

### QUIT ATTEMPTS, 2016

The majority of South Australian smokers have made a previous quit attempt (74.1%); 34.1% have tried to quit in the past year and 53.9% intend 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, 2016

Knowledge of services to help smokers quit (unprompted)	
Quitline/Quit campaign	61.8%
Nicotine Replacement Therapy	44.1%
Quit smoking medication	33.5%
Talking to Doctor	24.0%

### 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<sup>^</sup>, 2013 and 2014

Illness <sup>^</sup> 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%)		

<sup>^</sup>Note 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.

\*Source: Health Omnibus Survey 2014 (most recent available data for awareness of illnesses caused by smoking)

### SMOKE-FREE HOMES AND CARS, 2016

In 2016, less than 10% of the population reported that they were exposed to passive smoke in their own home (8.6%), own car (3.5%) and someone else's car (5.8%). A slightly higher proportion of the population was exposed to passive smoke in someone else's home (15.5%).

### 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, 2016

Table 1 shows 2016 smoking rates in the adult population (aged 15+) and sub-groups.

Table 1: Smoking prevalence in 2016 (age standardised to 2006 population)

	Daily Smokers (%)	95%CI	All smokers <sup>^</sup> (%)	95%CI
Males	14.1	12.0-16.2	16.7	14.4-19.0
Females	11.9	10.0-13.8	13.3	11.3-15.3
<b>15-29 years</b>	<b>10.5</b>	<b>7.8-13.2</b>	<b>12.3<sup>i</sup></b>	<b>9.5-15.1</b>
30-44 years	14.1	11.0-17.2	17.7	14.3-21.1
45-59 years	18.1	14.7-21.5	19.8	16.3-23.3
60+ years	8.8	6.6-11.0	9.6	7.3-11.9
<b>Total adults (15+)</b>	<b>12.9</b>	<b>11.5-14.3</b>	<b>14.9</b>	<b>13.4-16.4</b>

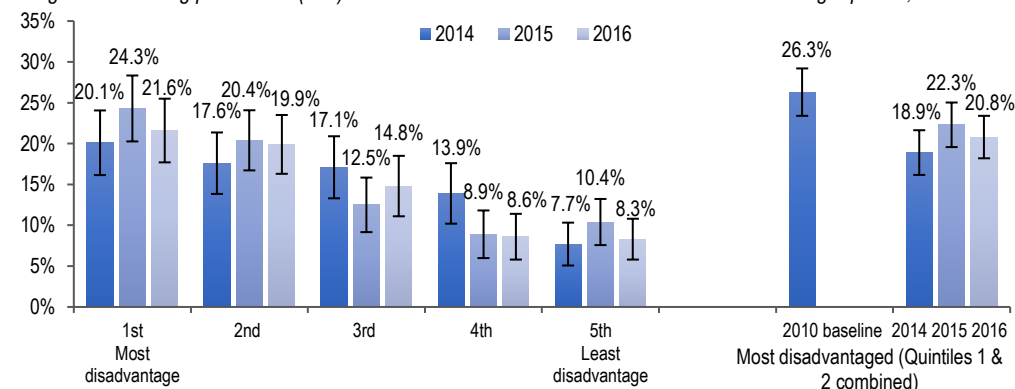
<sup>^</sup> Defined as those who reported smoking daily, weekly or less often than weekly

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

	07	08	09	10	11	12	13	14	15	16
<b>Daily smoking</b>										
<b>15-29 years</b>	17.0	18.1	15.8	17.3	13.6	14.6	14.4	9.9	11.6	10.5
(95% CI)	(±3.7)	(±3.4)	(±3.2)	(±3.2)	(±3.0)	(±3.1)	(±3.1)	(±2.7)	(±2.8)	(±2.7)
<b>Adults (15+)</b>	17.0	17.4	17.7	17.2	15.2	14.4	16.2	12.8	13.6	12.9
(95% CI)	(±1.8)	(±1.7)	(±1.6)	(±1.6)	(±1.5)	(±1.5)	(±1.6)	(±1.5)	(±1.5)	(±1.4)
<b>All smoking</b>										
<b>15-29 years</b>	23.0	23.4	21.6	22.9	17.6	18.2	19.5	14.8	16.9	12.3
(95% CI)	(±4.1)	(±3.8)	(±3.6)	(±3.6)	(±3.3)	(±3.3)	(±3.5)	(±3.3)	(±3.3)	(±2.8)
<b>Adults (15+)</b>	20.1	19.5	20.7	20.5	17.6	16.7	19.4	15.7	15.7	14.9
(95% CI)	(±1.9)	(±1.8)	(±1.7)	(±1.7)	(±1.6)	(±1.6)	(±1.7)	(±1.6)	(±1.6)	(±1.5)

Figure 1 shows that in 2016, 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 2016 for the two most disadvantaged groups combined was lower than 2015 and the 2010 baseline.

Figure 1: Smoking prevalence (±CI) in each Index of Relative Socio-Economic Disadvantage quintile, 2014-2016



Note: Unless otherwise specified, source of data is Health Omnibus Survey 2016.

<sup>i</sup> Statistic used to measure progress towards the Primary Target of the South Australian Tobacco Control Strategy 2011-2016.

### EXPOSURE TO PASSIVE SMOKING, 2016

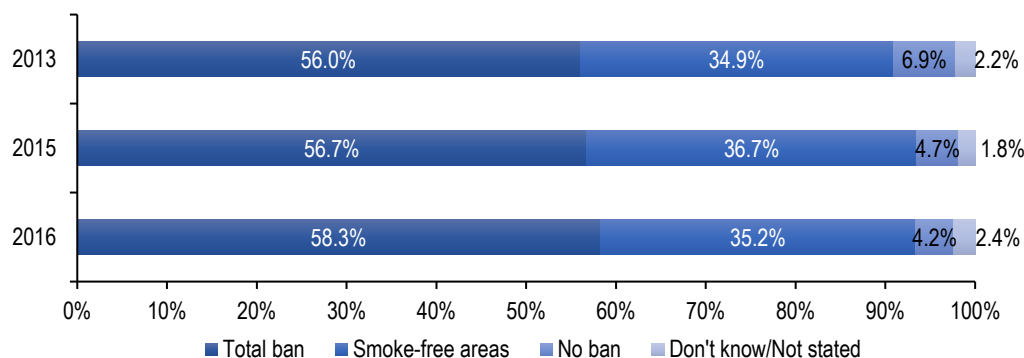
In 2016, 63.0% of the South Australian population reported that they had been exposed to someone else's cigarette smoking in the past two weeks, which was a significant decrease from 2015 (71.6%).

### SMOKING RESTRICTIONS

#### Smoke-free outdoor (alfresco) dining areas, 2016

The South Australian Government introduced legislation to make alfresco dining areas smoke-free in July 2016. In 2016, 93.5% of the population agreed that there should be either total bans or smoking restrictions in outdoor (alfresco) dining areas, which was a significantly higher than 2013 (90.9%).

Figure 2: Preferences for smoking restrictions at outdoor (alfresco) dining areas, 2013, 2015, 2016



### E-CIGARETTES, 2016

In 2016, 85.2% of the South Australian population reported that they had heard of e-cigarettes but only 1.3% 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.

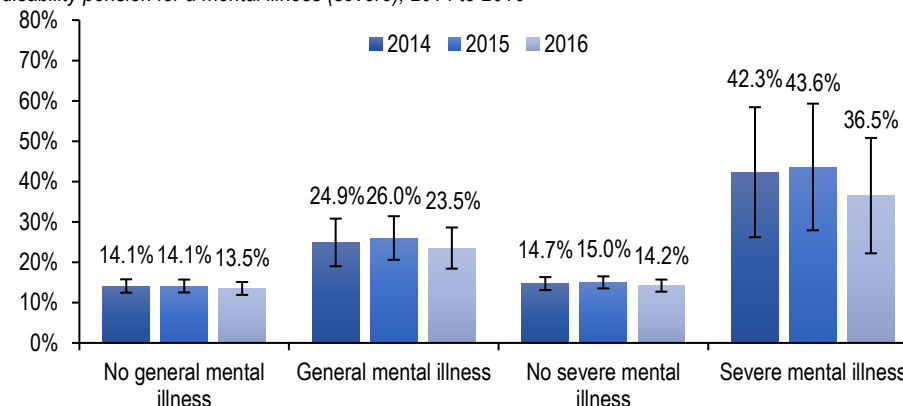
Table 2: Proportion of respondents hearing about, trialling and using e-cigarettes, 2016

	Smoker %	Ex-smoker %	Never smoked %	Total %
Never heard of e-cigs	5.8	12.3	18.3	14.8
Current user	4.7	1.6	0.3	1.3
Not current user but...				
Tried within past 12 mths	25.7	3.6	2.2	6.1
Tried over 12 mths ago	18.6	5.8	2.4	5.7
Heard of e-cigs but never tried	45.2	76.6	76.8	72.1

### SMOKING PREVALENCE AMONG PEOPLE WITH A MENTAL ILLNESS, 2016

Respondents who reported living with either a general mental illness<sup>i</sup> or a severe mental illness<sup>ii</sup> were significantly more likely to be smokers than people living without either a general mental illness or a severe mental illness. Smoking prevalence in 2016 among respondents living with a general mental illness and respondents living with a severe mental illness was similar to 2015 and 2014.

Figure 3: Smoking prevalence among people receiving treatment for a mental illness (general) or receiving a disability pension for a mental illness (severe), 2014 to 2016



### SMOKING PREVALENCE AMONG SOUTH AUSTRALIAN SCHOOL CHILDREN, 2014\*

In 2014, 3.0% (3.2% of males and 2.8% of females) of secondary school students aged 12-17 were current smokers (i.e. had smoked in the past week). A total of 1.4% of 12-15 year olds were current smokers (1.1% of males and 1.7% of females) and 6.4% of 16-17 year olds were current smokers (7.6% for males and 5.1% for females). The decrease in smoking prevalence from 2011 (4.7%) to 2014 (3.0%) was statistically significant.

\*Source: Australian School Students Alcohol and Drug survey 2014.

### 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>

<sup>i</sup> Respondents who reported they were currently receiving treatment for anxiety, depression or any other mental health problem.

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