

NO SMOKING DAY



HOW TO GUIDE

A guide for working with people affected by mental illness

Introduction

No Smoking Day 2012 is on Wednesday 14 March.

The No Smoking Day series of HOW TO GUIDES aims to help campaigners use the day to support smokers who want to stop.

No Smoking Day and Rethink Mental Illness are working together to help health professionals across the UK to get involved in the campaign and support people affected by mental illness who want to stop smoking.

This guide provides information about the campaign and outlines ideas about how you can get involved.



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What is No Smoking Day?

No Smoking Day started in 1984 as a health awareness campaign run by a coalition of health organisations. It became an independent charity in 1991, and in October 2011 merged with British Heart Foundation, creating opportunities to make the campaign bigger and better!

No Smoking Day helps smokers who want to stop smoking by providing access to the best and most appropriate support, information and advice available, and offers smokers an opportunity to give up in the company of millions of others.

The campaign is UK-wide and is held every year on the second Wednesday of March. The next No Smoking Day will be held on Wednesday 14 March 2012.



How No Smoking Day works

No Smoking Day aims to help smokers stop smoking by raising awareness, increasing motivation, and by encouraging smokers to stop on a specific date. In aid of the Day a network of local organisers run local events and activities in a supportive environment throughout the UK.

Aims of No Smoking Day

- 🦋 Encourage and assist smokers who want to quit
- 🦋 Create awareness of the campaign
- 🦋 Involve as many people as possible
- 🦋 Help achieve national and local health targets

The campaign messages

- 🦋 No Smoking Day is a good opportunity to quit
- 🦋 There are health and other benefits to stopping smoking
- 🦋 Smokers can get help when they want to quit

What is achieved?

About three quarters of UK smokers want to give up, and up to a million will try to quit on No Smoking Day each year. Research shows that every No Smoking Day up to 100,000 of these will stay smoke-free for good. Over the last 28 years we have helped more than a million smokers stop smoking for good.

The campaign generates fantastic coverage in national, regional and local media. In 2011 over 2,100 media mentions were generated and lots of these had information about the help available for smokers who want to stop, and about the benefits of quitting. The media coverage helps to generate awareness of the opportunity to quit and the chance to join in on the Day.



Using No Smoking Day in mental health settings

The No Smoking Day campaign is a great way to remind smokers of the benefits of stopping and the help available to quit. The Rethink Mental Illness fact sheet below explains some of the issues around smoking cessation and mental illness, and why it is important that people affected by mental illness are offered the right help and advice for a successful quit attempt. Below are some practical ideas to get you started:

- 🚩 Register for a free NSD information leaflet on nosmokingday.org.uk and use it along with this guide to generate ideas
- 🚩 Get best value from your NSD work by putting up the poster from the information pack in late January or February. This gives smokers time to prepare to quit
- 🚩 Download extra campaign images and fact sheets from nosmokingday.org.uk
- 🚩 Look at the whole range of No Smoking Day promotional materials and place an order via the website – lots of inexpensive goodies to use as giveaways!
- 🚩 Highlight the help and support you can offer quitters by creating a display in a prominent spot
- 🚩 Log onto nosmokingday.org.uk and register your NSD activities – that way we can tell the media and smokers about what's going on in their area
- 🚩 Wear a No Smoking Day t-shirt or badge to let people know you can help them to stop smoking
- 🚩 Offer carbon monoxide testing to smokers who are interested in stopping
- 🚩 If you can offer one-to-one advice on an ongoing basis, make sure your service users know this

Contact details

For more information about No Smoking Day contact the campaign office:

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British Heart Foundation
Greater London House
180 Hampstead Road
London
NW1 7AW

T: 020 7554 0142

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E: mail@nosmokingday.org.uk

W: www.nosmokingday.org.uk



Factsheet: Smoking and Mental Illness

Smoking can be seen as a part of everyday life - about 10 million adults in Great Britain smoke.ⁱ However, TV, radio and magazine advertisements remind us daily of the hazards of smoking. Smoking is linked with a third of all cancer deaths, and is the cause of around 90% of deaths from lung cancer.ⁱⁱ Legislation brought in across the UK now bans smoking in public places.^{iii,iv} The rate of smoking in people with mental illness is higher than that of the general population.

- More people with mental health problems smoke than in the general population.
- Certain methods of stopping smoking have been found to be effective for people with mental illness. These include advice, cognitive behavioural therapy (CBT) and nicotine replacement therapy such as patches or gum.
- It is important that people with mental illness who would like to stop smoking speak to their doctor. This is because some medications for mental illness can be affected when smoking is stopped, so dosages may need to be changed.



Why do people with severe mental illness smoke?

The rate of smoking among those with mental illness is around two to three times higher than that of the general population. In those with schizophrenia, it is 70% or higher. The rate is 40-50% in those with depressive or anxiety disorders.^v

There are several theories why people with mental illness smoke -

Association of cigarette smoking and mental health problems with deprivation

Smoking is most common in the most deprived groups.^{vi} It is also true that mental health problems are more common in the most deprived groups.^{vii} Researchers suggest that people with mental health problems smoke in a similar way to other deprived groups, such as a way of coping with the stresses of their everyday lives.^{viii}

Smoking reduces stress

Smokers often report that smoking helps to relieve feelings of anxiety and stress. However, smokers show higher levels of stress in their lives than non-smokers. The stress reducing properties of nicotine that many people describe experiencing are not as clear cut as it seems. Once someone is addicted to nicotine, when their nicotine levels start to drop they begin to crave a cigarette. This craving makes the smoker feel stressed. The relief felt when this craving is finally satisfied is the feeling that smokers commonly mistake as 'relaxing'.^{ix}

The relationship between smoking and the environment^{x,xi,xii}

Rates of smoking are higher in people who live in institutions than those with similar illnesses living at home. Researchers suggest that high rates of smoking in psychiatric institutions and hospitals may reflect lax smoking policies. Patients felt that smoking was something they could control in an otherwise uncontrollable environment. Another suggestion was that smoking was reinforced by people and places in their environment. Patients described peer pressure to smoke when in hospital, and staff were reluctant to talk about stopping smoking when they saw it as one of the few pleasures that people with severe mental illness have.

Smoking may contribute to mental illness

There is some evidence that smoking may affect the body to increase vulnerability to some mental health disorders. There is some indication from this research that smoking may cause an increase in anxiety.^{xiii} Smoking may also intensify some of the symptoms of schizophrenia. Some research has found that people with schizophrenia who smoke have more positive symptoms than those who do not smoke.^{xiv}

Nicotine as a form of self-medication

The use of nicotine as a form of self-medication is consistent with several studies which show that smoking can reduce some of the positive and negative symptoms of psychotic



illness and may also help reduce some of the side effects of antipsychotics.^{xv,xvi} Some research has found that nicotine can improve cognitive functioning in schizophrenia^{xvii}. However, smoking would not be recommended as treatment for any condition, given what we know about its negative and harmful effects on physical health.

Difficulties in stopping smoking and withdrawal effects

Some may worry that the withdrawal effects of stopping smoking, such as irritability and restlessness, could worsen mental health symptoms. Some studies have found that those with a history of conditions such as severe anxiety or depression could be at increased risk of mental health complications after stopping smoking or of suffering withdrawal symptoms for longer.^{xviii,xix} However, a study looking into psychosis found that stopping smoking did not worsen symptoms of mental illness.^{xx}

What people with mental illness need to know about stopping smoking

Around half of people with mental illness who smoke express a desire to quit.^{xxi} Stopping smoking is not easy. Tobacco is an addictive substance and can be physically hard to stop as well as psychologically difficult. However, there are different options open to someone if they want to stop smoking. Here are a number of ways of stopping smoking that have proved effective with people with mental illness.

Brief opportunistic advice to quit for smokers with mental health problems

Brief advice from health professionals encourages all smokers to stop smoking and informs them of effective treatments. It does seem that simple advice can have an effect on people stopping smoking, although relatively small. Brief advice can increase the quitting rate by 1-3%, compared to people who receive no help with stopping.^{xxii}

It seems that mental health professionals often miss the opportunity to offer advice about stopping smoking.^{xxiii} Research suggests that people with mental health problems who try to stop smoking have similar quitting rates as those without mental health problems.^{xxiv} It is important that health professionals who come into contact with smokers with mental health problems routinely ask about smoking and advise people to stop. Finally, it is better not to offer treatment for smoking when the mental illness is very active but to make a note in the patient's notes to look into stopping smoking, when the person's condition stabilises.

Cognitive and behavioural therapy for smokers with mental health problems

A study gave smokers with a history of major depressive disorder cognitive, behavioural smoking cessation treatment or cognitive behavioural smoking cessation treatment plus Cognitive Behavioural Therapy for depression. Both groups had high rates of smoking abstinence. However, it was found that heavy smokers with recurrent major depressive disorder were more likely to stop when given both treatments.^{xxv}



For more information on talking therapies such as Cognitive Behavioural Therapy, please see our factsheet Talking Treatments (psychological therapies). This is available from www.rethink.org/resources or by contacting the Rethink Advice & Information Service (contact details in Further Information section).

Group therapy and nicotine replacement therapy

Nicotine replacement therapy (NRT) includes nicotine gum or nicotine replacement patches. A study was carried out where smokers with schizophrenia were put into two groups. They were either given standard group therapy for smoking cessation and nicotine patches, or specialised group therapy for smokers with schizophrenia and patches. The researchers concluded that the effects of the nicotine patch were modest, and there was no difference between the two sorts of therapy. However, they did find that the rate of quitting was significantly higher with nicotine patches when the smokers were taking atypical antipsychotics versus typical antipsychotics.^{xxvi}

Other research has found that long-term NRT (patches) for smokers with schizophrenia produced lower smoking relapse rates than the group who were given a placebo.^{xxvii}

Bupropion

Bupropion is licensed as an antidepressant in the USA and for smoking cessation in the USA and UK.^{xxviii} NICE guidance recommends bupropion for people who want to stop smoking.^{xxix} It recommends that it should normally be prescribed for people who make a commitment to stop smoking by a particular date. However, bupropion may be unsuitable for people taking certain medications for mental illness.^{xxx}

Smoking and UK psychiatric institutions

Since 1 July 2008, the smoking ban in public places now applies to psychiatric hospitals throughout the UK^{xxxi}. Trust policies vary, but hospitals may provide secure outdoor areas to smoke.

Stopping smoking and medication

It is important that people taking certain drugs for psychiatric conditions talk to their GP and/or psychiatrist if they want to stop smoking. This is because smoking can reduce the levels of some medications in the plasma of the blood. This means that higher doses may be needed for smokers than non-smokers. When they stop smoking, the levels of the drug in the blood can rise significantly. This means that they would then need lower doses. As many people who give up smoking may restart, this makes this process more complicated. Close monitoring is needed.^{xxxii}



Further information

Action on Smoking and Health UK (ASH) is a public health charity aimed at reducing and eventually eliminating health problems caused by tobacco. There is a wealth of information and includes a fact sheet on smoking and mental illness and an analysis of the research on smoking and mental illness. Much of the information provided has been used to produce this factsheet.



Action on Smoking and Health
First Floor
144-145 Shoreditch High Street
London E1 6JE
Tel - 0207 739 5902
Email - enquiries@ash.org.uk

Web - www.ash.org.uk

NHS Smokefree provides online resources for advice, information and support from the NHS.

Tel - 0800 022 4 332 Open 9am-8pm Monday to Friday, 11am to 5pm Saturday and Sunday
Web - <http://smokefree.nhs.uk/>

Quit has an information resource and smoking helpline '**Quitline**'

Tel - 0800 00 22 00 Open 9am-9pm every day
Web - www.quit.org.uk Email - stopsmoking@quit.org.uk

Quit also runs **Quitline in other languages** on specific days from 1-9pm -

Bengali	0800 00 22 44	Monday
Gujarati	0800 00 22 55	Tuesdays
Hindi	0800 00 22 66	Wednesday
Punjabi	0800 00 22 77	Thursday
Urdu	0800 00 22 88	Sunday
Turkish and Kurdish	0800 00 22 99	Thursday and Sunday 1-9pm



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