

Smoking reduction strategy for disadvantaged

August 2006 - View from the Peak

Most of us would say we are aware of the health impact of smoking - we've seen the posters and watched the ads. And many may think that smoking is a personal issue. But as we understand more about the relationship between smoking and disadvantage it becomes clear that this is a fundamental social justice issue.

Over the next five years, the Cancer Council NSW will work with community service agencies to address the problems of tobacco amongst our most vulnerable citizens. The Strategy will build awareness and understanding of smoking risks, develop tools to assist people to quit smoking, change social environments to make it easier for people to resist smoking, and influence legislation and policy that effects smoking e.g. affordability of Nicotine Replacement Therapy.

Although smoking has declined over the past thirty years, smoking remains the leading cause of illness and death in NSW. And it is disadvantaged and vulnerable groups, such as people with mental illness, who are more likely to smoke and who bear a disproportionate share of the burden of suffering, sickness and premature 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 can be as high as 80 percent in some communities. Smoking among all people with mental illness is estimated to be a staggering 70-80 percent and up to 90 percent for people with schizophrenia. In addition, people with a mental illness smoke more heavily than other groups.

Impacts of smoking

Each year in NSW nearly 7000 people die of smoking related causes, and adults who smoke 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. All this produces immense emotional 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. Low-income households that smoke spend 18% of their income on tobacco compared to 3% in the top income households.

The question of choice

Some argue that smoking is a matter of personal choice. The Cancer Council recognises 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. The fact that nearly 80% of smokers have tried to quit but have been unsuccessful demonstrates the strength of the addiction. The easy availability of tobacco and having people around you smoke also effects smoking behaviour. There is also evidence that tobacco companies deliberately target socio-economically disadvantaged groups with strategies to introduce them to or maintain their smoking.

For these reasons the Cancer Council NSW believes that smoking represents a fundamental social justice issue and believe it is unfair and unjust for those who are already disadvantaged to bear the additional burden of disease, suffering and death from tobacco use. Consequently they have adopted this new strategy to reduce smoking amongst disadvantaged groups in NSW.

If you would like to know more about the Tobacco Control and Social Equity Strategy please contact Jon O'Brien on (02) 9334 1848 or E-mail jonb@nswcc.org.au