PostScript

LETTERS

Financial implications of cigarette smoking among individuals with schizophrenia

Individuals with schizophrenia are more likely to smoke than those with other Axis I disorders[1] and are 10 times more likely to have ever smoked daily than individuals in the general population.[2] In addition to more frequent medical consequences of smoking[3] as compared to smokers in the general population, smokers with schizophrenia experience negative consequences unique to their mental illness. One often overlooked example includes the substantial financial implications from tobacco use among smokers with schizophrenia—many of whom are dependent on a limited, fixed income.[4 5] Quality of life issues relating to the ability to pay for occasional entertainment desires, or more seriously, adequate housing and nutrition, are already compromised for many with a serious mental illness. This is only worsened by their addiction to cigarettes, the financial cost of which comprises a substantial percentage of their monthly budget.

As part of a larger study on motivational interviewing in smokers with schizophrenia or schizoaffective disorder,[6] participants (n = 78) provided information on public financial assistance in addition to information on tobacco use. All participants were smoking at least 10 cigarettes per day, were psychiatrically stable, and attending outpatient treatment for their psychiatric disorders. They were not currently seeking tobacco dependence treatment (table 1).

Participants spent a median of $142.50 (range $57.15–$319.13) per month on cigarettes. The majority (87.2%) were receiving public assistance at a median benefit of $596 (range $60–$1500) per month. It was therefore calculated that the median percentage of income spent on cigarettes each month was 27.36% (range 6.3–331.3%). In contrast to the general population, where only 10% smoke generic brand cigarettes,[7] 30.8% of participants in the current sample were smoking generic brand cigarettes. Participants reported smoking generic brand cigarettes because of their lower cost, thus recognising to some degree the high financial burden caused by their tobacco dependence. Some reported purchasing cartons through discount mail order programmes or rolling cigarettes themselves from loose tobacco to save money. This illustrates the great lengths these smokers will go to in obtaining cigarettes while struggling with motivation to perform many other daily activities.

It should be acknowledged that the sample was heterogeneous with respect to independence from their family of origin. Participants ranged from having their basic financial needs taken care of by their parents, to those who lived in rooming homes where they were financially independent. These differences may moderate the financial implications of tobacco dependence in this group.

This letter presents yet one more reason clinicians and the tobacco control community should address tobacco use in smokers with serious mental illness: the financial implications of tobacco use in this group are considerable. By spending almost 30% of their public assistance income on cigarettes, the already limited financial resources of smokers with schizophrenia are substantially reduced. The financial burden of smoking for individuals with schizophrenia is serious and often overlooked.

Table 1 Baseline participant characteristics

Variable	Mean (SD) or %	Median (range)
Age	43.78 (8.96)	
Length of psychiatric illness	20.78 (10.56)	
Male sex	67.9%	
Years smoking	26.87 (9.79)	
Global assessment of functioning (GAF)	50.12 (8.10)	
History of substance use disorder	53.2%	
FTND	5.98 (2.06)	
Smoking more than 1 pack/day	82.1%	
Longest previous quit attempts (days)		2.0 (0–5110)
Generic brands	30.8%	
''Light'' cigarettes	20.0%	
Menthol cigarettes	38.5%	
Money spent on cigarettes per month		$142.50 ($57.15–$319.13)
Participants receiving public assistance	87.2%	
Public assistance benefit		$596.00 ($60–$1500)
Percentage of income spent on cigarettes		27.36% (6.3–331.3%)*

*Reported income does not include money participants may have received from family and friends, thus explaining how many participants spent more on cigarettes than they received in income.

Acknowledgements

This research was supported in part by grants from the Center for Substance Abuse Treatment (DK1-TI12549-01 to DMZ), National Institute on Drug Abuse (R01-DA15978-01 to DMZ and K-DA14009-01 to JMW). DMZ and JMW are also supported in part by the New Jersey Department of Health and Senior Services through the Comprehensive Tobacco Control Program and the Robert Wood Johnson Foundation.

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Public attitudes about tobacco smoke in workplaces: the importance of workers' rights in survey questions

The importance of public opinion in the formation of smokefree places policies is indicated by the efforts of the tobacco industry to obscure issues and counter information.[1 2] Over 30% of New Zealand workers are currently estimated to be exposed to secondhand smoke (SHS) at work.[3] New legislation was passed in December 2003 that will have the effect of banning smoking in nearly all New Zealand workplaces, including bars/pubs.[4]

Using data from two sets of national telephone surveys by UMR Research Ltd and CM Research Ltd[5–7] (table 1) we examined: (1) New Zealand survey responses during 1999–2003 on smoke-free bars/pubs; and (2) response differences between questions.

The UMR surveys show a 21% absolute increase between May 2000 and April 2003 in support for smoke-free bars—7% per year ($p < 0.00001$). The CM Research surveys show an increase from 64% to 80% between 2001 and 2003 in those who agreed that bar workers have a right to a smoke–free workplace—7% per year.

There were substantially different responses about completely smoke-free bars/pubs, depending on the question asked. In 2001, whereas the response to question 1 showed 38% in favour of a complete bar/pub smoking ban, question 2 could be interpreted as showing only 26% support. When the question was about workers rights generally (question 3), 85% gave support, but when the question was about the rights of bar/pub