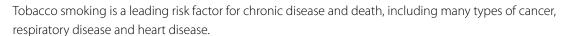
5.4 Tobacco smoking

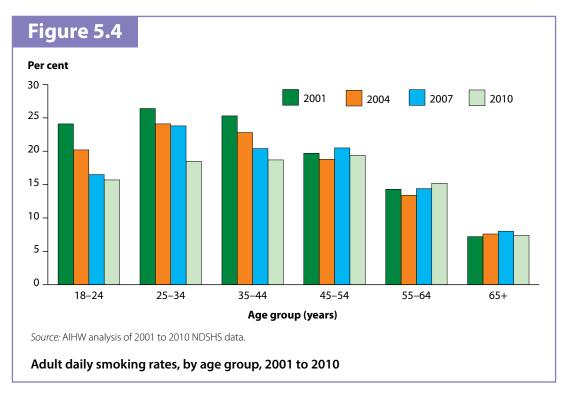


The National Tobacco Strategy 2012–2018 provides a national framework for action to minimise harm to individuals, families and communities from tobacco smoking (IGCD 2013). Strategies to minimise the harm caused by tobacco smoking have been persistent and multifaceted over decades. Action includes activities such as policy and strategy development, legislative change (including advertising—such as plain packaging—and taxation and licensing), social marketing and media campaigns, and education.

Smoking rates continue to fall

The 2010 National Drug Strategy Household Survey (NDSHS) and the 2011–12 Australian Health Survey (ABS 2013) reported similar rates for adult daily smoking at about 16%. Both surveys reported falls in daily smoking over the last decade, continuing the long-term downward trend of tobacco smoking in Australia from 43% in 1964 (OECD 2013).

- The recent fall is strongly influenced by fewer young people taking up smoking and fewer adults aged up to 45 smoking daily. In 2001, 24% of 18–24 year olds smoked daily—by 2010, this had fallen to 16%.
- The same falls have not been seen among older people (Figure 5.4). People aged 45–54 smoked on average the largest number of cigarettes compared with other age groups (about 130 per week).



Surveys of students have shown similar trends as adults—a significant fall in daily smoking over the last decade; however, this slowed in the 3–4 years up to 2011. Over the last decade (to 2011), smoking in the past 4 weeks among students aged 12–15 fell from about 20% to 6% and more than three-quarters (77%) had never smoked (increasing from 53% in 2002) (White & Bariola 2012; White & Hayman 2004).

In addition to information from surveys, excise and customs data can be used to monitor trends in tobacco use. Between 2001 and 2011, total excise on locally manufactured tobacco together with customs duties on imported products increased by 38%, from \$4.6 billion to \$6.4 billion (ATO 2012). Using a combination of data sources, it was estimated that 24 billion cigarettes, cigars and cigarette equivalents were consumed in 2010–11, down from 31.5 billion in 1998–99 (Scollo & Winstanley 2012).

Quitting can be hard

Tobacco dependence is a chronic condition. To quit smoking, repeated attempts are typically required (Zwar et al. 2011). Successfully quitting smoking, however, can result in an increase in life expectancy of up to 10 years, if it occurs early enough. In 2010, almost 40% of smokers had reduced the amount they smoked each day and 29% had tried unsuccessfully to give up smoking; most tried because smoking was affecting their health or because the cost had increased (NDSHS). Age seems to be an important factor in quitting—in 2010, about three-quarters of 18–34 year olds had or were planning to give up within the next 12 months, but intent declines as age increases to about half of those aged 65 and over (NDSHS).

What is missing from the picture?

Estimation of the exact amount of ill health and death associated with tobacco use is complex. While both can occur as a direct result of tobacco smoking, in most cases tobacco smoking is one of a number of contributing factors. Data on tobacco-related hospitalisations therefore represent a fraction of the total harm caused by tobacco smoking. The latest data available on tobacco-attributable hospitalisations and deaths are for 2003; new data are expected to be available from forthcoming AlHW work on the burden of disease and injury in Australia. This information is expected to be finalised in 2015. There is also a lack of national data about people who have quit smoking and why they have been successful.

Where do I go for more information?

For more information on tobacco smoking in Australia, refer to the reports available online at www.aihw.gov.au/alcohol-and-other-drugs; and *Tobacco in Australia: facts and issues* at www.tobaccoinaustralia.org.au.

In addition, several areas of this Australia's health 2014 report present information on tobacco smoking.



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