

**June 2011 Guest Column**  
**Smoking prevalence within the mental health community**

Smoking is a unique hazard in our society, and there are few activities regularly practiced in public as harmful as smoking. Last year our state took a huge step in the direction of public health when Michigan became smoke free. Today we are able to enjoy the benefits of working in clean, smoke free air without the risk of inhaling dangerous carcinogens from second-hand smoke.

While we applaud that the Dr. Ron Davis Smoke-Free Air Law prohibits smoking in workplaces, bars and restaurants, we still need to address the high rate of smoking within the mental health community. While statistics for the state show the smoking rate around 22 percent of the population, the smoking prevalence is significantly higher in people with mental illness-more than double that of state residents.

According to the Michigan Department of Community Health (MDCH), people with mental illness die an average of 25 years younger than the general population, largely due to conditions caused or worsened by smoking. There are many explanations as to why there is a high rate of smoking within the mental health community.

Some of the explanations follow:

**Trauma:** In some studies, smokers were more likely to have a history of childhood trauma, which may link to adult depression. Therefore, the initial trauma could be the risk factor for nicotine dependence.

**Genetic basis:** shared genetic factors have been identified for nicotine dependence and for depression. Genetic factors likely contribute to the development of schizophrenia and may contribute to the development of nicotine dependence.

**Psychological factors:** smokers with many psychiatric disorders report that smoking reduces their psychiatric symptoms. These smokers are more likely to have higher nicotine dependence levels, have a current history of depression, ADHD, or alcohol dependence.

**Social factors:** limited education, poverty, unemployment, peers and the mental health treatment system where tobacco use is generally tolerated and not seen as a health issue may also account for heavier smoking in this population.

A recent study also suggests that breathing secondhand smoke could increase a child's risk of mental and behavioral disorders, including attention-deficit/hyperactivity disorder (ADHD).

In the mental health community, we stress the importance of treating mental health as important as physical health. Both areas are important to keep the whole body and mind healthy and productive. So it's equally important that we help those with mental illnesses keep their bodies in good shape, and that includes quitting smoking.

The good news is that there is plenty of support and help for those who want to quit smoking – it's never too late! There are more effective ways to help people quit than ever before. The MDCH Tobacco Quitline, 1-(800) 784-8669, continues to provide free telephone coaching for the uninsured and those with Medicaid and Medicare, and free nicotine replacement medications for those who qualify. Information on quitting smoking and a free printable Michigan Smoker's Quit Kit are available through MDCH by visiting: [www.michigan.gov/tobacco](http://www.michigan.gov/tobacco).