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Alcohol, tobacco & other drugs in Australia

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Tobacco and e-cigarettes

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Key findings

CONSUMPTION

There has been an increase in the number of people choosing to never take up smoking (63% in 2019, up from 49% in 1991)

CONSUMPTION

GEOGRAPHIC TRENDS

Lifetime use of e-cigarettes increased significantly between 2016 and 2019—in 2019, around 2 in 5 (39%) current smokers had used e-cigarettes in their lifetime, up from 31% in 2016

E-CIGARETTES

HARMS

Less than 1 in 10 (9.2%) mothers smoked at any time during their pregnancy in 2020

TOBACCO SMOKING IN PREGNANCY

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Tobacco is made from the dried leaves of the tobacco plant and nicotine is the active ingredient responsible for its addictive properties. Tobacco is usually smoked in a cigarette, cigar or pipe, but it might also be snorted or chewed. Nicotine can now also be inhaled as a vapour through electronic nicotine delivery systems (refer to electronic cigarettes below).

Tobacco use in Australia is legal, however, its supply and consumption are subject to strict regulations. The advertising of tobacco is prohibited in Australia. In recent years, the restrictions have expanded to ban advertising at the point of sale and include the introduction of plain packaging.

Smoking is also banned inside restaurants, bars and clubs, in cars with children and around many public places such as near children's play equipment, swimming pools, public transport, and around public buildings.

Availability

Retailing laws in each jurisdiction regulate the advertising, promotion and display of tobacco products, e-cigarettes and accessories, non-tobacco smoking products and age requirements for purchase.

Industry data indicates that the value of retail sales of tobacco products including cigarettes, cigars and smoking tobacco has increased from 2016 to 2017, despite the quantity of cigarette sticks sold declining (Scollo & Bayly, Table 10.6.1). In 2017, supermarkets contributed to the largest volume of cigarette sales at 7,734 million, followed by tobacconists/tobacco specialists at 2,489 million. Overall, total cigarette sales decreased by 6.7% from 2016 to 2017 (Scollo & Bayly, Table 10.6.2).

Data on the availability of illicit tobacco in Australia are limited. However, the level of illicit trade of tobacco in Australia is considered to be low (Scollo & Bayly 2019). The Australian Tax Office (ATO) estimated that the amount of lost excise revenue from illicit tobacco in 2017–18 ($647 million) was 5% of the amount of collectable tobacco excise (ATO 2019).

Consumption

For related content on tobacco consumption by region, see also:

- Data by region: Tobacco smoking
- Data by region: International comparisons

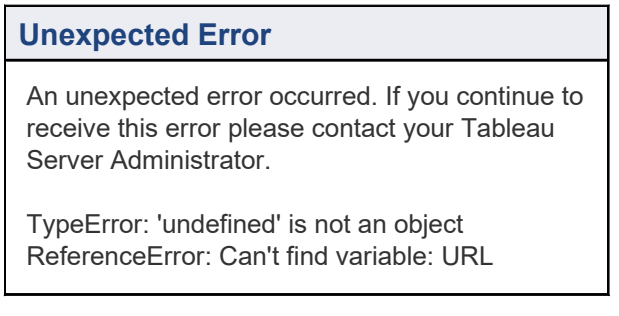
Daily smoking rates in Australia are around the lowest among Organisation for Economic Cooperation and Development (OECD) countries – 11.2% for Australians aged 15 and over in 2019 (AIHW 2020, Table 2.7) 16.1% in 2021 (or nearest year) for OECD countries (OECD 2022).

There has been a long-term downward trend in tobacco smoking in Australia. The National Drug Strategy Household Survey (NDSHS) showed that between 1991 and 2019:

- the proportion of persons aged 14 and over smoking daily more than halved (from 24% to 11.0%)
- the proportion of ex-smokers aged 14 and over fluctuated from 21% in 1991, up to 26% in 2004 and has since declined to 23% in 2019
- the proportion of persons aged 14 and over who have never smoked has increased by 14 percentage points to the highest levels seen over the 25-year period (from 49% to 63%) (AIHW 2020, Table S2.1; Figure TOBACCO1).

The proportion of ex-smokers may be decreasing due to mortality among the generation born prior to 1930, who were young adult smokers but subsequently quit smoking. As such, when interpreting these findings, it is also useful to consider the proportion of people who had ever smoked that were ex-smokers (the 'quit proportion'). This proportion increased from 42% in 1991 to 62% in 2019 (Greenhalgh et al. 2020).

Figure TOBACCO1: Tobacco smoking status, people aged 14 and over, 1991 to 2019 (percent)



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Between 2013 and 2016 the proportion of daily smokers aged 14 and over only decreased slightly from 12.8% to 12.2%. However, in 2019 the proportion of daily smokers declined significantly to 11.0% (AIHW 2020, Table S2.1). This long-term decline in daily smoking has largely been driven by people never taking up smoking rather than smokers quitting (AIHW 2020, Table S2.1). This trend is consistent for daily smokers aged 18 or older (AIHW 2020, Table S2.7).

While there are differences in the estimates derived for the proportion of daily smokers, data from the National Health Survey (NHS) show a similar pattern to the NDSHS data over time. The proportion of adult daily smokers (aged 18 or older) declined steadily over the nearly 3 decades to 2017–18, and after adjusting for age, has halved from 27.7% in 1989–90 to 14.0% in 2017–18. Over recent years the proportion of adult daily smokers only declined slightly from 14.7% in 2014–15 (Table S2.1; age standardised). Refer to Box TOBACCO1 for more information about the differences between the NDSHS and the NHS.

The National Health Survey 2020–21 was collected online during the COVID-19 pandemic and is a break in time series. Data should be used for point-in-time analysis only and cannot be compared to previous years. Estimates using self-reported data show that in 2020–21:

- 1 in 10 people (10.7%) aged 18 years and over were current daily smokers
- men were more likely to smoke daily than women (12.6% compared to 8.8%).

Refer to Box TOBACCO1 for more information about the differences between the NDSHS and the NHS.

The National Wastewater Drug Monitoring Program (NWDMP) measures the presence of substances in sewerage treatment plants across Australia. Nicotine (including cigarettes, e-cigarettes, and replacement products such as gums and patches) is typically among the most commonly consumed substances monitored by the program (ACIC 2023).

The most recent data from the NWDMP show that the estimated population-weighted average consumption of nicotine (including tobacco products, e-cigarettes and nicotine replacement products, such as patches and gum) has remained relatively stable since the start of the program in 2016. The most recent reporting period (August to December 2022) showed record low levels of nicotine consumption nationally, with average consumption slightly higher in regional areas compared to capital cities (ACIC 2023).

For state and territory data, see the National Wastewater Drug Monitoring Program reports

Box TOBACCO1: National data sources on smoking and alcohol consumption

A number of nationally representative data sources are available to analyse recent trends in tobacco smoking and alcohol consumption. The AIHW National Drug Strategy Household Survey (NDSHS) and the ABS National Health Survey (NHS) have large sample sizes and collect self-reported data on tobacco smoking and alcohol consumption.

Data from the NDSHS and NHS show variations in estimates, yet comparison of trends over time are consistent between the 2 surveys. Differences in scope, collection methodology and design may account for this variation and comparisons between collections should be made with caution. For example:

Data are collected for people aged 14 years and over for the NDSHS and people aged 15 years and over for the NHS. Estimates are provided for people aged 18 years and over for both surveys.

The 2020–21 NHS was collected via an online, self-complete form. Non-response is usually reduced through Interviewer follow up on non-respondent households, as this was not possible the response rate was lower than previous NHS cycles.

NDSHS respondents could choose to complete the survey via a self-complete drop and collect questionnaire, online survey or computer-assisted telephone interview (CATI).

The questions asked in the surveys also differ and therefore results from the surveys are not directly comparable (ABS 2022a; AIHW 2020).

The National Health Survey 2020–21 was collected online during the COVID-19 pandemic and is a break in time series. Data should be used for point-in-time analysis only and cannot be compared to previous years.

For more information on the technical details of these surveys, please see the technical notes and data quality sections for the NDSHS and NHS.

See also: Box INDIGENOUS2 for information about data sources examining tobacco, alcohol and other drug use by Aboriginal and Torres Strait Islander people.

Types of tobacco products consumed

Data from the NDSHS indicates that the proportion of current smokers who smoked manufactured cigarettes declined between 2007 and 2019 (from 93% to 85%). In contrast, smoking roll-your-own cigarettes increased from 26% in 2007 to 36% in 2016 and 45% in 2019. The rise was greatest among young adult smokers aged 18–24 (up from 28% in 2007 to 63% in 2019), the age group most likely to smoke these cigarettes (AIHW 2020, Table 2.16).

This is supported by 2017 Industry Sales Figures (Scollo & Bayly 2019), which indicate the volume of roll-your-own tobacco increased while the volume of cigarettes, cigars and pipe tobacco have all declined.

Volume of tobacco products consumed

In a pattern consistent with decreased consumption, the Household Expenditure Survey showed that the proportion of household costs spent on tobacco has decreased over time from 1.6% in 1984 to 0.9% in 2015–16 (ABS 2017). On average, Australians spend $13 per week on tobacco products and this remained stable between 2009–10 and 2015–16 (ABS 2017, Table 1.1). This estimate however is for all Australians and is likely to be higher for people who are regular smokers.

Estimates of expenditure on tobacco published in National Accounts data (ABS 2018a) also suggest continuing declines in consumption. Adjusting for increasing prices of tobacco products (so that all prices are expressed in current-day terms), expenditure estimates have declined from $44 billion in 1990 to $32 billion in 2000 and $17.2 billion in 2018 (Bayly & Scollo 2019).

Tobacco smoking by age and sex

Findings from the 2019 NDSHS (Figure TOBACCO2; AIHW 2020, Table 2.7) showed that:

- people aged 40–49 (15.8%) and 50–59 (15.9%) were the most likely to smoke daily
- in people aged 14 and over, males (12.2%) were more likely to smoke daily than females (9.9%), however, the gap has narrowed slightly since 2016 due to a significant decrease in the proportion of males who were daily smokers (down from 13.8% in 2016; this compares with a non-significant decrease from 10.7% for females)
- significant decreases in the proportion of daily smokers aged 25–29 (11.3%, down from 15.5% in 2016), 30–39 (11.6%, down from 14%) and 70+ (4.6%, down from 6%) were largely driven by decreases in the proportion of male daily smokers in these age groups
- young adults aged 18–24 years were more likely to have never smoked than any other adult age group and this has increased since 2001
- there was a significant increase in the proportion of females who had never smoked in the age groups 25–29 (from 72% in 2016 to 77% in 2019) and 30–39 (from 62% in 2016 to 67% in 2019).

The average age at which younger people (aged 14–24 years) had their first full cigarette has increased from 14.3 years in 2001 to 16.6 years in 2019 (AIHW 2020). There was a significant increase in the age in which younger females first smoked a full cigarette between 2016 (16.0 years) and 2019 (16.6 years) (AIHW 2020).

People aged 40 and over smoked a greater number of cigarettes per day and were more likely to be pack-a-day (20 cigarettes or more) smokers when compared with those aged under 40 years (AIHW 2020).

These trends are consistent with the results from the 2017–18 NHS, for example:

- people aged 45–54 years (16.9%) had the highest proportion for daily smoking (Table S2.1)
- a higher proportion of men (16.5%) smoked than women (11.1%) and this was consistent across all age groups—the greatest difference between the sexes was among 25–34 year olds with almost twice as many males smoking than females (19.0% and 10.6%, respectively) (ABS 2019a, Table S2.1)
- 75% of 18–24 year olds reporting never smoking in 2017–18, up from 67% in 2011–12 (ABS 2012, ABS 2019a)
- the number of cigarettes smoked per day increased with age—30% of smokers aged 45 years and over smoked more than 20 cigarettes per day, compared to only 17.8% of smokers aged 18–44 years (ABS 2019a).

Figure TOBACCO2: Tobacco smoking status, people aged 14 and over, by age and sex, 2001 to 2019 (percent)

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Geographic trends

Since 2001, the proportion of people aged 14 and over who smoked daily has declined across all jurisdictions. Most jurisdictions reported declines in the proportion smoking daily between 2016 and 2019, with the change for New South Wales statistically significant (AIHW 2020).

The 2019 NDSHS shows that people aged 14 or older living in *Remote and very remote* areas of Australia (19.6%) are more likely to smoke daily than people living in *Inner regional* areas (13.4%) and *Major cities* (9.7%) (AIHW 2020, Table 7.15; Figure TOBACCO3). These findings were still apparent after adjusting for differences in age (AIHW 2020). Results from the 2017–18 NHS also found adults (aged 18 or older) in *Outer regional* and *Remote* areas were around 1.5 times as likely to be daily smokers as those in *Major cities* (19.6% compared with 12.8%; age standardised) (ABS 2019a).

In general, people who lived in disadvantaged areas were more likely to smoke daily than those living in the most advantaged areas. More specifically:

- 2019 NDSHS results indicated people aged 14 and over living in the most disadvantaged areas of Australia are over 3 times as likely to smoke daily as those who live in the most advantaged areas (18.1% compared with 5.0%) (AIHW 2020, Table 7.18). This finding was still apparent after adjusting for differences in age (AIHW 2020).
- 2017–18 NHS findings showed adults living in the most disadvantaged areas of the country were around 3.2 times as likely to smoke daily as those living in the highest socio-economic group (22.8% compared with 7.0%; age standardised) (ABS 2019a; age standardised proportions; Table S2.1).

Figure TOBACCO3: Daily smoking, by remoteness area or socio-economic area, people aged 14 and over, 2010 to 2019 (percent)

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The most recent data from the NWDMP show that the estimated population-weighted average consumption of nicotine (including tobacco products and nicotine replacement products, such as patches and gum) is typically higher in regional areas than capital cities (ACIC 2023).

Smoking cessation

The addictive nature of nicotine means that successful cessation may take many attempts over several years. Between 2016 and 2019, the NDSHS showed that the proportion of smokers aged 14 and over who succeeded in giving up smoking for more than a month in the 12 months prior to completing the survey increased significantly from 17.2% to 21% (AIHW 2020, Table 2.39).

About 3 in 10 smokers reported they did not intend to quit (AIHW 2020, Table 2.46). The main reasons were because they enjoyed it (61%) or because it relaxes them (40%). A further 1 in 5 (20%) do not intend to quit because they are addicted to nicotine, and 1 in 6 had tried to quit before but it had not worked (AIHW 2020, Table 2.48).

Smokers who smoked fewer than 20 cigarettes per day were more likely to succeed at making changes to their smoking behaviour than pack-a-day smokers. Pack-a-day smokers were more likely to attempt changes without success (AIHW 2020).

The main reasons smokers gave for trying to quit or change their smoking behaviour was due to cost (58%, a significant increase from 52% in 2016) or it was affecting their health (45%) (AIHW 2020, Table 2.41).

Electronic cigarettes

Electronic cigarettes (also known as e-cigarettes, electronic nicotine delivery systems, or personal vaporisers) are devices designed to deliver nicotine and/or other chemicals via an aerosol vapour that the user inhales (DHAC 2021). Most e-cigarettes contain a battery, a liquid cartridge and a vaporisation system and are used in a manner that simulates smoking (ACT Health 2021). The solution used in e-cigarettes varies. Common e-liquids include propylene glycol, vegetable glycerol, and flavourings, and may contain nicotine in freebase or salt form (Banks et al. 2022). As of October 2021, a prescription from an Australian doctor is required to access e-cigarettes that contain nicotine, this also includes access via importing from overseas (TGA 2022, DHAC 2021).

The report *Current vaping and current smoking in the Australian population age 14+ years: February 2018 - March 2023* found a marked increase in the 6 monthly population prevalence of current vaping that began in late 2020 and continued to early 2023. In early 2023:

- The majority of current vapers were aged under 25 (34%).
- 18–24 year olds had the highest 6 monthly prevalence of current vaping (19.8%), followed by those aged 25–34 (17.4%), and 14–17 (14.5%).

Annual prevalence estimates of exclusive smoking gradually trended downwards, while the prevalence of exclusive vaping and dual use both trended upwards. In early 2023:

- Exclusive vaping was most common amongst 18–24 years old (12.5%), dual use was most common amongst those age 14–17 years (10.7%), and exclusive smoking was highest amongst those aged 35–49 years old (11.1%).
- For those aged 14–17, there were more current vapers (14.5%) than current smokers (12.8%), whilst there were more current smokers than current vapers for those aged 35 and older (DHAC 2023b).

The National Health Survey 2020–21 reported:

- Almost 1 in 10 (9.3%) people aged 18 years and over had used an e-cigarette or vaping device at least once. 2.2% reported currently using a device.
- Men were more likely than women to have used an e-cigarette or vaping device at least once (11.3% compared to 7.5%).
- Of people aged 18 years and over who currently smoke tobacco, 8.9% currently use an e-cigarette or vaping device (ABS 2022).

The 2019 NDSHS shows lifetime use of e-cigarettes increased significantly from 8.8% in 2016 to 11.3% in 2019 (AIHW 2020, Table 2.19). More specifically, for those people aged 14 and over, in 2019:

- almost 2 in 5 (39%) smokers had tried e-cigarettes in their lifetime (AIHW 2020, Table S2.19), a significant increase since 2016 (31%)
- there was a significant increase in the proportion of non-smokers who had tried e-cigarettes in their lifetime (from 4.9% to 6.9%; AIHW 2020, Table S2.19)
- 3.2% of current smokers used e-cigarettes daily, a significant increase since 2016 (1.5%) (AIHW 2020, Table 2.22)
- 2.2% of ex-smokers used e-cigarettes daily, a significant increase since 2016 (0.8%) (AIHW 2020, Table 2.22)
- there were significant increases in the lifetime use of e-cigarettes across most age groups between 2016 and 2019, in particular for those aged 18–24 (from 19.2% to 26%) and 25–29 (from 14.8% to 20%) (AIHW 2020, Table 2.19).

More than two-thirds (69%) of e-cigarette users were current smokers when they first tried an e-cigarette. Nearly 1 in 4 (23%) considered themselves to be a 'never smoker' at that time. Higher proportions of younger people reported being a 'never smoker' (65% of 14–17 year olds and 39% of 18–24 year olds compared with proportions lower than 10% for people in age categories for those 40 and over (AIHW 2020).

The most common reason for trying e-cigarettes was curiosity (54%), but people's reasons varied by age (AIHW 2020, Table 2.31). People aged under 30 were more likely to nominate curiosity while people aged 50 or older were more likely to use e-cigarettes as a cessation device. Almost 1 in 4 (23%) used e-cigarettes because they thought they were less harmful than regular cigarettes (AIHW 2020, Table 2.31).

The National Tobacco Strategy 2023–2030 will develop and implement measures to restrict marketing, availability, consumption and the environmental impact of e-cigarettes (DHAC 2023a).

All Australian governments have agreed to the policy and regulatory approach to e-cigarettes in Australia.

Further information about e-cigarettes can be found on the Department of Health's website and the health advice from the National Health and Medical Reseach Council.

Illicit tobacco

Illicit tobacco includes both unbranded tobacco and branded tobacco products on which no excise, customs duty or Goods and Services Tax (GST) was paid.

Unbranded illicit tobacco includes finely cut, unprocessed loose tobacco that has been grown, distributed and sold without government intervention or taxation (AIHW 2020). According to the 2019 NDSHS:

- About 1 in 3 smokers were aware of unbranded tobacco in 2019, a similar proportion to 2016 (34% and 33%, respectively).
- Between 2016 and 2019, there was little change in the proportion of smokers who smoked unbranded tobacco in their lifetime (16.5% and 17.7%, respectively) or who currently use it (3.8% in 2016 and 4.9% in 2019). However, lifetime and current use has declined since 2007 (27% and 6.1%, respectively) (AIHW 2020, Table 2.55).

Illicit branded tobacco includes tobacco products that are smuggled into Australia without payment of the applicable customs duty (AIHW 2020). The 2019 NDSHS showed that:

- More current smokers had seen tobacco products without plain packaging in the previous 3 months (15.2%

compared with13.0% in 2016) and more smokers had purchased these products (6.2% compared with 5.5% in 2016) (AIHW 2020, Table 2.56).

- Of those smokers that had seen these products, less than half (42%) had purchased them and about 1 in 10 (13.4%) bought 15 or more of these packets (AIHW 2020, Table 2.57).
- Of smokers who purchased these products, 37% said they bought them from a supermarket, convenience or grocery store and one-quarter (25%) purchased them from a tobacconist; a further 23% did not know where they were purchased from (AIHW 2020, Table 2.56).

Harms

Burden of disease and injury

Tobacco is the leading preventable cause of morbidity and mortality in Australia. The Australian Burden of Disease Study 2018, found that tobacco smoking was responsible for 8.6% of the total burden of disease and injury. Estimates of the burden of disease attributable to tobacco use showed that cancers accounted for 44% of this burden (AIHW 2021b).

Tobacco use contributed to the burden for 8 disease groups including 39% of respiratory diseases, 22% of cancers, 11% of cardiovascular diseases, 6.2% of infections and 3.2% of endocrine disorders (AIHW 2021b, Table 6.3).

The total burden attributable to tobacco use has been declining since 2003. There was a 32% decline in the age-standardised rate (from 2003 to 2018), and the proportion of total burden due to tobacco use fell from 10.4% in 2003, to 9.0% in 2015, to 8.6% in 2018 (AIHW 2021b).

Tobacco smoking in pregnancy

Tobacco smoking during pregnancy is a preventable risk factor for pregnancy complications, and support to stop smoking is widely available through antenatal clinics. Smoking is associated with poorer perinatal outcomes, including low birth weight, being small for gestational age, pre-term birth and perinatal death (AIHW 2023b).

The AIHW's National Perinatal Data Collection indicates that the proportion of mothers who smoke during pregnancy has fallen over time in Australia. In 2021, 8.7% (or 26,433) of all mothers who gave birth smoked at some time during their pregnancy, down from 13.2% in 2011. The proportion of mothers who smoked during pregnancy declined for both First Nations mothers and non-Indigenous mothers (AIHW 2023b).

Exposure to second-hand smoke

The inhalation of other people's tobacco smoke can be harmful to health. Second-hand smoke causes coronary heart disease and lung cancer in non-smoking adults, and induces and exacerbates a range of mild to severe respiratory effects in infants, children and adults. Second-hand smoke is a cause of sudden infant death syndrome (SIDS) and a range of other serious health outcomes in young children. There is increasing evidence that second-hand smoke exposure is associated with psychological distress (Campbell, Ford & Winstanley 2017).

Results from the 2019 NDSHS show that parents and guardians are choosing to reduce their children's exposure to tobacco smoke at home. The proportion of households with dependent children where someone smoked inside the

home has fallen from 31% in 1995 to just 2.1% in 2019. There was also a statistically significant decline from 2.8% in 2016 (AIHW 2020, Table 2.36).

Between 2016 and 2019, the proportion of adult non-smokers exposed to tobacco inside the home also declined significantly from 2.9% to 2.4% (AIHW 2020, Table 2.38).

Results from the 2014–15 NATSISS found over half (63% or 85,768) of young Indigenous people aged 15–24 reported there was a daily smoker in their household (AIHW 2018). Less than one-fifth (15% or 21,155) of young Indigenous people resided in a household where someone smoked indoors (AIHW 2018).

Treatment

The 2021–22 Alcohol and Other Drug Treatment Services in Australia annual report shows that nicotine was the principal drug of concern in 1.2% of treatment episodes provided for clients' own drug use (AIHW 2023a).

This was the same proportion as 2020–21 (AIHW 2023a).

Data collected for the AODTS NMDS are released twice each year – an Early Insights report in April and a detailed report mid-year.

The AODTS NMDS provides information on treatment provided to clients by publicly funded AOD treatment services, including government and non-government organisations. Data from the 2021–22 AODTS NMDS showed that nicotine was the principal drug of concern in 1.2% of closed treatment episodes provided for clients' own drug use (Figure TOBACCO4). This has remained relatively stable since 2012–13 (1.7% of treatment episodes) (AIHW 2023a, Table Drg.4).

The low proportion of treatment episodes for nicotine likely relates to the widespread availability of support and treatment for nicotine use in the community. This includes general practitioners, pharmacies, helplines, and web services (AIHW 2023).

In 2021–22, where nicotine was the principal drug of concern:

- Most clients (52%) were male and over 1 in 5 (22%) were Indigenous Australians (AIHW 2023a, tables SC.9 and SC.11).
- Over half (53%) were aged 10–29 years (AIHW 2023a, Table SC.10).
- The most common source of referral was health service (36% of episodes), followed by self/family (28%) (AIHW 2023a, Table Drg.46).
- The most common treatment types were counselling (32% of closed treatment episodes), followed by assessment only (27%) (AIHW 2023a, Table Drg.45; Figure TOBACCO4).

Figure TOBACCO4: Treatment provided for own use of nicotine, 2021–22

Nicotine was the principal drug of concern in 1.2% of treatment episodes

Around 1 in 5 clients were Indigenous Australians

Counselling was the most common main treatment type (almost 1 in 3 episodes)

Source: AIHW 2023, tables Drg.1, SC.11 and Drg.45.

Smoking cessation medicines

Data from the Pharmaceutical Benefits Scheme (PBS) provide information on the number of prescriptions dispensed and the number of patients supplied at least one script under the PBS within a given financial year. The PBS database includes information about medicines that are used to help people stop their smoking (smoking cessation medicines).

Some smoking cessation medicines, such as Nicotine Replacement Therapies (NRT; for example, nicotine patches and gums), are available over-the-counter (OTC) as well as via a prescription. OTC NRT data are not captured in the PBS data as OTC medicines are not subsidised under the PBS. Refer to the Technical notes and Box PHARMS2 for more information.

Data from the PBS indicate that around 323,600 scripts for prescription smoking cessation medicines were dispensed to 160,000 patients in 2021–22, a rate of 1,300 scripts and 620 patients per 100,000 population (tables PBS61–64). Between 2012–13 and 2021–22, dispensing rates fluctuated but overall fell from 2,200 scripts dispensed and 1,400 patients to 1,300 scripts and 620 patients per 100,000 population (tables PBS62 and PBS64).

In 2021, global distribution of Varenicline (marketed in Australia as Champix), a prescription medicine that assists adults to stop smoking, was paused due to manufacturing issues causing a long-term shortage. This should be taken into consideration when comparing data with previous years.

In 2021–22:

- Rates of smoking cessation medicine dispensing were higher for males than females, and males aged 60–69 had the highest rates of scripts dispensed (around 2,600 scripts per 100,000) and males aged 50–59 had the highest rates of patients who were dispensed smoking cessation of any group (1,30 0 patients per 100,000 population) (Tables PBS66 and PBS68).
- People aged 40–49, 50–59 and 60–69 had the highest rates of dispensing (Tables PBS66 and PBS68). See Older people: Treatment for more information on PBS dispensing by age group.
- Rates of dispensing were highest in Outer regional areas and dispensing varied between states and territories (tables PBS69–76). See Data by region for more information.

At-risk groups

For related content on at-risk groups, see:

- Aboriginal and Torres Strait Islander people: Tobacco smoking
- Older people: Tobacco smoking
- People with mental health conditions: Tobacco smoking

Despite large reductions in tobacco smoking over time, there are challenges associated with addressing the inequality of smoking rates between some populations and the broader community.

- The proportion of current smokers is disproportionately high among Aboriginal and Torres Strait Islander people.
- People aged 50–59 were one of the age groups most likely to smoke daily in 2019. The highest proportion of

smokers who were not planning to quit smoking were aged 70 and over.

- People with mental health conditions or high psychological distress are twice as likely to smoke daily as people without mental health conditions and those with low distress.

Policy-context

There has been a long-term commitment to addressing the harms associated with tobacco smoking in Australia, through a range of measures such as taxation on tobacco products, restrictions on advertising, and the prohibition of smoking in certain locations.

There is a high level of support among the Australian general population for measures aimed at reducing tobacco-related harm. According to the 2019 NDSHS, stricter enforcement of the law against supplying minors and penalties for sale or supplying cigarettes to minors received the highest levels of support (85% and 83%, respectively) (AIHW 2020). However, the level of support for these measures has fallen since 2016 (86% and 84%, respectively). Conversely, there was increased support for restrictions on the use of e-cigarettes in public places (69% compared with 65% in 2016) and the sale of e-cigarettes to people under 18 years (79% compared with 77% in 2016) (AIHW 2020).

Figure TOBACCO5 shows the daily smoking rate and key national tobacco policy implementation points over time. In 1991, 24% of the population aged 14 years and over smoked daily, this rate halved to 11.0% in 2019.

Figure TOBACCO5: Daily smokers[ab] aged 14 and over and key tobacco control measures in Australia, 1990 to 2019 (percent)

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National Tobacco Strategy 2023-2030

The National Tobacco Strategy 2023-2030 is a sub-strategy of the National Drug Strategy 2017-2026 and aims to improve the health of all Australians by reducing tobacco use and the associated health, social, environmental and economic costs. Objectives of the strategy include:

- Preventing the uptake of tobacco use.
- Prevent and reduce the use of tobacco among First Nations people.
- Denormalise and limit the marketing and use of e-cigarettes.
- Ensure tobacco control is guided by focused research, monitoring and evaluation.
- Setting targets to:
    - Reduce the national daily smoking prevalence to less than 10% by 2025 and less than 5% by 2030.
    - Reduce the daily smoking rate among First Nations people to 27% or less by 2030 (DHAC 2023a).

National Preventive Health Strategy 2021-2030

Tobacco control is also a key component of the Australian Government's 10-year National Preventive Health Strategy and includes a range of policy achievements that aim to reduce tobacco use and nicotine addiction. The four overarching aims of the National Preventive Health Strategy are:

1. All Australians have the best start in life.
2. All Australians live in good health and wellbeing for as long as possible.
3. Health equity is achieved for priority populations.

4. Investment in prevention is increased.

Prescribing for nicotine vaping products

From 1 October 2021, a prescription is required to import and/or purchase nicotine vaping products (including nicotine e-cigarettes, nicotine pods and liquid nicotine) from Australia or overseas. For more information, see: Therapeutic Goods Administration website.

Resources and further information

- National Preventive Health Strategy 2021 - 2030
- National Tobacco Strategy 2023 – 2030
- Department of Health - Policy and Programs
- Comprehensive resource on tobacco smoking in Australia – Cancer Council
- Department of Health - About e-cigarettes
- Department of Health - Illicit tobacco
- Inquiry to illicit tobacco

References

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