

The Challenges of Mental Illness and Tobacco Cessation

by Stacey Zelenetz, LCSW, LCADC

Every Tuesday morning at 11 AM, our group of clients who suffer from mental illness and want to “quit smoking and stay stopped” meet here at the Tobacco Dependence Program Clinic in New Brunswick. Of the 7 to 10 people that regularly attend, their psychiatric diagnoses range from mood disorders such as Major Depression and Bipolar Disorder to Schizoaffective Disorder and Schizophrenia. But they all share a common “Tobacco Dependence” diagnosis that isn’t noted often enough in psychiatric charts. This is an ongoing group; our member with the longest time quit is one year and 8 months at the time of writing. The other members are anywhere from “still cutting down, hoping to get to zero cigarettes a day” to 4 days smoke-free, 14 days smoke-free, 30 days smoke-free, 2 months smoke-free and 7.5 months smoke-free. The group discusses all the typical subjects one would expect any group of people struggling with an addiction to talk about; struggles with triggers, how to manage stress without using tobacco, weight management, gratitude for being abstinent, staying positive, distracting the mind from the craving. The group also discusses mental illness and the interaction between having a mental illness and being dependent on a substance, often in a treatment community that has a “culture of smoking”. Many members chime in when one laments the day he started smoking, not the usual “beginning with teenagers to be cool, popular or glamorous”, but starting during his first psychiatric hospital stay after his first psychotic break at age 21. “An older patient showed me how to smoke, and how to inhale deeply to get the most out of it. And then, if you wanted to get off the locked unit, you had to smoke to be able to go out for a smoke break.” Now, he complains of “being the only one in the group home who doesn’t smoke because I am trying to quit. They are not supposed to smoke inside of the home, but they do and I have a hard time keeping away from it”.



As sufferers of mental illness, these folks are no strangers to feeling stigmatized in society. They are quite aware that people “look at them funny”, hesitate to shake their hands and want to have little contact with them. There is a double-whammy, however, when they are seen as “less than”, or of a “weak character” for smoking in addition to their mental illness. Sometimes this tie binds them even “closer to smoking” because it’s “something we all do together”. And of course, they are correct. Smoking rates in the mentally ill population are 2 to 4 times higher than the general public. Those who are quitting complain about the “culture of smoking” among consumers of mental illness services and how smoking is accepted in treatment facilities, group homes and residences. One complains that “my psychiatrist tells me that it may be too hard for me to quit smoking because of my mental illness, but that’s just not true, I know I can do this, I wasn’t born smoking”. Another reports that he sees one of the psychiatrists at his Partial Hospitalization Program smoking with the patients in the smoking area. He shares that, “When he tells me that maybe it’s too hard for me to quit because of my mental illness I don’t know if it’s a doctor or a smoker I’m talking to. I don’t know if I should believe him.”

Tobacco dependence remains quite devalued as a problem in patients who suffer from mental illness. However, the American Psychiatric Association Practice Guidelines for Treatment of Patients with Nicotine Dependence from 1996 stated that psychiatrists “should treat tobacco dependence in patients who smoke and are being seen for a psychiatric disorder, smokers who have failed initial treatments for smoking cessation and need more intensive treatments and psychiatric patients who smoke and are temporarily confined to smoke-free wards”.

So, if you know people who suffer from mental illness and are trying to quit or to stay quit, remind them that they are not condemned to smoke, and refer them to our group!