

TASKFORCESUBMISSION: submission

NAME: Mark Weston

POSITION: Peer Worker

ORGANISATION: Tobacco and Mental Illness Project

SUBMISSION1: Thankyou for the opportunity to comment on the Preventative Health Taskforce Papers.

I am very pleased that tobacco has been identified as one of the 3 key issues. As someone who lives with a mental illness and works with people with mental illness, I know first hand of the devastating impact tobacco can have on the health and quality of life of so many people.

Your goal to reduce smoking to around 9% is both heartfelt & courageous. However, in your report I was surprised to see little in the way of specific policy aimed directly at people with mental illness. People with mental illness make up 38% of all adult smokers & smoke over 42% of all cigarettes in Australia. (SANE Australia and Access Economics 2007)

I have a mental illness and I used to smoke, now I am smoke free and work as a peer worker helping others with mental illness to address their tobacco use.

In my own personal journey on quitting cigarettes, started after diagnosis (1987) when I was living on disability support pension, smoking 60 cigarettes a day, working part time to feed my habit. I wasn't really well enough to work at all & my lifestyle & quality of life was very poor.

I used to wonder how I could ever quit cigarettes, & used to daydream that I would have a road accident & have to be taken to hospital, (where I could not smoke) & come out after treatment as a non smoker.

All my friends smoked so I thought there must be a good reason for this. As my health deteriorated, I finally plucked up the courage to quit. It took me seven attempts between three days & twenty one days, over a two year period to finally quit.

I cannot over emphasise what a burden off my shoulders & lifestyle change this was. My health improved, my finances improved, I could afford to eat meat, & go out socially. My self esteem improved, I had a "can do" attitude & more energy. The amazing thing though was an extra five hours every day that I used to smoke & drink coffee. These five hours could be utilised constructively with my extra money & energy.

I started off doing volunteer work which lead to paid work & ultimately, work with the Tobacco & Mental Illness Project.

When the project first began, we ran awareness sessions on smoking, & found over half the people with a mental illness, were concerned about their smoking, for the same reason as the general population namely health & cost.

People with mental illness have a few unique hurdles to overcome, such as depression, stress, boredom & general lack of confidence. They can quit if these factors are addressed, & hundreds have done so over the last ten years.

It's still brilliant to see someone who has quit, walk into a quit group with glowing health, knowing what a lifestyle enhancing option they have taken, & it never fails to make you feel privileged, to work in such a great job.

In my opinion, for people with mental illness, quitting is one of the most empowering, inspiring lifestyle enhancing choices they can make and one of the most important services we can offer people.

From my observations it's quite obvious that for people with mental illness, every increase in the retail price of cigarettes means they go without life's essentials & their smoking remains the same.

Cutting back on recreation & healthy food exacerbates their isolation & general poor health. Since there are over 1.25 million smokers with mental illness in Australia (SANE Australia and Access Economics 2007) & probably over half of them want to address their smoking, there is obviously not just a need but a huge neglected population, who want to quit and with appropriate support strategies, as well as appropriate funding, they can quit.

Mark Weston
Peer Worker
Tobacco and Mental Illness Project

PRIVACY: yes

SUBMIT: Submit