
Smoking and Financial Disadvantage

Mohammad Siahpush, PhD
VicHealth Research Fellow
Centre for Behavioural Research in Cancer
The Cancer Council Victoria



Outline of presentation

- I. Financial consequences of smoking cessation
- II. Smoking-induced deprivation
- III. Contribution of smoking to socio-economic health inequality

I. Financial consequences of cessation

- Half of long-term smokers die prematurely due to smoking. Smoking causes 19,000 deaths per year in Australia.
- Cessation leads to a substantial reduction in the risk of lung cancer and coronary heart disease.
- While health benefits of quitting is well-known, its financial consequences have not been studied.

Data

- Household Income and Labour Dynamics in Australia (HILDA)
- National representative sample
- Annual longitudinal survey of about 14,000 individuals
- Data from the first three years were used (2001-2003)

Financial stress index

- Could not pay electricity, gas or telephone bills
- Could not pay rent
- Pawned or sold something
- Went without meals
- Unable to heat home
- Asked for help from family/friend
- Asked for help from welfare organization
- Raise \$2000 for an emergency?

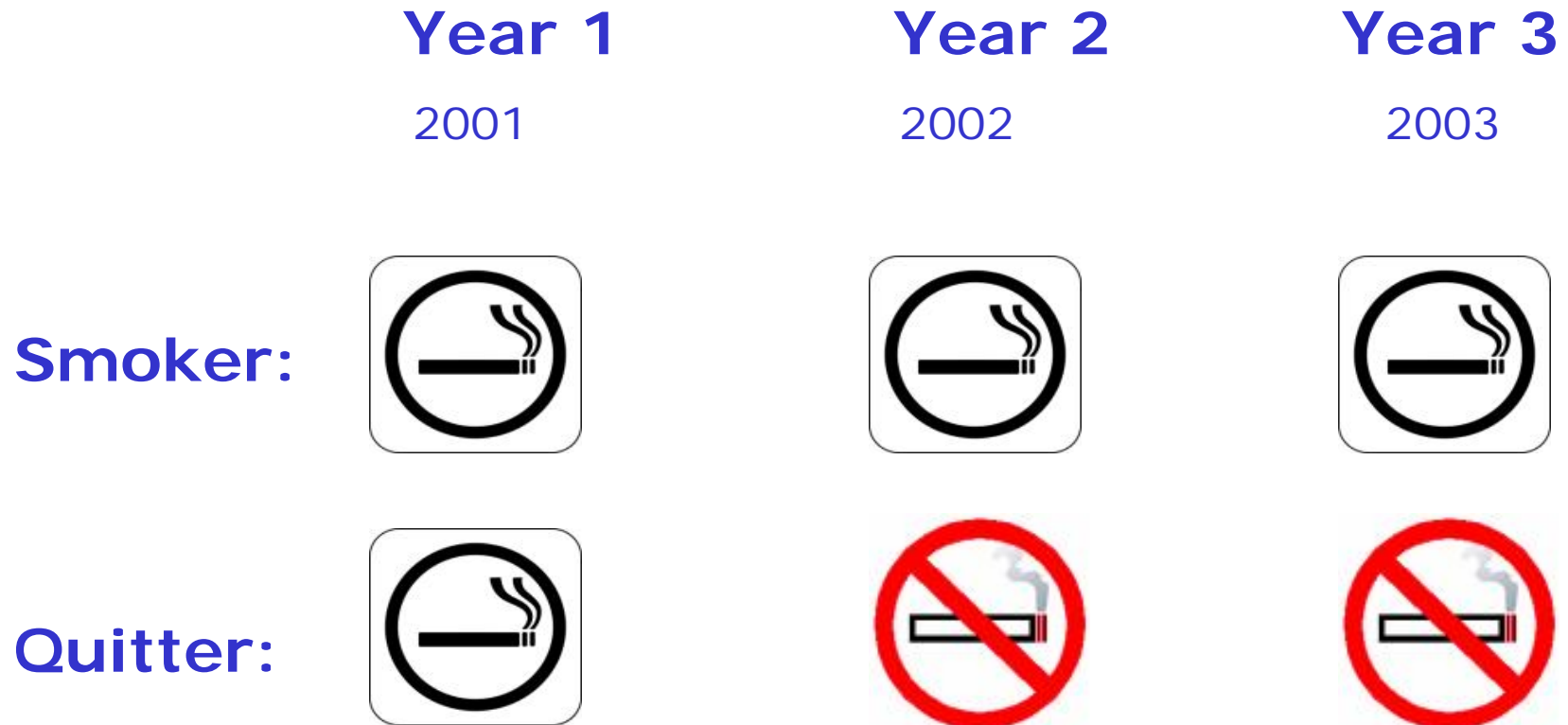
Measurement of material well-being

“Given your current needs and financial responsibilities, would you say that you and your family are:

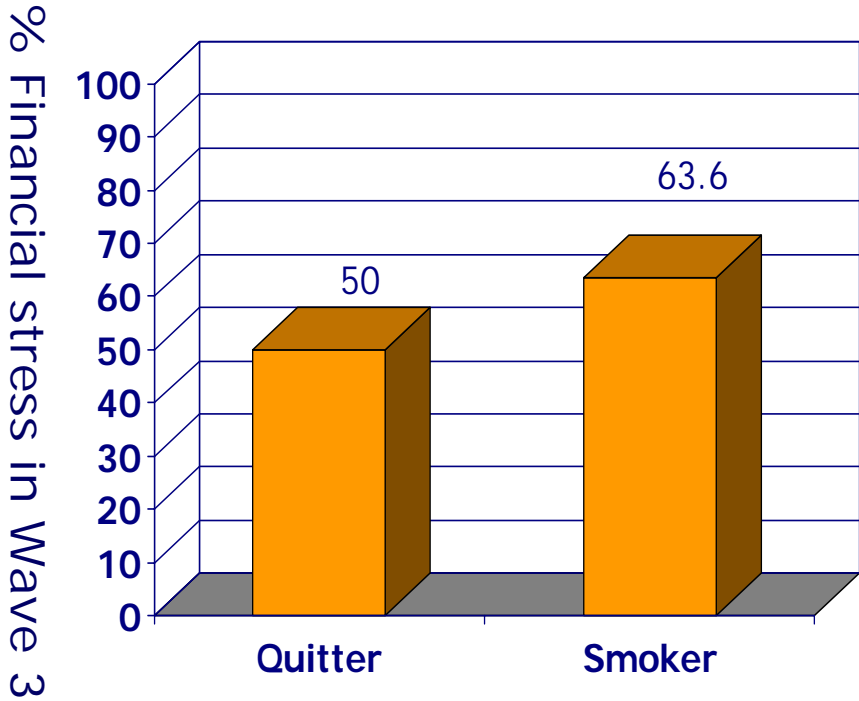
1. prosperous
2. very comfortable
3. reasonably comfortable
4. just getting along
5. poor
6. very poor”

Design of analysis

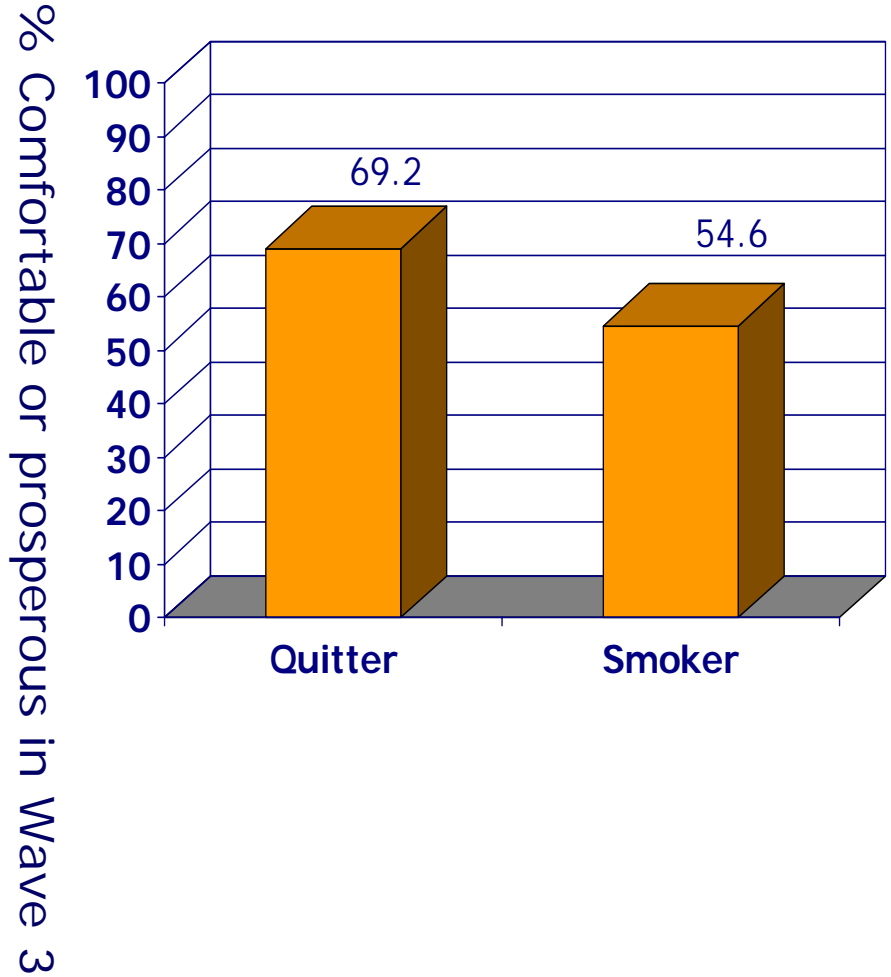
- Comparing two groups to indicate cessation:



Financial stress by smoking status



Material well-being by smoking status



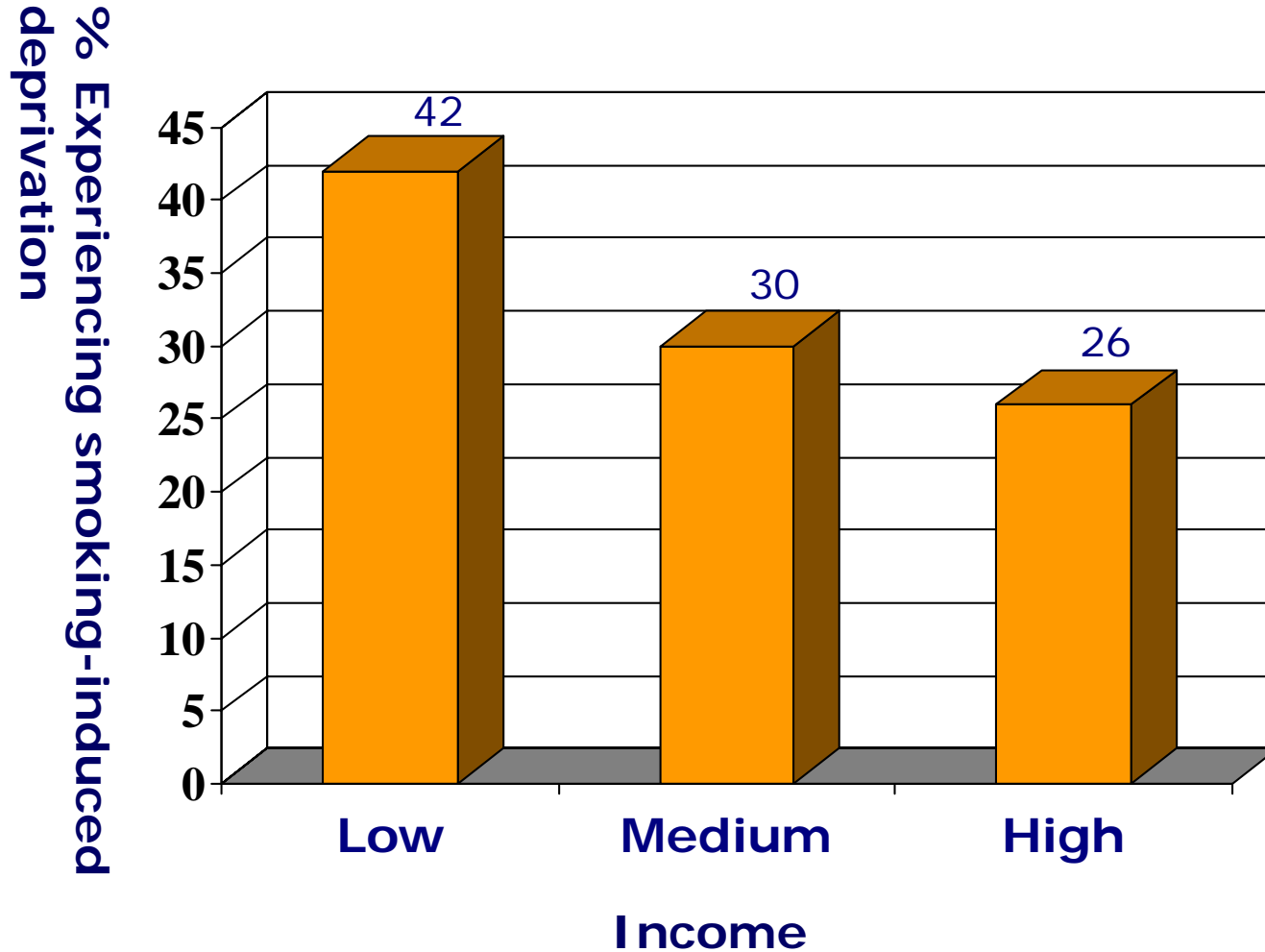
II. Smoking-induced deprivation*

- Data: Longitudinal data (n = 2000 in Australia) from International Tobacco Control Policy Evaluation survey (ITCPES)
- “In the past six months, have you spent money on cigarettes that you knew would be better spent on household essentials like food?”

33% said “yes”.

*Siahpush M, et al. In press. “Socio-demographic and psychosocial determinants of smoking induced deprivation”. Tobacco Control.

% Experiencing smoking-induced deprivation by income



Smoking-induced deprivation and quitting behaviour

- They are more likely to plan to quit and make a quit attempt.
- However, they are less likely to actually succeed in quitting, mainly because of psychological stress.
- Tobacco control strategies targeting disadvantaged smokers not only would benefit their health, but also would ameliorate financial stress and enhance material well-being.

Dissatisfaction with smoking

- In all likelihood disadvantaged smokers would welcome such strategies, because most are not happy about smoking and want to quit:

“If you had to do it over again, you would not have started smoking.”

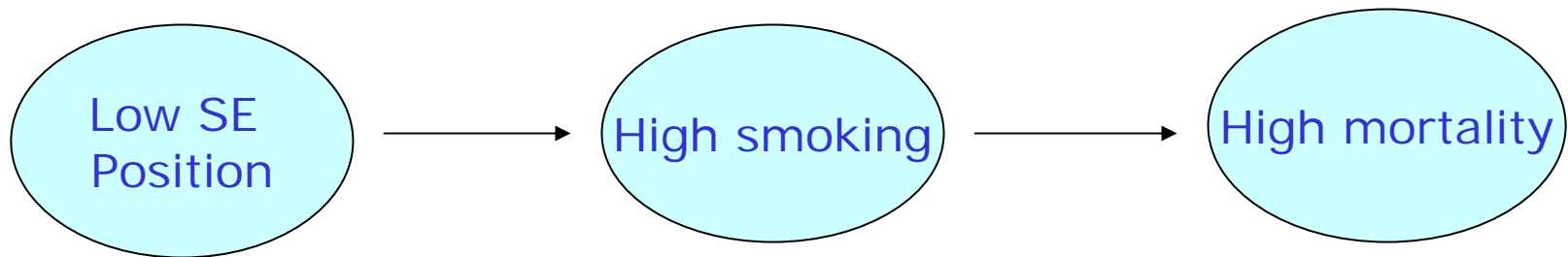
90% agreed.

“Are you planning to give up smoking?”

70% said “yes”.

III. Contribution of smoking to health inequality*

- Data: Melbourne Collaborative Cohort Study (MCCS); A cohort of 40,000 people, first interviewed in early 90's



- 36% of educational (or social class) differences in mortality in men is due to smoking.

* Siahpush M, et al. In Press. "The contribution of smoking to socio-economic differentials in mortality." *Journal of Epidemiology and Community Health*.

Overall conclusions

- Quitting curtails financial stress and promotes material wellbeing.
- Smoking can lead to deprivation; deprivation/stress is a barrier to successful cessation. Thus, deprived smokers are likely to be caught in a vicious circle of failure.
- Policies that target smoking among socially disadvantaged groups may substantially reduce social class health inequalities.

Collaborators and funding

- Ron Borland, The Cancer Council Victoria
- Hua-Hie Yong, The Cancer Council Victoria
- Matt Spittal, The Cancer Council Victoria
- Dallas English, University of Melbourne
- John Powles, University of Cambridge, UK
- Gopal K Singh, US Department of Health and Human Services

Victorian Health Promotion Foundation, the National Health and Medical Research Council, and grants R01 CA 100362 and P50 CA111236 (Roswell Park Transdisciplinary Tobacco Use Research Center) from the National Cancer Institute of the United States, Robert Wood Johnson Foundation (045734), Canadian Institutes of Health Research (57897), National Health and Medical Research Council of Australia (265903), Cancer Research UK (C312/A3726), Canadian Tobacco Control Research Initiative (014578), Centre for Behavioural Research and Program Evaluation, and National Cancer Institute of Canada/Canadian Cancer Society.