

QUIT ATTEMPTS, 2014

The majority of South Australian smokers have made a previous quit attempt (79.6%); 39.3% have tried to quit in the past year and 58.4% intended to try to quit in the next six months. Table 3 displays the main sources that smokers mentioned when asked about programs or services available to help smokers quit.

Table 3: Current smokers' awareness of smoking cessation support services, 2014

Knowledge of services to help smokers quit (unprompted)	
Quitline/Quit campaign	63.2%
Nicotine Replacement Therapy	45.2%
Quit smoking medication	28.9%
Talking to Doctor	21.6%

ACTIVE SMOKING AND HEALTH, 2014

In 2014, 98.4% of the population (97.7% of smokers) believed that smoking caused illnesses and/or damage to the body. Lung cancer was the most common illness mentioned by respondents (Table 4). Among smokers, there was a significant increase in awareness that smoking causes lung cancer, heart disease, stroke and asthma from 2013 to 2014.

Table 4: Awareness that active smoking will cause illness^a, 2013 and 2014

Illness ^a caused by smoking	2013		2014	
	% Population (smokers only)	% Population (smokers only)	% Population (smokers only)	% Population (smokers only)
Lung Cancer	65.4% (55.7%)	71.5% (63.0%)		
Emphysema	53.3% (54.9%)	52.8% (50.6%)		
Cancer (unspecified)	36.1% (33.9%)	37.4% (37.1%)		
Heart disease	30.5% (31.4%)	40.8% (46.1%)		
Gangrene	20.8% (22.9%)	18.1% (19.8%)		
Stroke	9.1% (11.1%)	13.1% (17.8%)		
Asthma	10.1% (7.7%)	14.4% (11.9%)		

^aNote that results regarding awareness of illnesses prior to 2013 were calculated using slightly different variables and should not be compared to results from 2013 onwards.

SMOKE-FREE HOMES AND CARS, 2011*

In 2011, 88.7% of homes were smoke-free (having either a ban or no one that smoked in the household) and 88.3% of car owners reported no smoking in their cars.

*Source: Health Omnibus Survey 2011

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>

SMOKING PREVALENCE AMONG SOUTH AUSTRALIAN ADULTS, 2014

Table 1 shows 2014 smoking rates in the adult population (aged 15+) and sub-groups.

Table 1: Smoking prevalence in 2014 (age standardised to 2006 population)

	Smoking prevalence ^a (%)	95% CI
Males	18.6	16.1-21.1
Females	12.9	10.8-15.0
15-29 years*	14.8	11.5-18.1
30-44 years	21.6	17.8-25.4
45-59 years	18.8	15.2-22.4
60+ years	7.3	5.1-9.5
Total Adults (15+)	15.7	14.1-17.3

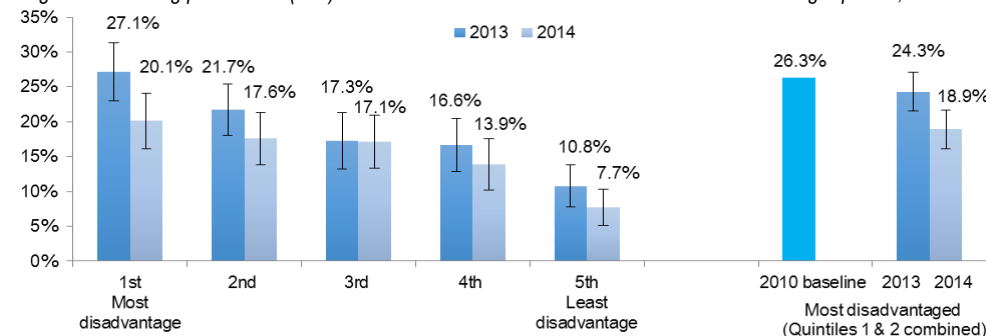
^a Defined as those who reported smoking daily, weekly or less often than weekly

SMOKING PREVALENCE (%) OVER TIME, 15-29 YEARS AND 15+ YEARS (AGE STANDARDISED TO 2006 POPULATION TO ALLOW COMPARISON OVER TIME)

	05	06	07	08	09	10	11	12	13	14
All smoking										
15-29 years	21.6	23.5	23.0	23.4	21.6	22.9	17.6	18.2	19.5	14.8
(95% CI)	(±3.6)	(±3.7)	(±4.1)	(±3.8)	(±3.6)	(±3.6)	(±3.3)	(±3.3)	(±3.5)	(±3.3)
Daily smoking										
15-29 years	16.8	18.3	17.0	18.1	15.8	17.3	13.6	14.6	14.4	9.9
(95% CI)	(±3.3)	(±3.4)	(±3.7)	(±3.4)	(±3.2)	(±3.2)	(±3.0)	(±3.1)	(±3.1)	(±2.7)
All smoking										
Adults (age 15+)	18.7	20.4	20.1	19.5	20.7	20.5	17.6	16.7	19.4	15.7
(95% CI)	(±1.7)	(±1.7)	(±1.9)	(±1.8)	(±1.7)	(±1.7)	(±1.6)	(±1.6)	(±1.7)	(±1.6)
Daily smoking										
Adults (age 15+)	15.9	17.6	17.0	17.4	17.7	17.2	15.2	14.4	16.2	12.8
(95% CI)	(±1.6)	(±1.6)	(±1.8)	(±1.7)	(±1.6)	(±1.6)	(±1.5)	(±1.5)	(±1.6)	(±1.5)

Figure 1 shows that in 2014, smoking prevalence was higher among people living in areas of most disadvantage compared to those in the areas of least disadvantage. There was a significant decrease in smoking prevalence for the two most disadvantaged quintiles combined from 2013 to 2014.

Figure 1: Smoking prevalence (±CI) in each Index of Relative Socio-Economic Disadvantage quintile, 2013-2014



Note: Unless otherwise specified, source of data is Health Omnibus Survey 2014.

*Statistic used to measure progress towards the Primary Target of the South Australian Tobacco Control Strategy 2011-2016.

EXPOSURE TO PASSIVE SMOKING, 2014

In 2014, 67.1% of the South Australian population reported that they had been exposed to someone else's cigarette smoking in the past two weeks. This was a statistically similar to 2013 (68.5%).

SMOKING RESTRICTIONS

Smoke-free outdoor eating and drinking areas of hospitality venues, 2013

The South Australian government has committed to making alfresco dining areas smoke-free by 2016. In 2013, 79.4% of the population agreed that there should be a total smoking ban in outdoor eating and drinking areas of hospitality venues, such as restaurants, cafes, pubs and clubs.

*Source: Health Monitor 2013

Smoke-free transport stops and children's playgrounds, 2013

Legislation banning smoking under covered transport stops and within 10m of children's playgrounds came into effect on 31 May 2012. In 2013, approval for a total smoking ban at transport stops was 93.6%, which was a significant increase from 2012 (78.4%). Similarly, approval for smoke-free children's playgrounds significantly increased from 94.7% in 2012 to 97.9% in 2013.

*Source: Health Monitor 2013

E-CIGARETTES, 2014

In 2014, 81.3% of the South Australian population reported that they had heard of e-cigarettes but only 1.2% 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 2, previous and current use of e-cigarettes was more common among current smokers compared to ex-smokers and those who have never smoked.

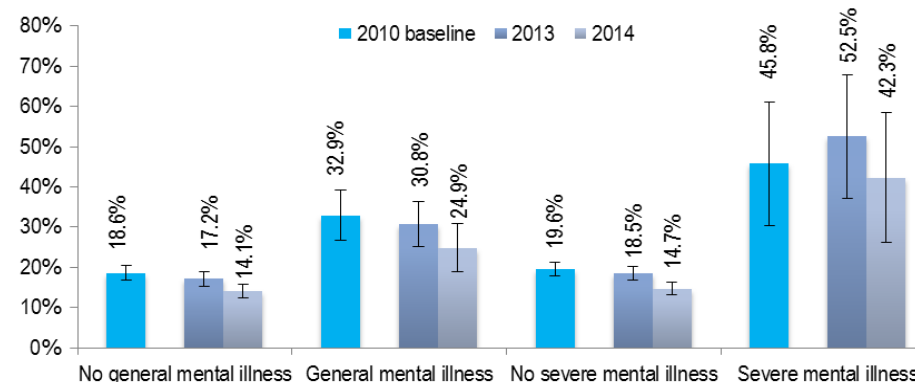
Table 2: Proportion of respondents hearing about, trialling and using e-cigarettes, 2014

	Smoker %	Ex-smoker %	Never smoked %	Total %
Never heard of e-cigs	7.4	12.3	25.2	18.7
Current user	5.3	0.3	0.7	1.2
Not current user but...				
Tried within past 12 mths	30.1	5.1	2.6	7.5
Tried over 12 mths ago	8.6	3.0	0.9	2.7
Heard of e-cigs but never tried	48.6	79.4	70.7	69.8

SMOKING PREVALENCE AMONG PEOPLE WITH A MENTAL ILLNESS, 2014

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. There was no statistical difference in smoking prevalence among respondents living with a general mental illness and respondents living with a severe mental illness from 2013 to 2014.

Figure 3: Smoking prevalence among people receiving treatment for a mental illness (general) or receiving a disability pension for a mental illness (severe), 2010 baseline & 2013 to 2014



SMOKING PREVALENCE AMONG SOUTH AUSTRALIAN SCHOOL CHILDREN, 2011*

In 2011, 4.7% (4.9% of males and 4.4% of females) of secondary school students aged 12-17 were current smokers (i.e. had smoked in the past week). A total of 2.9% of 12-15 year olds were current smokers (3.2% of males and 2.6% of females) and 8.6% of 16-17 year olds were current smokers (8.7% for males and 8.5% for females). The prevalence of current smokers among South Australian school children did not change from 2008 to 2011.

*Source: ASSAD survey 2011.

SMOKING PREVALENCE AMONG SOUTH AUSTRALIAN ABORIGINAL & TORRES STRAIT ISLANDER PEOPLE, 2012-13*

In 2012-13, 42.2% of Aboriginal and Torres Strait Islander people aged 18 years and over (age-standardised) in South Australia were current daily smokers (41.2% across Australia).

*Source: Smoking rates were derived from The ABS Australian Aboriginal and Torres Strait Islander Health Survey 2012-13 and were compiled by the Council on Federal Financial Relations to report against the National Indigenous Reform Agreement:

http://www.federalfinancialrelations.gov.au/content/national_minimum_data_sets.aspx#Indigenous

ⁱ Respondents 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.