



20 September 2021

Social Housing Regulation Review Secretariat
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Dear Secretariat

Quit is the peak tobacco control body in Victoria and drives the development and implementation of smoking cessation policy and programs in the state. Quit also develops, evaluates and delivers smoking cessation services, principally through the Quitline. Established under the Tobacco Act 1987 (Vic), VicHealth is a world first health promotion agency tasked with promoting the health of Victorians and preventing disease. Since inception VicHealth has worked to prevent the uptake of tobacco use and support people who smoke to quit by investing significantly in the work of Quit.

Quit and VicHealth have partnered with Homes Victoria to:

- Work with residents of public housing to understand how to tailor and provide smoking cessation support that is acceptable and accessible
- Use co-design principles to engage residents and identify culturally intelligent and inclusive health solutions, related to residents' use of tobacco, in public housing settings

While this work is ongoing, we are keen to offer a response to *Consultation Paper Two: Service delivery and the tenant experience* drawing upon our collective experience in tobacco control and insights gathered throughout the project thus far.

It is well known that there is a negative social gradient for smoking, where people from priority or vulnerable populations have a greater likelihood of smoking.ⁱ This can be seen with housing tenure; data collected in 2019 showed 11.9% of people in privately owned housing were current smokers, compared to 23.4% of people renting through a private landlord and 35.0% of people living in public housing.ⁱⁱ

Population groups that are often over-represented in social housing—including single parents, people experiencing homelessness or mental illness, and Aboriginal and Torres Strait Islander people—are also more likely to be current smokers.ⁱⁱⁱ

Consultation paper one: Background and scoping paper noted the changing composition of social housing, explaining that social housing is now 'tightly rationed', and 'targeted to those in greatest need', leading to a 'higher proportion of residents likely to be from vulnerable groups'.^{iv} In this context it is worth noting that smoking is more likely as the amount of disadvantages or challenges a person experiences increases. For instance, people living with psychotic disorders are more likely to be current smokers compared to people living with less severe forms of mental illness.^v People who are street homeless are also more likely to smoke than other people reporting homelessness.^{vi} This means that some communities of social housing residents are likely to report higher rates of smoking.

Smoking is highly likely to exacerbate the financial stress that residents of social housing already experience. Studies from across the globe have consistently found that smoking increases the risk and number of sick days in working populations.^{vii} While residents of public housing are more likely to be unemployed compared to the rest of the population, they are also more likely to be engaged in insecure forms of work for longer periods or underemployed.^{viii} These forms of work often lack protections such as sick leave, meaning that residents of social housing who smoke may also lose income due to smoking-related illness^{ix}, further compounding existing financial stresses.

The greater concentration of people who smoke in social housing can also mean that more children and non-smoking adults are exposed to secondhand smoke. Daily smoking within the home is considerably more likely among households in disadvantaged areas compared to their more affluent counterparts.^x Subsequently, children in Australia's poorest communities are more likely to be exposed to secondhand smoke within the home.^{xi} Exposure to secondhand smoke among non-smoking adults, children and infants is linked to a range of mild to severe respiratory symptoms and conditions. For adults it can cause coronary heart disease and lung cancer, and among infants and children it is a cause of sudden infant death syndrome, inner ear disease and lower-level lung function.^{xii xiii} This in turn is likely to further increase the health inequities between social housing residents and the broader community.

Two out of three people who smoke over the long term are likely to die from a smoking-related illness.^{xiv} People experiencing disadvantage are not only more likely to die from tobacco-related illness, but they are likely to do so sooner.^{xv xvi} The reduced life expectancy of Australians experiencing mental illness, for example, is due in part to greater tobacco related morbidity and mortality.^{xvii}

In a very real sense, this means that disadvantaged families experience more loss and bereavement, reduced levels of social connection and have reduced financial resources due to tobacco use.^{xviii}

This does not need to be the case. While people from population groups with a high prevalence of smoking often smoke more heavily, for longer and have more difficulty quitting, research has shown that their willingness to quit is the same as other people who smoke.^{xix xx} The key is delivering cessation support that is tailored to the circumstances and requirements of the person wanting to quit.

We are currently working to understand the tailored supports that people living in public housing might need to quit, and the other issues concerning smoking that residents have. However, we have provided some commentary on the issues raised in *Consultation Paper Two: Service delivery and the tenant experience* and made recommendations concerning how the regulation of social housing in Victoria could adopt principles and approaches that support residents to quit:

1. Quit and VicHealth both support and agree with the focus on housing first, described in *Consultation paper one: Background and scoping paper* as recognising that 'securing safe, permanent housing is the first priority. Once housing is obtained, the individual's particular needs can be addressed through services like drug and alcohol counselling or mental health treatment.'^{xxi} However, too often smoking cessation support is something to be addressed only after all other issues have been dealt with. This is despite evidence showing that people with complex needs often report better outcomes when smoking cessation is included in their treatment.^{xxii} Given the enormous contribution of smoking to the poor health and wellbeing

of people in social housing, it is vital that smoking cessation is elevated to being a priority once secure housing has been provided.

Recommendation: That smoking cessation support is considered a priority in terms of the services available to social housing residents once secure housing has been provided.

2. In the context of a housing first approach, *Consultation paper two* also considers the importance of an integrated system of support, noting comments from CHIA Vic for 'the need for a system where supports wrap around the client to stabilise the tenancy and address underlying issues.'^{xxiii} Quit and VicHealth agree with this assessment and note that currently smoking cessation services are not being offered to residents in a systematic way and suggest that integrating this with existing health and social support services would be an effective way to support social housing residents who smoke to quit.

Recommendation: That smoking cessation support is considered and provided alongside other services provided to residents of social housing

3. *Consultation paper two* also highlights that tenants' voices and experiences could be stronger within the regulatory oversight of social housing. Quit and VicHealth also believe that capturing residents' concerns and experiences regarding smoking and the supports they require to quit successfully also need to be captured. We also note that the penetration of secondhand smoke into neighbouring dwellings, in high density complexes, presents a health and amenity issue for smokers and non-smokers, alike. Giving all tenants a voice on this issue might serve to address concerns about exposure to secondhand smoke (particularly for parents). This may mean co-designing with residents approaches to embedding cessation support in existing services or developing policies and practices within social housing to protect all people from exposure to secondhand smoke and support people who smoke to quit.

Recommendation: That tenants are more actively engaged in the provision of the services they require, including smoking cessation support and that services are adapted accordingly.

We would like to thank the Independent Panel of the Social Housing Regulation Review for the opportunity to provide a response to *Consultation paper two*. We can also provide more information on the work we are doing with public housing residents on smoking cessation as the project progresses. For any further information, please contact Dr Sarah White, Quit Director, on 03 9514 6383.

Kind regards,

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Director, Quit Victoria

Dr. Sandro Demaio
CEO, VicHealth

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- ⁱⁱⁱ Greenhalgh, EM, Bayly, M, Hanley-Jones, S. & Scollo, MS 1.10 Prevalence of smoking in other high-risk sub-groups of the population. In Greenhalgh, EM, Scollo, MM and Winstanley, MH [editors]. *Tobacco in Australia: Facts and issues*. Melbourne: Cancer Council Victoria; 2021. Available from <http://www.tobaccoaustralia.org.au/chapter-1-prevalence/1-10-prevalence-of-smoking-in-other-high-risk-sub->
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