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The Pattern of Smoking in Australia

The Challenge in Achieving the 10% Smoking Target by 2025 – Analysis of Current Smoking Rates by State and Territory

A Frost & Sullivan Insight

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INTRODUCTION

In 2008, Australia's National Health Agreement set a target of reducing the daily smoking rate to 10% of adults by 2018,[1] a reduction from 19% at that time.[2] The National Tobacco Strategy 2012-18 presented a range of measures to achieve this goal, including the enactment of "plain packaging" laws; significant annual increases in tobacco excise; the elimination of remaining advertising, promotion, and sponsorship of tobacco products; and strengthening of mass media campaigns.[3] Australia's tobacco control measures are viewed as world-leading and have since been followed by other countries.

Despite the National Tobacco Strategy, the most recent National Health Survey (Australian Bureau of Statistics, National Health Survey, 2017-18) indicates that the goal was not achieved, with a daily smoking rate of 13.8% in 2018, and an overall smoking rate of 15.1% (including non-daily smokers). In August 2019, the Minister for Health announced an extension of the 10% target by a further seven years to 2025, with the announcement of a $20 million National Tobacco Campaign over four years to continue to reduce tobacco use.[4]

> *Achieving the 10% target by 2025 will require ongoing reductions in the daily smoking rate of over 0.5 percentage points per year, which may be challenging, given that in the three years between 2014-15 and 2017-18 the daily smoking rate only declined by 0.7 percentage points, from 14.5% to 13.8%, with the smoking rate now seeming to plateau.[5]*

> *In recent years (2015-18), the daily smoking rate has remained relatively similar.*

While the target of 10% is set at a national level, achieving it in every state and territory is likely to be particularly challenging, given that in 2018 the daily smoking rate in Tasmania (TAS) was 16.4% and 19.6% in the Northern Territory (NT), therefore requiring a reduction of about one percentage point or more per year in each jurisdiction to meet the 2025 target.

As with other developed countries, Australia has reduced its national smoking rate. In 2018, the percentage of current smokers was 15.1% of the adult population (18 years and over; including daily and non-daily current smokers), placing Australia behind peers such as the UK, NZ, US and Japan, which have all achieved higher reductions in the smoking rate over recent years. In Australia, the rate of decline in the smoking rate is levelling off, with a 0.9 percentage points reduction between 2015 and 2018, compared to 2.1 percentage points between 2012 and 2015.[7]

Table 1: Smokers as a Percentage of the Adult Population, by Country, 2014-18

Country	Smoking Rate		Change (Percentage Points)
UK	17.2% (2015)	14.7% (2018)	-2.5
NZ	17.0% (2015)	15.0% (2018)	-2.0
US	15.2% (2015)	13.8% (2018)	-1.4
Japan	19.1% (2014)	18.1% (2017)	-1.0
Australia	16.0% (2015)	15.1% (2018)	-0.9

Source: ABS, National Health Survey, 2017-18; Smoking Trends in Japan from 2008-17 (accessed from https://www.kantarhealth.com/docs/publications-citations/sternbach-annunziata-et-al-smoking-trends-in-japan-from-2008-2017.pdf?sfvrsn=0&sfvrsn=0); Ministry of Health NZ, NZ Health Survey, 2014/15 and 2017/18: Office of National Statistics, Adult Smoking Habits in the UK, 2018; Centers for Disease Control and Prevention (CDCs), Summary of Health Statistics, 2015 and 2018. Data is for daily and non-daily current smokers.

[1]https://www.pc.gov.au/research/supporting/national-agreements/healthcare/healthcare-agreement-2009.pdf
[2]Australian Bureau of Statistics (ABS), 4364.0 - National Health Survey: Summary of Results, 2007-2008
[3]https://www1.health.gov.au/internet/main/publishing.nsf/Content/national_ts_2012_2018#4
[4]https://www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/transcript-national-press-club-address
[5]ABS, 4364.0 – National Health Surveys, 2014-15 and 2017-18
[6]ABS 4364, National Health Survey, 2017-18
[7]ABS, 4364.0 – National Health Surveys, 2011-12, 2014-15 and 2017-18

State and territory-based data published by the ABS also highlights significant variations in smoking rates by jurisdiction. Tasmania and the NT have smoking rates considerably above the national average.

Both are seen as having less than optimal tobacco control policies, being awarded Grade D or E in the National Tobacco Control Scorecard, 2019. Conversely, Queensland (QLD) has been recognised as leading for the third consecutive year in tobacco control measures,[8] with a drop of 3.1 percentage points in the smoking rate since 2012.[9]

While the number of smokers has fallen in most states/territories, New South Wales (NSW) paints a different picture; it is the only jurisdiction in Australia where the number of smokers has increased since 2012, and smoking prevalence has continued to reduce only marginally. NSW moved from the second-best performer in 2012 to the fourth-worst in 2018. This trend cannot be explained by the higher population growth rates in NSW.

Between 2012 and 2018, the resident population in NSW increased 9.4%, behind Victoria (VIC) (14.3%), Queensland (9.7%), and the Australian Capital Territory (ACT) (11.8%), all of which saw significant declines in the number of smokers.[10] To support the achievement of national targets, NSW needs to perform significantly better in smoking reduction. The NSW Health Tobacco Strategy Work Plan 2019-21, launched in July 2019, outlines a series of measures to improve the health of the people of NSW and to eliminate or reduce their exposure to tobacco in all its forms, although specific targets have not been set.[11]

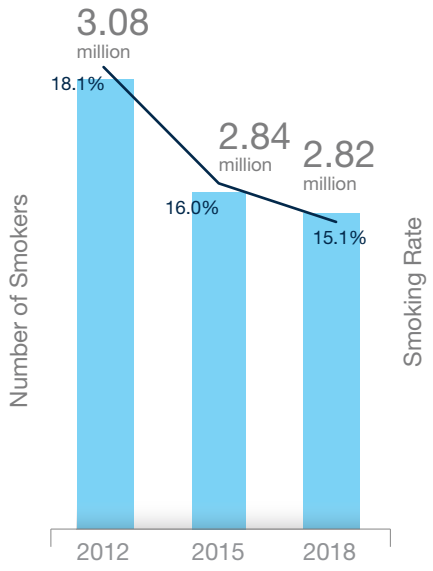
Over the most recent time period (2015-18), Victoria and SA have seen a significant slowing in the rate of decline in smoking, at only 0.3 percentage points in each state.

UPDATED NATIONAL PICTURE OF SMOKING PREVALENCE

The National Health Survey 2017-18 indicates that the percentage of smokers in the adult population (18+ years) reached 15.1%, a decline from the 18.1% recorded in 2011-12.

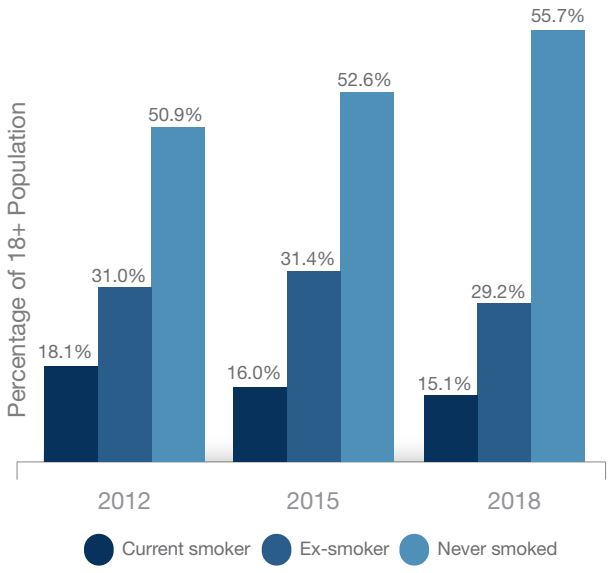
However, given the population growth over that period, the total number of smokers has declined by only about 250,000, with 2.8 million Australians continuing to smoke, and the number of smokers now beginning to plateau.

Figure 1: Smoking Rate and Percentage of Smokers, 18+ Population, Australia, 2012-18



Source: ABS, National Health Surveys, 2011-12; 2014-15; 2017-18

Figure 2: Smoking Status, 18+ Population, Australia, 2012-18



Source: ABS, National Health Surveys, 2011-12; 2014-15; 2017-18

[8]https://ama.com.au/media/queensland-best-nt-worst-tobacco-control
[9]ABS, National Health Survey, 2011-12; 2017-18
[10]Based on resident population in June 2012 to June 2018 (source: ABS, 3101.0 – Australian Demographic Statistics, Dec 2018, estimated resident population, states and territories)
[11]NSW Health Tobacco Strategy Work Plan 2019-2021

There has been an increase in the proportion of never smokers, up from 51% of the adult population in 2012 to 56% by 2018. The proportion of ex-smokers has remained more stable, indicating that further action to support current smokers in quitting is likely to be needed to drive the overall smoking rate down towards 10%.

The ACT leads Australia in reducing smoking prevalence, with a smoking rate of only 11.8% in 2018, down from 15.0% in 2012. Tasmania and the NT continue to lag, with smoking rates of 17.6% and 21.1%, respectively, in 2018.

Both jurisdictions have, however, made progress in reducing the smoking rate since 2012, especially in Tasmania, although the reduction in the NT is less significant, despite starting from a much higher base.

Conversely, in NSW, since 2012, the smoking rate has barely fallen, edging down slightly from 16.4% in 2012 to 15.4% in 2018, by far the lowest reduction in any jurisdiction. NSW has two of the five suburbs with the highest smoking rates nationally – Mount Druitt (31%) and Tamworth (30%).[12] While the rate of decline in NSW has been relatively small since 2012, between 2015 and 2018, SA and Victoria also witnessed relatively small declines in the smoking rate.

Table 2: Smoking Rate by State/Territory, 18+ Population, Australia, 2012-18

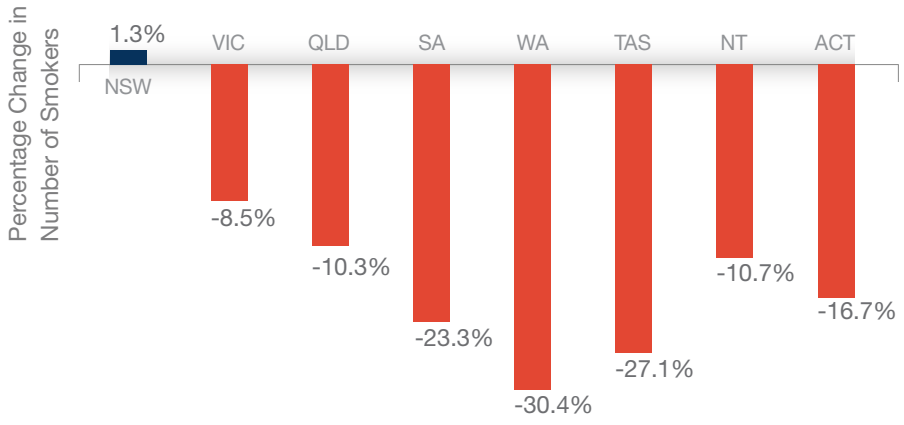
State/Territory	2012	2015	2018	Change, 2012 to 2018 (percentage points)	Change, 2015 to 2018 (percentage points)
WA	18.9%	16.5%	13.3%	-5.6	-3.2
ACT	15.0%	13.5%	11.8%	-3.2	-1.7
NT	25.0%	22.7%	21.1%	-3.9	-1.6
TAS	23.2%	18.9%	17.6%	-5.6	-1.3
QLD	19.0%	16.9%	15.9%	-3.1	-1.0
NSW	16.4%	15.9%	15.4%	-1.0	-0.5
SA	18.5%	14.6%	14.3%	-4.2	-0.3
VIC	18.7%	15.5%	15.2%	-3.5	-0.3

Source: ABS, National Health Surveys, 2011-12; 2014-15; 2017-18

More alarmingly for NSW is that it is the only jurisdiction where the number of smokers has increased since 2012, from 912,000 to 924,000 in 2018. While other states and territories have seen drops of up to 30% in the number of smokers, NSW registered a rise of 1.3%.

This is despite the higher population growth rates in Victoria, Queensland, and the ACT than in NSW in the period since 2012.

Figure 3: Change in the Number of Smokers by State/Territory, Australia, 2012-18



Source: ABS, National Health Surveys, 2011-12; 2017-18

[12]Mitchell Institute, Parts of Australia Stuck in a Smoking Time Warp (accessed from http://www.mitchellinstitute.org.au/news/smoking-rates-australia/)

In 2012, NSW was the second-best performing jurisdiction in Australia behind the ACT, with a smoking rate of 1.7% below the national average. By 2018, however, NSW had slipped to fifth place, with a smoking rate of 0.3% above the national average.

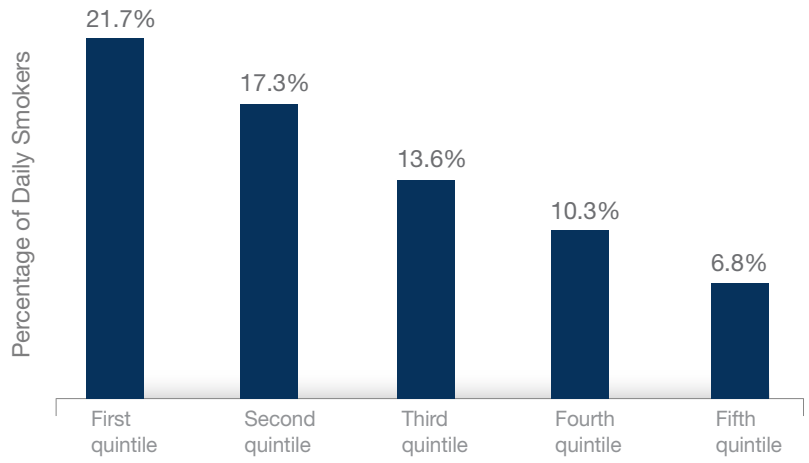
As of 2018, Western Australia (WA), South Australia, and Victoria have overtaken NSW in achieving a lower smoking prevalence. However, since 2015 there has also been a marked worsening performance in Victoria, with only a marginal reduction in the smoking rate, and the number of smokers increasing by over 40,000.

BEHIND THE NUMBERS

The higher smoking prevalences in Tasmania and the NT are most likely linked to socio-economic disadvantages and the relatively high proportion of Aboriginal and Torres Strait Islander people in the overall populations compared to other states and territories. The poor performance of NSW in smoking reduction is harder to determine, but may reflect less successful anti-smoking policies in NSW.

There is a clear link between socio-economic disadvantage and smoking prevalence. While 21.7% of persons in the first socio-economic quintile (the most disadvantaged) smoke, this drops to 6.8% in the fifth quintile (the least disadvantaged).

Figure 4: Daily Smoker Rate by Index of Relative Socio-economic Disadvantage, Australia, 2018

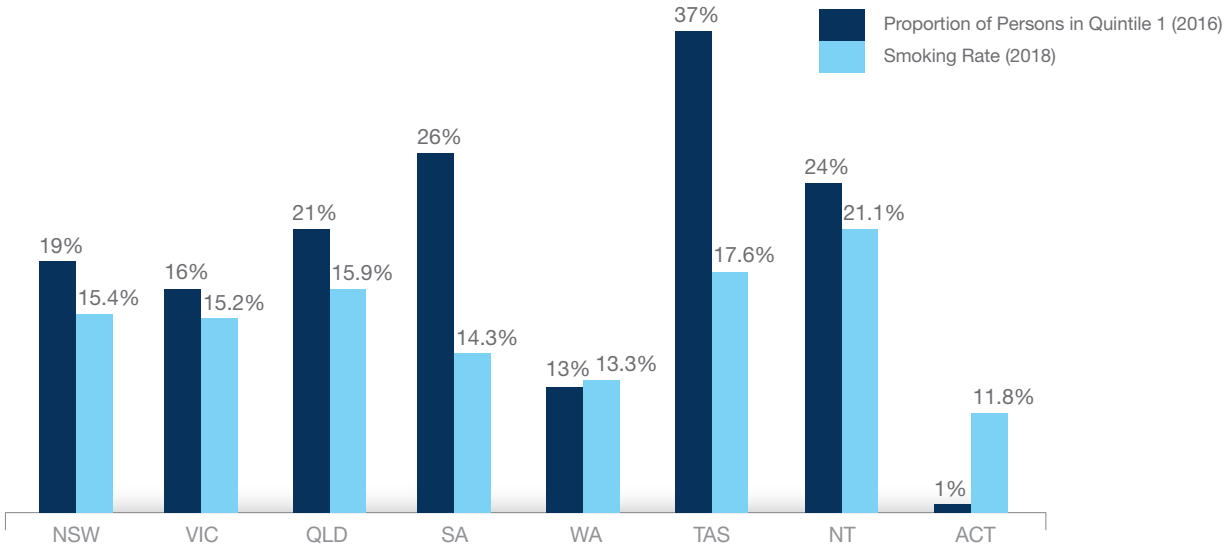


Source: ABS, National Health Survey, 2017-18

Based on data from the 2016 census, local government areas (LGAs) in Australia have been ranked based on Socio-Economic Indexes for Areas (SEIFA), the Index of Relative Socio-Economic Advantage and Disadvantage (IRSAD). LGAs have been divided into quintiles, with the most advantaged areas (quintile 5) tending to be clustered in capital cities and selected coastal areas. The most disadvantaged areas (quintile 1) tend to be in regional and rural areas. Tasmania has by far the highest proportion of the population in the first quintile (the most disadvantaged areas) at 37%, followed by South Australia at 26% and the NT at 24%.

At 19%, however, NSW is ahead of South Australia, which has a lower smoking rate despite a significantly higher proportion of residents living in the most disadvantaged areas. Both Queensland and South Australia have successfully reduced their smoking rates between 2012 and 2018 despite having a higher proportion of the population living in the most disadvantaged areas when compared to NSW and Victoria. WA and the ACT have both the lowest smoking rates and the lowest proportion of residents living in the most disadvantaged areas.

Figure 5: Proportion of Residents Living in the Most Disadvantaged Areas and Smoking Rate, by State/Territory, Australia, 2016 and 2018



Source: ABS, 2071.0 – Census of Population and Housing: Reflecting Australia – Stories from the Census, 2016.
Data is the percentage of persons living in quintile 1, the most relatively disadvantaged areas; ABS, National Health Survey, 2017-18

The relationship between socio-economic disadvantage and smoking prevalence is complex, with a variety of physiological, psychological, and sociological factors likely to maintain socio-economic disparities in the smoking rate. These can include nicotine exposure in utero and during childhood, parental and peer relationships and modeling, anxiety and depression, social isolation, workplaces and social circles that normalise smoking and the endorsement of beliefs that minimise or discount the risks of smoking.[13]

Smoking rates among Aboriginal and Torres Strait Islander people are significantly higher than the national average. In 2014-15, the smoking rate was 44.5%, compared to 15.7% among non-indigenous persons.[14] The two jurisdictions with the highest smoking rates, the NT and Tasmania, have the highest proportion of indigenous people in their populations, at 25.5% and 4.6%, respectively, based on the 2016 census. Conversely, NSW, at 2.9%, is in line with the national average of 2.8%.[15]

Tobacco smoking is the most preventable cause of ill health and early death among Aboriginal and Torres Strait Islander peoples, being responsible for 23% of the gap in health burden (the total impact of disease, injury, and death to Australians) between indigenous and non-indigenous Australians.[16]

Over recent years, there has been no appreciable change in the gap in smoking prevalence between indigenous and non-indigenous Australians, and 44% of indigenous mothers are continuing to smoke during pregnancy, compared with 11% of non-indigenous mothers.[17] A variety of programs have been introduced to address the smoking rate amongst the Aboriginal and Torres Strait Islander community, such as the Tackling Indigenous Smoking Initiative, which has been extended to 2021-22 with funding of $184 million.[18] The target as outlined in the Aboriginal and Torres Strait Islander Health Plan 2013-2023 is to achieve a 40% smoking rate by 2023, with a 4% reduction over a decade. The most recent update on progress indicated that this target is on track to be met.[19] However, even if this relatively unambitious target is achieved, it will likely contribute to continued relatively high smoking rates in the NT and Tasmania, the two jurisdictions with the highest proportion of Aboriginal and Torres Strait Islander people in the community.

Particularly in Tasmania and the NT, driving down the smoking rate is therefore likely to require targeted interventions for population groups where smoking is significantly more prevalent, including the most socio-economically disadvantaged and indigenous Australians.

[13]Tobacco in Australia, Explanations of socio-economic disparities in smoking, 2016 (accessed from https://www.tobaccoinaustralia.org.au/chapter-9-disadvantage/9-7-explanations-of-socioeconomic-disparities-in-s)
[14]A. van der Sterren, et al., "Prevalence of tobacco use among Aboriginal and Torres Strait Islander people", in Tobacco in Australia: Facts and Issues, ed. M.M. Scollo and M.H. Winstanley, Melbourne: Cancer Council Victoria, 2019, https://www.tobaccoinaustralia.org.au/chapter-8-aptsi/8-3-prevalence-of-tobacco-use-among-aboriginal-peo
[15]ABS, 2071.0 – Census of Population and Housing: Reflecting Australia – Stories from the Census, 2016, Aboriginal and Torres Strait Islander Population, 2016
[16]Department of Health, Tacking Indigenous Smoking (accessed from https://www.health.gov.au/initiatives-and-programs/tackling-indigenous-smoking)
[17]Australian Institute of Health & Welfare (AIHW), Alcohol, tobacco and other drugs in Australia, 2019 (accessed from https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/priority-populations/aboriginal-and-torres-strait-islander-people)
[18]Tobacco in Australia, Policies for advancing tobacco control programs among Aboriginal and Torres Strait Islander peoples, 2019 (accessed from https://www.tobaccoinaustralia.org.au/chapter-8-aptsi/8-13-policy-recommendations-for-advancing-tobacco-#_ENREF_38)
[19]Tobacco in Australia, Policies for advancing tobacco control programs among Aboriginal and Torres Strait Islander peoples, 2019 (accessed from https://www.tobaccoinaustralia.org.au/chapter-8-aptsi/8-13-policy-recommendations-for-advancing-tobacco-#_ENREF_38)

CONCLUSION

Although Australia has made progress in reducing the smoking rate in recent years, the target of 10% daily smokers by 2018 laid out in the National Health Agreement was not achieved, and the recently announced extension to 2025 is ambitious, given the rate of marginal decline in the smoking rate over the most recent three-year period.

The latest data on smoking rates from the National Health Survey 2017-18 also allows comparisons to be drawn on the success of various jurisdictions in Australia in reducing the smoking rate. The NT and Tasmania remain the two areas with smoking rates significantly above the national average, likely attributable to the fairly high levels of relative socio-economic disadvantage, and, particularly in the NT, a high proportion of Aboriginal and Torres Strait Islander people in the overall population; a population group with much higher smoking rates than the national average.

Nevertheless, both Tasmania and the NT made progress in reducing the smoking rate between 2012-18, down from 23.2% to 17.6% in Tasmania and 25.0% to 21.1% in the NT. Overall, most states and territories have succeeded in reducing their smoking rates by between three and six percentage points between 2012 and 2018. Over the most recent period (2015-18), however, the reductions in NSW, Victoria and South Australia have been marginal, when compared to other jurisdictions.

Taking a longer term view over the period 2012 to 2018 the outlier in performance is NSW, where the smoking rate has barely declined since 2012, while the number of smokers has increased. This cannot be explained purely by population growth or relative socioeconomic disadvantage, but may reflect poorer outcomes from anti-smoking policies in NSW. Given that it accounts for almost one-third of the national population, achieving the national smoking reduction target will require significantly improved performance in NSW. Victoria, too, has seen a significant deterioration in smoking reduction between 2015 and 2018, with only a marginal decrease in the smoking rate and an increase of over 40,000 smokers.

Achieving the smoking rate goal set by the Commonwealth government at a national level, let alone in individual states and territories, is also likely to require additional policy measures to support smokers in quitting.

Current policies have not succeeded in reducing the smoking rate over recent years at the rate needed to achieve the 2025 target. There also remain challenges in jurisdictions such as Tasmania, the NT, and even NSW and Victoria, where significant improvements are required if the national target is to be achieved. New measures beyond those that have been tried in the past are likely to be needed if the 2025 target is to be achieved, particularly in supporting current smokers to quit.

A recent consultation document issued by the UK Department of Health & Social Care provides an illustration of potential additional measures that could be considered in Australia, with a target set of achieving a "smoke free" England by 2030, including an ultimatum for the tobacco industry to make smoked tobacco obsolete by 2030, with smokers quitting or moving to reduced-risk products like e-cigarettes.[20] This option currently remains off-the-table in Australia, however, with reduced-risk products such as e-cigarettes and heat-not-burn tobacco products not legally saleable. Countries such as the UK and US, where these products are now supported, have achieved smoking rates lower than Australia, and their introduction in Japan seems linked to declines in cigarette sales.[21] The introduction of regulation to support the use of reduced-risk products in Australia may be an important step in achieving the 2025 goal.

Achieving the targeted reductions in the national smoking rate by 2025 is therefore likely to require a range of measures including improving performance in NSW and Victoria, the most populous states, and further measures to address the relatively high smoking rates amongst both the most socio-economically disadvantaged Australians and the Aboriginal and Torres Strait Islander communities. The availability of alternative nicotine products, like e-cigarettes, that could be an acceptable alternative to conventional cigarettes, for existing smokers, could make new policy approaches viable options, and assist in reducing the smoking rate.[22]

[20]Department of Health and Social Care, Advancing our health: prevention in the 2020s – consultation document, July 2019
[21]Stoklosa et al, Effect of IQOS introduction on cigarette sales: evidence of decline and replacement, DOI: 10.1136/tobaccocontrol-2019-054998
[22]Access to e-Cigarettes will Improve Australia's Health, Pursuit, March 2019 (accessed from https://pursuit.unimelb.edu.au/articles/access-to-e-cigarettes-will-improve-australia-s-health)

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