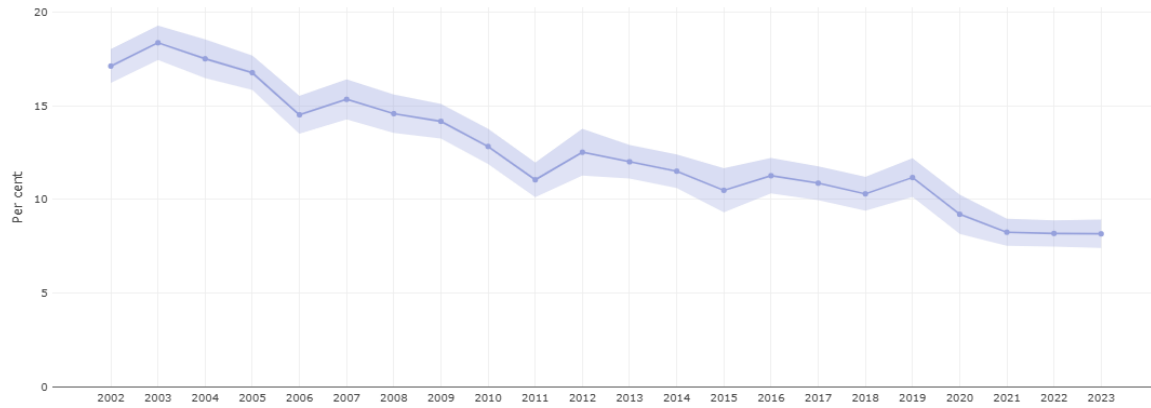


<https://www.healthstats.nsw.gov.au/r/111277>

Daily smoking in adults



■ NSW

Source:
NSW Population Health Survey (SAPHaRI). Centre for Epidemiology and Evidence, NSW Ministry of Health.

Daily smoking in adults

by Period

Period	Per cent	LL 95% CI	UL 95% CI
2023	8.2	7.4	8.9
2022	8.2	7.5	8.9
2021	8.2	7.5	9.0
2020	9.2	8.2	10.2
2019	11.2	10.1	12.2
2018	10.3	9.4	11.2
2017	10.9	10.0	11.8
2016	11.3	10.3	12.2
2015	10.5	9.3	11.7
2014	11.5	10.6	12.4
2013	12.0	11.1	12.9
2012	12.5	11.3	13.8
2011	11.0	10.1	12.0
2010	12.8	11.9	13.8
2009	14.2	13.2	15.1
2008	14.6	13.6	15.6
2007	15.3	14.3	16.4
2006	14.5	13.5	15.5
2005	16.8	15.8	17.7
2004	17.5	16.5	18.5
2003	18.4	17.5	19.3

Commentary: What can we learn from this data?

Tobacco use is the leading contributor to the burden of disease and death in Australia. ([AIHW, 2021](#)). Australia has some of the most comprehensive tobacco control policies and programs in the world. The aim of these tobacco control programs in NSW is to contribute to a continuing reduction of smoking prevalence rates in the community.

Over the 10 years between 2014 and 2023, daily smoking rates among people aged 16 years and over in NSW have decreased from 12% to 8.2%. The decline in daily smoking rates between 2014 and 2023 was highest among younger adults, with rates declining from 11% to 5.5% among those aged 16-24 years.

In 2023, the rate of daily smoking was higher in:

- men (9.6%) compared with women (6.8%), and
- people living in the most disadvantaged areas (13%) compared with the least disadvantaged areas (4.3%).

In NSW in the combined years 2022-2023, the rate of daily smoking was higher in people aged 55-64 years (12%) and 45-54 years (11%) compared with those aged 16-24 years (4.8%) and 75 years and over (3.0%).

In NSW in 2023, the rate of daily smoking among Aboriginal people was 22%.

Other indicators available on HealthStats NSW related to this topic include:

[e-cigarette use](#)
[e-cigarette smoking status](#)
[Current smoking in adults](#)
[Smoking status categories](#)

Notes: What are the technical details of this data?**Sources**

NSW Population Health Survey (SAPHaRI). Centre for Epidemiology and Evidence, NSW Ministry of Health.

Description of [NSW Population Health Survey](#)

For additional details see <https://www.health.nsw.gov.au/surveys/adult/Pages/default.aspx>.

Definition

The indicator covering daily smoking includes only those who smoked daily.

The question used to define smoking status was: Which of the following best describes your smoking status: smoke daily, smoke occasionally, do not smoke now but I used to, I have tried it a few times but never smoked regularly, or I have never smoked?

Source: <https://www.health.nsw.gov.au/surveys/adult/Documents/questionnaire-2023.pdf>

Inclusions & Exclusions

Adults are defined as persons aged 16 years and over in the NSW Population Health Survey.

In 2023, there were 11,270 respondents to this question. Details of respondents over time for this indicator are available [here](#).

Statistical Methods

The indicator shows self-reported data collected through Computer Assisted Telephone Interviewing (CATI). In order to address diminishing coverage of the population by landline telephone numbers (<85% since 2010), a mobile phone number sampling frame was introduced into the 2012 survey. Between 2012 and 2019, the mobile phone number sampling frame made up approximately 30% of the sampling frame. From 2021, the survey is solely using a mobile phone number based sampling frame.

The inclusion of mobile phone numbers has substantially increased the Aboriginal sample and this change in design means that the 2012 NSW Population Health Survey estimates reflect both changes that have occurred in the population over time and changes due to the improved design of the survey. With the change of the sampling frame in 2021 to being completely mobile phone based, there has been a further increase in the Aboriginal sample. Consequently, estimates from 2021 will reflect changes in both the population in this time and changes due to the further improved design of the survey.

Estimates were weighted to adjust for differences in the probability of selection among respondents and were benchmarked to the estimated residential population using the latest available Australian Bureau of Statistics mid-year population estimates.

Dimensions/Variables

English speaking countries include: Canada, Ireland, New Zealand, South Africa, United Kingdom and United States.

Local Health Districts (LHDs) are health administrative areas constituted under Section 17 of the NSW Health Services Act 1997 which became effective from January 2011 and were initially called Local Health Networks.

Primary Health Networks (PHNs) are health administrative areas which represent primary health care organisations in Australia from July 2014.

Postal Areas (POAs) were grouped according to the Australian Statistical Geographical Standard (ASGS) remoteness categories on the basis of Accessibility/Remoteness Index for Australia (ARIA version) score. Data prior to 2016 are based on the 2011 ARIA version and data for 2016 and onwards are based on the 2016 ARIA version.

Quintiles of socioeconomic status (Index of Relative Socioeconomic Disadvantage) based on the Australian Bureau of Statistics' Socio-Economic Indexes for Areas

were allocated based on Postal Area of residence.

NSW Regional health areas in NSW are defined on the basis of Local Health District (LHD) geographic areas. Details of classification are available [here](#).

Description of [Local Health District](#)

Description of [Primary Health Network](#)

Description of [Remoteness Measures](#)

Description of [Socio-Economic Indexes for Areas \(SEIFA\)](#)