

QUIT ATTEMPTS, 2006

Most South Australian smokers have attempted to quit in the past; many in the past year and over half intend to try to quit in the next six months. Importantly, nearly all smokers mention Quit or the Quitline when asked about sources of help for smokers to quit.

Table 2: Quitting intentions and awareness of services, 2006

Quitting behaviour and intentions	%
Ever tried to quit	77%
Attempted to quit in the past 12 months	37%
Seriously considering quitting in the next six months	52%
Knowledge of services to help smokers quit (unprompted)	
Quitline /Quit campaign	86%
Nicotine Replacement Therapy	30%
Talking to Doctor	9%

ACTIVE SMOKING AND HEALTH, 2006

Most people in South Australia (smokers included) in 2006 were aware of the negative health effects of active smoking. Overall, 93% of the population (92% of smokers) believed smoking causes illness and/or damage to the body. As shown by Table 3, there was a significant increase in awareness that active smoking causes mouth cancer and gangrene among smokers and the general community since 2005. This is likely to be a result of two major adult Quit Campaigns aired in 2006 (“Gangrene” and “Mouth Cancer”).

Table 3: Beliefs that active smoking will cause illness and damage to the body, 2005 and 2006

Illness or damage	2005	2006
	Population (smokers only)	Population (smokers only)
Lung cancer	61% (55%)	62% (53%)
Mouth Cancer	11% (10%)	26% (25%)
Gangrene	4% (4%)	24% (27%)

SMOKE-FREE HOMES AND CARS, 2005

In 2005, 84% of homes were smoke-free (having either a ban or no-one that smoked in the household). Furthermore, 87% of car owners reported no smoking in their cars.

Tool: Health Omnibus Survey, 2006; update available in 2008.



Key Smoking Statistics for SA – 2006

Updated 25 July 2007

SMOKING PREVALENCE IN SOUTH AUSTRALIAN ADULTS

Table 1 shows smoking rates in the population (aged 15+) and sub-groups.
Tool: Health Omnibus Survey, 2006.

Table 1: Smoking prevalence in 2006 (age standardised to 2001 population)

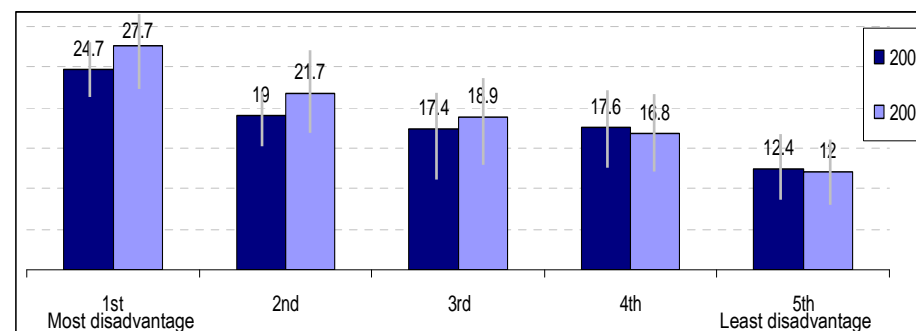
	Smoking prevalence	95% CI
Males	24.5	21.9-27.1
Females	17.2	14.9-19.5
15-29 years*	23.4	19.7-27.1
30-44 years	27.3	23.5-31.1
45-59 years	20.3	16.8-23.8
60+ years	10.7	8.0-13.4
Total (15+)	20.7	19.0-22.4

Smoking prevalence (%) over time (age standardised to 2001)

	98	99	00	01	02	03	04	05	06
All smoking (95% CI)	25.3 (±1.9)	25.0 (±1.9)	23.8 (±1.8)	23.5 (±1.8)	24.1 (±1.8)	23.6 (±1.8)	21.9 (±1.8)	19.1 (±1.8)	20.7 (±1.7)
Daily smoking (95% CI)	22.3 (±1.8)	22.1 (±1.8)	20.2 (±1.7)	20.0 (±1.7)	20.7 (±1.7)	19.7 (±1.7)	18.0 (±1.7)	16.2 (±1.6)	17.8 (±1.7)

Figure 1 shows that in 2006, people living in areas of the most disadvantage are more likely to smoke than those in the areas of least disadvantage. There was no significant difference in smoking rates by disadvantage quintiles between 2005 and 2006.

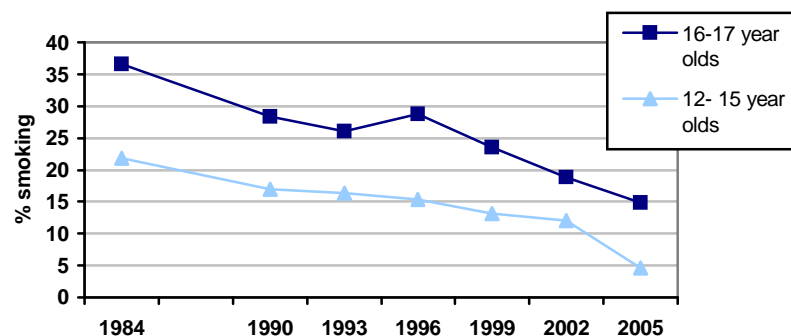
Figure 1: Smoking prevalence in each Index of Relative Social Disadvantage quintile, 2005 and 2006



SMOKING PREVALENCE IN SOUTH AUSTRALIAN SCHOOL CHILDREN, 2005

In 2005, 4.6% of 12-15 year olds were current smokers (4.2% of boys and 5.1% of girls) and 14.8% of 16-17 year olds were current smokers (14.2% for boys and 15.3% for girls). Rates in 12-15 year olds were significantly lower than rates reported in 2002; however, rates for 16-17 year olds were not.

Figure 2: Youth smoking prevalence in 12-15 year olds and 16-17 year olds*



*Tool: ASSAD survey, Updated at end of 2009.

SMOKING PREVALENCE IN INDIGENOUS PEOPLE, 2004-05

South Australian data from the Australian Bureau of Statistics indicate that 52.9% of the adult Indigenous population were daily smokers in 2004-05 (50.3% living in remote areas and 53.7% living in non remote areas).

Source: ABS data cube 'National Aboriginal and Torres Strait Islander Health Survey, South Australia, 2004-05' 2006.

In 2004-05, 50% of the adult Indigenous population in Australia were daily smokers. There has been little change in this rate of smoking among Indigenous people since 1995.

Source: Trewin, D 'National Aboriginal and Torres Strait Islander Survey 2004-05'. Australian Bureau of Statistics. 11 April 2006. ABS Catalogue No. 4715.0.

DEATHS ATTRIBUTED TO TOBACCO, 2007

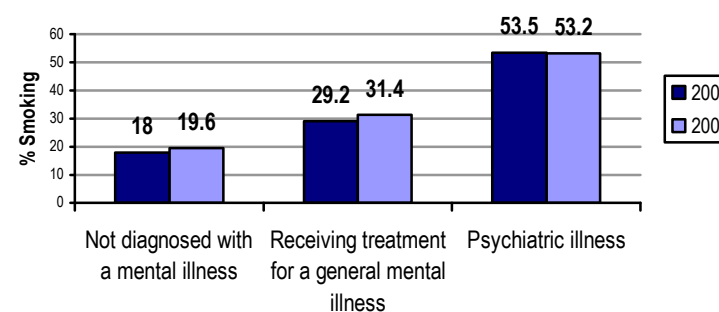
Figures released in May 2007 indicate that tobacco is responsible for 15,511 deaths per year in Australia. An extrapolation of these data for SA indicates that tobacco is responsible for 1241 deaths per year; 24 deaths per week and 3 deaths per day in South Australia.

Source: Begg S, Vos T, Barker B, Stevenson C, Stanley L, Lopez AD, 2007. 'The burden of disease and injury in Australia 2003'. PHE 82. Canberra: AIHW.

SMOKING PREVALENCE IN PEOPLE WITH A MENTAL ILLNESS, 2006

Figure 3 shows that in 2006 31.4% (95% CI=24.4-38.4) of individuals that reported currently receiving treatment for anxiety, depression or any other mental health problem were smokers. This proportion was significantly higher ($\chi^2=19.5$, $df=4$, $p<0.001$) than those who were not receiving treatment and smoked (19.6%, 95% CI=17.8-21.4). In addition, data revealed that 53.2% (95% CI=36.1-70.3) of individuals currently receiving the disability pension for a psychiatric illness were smokers. This is significantly higher ($\chi^2=31.6$, $df=4$, $p<0.001$) than those who were not receiving this disability pension and smoked (20.0%, 95% CI=18.3-21.7).

Figure 3: Smoking rates among people diagnosed with a mental illness for 2005 and 2006



SMOKING RESTRICTIONS

Smoke-free workplace legislation was implemented on 6 December 2004, requiring all South Australian workplaces to be smoke-free (with phase-in provisions for hospitality venues). In 2005, 4% of indoor workers reported being exposed to cigarette smoke at their work. These figures have shown a decrease from 12% in 2000. Despite reductions, exposure remains the highest among workers in hospitality venues (14%).

In 2005, most South Australians (74%) were concerned about their exposure to passive smoking generally. Overall, 75% reported that they had been exposed to someone else's cigarette smoke in the previous two weeks.

Tool: Health Omnibus Survey, 2005; update available in 2008.

In March/April 2007, community support for the smoke-free hospitality legislation due to be implemented in November 2007 was high (86% for bars and 88% for gaming venues). Community support has increased significantly since 2003.

Tool: Health Monitor Survey, 2007.