

16–17 years (18.4%) were significantly more likely than students aged 12–15 years (7.3%) to be current tobacco smokers. There was no significant difference by level of socio-economic disadvantage, or between rural areas and urban areas; however, students in the Greater Southern Area Health Service (14.1%) were significantly more likely, and students in the Sydney South West Area Health Service (6.9%) were significantly less likely, to be current tobacco smokers, compared with the overall student population. As shown in Figure 1, there has been a significant decrease in the proportion of students who are current tobacco smokers, between 1984 (27.3%) and 2005 (10.3%).

#### *Smoking addiction*

In 2005, among students aged 12–17 years who were current tobacco smokers, 21.3% thought they were addicted to tobacco. There was no significant difference between males and females, by level of socio-economic disadvantage, or between rural areas and urban areas; however, students in the Greater Western Area Health Service were significantly more likely to think they were addicted to tobacco (58.6%), compared with the overall student population. There has been no significant change in the proportion of students who think they are addicted to tobacco between 2002 and 2005.

#### *Smoking influences*

In 2005, among students aged 12–17 years, 56.9% thought smoking by celebrities encouraged young people to take up smoking. There was no significant difference between males and females, between age groups, by level of socio-

economic disadvantage, or between rural areas and urban areas; however, students in the Sydney South West Area Health Service (63.7%) were significantly more likely, and students in the Northern Sydney and Central Coast Area Health Service (50.8%) were significantly less likely, to think smoking by celebrities encourages young people to take up smoking.

The next New South Wales School Students Health Behaviours Survey is in 2008.

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## **BUG BREAKFAST IN THE BULLETIN**

# Infectious diseases in homeless people

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On census night in 2001 there were close to 27000 homeless people in New South Wales (NSW). Almost 25% of these people were young people between 12 and 18 years old. The rate of homelessness was higher for Aboriginal people than non-Aboriginal people, and higher in coastal,

and rural and remote areas of NSW than in Sydney. Within Sydney, the rate of inner-city homelessness was six times higher than in the outer suburbs.<sup>1</sup>

Many risk factors are associated with homelessness, including financial burdens and limited housing options. Mental health problems, often combined with drug or alcohol abuse, are common. For young people one of the main causes identified for being homeless is family breakdown. This may involve substance abuse by parents, or physical or sexual abuse of the young person.<sup>1,2</sup>

The multiple causes and complexities of homelessness mean that the provision of adequate housing alone is often not enough. A co-ordinated approach to the management

of homelessness needs to address mental and physical health, addiction issues and social isolation.<sup>3</sup>

### Why are homeless people at increased risk of infectious diseases?

Homeless people may be predisposed to infections because of their general poor health with lowered immunity, living conditions and poor hygiene.<sup>4</sup> There may be several causes of poor health, including the prevalence of alcohol abuse, injecting drug use and heavy tobacco use, which are higher in the homeless than in the general population.<sup>4</sup>

Long-term alcohol abuse can cause liver damage, gastrointestinal bleeding, anaemia and neuropathies. Injecting drug use increases the risk of developing bloodborne and sexually transmitted infections. Heavy tobacco use can cause vascular disease and poor circulation, and is also a risk factor for developing chronic lung conditions and susceptibility to pneumonia. Poor nutrition can also contribute to lowered immunity.

Overcrowding in shelters or other temporary accommodation may expose people to infections and conditions where it is often not possible to maintain adequate hygiene. Homeless people are more likely to sustain injuries and be victims of violent crime, but are less likely to seek treatment, leading to the development of bacterial infections. Standing or walking for long periods, poorly fitting shoes, poor hygiene, poor circulation and poor sensation contribute to skin breakdown and the development of infections.

Mental illness may also contribute to the development of infectious diseases due to behaviours that may result in poor hygiene, injury, difficulty with seeking medical care and compliance with treatment. Other risks factors for the homeless include unsafe sex practices associated with multiple sexual partners or sex work, which increase the risk of sexually transmitted infections.

### Role of government and non-government organisations

The Supported Accommodation Assistance Program (SAAP) was established to combine homelessness pro-

grams run by state, territory and Commonwealth governments under one nationally co-ordinated program. SAAP is Australia's primary response to homelessness, and funds non-government organisations to provide accommodation and related support services.<sup>5</sup>

The community sector plays a large role in the care of the homeless. These non-government organisations provide grassroots care for some of the most disadvantaged in our community. Funding for these organisations is often provided through a mix of government funding and grants, and donated funds.

Non-government organisations are providing services that address many issues associated with homelessness. The Matthew Talbot Hostel, run by the St Vincent de Paul Society, is the largest hostel for homeless men in Australasia and provides medical care as part of its services. The Kirketon Road Centre, part of the South East Sydney Illawarra Area Health Service, provides outreach and centre-based services for the homeless, sex workers and injecting drug users, to prevent and minimise HIV/AIDS and other transmissible infections.

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