



## Key Smoking Statistics for SA– 2010<sup>#</sup>

### SMOKING PREVALENCE AMONG SOUTH AUSTRALIAN ADULTS, 2010

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

Table 1: Smoking prevalence in 2010 (age standardised to 2001 population)

	Smoking prevalence <sup>^</sup> (%)	95% CI
Males	25.6	22.9-28.3
Females	16.1	13.9-18.3
15-29 years*	22.8	19.2-26.4
30-44 years	25.0	21.2-28.8
45-59 years	23.8	20.1-27.5
60+ years	10.3	7.8-12.8
<b>Total (15+)</b>	<b>20.7</b>	<b>19.0-22.4</b>

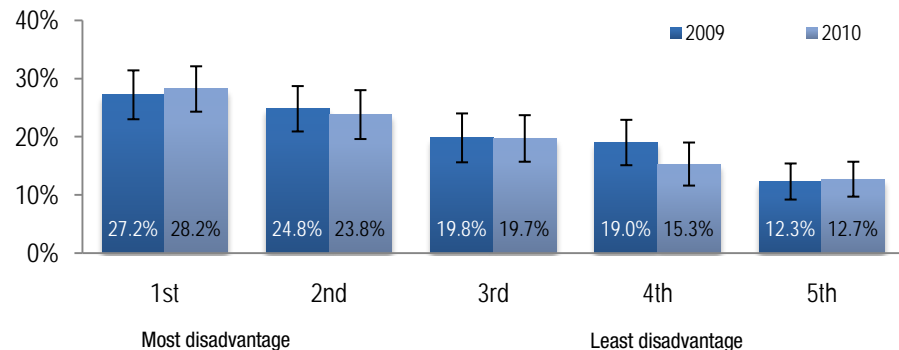
<sup>^</sup> Defined as those who reported smoking daily, weekly or less often than weekly

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

	01	02	03	04	05	06	07	08	09	10
All smoking	23.5	24.1	23.6	21.9	19.1	20.7	20.6	19.9	21.0	20.7
(95% CI)	(±1.8)	(±1.8)	(±1.8)	(±1.8)	(±1.8)	(±1.7)	(±1.9)	(±1.8)	(±1.7)	(±1.7)
Daily smoking	20.0	20.7	19.7	18.0	16.2	17.8	17.4	17.7	17.8	17.4
(95% CI)	(±1.7)	(±1.7)	(±1.7)	(±1.7)	(±1.6)	(±1.7)	(±1.8)	(±1.7)	(±1.6)	(±1.6)

Figure 1 shows that in 2010, 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 2009 and 2010.

Figure 1: Smoking prevalence (±CI) in each Index of Relative Socio-Economic Disadvantage quintile, 2009 and 2010



<sup>#</sup> Unless otherwise specified source of data is Health Omnibus Survey 2010

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

### EXPOSURE TO PASSIVE SMOKING, 2010

In 2010, 70.6% of South Australians reported that they were concerned about exposure to passive smoke. Overall, 65.7% reported that they had been exposed to someone else's cigarette smoke in the previous two weeks, which was significantly less than reported exposure in 2008 (71.4%).

### 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\*

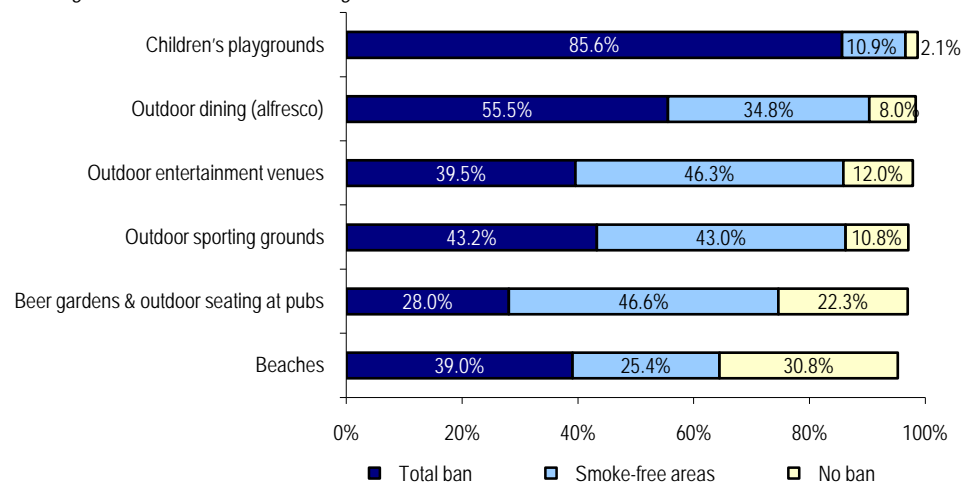
Smoke-free workplace legislation was implemented on 6 December 2004, requiring all South Australian workplaces to be smoke-free (with phase-in provisions for hospitality venues ending on 1 November 2007). In 2009, 4.9% of indoor workers reported that no smoking bans existed at their workplace, or that the workplace bans did not apply to their workstation. These workers may therefore be potentially exposed to passive smoke at their workstation.

\*Source: Health Omnibus Survey 2009

#### Community support for smoking restrictions in public spaces, 2010

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

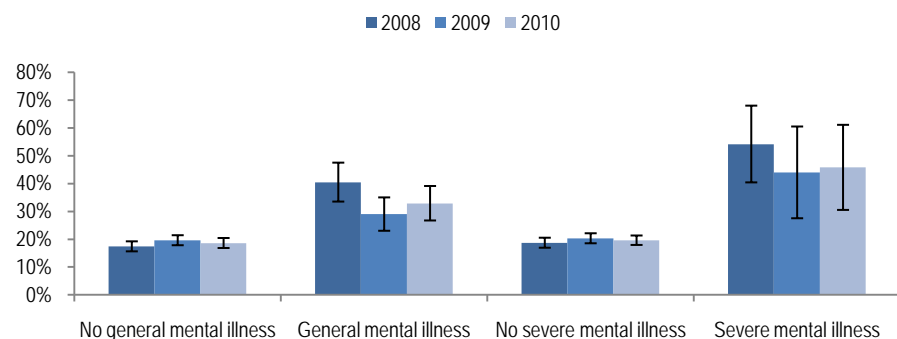
Figure 2: Preferences for smoking restrictions, 2010



### SMOKING PREVALENCE AMONG PEOPLE WITH A MENTAL ILLNESS, 2010

Respondents who reported living with a general mental illness<sup>i</sup> or a severe mental illness<sup>ii</sup> were significantly more likely to be smokers than people without a general mental illness or a severe mental illness, respectively. There were no statistically significant differences in smoking rates among respondents who reported having a general or severe mental illness from 2009 to 2010.

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 ABORIGINAL & TORRES STRAIT ISLANDER 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>>

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

<sup>2</sup> Defined as currently receiving the disability pension based on a psychological or psychiatric illness

### QUIT ATTEMPTS, 2010

Many South Australian smokers have made a previous quit attempt (73.6%); 32.8% have tried to quit in the past year and 50.7% 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, 2010

Knowledge of services to help smokers quit (unprompted)	
Quitline /Quit campaign	84.6%
Nicotine Replacement Therapy	32.7%
Talking to Doctor	22.6%

### ACTIVE SMOKING AND HEALTH, 2010

In 2010, 95.2% of the population (93.5% of smokers) believed smoking causes illness and/or damage to the body. There was a significant increase in awareness that active smoking causes lung cancer, stroke and asthma among smokers and the general community compared to 2008. Awareness that smoking causes emphysema and heart disease was also high, see Table 3.

Table 3: Beliefs that active smoking will cause illness and/or damage to the body, 2008 and 2010

Illness or damage	2008	2010
	% Population (smokers only)	% Population (smokers only)
Lung Cancer	64.3% (55.0%)	73.5% (67.8%)
Emphysema	51.0% (53.4%)	50.7% (57.3%)
Heart disease	34.7% (32.3%)	33.2% (34.3%)
Stroke	8.8% (10.4%)	10.5% (14.8%)
Asthma	5.6% (6.2%)	20.3% (16.5%)

### SMOKE-FREE HOMES AND CARS, 2010

In 2010, 89.5% of homes were smoke-free (having either a ban or no-one that smoked in the household) and 86.9% of car owners reported no smoking in their cars.

### DEATHS ATTRIBUTABLE TO TOBACCO\*

There are approximately 1,140 tobacco-attributable deaths annually in South Australia (based on data collected in 2004-05).

\*Source: Extrapolated from: Scollo MM, Winstanley MH (Editors). *Tobacco in Australia: Facts and Issues, Third Edition*. Melbourne, Australia : Cancer Council Victoria, 2008. Available from: <http://www.tobaccoinaustralia.org.au>