Smoking and social inequality

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High smoking prevalence is strongly associated with social disadvantage. The association is so strong that one can normally identify disadvantaged groups by simply observing their smoking prevalence.[1,2] In Australia, the prevalence of regular smoking is 30% among blue-collar workers and only 15% among professional workers. Tobacco expenditure (as a percentage of total household expenditure) for households in the first income quintile (lowest income group) is 62% more than that reported by households in the fifth quintile (highest income group). Among households that report tobacco expenditure, those headed by a person with no educational qualification spend 34% more on tobacco than those headed by a person with a university degree.[3]

Two highly disadvantaged groups in Australia are Aboriginal and Torres Strait Islanders (ATSI) and lone mothers. ATSI smoking prevalence, at 51%, is twice that of the overall population.[4] Smoking rates of up to 80% have been found among some Australian Indigenous communities.[5] Lone mothers comprise 17% of all families with dependent children and are the fastest-growing population group. It is estimated that 40-60% of lone parents live in poverty. This compares with 14% of all couples with children. Their smoking prevalence of 37% is more than twice that of mothers with partners.[6,7]

Financial stress and smoking

Cigarettes currently cost about 36 cents per stick.[8] Thus, a smoker who smokes 20 cigarettes a day would spend about $50 a week on tobacco. While this amount may be relatively trivial for someone with a high income, it is a considerable portion of total income for a person receiving welfare or the minimum wage.

The odds of experiencing severe financial stress (going without meals, being unable to heat the home, and seeking assistance from welfare organisations) are twice as large for smoking than non-smoking households.[9] The financial burden of smoking is also a consequence of its well-known adverse effects on health, which translate into higher household spending on medical services and a host of other financial costs, as described elsewhere.[10]

Contribution of smoking to inequality

The financial and health burden of smoking coupled with the fact that disadvantaged groups have markedly higher smoking prevalence suggests that smoking exacerbates social class differences in health and standards of living. A British study reported that, among men 35-69 years old, two-thirds of the difference in risk of death between the top and bottom social classes was caused by tobacco.[11] A study in New Zealand concluded that smoking mediates about one-third of the gradient in socio-economic status (measured by an area index of deprivation) in life expectancy.[12] Thus, policies that reduce prevalence in disadvantaged groups are likely to reduce social inequalities. Particularly effective are policies that are based on the social-contextual model, where the social context (e.g. organisational factors such as job conditions) is conceptualised to mediate the effect of socio-economic position on smoking cessation.[13] For example, worksite smoking cessation interventions that are integrated with occupational health and safety programs (such as programs to reduce hazardous occupational exposure) among blue-collar workers are likely to result in substantial increases in quit rates.[14]

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