



4.7 Tobacco smoking

In 2011, tobacco smoking was the leading risk factor contributing to death and disease in Australia and was responsible for 9.0% of the total burden of disease and injury. This includes the risks associated with past tobacco use, current use, and exposure to second-hand smoke. Tobacco smoking increases the risk of cardiovascular disease, respiratory diseases and other health problems (USHHS 2014). In Australia in 2011, it was estimated that 80% of lung cancer burden and 75% of chronic obstructive pulmonary disease burden were attributable to tobacco smoking.

It has been estimated that, during a given year, smoking kills around 15,000 Australians and has significant social (including health) and economic costs—estimated at \$31.5 billion in 2004–05 (Collins & Lapsley 2008).

Australia has been successful in reducing smoking prevalence over many years through the use of many strategies (IGCD 2013). These have included advertising bans; bans on smoking indoors and increasingly in outdoor public spaces; plain packaging; price increases; restrictions on sales to minors; public education; and media campaigns (IGCD 2013; MCDS 2011).

Fewer Australians are smoking

Fewer people, both proportionally and absolutely, are smoking daily and more people have never smoked, compared with 20 years ago.

- In 2013, the proportion of people aged 14 and over smoking daily (13%) was lower than in 2010 (15%), and almost half that of 1991 (24%). The proportion of people who reported never smoking rose from 58% in 2010 to 60% in 2013.
- In 2014, the proportions of secondary school students aged 12–17 smoking in their lifetime, in the past 4 weeks, past week or on 3 days of the last 7, were significantly lower than in 2008 and 2011 (White & Williams 2015).

Positive changes to smoking patterns over time

Fewer people are being exposed to tobacco smoking, more people are delaying the uptake of smoking and smokers are smoking fewer cigarettes.

- Dependent children were far less likely to be exposed to tobacco smoke inside the home in 2013 (3.7%) than in 1995 (31%).
- The average age at which young people aged 14–24 smoked their first cigarette has steadily risen since 2001 (15.9 years in 2013 compared with 14.3 in 2001), indicating a delay in uptake of smoking.
- Smokers smoked fewer cigarettes per week in 2013 (96) than in 2001 (113).
- The proportion of women smoking at any time during pregnancy has steadily declined over time—from 15% in 2009 to 12% in 2013.



The likelihood of being a daily smoker is:



2 times as high in *Remote/Very remote areas* compared with *Major cities*



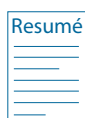
1.9 times as high for homosexual/bisexual people compared with heterosexual people



3 times as high in the lowest socioeconomic areas compared with the highest socioeconomic areas



2.7 times as high for single people with dependent children compared with couples with dependent children



1.7 times as high for unemployed people compared with employed people



5.7 times as high for prison entrants compared with the general population



2.6 times as high for Aboriginal and Torres Strait Islander Australians compared with non-Indigenous Australians

- (a) Rate ratio based on the estimates reported in the 2015 NPHDC and the 2013 NDSHS.
- (b) Rate ratio based on the Indigenous estimates reported in the 2011–13 AATSIHS and the non-Indigenous estimates reported in the 2011–12 NHS (ABS 2014).

Notes

- 1. All other rate ratios are based on estimates reported in the 2013 NDSHS.
- 2. The rate ratio for socioeconomic areas is based on the Index of Relative Socio-economic Advantage and Disadvantage.

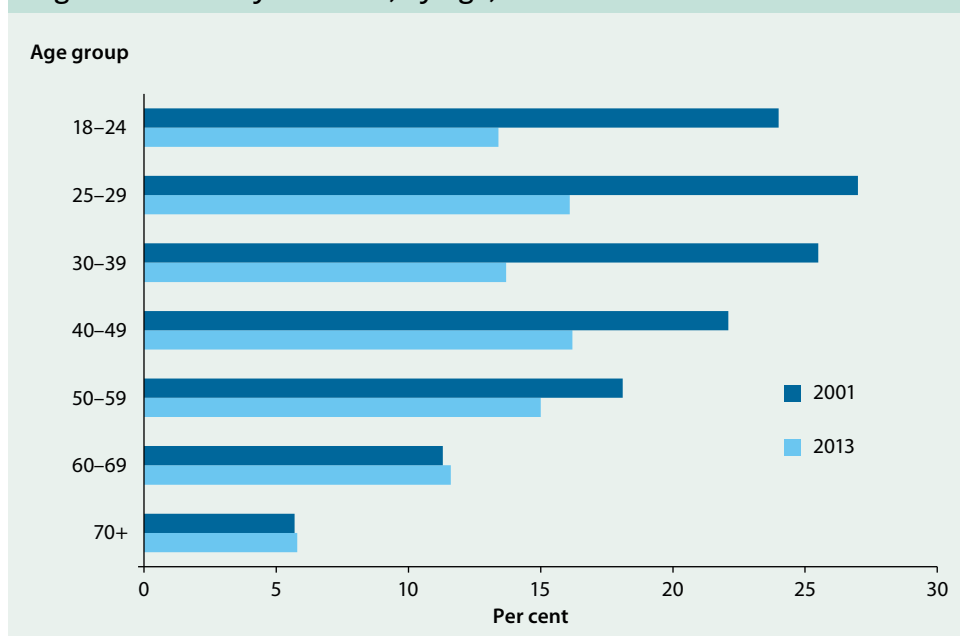
Rates differ across population groups

Although substantial progress has been made in reducing the rates of smoking in Australia, smoking remains one of the leading causes of preventable disease and death. In 2013, certain groups within the population were far more likely to smoke daily than their counterparts, and are at greater risk of tobacco smoking and tobacco-related harm.

The proportion of people smoking daily in 2013 was highest among people aged 25–29 and 40–49. The fall in daily smoking rates over the past 12 years has predominantly been for people aged 18–49—there has been little change among people aged 60 and over during this period (Figure 4.7.1). Use of battery-operated electronic cigarettes (e-cigarettes) is more common among younger smokers and was highest for smokers aged 18–24 (27%) in the last 12 months and declined with age (to 5.3% of smokers aged 70 and over).



Figure 4.7.1: Daily smokers, by age, 2001 and 2013



What is missing from the picture?

The most recent estimate of the social and economic costs of tobacco smoking is for 2004–05. Substantial changes to smoking patterns have occurred since 2004 and more recent data on these costs would enhance evaluations of policy effectiveness.

There are limited data on smoking behaviours for some population groups at risk of tobacco smoking and related harm. For example, there is no regular data collection on smoking prevalence among many groups that face multiple levels of disadvantage, such as people experiencing homelessness; people living with a mental illness; culturally and linguistically diverse populations; and the drug treatment population.

There are also limited data on behaviours or circumstances that lead ex-smokers to successfully quit and maintain cessation.

Where do I go for more information?

More information on tobacco use in Australia is available at <http://www.aihw.gov.au/alcohol-and-other-drugs/ndshs/>. The *National Drug Strategy Household Survey detailed report: 2013* can be downloaded for free. More information about tobacco control measures in Australia is available at <http://www.health.gov.au/internet/main/publishing.nsf/content/tobacco-kff>.



References

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