

THE CRITICS' CHOICE

2015 Background Information

General facts

- Tobacco smoking is a leading cause of preventable death and disease around the world.¹
- Smoking kills around 15,000 Australians every year.²
- It is estimated that four in five deaths from drug-related causes (tobacco, alcohol, licit and illicit drugs) are due to cigarette smoking.²
- Two in three lifetime smokers will die from their addiction.³
- Smoking costs the community over \$31 billion per year.²
- In 2013, the smoking rate among adults (aged 18 years and over) was 13.3%.⁴ The smoking rate has almost halved since 1980.⁵
- Most adults who smoke first tried cigarettes when they were teenagers.⁶
- 90% of adults who smoke wish they had never started.⁷
- Around 80% of Victorian smokers have tried to quit.⁸

How many school students smoke?

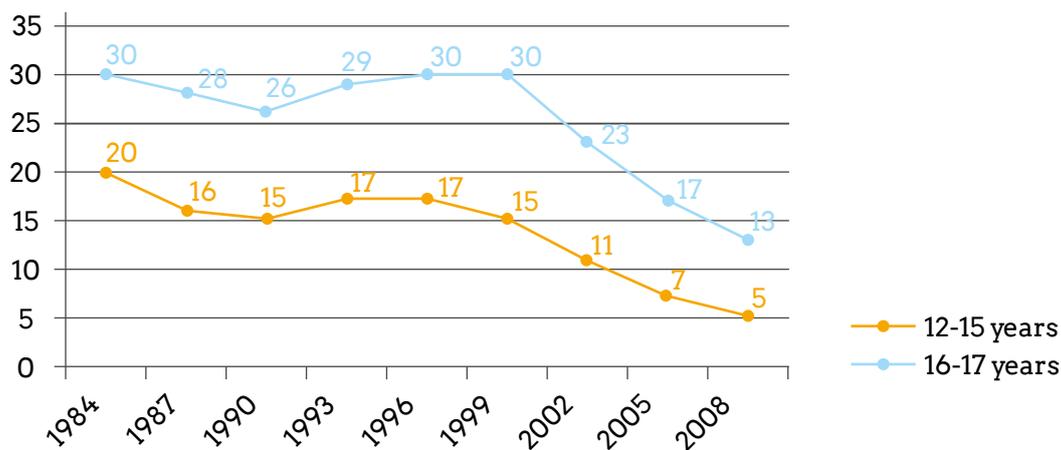
In 2011, the overall rate of current smoking among Australian students aged 12 to 17 years was 6.7%.⁹

- Among 12 to 15 year olds, 4.1% were current smokers; the smoking rate for males was 4.4% and for females 3.8%.
- Among 16 to 17 year olds, 12.9% were current smokers; the smoking rate for males was 13.4% and for females 12.3%.

Since 1999, smoking rates among students have dropped by more than half, as shown in the graph below.

THE CRITICS' CHOICE

Prevalence of smoking among 12-15 and 16-17 year olds* in Australia: 1984-2008



*Current Smoker: Students who had smoked tobacco on at least one day in the week prior to the survey

High levels of tobacco control activities in the community have contributed to the drop in smoking rates among students. These include mass media campaigns, an increase in tobacco tax, restrictions on the advertising and sale of tobacco products, smoking bans in public places, graphic health warnings on packs, and an increase in smokefree households with children.¹⁰⁻¹² Education and tobacco control measures are important so that young people understand the harms of smoking and secondhand smoke, and are therefore less likely to start smoking.

Who is most at risk of taking up smoking?

Young people are more likely to smoke if their parents, siblings or friends smoke. Students who smoke are more likely to feel more negatively towards school, to miss school more often, to perform less well academically, to engage in early school misbehaviour, and to drop out of school at an earlier age than non-smokers.¹³

Australian research has shown consistently that young people living in households where English is spoken are more likely to smoke than those living in households where a language other than English is the first language.¹¹ Smoking rates are also higher among Aboriginal and Torres Strait Islander youth.¹⁴

THE CRITICS' CHOICE

Weight control is often cited as a reason for starting to smoke, particularly among teenage girls.¹⁵ Taking up smoking does not usually lead to weight loss. Smoking can lessen weight gain, but very slowly over many years and any effect of smoking on the average weight among young people is very small.¹⁶

What are the health effects of smoking on the young?

Smoking harms nearly every organ in the body. It causes lung cancer, heart disease, stroke, lung diseases such as emphysema, several other cancers, plus diseases affecting the eyes, gums, blood vessels, bones and gut.¹⁷ The younger someone starts to smoke, the more likely they are to be heavy users of tobacco, and consequently, the greater risk they have of ill health from smoking.¹⁸

Young smokers report having poorer general health than their non-smoking peers.¹⁸ Smoking during adolescence or childhood causes respiratory and asthma-related symptoms including shortness of breath, coughing, phlegm and wheezing. Smoking impairs lung growth and causes the early onset of lung function decline during late adolescence and early adulthood.¹⁷ Young people who smoke have an increased risk of developing early signs of heart disease.¹⁸ Smoking also affects dental health and bone mass.^{19, 20}

Teenagers who smoke also report higher stress levels than non-smokers, in part due to re-occurring nicotine withdrawal symptoms.²¹

Immediate effects of smoking include a rise in heart rate and blood pressure, shaky hands, and a drop in skin temperature as blood vessels constrict in fingertips and toes.^{22, 23} Nicotine makes the heart work harder.²² Carbon monoxide reduces the ability of blood to carry oxygen and the ability of muscle cells to take up oxygen.¹⁷ Peak exercise performance is reduced.^{22, 24}

Keeping fit is also a lot harder if you smoke. Those who smoke:^{18, 24}

- are more easily exhausted
- suffer shortness of breath
- have reduced endurance
- have a blunted heart rate response to exercise

THE CRITICS' CHOICE

How fast does nicotine addiction occur?

Nicotine is the addictive drug in tobacco smoke. Evidence shows that nicotine addiction can be developed rapidly by young people, with adolescent smokers reporting some symptoms of dependence even before they start smoking on a daily basis. These symptoms appear on average within two months of starting to smoke, and mark the start of loss of control over their smoking.²⁵ Research shows that young people may make many unsuccessful attempts to quit even before they become daily smokers.²⁵

Where can young people get help to quit?

Quitline 13 QUIT (13 7848) – the Quitline is a confidential telephone information and advice service, which offers a tailored approach for young people. For the cost of a local call, professional telephone advisors provide encouragement and support to help smokers quit.

Quit's websites have helpful tools and information on quitting:

- Quit Victoria www.quit.org.au
- Quit South Australia <http://www.giveupsmokesforgood.org.au/>

Nicotine replacement products can be used to quit smoking by people aged 12 years and over. These include the nicotine patch, gum, lozenge, mouth spray and inhalator. People aged under 18 years should speak to their doctor before using these products.²⁶ It is strongly recommended that people in this age group discuss quitting smoking with a trained health advisor to benefit from using nicotine replacement products.²⁷

THE CRITICS' CHOICE

References

1. Australian Institute of Health and Welfare. Australia's health 2014. Canberra: AIHW; 2014. Report No.: Australia's health no. 14. Cat. no. AUS 178.
2. Collins D, Lapsley H. The costs of tobacco, alcohol and illicit drug abuse to Australian society in 2004–05. Canberra: Department of Health and Ageing; 2008.
3. Banks E, Joshy G, Weber MF, Liu B, Grenfell R, Egger S, et al. Tobacco smoking and all-cause mortality in a large Australian cohort study: findings from a mature epidemic with current low smoking prevalence. *BMC Med* 2015;13:38.
4. Australian Institute of Health and Welfare. National Drug Strategy Household Survey detailed report 2013. Canberra: AIHW; 2014. Report No.: Drug statistics series no. 28. Cat. no. PHE 183.
5. White V, Hayman J, Wakefield M, Hill D. Trends in smoking among Victorian secondary school students 1984–2002. Melbourne, Australia: Centre for Behavioural Research in Cancer, The Cancer Council Victoria; 2003. Report No.: CBRC Research Paper Series No. 4.
6. U.S. Department of Health and Human Services. Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General Atlanta, GA: U.S. Department 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; 2012.
7. Fong GT, Hammond D, Laux FL, Zanna MP, Cummings KM, Borland R, et al. The near-universal experience of regret among smokers in four countries: findings from the International Tobacco Control Policy Evaluation Survey. *Nicotine & Tobacco Research* 2004;6 Suppl 3:S341-51.
8. Brennan E, Durkin S, Wakefield M, Dunlop S. Victorian current and former smokers' quitting activity, and the impact of cessation aids, services and anti-smoking campaigns. Melbourne, Australia: Centre for Behavioural Research in Cancer, The Cancer Council Victoria; 2007. Report No.: CBRC Research Paper Series No. 29.
9. White V, Bariola E. Australian secondary school students' use of tobacco, alcohol, and over-the-counter and illicit substances in 2011. Canberra: Drug Strategy Branch, Australian Government Department of Health and Ageing; December 2012.
10. White V, Smith G. Victorian secondary school students' use of licit and illicit substances in 2008. Results from the 2008 Australian Secondary Students' Alcohol and Drug Survey. Melbourne: Victorian Department of Health; 2009.
11. Winstanley M, Wood L, Letcher T, Purcell K, Scollo M. Chapter 5. Influences on the uptake and prevention of smoking. In: Scollo M, Winstanley M, eds, editors. *Tobacco in Australia: Facts and Issues*. 4th ed. Melbourne: Cancer Council Victoria; 2012.
12. Winstanley M, Ford C. Chapter 4. The health effects of secondhand smoke. In: Scollo M, Winstanley M, eds, editors. *Tobacco in Australia: Facts and Issues*. 4th ed. Melbourne: Cancer Council Victoria; 2012.
13. Bryant AL, Schulenberg J, Bachman JG, O'Malley PM, Johnston LD. Understanding the links among school misbehavior, academic achievement, and cigarette use: a national panel study of adolescents. *Prev Sci* 2000;1(2):71-87.
14. Australian Bureau of Statistics. Australian Aboriginal and Torres Strait Islander Health Survey: First Results, Australia, 2012-13. Canberra: Australia Bureau of Statistics; 2013. Available from: <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/39E15DC7E770A144CA257C2F00145A66?opendocument> Accessed 14 May, 2015.
15. Zoli M, Picciotto MR. Nicotinic regulation of energy homeostasis. *Nicotine & Tobacco Research* 2012;14(11):1270-90.
16. United States. Department of Health and Human Services. Women and smoking: a report of the Surgeon General. Rockville, MD; Washington, D.C.: U.S. Dept. of Health and Human Services Public Health Service Office of the Surgeon General Public Health Service. Office of the Surgeon General; 2001.
17. United States. Department of Health and Human Services. The health consequences of smoking: a report of the Surgeon General. Atlanta, GA: U.S. Department 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; 2004.
18. United States. Public Health Service. Office of the Surgeon General National Center for Chronic Disease Prevention and Health Promotion. Office on Smoking and Health. Youth and Tobacco: Preventing Tobacco Use among Young People: A Report of the Surgeon General Atlanta, GA: United States. Public Health Service. Office on Smoking and Health 1994.
19. Kanis JA, Johnell O, Oden A, Johansson H, De Laet C, Eisman JA, et al. Smoking and fracture risk: a meta-analysis. *Osteoporos Int* 2005;16(2):155-62.
20. Law MR, Hackshaw AK. A meta-analysis of cigarette smoking, bone mineral density and risk of hip fracture: recognition of a major effect. *BMJ* 1997;315(7112):841-6.
21. Parrott AC, Murphy RS. Explaining the stress-inducing effects of nicotine to cigarette smokers. *Human psychopharmacology* 2012;27(2):150-5.
22. United States. Dept. of Health and Human Services. How tobacco smoke causes disease: the biology and behavioral basis for smoking-attributable disease : a report of the Surgeon General. Rockville, MD: U.S. 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; 2010.
23. West R, Shiffman S. *Fast Facts - Smoking cessation*. Oxford: Health Press Limited; 2004.
24. Winstanley M. Chapter 3. The health effects of active smoking. In: Scollo MM, Winstanley MH, eds, editors. *Tobacco in Australia: Facts and Issues*. 4th ed. Melbourne: Cancer Council Victoria; 2012.
25. Wellman RJ, DiFranza JR, Savageau JA, Dussault GF. Short term patterns of early smoking acquisition. *Tobacco Control* 2004;13(3):251-257.
26. Zwar N, Richmond R, Borland R, Litt J, Bell J, Caldwell B, et al. Supporting smoking cessation: a guide for health professionals. Melbourne: The Royal Australian College of General Practitioners; 2011.
27. Fiore MC, Jaen CR, Baker TB, Bailey WC, Benowitz NL, Curry SJ, et al. Treating Tobacco Use and Dependence: 2008 update. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service; 2008.