

## 2. Progress in meeting National Tobacco Strategy objectives: trends and concerns

### Objectives of the National Tobacco Strategy

- To prevent uptake of smoking
- To encourage and assist as many smokers to quit as soon as possible
- To eliminate harmful exposure of tobacco smoke among non-smokers
- Where feasible to reduce harm associated with the continuing use of, and dependence on, tobacco and nicotine

While the prevalence of smoking in Australia has declined among both teenagers and adults in all social groups, smoking during pregnancy and exposure to tobacco smoke among children remains high, particularly among people living in disadvantaged areas.

### 2.1 Uptake of smoking

After an increase in smoking rates between 1990 and 1996, smoking rates among both younger and older teenagers have resumed a downward trend.

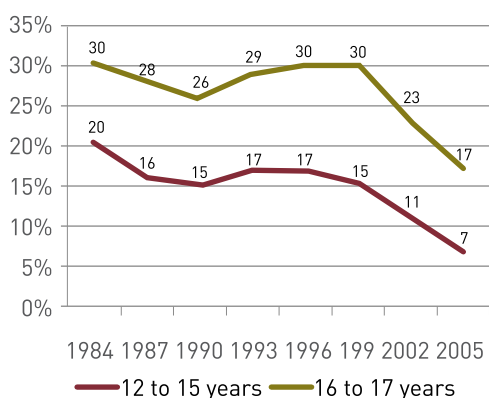


Figure 3: Trends in current smoking (smoked in past week), students aged 12–15 years and 16 & 17 years, Australia, 1984–2005  
Source: ASSAD(44)

Current smoking and smoking rates have declined in teenagers of every age. Between 1999 and 2005, rates almost halved among students aged 16–17 years. Among younger students, the rate in 2005 was barely one-third the rate in 1984.(44)

The Australian Survey of Smoking, Alcohol and Drug Use (ASSAD) indicates that in 1987 smoking rates were highest among students living in the most advantaged areas of Australia. Following a sharp reversal of the socio-economic gradient among 12–15-year-olds between 1990 and 1996, between 1996 and 2005 smoking declined equally among students living in areas at all levels of disadvantage.

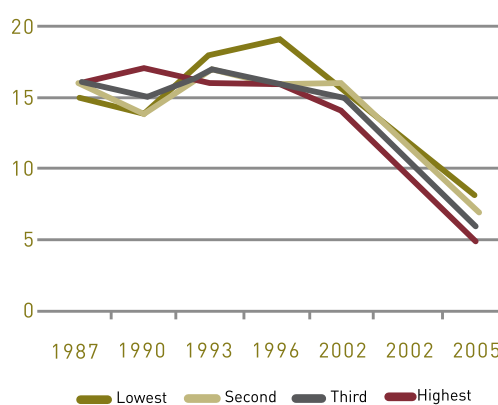


Figure 4: Reported current smoking (smoked in past week), secondary-school students aged 12–15 years, ranked in quartiles by the level of disadvantage of the area in which their school is located, Australia, 1987–2005

Source: White, Hayman and Hill 2008,(45) Table 2



## 2.2 Smoking rates among adults

The proportion of adult Australians who describe themselves as current smokers was significantly lower in 2007 than in 1980. Smoking rates have fallen in both males and females.(31)

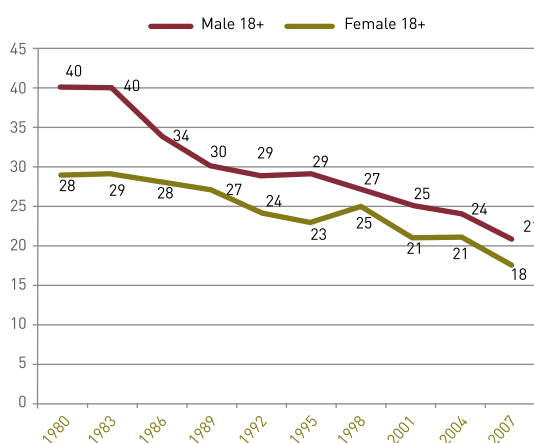


Figure 5: Prevalence of current smokers\* aged 18+, Australia, 1980–2007 – males and females

Source: Centre for Behavioural Research in Cancer analysis of data from Anti-Cancer Council of Victoria(46-52) and National Drug Strategy Household Surveys(15, 53, 54)

In fact, smoking rates have fallen in all age groups.

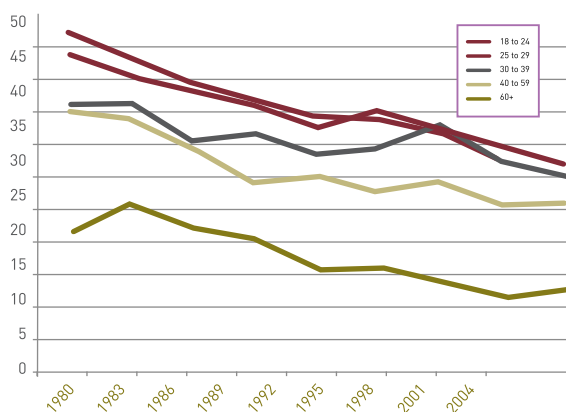


Figure 6: Prevalence of current smokers\* aged 18+, Australia, 1980–2004 – ages 18–24 to 60+

Source: Centre for Behavioural Research in Cancer analysis of data from Anti-Cancer Council of Victoria(46-52) and National Drug Strategy Household Surveys(15, 53, 54)

Among people who are employed, the prevalence of smoking appears to have fallen almost as much in blue- as in white-collar groups.

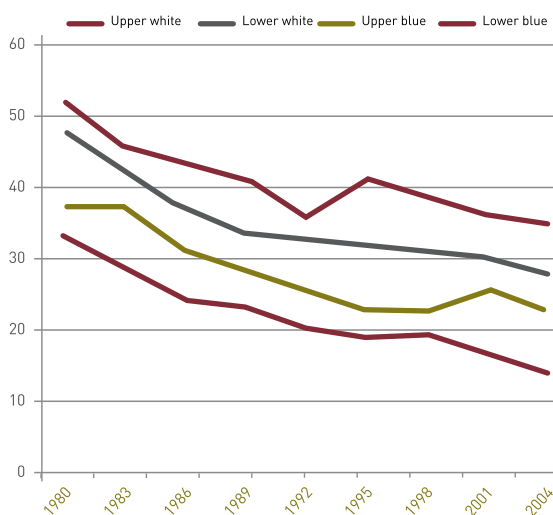


Figure 7: Prevalence of current smokers\* aged 18+, Australia, 1980–2007 – by job classification

Source: Centre for Behavioural Research in Cancer analysis of data from Anti-Cancer Council of Victoria(46-52) and National Drug Strategy Household Surveys(15, 53, 54)<sup>8</sup>

Until 1995, prevalence of smoking fell among people of all levels of educational attainment.

While prevalence has fallen among adults and teenagers in all age and occupational groups, progress appears to be halting among people with more limited education and those living in the most disadvantaged areas.(24)

<sup>8</sup> \*Includes any combination of cigarettes, pipes or cigars.

<sup>#</sup> The AIHW has released data for Australians aged 14+ for 2007, but the figures for Australians aged 18+ have not yet been calculated.



Since 1995 smoking prevalence has fallen more sharply among people who have completed school than among people who have not. Rates are plummeting among those with a university education.

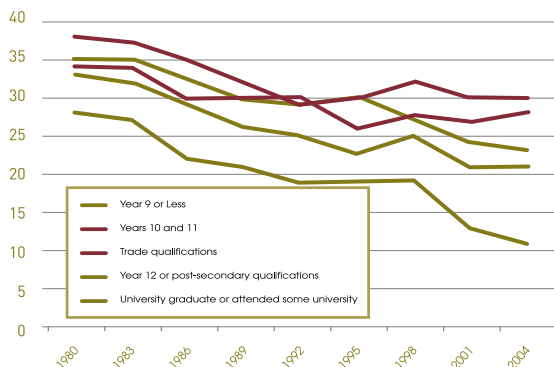


Figure 8: Prevalence of current smokers\* aged 18+, Australia, 1980-2004 – by level of education

Source: Centre for Behavioural Research in Cancer analysis of data from Anti-Cancer Council of Victoria(46-52) and National Drug Strategy Household Surveys(15, 53, 54)

Similarly, smoking is declining steadily in the least disadvantaged neighbourhoods but progress is less apparent among those in the most disadvantaged areas (1st quintile).

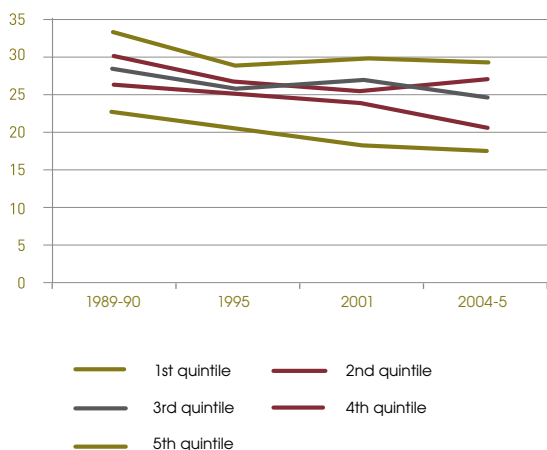
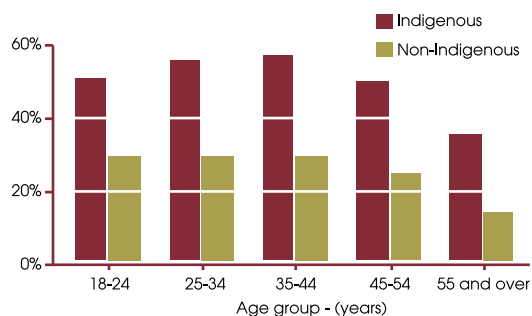


Figure 9: Smoking rates by area of relative disadvantage, Australians aged 18+, 1989 to 2004-2005

Source: ABS National Health Survey(55)

Smoking rates among Indigenous Australians are more than double those in the rest of the community.(56)

### Current daily smokers, Males



### Current daily smokers, Females

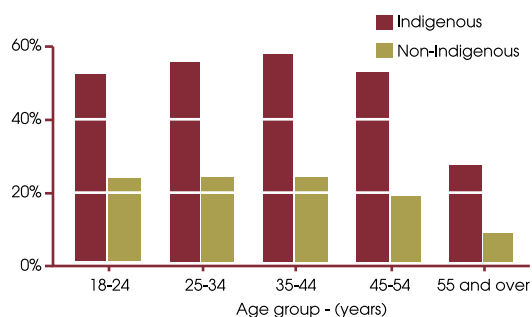


Figure 10: Smoking among Indigenous versus non-Indigenous Australians, 2004-2005 – males and females, various age groups

Source: Reproduced from ABS 2007 Tobacco Smoking – Aboriginal and Torres Strait Islander People: A snapshot (57)

High rates of smoking are also apparent among other marginalised groups, including those with mental illness,(58) drug users,(59) those who are homeless(60) and those in prison.(61) A review of 42 international studies in 20 nations found an average smoking prevalence among people with schizophrenia of 62%.(62) Australian research has reported rates of up to 73% in men and 56% in women suffering from serious psychiatric illnesses.(58, 63, 64)



## 2.3 Exposure to tobacco smoke among non-smokers

Data have not consistently been collected or published over time,<sup>9</sup> but smoking among pregnant women remains alarmingly high, particularly among those in disadvantaged groups.

**Table 1:** Women who smoked during pregnancy by Australian state\* and territory, 2005

State or Territory	% of smokers (self-reported)
New South Wales	14.3
Queensland <sup>^</sup>	20.4
Western Australia	17.1
South Australia <sup>**</sup>	23.2
Tasmania	27.6
Australian Capital Territory	14.5
Northern Territory <sup>§</sup>	31.1
<b>Total</b>	<b>17.4</b>

\* Excluding Victoria, for which data were not available;<sup>^</sup> Smoking status in Queensland was reported from 1 July 2005, so information in the table is for July–December 2005; <sup>\*\*</sup> Smoking status in South Australia includes women who quit before the first antenatal visit; <sup>§</sup>Smoking status in Northern Territory was recorded at the first antenatal visit.

Source: Laws et al.(65)

Of the 10,857 teenagers who had babies in 2004, 42% smoked during pregnancy.(65) Data from the Australian Institute of Health and Welfare (AIHW) National Perinatal Data Collection Unit indicate that Aboriginal and Torres Strait Islander mothers smoke during pregnancy at about three times the rate of non-Indigenous mothers (52% compared to 16%).(66)<sup>10</sup>

### ACTION PROPOSED

*Include in healthcare agreements a requirement to collect and report data on smoking during pregnancy.*

Smoking during pregnancy may have far-reaching and long-lasting effects on the health and wellbeing of offspring. Recent studies point to long-term impacts including programming for cardiovascular disease(67-70) and fertility problems.(71, 72) Maternal smoking is increasingly being linked<sup>11</sup> with compromised neuro-behavioural(75, 76) and cognitive functioning.(77, 78) Smoking may play a larger role in contributing to the perpetuation of social disadvantage than has previously been appreciated.

In the most disadvantaged areas in Australia, children are exposed to tobacco smoke at least once every day in around one in five households.

In the most advantaged areas, adults in households without dependent children are half as likely to smoke indoors as adults in households without children. However, in the most disadvantaged areas, adults with dependent children are equally likely to smoke indoors as those without children.

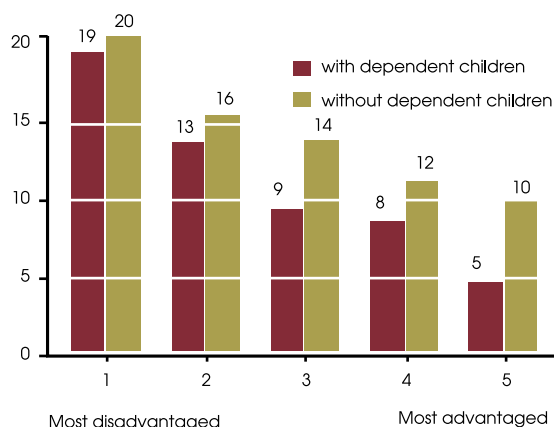


Figure 11: Percentage of households where at least one person smokes inside at least once daily, Australia, 2004

Source: National Drug Strategy Household Survey 2004(79)

<sup>9</sup> The AIHW has recently produced guidance about how data should be collected.

<sup>10</sup> Data on smoking in this population group is currently not collected in Queensland or Victoria.

<sup>11</sup> The increased risk must partly be explained by the more stressful environments shared by offspring and mothers who were able unable to quit during pregnancy. Children in less stressful environments are likely to enjoy more protective behavioural styles, due both to inherited temperamental qualities and the quality of parenting. However, many of the studies cited above did try to control for social conditions. Further, the dose response found in studies of the impact of quitting compared to never, continued and reduced smoking during pregnancy suggest that increased risk of neuro-behavioural problems must also be partly due to the physiological effects of nicotine.

<sup>73</sup> Pickett K, Wood C, Adamson J, DeSouza L and Wakshlag L. Meaningful differences in maternal smoking behaviour during pregnancy: implications for infant behavioural vulnerability. *J Epidemiol Community Health*. 2008;62:318–24. Nicotine exposure has been demonstrated to disrupt fetal brain development in animals.

<sup>74</sup> Benowitz N. *Nicotine safety and toxicity*. New York: Oxford University Press, 1998.



Among single parents with dependent children, an adult smokes indoors at least once each day in one in three households.(79) Children in households in the most disadvantaged areas are four times more likely to be exposed to tobacco smoke inside than children in households in the most advantaged areas.

Among people who still smoke, the number of cigarettes smoked each day has been steadily declining since 1989, corresponding with the increasing adoption of smoke-free workplaces and the increasing price of cigarettes.

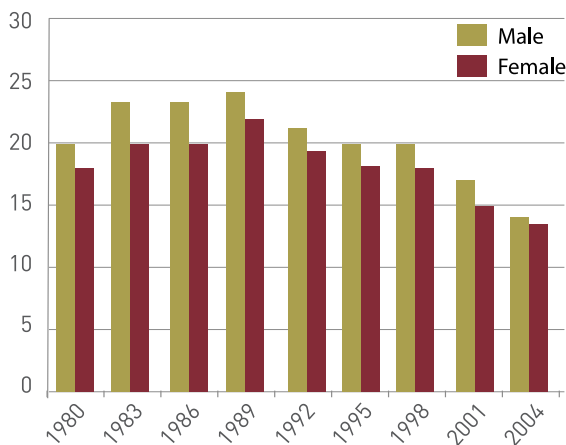


Figure 12: Reported number of cigarettes smoked daily by adults aged 18+, Australia, 1980–2004

Source: NDSHS(80)

The percentage of people who can be classified as heavy smokers has also been declining, with corresponding increases in the percentage of people who self-classify as light smokers.(81)

Small reductions in cigarette consumption have not been demonstrated to reduce the incidence of tobacco-related disease; however, lighter patterns of smoking are associated with both a greater likelihood of attempting to quit and greater success in remaining abstinent.(82-84)