

TASKFORCESUBMISSION: submission

NAME: Maxie Ashton

POSITION: Project Manager

ORGANISATION: Tobacco and Mental Illness Project

SUBMISSION1: I am involved in the Tobacco and Mental Illness Project in South Australia. This project started in 1998 and has been involved in:-
1. Raising awareness through brochures, booklets developed specifically for people with mental illness, training, conferences and journals and newsletter articles.
2. Policy and practice change in mental health services.
3. Smoking cessation/reduction programs, which have involved over 700 people with mental illness so far.

I am pleased to hear about the Taskforce and I am keen to be involved in further consultation. I am also pleased to read the paper and I support most of the recommendations however I feel that people with mental illness have been over looked to some extent given the size of the problem and the needs of this group.

People with mental illness are now a significant percentage of the smokers, with many studies suggesting between 35%, 38.8% and 40.6% of smokers are living with a mental illness. (ABS 1997, SANE Aust 2007, Lasser 2001) Studies have also found; 33%, 42%, 44% of the cigarettes smoked are smoked by people with mental illness (Tobias NZ; SANE Aust; Lasser US) These figures are serious and warrant more consideration and a range of strategies.

I am concerned about the overall target of 14%. Whilst this sounds very exciting and 'wouldn't it be great' these targets only serve to focus attention to those who need very little help eg. only smoke a few, are employed, have money etc. Many of these people do not need public money to be spent on helping them to quit, they have many resources and can do it themselves. Attention is drawn away from those who have complex needs, eg are unemployed, low income, have mental illness, intellectual difficulties, non english speaking, chronic health issues etc etc. These people need public money to be spent on specific services that reach out to them and meet their special needs.

Increasing the price of cigarettes has been shown to be an effective strategy for the population overall but for people who have these complex issues and are highly addicted it can simply add to their poverty.

Many of the people I have worked with, regularly run out of smokes and \$\$ and as a result pick up butts, borrow from others, or go without food, bus fares, medication and other essentials.

The proposal suggests using this increased revenue to fund prevention activities for lower-socio economic groups. This is a great idea however the Govt has been collecting a lot of taxes from cigarettes over many years and very little has been used to fund programs specifically for disadvantaged people and in-particular people with mental illness.

It is proposed to tailor telephone call back services for all groups except people with mental illness, even though Quit Victoria tell us that 23% of the people phoning the Quitline tell them they have a mental illness.

The proposal suggests resources for professionals to assist smokers in psychiatric facilities. This ofcourse is a great idea but only a small % of people with mental illness live or spend time in psychiatric facilities, most live in the community and only see their GP, private psychiatrist or local mental health clinic, except when/if they are acutely unwell.

Subsidised NRT is a great idea however I think it needs to be targeted to those on low income support eg disability, unemployment etc. Many callers to the Quitline would not be low income.

From our experience in South Australia many people with mental illness are concerned about their tobacco use, they see the scary ads on TV and they are frightened by them, they know the impact cigarettes are having on their budget, and they want to address it. However it is often more difficult for them, they need more help. We have found that if people with mental illness are provided with good information and support many can quit or reduce their tobacco use.

PRIVACY: yes

SUBMIT: Submit