AUSTRALIA'S HEALTH TRACKER BY AREA: SMOKING SUMMARY REPORT

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May 2020

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VICTORIA UNIVERSITY

About us

The Mitchell Institute for Education and Health Policy at Victoria University is one of the country's leading education and health policy think tanks and trusted thought leaders. Our focus is on improving our education and health systems so more Australians can engage with and benefit from these services, supporting a healthier, fairer and more productive society.

The Australian Health Policy Collaboration is led by the Mitchell Institute at Victoria University and brings together leading health organisations and chronic disease experts to translate rigorous research into good policy. The national collaboration has developed health targets and indicators for preventable chronic diseases designed to contribute to reducing the health impacts of chronic conditions on the Australian population.

Suggested citation

Fetherston H and Calder, R. Australia's Health Tracker by Area Smoking Rates Summary Report. Technical paper 2020-02. Mitchell Institute, Victoria University.

Available from: www.mitchellinstitute.org.au

ISBN: 978-0-6488001-0-1

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Australia's health tracker by area: smoking rates summary report

Introduction

Although many Australians enjoy good health, many more are at risk of developing chronic diseases such as cardiovascular disease, some cancers, diabetes and dementia. Low levels of physical activity, poor diets and engaging in smoking and risky consumption of alcohol are the major lifestyle contributors to chronic diseases. A reduction in these risk factors can significantly improve the health of many individuals and prevent disease.

An estimated **one in two people living in Australia have a chronic disease** [1]. More worryingly, evidence suggests that **up to one third of the burden of chronic diseases can be prevented** [2]**.**

Latest analysis of National Health Survey 2017-18 smoking data by the Mitchell Institute reveals the smoking hotspots across Australia and what these areas –with the highest rates of smoking – have in common.

Australia has a strong track record in reducing tobacco use. So much so that some communities in Australia appear to have reached the national 5% smoking target set by Australian tobacco experts. There has been a substantial increase in communities with rates of smoking below 10% - from 82 communities at 9.9% or below in 2014-15 to 142 communities in 2017-18, and a modest decrease in those communities where more than 1 in 4 of residents are still smokers – from 54 communities with smoking rates above 25% down to 47. Alarmingly very high rates of smoking continue in many communities, with at least 1 n 5 and more adults smoking in over 200 communities.

And there is a clear pattern to these smoking rates, with the lowest rates of smoking in many of Australia's wealthiest suburbs, and the highest rates of smoking in communities with high rates of relative socio-economic disadvantage. Relative lack of socio-economic resources is a risk factor for smoking for individuals and communities.

The population groups with the highest rates of smoking are Aboriginal and Torres Strait Islander people, and people living with a mental illness.

Smoking has been recognised as one of the most significant health risks for preventable heart disease, and COVID-19 has shown that smoking puts people who become infected at greater risk of hospitalisation and death.

As well as maintaining the current tobacco reduction policies, the COVID-19 experience and the persistently high rates of preventable cardiac disease in the community make it clear that health policies need to **target areas where smoking rates continue to be much higher** than the national average (12.2%), and to focus on those population groups where smoking rates continue to be unacceptably high.

Smoking and health

The negative impacts of smoking and health are well-known. Smoking is the **leading risk factor for ill health and premature death** [3] and is linked to cardiovascular disease, some cancers and to other preventable chronic diseases [4]. It is one of four common lifestyle risk factors for preventable chronic illness, the others being poor diet, physical inactivity and excessive alcohol consumption.

Latest (2015) statistics show tobacco [3]:

- contributed to **more than one in eight fatalities** or an estimated 21,000 deaths
- 9.3% of the total burden of disease – mostly relating to cancer (43%, mainly lung cancer) followed by chronic obstructive pulmonary disease (30%), coronary heart disease (10%) and stroke (3.1%).

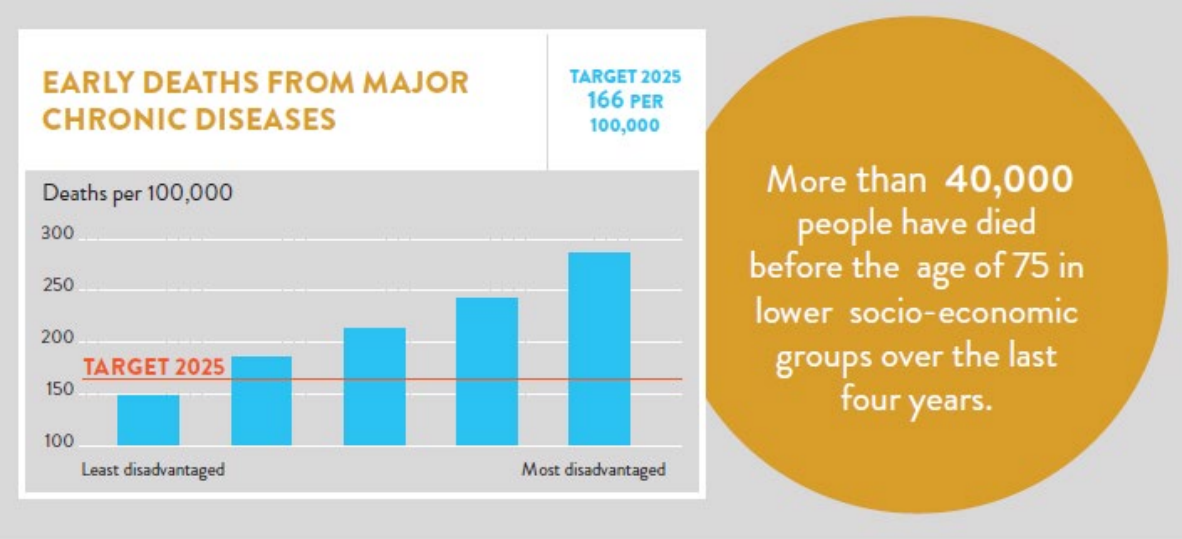
In Australia, an estimated 12.2% of people aged 14 years and over are daily smokers [5]. Nationally, smoking trends have been decreasing since 2013 (15.1% in 2013 and 12.8% in 2016), however, smoking rates among vulnerable populations have seen little improvement. Rates of smoking in Aboriginal and Torres Strait Islander populations and adults living with mental illness are more than double the national average (27.4% and 27.7 respectively) [5]. Of significant concern, smoking rates among people with mental illness appear to have risen 4.2% in the past four years [5].

Smoking and COVID-19

COVID-19 is an infectious disease that primarily attacks the lungs. Whilst smokers are known to be at higher risk of respiratory infections, early research on COVID-19 suggests that smokers are more likely to be seriously ill with COVID-19 [6]. The World Health Organization (WHO) statement released on 11 May 2020 said that "a review of studies by public health experts convened by WHO on 29 April 2020 found that smokers **are more likely to develop severe disease with COVID-19, compared to non smokers** [7]. Those with pre-existing chronic illnesses such as cardiovascular disease and high blood pressure are also more likely to be hospitalised or die from COVID-19. These chronic illnesses are far more common amongst smokers [8].

Smoking rates across Australia

It has been well established that communities of low socio-economic status experience poorer health outcomes. Latest research shows that this gap is widening [9]. Australians in the two lowest socio-economic quintiles – ten million Australians – are at much greater risk of poor health and **early death**. More than 40,000 people have died before the age of 75 in lower socio-economic groups over the past four years [10].



For the first time, areas of Australia have successfully reached the 5% smoking rate target that has been proposed by Australian chronic disease and population health experts, with two of the country's highest socio-economic areas of City Beach/ Floreat (Western Australia) and St Marys - Colyton (New South Wales) dipping below 5%. Both these areas are in Australia's top five wealthiest regions.

However, the smoking rate is up to seven times higher in Australia's poorest communities compared to Australia's wealthiest areas. Corio and Norlane in Victoria and Bridgewater - Gagebrook and the West Coast of Tasmania are among the five locations with the highest smoking rates in the country and are among the most disadvantaged communities in Australia and are reported to have had have a rise in their smoking rates.

These data are detailed in the following tables.

Table 1 lowest rates of smoking by population health area

	Population health area 2017-18 data	State	Number	%	2014-15 data	SES index score
1	City Beach/ Floreat	WA	501	4.5	7.7%	1129
2	St Ives/Turramura/Wahroonga – Warrawee	NSW	2148	5.0	7.6%	1125
3	Cottesloe - Claremont - Central	WA	1,039	5.1	7.5%	1104
4	Lindfield – Roseville	NSW	942	5.2	7.2%	1121
5	Gordon – Kilara/Pymble	NSW	1558	5.2	6.6%	1115

Table 2 highest rates of smoking by population health area

	Population health area 2017-18 data	State	Number	%	2014-15 data	SES index score
1	Bridgewater - Gagebrook	TAS	1,733	33.9	39%	702
2	Corio - Norlane	VIC	6,820	33.0	29.5%	815
3	West Coast/ Wilderness - West	TAS	1,048	32.6	27.1%	869
4	South Hedland	WA	2,281	31.1	27.4%	1001
5	Moree	NSW	1,863	30.0	29.5%	902

Source: National Health Survey 2017-18 and Public Health Information Development Unit, Torrens University.

Research shows that disadvantaged areas not only have the highest rates of smoking, they are also the least likely to [11]:

- access preventive health services such as smoking cessation support
- less likely to access Quitlines (even during mass media campaigns)
- less likely to receive advice about quitting smoking.

In the UK, targeted smoking cessation policies are showing promising results to reduce tobacco-related health inequalities. The *Smoking kills: white paper on tobacco* has led to national investments to better understand the health needs of local areas in order to address the barriers and enablers of smoking cessation within these communities [12]. Several delivery models have since been adopted including delivery of smoking cessation within community service organisations (non-government, not-for-profit organisations which provide welfare services in the community in which they are based) which have resulted in those living in the most disadvantaged areas seeking smoking cessation three times higher than those living in the most advantaged (32.3% compared with 9.6%) [13].

Better investment and targeting of tobacco control interventions is supported by leading Australian public health groups and individuals [14-16].

Australian target 2025

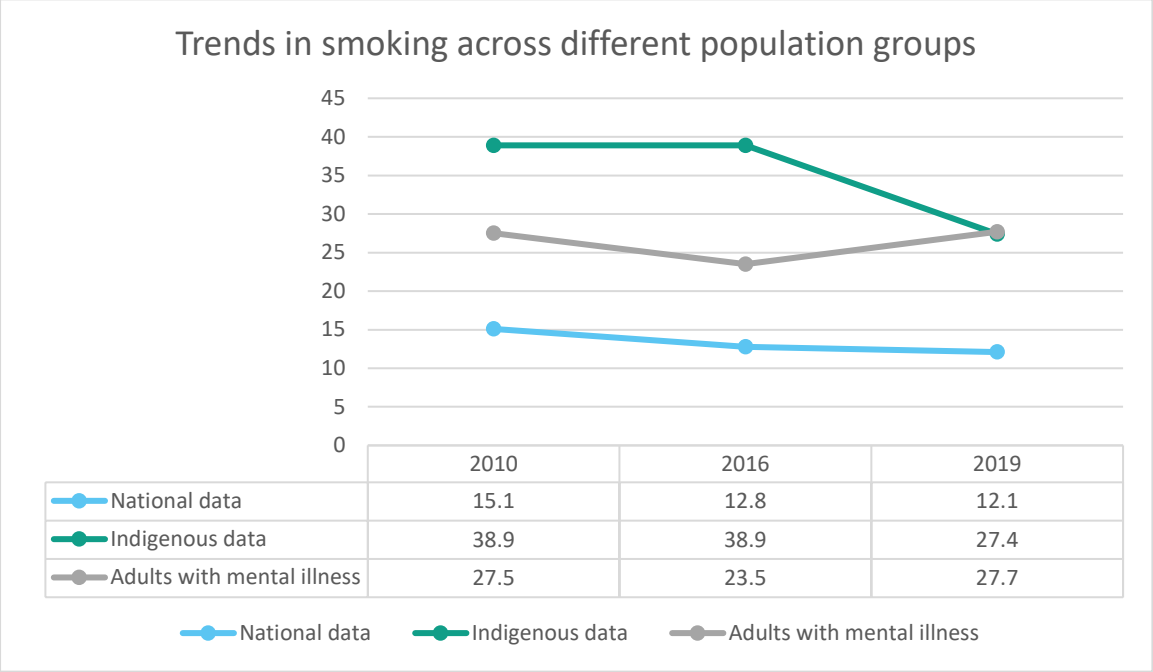
A national target of 5% has been set by the Australian Health Policy Collaboration tobacco expert working group based on the trajectory of smoking rates over the last decade [17]. The Collaboration is supported by the Mitchell Institute at Victoria University and is a network of Australia's leading organisations and experts in chronic disease prevention and population health.

Australia is slowly moving towards the national average target based on the current downward trajectory since 2010, as measured by national health surveys. However, to reduce the national average further, **targeted efforts** must be implemented to reduce the equity gap for smoking experienced by vulnerable populations such as people living with mental illness, Aboriginal and Torres Strait Islander people and those in communities with socio-economic disadvantage (Figure 1).

Smoking cessation experts have called for renewed national public health measures to reduce smoking, given the evidence of the impact of COVID-19 infection for smokers. Leading international tobacco and infectious diseases experts have called for a strategy comprising "public education, regulation, cessation support, with additional support for disadvantaged groups" [16]. These measures are **critical to Australia's success in continuing the reduction in smoking rates**.

The Australian Government recently adopted a national smoking target of less than 10% by 2025. The Australian Health Policy Collaboration has affirmed the importance of setting and reaching the target of 5% in Australia's Health Tracker 2019 [5] .

Figure 1 trends in smoking since 2010



Source: National Drug Strategy Household Surveys 2010; 2013; 2016, Australian Health Survey 2011-12, National Health Survey 2014-15; 2017-18.

Policy recommendations

The arrival of COVID-19 and its impacts on smokers has highlighted the need for renewed urgency to accelerate efforts to reduce the smoking rate in Australia.

Policy efforts need to focus on disadvantaged groups in Australia and disadvantaged communities, and to support proven population-based tobacco control approaches, including:

- increased funding for mass media campaigns to ensure they can effectively reach and influence people from disadvantage groups
- incorporate smoking cessation into routine care
- ensure smoke-free legislation is well implemented
- where appropriate, incorporating smoking cessation targets in government funding agreements.

These policy priorities are part of a suite of 10 policy priority actions presented in *Getting Australia's Health on Track 2016,* produced by the Australian Health Policy Collaboration, that, implemented together, would substantially **get Australia on track to reach the 2025 targets** and **significantly reduce preventable illness and disability in the population**..

This report is a summation of Mitchell Institute's key policy documents. For more information relating to alcohol policy and evidence, refer to *Australia's Health Tracker 2019* and *Getting Australia's Health on Track 2016*.

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