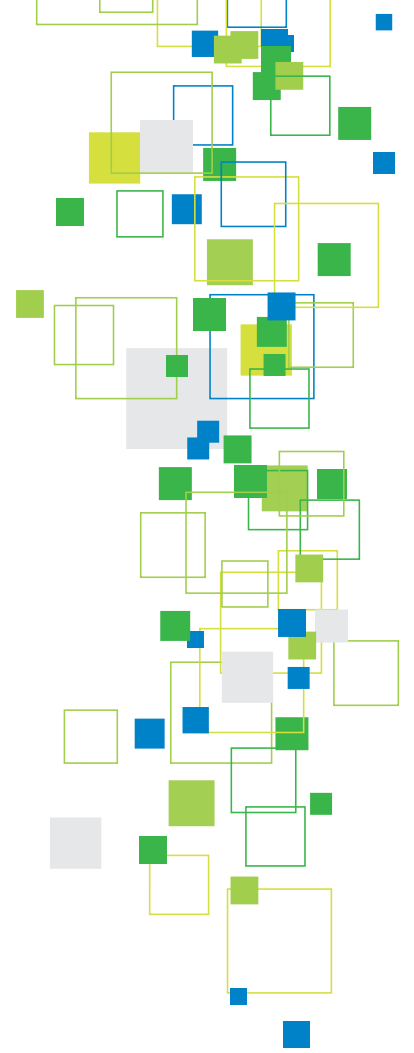




Australian Government

**Australian Institute of
Health and Welfare**



Healthy Communities

Tobacco smoking rates across Australia, 2014–15
Technical Note

Adults who are daily smokers, 2014–15

This technical note accompanies *Healthy Communities: Tobacco smoking rates across Australia, 2014–15 (In Focus)*. It describes the indicator ‘percentage of adults who are daily smokers, 2014–15’.

Data source	
Data source	Australian Bureau of Statistics National Health Survey 2014–15 (ABS NHS 2014–15).
	Notes: <ul style="list-style-type: none">• Data were collected between July 2014 and June 2015.• The ABS NHS 2014–15 excluded adults living in non-private dwellings, very remote areas and discrete Aboriginal and Torres Strait Islander communities.• For further information refer to the ABS National Health Survey: First results, 2014–15.¹
Indicator description and calculation	
Type of measurement	Percentage, reported at one decimal place.
Calculation	$100 \times (\text{numerator} \div \text{denominator})$
Numerator	Number of adults who smoke tobacco every day. Notes: <ul style="list-style-type: none">• Participants were included in the analysis if they were aged 18 years and over.• Participants in the ABS NHS 2014–15 were asked whether they currently smoked at least once per day.• A current daily smoker was defined as a person who smokes one or more cigarettes, roll-your-own cigarettes, cigars or pipes at least once a day. Chewing tobacco, electronic cigarettes (and similar) and the smoking of non-tobacco products were excluded.• The numerator was calculated as the sum of calibrated sample weights for adults who responded that they currently smoke tobacco daily and who were enumerated within the particular Primary Health Network (PHN) area.
Denominator	Total population of adults. Note: The denominator was calculated as the sum of calibrated sample weights for adults who were enumerated within the PHN area.
Disaggregation	PHN areas, including: <ul style="list-style-type: none">• Metropolitan PHN areas• Regional PHN areas. Refer to the ‘Geography’ section for more detail.

Confidence intervals As an indication of the accuracy of proportions, 95% confidence intervals were produced. These were calculated by the ABS using relative standard error (RSE) estimates of the proportion.

Area suppression rules The ABS suppressed the RSE where the RSE of the estimate was greater than 50%. These estimates were considered unreliable for general use.

Additional suppression rules were developed and applied by the Australian Institute of Health and Welfare to ensure robust reporting of these data at PHN area.

Data for PHN areas were suppressed if:

- There was the likelihood of a non-representative sample. Where the survey sample count in the PHN area was small (less than 20% of the expected number of adults) and the RSE was 25% to 50%, the result for the PHN area was suppressed
- There was rate instability. Where the survey sample count in a PHN area was marginal (20–40% of the expected number of adults), the 2014–15 rate was compared to the 2011–12 rate and the PHN area suppressed if extreme variation was observed. Extreme variation between 2011–12 and 2014–15 was defined as a percentage point change within the top decile, resulting in a 2014–15 estimate which was the highest or lowest rate across all PHN areas.

The 'interpret with caution' flag was applied to data if the RSE associated with the proportion was 25% to 50%. This indicates the proportion derived is subject to high sampling error and should be used with caution.

Geography

Primary Health Networks (PHNs) are local organisations that connect health services across a specific geographic area, with the boundaries defined by the Australian Government Department of Health.

In the report, a PHN area refers to the population that lives in the geographic area covered by a particular PHN. The results in the report relate to the period before PHNs were established; therefore, the findings do not reflect the performance of PHNs.

Metropolitan and regional PHN areas

PHN area boundaries align well with the ABS remoteness category of major cities.² A PHN area was categorised as a metropolitan PHN area if at least 85% of the population was in the major cities category. All other PHN areas were categorised as regional PHN areas. See **Table 1 (page 5)** for the metropolitan or regional classification of each PHN area.

Table 1: Metropolitan and regional Primary Health Network areas

Primary Health Network area	Proportion of the population* in major cities†
Metropolitan Primary Health Network areas	
Central and Eastern Sydney (NSW)	100%
Australian Capital Territory	100%
Western Sydney (NSW)	99%
Northern Sydney (NSW)	99%
Adelaide (SA)	99%
South Eastern Melbourne (Vic)	98%
Gold Coast (Qld)	98%
Perth South (WA)	98%
Perth North (WA)	98%
North Western Melbourne (Vic)	96%
Eastern Melbourne (Vic)	96%
Brisbane South (Qld)	96%
Brisbane North (Qld)	95%
South Western Sydney (NSW)	90%
Nepean Blue Mountains (NSW)	85%
Regional Primary Health Network areas	
Hunter New England and Central Coast (NSW)	64%
South Eastern NSW	53%
Darling Downs and West Moreton (Qld)	34%
Central Queensland, Wide Bay, Sunshine Coast	31%
Western Victoria	30%
North Coast (NSW)	14%
Country SA	10%
Western NSW	0%
Murrumbidgee (NSW)	0%
Gippsland (Vic)	0%
Murray (Vic, NSW)	0%
Western Queensland	0%
Northern Queensland	0%
Country WA	0%
Tasmania	0%
Northern Territory	0%

* ABS Estimated Resident Population at 30 June 2013.

† Major cities – as defined by the ABS Australian Statistical Geography Standard Remoteness Areas.²

Other available data sources

There are a number of nationally representative data sources available to analyse tobacco smoking rates. The ABS National Health Survey (ABS NHS) and the AIHW National Drug Strategy Household Survey (NDSHS) have both collected data from the general population on tobacco smoking for a number of years.

Results from the ABS NHS and NDSHS show variations in estimates. Differences in scope, collection methodology and design may account for this variation and comparisons between collections should be made with caution.

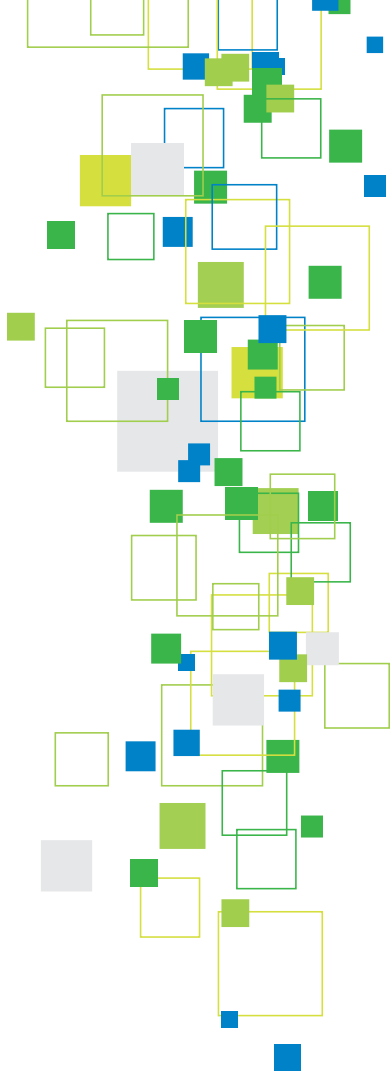
Data sources are often selected based on which was considered the 'best fit' to analyse for a particular topic/project. For this report, the ABS NHS 2014–15 was the most recent data available and therefore considered to be the best fit.¹ Note this data source has also been used to report on indicators for midpoint review of the National Tobacco Strategy 2012–2018³ and for COAG performance reporting.

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Australian Institute of Health and Welfare

GPO Box 570
Canberra ACT 2601
Australia

www.aihw.gov.au

www.myhealthycommunities.gov.au