

SMOKING AND RURAL HEALTH

...good health and wellbeing in rural and remote Australia.

Smoking is one of the most serious health risk factors in Australia. Quit-smoking campaigns seem to have been more successful in metropolitan than in rural or remote areas. An urgent need exists to design and apply further health promotion activity to help reduce this risk factor, particularly in country communities.



Recognised as the largest single preventable cause of death and disease in Australia, smoking is associated with an increased risk of heart disease, stroke, emphysema, asthma, bronchitis, eye disease, renal disease and cancer. In 2011-2012, one in six Australians aged 15 years+ (3.1 million people) smoked daily, with another 2 per cent smoking irregularly. The Australian Health Survey (AHS) reported that 8 million Australian adults had smoked at some point in their lives, 90 per cent of them on a daily basis.

Rates of smoking among women and men fell between 2001 and 2011-12 from 20 per cent to 14 per cent (women) and 25 per cent to 18 per cent (men). Nevertheless, smoking-related illness still represents a huge preventable cost to government health budgets, estimated in 2004-2005 to be \$12 billion a year. In 2011, then Minister for Health and Ageing, Nicola Roxon, noted that smoking kills 15,000 Australians a year, costing Australian society \$31.5 billion annually through health expenditure, lost productivity and other social costs.

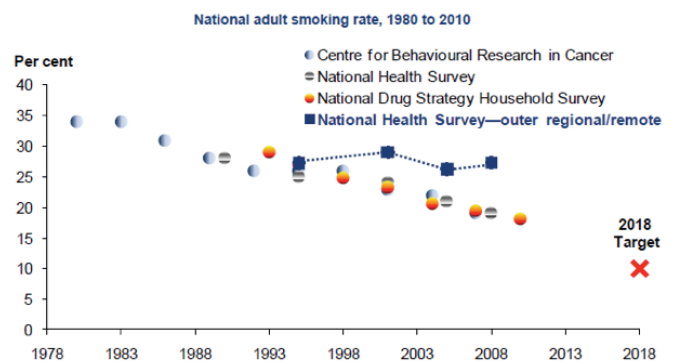
Smoking in rural and remote areas

Over 6.7 million people live in rural and remote areas, and a significantly higher proportion of them smoke: 22.4 per cent in Outer regional and remote areas and 18.4 per cent in Inner regional areas, compared with 14.7 per cent in metropolitan areas. People living in Remote and Very remote areas are around 1.7 times more likely to smoke than those in Major cities.

A range of health promotion, regulatory and fiscal measures has reduced the overall rate of smoking in Australia. Some current programs, particularly those targeting smoking and its uptake among Aboriginal and Torres Strait Islander people, have shown early signs of success. These programs

should be further supported, with successful models extended to target additional areas and population groups.

While smoking rates in Major cities have fallen steadily over the past 15 years, communities in Outer Regional and Remote areas have not seen a significant decline in the number of current daily smokers. All seven of the Medicare Local areas with the highest rates of adult daily smokers are country regions. Grampians (rural Victoria) currently has the



highest rate (28 per cent) and Sydney's North Shore (metropolitan NSW) the lowest (6 per cent).

Cancer is a leading cause of death in Australia and it is estimated that 90 per cent of lung cancer is due to tobacco smoking. A 2011 report on access to cancer treatment in non-metropolitan areas of Australia highlighted the vast difference in travel times for patients accessing radiotherapy services between city and country people.

While the total number of daily smokers across Australia declined in 2010, the average number of cigarettes consumed by smokers increased from 97 to 103 per week.

The fall in the number of regular smokers is due to the sharp decrease in young Australians smoking on a regular basis. In Outer regional and remote areas there has been no reduction in the proportion of people who smoke, and there has been an increase in the average number of cigarettes smoked. Given the correlation between the number of cigarettes smoked and the likelihood of poor health this is of particular concern - especially because it is in those areas that the specialised care often required to address smoking-related illness is less accessible.

Characteristic	Males		Females		Persons	
	2007	2010	2007	2010	2007	2010
Geography						
Major cities	93.8	97.0	83.4	91.2	89.1	94.5
Inner regional	111.6	126.5	103.8	100.8	107.8	113.5
Outer regional	126.2	124.6	106.9	116.6	117.3	120.9
Remote/ Very remote	114.0	161.3	97.7	111.8	107.4	140.7

Mean number of cigarettes smoked per week by age group 14+

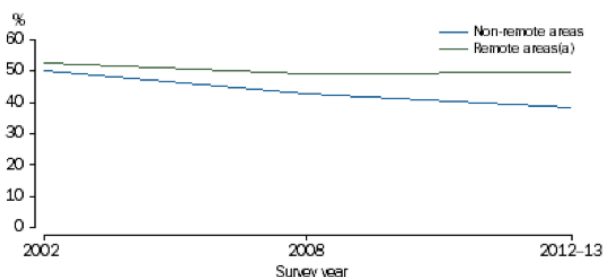
Social characteristics and smoking rates

It is well established that people with lower incomes and/or lower levels of completed education are more likely to smoke. In 2010, 25 per cent of people living in the lowest socioeconomic areas smoked tobacco, twice the rate of people living in the highest socioeconomic areas.

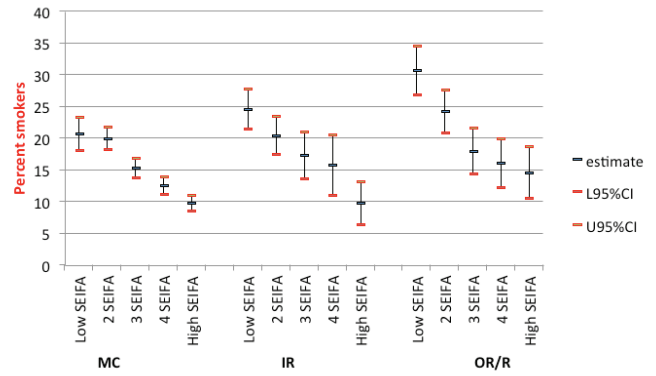
The National Health Performance Authority's report on smoking rates confirms this through data published by Medicare Local area. Smoking - including passive smoking - has also been shown to have an adverse effect on other conditions associated with socioeconomic status, such as Type 2 Diabetes and Sudden Infant Death Syndrome (SIDS). According to a University of Queensland study, women with a lower socioeconomic profile more commonly smoke before, during and after pregnancy than those who are socio-economically advantaged.

Despite the fact that the proportion of Aboriginal people who were daily smokers fell from 51 per cent in 2002 to 41 per cent in 2013, the most recent Australian Bureau of Statistics (ABS) Health Report shows that Aboriginal and Torres Strait Islander people aged 15 years and over were still 2.6 times more likely to be regular smokers than non-Indigenous Australians. And in 2012-2013, daily smoking rates were significantly higher among Aboriginal and Torres Strait Islander people aged 15 years and over in Remote areas (50 per cent) than in non-remote areas (38 per cent).

Smoking is therefore still a major contributor to the life expectancy gap between Aboriginal and Torres Strait Islander people and non-Indigenous Australians.



(a) Differences between 2002, 2008 and 2012-13 rates are not statistically significant. Source: 2002 and 2008 National Aboriginal and Torres Strait Islander Social Surveys, 2012-13 Australian Aboriginal and Torres Strait Islander Health Survey



Adult smoking. Interaction between SEIFA and Remoteness, 2011-2012

Source: Derived from ABS 2013

Lower incomes and levels of educational attainment are more common in rural areas, and some of the greater prevalence of smoking there is related to that fact (figure above). Also, people with the lowest incomes and educational levels are significantly more likely to smoke if they live in rural or remote areas (30 per cent) than in major cities (20 per cent).

On the other hand people with higher incomes and levels of education tend to have lower smoking rates irrespective of where they live (around 10-15 per cent).

There is insufficient understanding of why smoking rates are essentially unchanged in Outer regional and Remote areas, but the reasons are likely to include environmental factors such as greater opportunity to smoke outdoors and a lower level of peer pressure. Australia is only likely to meet its national target of a 10 per cent smoking rate by 2018 if there are a greater number of successful efforts to address smoking in those areas.



The Australian National Preventive Health Agency (ANPHA) has suggested new ways to tackle the challenges, including by focusing on young people, which may well have potential in rural and remote communities. Not only are rates of smoking higher in rural areas, but limited access to medical, general and specialist care, lower treatment rates (eg care and consultation for lung cancer) and later hospital presentations, increase the disease burden still further.

Finding success with anti-smoking work in rural and remote areas must become a higher national priority than it has been in Australia to date.