

Smoking

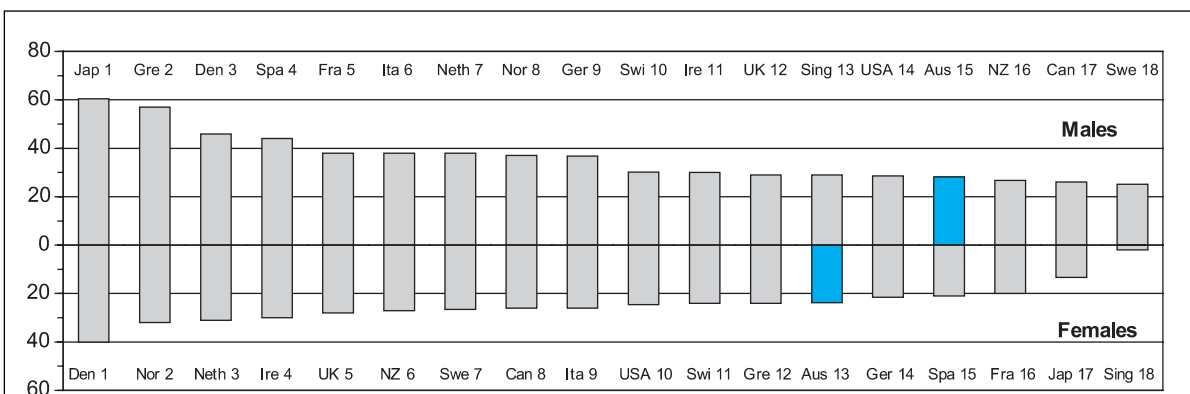


Figure 1: Proportion of population aged 15 years and over who are regular smokers, 1992

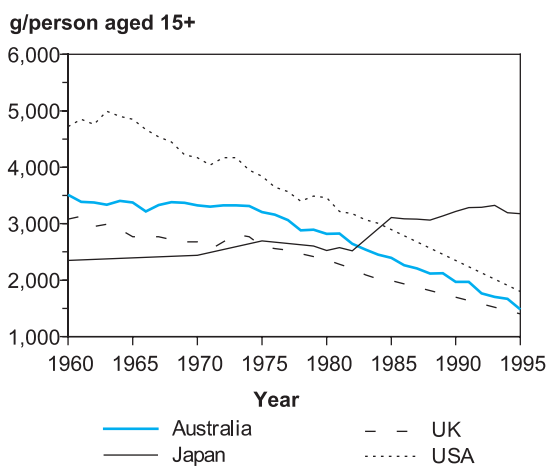


Figure 2: Tobacco consumption, 1960 to 1995

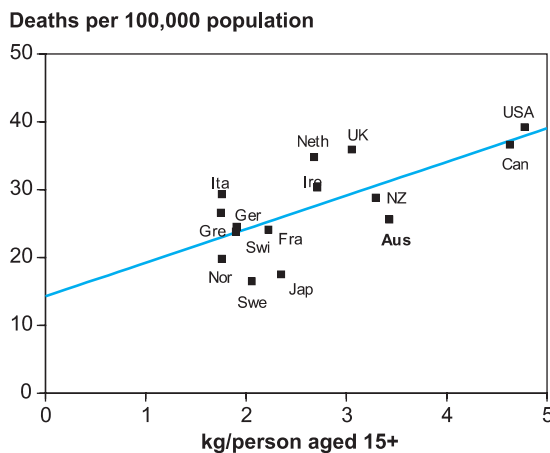


Figure 3: Tobacco consumption, 1960-62 and lung cancer mortality, 1990-92

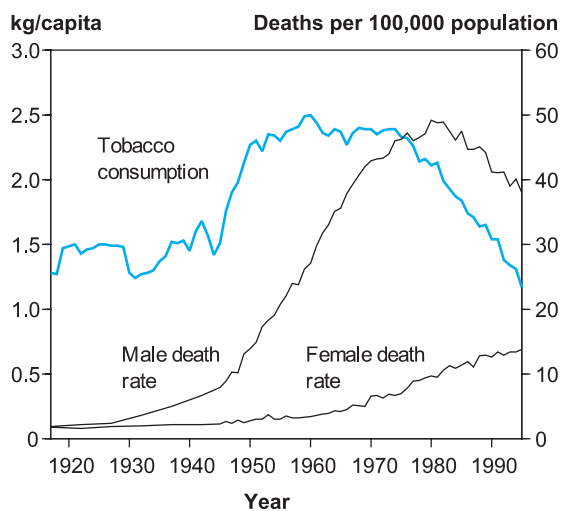


Figure 4: Tobacco consumption and lung cancer mortality, Australia, 1917-1995

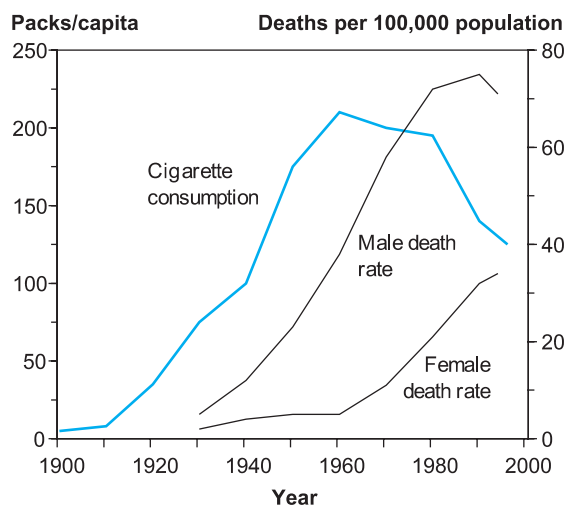


Figure 5: Cigarette consumption and lung cancer mortality, United States, 1900-1994

Smoking

Self-reported cigarette smoking and apparent tobacco consumption

Country	Year	Proportion who smoke regularly		Average number of cigarettes per day	Tobacco consumption (g/capita aged 15+)
		% males	% females		
Australia	1995	27.1	23.2	18.9	1995–96 1,480
Canada	1993	30.0	28.0	20.0	1995 1,800
Denmark	1996	36.0	36.0	15.8	1996 2,170
France	1992	38.0	20.0	14.7	1996 2,010
Germany	1995	35.6	21.5	15.6	1995 1,800
Greece	1994	46.0	28.0	—	1995 2,500
Hong Kong	1990	29.0	3.0	—	—
Ireland	1994	29.0	28.0	21.5	1995 1,800
Israel	—	—	—	—	1995 1,600
Italy	1994	38.0	26.0	—	1995 1,600
Japan	1996	57.5	14.2	23.2	1995 3,180
Netherlands	1995	40.9	31.2	—	1995 2,300
New Zealand	1995	27.0	26.0	14.6	1995 1,420
Norway	1996	34.0	33.0	12.8	1997 1,550
Singapore	1992	29.0	2.0	—	1995 2,500
Spain	1995	43.5	24.5	16.8	1995 2,100
Sweden	1994	21.6	23.8	15.3	1996 1,710
Switzerland	1992	30.1	24.1	—	1995 2,000
UK	1994	28.0	26.0	—	1995 1,400
USA	1992	28.6	24.6	—	1995 1,800

Note: Self-reported smoking data are for persons aged 15 years and over, except for Australia, Sweden and the United Kingdom (16+ years), the United States (18+ years) and Japan (20+ years). Definitions and concepts may vary between countries.

Sources: OECD 1998; Winstanley et al. 1995; Doyle 1997; World Bank 1997; AIHW unpublished.

- Tobacco smoking is a major risk factor for several diseases, including heart disease, stroke, lung cancer and chronic lung disease, and is the largest single preventable cause of premature mortality and illness. Nearly one in five deaths in developed countries are attributed to the effect of cigarette smoking (Peto et al. 1992).
- Self-reported figures indicate that approximately one-quarter of the Australian population were regular smokers in 1995 (27% males, 23% females), smoking an average of 19 cigarettes per day. Tobacco smoking in Australia, especially of manufactured cigarettes, increased markedly following World War II, due to wide availability and low cost (Winstanley et al. 1995). However, apparent consumption has decreased steadily since the 1960s, from an estimated 3,500 g per capita in 1960–61 to 1,500 g in 1995–96.
- In 1992, among 18 developed countries, only New Zealand, Canada and Sweden reported a lower proportion of men smoking regularly than did Australia. For women, Germany, Spain, France, Japan and Singapore reported lower rates. There were large male–female disparities in tobacco smoking for France, Greece, Japan, Spain and Singapore (Figure 1).
- Tobacco consumption is decreasing in most developed countries except, notably, in Japan (Figure 2). Smoking prevalence is increasing in a number of developing regions, especially Asia, as levels of disposable income increase along with economic development.
- Trends in tobacco consumption are closely reflected in lung cancer mortality—a major consequence of cigarette smoking—given a time lag. The two variables are closely correlated, both over time and across international boundaries (Figures 3, 4 and 5).
- The slow decline of cigarette smoking among Australian and United States women in recent decades, in contrast to more rapid declines among men, is also reflected in lung cancer mortality trends. Whereas mortality among men appears to have peaked almost a quarter of a century after the peak of tobacco consumption in 1960, it is still on the rise among women.

For more information, see:

Winstanley M, Woodward S, Walker N 1995. Tobacco in Australia: facts and issues. Carlton South: Victorian Smoking and Health Program.