Nicotine Addiction Fact Sheet

Nicotine addiction is complex with unique physical, behavioral and emotional components for people living with mental illnesses. Each of these areas must be addressed as part of addiction treatment.

**Physical:** Nicotine can enter the brain within 10 seconds of inhaling tobacco smoke. Individuals with schizophrenia have higher blood nicotine levels than others after just one cigarette due to the way they smoke (e.g., rapid puffs).

**Social:** Treatment programming for mental illnesses often brings people together in situations that normalize tobacco use (e.g., smoking with staff and peers).

**Emotional:** Symptoms of mental illnesses bring on different stressors and emotions that lead many to turn to smoking as a coping strategy.

Individuals living with mental illnesses often smoke more heavily and are more dependent on nicotine.

**Burden:** Due to this strong dependence on nicotine, people with mental illnesses often experience stronger withdrawal symptoms and have a harder time quitting.

**Norms:** Treatment settings often reinforce nicotine addiction by offering cigarettes as a reward and supporting smoking as a coping strategy.

**Treatment:** The majority of substance use facilities DO NOT treat this addiction and allow patients to smoke during treatment.

Sources:
- Centers for Disease Control and Prevention MMWR 2016

For more information on NAMI MN visit us at: [www.namihelps.org](http://www.namihelps.org)

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