

# Smoking, Mental Illness and Social Justice

*Spring 2006: View from the Peak*

Although smoking has declined over the past thirty years, smoking remains the biggest single cause of illness and preventable death in NSW. And it is disadvantaged and vulnerable groups, such as people with a mental illness, who are more likely to smoke and who bear a disproportionate share of the burden of suffering, sickness and death caused by smoking. Three aspects highlight smoking as a social justice issue: the prevalence of smoking; the impacts of smoking; and the question of choice.

## **Rates of smoking**

While overall smoking rates are around 20% they are much higher for the more disadvantaged. Smoking rates for the unemployed are nearly 30 percent and more than 45 percent for single parents. The general smoking rate for Aboriginal people is around 50 percent. High, those these rates are, they are much higher for people with a mental illness.

Smoking among all people with mental illness is estimated to be 70-80 percent and up to a staggering 90 percent for people with schizophrenia. In addition, people with a mental illness smoke more heavily than other groups. In the US the mentally ill are estimated to buy nearly half of all cigarettes sold. There is also evidence that tobacco companies deliberately exploit vulnerable groups, including people with a mental illness, with strategies to introduce them to, or maintain, their smoking.

## **Impacts of smoking**

Each year in Australia around 19 000 people die of smoking related causes. Long-term adult smokers lose an average of 13-14 years of life. Smoking is a leading cause of chronic diseases such as cancer (of the lung, esophageus, bladder and kidney), heart disease, stroke and cardiovascular disease. It also increases the risk of vision and hearing loss, reduced fertility and impotence. All this produces enormous pain and suffering to individuals and families through death or the erosion of quality of life.

Smoking also exacts a heavy financial toll. It contributes to poverty by channelling scarce income into tobacco. It limits funds for essentials such as food, clothes and housing. In Australian research, households that smoke are three times more likely to report deprivations like "going without meals" or "being unable to heat the home" than non-smoking households.

## **The question of choice**

Some argue that smoking is a matter of personal choice. But we recognise that many factors affect a persons' capacity to make an informed and free choice. The vast majority of Australian smokers (90%) began smoking as teenagers and so were unlikely to be fully aware of the consequences of smoking at the time. We know that nicotine is powerfully addictive- as addictive as heroin. The fact that nearly 80% of smokers have tried to quit but have been unsuccessful demonstrates the strength of the dependence that smoking induces. The easy availability of tobacco and having friends or family around you who smoke also effects smoking behaviour and the chances of quitting.

For the mentally ill, the situation is even more problematic. The interactions between smoking and mental illness are complex and we need to know more about them. Nicotine is thought to provide relief for some psychiatric symptoms and this can cause uncertainty or ambivalence about quitting. Some social service workers, understandably, may feel that smoking is a minor matter, especially when compared with homelessness, violence or chronic mental illness, not withholding the fact that its long-term effects can be at least as severe. They may also assume that their service users are not concerned about their smoking or motivated to stop. Despite all these circumstances there is consistent evidence that those with a mental illness are as interested in quitting as other people. For example, the Tobacco and Mental Illness project in South Australia found nearly half (48%) of people interviewed worried about their smoking and wanted help to stop.

### **Tobacco Control and Social Equity Strategy**

The Cancer Council NSW believes that smoking represents a fundamental social justice issue. We believe it is unfair for those who are already vulnerable to bear the additional burden of disease, suffering and death from tobacco. Consequently we have developed a new initiative, the Tobacco Control and Social Equity Strategy, aimed at reducing smoking related harm amongst disadvantaged groups in NSW.

### **What is the Strategy and How Will it Work?**

The focus of the Strategy is to work with community service agencies, such as the Mental Health Coordinating Council and its members, to address the problems of tobacco amongst our most vulnerable citizens. The Strategy will have different elements including: building awareness and understanding of smoking risks; developing case work tools and resources to assist people to quit smoking; trialling smoking cessation projects; changing social environments to make it easier for people to resist smoking, and; influencing legislation and policy that effects smoking e.g. affordability of Nicotine Replacement Therapy. The Cancer Council NSW is also commissioning a literature review to better understand the interactions between smoking, medications and mental illness so these issues can be well addressed in the Strategy.

As an early step we are planning to hold a workshop in cooperation with the MHCC as part of their "Count me in" Conference in March next year to outline the Strategy and hear feedback from the sector. This will help determine potential pitfalls as well as what sort of approaches and resources will be most useful to assist workers and services to address the issue of tobacco and better support service users who want to quit smoking.

**If you would like to know more about the Tobacco Control and Social Equity Strategy please contact Jon O'Brien at The NSW Cancer Council on (02) 9334 1848 or E-mail [jonb@nswcc.org.au](mailto:jonb@nswcc.org.au)**