

Tobacco in Australia | **Facts & Issues**

A comprehensive online resource

List of chapters available at tobaccoinaustralia.org.au

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Tobacco in Australia: Facts and Issues.

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Chapter 1

Trends in the prevalence of smoking

Chapter 1

Trends in the prevalence of smoking

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*Further updates marked
per section*

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Chapter 1: Prevalence » 1.1 A brief history of tobacco smoking in Australia

1.1 A brief history of tobacco smoking in Australia

Tobacco smoking first reached Australian shores when it was introduced to northern-dwelling Indigenous communities by visiting Indonesian fishermen in the early 1700s.¹ British patterns of tobacco use were transported to Australia along with the new settlers in 1788. Among free settlers, officers and convicts, tobacco smoking was widespread^{2,3} and in the years following colonisation, British smoking behaviour was rapidly adopted by Indigenous people as well.^{i 4}

In the earliest days of the colony the tobacco supply was unreliable and usage among convicts, in particular, was restricted,⁴ but by the early 1800s tobacco was an essential commodity routinely issued to servants, prisoners and ticket-of-leave men (conditionally released convicts) as an inducement to work, or conversely, withheld as a means of punishment.³ Home-grown tobacco was outlawed after initial plantings, since producing food for the new colony was deemed a priority. Illegal crops continued to flourish, however, and in 1803 tobacco growing was sanctioned once more.⁴ According to a contemporary observer in 1819, 80% or 90% of male labourers were smokers.⁴

In contrast, few European women smoked; those who did were convicts, prostitutes and members of the serving underclass, continuing a practice learned in English prisons, or, according to later folklore, 'stout-hearted' characters working in areas of male-dominated employment or living by their wits in the bush.²

Pipe smoking was the most common means of tobacco consumption in the nineteenth century, with imported leaf coming from Brazil, and later, North America, to supplement the local produce.⁴ The habit of chewing plug tobacco, which was popular in the US, was never more than a minority behaviour in Australia.⁴

Partially machine- and hand-made cigarettes were first developed in England in the mid-1800s, and totally mechanised production was possible by the 1880s. Although initially dismissed as effeminate by some and as the choice of dandies or larrikins by others, the comparative cheapness and convenience of mass-produced cigarettes changed the way Australians smoked forever. The cigarette became ubiquitous in the trenches of the First World War, during which more than 60% of tobacco donated to the Allies on the Western Front as part of their rations arrived in the form of cigarettes.² Consumption levels by the Allied Armies also increased dramatically, escalating by up to 70% compared to levels used pre-war.⁵

Meanwhile, attitudes towards smoking among women had begun to change as well. While clandestine smoking may have been indulged in by the avant-garde and the fashionable prior to the war, the changes in society during the 1920s brought female smoking into the open, and in the following decades advertising began to target women.^{5,6} The increasing engagement of women in the paid workforce, particularly with the outbreak of the Second World War, led to greater social and financial freedom for many women, which in turn fuelled higher smoking rates.^{2,5} By the end of the war, more than one-quarter of Australian women were smokers, along with almost three-quarters of adult males.⁷ Although the second half of the 1900s brought confirmation that tobacco use is a major cause of death and disease, female smoking continued to increase, peaking at one-third in the mid-1970s, by which time smoking in males had begun to decline.^{8,9}

i The history of tobacco use among Australian Aboriginal and Torres Strait Islander peoples, including traditional use of naturally occurring plants which contain nicotine and the subsequent introduction of smoking by European settlers, is discussed in detail in [Chapter 8](#).

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Chapter 1: Prevalence » 1.2 Overview of major Australian data sets

1.2 Overview of major Australian data sets

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Several series of surveys investigating adult smoking behaviour in Australia have been undertaken in recent decades, providing a wealth of information. The most comprehensive are:

- the National Health Surveys, conducted approximately five-yearly (and more recently three-yearly) by the Australian Bureau of Statistics, with the first including routine questionsⁱ on smoking behaviour undertaken in 1989–1990^{1–6}
- the National Drug Strategy Household Surveys, results of which are published by the Australian Institute of Health and Welfare, commencing in 1985 and conducted every two to three years^{7–15}
- surveys undertaken by research groups under the auspices of Cancer Council Victoria (formerly the Anti-Cancer Council of Victoria) at three-yearly intervals, from 1974 to 1998.^{16–25} Since 2001, the National Drug Strategy Household Survey has assessed smoking status using a consistent methodology considered similar to that of Cancer Council Victoria surveys²⁶ Additional analysisⁱⁱ of both of these data sources has produced the most consistently collected and detailed trends data available for Australia, spanning the years from 1980 to 2013.
- the National Tobacco Survey, which collects information annually on tobacco use and behaviours among Australian teenagers and adults on behalf of the Department of Health and Ageing. It was first commissioned in 1997 as a tool to evaluate the National Tobacco Campaign but was also used for several years to monitor the impact of other tobacco policy initiatives.²⁷ Results of this survey have not been published for some time.

Discussion in this chapter will draw on these and other sources. In most cases the latest estimates of smoking prevalence and analysis of historical trends are drawn from National Drug Strategy Household Survey data (as described in Footnote ii).

Changes in the volume of tobacco consumed are discussed in [Chapter 2](#).

i A survey undertaken by the Australian Bureau of Statistics in 1977 also provides data on smoking behaviour from this period. (Australian Bureau of Statistics. 4380.0 Alcohol and tobacco consumption patterns, February 1977. Canberra: ABS, 1977.)

ii Prevalence data from 1980 to 1998 presented in section 1.3 originate from previously unpublished analyses undertaken by the Centre for Behavioural Research in Cancer, within Cancer Council Victoria, excluding individuals aged under 18 years and weighting the data sets to 2001 census data based on five standard categories of age and sex. Information presented here therefore differs slightly from that published in prior journal articles describing Australian adult prevalence of smoking in these years. Survey data for 1995–2013 presented in most sections are taken from the National Drug Strategy Household Surveys, undertaken by the Australian

Institute of Health and Welfare, and analysed by the Centre for Behavioural Research in Cancer. This data is weighted to the Australian population appropriate for each survey year. Because there are some inconsistencies between the two surveys in data collection methods, sample size, and weighting procedures, only data from 2001 onward is included in longitudinal analysis.

Notes on methodology

Cancer Council Victoria data were collected as part of an omnibus survey conducted by the same national market research company in each survey year. A random sample of households across Australia was selected for surveying and interviewers conducted face to face surveys with respondents aged 14+ years in their home. The original analyses of data from these surveys were based on data from respondents aged 16 and over. The National Drug Strategy Household Survey is also a survey of a random sample of men and women aged 14+ years across Australia, and is conducted by a market research company. The 2010 and 2013 surveys consisted solely of a self-completion drop-and-collect method. In 2004 and 2007, computer-assisted telephone interviews were used in addition to the drop-and-collect survey, and prior to 2001, face-to-face interviews were also used. Data from the National Drug Strategy Household Survey have also been re-analysed using the following source files:

- Australian Institute of Health and Welfare. National Drug Strategy Household Survey, 1995 (computer file). Canberra: Australian Social Science Data Archive, The Australian National University, 1995.

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The two surveys use different questions to define 'current' smoking. In Cancer Council Victoria surveys, the question for assessing smoking status (which remained unchanged for the duration of the survey period) asked respondents to classify themselves as a **current smoker of cigarettes or cigars or pipes**, an **ex-smoker of any tobacco product**, or a **never smoker**. In the National Drug Strategy Household Survey, smoking status is ascertained since 2001 by asking respondents if they have ever tried a cigarette or smoked a full cigarette, and then inquiring of respondents who say 'yes', whether they have smoked more than 100 cigarettes in their lifetime. Respondents indicating that they have smoked more than 100 cigarettes are asked: 'How often do you now smoke cigarettes, pipes, or other tobacco products?' and are asked to select one of the following responses: 'daily', 'at least weekly', 'less often than weekly', 'not at all but I have smoked in the past 12 months', or 'not at all and I have not smoked in the past 12 months'. Respondents indicating that they smoke 'daily' or 'at least weekly' are classified as current smokers. A calibration study²⁴ of the two different approaches has found that they produced the same estimates of smoking prevalence, indicating that these data sets can reasonably be combined to analyse trends.

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