

LIFTING THE BURDEN CANCER COUNCIL LAUNCH

Reverend Harry Herbert, Executive Director

30 October 2006

Ladies and Gentlemen,

I am very pleased to be here today and to lend my support to this important initiative by the Cancer Council.

I doubt many of us have thought about tobacco smoking as a social justice issue, and yet, when we stop to think about it, it is clear that this is the case. People who work in the community services sector are rightly concerned about human rights issues and are keen to see that their clients are being treated in the same way as everyone else and are able to exercise the same freedoms as everyone else. And so smoking has been seen from the perspective of a lifestyle choice, a freedom for the individual to exercise.

However, when we see smoking from a health social justice perspective, we start to think of it differently, and we start to see that the clients of our community services are more often than not the victims of a tobacco industry

which is preying upon people's weaknesses to line its own pockets.

Earlier this year I attended a farewell function for a chaplain who had worked for many years in the mental health system. A hospital administrator, who spoke at the farewell, said that the chaplain had stuck up for the patients when the difficult issue of banning smoking had been raised within the hospital. We all know what he meant. However, what wasn't said was that we were encouraging people in a practice which has serious proven negative impacts on their health.

Although Australia has a very good record in reducing the level of tobacco smoking in our community, fourth behind the United States, Canada, and Sweden, we now see that we have entrenched tobacco smoking practices among the most disadvantaged people in our community, and is a very significant part of the reason why most disadvantaged groups still have poorer health outcomes than the rest of the community.

While smoking rates for the general population have declined to around 21%, they are still 30% for unemployed people, and 45% for single parents. And smoking among

people with mental illness is estimated to be as high as 80% and up to 90% for people with schizophrenia. We are not helping our clients when we continue to regard smoking as nothing more than a matter of personal choice.

This is not an issue that we need to be moralistic about. If we slip back into that, our clients are not going to understand the issue. What the community services sector needs to do is to help clients understand the health issues around tobacco smoking and we need to be in a position to help them address their nicotine addiction. We do need to accept that tobacco products are powerfully addictive, so more than a few encouraging remarks will be necessary. We need to be able to refer them to services such as the Quit Line, so that they can get the help they need. We probably need a process whereby low income people can access nicotine patches. All of which will, of course, be very cost effective in the long run because health economists have shown that the money spent on getting people to stop smoking is an extremely efficient use of resources.

Also, of course, we know that public expenditure on programs to reduce tobacco smoking is only a very small

percentage of the total revenue reaped by Governments from taxes on tobacco products.

A focus on encouraging people to give up smoking can have a number of aspects in community service organisations. For instance, policies and practices about where staff and clients can smoke need to be reviewed. Programs to help staff stop smoking themselves can have an important flow on effect on clients. Although many community services would say that they are concerned, some directly and some indirectly, about the health of their clients, the smoking issue is sometimes overlooked. Helping clients take control of their smoking practices and helping them to stop smoking can be a very empowering experience for clients and can lead on to other benefits for them. None of this would, of course, be either compulsory or exercised in any way which would have a negative impact on relations with clients. Being concerned about another person's health is something positive. If we recognise that there is more involved than a simple personal choice and that there are powerful addictive forces then much could be done.

I believe that the key is quite simply to focus on smoking as a health issue and to understand it as a matter of social

justice. We should be concerned about the gap in health outcomes between those who are better off in our community and those who are more disadvantaged. That is a critical social justice issue.

What we need is for community service organisations to adopt a new mindset on this issue and to put it up higher on the list of priorities with their clients. This is not an issue of taste, or personal preference, or personal morality. It is an issue of social justice and when we start to think and act in those terms, much can be done.