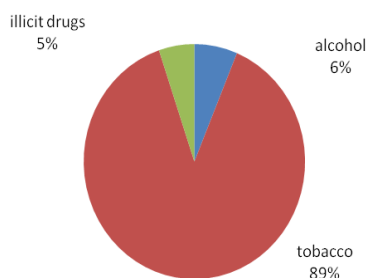


# Tobacco in Australia

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.(1) 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. (2)

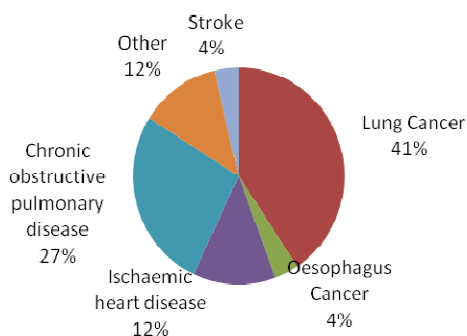
From this we can estimate (using population proportions) that in South Australia cigarette smoking during that year caused around 1130 deaths. This means that each week around 21 South Australians die from diseases caused by smoking tobacco, compared to around 2-3 people per week killed in road accidents in recent years.

Fig 1: Drug related deaths in Australia 2004/05 (2)



Another way of looking at how much tobacco related illness contributes to the ill health of Australians is to consider how they compare with other known risk factors. The AIHW report, *The burden of disease and injury in Australia 2003* (3) says “tobacco smoking was responsible for 7.8% of the total burden of disease and injury in Australia in 2003 with lung cancer, COPD and ischaemic heart disease accounting for more than three-quarters of this burden.”

Fig 2: Proportion of deaths attributable to smoking by disease: 2003 (3)



In 2001 (published 2004), the Cancer in Australia series (4) reported that:

“Cigarette smoking is estimated to have directly caused 10,592 new cases of cancer (54.6 new cases per 100,000 pop) and 7,820 deaths (40.3 deaths per 100,000 pop) in 2001. Between 1991 and 2001, the male incidence rate for smoking-related cancers fell by an average of 1.4% per year, while the rate for females rose by 0.7% per year.”

Studies (5) confirm that stopping smoking makes life longer and means that people live more of those years without illness and disability. As well, non-smokers enjoy fewer years with disability and illness.

## Health effects of active smoking

(More information about the different health effects of active smoking can be found in Tobacco in Australia (6))

**Lung cancer** was the first major disease to be causally linked to smoking. According to Cancer in Australia 2001, lung cancer (including cancer of the trachea and bronchus) is the leading cause of cancer death in Australia.

Close to twice as many Australian men (4,657) died from lung cancer as any other cancer type in 2001. While breast cancer is the leading cause of cancer death in Australian women, there were comparable numbers of deaths for breast (2,594), colorectal (2,153) and lung cancer (2,382).

In 2001, 27% of male cancer deaths and 14% of female cancer deaths were attributed to smoking.

Unlike many other cancers, lung cancer incidence (new cases) and mortality (death) rates closely parallel each other once sufferers reach 30. This means that once a person is diagnosed with lung cancer, a large proportion will die.

**Other cancers** Cigarette smoking is also a risk factor associated with Cancers of the lip, oral and nasal cavities and pharynx, Cancers of the bladder, kidney, pancreas, stomach and cervix.

**Heart disease** (sometimes known as Coronary Heart Disease (CHD) or ischaemic heart disease) is the largest single cause of death for men and women, with smoking identified as one of the major risk factors. The risk of developing CHD increases with length and intensity of exposure to cigarette smoke.

Overall, smokers have a 70% greater rate of mortality from CHD than non-smokers. Smokers who consume more than 40 cigarettes per day have mortality rates between two and three times that of non-smokers. (7)

Among smokers less than 65 years of age, 67% of ischaemic heart disease in Australian men and women can be attributed to cigarette smoking.(8) In the general population, around a third can be attributed to smoking.

**Stroke** The influence of smoking on stroke is most evident before the age of 65. Among this group, cigarette smoking causes 44% of strokes in men and 39% in women.(9) In combination with the contraceptive pill, smoking significantly increases a woman's risk of heart attack and stroke.

**Peripheral vascular disease.** This is a narrowing of the leg arteries that can lead to blockages and in some cases, amputation. Nine out of ten patients with this disease are smokers.

**Chronic obstructive pulmonary disease (COPD)** is a group of respiratory diseases caused by smoking, with more than 2/3 of all cases (90% in smokers) attributed to it.(8) All types of COPD lead to a progressive loss of lung function and significant difficulty in breathing.

**Emphysema.** Almost all smokers will develop some form of emphysema. Its severity will increase according to the number of cigarettes per day a person smokes, and the number of years they have been a smoker. Emphysema is rare among non-smokers.

Other health consequences Cigarette smoking is also a risk factor associated with:

- lowered fertility in both men and women
- miscarriage, stillbirth, low birth weight and death in early infancy (including SIDS)
- age-related macular degeneration (blindness)
- osteoporosis
- asthma
- back pain and spinal disk degeneration
- delayed wound healing
- complications of diabetes
- periodontal disease (tooth & gum problems).

## Health effects of passive smoking

(See our Passive Smoking information sheet for more detailed information about passive smoking)

Research has confirmed that passive smoking increases deaths from heart disease, SIDS, and lung cancer. Children exposed to ETS are more likely to have asthma, and have more serious attacks, higher rates of lower respiratory illness, middle ear infections, and low birth weight.(10)

## Smoking rates in Australia

The majority of Australians are non-smokers. Less than a quarter of adults smoke, but this has not always been the case.

The AIHW 2007 National Household Drug Survey (11) results reported a significant decrease in daily smoking since 1998. In 2007, less than one in six (16.6%) of people aged 14 and over reported daily smoking, declining from 21.8% in 1998. There has been a decline of 40% in smoking rates since 1985.

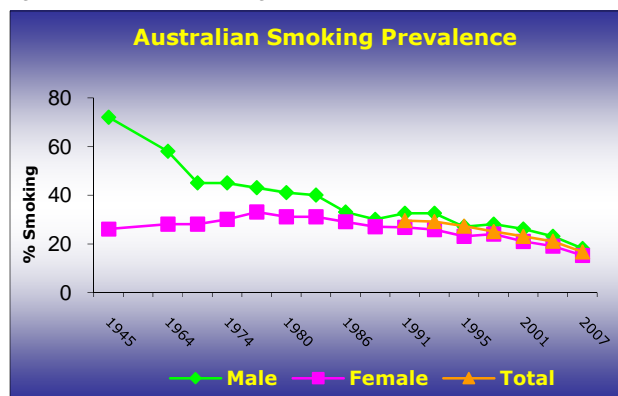
Both males and females aged between 20 and 29 years were more likely to be smokers than any other age group, however this age group also had one of the highest proportions of people who had never smoked – 60.5%. In 2007, it was estimated that Australian smokers numbered around 2.9 million, while there were 4.3m ex-smokers, and 9.5m never smokers.

As well:

- The lowest proportion of smokers was over 60 years (9.7%) and in the 14-19 age group (7.3%)
- Males are more likely to smoke than females, except in the 14-19 age groups. Female teenagers (6.6%) were more likely than male teenagers (4.7%) to be daily smokers.
- The mean number of cigarettes smoked per week peaked at 124.9 for the 50-59 year group.
- Of teenage smokers 5.6% smoked daily, 1% weekly and 0.9% less than weekly. 90.7% of teenagers had never smoked.

The graph below shows that smoking by men has more than halved since 1945, but that smoking by women over the same period has remained relatively stable.(6)

Fig 3: Australian smoking prevalence trends: 1945-2007\*



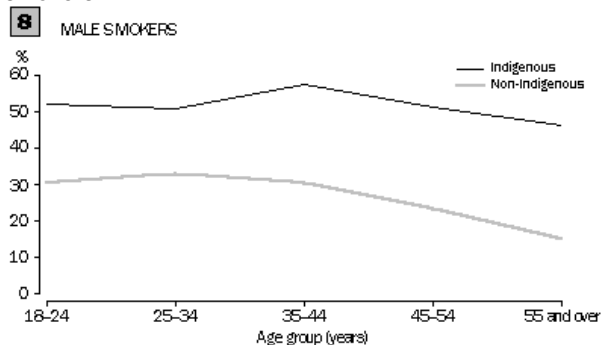
\*Note: Trend information only - sources may not contain directly comparable data

## Smoking in CALD communities

Smoking varies widely in different Australian cultural communities. Male smoking is significantly higher than female smoking in many, reflecting trends in their country of origin.

Aboriginal and Torres Strait Islander (ATSI) smoking Indigenous Australians have a much higher smoking rate than the rest of the population. However, there are wide variations in smoking rates between different ATSI communities. Many smoking related diseases affect the ATSI community and contribute to significantly reduced life expectancy and increased disability.

Fig 4: Comparison: Indigenous & non-indigenous male smokers



According to the ABS 2004/05 National Health Survey (12), after adjusting for age differences, 50% of indigenous Australians were smokers. Smoking was more commonly reported among indigenous males and females in every age group when compared with the non-indigenous population. In fact, indigenous Australians are more than twice as likely to be current daily smokers.

### Smoking rates in South Australia

The 2004 National Drug Strategy Household Survey(13) reported that of the South Australian population aged 14 years or over:

- 16.5% were daily smokers
- 2.6% were occasional smokers (smokes weekly or less than weekly)
- 28.8% were ex-smokers (had smoked more than 100 cigarettes, but now quit)
- 52.1% had never smoked

In South Australia, as in Australia as a whole, the average age of starting to smoke was 16 years old. Around 75% of all smokers started daily smoking before they turned 20. (14)

The 40-49 years age group (28.7%) had the largest proportion of daily smokers in SA, closely followed by the 20-29 years age group (27.2%). Similarly, a greater proportion of males were smokers (SA 17.3%, Aust 18.6%) than females (SA 15.7%, Aust 16.3%).

### Economic costs of smoking

In 1996, Collins and Lapsley (The social costs of drug abuse in Australia in 1988 and 1992)(15) estimated that the total costs of tobacco abuse at 1992 prices were \$12.7 billion. These costs included tangible and intangible costs. A new report by the same authors, estimates the cost of tobacco use as \$31.5 billion\* - 56% of all drug use. (2) [\*Costs not directly comparable with previous estimate]

Tangible costs are costs for which a market place value can be calculated and include loss of production due to illness and death, and health care costs. Intangible costs are those assigned to the value of the life of the deceased such as loss of consumption.

Some costs are more difficult to quantify and may not be included. These include passive smoking costs, tangible costs such as welfare costs, absenteeism and ambulance services and property costs of accidental fires. Intangible costs such as pain and suffering of the sick and those around them were also not included.

Results from a recent study published in the Medical Journal of Australia predict a one percent drop in smoking

prevalence could save about \$20.4 million in health care costs.(16)

### Global smoking trends

It is worth noting that while tobacco consumption in the developed world is declining, there are large markets for tobacco products in the developing world. According to the 2003 WHO Tobacco Country Profiles (17):

- Worldwide, approximately 1.3 billion people currently smoke cigarettes or other products (almost one billion men, 250 million women).
- The geography of smoking is shifting from the developed to the developing world. In 1995, more smokers lived in low- and middle-income countries (933 million) than in high-income countries (209 million), where the most rapid increases have been seen in Asian countries, for example, in China.
- In 2020 global deaths from tobacco are expected to exceed nine million a year.

### Useful Internet Sites

Quit SA [www.quitsa.org.au](http://www.quitsa.org.au)

OxyGen [www.oxygen.org.au](http://www.oxygen.org.au)

OxyGen is an interactive site for young people.

#### Tobacco in Australia: Facts and Issues

<http://www.quit.org.au/quit/FandI/welcome.htm>

This is the updated full text of the book published in 1995 by Winstanley, Woodward and Walker. It provides comprehensive coverage of all tobacco related information in Australia.

#### Commonwealth Dept of Health & Ageing Tobacco

pages [www.health.gov.au/pubhlth/strateg/drugs/tobacco](http://www.health.gov.au/pubhlth/strateg/drugs/tobacco)

Overview of tobacco use and regulation in Australia, with links to full text documents published by commonwealth agencies. Also includes the National Tobacco Strategy.

#### Action on Smoking and Health (Australia)

[www.ashaust.org.au](http://www.ashaust.org.au)

ASH is one of Australia's leading tobacco related advocacy organisations. The site includes advocacy opportunities, and information about litigation, links to legislation, fact sheets and newsletters.

#### National Tobacco Campaign [www.quitnow.info.au](http://www.quitnow.info.au)

A reference to all facets of the current national campaign 'Every cigarette is doing you damage'.

#### Tobacco Control Super Site [tobacco.health.usyd.edu.au](http://tobacco.health.usyd.edu.au)

By Simon Chapman, one of Australia's leading tobacco control advocates. Covers the tobacco industry's activities in Australia, as well as recently published press and journal articles and the Tobacco Documents System (TDS) database.

#### National Health & Medical Research Council

[www.health.gov.au/nhmrc](http://www.health.gov.au/nhmrc)

From here you can access the full text of the 1997 NHMRC publication The health effects of passive smoking: a scientific information paper.

#### VicHealth Centre for Tobacco Control [www.vctc.org.au](http://www.vctc.org.au)

Look here for links to documents about tobacco control policy.

## References

1. Peto R, Lopez AD, Boreham J, Thun MJ, Heath Jr C. Mortality from smoking in developed countries 1950-2000. Indirect estimates from National Vital Statistics. Oxford: Oxford University Press; 1994.
2. Collins DJ, Lapsley HM. The costs of tobacco, alcohol and illicit drug abuse to Australian society in 2004/05. Canberra: Department of Health and Ageing; 2008. Report No.: Monograph Series no.64.
3. Begg S, Vos T, Barker B, Stevenson C, Stanley L, AD L. The Burden of Disease and Injury in Australia 2003. Canberra: Australian Institute of Health and Welfare; 2007.  
<http://www.aihw.gov.au/publications/index.cfm/title/10317>.
4. AIHW, AACR. Cancer in Australia: an overview, 2006. Canberra: Australian Institute of Health and Welfare, Australasian Association of Cancer Registries.; 2007. Report No.: Cancer series no. 37. Cat. no. CAN 32.
5. Nusselder WJ, Looman CW, Marang-van de Mheen PJ, van de Mheen H, Mackenbach JP. Smoking and the compression of morbidity. J Epidemiol Community Health. 2000 Aug;54(8):566-74.
6. Winstanley M, Woodward S, Walker N. Tobacco in Australia: Facts and Issues. 2nd. ed. ed. Melbourne: Victorian Smoking and Health Program; 1995.
7. The health consequences of smoking: Cardiovascular disease: a report of the Surgeon General. Washington, DC: Dept of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 1983.
8. Ridolfo B, Stevenson C. The quantification of drug-caused morbidity in Australia, 1998. Canberra: Australian Institute of Health and Welfare; 2001 February 2001. Report No.: PHE 29.
9. Mathers C, Vos T, Stevenson C. The Burden of Disease and Injury in Australia. Canberra: Australian Institute of Health and Welfare; 1999.  
<http://www.aihw.gov.au/publications/health/bdia/>.
10. NHMRC. The health effects of passive smoking: a scientific information paper. Canberra: National Health and Medical Research Council; 1997.
11. AIHW. 2007 National Drug Strategy Household Survey: First results. Canberra: AIHW; 2008.  
<http://www.aihw.gov.au/publications/index.cfm/title/10579>.
12. Trewin D. National Aboriginal and Torres Strait Islander Health Survey, Australia 2004-05. Canberra: Australian Bureau of Statistics; 2006. Report No.: 4715.0.  
<http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/C36E019CD56EDE1FCA256C76007A9D36>.
13. AIHW. 2004 National Drug Strategy Household Survey: State and Territory Supplement. Canberra: AIHW; 2005.
14. Fitzsimmons G, Cooper-Stanbury M. 1998 National Drug Strategy Household Survey: State and Territory Results. Canberra: AIHW; 2000.
15. Collins AC, Lapsley HM. The social costs of drug abuse in Australia in 1988 and 1992 Sydney: Commonwealth Department of Human Services and Health; 1996. Report No.: Monograph Series No.30.
16. Hurley SF. Short-term impact of smoking cessation on myocardial infarction and stroke hospitalisations and costs in Australia. Med J Aust. 2005 Jul 4;183(1):13-7.
17. Corrao M, Guindon GE, Sharma N, Shokoohi DF. Tobacco control country profiles. Atlanta, GA: American Cancer Society; 2003 [updated 2003; cited 20080415]; 2nd:[Available from: [http://www.cancer.org/docroot/PRO/content/PRO\\_1\\_1\\_Tobacco\\_Control\\_Country\\_Profiles.asp](http://www.cancer.org/docroot/PRO/content/PRO_1_1_Tobacco_Control_Country_Profiles.asp).

Revised April 2008