

Fast Facts – Tobacco

Tobacco Use Statistics

South Australian Statistics

- In 2008 20% of South Australians aged 15 years and over were smokers (22% male, 18% female). According to the Australian Bureau of Statistics 2008 Estimated Residential Population¹, this represents approximately 257,000 South Australians.
- In 2008 23% of young people aged 15-29 years smoked.
- South Australian data from the 2005 Australian School Students' Alcohol and Drugs Survey (ASSAD) indicate that 15% of young people aged 16-17 years smoked (14% male, 15% female).
- In 2008 smoking rates were higher among disadvantaged smokers (as defined using the Index of Relative Socio-economic Disadvantage quintiles) with the most disadvantaged group having the highest smoking prevalence (29%) and the least disadvantaged group with the lowest smoking prevalence (10%).
- South Australian data from the Australian Bureau of Statistics indicate that 53% of the adult Indigenous population were daily smokers in 2004-05. There has been little change in this rate of smoking among Indigenous people since 1995.
- In 2008 respondents who reported they had a general mental illness² were significantly more likely to be smokers (41%) than those who did not report a general mental illness (17%). In addition, respondents who reported a serious mental illness³ were more likely to be smokers (54%) than those who did not report a serious mental illness (19%).
- In 2008, 72.5% of South Australians reported that they were concerned about their exposure to passive smoking generally.

Sources:

TCRE. Key smoking statistics for SA – 2008. Adelaide, Australia: Tobacco Control Research and Evaluation, Cancer Council SA, April 2009.

TCRE. Key smoking statistics for SA – 2008. Adelaide, Australia: Tobacco Control Research and Evaluation, Cancer Council SA, April 2008.

Quitting Statistics

South Australian Statistics

- Most South Australian smokers have made a previous quit attempt (80%), many in the past year (34%) and half intend to try to quit in the next six months (50%).
- On average the Quitline telephone number (13 7848 and also 131 848 – on cigarette packs) receives over 10,000 calls per year. The vast majority of callers who speak to a counsellor also accept call-backs from Quitline to assist with their quit attempt. Quitline makes nearly 30,000 call backs per year. Compared to smokers who use self-help only those who receive call-backs increase their odds of quitting by around 50%
- When asked about sources of help for quitting the majority of smokers mention Quit campaigns or the Quitline (83%) followed by nicotine replacement therapy (41.2% and talking to a doctor (18.6%).

¹ Catalogue Number 3201

² Defined as currently receiving treatment for anxiety, depression or any other mental health problem

³ Defined as currently receiving the disability pension based on a psychological or psychiatric illness

Sources:

TCRE. Key smoking statistics for SA – 2008. Adelaide, Australia: Tobacco Control Research and Evaluation, Cancer Council SA, April 2009. Stead LF, Perera R, Lancaster T. Telephone counselling for smoking cessation. Cochrane Database of Systematic Reviews; 2006, Issue 3. Art. No.: CD002850. DOI: 10.1002/14651858.CD002850.pub2.

TCRE. Key smoking statistics for SA – 2008. Adelaide, Australia: Tobacco Control Research and Evaluation, Cancer Council SA, April 2008.

International Statistics

- Research in California has found that fewer than 10 % of smokers who make a quit attempt in a given year succeed.
- Research has shown that smokers on average make 12 to 14 quit attempts before quitting for good; 12 if they used cessation aids and 14 if they did not. Quitting aids reduce the overall number of attempts that are needed but smokers still have to make multiple attempts, with or without these aids.
- It is normal to make multiple attempts to quit and with every attempt people are a step closer to success.

Source:

Zhu, S. H., *et al.* "High quit ratio among Asian immigrants in California: Implications for population tobacco cessation." Nicotine & Tobacco Research; 2007, 9(1): S505-S514.

What happens when you quit smoking

- **After twelve hours** almost all of the nicotine is out of your system.
- **After twenty-four hours** the level of carbon monoxide in your blood has dropped dramatically. You now have more oxygen in your bloodstream.
- **After five days** most nicotine by-products have gone.
- **Within days** your sense of taste and smell improves.
- **Within a month** your blood pressure returns to its normal level and your immune system begins to show signs of recovery.
- **Within two months** your lungs will no longer be producing extra phlegm caused by smoking.
- **After twelve months** your increased risk of dying from heart disease is half that of a continuing smoker.
- **Stopping smoking** reduces the incidence and progression of lung disease including chronic bronchitis and emphysema.
- **After ten years** of stopping your risk of lung cancer is less than half that of a continuing smoker and continues to decline (provided the disease is not already present).
- **After fifteen years** your risk of heart attack and stroke is almost the same as that of a person who has never smoked.

Smoking – the costs

- Tobacco causes more ill health and premature death than any other drug used in Australia. If cigarette smokers commence smoking as teenagers and do not quit, then eventually about half of them will be killed by tobacco

- In 2004-05, an Australian Government report estimated that active and passive smoking caused almost 15,000 Australian lives to be lost and cost the hospital system \$669.6 million.
- From this we can estimate (using population proportions) that in South Australia cigarette smoking during that year caused around 1,130 deaths. This means that each week around 21 South Australians die from diseases caused by smoking tobacco, compared to around 2-3 people per week killed in road accidents in recent years.
- In 2008, Collins and Lapsley estimated that the total costs of tobacco abuse (tangible and intangible) during 2004/05 were \$31.5 billion. This accounted for 56% of the total cost of drug abuse including alcohol and illicit drugs.

Sources:

Peto, R., *et al.* Mortality from smoking in developed countries, 1950-2000. indirect estimates from National Vital Statistics. Oxford University Press; 1994.

Collins DJ, Lapsley HM. The costs of tobacco, alcohol and illicit drug abuse to Australian society in 2004/05. Monograph Series no.64. Canberra: Department of Health and Ageing; 2008. .

Lung Cancer Statistics

South Australian Statistics

- 759 South Australians were diagnosed with lung cancer in 2005 (484 males and 275 women diagnosed)
- 653 South Australians died of the disease in 2005 (433 males and 220 females died)
- It's the leading cause of cancer deaths in South Australia
- The incidence of lung cancer has fallen by about 25 per cent in males during the past 25 years
- It's the fourth most commonly diagnosed cancer in South Australia.

General Statistics

- About 8,200 Australians are diagnosed with lung cancer each year and about 7,000 die of the disease
- Tobacco smoking is the major cause of lung cancer and up to 90 per cent of all lung cancers are attributed to smoking
- Lung cancer is most common in adults aged between 40 and 70 years who have smoked for about 20 years
- Those who start smoking as a teenager are two to three times more likely to develop lung cancer.

Sources:

Major Cancers in South Australia 1977-2005, Cancer Registry SA, The Department of Health.

Cancer in South Australia 2005, with projections to 2008, Cancer Registry SA, The Department of Health.

Community support for smoke free environments

South Australian Statistics

- In 2008, 93% of the total sample population (90% of smokers) believed smoking causes illness and/or damage to the body.

- In 2008, 86% of homes were smoke-free, defined as either a ban or no-one that smoked in the household. Furthermore, 88% of car owners reported no smoking in their cars

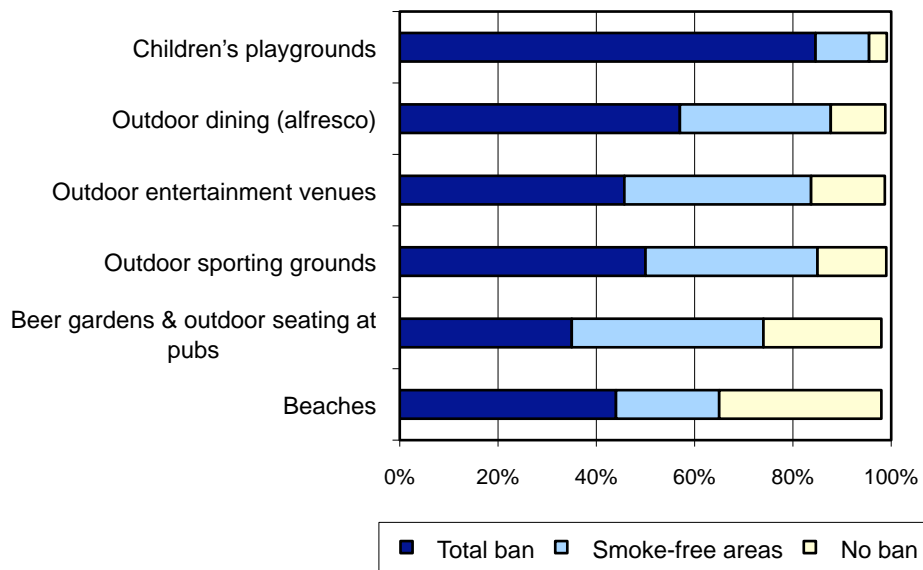
Source:

TCRE. Key smoking statistics for SA – 2008. Adelaide, Australia: Tobacco Control Research and Evaluation, Cancer Council SA, April 2009.

In public spaces

Figure 1 shows that there is a high level of public support for further smoking restrictions in public spaces, particularly in children’s playgrounds.

Figure 1: Preferences for smoking restrictions, 2007



Source:

TCRE. Key smoking statistics for SA – 2008. Adelaide, Australia: Tobacco Control Research and Evaluation, Cancer Council SA, April 2009.