

KEY SMOKING STATISTICS FOR SA - 2018



IMPORTANT NOTE ON 2018 DATA

The primary data source for 'Key Smoking Statistics for SA' changed in 2018 from the Health Omnibus Survey (a face-to-face survey used up until 2017) to a phone survey conducted for the first time in 2018. Estimates of smoking prevalence from phone surveys are approximately 3% lower than smoking prevalence derived from face-to-face surveys, and this should be considered when interpreting results. Historical data have been updated to reflect age-standardisation to the 2016 population.

SMOKING PREVALENCE AMONG SOUTH AUSTRALIAN ADULTS, 2018

Table 1 shows 2018 smoking rates in the adult population (aged 15+ years) and sub-groups.

Table 1: Smoking prevalence in 2018 (age standardised to 2016 population)

	Daily Smokers (%)	95%CI	All smokers [^] (%)	95%CI
Males	8.3	6.9-9.7	13.5	11.7-15.3
Females	8.8	7.4-10.2	10.5	9.0-12.0
15-29 years	4.5	2.8-6.2	10.1	7.6-12.6
30-44 years	10.6	8.5-12.7	16.1	13.6-18.6
45-59 years	15.7	13.1-18.3	18.0	15.2-20.8
60+ years	4.3	3.0-5.6	5.2	3.7-6.7
Total adults (15+)	8.6	7.6-9.6	12.0	10.8-13.2

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

SMOKING PREVALENCE (%) OVER TIME, 15-29 YEARS AND 15+ YEARS

Table 2 shows daily and all smoking in the population aged 15+ years and those aged 15-29 years.

Table 2: Daily and all smoking prevalence (%) over time (age standardised to 2016 population)

	09	10	11	12	13	14	15	16	17	18
Daily smoking										
15-29 years	16.0	17.8	13.9	15.0	14.9	10.2	12.0	10.9	11.8	4.5
(95% CI)	±3.2	±3.3	±3.0	±3.1	±3.2	±2.8	±2.9	±2.7	±3.0	±1.7
Adults (15+)	17.1	16.8	14.8	13.9	15.6	12.4	13.3	12.8	13.9	8.6
(95% CI)	±1.6	±1.6	±1.5	±1.5	±1.6	±1.5	±1.5	±1.4	±1.5	±1.0
All smoking										
15-29 years	21.8	23.5	17.9	18.6	20.0	15.1	17.3	12.8	15.2	10.1
(95% ČI)	±3.6	±3.6	±3.3	±3.4	±3.6	±3.3	±3.3	±2.9	±3.3	±2.5
Adults (15+)	20.0	20.0	17.1	16.1	18.7	15.1	15.4	14.7	16.0	12.0
(95% CI)	±1.7	±1.7	±1.6	±1.6	±1.7	±1.6	±1.5	±1.5	±1.6	±1.2

Notes: Red line indicates changeover of data source from the Health Omnibus Survey (HOS) to the South Australian Population Health Survey (SAPHS). Historical data have been updated to reflect age-standardisation to the 2016 population.

SMOKING PREVALENCE AMONG SOUTH AUSTRALIAN SCHOOL CHILDREN, 2017*

In 2017, 2.5% (2.9% of males and 2.0% of females) of school students aged 12-17 were current smokers (i.e. had smoked in the past week). A total of 1.3% of 12-15 year olds were current smokers (1.5% of males and 1.1% of females) and 4.6% of 16-17 year olds were current smokers (5.8% for males and 3.5% for females). The decrease in smoking prevalence from 2014 (3.0%) to 2017 (2.5%) was statistically significant. *Source: Australian School Students Alcohol and Drug survey 2017.

SMOKING PREVALENCE BY AREA OF SOCIO-ECONOMIC DISADVANTAGE, 2016-2018

Figure 1 shows that in 2018, smoking prevalence was higher among people living in areas of most disadvantage compared to those in the areas of least disadvantage. The smoking rate in 2018 for the two most disadvantaged groups combined was significantly lower than 2017 and statistically similar to 2016. Figure 1: Smoking prevalence (±95% CI) in each Index of Relative Socio-Economic Disadvantage quintile, 2016-2018

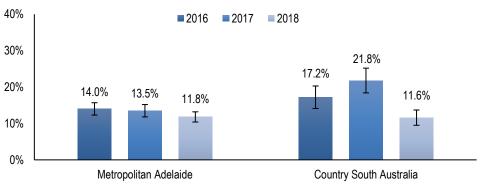


Note: historical prevalence figures have been updated to reflect the 2016 IRSD quintile structure

SMOKING PREVALENCE AMONG PEOPLE LIVING IN COUNTRY SOUTH AUSTRALIA, 2018

Figure 2 shows that in 2018, smoking prevalence was similar among people living in country South Australia and those living in metropolitan Adelaide. The smoking rate for country South Australia was significantly lower in 2018 compared to 2017 and 2016.

Figure 2: Smoking prevalence (\pm 95% CI) for people living and metropolitan Adelaide and country South Australia, 2016-2018

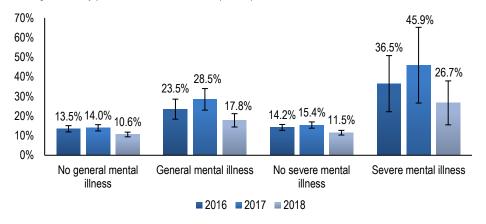




SMOKING PREVALENCE AMONG PEOPLE WITH A MENTAL ILLNESS, 2018

Respondents who reported living with either a general mental illnessⁱ or a severe mental illnessⁱⁱ were significantly more likely to be smokers than people living without either a general mental illness or a severe mental illness. Smoking prevalence in 2018 among respondents living with a general mental illness was significantly lower than in 2017 and 2016. Smoking prevalence for respondents living with a severe mental illness was statistically similar to 2017 and 2016.

Figure 3: Smoking prevalence (\pm 95% CI) among people receiving treatment for a mental illness (general) or receiving a disability pension for a mental illness (severe), 2016 to 2018



SMOKING PREVALENCE AMONG SOUTH AUSTRALIAN ABORIGINAL & TORRES STRAIT ISLANDER PEOPLE, 2014-15*

In 2014-15, 38.2% of Aboriginal and Torres Strait Islander people aged 18 years and over (age-standardised) in South Australia were current daily smokers (40.6% across Australia).

*Source: 4714.0 National Aboriginal and Torres Strait Islander Social Survey, Australia, 2014-15. Table 23.3 Health risk factor indicators, by state/territory and remoteness area, persons aged 18 years and over — 2014–15, Proportion of persons. Released 28 April 2016. Australian Bureau of Statistics. Accessed 22 March 2017. Available from: http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4714.02014-15?OpenDocument

QUIT ATTEMPTS, 2018

The majority of South Australian smokers have made a previous quit attempt (79.4%); 42.2% have tried to guit in the past year and 59.5% intend to try to guit in the next six months.

DEATHS ATTRIBUTABLE TO TOBACCO*

There are approximately 1,350 tobacco-attributable deaths annually in South Australia and 18,762 across Australia (based on 2011 data).

*Source: Extrapolated from: Australian Burden of Disease Study: Impact and causes of illness and death in Australia, 2011. Supplementary tables. Chapter 6: Contribution of risk factors to burden. Australian Institute of Health and Welfare, 2016. Available from: https://www.aihw.gov.au/reports/burden-of-disease/abds-impact-and-causes-of-illness-death-2011/data

E-CIGARETTES, 2018

In 2018, 82.0% of the South Australian population reported that they had heard of e-cigarettes but only 2.1% were current users of e-cigarettes. Table 2 provides a summary of hearing about, trialling and using e-cigarettes according to smoking status. As shown in Table 3, previous and current use of e-cigarettes was more common among current smokers compared to ex-smokers and those who have never smoked.

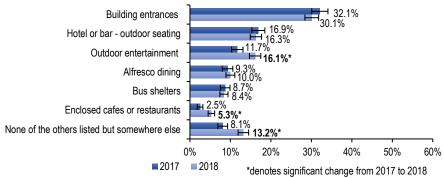
Table 3: Proportion of respondents hearing about, trialling and using e-cigarettes, 2018

	Smoker %	Ex-smoker %	Never smoked %	Total %
Never heard of e-cigs	9.4	7.8	25.3	18.0
Current user	10.5	2.6	0.2	2.1
Not current user but				
Tried within past 12 months	19.0	5.2	0.9	4.4
Tried over 12 months ago	21.3	10.0	1.7	6.6
Heard of e-cigs but never tried	39.8	74.5	71.9	68.9

EXPOSURE TO PASSIVE SMOKING, 2018

In 2018, 60.8% of the South Australian population reported that they had been exposed to someone else's cigarette smoking in the past two weeks, which was a significant decrease from 2017 (66.4%). Figure 4 shows the locations at which people reported being exposed to passive smoke in the last two weeks (prompted) in 2017 and 2018. The most common location for reporting being exposed to passive smoke in the last two weeks was building entrances, followed by outdoor seating at hotels/bars and outdoor entertainment areas.

Figure 4: Proportion (\pm 95% CI) of the South Australian population who reported exposure to passive smoke in various locations in the past two weeks. 2017 and 2018



SMOKE-FREE HOMES AND CARS, 2018

In 2018, less than 10% of the population reported that they were exposed to passive smoke in their own home (7.4%), own car (3.7%) and someone else's car (6.9%). A slightly higher proportion of the population was exposed to passive smoke in someone else's home (15.2%).

¹Respondents who reported they were currently receiving treatment for anxiety, depression or any other mental health problem.

ii Respondents who reported they were currently receiving the disability pension for a psychological or psychiatric illness.