

**1989-90 NATIONAL HEALTH SURVEY
SMOKING, AUSTRALIA**

This publication contains statistics about the prevalence of smoking among adults in Australia and the characteristics of those people who smoke, ex-smokers and people who have never smoked. These statistics have been compiled from data collected in the 1989-90 National Health Survey and represent a selection of those available. The survey did not collect information about passive smoking and its effects.

The term smoking refers to any form of tobacco smoking, including manufactured (packet) cigarettes, pipes, cigars and roll-your-own cigarettes. Comparisons between the results from the 1989-90 NHS and the 1977 Alcohol and Tobacco Consumption Patterns Survey are included in order to identify trends in the prevalence and patterns of smoking in Australia.

MAIN FEATURES

- An estimated 3.5 million people, representing 28 per cent of adult Australians (aged 18 and over) are smokers.
- The number of adult smokers has declined from 37 per cent in 1977. However, the percentage of people who have never smoked has changed little, indicating that the lower proportion of current smokers in 1989-90 is attributable to an increase in people giving up smoking, rather than a decline in the proportion of people taking up smoking.
- Smokers are commencing smoking at younger ages than in the past (96% of 18 to 24 year olds who smoke commenced smoking at ages less than 20 compared with 58% of people aged 65 and over).
- Overall, a higher proportion of males were smokers than females (32% and 25% respectively), but the proportion of smokers in the 18 to 24 year age group was the same for both sexes (36%).
- Smoking is most prevalent among New Zealand born people living in Australia (39%) while people born in Northeast and Southern Asia reported the lowest prevalence of smoking (18%).
- The survey found that one-half of the Aboriginal and Torres Strait Islander population smoke compared to less than one-third of non-Aboriginal people.
- Almost three-quarters of cigarette smokers (73%) said they had tried to give up smoking.
- For persons aged 45 years and over the prevalence of bronchitis and emphysema as a long-term condition was higher among smokers and ex-smokers (7%) than people who had never smoked (3%).

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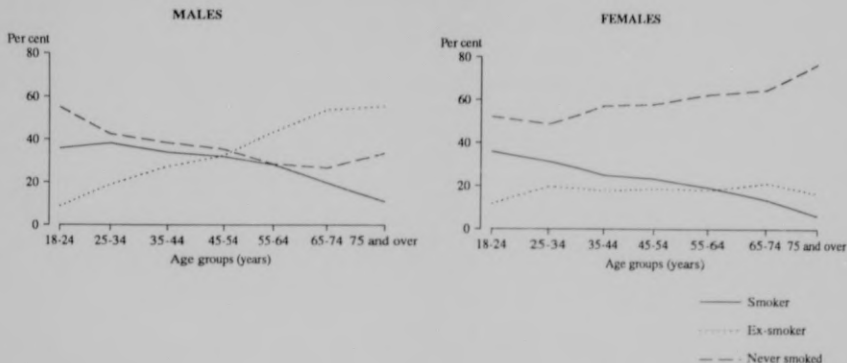
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Prevalence of Smoking

When compared with the results of the 1977 survey, figures show that the decrease in the proportion of adult males who smoke, (a decline of 13 percentage points) was much larger than that of females (a decline of 4 percentage points). Decreases in the proportion of smokers were recorded in all age groups, but was highest in the age group 45 to 64 years, and lowest in the 18 to 24 year age group.

CHART 2. PERSONS AGED 18 YEARS AND OVER: SMOKER STATUS BY AGE AND SEX, AUSTRALIA, 1989-90



In total, three quarters (75.5%) of current and ex-smokers of cigarettes reported commencing regular smoking at ages less than 20 years. More males than females started smoking at younger ages; 19.3 per cent of males and 11.3 per cent of females started smoking at ages less than 15 years. When the figures are cross-classified by current age (Table 2), they indicate that people, particularly females, are starting to smoke at younger ages than previously. Among female smokers and ex-smokers aged 18 to 24 years at the time of the survey, 22.3 per cent started at an age less than 15 years compared with 11.4 per cent and 6.6 per cent respectively, for those aged 25 to 44 and 45 to 64 years.

TABLE 2. PERSONS WHO ARE CURRENT CIGARETTE SMOKERS AND EX-CIGARETTE SMOKERS: AGE COMMENCED SMOKING REGULARLY BY CURRENT AGE BY SEX, AUSTRALIA, 1989-90 (Per cent)

Age commenced smoking regularly (years)	Age group (years)				Total
	18-24	25-44	45-64	65 and over	
Males					
Less than 15	21.9	17.3	20.2	21.4	19.3
15-19	72.8	63.2	55.1	47.6	59.5
20-24	5.3	15.3	18.2	21.2	15.9
25 and over	..	4.2	6.5	9.8	5.2
Females					
Less than 15	22.3	11.4	6.6	5.4	11.3
15-19	73.9	66.6	48.1	34.5	59.5
20-24	3.8	16.4	24.5	26.2	17.4
25 and over	..	5.6	20.7	33.9	11.8
Persons					
Less than 15	22.1	14.7	15.2	15.6	16.0
15-19	73.4	64.7	52.6	42.8	59.5
20-24	4.5	15.8	20.5	23.0	16.5
25 and over	..	4.8	11.7	18.6	8.0
Total	100.0	100.0	100.0	100.0	100.0

States and Territories

The prevalence of smoking varied across States and Territories with Victoria reporting the lowest proportion of smokers (27.6%) and the Northern Territory the highest proportion (39.8%).

TABLE 3. PERSONS AGED 18 AND OVER: SMOKER STATUS, STATES AND TERRITORIES, 1989-90
(Per cent)

Smoker status	NSW	Vic.	Qld	SA	WA	Tas.	NT	ACT	Aust.
Smoker	28.8	27.6	28.4	27.8	28.1	28.8	39.8	30.3	28.4
Ex-smoker	22.7	22.9	24.8	23.7	23.5	23.3	17.8	22.9	23.2
Never smoked	48.6	49.5	46.8	48.5	48.4	48.0	42.4	46.8	48.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

There is little difference in the prevalence of smoking by people in capital cities and people in other areas of States. For example in all capital cities combined, 28.0 per cent of adults were smokers, compared with 29.1 per cent in the rest of Australia.

Aboriginality

The survey found that 49.7 per cent of Aboriginals and Torres Strait Islanders were smokers compared with 28.2 per cent of the non-Aboriginal population. Although the younger age structure of the Aboriginal and Torres Strait Islander population contributed to this difference, the proportion of Aboriginals and Torres Strait Islanders who smoke was higher in all age groups, except in the age group 65 years and over.

TABLE 4. PEOPLE AGED 18 AND OVER: SMOKER STATUS BY ABORIGINALITY
AUSTRALIA, 1989-90
(Per cent)

Smoker status	Non-Aboriginal	Aboriginal and Torres Strait Islander
Smoker	28.2	49.7
Ex-smoker	23.3	18.1
Never smoked	48.5	32.2

Country of Birth

New Zealand born adults living in Australia had the highest prevalence of smoking with an estimated 38.5 per cent who smoke. People born in Northern Europe had the second highest prevalence of smoking (37.9%) followed by people born in the Middle East (35.5%). The lowest prevalence of smoking was recorded among people born in Southern and Northeast Asia (18.1%). The low prevalence of smoking among Southeast Asian born people and those born in Northeast and Southern Asia, can be attributed largely to the low prevalence of smoking in the female population of those birthplaces (9.5% and 7.0% respectively).

TABLE 5. PERSONS AGED 18 AND OVER: SMOKER STATUS BY COUNTRY OF BIRTH
AUSTRALIA, 1989-90
(Per cent)

Birthplace	Smoker	Ex-smoker	Never smoked
Australia	28.6	22.4	49.0
Overseas born	27.7	25.4	46.9
New Zealand	38.5	26.3	35.3
Other Oceania	21.1	21.5	57.3
United Kingdom and Ireland	29.4	31.8	38.8
Southern Europe	26.4	20.9	52.7
Western Europe	28.9	32.7	38.4
Other Europe and USSR	28.9	29.6	41.5
Middle East	35.5	18.6	45.9
Southeast Asia	19.0	10.5	70.5
Northeast and Southern Asia	18.1	16.2	65.7
Northern America	24.2	27.4	48.4
All other countries	24.8	25.0	50.1
Total	28.4	23.2	48.4

Occupation

Results of the survey show that the prevalence of smoking differs between occupation groups. The highest prevalence of smokers was recorded for 'Labourers and Related Workers' (40.3%), 'Plant and Machine Operators and Drivers' (39.8%) and 'Tradespersons' (37.8%). In contrast, only 17.3 per cent of 'Professionals' reported they currently smoked.

TABLE 6. EMPLOYED PERSONS AGED 18 TO 64 YEARS: SEX BY MAIN OCCUPATION(a) BY SMOKER STATUS, AUSTRALIA, 1989-90
(Per cent)

Main Occupation	Smoker	Ex-smoker	Never Smoked
Managers and Administrators	27.9	26.0	46.1
Professionals	17.3	21.9	60.8
Para-Professionals	26.7	25.3	48.0
Tradespersons	37.8	22.4	39.8
Clerks	27.6	19.8	52.6
Salespersons and Personal Service Workers	32.3	18.6	49.1
Plant and Machine Operators and Drivers	39.8	23.4	36.8
Labourers and Related Workers	40.3	19.8	39.9
Not stated(b)	15.3	38.3	46.5
Total	28.4	23.2	48.4

(a) At the time of interview. (b) Includes defence personnel not elsewhere classified.

A higher proportion of those unemployed were smokers (43.5%) than employed persons and those not in the labour force (31.2% and 27.5% respectively). This pattern was similar for all age groups.

Type of Smoking

Of all smokers, 90.2 per cent smoke only manufactured packet cigarettes and a further 2.2 per cent smoke packet cigarettes as well as cigars and/or pipe. Manufactured packet cigarettes are the most popular type of smoking across all age groups. However, this form of smoking is less common in older age groups than among younger smokers. For example, 96.1 per cent of smokers aged between 18 and 24 smoke manufactured packet cigarettes compared with 73.0 per cent of smokers aged 75 years or more. Roll-your-own cigarettes were the next most common form of smoking, reported by 5.7 per cent of current smokers.

Quantity Smoked

Adult females reported smoking less than males. Some 71.6 per cent of female smokers of packet cigarettes reported smoking on average 20 cigarettes or less per day, compared with 58.4 per cent of male smokers. For both male and female cigarette smokers the number of cigarettes usually smoked per day was highest in the middle age groups. For example, 51.6 per cent of male smokers aged 45 to 54 years smoked more than 20 cigarettes per day. The age group reporting the highest consumption of cigarettes among females was 35 to 44 years (35.9% of cigarette smokers smoked more than 20 cigarettes per day).

TABLE 7. SMOKERS OF PACKET CIGARETTES: NUMBER OF CIGARETTES USUALLY SMOKED PER DAY BY AGE AND SEX, AUSTRALIA, 1989-90
(Per cent)

Number of cigarettes	Age group (years)				Males	Females	Persons
	18-24	25-44	45-64	65 and over			
One to ten	38.0	25.0	21.5	36.2	22.5	33.4	27.6
Eleven to twenty	39.8	35.7	36.9	37.9	35.9	38.2	37.0
More than twenty	22.2	39.3	41.5	26.0	41.6	28.4	35.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Females also reported lower tar and nicotine intake than males. This is due in part to the lower overall smoking levels of females, but is also the result of a tendency among female smokers to smoke cigarettes with lower tar/nicotine content. Over half (54.3%) of female cigarette smokers said they usually smoked cigarettes with a tar content of 10 mg or less, compared with 37.3 per cent of males. A slightly higher proportion of smokers in younger and older age groups reported smoking low tar/nicotine cigarettes than smokers of middle age.

Also evident was a relationship between duration of smoking and the tar and nicotine content of the cigarettes smoked. In general, the longer the duration of smoking the greater the proportion of smokers who smoked cigarettes with higher tar and nicotine levels - see Table 8. For example, 25.4 per cent of persons who had smoked for 20 years or more smoked cigarettes with a tar content of 14 mg or more, compared with 13.7 per cent of those who had smoked for less than five years.

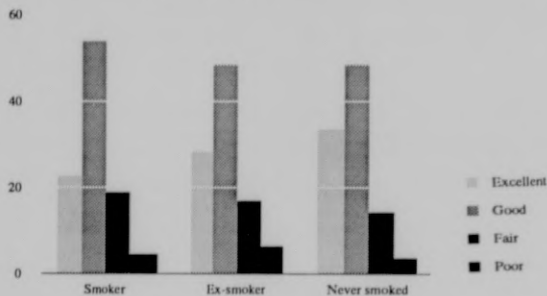
TABLE 8. SMOKERS OF PACKET CIGARETTES: TAR AND NICOTINE CONTENT OF CIGARETTES USUALLY SMOKED BY DURATION OF SMOKING, AUSTRALIA, 1989-90
(Per cent)

Tar/nicotine content per cigarette	Duration of smoking (years)				Total
	Under 5	5-9	10-19	20 and over	
Tar content -					
Less than 5 mg	18.0	18.9	20.3	19.6	19.5
5 - 10 mg	32.2	26.7	25.2	24.3	25.8
11 - 13 mg	28.4	31.1	26.5	23.7	26.2
14 mg or more	13.8	18.1	22.4	25.4	22.1
Not stated	7.6	5.1	5.5	7.1	6.4
Total	100.0	100.0	100.0	100.0	100.0
Nicotine content -					
Less than 0.9 mg	45.3	43.2	43.4	41.2	42.6
0.9 - 1.4 mg	31.6	34.7	31.9	31.6	32.2
1.5 mg or more	11.1	15.5	17.9	19.0	17.2
Not stated	12.0	6.6	6.8	8.2	8.0
Total	100.0	100.0	100.0	100.0	100.0

Health status

A slightly higher proportion of people who have never smoked reported being in good or excellent health (81.9%) than did smokers and ex-smokers (76.6%) as shown in the chart below.

CHART 3. SELF-ASSESSED HEALTH STATUS BY SMOKER STATUS
AUSTRALIA, 1989-90



Health risks which have been associated with smoking include respiratory conditions such as emphysema, cancers of the respiratory system, stroke and thrombosis. For persons aged 45 years and over and particularly at ages 65 years and over the prevalence of bronchitis and emphysema as a long-term condition was higher among smokers and ex-smokers than people who have never smoked (10.7% of current smokers aged 65 years and over compared with 3.4% of persons in this age group who had never smoked). Of current smokers aged 45 years or more who reported bronchitis and emphysema as a long-term condition almost all (99.3%) had smoked for 10 years or more. Of ex-smokers reporting bronchitis and emphysema the majority (76.5%) had smoked for 10 years or more. A higher proportion of ex-smokers in this age group reported heart disease (7.7%) compared to people who are current smokers (4.0%) or who have never smoked (4.6%) suggesting that the condition may have been a factor in their decision to give up smoking.

TABLE 9. PERSONS AGED 45 YEARS AND OVER: AGE BY SMOKER STATUS BY
SELECTED LONG-TERM CONDITIONS, AUSTRALIA, 1989-90
(Per cent)

Type of condition	45-64			65 and over			Total		
	Smoker	Ex-Smoker	Never Smoked	Smoker	Ex-Smoker	Never Smoked	Smoker	Ex-Smoker	Never Smoked
Arthritis	19.9	21.8	22.5	34.9	38.5	40.5	23.4	28.7	29.7
Asthma	5.1	5.9	5.1	5.6	6.1	4.6	5.2	6.0	4.9
Bronchitis, Emphysema	5.8	4.4	2.4	10.7	9.8	3.4	6.9	6.6	2.8
Neoplasm	2.8	3.1	3.1	6.4	7.0	4.9	3.7	4.7	3.8
Hypertension	12.6	16.8	17.0	18.8	27.1	31.0	14.0	21.1	22.6
Heart Disease	2.5	4.9	2.1	9.2	11.6	8.4	4.0	7.7	4.6
Atherosclerosis	0.5	0.5	0.2	0.7	0.9	0.9	0.5	0.7	0.5
High cholesterol	4.3	7.2	6.9	3.6	3.9	4.4	4.2	5.8	5.9
Cerebrovascular disease(a)	0.9	0.5	0.4	2.7	3.5	2.4	1.2	1.7	1.2
No long-term condition	12.2	8.6	10.4	7.0	3.8	4.8	11.0	6.6	8.2

(a) Including after effects of stroke.

In contrast, the proportion of people with long-term hypertension was higher among ex-smokers (21.1%) and persons who had never smoked (22.6%) than among current smokers (14.0%). This pattern was common to both the 45 to 64 and 65 years and over age groups and to both sexes, but was most evident among females aged 65 years and over. Some 20.3 per cent of female smokers in this age group reported hypertension compared with 33.1 per cent of females who had never smoked.

Smokers who have attempted to give up smoking

Of all cigarette smokers 72.8 per cent reported they have attempted to give up smoking; proportionally more males (74.0%) than females (71.4%). Males aged 35 to 44 were more likely to have attempted to give up smoking (78.7% of current smokers in this age group), while for females, those aged 25 to 34 years were more likely to have attempted to give up smoking (74.9%).

Persons who commenced smoking at a young age were more likely to have attempted to give it up, for example 77.2 per cent of those who commenced smoking at ages less than 15 had attempted to give up smoking compared with 65.1 per cent of those who commenced smoking at ages 25 or more. The proportion of smokers who had tried to quit was highest among smokers of ten years or more duration (75.4%), but it is notable that even among persons who had recently started smoking the majority had tried to quit (59.0% of those who had smoked for less than 5 years).

The number of cigarettes usually smoked appears to have little influence on whether smokers attempt to give up smoking. For example, of those who reported smoking twenty-one to thirty cigarettes per day, 74.2 per cent had attempted to give up smoking. This compares with 70.9 per cent of those who smoke one to ten cigarettes per day.

Reasons for quitting smoking

The most commonly reported reason for quitting smoking packet cigarettes was that smoking was 'harmful to health/cancer/lung disease/heart disease' (44.6% of ex-cigarette smokers). In contrast, only 10.2 per cent reported 'expense' as a reason for quitting.

The reasons given for quitting smoking tended to differ according to the age at which the person quit, with reasons associated with ill-health more often reported in older age groups (see Table 10).

TABLE 10. EX-SMOKERS OF PACKET CIGARETTES: REASONS FOR QUITTING SMOKING BY AGE AT WHICH QUIT, AUSTRALIA, 1989-90 (Per cent)

Reasons for quitting smoking	Age quit smoking (years)				Total
	Less than 25	25-34	35-44	45 and over	
Harmful to health/cancer/lung disease/heart disease	35.6	44.0	47.1	51.4	44.6
Cough, sore throat	4.2	7.0	10.0	11.1	8.1
Reduces fitness/restricts activity	13.6	11.9	10.0	6.0	10.3
Other health reasons e.g. pregnancy	15.1	16.8	9.5	11.6	13.5
Offensive to others	10.4	10.2	8.8	6.7	9.0
Expense	10.0	11.0	9.4	10.1	10.2
Lost interest, did not feel like it anymore	28.4	22.1	23.1	17.5	22.6
Other reasons	10.4	11.9	12.4	10.9	11.4
Total(a)	100.0	100.0	100.0	100.0	100.0

(a) Each person may have reported more than one reason for quitting smoking, and therefore components do not add to totals.

EXPLANATORY NOTES

The 1989-90 National Health Survey was conducted during the twelve months October 1989 to September 1990 and covered approximately 22,200 private and special dwellings (e.g. hotels, motels, boarding houses) selected throughout Australia. Hospitals and nursing homes were excluded from the sample. Where possible, each adult member of selected households was interviewed by a trained ABS interviewer; an adult member of each household, usually a parent or guardian, was asked to provide information about children in the household.

2. The National Health Survey was conducted over a full year, with an approximately equal number of households selected for interview in each fortnight. As the estimates are based on information obtained from occupants of a sample of dwellings, they may differ from figures that would have been obtained if all dwellings had been included.

3. Information collected in the survey included medical conditions experienced, actions people had taken in relation to their health such as doctor consultations, use of medications, episodes in hospital, and aspects of lifestyle and other factors which may influence their health such as smoking, alcohol consumption, exercise and height and weight. A range of demographic and socio-economic information was also collected. Women aged 18 to 64 years were invited to complete a small additional questionnaire on specific women's health issues.

4. Information obtained in the survey about smoking related to the regular smoking of tobacco, excluding the use of chewing tobacco and smoking of non-tobacco products. Regular was defined as one or more cigarettes, cigars or pipes per day on average. Information was collected about whether respondents currently smoked, or had ever smoked regularly, and characteristics of their smoking pattern. In general, more information was collected about current and ex-smokers of manufactured (packet) cigarettes than smokers of other tobacco products, since these make up the great majority of smokers. Information on the tar/nicotine content of cigarettes usually smoked was as reported by respondents, often with reference to information printed on their cigarette packet. Duration of smoking was derived from reported age commenced smoking to current age (smokers) or age quit smoking (ex-smokers) and hence takes no account of periods in the intervening time when persons may have ceased smoking.

5. Some under-reporting of smoking, both in terms of persons identifying as current smokers and in the quantities smoked may have occurred. While the methodology used to collect data in this survey was similar to that used in the 1977 Alcohol and Tobacco Consumption Patterns Survey some care should be taken in comparing results of the surveys due to changes in health awareness and social attitudes towards smoking which have occurred between the surveys and which may have affected the levels of under reporting.

6. Further information about the coverage of smoking in the survey, together with general information about the survey, its scope and coverage, content, methods and notes concerning the interpretation of results (including comparability with previous ABS health surveys) are contained in the publication 1989-90 *National Health Survey: Users' Guide* (Cat. No. 4363.0). Information about the range of publications to be released from this survey, and the availability of unpublished results is contained in the information brochure 1989-90 *National Health Survey: Products and Services* which is available free of charge from any office of the ABS.

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