



Australian Government

Australian Institute of Health and Welfare

# Tobacco smoking

## Quick facts



Fewer Australians are smoking daily than ever before—11.0% in 2019, down from 12.2% in 2016 and 24% in 1991.

More smokers are opting for roll-your-own cigarettes, both in combination with manufactured cigarettes (up from 26% in 2016 to 33% in 2019) and exclusively roll-your-own cigarettes (up from 10.7% in 2016 to 13.9% in 2019).



People in their 40s and 50s were the most likely to smoke daily in 2019; this is different from 2001 when people in their 20s were the most likely age group to smoke daily.

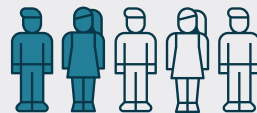
Use of e-cigarettes is increasing—between 2016 and 2019, lifetime use and current e-cigarette use increased for smokers and non-smokers, as did frequency of use.



Fewer dependent children were exposed to daily tobacco smoke inside the home, declining from 19.7% in 2001 to just 2.1% in 2019 (and down from 2.8% in 2016).



3 in 10 smokers do not plan on quitting—this proportion has not changed over the last decade.



2 in 5 smokers reduced the amount of tobacco smoked per day in the last 12 months.

More smokers said the cost of smoking was motivating them to quit or cut back—58% in 2019 compared with 52% in 2016.



Current smokers are smoking fewer cigarettes—13 per day on average in 2019 compared with 16 in 2001.



Tobacco smoking is the leading cause of preventable disease and death in Australia. In 2015, it was responsible for 9.3% of the total burden of disease and injury, and more than 1 in every 10 (21,000) deaths (AIHW 2019d).

In 2015–16, tobacco smoking was estimated to cost Australian society \$137 billion, comprising \$19.2 billion in tangible costs (such as health care, reduced workplace productivity and caring for someone with a smoking-related disease), and \$118 billion in intangible costs (such as pain and suffering caused by ill health attributed to smoking) (Whetton et al. 2019).

Public health strategies to reduce tobacco use and exposure have been in place for many decades. The National Tobacco Strategy 2012–2018, which is currently being updated, sets out the national framework to reduce tobacco-related harm in Australia. The goal of the strategy is to ‘improve the health of all Australians by reducing the prevalence of smoking and its associated health, social and economic costs, and the inequalities it causes’ (DoH 2012). Tobacco control will also be a key component of the Australian Government’s 10-year National Preventive Health Strategy.

Unless otherwise specified, the results in this report relate to those aged 14 and over and all increases or decreases in estimates over time are statistically significant. All data presented in this chapter are available through the online tobacco tables <https://www.aihw.gov.au/reports/illicit-use-of-drugs/national-drug-strategy-household-survey-2019/data>.

## How many people smoke and how has this changed?

Since 1991, the proportion of daily smokers has more than halved (Figure 2.1) while the proportion never taking up smoking has increased (from 49% in 1991 to 63% in 2019). The proportion of ex-smokers has remained fairly stable over this period and did not change between 2016 and 2019 (23%).

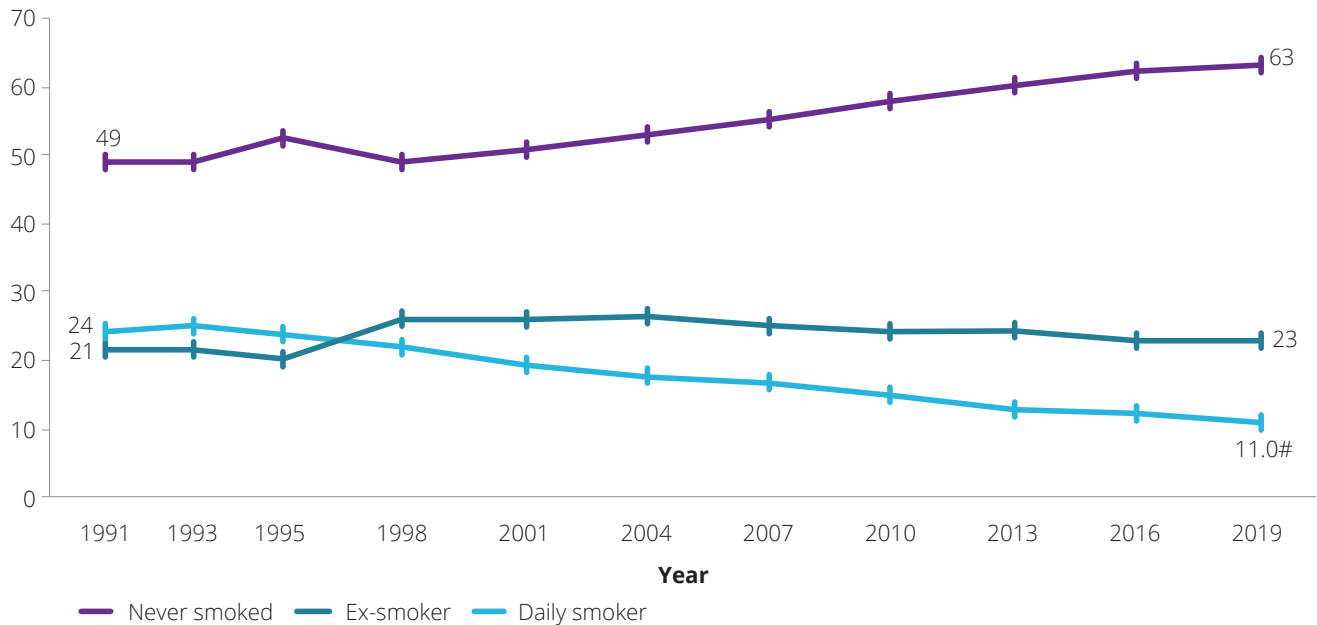
In 2019, 11.0% of people aged 14 and over smoked daily (Table 2.1), declining from 12.2% in 2016. This equates to a reduction of about 100,000 daily smokers over the 3 years (from about 2.4 million to 2.3 million Australians; Table 2.3).

The decrease in daily smoking appears to be mainly driven by fewer people aged 14–39 taking up smoking between 2001 and 2019. For example, the proportion of young adults aged 18–24 never smoking more than 100 cigarettes in their life has increased from 58% to 80% between 2001 and 2019, while the proportion of people in their 50s increased only from 44% to 51% (Table 2.7).

Among current smokers, people smoked an average (mean) of 13 cigarettes per day in 2019—declining from 16 cigarettes per day in 2010 (Table 2.4). The proportion of pack-a-day (20 cigarettes or more) smokers also fell over this period, from 44% in 2010 to 33% in 2019 (Table 2.6).



Figure 2.1: Tobacco smoking status, people aged 14 and over, 1991–2019 (per cent)



# Statistically significant change between 2016 and 2019.

Notes

1. Daily smoker: Reported smoking tobacco at least once a day (includes manufactured (packet) cigarettes, roll-your-own cigarettes, cigars or pipes). Excludes chewing tobacco, electronic cigarettes (and similar) and smoking of non-tobacco products.
2. Ex-smoker: Smoked at least 100 cigarettes or equivalent tobacco in their lifetime but report not smoking at the time of the survey.
3. Never smoker: Has never smoked more than 100 cigarettes in their lifetime.
4. In 1991, daily smoking included people who reported smoking daily, or most days.
5. In 1993, smoking status was only asked to people aged 20 years or over.

Source: Table 2.1.

### Who is most likely to smoke?

As in previous surveys, males (12.2%) were more likely to smoke daily than females (9.9%) in 2019. However, the gap has narrowed slightly since 2016 when 13.8% of males were daily smokers compared with 10.7% of females (Table 2.2).

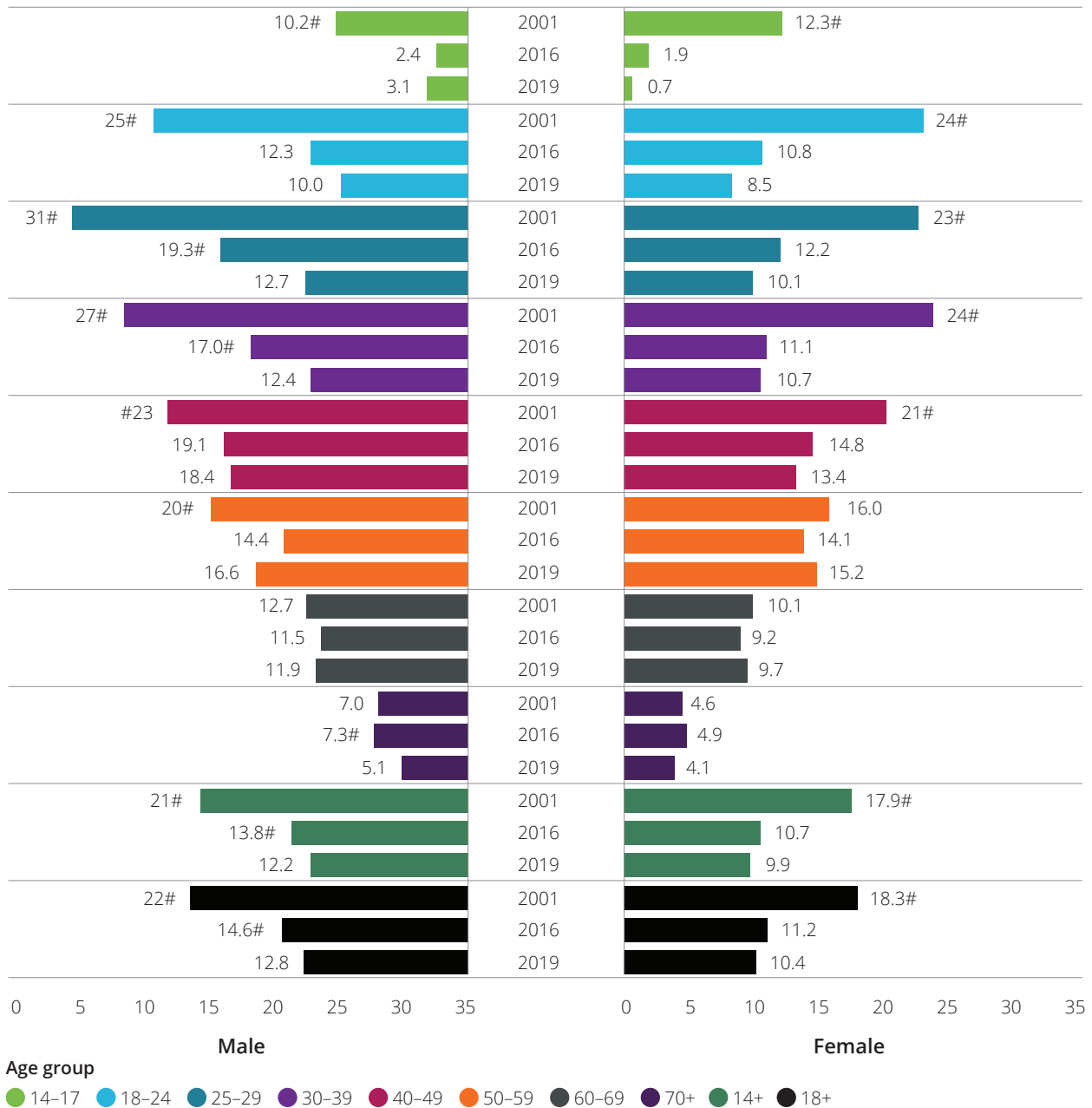
Between 2016 and 2019, the proportion of people who smoked daily fell for people in their 20s, 30s and those aged 70 and over, driven largely by the declining proportion of male smokers (Figure 2.2). There were no statistically significant changes in the proportion of females smoking daily across any age group between 2016 and 2019; however, the proportion of women in their 20s and 30s reporting that they had never smoked increased (from 73% to 77%, and 62% and 67%, respectively).

People in their 40s (15.8%) and 50s (15.9%) were most likely to smoke daily in 2019. Among males, people in their 40s were the most likely to smoke daily (18.4%); for females, it was those in their 50s (15.2%).

The proportion of teenagers aged 14–19 who smoked daily remained low in 2019 and has fallen by about 80% since 2001.



Figure 2.2: Proportion of daily smokers, by age and sex, 2001, 2016 and 2019 (per cent)



# Statistically significant difference from 2019 estimate.

Source: Table 2.7.

### People are older when they try their first cigarette

Most people first try smoking tobacco during adolescence, however, the age at which they first smoked a full cigarette has been increasing over time. The average (mean) age people aged 14 and over smoked their first full cigarette rose from 16.4 years in 2016 to 16.6 years in 2019 (Table 2.10). This was due to an increase in the age in which males first smoked a full cigarette—from 16.1 to 16.4 years. The age of initiation for females was similar in 2016 and 2019 (16.7 years and 16.8 years respectively).

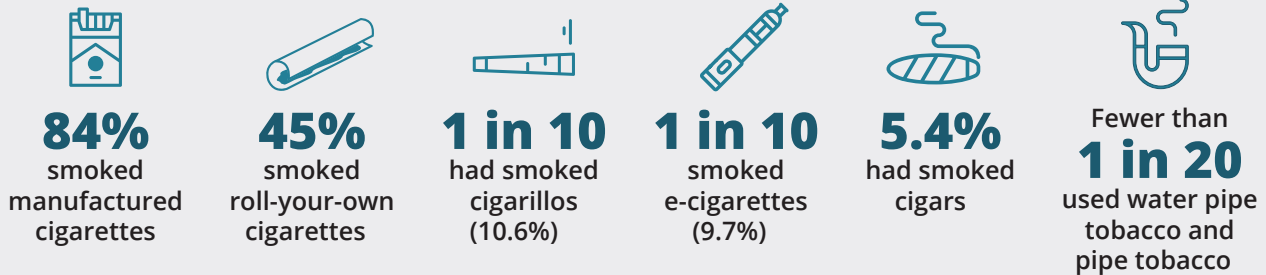
Among younger females aged 14–24, the age at which they first smoked a full cigarette rose from 16.0 years in 2016 to 16.6 years in 2019. The mean age for males remained stable at 16.6 years (Table 2.11).



# What tobacco products do people use and how has this changed?

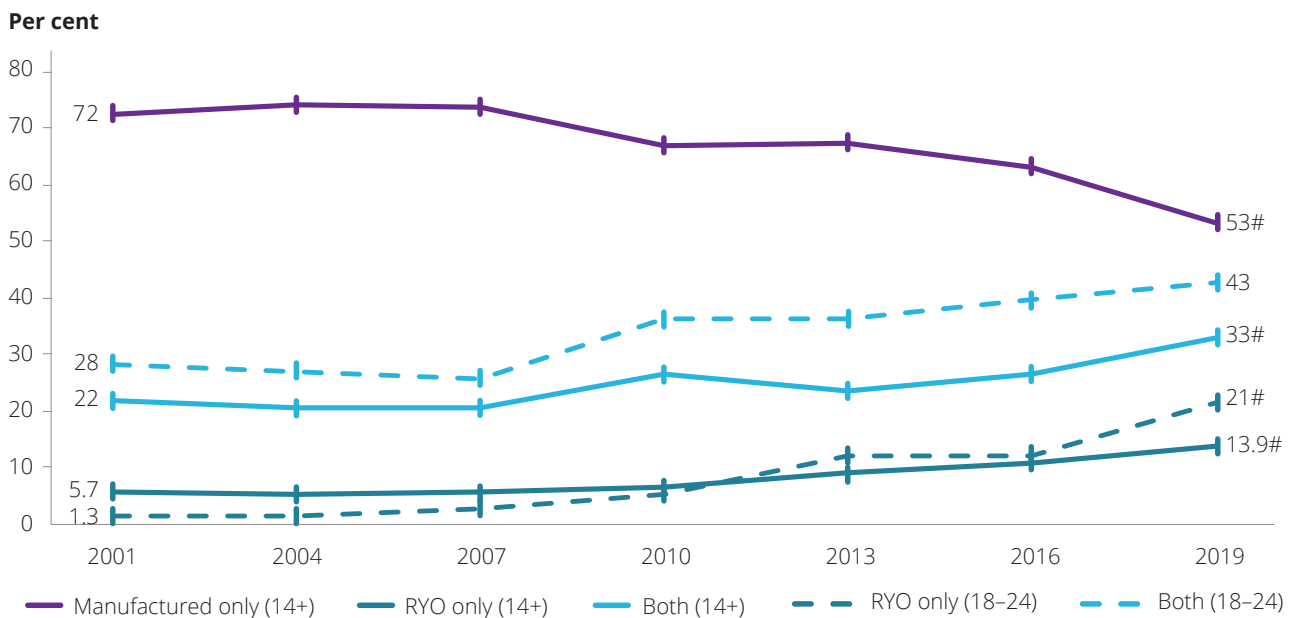
Tobacco smokers choose to smoke a variety of tobacco products including cigarettes, cigars and cigarillos (short, narrow cigars) (tables 2.14 and 2.15).

In 2019, among smokers in the last 12 months:



More smokers are opting for roll-your-own cigarettes, either in combination with manufactured cigarettes or exclusively roll-your-own cigarettes—overall use rose from 26% in 2007 to 36% in 2016 and 45% in 2019 (Table 2.16). The rise was greatest among young adult smokers aged 18–24 (up from 28% in 2007 to 63% in 2019), the age group most likely to smoke these cigarettes (Figure 2.3).

Figure 2.3: Use of manufactured cigarettes and roll-your-own cigarettes, current smokers, 2001–2019 (per cent)



# Statistically significant change between 2016 and 2019.

Note: Base is current smokers.

RYO: Roll-your-own.

Source: Tables 2.17 and 2.18.

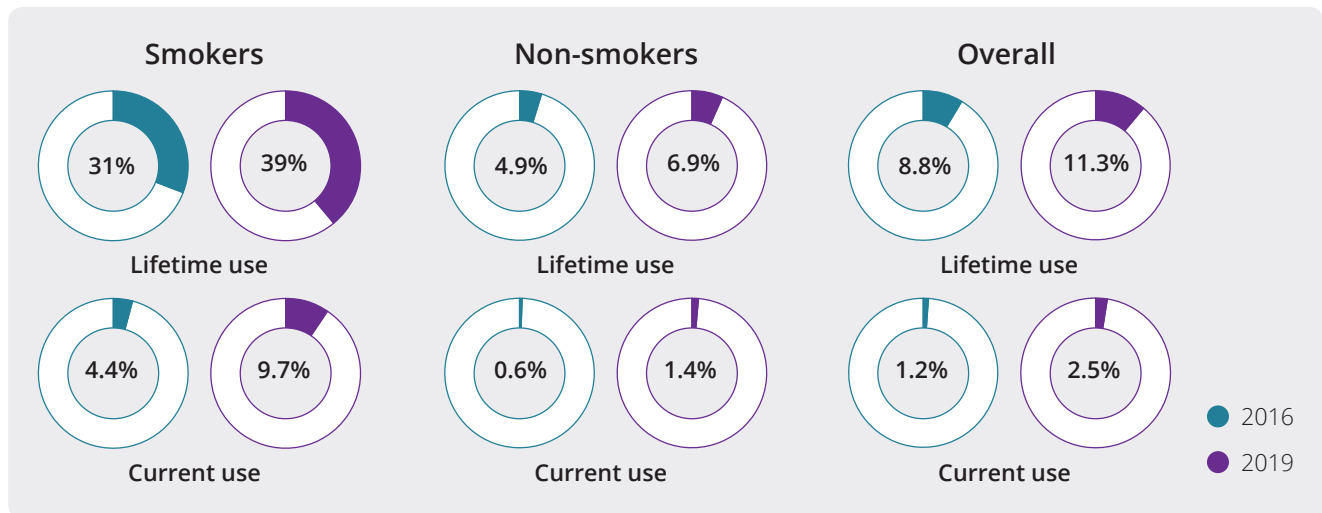
The overall changes in the use of these products were largely driven by people using a combination of manufactured and roll-your own cigarettes, which increased from 26% in 2016 to 33% in 2019 (Table 2.18). There was also an increase in the proportion of people using exclusively roll-your-own cigarettes, from 10.7% in 2016 to 13.9% in 2019. The increase among young adult smokers aged 18–24, however, was driven by an increase in people smoking only roll-your-own cigarettes (from 12.0% in 2016 to 21% in 2019) (Table 2.18).



The increase in use of roll-your-own cigarettes is likely to be partly due to cost— roll-your-own cigarettes may be cheaper (for example, due to the availability of smaller pouch sizes) than manufactured cigarettes. Smokers of roll-your-own cigarettes can also control the amount of tobacco per cigarette and roll smaller cigarettes to reduce their costs (Young et al. 2012).

### More people are using electronic cigarettes

Between 2016 and 2019, lifetime and current use of e-cigarettes (see Box 2.1) increased among smokers and non-smokers, and across most age groups:



Young adults were most likely to be attracted to these products— nearly two-thirds of current smokers and 1 in 5 non-smokers aged 18–24 reported having tried e-cigarettes (see Figure 2.4). Frequency of use also rose among smokers between 2016 and 2019—daily use rose from 1.5% to 3.2%, and at least monthly use increased from 3.4% to 7.8% (Table 2.22).

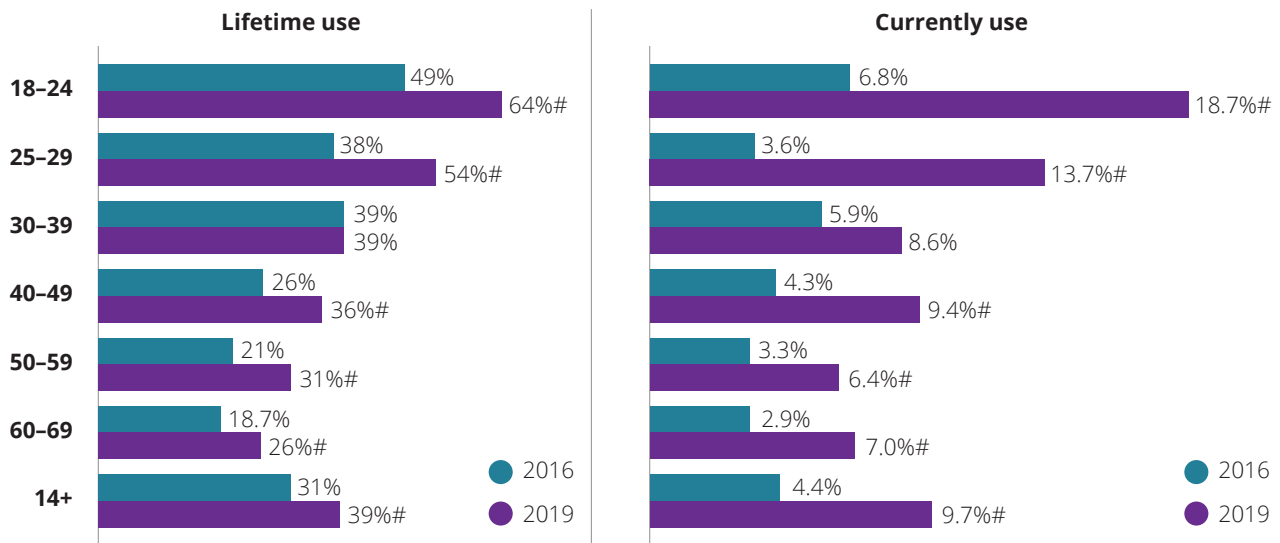
### Box 2.1: Electronic cigarettes

Electronic cigarettes (also known as e-cigarettes, e-cigs, electronic nicotine delivery systems, electronic non-nicotine delivery systems, alternative nicotine delivery systems, personal vaporisers, e-hookahs, vape pens or vapes) are devices designed to deliver nicotine and/or other chemicals via an aerosol vapour that the user inhales (Greenhalgh & Scollo 2018). Most e-cigarettes contain a battery, a liquid cartridge and a vaporisation system and are used in a manner that simulates smoking (ACT Health 2019). The liquid solution used in e-cigarettes can contain nicotine, but also flavourings and other chemicals. In Australia, it is illegal to sell e-cigarettes and e-liquids that contain nicotine in any form (Cancer Council 2017), however, it may be lawful for people to import up to 3 months’ personal supply of nicotine for personal therapeutic use in e-cigarettes with a written authorisation from a doctor, subject to state and territory laws (TGA 2019).

Australian governments have taken a precautionary approach to the marketing and use of e-cigarettes in view of the risks these products pose to tobacco control and population health. This approach is underpinned by the current state of evidence regarding: the direct harms e-cigarettes pose to human health; their impacts on smoking initiation and cessation; uptake among youth; and dual use with conventional tobacco products (Byrne et al. 2018; Gotts et al. 2019; Kennedy et al. 2019).



Figure 2.4: Lifetime and current use of e-cigarettes, smokers aged 14 and over, 2016 and 2019 (per cent)



# Statistically significant change between 2016 and 2019. Source: tables 2.20 and 2.24.

Although more than two-thirds (69%) of electronic cigarette users were smokers when they first tried an e-cigarette, nearly 1 in 4 considered themselves to be a ‘never smoker’ at the time (Table 2.26). Younger users were far more likely to report being a never smoker than older users— 39% of 18–24 year olds compared with less than 10% of people aged 40 and over (Table 2.27).

### Why do people use e-cigarettes?

More than half of people (54%) tried e-cigarettes out of curiosity (Table 2.31). This was especially the case for never smokers (85%) and young adults aged 18–24 (72%). Other reasons included:

- to help me quit smoking (32% in 2019, similar proportion to 2016, 31%)
- I think they are less harmful than regular cigarettes (23%, up from 19.2%)
- to try to cut down on the number of cigarettes smoke/smoked (22%, up from 18.7%)
- to try to stop me going back to smoking regular cigarettes (17.8%, up from 14.5%)
- they are cheaper than regular cigarettes (17.7%, up from 10.5%)
- I think they taste better than regular cigarettes (16.1%, up from 10.0%).

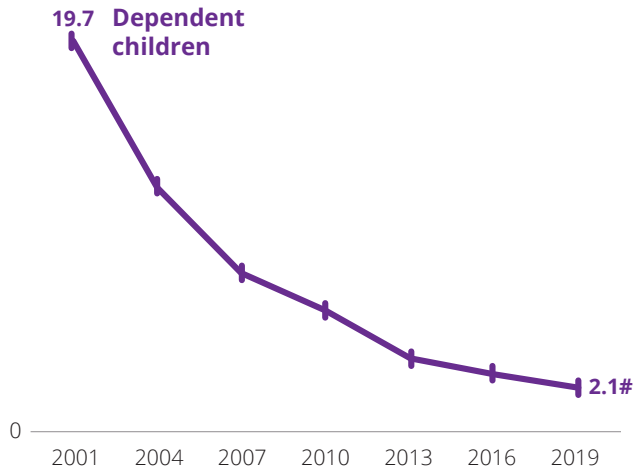
## How many people are exposed to tobacco smoke at home?

Fewer people in the general population are smoking and this is reflected in the proportion of children and adults exposed to tobacco smoke at home regularly (Figure 2.5). Very few households with dependent children had a household member who smoked daily inside the home in 2019, falling from 2.8% in 2016 to just 2.1%. This was much lower than in 2001 when it was 1 in 5 households (Table 2.36).

The proportion of adult non-smokers being exposed to tobacco inside the home has also fallen considerably over this period and continued to decline in 2019—from 2.9% in 2016 to 2.4% in 2019 (Table 2.38).

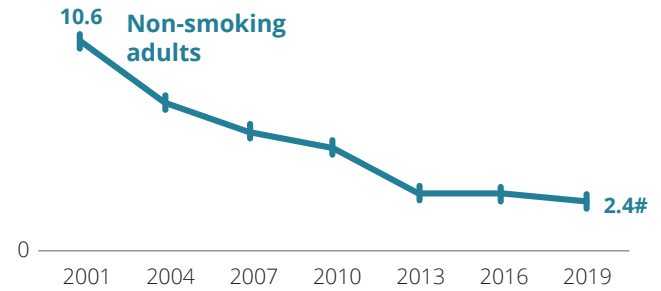


Figure 2.5: Households with dependent children exposed to tobacco smoke inside the home daily, 2001–2019 (per cent)



# Statistically significant change between 2016 and 2019.  
Source: Table 2.36.

Figure 2.6: Non-smoking adults exposed to tobacco smoke inside the home daily, 2001–2019 (per cent)



# Statistically significant change between 2016 and 2019.  
Source: Tables 2.38.

## How many smokers try to quit or reduce their smoking?

Questions about quitting and reducing smoking are asked only of smokers who reported smoking in the previous 12 months. In 2019, 3 in 10 (31%) smokers tried to quit but were not successful (Table 2.39), 2 in 10 (21%) were able to quit for more than a month (up from 17.2% in 2016) and 4 in 10 (39%) reduced the amount of tobacco smoked in a day in the previous 12 months. More smokers said the cost of smoking was motivating them to quit or cut back—58% in 2019 compared with 52% in 2016—and nearly half (45%) were motivated to try quitting due to the effect smoking was having on their health or fitness (Table 2.41).

The majority (61%) of smokers tried to undertake at least 1 activity to help quit smoking in 2019 (Table 2.44), including:

- by going 'cold turkey' (that is, they just stopped smoking (23%))
- discussing smoking and health at home (22%)
- using nicotine gum, nicotine patch, inhaler or spray (16.8%)
- asking their doctor for help to quit (10.2%).



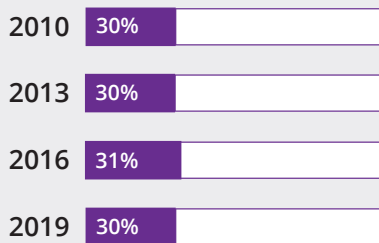


## Why don't smokers quit?

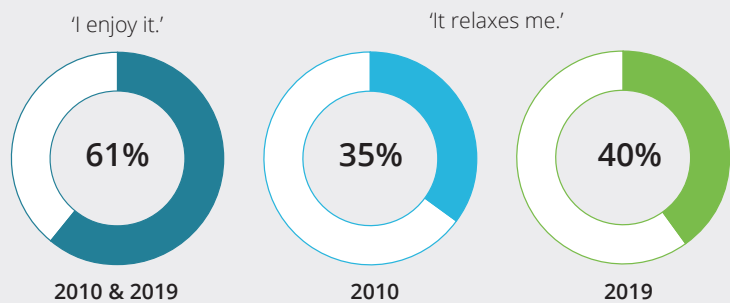
While the majority of smokers (63%) would like to quit smoking and intend to, some may have no interest in giving up smoking. In 2019, 3 in 10 smokers said they did not intend to quit and this proportion has not changed over the last decade (Table 2.45).

The reasons for not intending to quit have remained similar over time:

### Smokers that do not want to quit



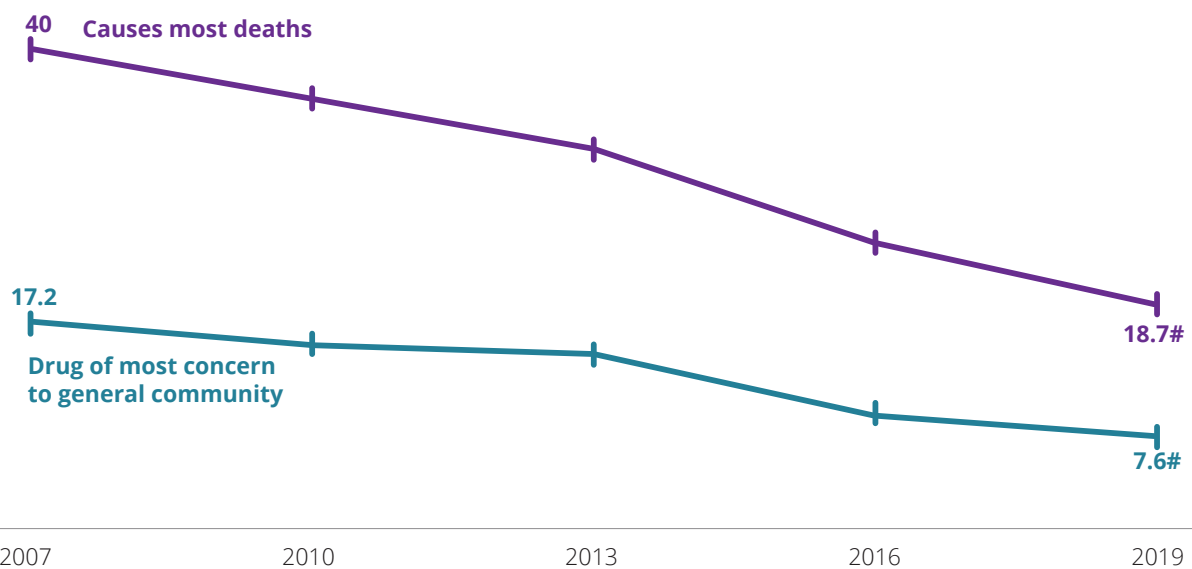
### Main reasons for not quitting



## Do people think smoking tobacco is harmful?

Tobacco contributes to more drug-related deaths in Australia than alcohol and illicit drug use combined. But the proportion of people who perceive tobacco as the drug that causes the most deaths continues to fall, as does the proportion who perceive tobacco to be the drug of most concern (Figure 2.7). This trend is most likely driven by the substantial shift in people's attitudes towards meth/amphetamines (the proportion of people nominating it as causing most deaths or as being of most concern to the community more than doubled since 2013) and increasing concern about the use of opioids (see 'Chapter 9 Perceptions and policy support').

Figure 2.7: Perceptions of tobacco, people aged 14 and over, 2007–2019 (per cent)



# Statistically significant change between 2016 and 2019.

Source: Tables 9.3 and 9.5.



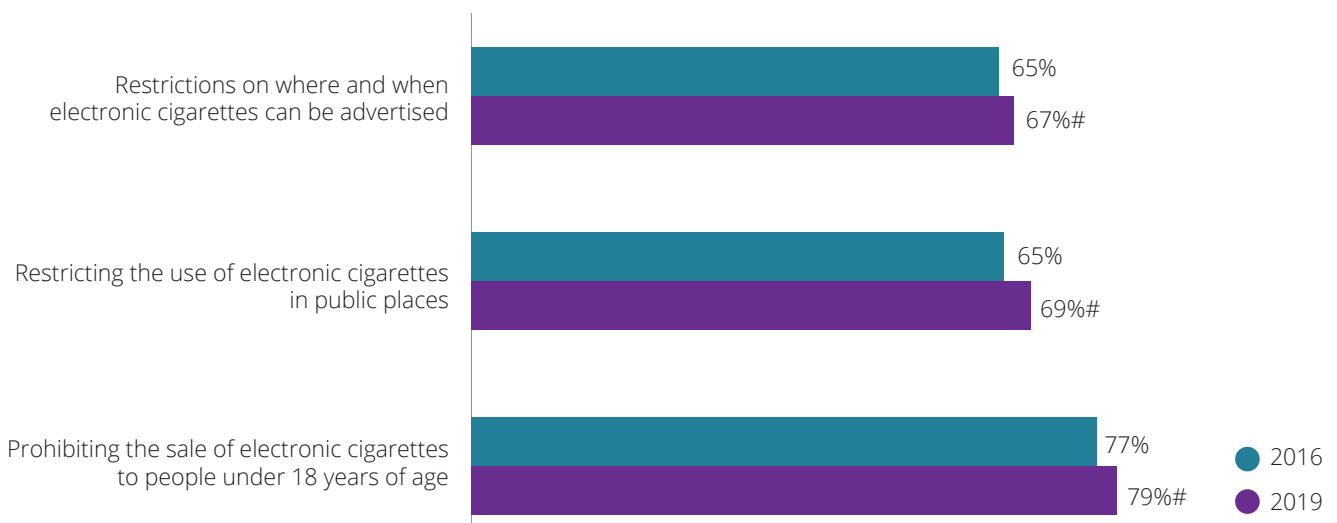
## Does the community support tobacco policies?

Although more than 6 in 10 people supported government policies to reduce tobacco-related harm in 2019 (Table 2.52), the level of support has fallen since 2016 (with 7 out of 9 policies receiving less support). This includes declines in support for:

- increasing tax on tobacco products to pay for health education (from 69% in 2016 to 65% in 2019)
- increasing tax on tobacco products to discourage smoking (from 67% to 64%)
- increasing tax on tobacco products to contribute to treatment programs (from 70% to 67%)
- making it harder to buy tobacco in shops (from 64% to 61%).

By contrast, support for measures related to restrictions on the use and sale of e-cigarettes has grown, perhaps due to an increase in use or awareness of these products. In 2019, two-thirds of the population supported restrictions on where e-cigarettes could be advertised and used in public, and 8 in 10 supported prohibiting their sale to people under 18 (Figure 2.8).

**Figure 2.8: Support for measures to reduce the problems associated with e-cigarette use, people aged 14 and over, 2016 and 2019 (per cent)**



# Statistically significant change between 2016 and 2019.

Source: Table 2.52.

## Where can I get more information?

To explore the data and view additional analyses, see the supplementary tobacco smoking data tables. These include data on:

- awareness and use of illicit branded and unbranded tobacco
- where people buy their regular cigarettes and electronic cigarettes
- tobacco smoking by social/demographic characteristics (including by education and sexual orientation) and health status (including mental health and other health conditions).

For references and terminology used in this chapter please see the [main report](#) or refer to the [technical information](#) for more information on the sample, the methodology, response rate and limitations of the survey results.