with psychiatric disorders.³
- Quitting smoking can reduce the amount of some anti-psychotic medications (e.g. clozapine) service users need to take.⁴ Anyone who is on any such medications and decides to stop smoking (either using NRT or other licenced medications, an e-cigarette, or without pharmacological support) should talk to their doctor as they may need to have their dosage reduced.
- Very brief advice (VBA) on smoking can be delivered in 30 seconds and can more than double the likelihood of someone quitting.⁵
- Smokers with mental health problems may need more intensive support to quit for a longer duration than the wider population. They can be:
 - » Prescribed varenicline (Champix), which is safe for smokers with a mental health problem and has been found to be more effective than bupropion or a nicotine patch.^{6,7}
 - » Prescribed Nicotine Replacement Therapy (NRT) such as nicotine patches and gum.
 - » Provided with information on electronic cigarettes (also called 'e-cigarettes' 'vaping products' or 'vapes'), currently the most popular quitting method in England.⁸ One randomised control trial found that e-cigarettes can be twice as effective (18%) as NRT (9.9%) in helping people quit smoking for up to 1 year when combined with behavioural support.⁹
 - » Provided with behavioural support from a stop smoking specialist.

The Royal College of Psychiatrists have published a position statement endorsing the use of varenicline and e-cigarettes to reduce smoking prevalence among people with mental health problems in 2018.

You can access the statement here: [The prescribing of varenicline and vaping \(electronic cigarettes\) to patients with severe mental illness](#)

Questions and Answers

Do people with mental health problems really want to quit smoking?

Yes. In fact, people with mental health problems are just as likely to want to stop smoking as those without.^{1 10}

However, people with mental health problems are less likely to successfully quit smoking when they try. They are also less likely to receive help to quit smoking,¹¹ or to be prescribed varenicline or NRT.¹²

This contributes to smoking rates among people with mental health problems which are more than 50% higher than among the general population.¹ For people with serious mental illness, smoking rates are even higher (40.5%).¹³

Can people with mental health problems successfully quit smoking?

Yes. Smokers with mental health problems often want to quit and can do so if they are given evidence-based support.^{14 15}

The recent SCIMITAR+ study provided bespoke smoking cessation interventions to smokers with serious mental illness, which included behavioural support from a mental health smoking cessation practitioner with adaptations for people with severe mental illness. such as, extended pre-quit sessions, cut down to quit support, and home visits.¹⁶ Pharmacological aids for smoking cessation were facilitated via primary care after discussion with the stop smoking specialist. Quit rates among participants who received the bespoke intervention were significantly higher at 6 months compared with those who received usual care (referral to a community stop smoking service). However, this effect had declined after 12 months, showing that more effort is needed to achieve sustained quitting.¹⁶

Will quitting smoking make my patients' mental health worse?

No. In fact, the evidence is clear that quitting smoking improves mental health.

Smoking cessation is associated with reduced depression, anxiety, and stress and improved positive mood and quality of life compared with continuing to smoke. The impact is as large for those with psychiatric disorders as those without. The effect sizes are equal or larger to taking antidepressants for mood and anxiety disorders.³

In the short term, patients may experience intense cravings as well as nicotine withdrawal which can include symptoms like insomnia, difficulty concentrating, anxiety, irritability, and depression which can be easily mistaken for worsening mental health.

However, these symptoms can be managed by using NRT, varenicline (Champix) or e-cigarettes, or will abate on their own within four weeks.¹⁷

In addition to the multiple health benefits of quitting smoking, patients will save money and may be able to achieve dose reductions in some common psychiatric medications, including clozapine and olanzapine.

Won't trying to force patients to quit smoking damage therapeutic relationships?

No. Patients expect medical professionals to talk to them about their health, both physical and mental. Very Brief Advice on smoking cessation can be delivered in as little as 30 seconds and is proven to be effective.⁵

If you don't ask about their smoking, some patients will see this as a green light to continue.

What is Very Brief Advice, and when should it be used?

Very Brief Advice (VBA) for smoking cessation can be delivered in as little as 30 seconds and is designed to trigger a quit attempt among smokers.¹⁸

It follows the “ask, advise, act” 3-stage model:

- Establish and record smoking status (ask);
- Advise on the consequences of smoking and the most effective way to stop (advise);
- Offer help by, for example, referral to a stop smoking service or prescribing a stop smoking medication like NRT or varenicline (Champix) (act).

It should be used when service users first come into contact with community mental health services, and at every Care Programme Approach review.¹⁹

The identification and recording of each patient's smoking status needs to be completed regularly, e.g. on first contact with community services and at each Care Programme Approach review. Similarly, the offer of evidence-based support should be part of routine conversations with patients' who continue.

Where can I get training on how to deliver Very Brief Advice?

The National Centre for Smoking Cessation and Training (NCSCT) provides free online training in VBA, which can be accessed here: https://www.ncsct.co.uk/publication_very-brief-advice.php

Public Health England (PHE) and Health Education England provide free online VBA training via e-Learning for Healthcare: <https://www.e-lfh.org.uk/programmes/alcohol-and-tobacco-brief-interventions/>

What medications are available to help people with mental health problems quit?

- **NRT products** including nicotine patches, gum, inhalators and sprays are safe and effective for people with mental health problems who smoke.¹⁹ NRT can be safely combined with other stop smoking medications or with an e-cigarette. NRT products are available on general sale, over the counter or on prescription and are safe to use for people who are taking medications for their physical and mental health.
- **Varenicline (Champix)** is a stop smoking medication which helps to relieve cravings and withdrawal symptoms when quitting smoking. It can be used safely by people with mental health problems and is more effective than a single NRT product or bupropion for helping people with a mental health condition to stop smoking.^{7,19} Varenicline has to be prescribed by a doctor (or independent prescriber) unlike NRT that can be bought over the counter. A quit date is usually set within the first two weeks of starting varenicline, however service users who are unwilling or unable to set a target quit date within two weeks, can start treatment and then choose their own quit date within five weeks of commencing varenicline.¹⁹
- **E-cigarettes** are devices that deliver nicotine through an aerosol (commonly referred to as a vapour) rather than smoke.²⁰ They do not contain or burn tobacco, meaning they do not produce carbon monoxide, tar or many of the other harmful chemicals found in tobacco smoke. Evidence to date shows that e-cigarettes are substantially less harmful than cigarettes and can be effective for helping people quit smoking.^{21,22,9} Studies have also found that e-cigarettes can help some people with mental health problems quit or cut down with minimal side effects, however further research is needed.²⁰

It is important that service users are given a realistic expectation of what stop smoking medications can do for them. They will not completely remove the urge to smoke but they can reduce these urges, alleviate most withdrawal symptoms and make temporary abstinence and quitting easier. Where NRT or Varenicline is not helping a successful quit attempt, your patient should consider using an e-cigarette to manage their nicotine cravings.

As with all medications, their effectiveness partly depends on them being used as recommended and in the case of NRT, administering them using specific techniques.

A free NCSCT online training module on stop smoking medications is available here: <https://tinyurl.com/NCSCT-medications>

How can I ensure that patients are getting the maximum benefit from NRT?

Firstly, ensure that your patient is using combination NRT. That means a combination of a patch, and a faster acting form of NRT (e.g. a gum, inhalator, nasal spray etc). Combination NRT is around 34% more effective in helping people to quit smoking than single NRT and should be offered as the default form of NRT.²³

You should also ensure that your patient is receiving NRT in the quantities they need.

It's also worth checking that the NRT product is being used correctly, referral to the local stop smoking service or community pharmacist would be well placed to provide this support.

NRT is also more effective when offered in combination with behavioural support or used with varenicline.¹⁹
^{24 25} If your patient is not currently receiving behavioural support or being prescribed varenicline, you should refer them to their local stop smoking service.

Isn't varenicline (Champix) dangerous for people with mental health problems?

No. Short-term varenicline (Champix) use is effective and safe for people with mental health problems.

While concern has been expressed about adverse neuropsychiatric events, it has been concluded by well-designed cohort studies, meta-analyses and a large prospective double-blind randomised controlled trial that there is no significant increase in risk for patients prescribed varenicline (Champix).

For more information read the Royal College of Psychiatrists position statement '[The prescribing of varenicline and vaping \(electronic cigarettes\) to patients with severe mental illness](#)'.

Can patients use e-cigarettes to quit smoking?

Yes. E-cigarettes can be twice as effective as NRT in helping people quit smoking when combined with behavioural support.⁹

They are also the most popular quitting method in the UK and helped more than 50,000 people quit smoking in 2017 alone.^{8 26}

While using e-cigarettes (vaping) does not work for everyone, smokers who want to quit should consider vaping to help them do so.

The Mental Health and Smoking Partnership has produced a guide on the use of e-cigarettes by people with mental health problems, which can be accessed [here](#).

Aren't e-cigarettes just as dangerous as cigarettes?

No. The vast majority of harm from smoking comes from inhaling tobacco smoke which contains over 7000 chemicals, many of which can cause cancer.²⁷ Smoking will kill half of all long-term users. Whilst it is nicotine that makes tobacco so addictive, nicotine use in and of itself, presents relatively little risk to the user.²⁸

Unlike cigarettes, e-cigarettes do not contain tar or carbon monoxide, two of the most harmful elements in tobacco smoke. Although e-cigarette vapour has been found to contain some toxins also found in tobacco smoke, these are either at much lower levels or at levels not associated with serious health risk.²¹ ²⁹ Chemicals linked to vaping-related health concerns, including diacetyl, tetrahydrocannabinol (THC) and vitamin E acetate, are banned ingredients in UK regulated e-liquids.

Public Health England advise that while vaping isn't completely risk free it is far less harmful than smoking tobacco.²¹ To date, there have been no identified health risks of passive vaping to bystanders, unlike secondhand cigarette smoke which poses serious risks.²¹ There is no situation where it would be better for a patient's health to continue smoking rather than switching completely to vaping.

What about the deaths from vaping in the USA?

In the US, there have been 2,807 reported cases of people suffering e-cigarette, or vaping, product use-associated lung injury (EVALI) outbreak with 68 deaths (as of 18 February 2020).³⁰ The US Centers for Disease Control and Prevention (CDC) has linked the lung injuries to vaping products containing THC (Tetrahydrocannabinol) – the component of marijuana that causes a “high” – particularly those obtained from “informal sources like friends, family, or in-person or online dealers”.³⁰

The chemical vitamin E acetate, which is believed to be used as a cutting agent in products containing THC, is also associated with the lung injury outbreak and previous research has suggested that inhaling vitamin E acetate may interfere with proper lung functioning.³⁰

The outbreak does not appear to be associated with use of nicotine e-cigarettes.

There have been no confirmed deaths from EVALI in the UK, though there may be a very small number of cases under review.³¹ There are 3.6 million vapers in Britain, the majority of whom have been vaping for at least a year.³² THC and vitamin E acetate are banned for use in vaping products in the UK.³³

The Medicines and Healthcare Products Regulatory Agency (MHRA) which oversees rules on e-cigarettes runs a ‘Yellow Card’ system to enable healthcare professionals and members of the public to report any suspected adverse effects. A Yellow Card report is not by itself proof of a side effect or a causal link between vaping and adverse reactions.

If you suspect a service user is experiencing side effects after using a vaping product, you should report this immediately to the [MHRA Yellow Card scheme](#) where your complaint will be recorded and investigated.

For further information read our guide on the use of e-cigarettes by people with mental health problems [here](#).

Further guidance from the MHRA about suspected cases of EVALI can be found [here](#).

Where can I find out about local stop smoking support?

You can find out what stop smoking services your local authority offers here: <https://www.nhs.uk/smokefree>

Some mental health trusts also offer stop smoking support to their patients. Your trust likely has a smokefree lead who should be able to tell you if this support is available locally.

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When referring to this publication, please cite as:

Action on Smoking and Health and Mental Health and Smoking Partnership. Supporting People with Mental Health Conditions to Quit Smoking. March 2020.