

Did you know, on average one Queenslanders died every three hours from a tobacco related disease in 2007.¹

Did you know one in five pregnant women in Queensland reported smoking during their pregnancy in 2009.³

Who is smoking in Queensland?

Although smoking rates are declining, 1 in 6 Queensland adults is a daily smoker.²

- In 2011, **14.8%** of the Queensland adult population reported **smoking on a daily basis**. A further 1.6% smoke tobacco at least once a week and 2.5% less than weekly.²
- Adult males are about 30% more likely to smoke daily than females in 2011.
- Daily smoking is **highest in the age range 25–44 years**.² Smoking declines with age with only about 3% of people aged 75 years and older smoking daily.
- Queensland adults living in **areas of socioeconomic disadvantage** are **2.3 times** more likely to smoke daily than those in areas of socioeconomic advantage, even after accounting for differences in age and sex.¹
- Rates of smoking among adults living in **regional and remote areas of Queensland** are about **30–50%** higher than rates of smoking among adults living in Queensland's major cities.² Rates of daily smoking in regional areas of Queensland including local government areas and health service districts are published on the Queensland Health website.
- Smoking is a significant health concern among Indigenous Australians. In 2007, **44% of Indigenous Queenslanders** reported being current smokers (daily or weekly).⁴
- Queensland adults who are **risky or high risk drinkers** are **3.5 times more likely to smoke daily** than low risk drinkers.¹
- About **1 in 5 pregnant Queensland women** in 2009 reported smoking during their pregnancy (18.7%).³

Are people still taking up smoking?

Smoking uptake is declining in Queensland and nationally.⁵

As over 90% of adult smokers start the habit in their teenage years, smoking rates in this age group are a good approximation of uptake rates.

Between 2001 and 2010, there was a 50% decline in the prevalence of daily smoking among teenagers in Queensland (14–19 years). In contrast, rates of decline in other high risk age groups was lower: by 40% among those aged 20–29 years and by 25% among those aged 30–39 years, while across the whole population it declined by about 20%.



Daily smoking status in persons 14–19 years by year, Queensland⁵

Did you know, as a result of declining smoking rates in Queensland since 2001 there are about 300,000 fewer smokers than there would have been if smoking rates had not fallen.¹ This decline has resulted in about 1,000 fewer tobacco related deaths in Queensland over the past decade.¹

What do we know about smoking uptake?

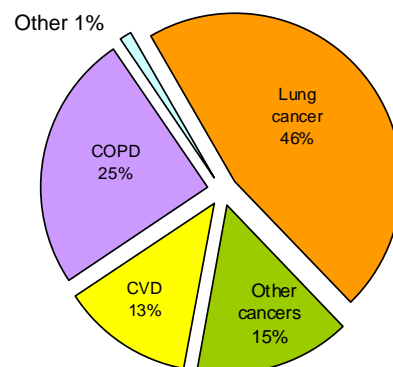
Most current smokers initiated the habit in their teens.⁶

- Less than 3% of Queensland teenagers aged 12–17 years reported smoking on a daily basis in 2010.⁷
 - Smoking is more common in older teens, increasing with age to 14.5% among 18–19 year olds.⁸
 - On average, teenage males initiate smoking about one year earlier than their female peers, at 15 years compared with 16.3 years for teenage girls.⁵ Nationally over the past three years, there has been an increase in the age at which teenagers had their first cigarette.⁷
- Research suggests that people who start smoking as teenagers are more likely to become lifelong smokers than those who take up smoking later. Around half of those teenagers who develop a lifelong daily smoking habit will die due to smoking related conditions.^{6,9}
- Among those who have ever tried smoking, 95% of males smoke their first full cigarette by age 20 and 95% of females smoke their first full cigarette by age 23.⁵
 - Almost all males who start smoking on a daily basis do so by age 30 (99% in 2007).⁵
 - The majority of females who start smoking on a daily basis do so by age 30 (96% in 2007), but a small percentage become daily smokers during their 30s and 40s.⁵

What do we know about smoking and health?

On average, smokers lose 10 years of life expectancy compared to lifetime non-smokers.⁹

Tobacco smoking is a major cause of preventable and premature death. Smoking was responsible for 3,422 deaths per year in Queensland in 2006–2007 where about 46% were premature (that is, death before 75 years). The majority of the disease burden was due to lung cancer, followed by chronic obstructive pulmonary disease (COPD), other cancers and cardiovascular disease (CVD). Smokers are also more likely to report poorer health and more days away from work than non-smokers.¹



Proportion disease burden due to smoking, by disease, Queensland, 2007.

Smoking in Queensland 2011

What do we know about smoking and pregnancy?

Tobacco use in pregnancy has been attributed to 14% of all deaths due to low birth weight.⁶

Smoking during pregnancy is harmful to the health of a baby. Exposure to tobacco smoke during pregnancy significantly increases the risk of placental complications, miscarriage, stillbirth, premature birth and low birth weight in infants.⁶ In 2007, 4.5% of the burden of disease and injury in infants was due to maternal smoking.¹⁰

In Queensland, rates of smoking among pregnant women are high, with 18.7% of Queensland women reporting that they continued to smoke into the second half of their pregnancy in 2009.³ Smoking during pregnancy was highest in teenagers (40.3%) and among Indigenous Queensland women (52.7%). More than a quarter of pregnant women living in areas of socioeconomic disadvantage continued to smoke during their pregnancy (29.5%) compared with 6.8% of pregnant women in areas of socioeconomic advantage.³

Women who attend fewer antenatal visits (under five) during their pregnancy are 2.5 times more likely to continue smoking during their pregnancy than women who attend five or more visits.³ Routine antenatal care can provide support for smoking cessation and relapse.

What do we know about second-hand smoke?

Exposure to second-hand smoke can harm the health of children and adults who do not smoke.

Non-smokers exposed to second-hand smoke increase their risk of developing heart or lung disease by 20–30%.¹¹ Children are particularly vulnerable to second-hand smoke. Exposure in children can lead to an increased risk of bronchitis, pneumonia and other airway infections, coughing, wheezing and middle ear infections.

Second-hand smoke can exacerbate symptoms in children and adults with asthma or other respiratory conditions, often leading to more frequent and severe attacks. Second-hand smoke exposure is a key risk factor for sudden infant death syndrome (SIDS) in a baby's first year.¹¹

There is no safe exposure to second-hand tobacco smoke. A smoke-free environment is the best way to protect non-smokers, particularly babies and children, from the harmful effects of tobacco smoke.



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What are the benefits of giving up smoking?

Giving up smoking has immediate as well as long term benefits. This will reduce the risk of smoking related disease and improve overall health and quality of life.⁶

Within the first year of quitting

Carbon monoxide levels in blood reduce. Circulation and lung function improves. Coughing and shortness of breath decreases. Risk of coronary heart disease is half that of a continuing smoker.

After 5 years

Stroke risk reduces to that of a non-smoker 5 to 15 years after quitting. Risk of smoking related cancer decreases.

After 10 years

Risk of lung cancer death reduces to about half that of a continuing smoker and keeps on declining. Risk of cancer of the bladder, kidney and pancreas decreases.

After 15 years

Risk of coronary heart disease is the same as for a non-smoker. Risk of death in former smokers declines to the same level as for people who have never smoked.

Other benefits

- Savings of about \$5,000 per year for a pack-a-day smoker.
- Sense of taste and smell are improved
- No further smoking-related skin damage
- Fewer sick days
- More energy and improved level of fitness.

Toward Q2 smoking goal

The Toward Q2 goal for smoking is to reduce rates by one-third by 2020.

The Queensland Government is committed to making Queenslanders Australia's healthiest people. Smoking reduction is a key goal in achieving this commitment. Current trends are on track to achieve the 2020 goal.¹ This goal is likely to be reached by about 2015.