



Key Smoking Statistics for SA– 2009*

SMOKING PREVALENCE AMONG SOUTH AUSTRALIAN ADULTS, 2009

Table 1 shows smoking rates in the population (aged 15+) and sub-groups.

Table 1: Smoking prevalence in 2009 (age standardised to 2001 population)

	Smoking prevalence^ (%)	95% CI
Males	22.8	20.2-25.4
Females	19.4	17.0-21.8
15-29 years*	21.3	17.7-24.9
30-44 years	27.2	23.4-31.0
45-59 years	24.6	20.9-28.3
60+ years	9.6	7.1-12.1
Total (15+)	21.0	19.3-22.7

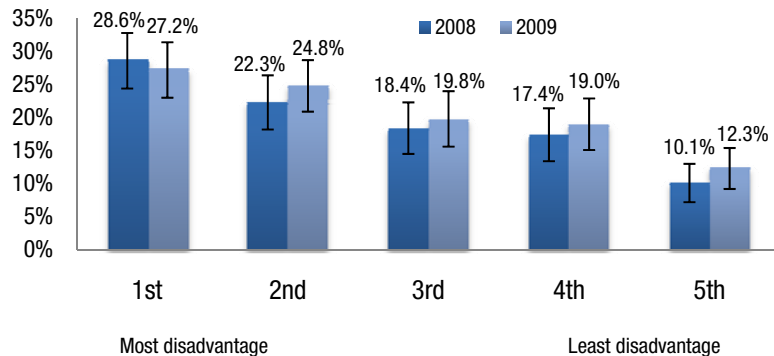
^ Defined as those who reported smoking daily, weekly or less often than weekly

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

	00	01	02	03	04	05	06	07	08	09
All smoking	23.8	23.5	24.1	23.6	21.9	19.1	20.7	20.6	19.9	21.0
(95% CI)	(±1.8)	(±1.8)	(±1.8)	(±1.8)	(±1.8)	(±1.8)	(±1.7)	(±1.9)	(±1.8)	(±1.7)
Daily smoking	20.2	20.0	20.7	19.7	18.0	16.2	17.8	17.4	17.7	17.8
(95% CI)	(±1.7)	(±1.7)	(±1.7)	(±1.7)	(±1.7)	(±1.6)	(±1.7)	(±1.8)	(±1.7)	(±1.6)

Figure 1 shows that in 2009, smoking rates were higher among people living in areas of the most disadvantage compared to those in the areas of least disadvantage. There was no significant difference in smoking rates by disadvantage quintiles between 2008 and 2009.

Figure 1: Smoking prevalence (±CI) in each Index of Relative Socio-Economic Disadvantage quintile, 2008 and 2009



Unless otherwise specified source of data is Health Omnibus Survey 2009

* Statistic used to measure progress on target T2.1 in South Australia's Strategic Plan

EXPOSURE TO PASSIVE SMOKING (2008 data)*

The most recent data available indicates that in 2008, most South Australians (72.5%) reported that they were concerned about exposure to passive smoke in general. Overall, 71.4% reported that they had been exposed to someone else's cigarette smoke in the previous two weeks.

*Source: Health Omnibus Survey 2008

SMOKING RESTRICTIONS

Community Support for smoke-free hospitality legislation (2008 data)*

In 2008 (after the full implementation of the smoke-free hospitality legislation) community support for legislation was high (92.0% for bars and 89.3% for gaming venues). Community support has increased significantly since 2007.

*Source: Health Monitor Survey 2008

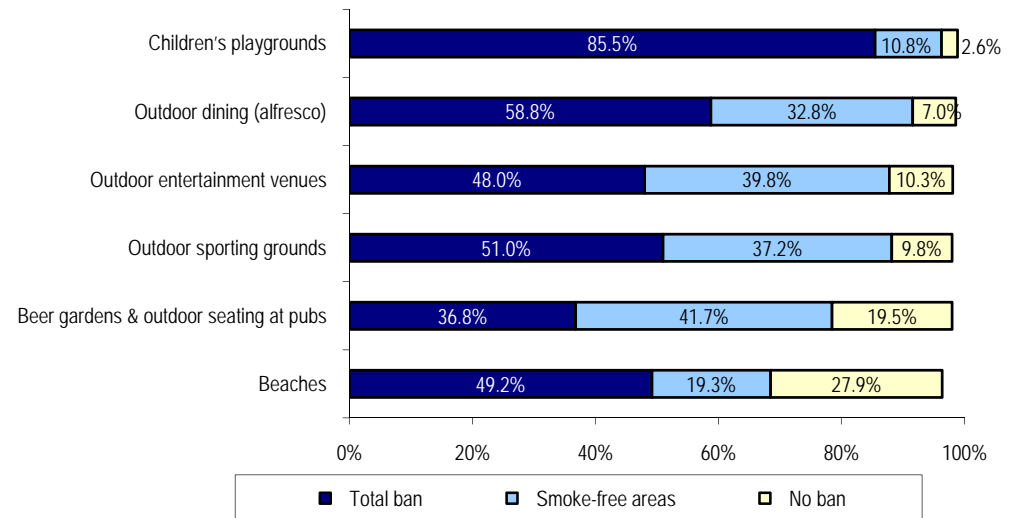
In the workplace, 2009

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 ending on 1 November 2007). In 2009, 4.9% of indoor workers reported that no smoking bans existed at their workplace, or that the workplace bans did not apply to their workstation. These workers may therefore be potentially exposed to passive smoke at their workstation.

In public spaces, 2009

Figure 2 shows that there is a high level of public support for further smoking restrictions in public spaces, particularly in children's playgrounds.

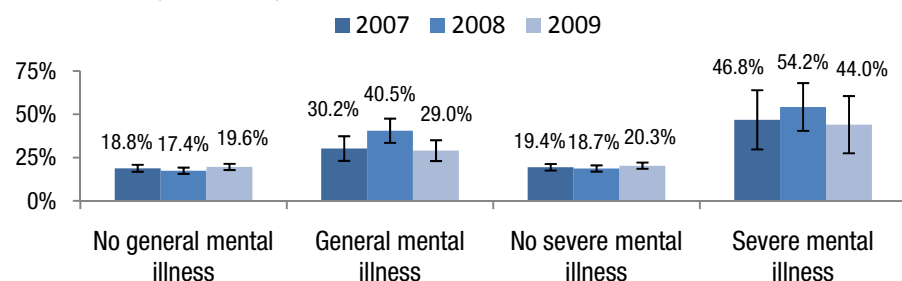
Figure 2: Preferences for smoking restrictions, 2009



SMOKING PREVALENCE AMONG PEOPLE WITH A MENTAL ILLNESS, 2009

Respondents who reported receiving treatment for anxiety, depression or any other mental health problem were significantly more likely to be smokers than those who did not report receiving treatment. In addition, respondents who reported currently receiving the disability pension for a psychiatric illness were more likely to be smokers than those who were not receiving the disability pension. While prevalence among those who reported receiving the disability pension did not change significantly from 2008 to 2009, there was a significant decrease in smoking prevalence among people who reported receiving treatment for anxiety, depression or any other mental health problem from 2008 to 2009.

Figure 3: Smoking rates among people receiving treatment for a mental illness and the disability pension for a mental illness (2007 to 2009)



SMOKING PREVALENCE AMONG SOUTH AUSTRALIAN SCHOOL CHILDREN, 2008*

In 2008, 3.6% of 12-15 year olds were current smokers (3.7% of boys and 3.6% of girls) and 8.2% of 16-17 year olds were current smokers (9.5% for boys and 6.9% for girls). Rates in 12-15 year olds were not significantly lower than rates reported in 2005; however, there was a significant reduction in smoking rates for 16-17 year olds.

*Source: ASSAD survey 2008.

SMOKING PREVALENCE AMONG INDIGENOUS PEOPLE, 2008-2009*

The most recent data available from the Australian Bureau of Statistics indicates that between August 2008 and April 2009, smoking prevalence among the South Australian Aboriginal and Torres Strait Islander population was 48.0%, while 46.8% of the adult Indigenous population in Australia were current smokers.

*Source: Australian Bureau of Statistics, *National Aboriginal and Torres Strait Islander Social Survey, 2008*, Table 03: Indigenous persons aged 15 years and over, by State or territory of usual residence, data cube: Excel spreadsheet, Cat. no. 4714.0, viewed 29 April 2010
<<http://abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4714.02008?OpenDocument>>

¹ Defined as currently receiving treatment for anxiety, depression or any other mental health problem

² Defined as currently receiving the disability pension based on a psychological or psychiatric illness

QUIT ATTEMPTS, 2009

Most South Australian smokers have made a previous quit attempt; many in the past year and almost half intend to try to quit in the next six months. Importantly, the majority of smokers mention Quit campaigns or the Quitline when asked about sources of help for smokers to quit.

Table 2: Quitting intentions and awareness of services, 2009

Quitting behaviour and intentions	%
Ever tried to quit	81.2%
Attempted to quit in the past 12 months	33.6%
Seriously considering quitting in the next six months	48.9%
Knowledge of services to help smokers quit (unprompted)	
Quitline /Quit campaign	78.6%
Nicotine Replacement Therapy	35.0%
Talking to Doctor	19.0%

ACTIVE SMOKING AND HEALTH, 2008*

The most recent data available indicates that in 2008, 92.9% of the population (89.5% of smokers) believed smoking causes illness and/or damage to the body. There was a significant decrease in awareness that active smoking causes asthma, blindness/eye damage and stroke among smokers and the general community since 2007 (see Table 3).

Table 3: Beliefs that active smoking will cause illness and/or damage to the body, 2007 and 2008

Illness or damage	2007		2008	
	% Population (smokers only)		% Population (smokers only)	
Asthma	17.0%	(14.5%)	5.6%	(6.2%)
Blindness/eye damage	14.7%	(24.6%)	11.5%	(17.9%)
Stroke	12.1%	(16.6%)	8.8%	(10.4%)

*Source: Health Omnibus Survey 2008

SMOKE-FREE HOMES AND CARS, 2008*

The most recent data available indicates that in 2008, 86.1% of homes were smoke-free (having either a ban or no-one that smoked in the household) and 87.8% of car owners reported no smoking in their cars.

*Source: Health Omnibus Survey 2008