



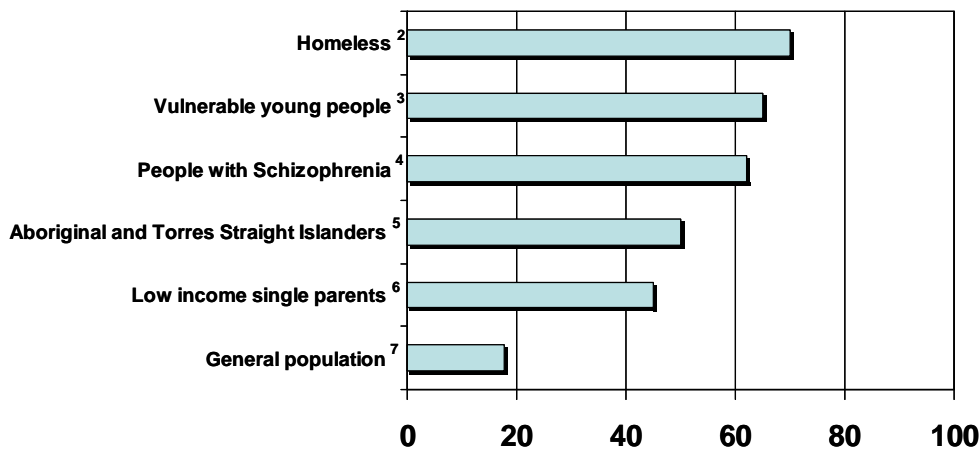
Information Sheet

The relationship between smoking and disadvantage and what community services can do

There is a relationship between smoking and disadvantage. Social deprivation contributes to and reinforces smoking and smoking intensifies disadvantage. Breaking this cycle should be a priority. Community services have much to contribute to this effort.

How disadvantage contributes to smoking

People in lower socio-economic positions have higher smoking rates than better off people. Groups facing multiple disadvantages have the highest smoking rates of all ¹.



■ **Current Smoking Percentage Rates by Group**

Very disadvantaged people are more likely to: start smoking; smoke more heavily and; smoke for longer (more years) ⁸.

Why is this so? There are two main reasons:

1. Smoking is common in very disadvantaged groups and communities: Growing up with and being surrounded by smoker's means that people are more likely take up smoking ⁹. Community norms also reinforce smoking.

2. Smoking plays an important role in disadvantage people's lives: Qualitative research reveals smoking is a means of coping with, and respite from, difficult and stressful circumstances ¹⁰.

- The constant struggle to get by on a limited income
- The difficulties of living in an unsafe and poorly resourced neighbourhood
- The strain of caring for children, especially as a single parent
- Having very limited opportunities for respite and recreation

In these circumstances smoking provides an attainable and affordable pleasure; a diversion from monotonous routine and relief from boredom. Borrowing and lending tobacco or jointly buying cigarettes is a means of sharing. This helps strengthen links and a sense of solidarity among people who may feel isolated from the wider community. Disadvantaged people are aware of the health and financial impacts of smoking but the immediate comfort and relief smoking provides overrides these concerns.

These factors mean that people in disadvantaged groups and communities are: less likely to quit smoking and; more likely to relapse if they do quit ¹¹.

How smoking reinforces and increases disadvantage

There is growing evidence that smoking reinforces and intensifies disadvantage:

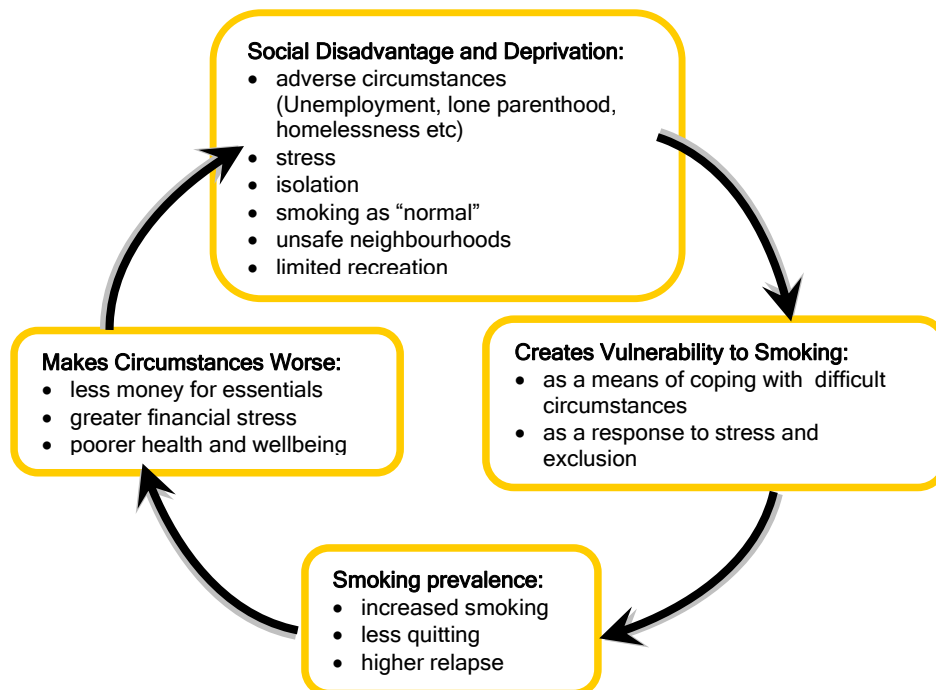
- Disadvantaged smokers spend a greater amount and proportion of income on cigarettes than other smokers ⁸
- Spending on cigarettes means less money for essentials like food, clothing, housing ¹²
- Smokers have more illness and disability which reduces employment opportunities and income ¹²

Research shows that:

- ❖ Smoking increases financial stress and deprivation:
 - Smokers are twice as likely as non smokers to report severe stress- going without meals or being unable to heat the home ¹³
 - 42% of low income smokers reported spending money on cigarettes rather than on essentials like food ¹²
- ❖ Giving up smoking reduces financial stress and improves standard of living ¹⁴:
Those who quit report less financial hardship and greater wellbeing compared to continuing smokers

The relationship between smoking and disadvantage is represented below:

THE VICIOUS CYCLE OF SMOKING AND DISADVANTAGE



What can be done about smoking and disadvantage?

Reducing smoking in disadvantaged communities is a challenging issue. It requires attention to both physical dependence and the social context of smoking. It means finding alternative ways to deliver the benefits that are currently attributed to smoking.

While the issue of smoking can be complex we also know that:

- 80% of smokers have tried to quit¹⁵
- 90% regret taking up smoking^{16, 17}
- 50% of smokers in NSW expressed an interest in quitting in the next six months¹⁸
- Disadvantaged smokers are less commonly asked about their smoking or offered assistance to stop smoking¹⁹

There is clearly a need to for greater efforts to prevent the uptake of smoking among vulnerable groups and more active support to assist disadvantaged people to quit smoking.

Community service organisations can assist by¹⁰:

1. Continuing advocacy to improve people's social conditions- their employment, housing, education, safety and leisure options. This will reduce hardship and the need for smoking as a coping mechanism, in the longer term²⁰.
2. Having service environments and organisational policies that support people being smoke free and reduce the exposure of clients, staff and volunteers to tobacco smoke as far as possible.
3. Incorporating concern about smoking and practical assistance to help people quit into community services; in other words make smoking care part of usual care.

This will mean things like:

- Asking people about their smoking and their interest in quitting
- Referring them to expert help when needed e.g. Quitline (13 Quit)
- Encouraging and supporting them to quit as part of ongoing casework.

Some community service organisations may be able to do more, such as training staff in smoking care or offering more intensive quit smoking support to clients.

Community service organisations are well placed to take action on all these levels. Doing so will help break the cycle between smoking and disadvantage. It will provide immediate benefits to clients as well as substantially improve their health and material wellbeing in the longer term.

For more information go to:

Cancer Council NSW, Tackling Tobacco Program
<http://www.cancercouncil.com.au/tacklingtobacco>

The Association of Children's Welfare Agencies, Smoking Matters Project
<http://www.acwa.asn.au/smokingmatters/index.php>

For confidential telephone quit smoking advice and support for smokers and the families and friends of smokers call the Quitline13 Quit or visit <http://www.13quit.org.au/>

This information sheet was developed by Cancer Council NSW and ACWA/CCWT
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