The Agency wishes to thank the following people for their contribution to the development of this resource:

- Professor Ann Roche, Allan Trifonoff and Anje Scarfe, from the National Centre for Education and Training on Addiction (NCETA) which was commissioned by the Agency to support the development of this resource;
- Members of the Agency’s Expert Committee on Tobacco and its Chair Professor Melanie Wakefield for providing valuable input throughout; and
- Individual members from each data custodian organisation who provided the necessary feedback to ensure accuracy of information.
Australia’s Tobacco-Related Datasets is an initiative of the Australian National Preventive Health Agency (the Agency)—an Australian Government agency committed to supporting the development and implementation of evidence-based approaches to preventive health initiatives targeting obesity, harmful alcohol consumption and tobacco.

This document has been developed to support the Agency’s goal of guiding improvements in national surveillance systems for prevention and health promotion and ensuring that information on the progress of prevention and health promotion strategies is made readily available and regularly reported.

This document provides an overview of Australia’s key tobacco-related datasets. In developing this document a set of quality criteria were applied to determine the types of datasets appropriate for inclusion/exclusion. In addition, the strengths and weaknesses of the included datasets have been highlighted to provide a guide to their appropriate use.

This document is intended to be used as a resource by wide ranging audiences including researchers, policy makers and those involved in tobacco-related preventive health activities. It is intended to assist those working in various sectors to make effective and efficient use of the extensive array of tobacco-related data available in Australia.
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Executive Summary

A diverse array of tobacco-related datasets has been developed in Australia. The purpose and content of these datasets varies substantially. They cover a broad range of issues including smoking prevalence rates by age and gender, health, wellbeing and lifestyle, morbidity and mortality rates, expenditure and economic activity, monitoring and surveillance, young people and schoolchildren, and population groups such as prisoners and Aboriginal and Torres Strait Islander peoples.

No single tobacco-related dataset addresses all tobacco-related issues and can meet the needs of researchers, practitioners and policy-makers.

The Australian National Preventive Health Agency (the Agency) has developed this resource to provide an overview of Australia’s key datasets on the basis of their tobacco-related content, methods and key characteristics. A scoping audit of Australia’s tobacco-related datasets was undertaken using the following selection criteria:

- Direct measures of tobacco-related issues
- Data representativeness (national or specific sub-groups of the Australian population, e.g. young people, Aboriginal and Torres Strait Islander peoples)
- Use of a valid or appropriate methodology
- Longitudinal studies
- Ongoing rather than one-off data collection
- Data accessibility (including cost).

A total of 50 datasets met the inclusion criteria. They were grouped into one of the following four categories:

- national datasets
- jurisdictional datasets
- longitudinal datasets
- special population datasets (e.g. school children, Aboriginal and Torres Strait Islander peoples, and prisoners).

Details of each of the 50 identified tobacco-related datasets are provided including information about the data custodian, data availability, purpose of the data collection, methodology, year of most recent collection, and strengths and limitations. Identification of the strengths and limitations of current datasets may inform future tobacco-related data collection and appropriate utilisation.

The datasets have been identified to assist researchers, practitioners and policy-makers to continue to develop the evidence base underpinning preventive health and tobacco control measures in Australia.
Introduction

Tobacco smoking is a leading risk factor for chronic disease including many types of cancer, respiratory disease and heart disease (Ministerial Council on Drug Strategy, 2011). In 2004-2005, the cost of tobacco use to Australian society, including costs to the health and hospital systems, productivity losses and loss of life was estimated at $31.5 billion (Collins and Lapsley, 2008).

The Australian Institute of Health and Welfare (AIHW), in its report Australia’s Health 2010, identified smoking as a leading cause of death and disease and noted that it was responsible for more drug-related hospitalisations and deaths than alcohol and illicit drugs combined (Australian Institute of Health and Welfare, 2010).

The National Tobacco Strategy 2012-2018 and the National Drug Strategy 2010-2015 both emphasise the importance of reducing tobacco-related health, social and economic harms among individuals, families and communities.

All efforts to address tobacco-related problems and monitor the success and effectiveness of preventive and intervention initiatives rely heavily on access to appropriate and high quality data. Such data may be purpose designed or derived from generic datasets primarily established for other purposes. Knowledge about the availability of all potential datasets is therefore crucial. Access to available data also maximises the investment made into the acquisition of such data in the first instance, thereby value-adding to such investments.

This document represents the first comprehensive identification of Australian key tobacco-related datasets. It is noted that a detailed online resource ‘Tobacco in Australia: Facts and Issues’ has been developed by the Cancer Council Victoria (Scollo & Winstanley, 2012) that provides information about a limited number of datasets. However, no comprehensive coverage of tobacco-related datasets has been developed previously.

Identification of available data will also assist in reducing unnecessary duplication of effort and collection of data that is already available through other sources. It will help to maximise the utilisation of available data so that it can be fully interrogated. It will also help to harmonise the way in which different data sets collect data, such that different data sets may achieve a higher degree of comparability into the future. Finally, it will help shine a light on gaps, limitations and deficits and provide a basis for refining future data collection initiatives.
Smoking Prevalence

The importance of establishing a comprehensive information base in regard to tobacco-related datasets, to support prevention and intervention efforts, is underscored by the prevalence of tobacco use in Australia. Data from the 2010 National Drug Strategy Household Survey (NDSHS) found that:

- The proportion of people aged 14 years or older smoking daily (15.1%) had declined, continuing a downward trend that began in 1995. The decline in daily smoking was greatest among those aged in their early-20s to mid-40s, while the proportion of those aged over 45 years who smoked daily remained relatively stable or slightly increased between 2007 and 2010.

- In the 12–17 years age group, girls were more likely to smoke daily than boys (3.2% to 1.8%). This was the only age group where females were more likely than males to smoke daily.

- Support for policies aimed at reducing harm caused by tobacco remained high in 2010. In particular, there were increasing levels of support for a rise in tax on tobacco products to pay for health education and to contribute to treatment costs (Australian Institute of Health and Welfare, 2011).

Tobacco-Related Data

Efforts to prevent and reduce tobacco-related harm, including tobacco control initiatives, are informed by tobacco use patterns including uptake and cessation. This understanding is in turn informed by a range of data covering health and socioeconomic status, demographic, employment, education and sales information. Data on tobacco use is critical to efforts in tobacco control together with socio-demographic and other data, and this data may be found in a single data set (e.g. some national and state surveillance systems) or by linking different complementary data sets.

The World Health Organization (WHO), through the WHO Framework Convention on Tobacco Control (WHO FCTC), requires its Member States to develop, maintain and report data on health outcomes related to tobacco use and exposure (World Health Organization, 2012). The WHO further recommends that tobacco surveillance programs should be integrated into national, regional and global health surveillance programs to ensure that data are comparable and can be analysed at regional and international levels (Scollo & Winstanley, 2012).

In the Australian context, the National Preventative Health Taskforce highlighted the importance of a comprehensive national surveillance system for tobacco for the purposes of collecting and managing relevant datasets, monitoring progress against specified targets and reporting trend information over time (National Preventative Health Taskforce, 2009).
Taskforce also noted that in order for a surveillance system to be effective, it needed to provide data that was representative of the whole population as well as populations of special interest such as, Indigenous people, children and adolescents, and disadvantaged groups (National Preventative Health Taskforce, 2009).

**Data Access**

Tobacco data are collected for various purposes. They are diverse and scattered across a range of health and social fields, and held by a range of data custodians. Knowledge of available tobacco-related datasets is not necessarily immediately apparent, even to those who may have worked in this field for some time. Gaining a comprehensive understanding of the patterns of tobacco use and associated problems is not likely to be achieved through a single dataset alone regardless of sample or methodological rigour. Hence, knowledge of available tobacco-related datasets and their relative strengths and weaknesses is essential.

Access to most of the datasets detailed in this resource requires the permission of the data custodians. This may include the need to address ethical and privacy-related issues as per the National Health and Medical Research Council’s *National Statement on Ethical Conduct in Human Research* (National Health and Medical Research Council, 2007). In addition, acquiring some datasets may incur a financial cost.

**Opportunities for Data Linkage**

Further to the identification of specific datasets that contain relevant and quality tobacco-related data, the reader’s attention is also drawn to the scope that exists for data linkage. Data linkage allows two or more datasets to be examined together to explore possible relationships. For instance, data linkage offers potential to examine patterns of health service utilisation by (de-identified) individuals and/or groups for tobacco-related issues and interrogation of demographic and other variables of interest over time. Without data linkage, we are restricted in our understanding of the patterns of tobacco use and its associated health issues as determined by single sources of data. Retrospective examination of existing data through data linkage processes is a cost effective way of conducting cohort studies and potentially offers large scale samples to enable accurate assessment of the risk of relatively infrequent events. For example, researchers in Western Australia (WA) can access health data from the WA Health and Wellbeing Surveillance System (HWSS), Death and Hospitalisation data sets using data linkage. Data linkage capacity is also increasing in other states.

Australia is comparatively new to systematically linking tobacco-related data and opportunities exist for a better understanding of the aetiology of health and wellbeing behaviours and the potential for further data exploration and utilisation by researchers and policy makers.
Data Gaps

Australia has high quality tobacco-related data that encompasses most key areas of relevance. There are, however, some notable gaps. Some gaps include the lack of data on people experiencing homelessness, people living with a mental illness, and on culturally and linguistically diverse communities.

Australia’s National Drug Strategy 2010-2015 notes that tobacco use is common among homeless people (Ministerial Council on Drug Strategy, 2011). However, apart from occasional research studies there is no regular data collection on smoking prevalence among homeless people. The National Tobacco Strategy 2012-2018 identifies that smoking rates for homeless people are much higher than for the general population and that many of the factors that underlie social disadvantage such as homelessness are also predictive of smoking uptake (Intergovernmental Committee on Drugs, 2012). Lack of basic data about smoking prevalence rates among homeless people represents a major gap in Australia’s tobacco-related data collection and action is required to redress this anomaly.

There are limited data specifically collected about prevalence rates in culturally and linguistically diverse populations. Scollo and Winstanely (2012) note that, in the past, one-off studies have been conducted examining the smoking rates of the Arab-speaking population and the Vietnamese community in Sydney. More recently, the updated results from the Australian Health Survey, released in June 2013, contain data on smoking status by selected population characteristics, including country of birth (Australian Bureau of Statistics, 2013). Given Australia’s cultural diversity there is an imperative to continue to better understand the smoking rates amongst members of Eastern and Southern European, African, Middle Eastern and Asian population sub-groups. This has important implications for the development of appropriate education, prevention and support initiatives.

Summary

Australia holds a substantial array of high quality tobacco-related data. This report provides a detailed compilation and examination of 50 key datasets. The available data can be used to examine the patterns of tobacco use, including uptake and cessation, to determine reliable estimates of the prevalence and impact of tobacco use in Australia, and to inform future directions for tobacco control.

Identification of key tobacco-related datasets provides researchers, practitioners and policy-makers with a useful resource and will contribute to the development of an enhanced evidence base to inform tobacco-related policy and initiatives, inform the development of appropriate and evidence-based tobacco control measures and policy responses aimed at preventing uptake and reducing the rate of smoking in Australia. Equally important, the identification of gaps and limitations in current datasets will also help improve tobacco-related data collection and data utilisation in the future.
Method

A scoping audit was undertaken to identify Australia’s major tobacco-related datasets. Selection criteria were established and applied to all datasets located. The dataset audit and selection involved a six-step process:

1) Identification of potentially relevant datasets

Initially the Australian Institute of Health and Welfare’s Tobacco Data Sources webpage and Tobacco in Australia: A comprehensive online resource compiled by the Cancer Council Victoria was accessed. To ensure all key tobacco-related datasets were identified, members of the Agency’s Expert Committee on Tobacco were consulted as well as other key stakeholders with an interest in tobacco-related research and data.

2) Scope and content of each dataset critiqued

Each of the key identified datasets was examined to identify their scope and content.

- The coverage of the sample e.g. who is in the sample?
- Identifying what the dataset was measuring e.g. adverse health outcomes, perceptions
- An indication of what was missing from the data.

The details provided on most datasets were identified from information that is available in the public domain.

3) Selection criteria established

The selection criteria determined whether:

a. The dataset contained information collected using direct measures of tobacco-related issues
b. The dataset contained national data that was representative of the Australian population or specific sub-groups of the Australian population e.g. young people, Aboriginal and Torres Strait Islander peoples and culturally and linguistically diverse populations
c. The dataset used a valid and appropriate methodology
d. Jurisdictional or other specific (non-national) datasets were considered relevant for inclusion
e. The data was readily accessible (e.g. cost involved in purchasing data)
f. Data collection was ongoing rather than one-off.

4) Application of selection criteria to datasets

The selection criteria were applied to the datasets identified during Step 1 to determine datasets to be included in this document.

5) Identification of data gaps and limitations

In compiling and critiquing these datasets, data gaps and limitations in data collection were identified and detailed and scope to improve data quality highlighted.

6) Consultation with data custodians

Data custodians were asked, via email, to review the information about their particular dataset(s) for appropriateness of inclusion and content accuracy.
Results

A total of 62 tobacco-related datasets were initially identified and scrutinised. The datasets included national and jurisdictional health and wellbeing surveys, specific alcohol and other drug (AOD) surveys, specific tobacco-related surveys, school surveys, hospital separation data collections, tobacco-related death data collections, and jurisdictional monitoring and surveillance data collections.

After the selection criteria were applied, 50 datasets met the established criteria. For each dataset, summary details of the data custodian, data availability, purpose of collection, methodology, year of most recent collection, and strengths and limitations have been presented. Although excluded from the final list, 8 of the remaining 12 datasets are listed at Appendix 1 as they may provide the reader with useful information for select and more limited purposes.

The 50 key identified tobacco-related datasets were categorised\(^\text{1}\) as follows:

- National datasets covering the population of Australia;
- Jurisdictional datasets covering the population of one or more states and territories;
- Longitudinal datasets, cohort studies conducted with one group over a period of time; and
- Special population datasets focusing on one group in the population such as school children, Aboriginal and Torres Strait Islander peoples and prisoners.

Commonly Used Tobacco Datasets

While a wide array of tobacco-related datasets was identified, seven of the most comprehensive and commonly used datasets were:

- **National Drug Strategy Household Survey (NDSHS)** – collected triennially by the Australian Institute of Health and Welfare (AIHW). The NDSHS is a national survey of Australians’ awareness, attitudes and behaviours relating to tobacco, alcohol and illicit drug use. The *National Tobacco Strategy 2012-2018* notes that at the time the Strategy was prepared, the NDSHS was the most current and comprehensive national tobacco-related data source available (Intergovernmental Committee on Drugs, 2012).

- **National Health Survey (NHS)** – collected by the Australian Bureau of Statistics (ABS) every three years. Data on tobacco consumption is collected in every NHS cycle. The 2011–13 Australian Health Survey (AHS) included the existing NHS component, as well as two additional elements: a National Nutrition and Physical Activity Survey (NNPAS) and a National Health Measures Survey (NHMS). This makes the AHS the largest, most comprehensive health survey ever conducted in Australia. The 2011–13 AHS combined smoking information from the NHS and NNPAS, allowing analysis of a larger sample. The focus of the tobacco-related data was on ‘regular smoking’ defined as one or more cigarettes, pipes or cigars per day reported by the respondent (ABS, 2011).

\(^{1}\) Some of the datasets in the latter two categories could also be categorised as either national or jurisdictional.
Australia’s Tobacco-Related Datasets

- **Australian Secondary Students’ Alcohol and Drug Survey (ASSADS)** – collected triennially by the Centre for Behavioural Research in Cancer, Cancer Council of Victoria. The ASSADS is a national survey of the prevalence and patterns of tobacco, alcohol and other drug consumption among Australian secondary school students. Students are asked about their lifetime and current use of tobacco (White and Bariola, 2012).

- **National Hospital Morbidity Database (NHMD)** – collected annually by the AIHW. Diagnoses, procedures and external causes of injury are recorded using the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM). Relevant tobacco codes in the ICD-10-AM include F17.0, F17.1, F17.2-17.9, & T65.2.

- **National Aboriginal and Torres Strait Islander Social Survey (NATSISS)** – collected every six years (to date data collections have occurred in 2002 and 2008) by the ABS. The NATSISS provides information on a range of demographic, social, environmental and economic indicators (ABS, 2009).

- **Bettering the Evaluation and Care of Health (BEACH)** – random sample of general practitioners’ clinical activities collected annually by the Family Medicine Research Centre, University of Sydney. The BEACH program collects information about the GPs, patients seen, reasons people seek medical care and problems managed. Patients over the age of 18 years are asked about their current smoking status (Britt et al., 2011).

- **Specific state and territory-based data collections** – for example, New South Wales Population Heath Survey; Self-Reported Health Status Queensland; The South Australian Monitoring and Surveillance System; Victorian Population Health Survey; and the Western Australian Health and Wellbeing Surveillance System.
# The Key Australian Tobacco-Related Datasets

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### Tobacco-Related Specific Population Datasets

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<td>Australian Secondary Students’ Alcohol and Drug Survey (ASSADS)</td>
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<td>NSW Inmate Health Survey (IHS)</td>
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<td>People living with psychotic illness 2010</td>
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National Tobacco-Related Datasets

1. National Drug Strategy Household Survey (NDSHS)

1.1 Data Custodian: Australian Institute of Health and Welfare (AIHW)

1.2 Available for analysis: Yes

1.3 Purpose: The NDSHS is a national survey of Australians’ awareness, attitudes and behaviours relating to tobacco, alcohol and illicit drug use. It surveys a multi-stage stratified sample of Australian households. The tobacco-related questions most commonly refer to daily smoking rates among those 12 years and over. However, the detailed 323-page report of the 2010 survey also includes figures for those 18 years and over who smoke daily, at least weekly and less than weekly.


1.4 Frequency: Triennial

1.5 Commenced: 1995

1.6 Most recent: 2013

1.7 Sample size (year):
- 26,648 (2010)
- 23,356 (2007)
- 26,744 (2001)
- 10,030 (1998)
- 3,850 (1995)

1.8 Strengths: NDSHS has been active for a long period of time. It provides comprehensive data on the types of substances used, patterns and prevalence of substance consumption, and settings for use.

1.9 Limitations: There is some lack of question continuity between surveys. A relatively low response rate, which has remained stable over the last few waves. Household based sampling excludes high risk groups such as those in prisons or the homeless which affects sample representativeness. Smoking prevalence questions (daily, weekly) are adult-focussed and do not provide the international standard adolescent prevalence measures of past month smoking. The small sample size for 14-17 year olds does not permit state comparisons.
2. Alcohol and Other Drug Treatment Services - National Minimum Data Set (AODTS-NMDS)

2.1 Data Custodian: Australian Institute of Health and Welfare (AIHW) and state, territory and commonwealth data custodians

2.2 Available for analysis: Data cubes available

2.3 Purpose: The AODTS–NMDS was first implemented to help monitor and evaluate key objectives of the National Drug Strategic Framework which was effected from 1998–99 to 2003–04 and to help plan, manage and improve the quality of drug treatment services in Australia. It is ongoing and the data are collated by state and territory health authorities and compiled into a national data set by the AIHW. It is a mandatory collection of data using an agreed set of data elements.


2.4 Frequency: Data collected continuously and summarised in reports annually

2.5 Commenced: 2000

2.6 Most recent: 2011/12

2.7 Sample size (year): 147,325 (2006-2007)

2.8 Strengths: This is a regular collection of episodes of treatment. Uses an administrative dataset meaning sampling error is not an issue.

2.9 Limitations: Does not include treatment data from non-specialist settings (e.g. prisons). Counts episodes rather than clients, which limits the interpretation and definition of some data elements. However, it will be able to count clients in the next (2012-13) report.
3. **Australian Health Survey (AHS) 2011-13**

3.1 **Data Custodian:** Australian Bureau of Statistics (ABS)

3.2 **Available for analysis:** Yes, ABS Cat. No. 4264.0.55.001

3.3 **Purpose:** The largest, most comprehensive health survey conducted to date in Australia combining the existing ABS National Health Survey (NHS) and the National Aboriginal and Torres Strait Islander Health Survey (NATSIHS). It also includes two new elements i.e., a National Nutrition and Physical Activity Survey (NNPAS) and a National Health Measures Survey (NHMS). The NHMS provides blood nicotine data which strengthens the findings compared to other studies. The focus of the tobacco-related data was on 'regular smoking', where 'regular' was defined as one or more cigarettes, pipes or cigars per day as reported by the respondent. [http://www.abs.gov.au/australianhealthsurvey](http://www.abs.gov.au/australianhealthsurvey)

3.4 **Frequency:** Triennial, funding has not been secured for future rounds

3.5 **Most recent:** 2011-2013

3.6 **Sample size (year):** Approximately 30,000 (2011-2013)

3.7 **Strengths:** A comprehensive collection of data consisting of several large studies. It includes an objective measure of exposure to tobacco smoke, which assists in overcoming biases associated with self-reported data. With a high response rate; and the ability to analyse results by a range of health, biomedical and demographic variables this dataset is very useful.

3.8 **Limitations:** A one-off data collection with some of these components conducted in an ongoing manner in the NHS.

3.9 **Publication:**

4. National Health Survey (NHS)

4.1 Data Custodian: Australian Bureau of Statistics (ABS)

4.2 Available for analysis: Yes, ABS Cat. No. 4363.0.55.001

4.3 Purpose: The NHS was designed to improve health information, by obtaining national baselines on a wide range of health issues, and enabling changes in population health to be monitored over time. Information is collected about the health status of the population; health-related aspects of lifestyle and other health risk factors; and the use of health services and other actions people had recently taken for their health. One adult and one child (where applicable) for each sampled dwelling are included in the survey. Respondents are asked to describe smoking status at the time of interview i.e. current smokers (daily, weekly, other); ex-smokers. Smoking rates for the Aboriginal and Torres Strait Islander population are also collected every three years via the National Aboriginal and Torres Strait Islander Health Survey and the National Aboriginal and Torres Strait Islander Social Survey.

4.4 Frequency: Triennial

4.5 Commenced: 1989-1990

4.6 Most recent: 2011-2012

4.7 Sample size (year): Approximately 20,400 (2011-2012)

4.8 Strengths: A large, ongoing national study. The findings are generalizable to the Australian population as participants represent a large national randomly selected sample. Good response rates as the survey is enumerated under the Census and Statistics Act 1905 (i.e. participation is required by law).

4.9 Limitations: Possible sampling variability although the sample size is large enough to reduce sampling error and the survey uses an appropriate sampling methodology to ensure nationally representative results.

5. Bettering the Evaluation and Care of Health (BEACH)

5.1 Data Custodian: The Family Medicine Research Centre, the University of Sydney

5.2 Available for analysis: Data reports (analysed to the specifications of the client) can be purchased. Books and papers available on the website.

5.3 Purpose: The BEACH program continuously collects information from ever changing random samples of about 1,000 general practitioners (GPs) about the clinical activities in general practice in Australia including: characteristics of the GPs and the patients seen, reasons people seek medical care and the problems managed. Data from over 100,000 encounters are recorded per year. For each problem managed details are collected about: medications prescribed, advised, supplied by the GP, clinical treatments and procedures provided, referrals to specialists and allied health services, tests ordered including pathology and imaging. Each year a subsample of patients over aged 18 years (n= 30,000-33,000 approximately) are asked about their current smoking status. The results of smoking prevalence are reported each year compared over the past decade in the BEACH annual reports, there are also regular thematic collections for special issues.


5.4 Frequency: Annual

5.5 Commenced: 1998

5.6 Most recent: 2011-2012

5.7 Sample size (year):
Respondents asked the question on smoking status:
33,086 (2011-201)  32,160 (2010-2011)
31,966 (2001-2002)

5.8 Strengths: Consistent questions since commencement of the survey. Also contains treatment related questions (e.g. referral, prescribed medication).

5.9 Limitations: Response rate approximately 30 per cent.
6. **Time Use Survey (TUS)**

**6.1 Data Custodian:** Australian Bureau of Statistics (ABS)

**6.2 Available for analysis:** ABS Cat. No. 4150.0 Time Use Survey: Users’ Guide

**6.3 Purpose:** The Time Use Survey (TUS) is an irregular national survey which collects information about how people use their time. Time use relates to a wide range of topics, so the objectives are varied. Includes information on episodes of smoking as a separately identified 'recreation and leisure activity'.


**6.4 Frequency:** Ongoing but irregular

**6.5 Commenced:** 1992

**6.6 Most recent:** 2006

**6.7 Sample size (year):**
- 6,900 (2006)
- 8,600 (1997)

**6.8 Strengths:** Data from people 15 years and over. Shows the changes in time use over a fifteen year period.

**6.9 Limitations:** Irregular. Not designed to indicate amount of tobacco products actually consumed.
7. National Mortality Database (NMD)

7.1 Data Custodian: Australian Institute of Health and Welfare (AIHW)

7.2 Available for analysis: Yes


7.4 Frequency: Data collected and collated annually by the ABS and supplied to approved users by the Australian Coordinating Registry (Queensland Registry of Births, Deaths and Marriages).

7.5 Commenced: 1965

7.6 Most recent: 2011 (preliminary data). 2010 (revised data) and final versions for data up to 2009.

7.7 Sample size (year): All registered deaths in Australia from 1964 onwards.

7.8 Strengths: The NMD classifies causes of death according to the International Classification of Diseases; can be used to extract deaths by specific causes of death including user-defined tobacco-related causes of death.

7.9 Limitations: Changes in numbers of deaths over time can be due to a number of factors including changes in mortality and changes in the size and age/sex structure of the population. Thus, deaths data needs to be considered in relation to the size of the relevant population(s) through the use of mortality rates.
8. National Hospital Morbidity Database (NHMD)

8.1 Data Custodian: Australian Institute of Health and Welfare (AIHW)

8.2 Available for analysis: Data cubes. Data available as consultancy.

8.3 Purpose: The NHMD is compiled from data supplied by the state and territory health authorities. It is a collection of electronic anonymous summary records for separations (that is, episodes of care) in public and private hospitals in Australia. Diagnoses, procedures and external causes of injury are recorded using the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM). Data are obtained via mandatory collection of hospital separations data.


8.4 Frequency: Annual

8.5 Commenced: 1993

8.6 Most recent: 2008

8.7 Sample size (year): All hospital separations in Australia

8.8 Strengths: The National Health Data Dictionary definitions form the basis of the database ensuring comparability with other AIHW databases.

8.9 Limitations: No other detailed information regarding consumption, patterns over time, etc. is available. Data is collected at the service level (hospital separations) rather than the patient level. Changing diagnostic practices and medical understanding of disease processes impact on the coding of cause of death over time, and can possibly lead to misclassification in causes of illness statistics.
9. National Survey of Mental Health and Wellbeing (SMHWB)

9.1 Data Custodian: Australian Bureau of Statistics (ABS)

9.2 Available for analysis: ABS Cat. No. 4326.0

9.3 Purpose: The ABS SMHWB is a population-based survey designed to provide information on the mental health of Australians aged 16-85 years who are usual residents of private dwellings. The survey provides information on the prevalence of selected lifetime and 12-month mental health disorders by three major disorder groups: Anxiety disorders, Affective disorders and Substance Use disorders, and 12 disorder sub-groups. The survey asks about smoking status including the extent to which an adult was smoking at the time of interview.


9.4 Frequency: 10 yearly

9.5 Commenced: 1997

9.6 Most recent: 2007

9.7 Sample size (year):
   Approximately 8,800 (2007)
   Approximately 10,600 (1997)

9.8 Strengths: Provides comprehensive information on substance-related disorders, other comorbid mental disorders, physical health conditions and health risk factors, including smoking status.

9.9 Limitations: Household based sampling excludes high risk groups such as those in prisons or the homeless. There are several differences between the 1997 and 2007 surveys including collection methodology, scope and participant characteristics.
10. National Tobacco Survey: smoking prevalence and consumption (NTS)

10.1 Data Custodian: Department of Health and Ageing (DoHA)

10.2 Available for analysis: No

10.3 Purpose: NTS is a national telephone survey of 18-40 year old Australians. It was first commissioned in 1997 as a tool to evaluate the National Tobacco Campaign but was also used for several years to monitor the impact of tobacco policy initiatives.

10.4 Frequency: Annual

10.5 Commenced: 1997

10.6 Most recent: 2005

10.7 Sample size (year):
   - 20,778 (2005)
   - 16,993 (2003)
   - 11,898 (2001)
   - 12,271 (1999)
   - 17,712 (1997)
   - 6,657 (benchmark)

10.8 Strengths: Nine years of data. Overall trends and results for consumption are consistent with those identified in previous reports by the Centre for Behavioural Research in Cancer.

10.9 Limitations: Does not record tobacco use for all age groups as the target age groups is 18-40. Data is no longer being collected.

10.10 Publication:
11. Household expenditure Survey (HES)

11.1 **Data Custodian:** Australian Bureau of Statistics (ABS)

11.2 **Available for analysis:** ABS Cat. No. 6530.0


11.4 **Frequency:** 6 yearly

11.5 **Commenced:** 1984

11.6 **Most recent:** 2009-10

11.7 **Sample size (year):**
   - 9,774 households (2009-10)
   - 6,957 households (2003-04)

11.8 **Strengths:** The Household Expenditure Survey is a core part of the ABS Household survey program and to date has been conducted every 6 years.

11.9 **Limitations:** It is generally acknowledged that expenditure on tobacco is underreported in household expenditure surveys.

12.1 Data Custodian: Australian Bureau of Statistics (ABS)

12.2 Available for analysis: ABS Cat. No. 5204.0 (2011-12) Household Final Consumption Expenditure

12.3 Purpose: The ABS publishes estimates of household final consumption expenditure in both current prices and chain volume measures as part of the Australian System of National Accounts. Expenditure on cigarettes and tobacco is identified separately. The Australian System of National Accounts (ASNA) uses information from the Australian Customs Service from documents lodged for excise purposes as well as for imports and exports to estimate tobacco expenditure.


12.4 Frequency: Annual

12.5 Commenced: 1960

12.6 Most recent: 2012

12.7 Sample size (year): Not applicable

12.8 Strengths: The ASNA is a core ABS data set and has been published since 1960. The ASNA uses the international standards for household income and expenditure statistics, established by the International Conference of Labour Statisticians.

12.9 Limitations: While the ASNA provides estimates of household expenditure on tobacco products; it does not show smoking rates for individuals.
13. National Perinatal Data Collection (NPDC)

13.1 Data Custodian: Australian Institute of Health and Welfare (AIHW)

13.2 Available for analysis: Variable. Contact the AIHW National Perinatal Epidemiology and Statistics Unit

13.3 Purpose: A national population-based cross sectional data collection of pregnancy and childbirth. Data is based on births reported to the perinatal data collection in each state and territory in Australia. Midwives and other staff, using information obtained from mothers and from hospital or other records, complete notification forms for each birth. Selected information is compiled annually into this national dataset by the National Perinatal Epidemiology and Statistics Unit. Information is included in the NPDC on both live births and stillbirths of at least 400 grams birth weight or at least 20 weeks gestation. Includes maternal smoking status during pregnancy.


13.4 Frequency: Ongoing

13.5 Commenced: 1991

13.6 Most recent: 2011

13.7 Sample size (year): Information is included in the NPDC for all live births and stillbirths of at least 400 grams birth weight or at least 20 weeks gestation in Australia.

13.8 Strengths: A large population-based collection.

13.9 Limitations: Data collection on pregnancy and neonatal outcomes varies between jurisdictions.
14. Social Health Atlas of Australia

14.1 Data Custodian: Public Health Information Development Unit, University of Adelaide

14.2 Available for analysis: Publications available online free of cost

14.3 Purpose: The Social Health Atlas is a compilation of data about the health of the population presented in maps by small areas of each state and territory. It is an important resource available to policy makers, planners, service providers and community members working towards the future health and wellbeing of Australians which aims to assist in achieving improvements in healthy life expectancy for all Australians and a reduction of inequalities in health.

Relevant indicators (in relation to tobacco) currently include:
1. Health risk factors (modelled estimates), 2007-08. Released: Nov 2010:
   - Male/ female current smokers, 18 years and over
   - Current smokers, 18 years and over
2. Chronic disease and conditions (modelled estimates), 2007-08. Released: Nov 2010 (includes Respiratory system diseases; Chronic Obstructive Pulmonary Disease, and others)
3. Composite indicators - a chronic disease and an associated risk factor (modelled estimates), 2007-08. Released: November 2010:
   - Had asthma and were smokers, persons aged 18 years and over
4. Premature mortality by sex, 2006 to 2010. Released: May 2013 (includes deaths from various causes at least partly attributable to tobacco smoking, e.g., lung cancer, circulatory system diseases, respiratory systems diseases)

Social Health Atlas versions that are available by geographic area levels include:
1. Statistical Local Area and Local Government Area (2011 ASGC):
2. Statistical Area Level 2 (ASGS) Census data only:
3. Medicare Locals:
4. Local Hospital Networks:

The website includes various tools to assist users navigate geographies and use population-based small area data, including the facility to correlate different indicators, and to upload and map your own data.

14.4 **Frequency:** Annual and/or as new primary data become available from data custodians

14.5 **Commenced:** 1992 (first edition)

14.6 **Most recent:** 2013

14.7 **Sample size (year):** Not applicable (not a survey)

14.8 **Strengths:** Interactively maps demographic and social health information using a wide range of indicators for which primary data are available, for all areas of Australia (selection of different geographies), with a focus on monitoring inequality in health and wellbeing.

14.9 **Limitations:** The availability of some primary data may vary over time, and there may be a time lag in gaining access to it in a suitable form for small area analysis and mapping (e.g., the publication of data on current smokers in small areas is dependent on the availability of data from the National Health Survey and the calculation, by the Australian Bureau of Statistics, of synthetic predictions for areas). Some primary data may not available for all small areas due to limitations in the data (e.g., the sample size and/or coverage of the original survey) and the need to maintain confidentiality (through suppression of very small numbers and other means, as agreed with data custodians).
15. National Public Health Expenditure Project (NPHEP)

15.1 Data Custodian: Australian Institute of Health and Welfare (AIHW) and the National Public Health Partnership

15.2 Available for analysis: Available online, more recent data on request

15.3 Purpose: Estimates of recurrent expenditure on public health activities in Australia that were funded by the Australian Government and state and territory health departments are reported in publications and data cubes. It includes expenditure on public health activities aimed at preventing and reducing tobacco use. 

15.4 Frequency: Annual

15.5 Commenced: 1998

15.6 Most recent: 2010

15.7 Sample size (year): Not applicable

15.8 Strengths: Provides the links between government health expenditure and health outcomes.

15.9 Limitations: The public health expenditure estimates reported relate only to those funded by the key health departments and agencies in the various jurisdictions and does not include expenditure by non-government organisations and other agencies.
Jurisdictional Tobacco-Related Datasets

16. New South Wales Population Health Survey

16.1 Data Custodian: New South Wales Ministry of Health

16.2 Available for analysis: Send a request to the Chief Health Officer, NSW Ministry of Health stating the aim of the research and the required variables (as instructed on the data dictionary pages on the web)

16.3 Purpose: The New South Wales Population Health Survey is an ongoing telephone survey of state residents that is one of the main mechanisms through which NSW Health monitors population health and reports on performance indicators. It is conducted using Computer-assisted telephone interviewing (CATI). The Adult Population Health Survey began in 1997 and the Child Population Health Survey began in 2001; both have been collected through New South Wales Population Health Survey since 2002. Data on smoking status and passive smoking are collected. Indicators such as current smoker, daily smoking and lives in a smoke free household are able to be reported by year and demographic and geographic characteristics including health administration area and level of disadvantage. http://www.health.nsw.gov.au/surveys/Pages/default.aspx

16.4 Frequency: Annual

16.5 Commenced: 1997

16.6 Most recent: 2012

16.7 Sample size (year):
Adult participants:
17,496 (1997)

16.8 Strengths: Because of the diminishing coverage of the population by landline sampling frames (estimated to be less than 80 per cent in 2011) mobile phone numbers were included in 2012 using an overlapping dual-frame design.
17. South Australian Monitoring and Surveillance System (SAMSS)

17.1 Data Custodian: SA Department of Health and Ageing

17.2 Available for analysis: Variable

17.3 Purpose: SAMSS is a telephone monitoring system using the Computer Assisted Telephone Interviewing (CATI) system whereby approximately 600 randomly selected South Australians of all ages are interviewed each month. SAMSS collects data on the smoking status of people aged 16 years and over. SAMSS monitors population trends in state and national risk factors and chronic diseases and provides SA Health with appropriate, timely and valid population health information to systematically monitor health status, respond to population changes and support planning, implementation, and evaluation of health services and programs. [http://health.adelaide.edu.au/pros/data/samss/](http://health.adelaide.edu.au/pros/data/samss/)

17.4 Frequency: Monthly

17.5 Commenced: 2002

17.6 Most recent: 2013

17.7 Sample size (year):
   - 7,268 (2011-12)  7,358 (2010-11)
   - 7,375 (2009-10)  7,302 (2008-09)
   - 7,197 (2005-06)  7,277 (2004-05)
   - 6,741 (2003-04)  6,130 (2002-03)

17.8 Strengths: SAMSS is a continuous surveillance system that is linked to key national, state and regional indicators. Data is collected from people aged 16 years and over.

17.9 Limitations: As a surveillance system the SAMSS is not research per se. The 15 minutes on average that each participant spends on the telephone is limited to key broad questions rather than an in-depth investigation of one particular area of research interest. Those without a telephone connection are excluded.
18. Health Omnibus Survey (HOS)

18.1 Data Custodian: University of Adelaide

18.2 Available for analysis: Data may be purchased and is available on request

18.3 Purpose: HOS is an annual face-to-face survey of South Australians. This survey and the HMS (below) provide for on-going collection of data concerning prevalence and patterns of smoking, awareness of harms and anti-smoking / health promotion campaigns, exposure to environmental tobacco smoke, and quit attempts. The nature and frequency of the survey allows for the development of specific survey questions to assist in the evaluation of tobacco-related health campaigns and legislative changes. The collection and analysis of relevant tobacco-related data from these datasets are a key part of this work. http://health.adelaide.edu.au/pros/data/hos/

18.4 Frequency: Annual

18.5 Commenced: 1991

18.6 Most recent: 2012

18.7 Sample size (year): 3,000 every year

18.8 Strengths: Rigorous and cost-effective methodologies with representative samples and high response rates (≥70%).

18.9 Limitations: Items may not be consistent over time.

19. Health Monitor Surveys (HMS)

19.1 Data Custodian: University of Adelaide

19.2 Available for analysis: Data may be purchased and is available on request. Ten demographic questions available for free.

19.3 Purpose: HMS is a telephone survey conducted two to three times a year with South Australians aged 18 years and over. It utilises rigorous and cost-effective methodologies with representative samples and high response rates (≥60%). This survey and the HOS provide for on-going collection of data concerning prevalence and patterns of smoking, awareness of harms and anti-smoking / health promotion campaigns, exposure to environmental tobacco smoke, and quit attempts. Moreover the nature and frequency of the surveys allows for development of specific survey questions to assist in the evaluation of tobacco-related health campaigns and legislative changes. The collection and analysis of relevant tobacco-related data from these datasets will form a key component of this work. 

19.4 Frequency: Two to three times a year

19.5 Commenced: 1999

19.6 Most recent: 2012

19.7 Sample size (year): 2,000 each wave

19.8 Strengths: Regular data collection. Consistent response rate.

19.9 Limitations: May not be representative of sub-groups in the population, although special collections are occasionally conducted.
20. Victorian Population Health Survey

20.1 Data Custodian: Department of Health, Victoria

20.2 Available for analysis: Yes

20.3 Purpose: An annual CATI self-reported telephone interview with Australians adults collecting smoker status. The Victorian Population Health Survey has been conducted each year since 2001 and is based on a sample of 7,500 adults aged 18 years and over, randomly selected from households from each of the eight Department of Health regions in the state. In the most recently published 2010 survey report, computer-assisted telephone interviewing was undertaken between May and July. [www.health.vic.gov.au/healthstatus/survey/vphs-previous.htm](http://www.health.vic.gov.au/healthstatus/survey/vphs-previous.htm)

20.4 Frequency: Annual

20.5 Commenced: 2001

20.6 Most recent: 2010

20.7 Sample size (year):
- 7,740 (2009)
- 34,168 (2008)
- 7,500 (2007)
- 7,500 (2006)
- 7,500 (2005)
- 7,500 (2004)
- 7,500 (2003)
- 7,500 (2002)

20.8 Strengths: Regular collection and consistency between waves.

20.9 Limitations: Did not conduct dual frame sampling but may do so for future waves.
21. Victorian Health Monitor

21.1 Data Custodian: Department of Health, Victoria

21.2 Available for analysis: From the report only

21.3 Purpose: The Victorian Health Monitor was conducted as a Victorian state-wide cross-sectional, population-health measurement survey, with data collected between May 2009 and April 2010. The survey measured the prevalence of diabetes, cardiovascular disease, indicators for chronic kidney disease and hypertension (and their risk factors) in a representative sample of Victorian adults aged 18–75 years. It reports on prevalence of smoking and smoking status by selected risk factors including smoking, physical inactivity and sedentary behaviour.

21.4 Frequency: Once only

21.5 Commenced: 2009-2010

21.6 Most recent: 2009-2010


21.8 Strengths: Blood and urine samples collected.

21.9 Limitations: There are no areas classified as remote or very remote in Victoria. This limits the extent to which geographic remoteness variations in health can be analysed.

22. NSW Quitline database

22.1 Data Custodian: Cancer Institute NSW

22.2 Available for analysis: Yes. Using the data request form.


22.4 Frequency: Ongoing collection

22.5 Commenced: 2005 or before

22.6 Most recent: 2013

22.7 Sample size (year): Approximately 11,150 each year

22.8 Strengths: Consistent and ongoing collection of data.

22.9 Limitations: Quitline callers are a relatively select group of smokers. Compared with the general smoking population, they are more likely to be women, younger, unemployed, higher educated, more addicted, have previously quit and are ready to quit in the next 30 days. Data collected may be superficial.
23. The WA Health and Wellbeing Surveillance System (WAHWSS)

23.1 Data Custodian: WA Department of Health

23.2 Available for analysis: Yes. Using the data request form.

23.3 Purpose: The WA Health and Wellbeing Surveillance System (WAHWSS) is a continuous data collection which was developed to monitor the health and wellbeing of Western Australians. Each month, at least 550 people throughout WA are interviewed using CATI. Information from the survey is used to monitor the health status of all Western Australians, to inform health education programs and to evaluate interventions. Data from adults is self-report; data for children is reported by a parent / carer on their behalf.

Adults are asked about smoking status and smoking in the home. Parents / carers are asked about smoking in the home and during pregnancy. The WAHWSS also collects data relating to children (exposure to tobacco smoke in the home and in utero). Adult and child data are published annually in separate reports.

23.4 Frequency: Continuous

23.5 Commenced: 2002

23.6 Most recent: 2012

23.7 Sample size (year):
- 6,808 (2012)
- 6,920 (2011)
- 7,667 (2010)
- 10,112 (2009)
- 7,576 (2008)
- 7,601 (2007)
- 6,627 (2006)
- 7,808 (2005)
- 7,139 (2003)
- 6,203 (2002)

23.8 Strengths: Ability to show changes over time with seasonally adjusted trends supplied. Participants aged 16 years and over were considered adults. Information is collected for children, based on responses from parents/carers (children 0-15 years). Continuous data collection. Attained response rates over 75% each year. Separate reports on adults and children are created annually.

23.9 Limitations: WAHWSS is population based, thus the information provided in this report is representative of the WA population as a whole but not reliably representative of small minority groups within the population, such as CALD groups and the Aboriginal population.

23.10 Publication:
24. Victorian Adult Smoking Population Surveys

24.1 Data Custodian: Cancer Council Victoria

24.2 Available for analysis: Publication – Cancer Council Victoria

24.3 Purpose: Involves the conduct of a population survey of Victorian adults in November each year in order to assess a range of smoking-related attitudes and behaviours, and public opinion for various tobacco-related policy measures. From 1983 to 1997 the survey was conducted as a household survey, while from 1998 to 2011 it was telephone-administered using a landline sample frame. From 2011, the telephone sample has been a mix of landline and mobile phones. Various methodological reports have been published to document these changes and estimate effects on measured smoking prevalence. Survey sample sizes vary from approximately 2,000 in early years to 4,500 in later years. Recent survey response rates are approximately 45%.


24.4 Frequency: Annual

24.5 Commenced: 1983

24.6 Most recent: 2013

24.7 Sample size (year):
- 4,500 (2010)
- 4,501 (2009)
- 4,503 (2008)
- 3,001 (2007)
- 2,996 (2006)
- 2,999 (2005)
- 2,998 (2004)
- 3,001 (2003)
- 1,995 (2002)
- 1,963 (2001)
- 1,991 (2000)
- 1,986 (1999)
- 1,982 (1998)

24.8 Strengths: This survey has been conducted continuously over a long period of time.

24.9 Limitations: Response rates have been relatively low in recent years compared to previous years.

24.10 Publications list: A comprehensive list of reports and journal publications from the survey is available at:
http://www.cancervic.org.au/about-our-research/behavioural/cbrc-tobacco/publications_research_area_tobacco_control.html#3Vic%20adult%20smoking%20popn%20surveys
25. **Australian System of National Accounts: State Accounts**

25.1 **Data Custodian:** Australian Bureau of Statistics (ABS)

25.2 **Available for analysis:** ABS Cat. No. 5220.0, the recreation and culture table

25.3 **Purpose:** The ABS has published estimates of Gross State Product as part of the Australian National Accounts: State Accounts on a regular basis since 1987. Tobacco data can be found in the Recreation and Culture data item. [http://www.abs.gov.au/AusStats/ABS@.nsf/MF/5220.0](http://www.abs.gov.au/AusStats/ABS@.nsf/MF/5220.0)

25.4 **Frequency:** Annual

25.5 **Commenced:** 1987

25.6 **Most recent:** 2012

25.7 **Sample size (year):** Not applicable

25.8 **Strengths:** Includes extensive results on the spending of Australians. Has been active for a long period of time. Used international standards since 2008.

25.9 **Limitations:** Statistical standards have changed over time.

26.1 Data Custodian: Australian Bureau of Statistics (ABS)

26.2 Available for analysis: ABS Cat. No. 4362.0


26.4 Frequency: Triennial

26.5 Commenced: 1989-90

26.6 Most recent: 2007-2008

26.7 Sample size (year):
   In 2007-08: NSW 6,803  Vic 5,165  Qld 4,101  SA 1,548  WA 2,045  TAS 485  ACT 333

26.8 Strengths: A large, ongoing study. The findings are generalisable to the Australian population as participants represent a large national probability sample.

26.9 Limitations: Possible sampling variability although the sample size is large enough to reduce sampling error.
27. Australian Capital Territory General Health Survey

27.1 Data Custodian: ACT Health

27.2 Available for analysis: Yes

27.3 Purpose: From 2007, the NSW Department of Health has been contracted to conduct a general health survey on behalf of ACT Health. The telephone survey aims to target a sample of approximately 1,300 completed interviews per annum (1000 adults and 300 children). The questionnaire includes modules collected as part of the continuous NSW Population Health Survey and additional modules specific to the ACT. From 2012 mobile phones have been included in the sample. The NSW Department of Health will provide a summary report of the survey annually for adult data and biennially for child data to ACT Health. This report includes information on smoking status. It is intended to be conducted every year between February and December.


27.4 Frequency: Annual

27.5 Commenced: 2007

27.6 Most recent: 2013

27.7 Sample size (year): Approximately 1,300 each year

27.8 Strengths: Collects data with CATI technology that can be compared with other areas.

27.9 Limitations: May not be representative of the adult ACT population—especially those who do not have a home phone and the homeless.
28. WA Adult Health Survey

28.1 Data Custodian: WA Department of Health

28.2 Available for analysis: Not usually, but can be requested and this will be reviewed on a case by case basis.

28.3 Purpose: Data was collected on smoking status and reported in the categories of never smoked, ex-smoker and current smoker. 1995 data for persons 15 years and over. 2000 data for persons 18 years and over. Data was collected using a CATI survey.


28.4 Frequency: Two time points only

28.5 Commenced: 1995

28.6 Most recent: 2000


28.8 Strengths: Weighted to represent population.

28.9 Limitations: No longer running.
29. WA Child Health Survey

29.1 Data Custodian: WA Department of Health

29.2 Available for analysis: Not usually, but can be requested and this will be reviewed on a case by case basis.

29.3 Purpose: Data was collected on children living in smoke-free homes and mothers smoking during pregnancy. Data was collected using a CATI survey.

29.4 Frequency: One off

29.5 Commenced: 2001

29.6 Most recent: 2001

29.7 Sample size (year): 998 (2001)

29.8 Strengths: Weighted to represent population.

29.9 Limitations: No longer running.
30. Queensland Self Reported Health Status (SRHS) surveillance system

30.1 Data Custodian: Queensland Health

30.2 Available for analysis: From reports only

30.3 Purpose: Provides representative data for Queensland adults, sub populations and regional populations (Hospital and Health Service areas, Medicare Locals, Local Government Areas). The data are used for national COAG performance reporting and for state level outputs. Survey reports are publicly available and datasets requests considered (data use agreement etc. required). In 2013 all respondents were asked questions about smoking in house and car and number of cigarettes smoked.

30.4 Frequency: Annual

30.5 Commenced: Annual from 2009, irregular before that

30.6 Most recent: 2013

30.7 Sample size (year):
   - 7,838 (2013)
   - 12,564 (2011)
   - 9,158 (2010)
   - 6,681 (2009)

30.8 Strengths: Random digit dialling includes silent and unlisted numbers.

30.9 Limitations: A relatively small number of Indigenous Queenslanders were interviewed. The use of a telephone to administer the questionnaire and the design of the questionnaire itself may have had an impact upon the response rate by Indigenous Queenslanders.

30.10 Publication:
Tobacco-Related Longitudinal Studies

31. Mater-University of Queensland Study of Pregnancy (MUSP)

31.1 Data Custodian: University of Queensland

31.2 Available for analysis: Yes

31.3 Purpose: The MUSP is a birth cohort study which recruited more than 8,000 pregnant women in 1981-3 and has followed the mother and her children (in effect two linked cohort studies) since that time. Data is available up to 27 years follow-up for mothers and 30 years follow-up for the children. Smoking data was collected from the mothers early in pregnancy and at every follow-up thereafter. Children were asked about their smoking from 14 years of age onwards. The basic structure of questions is that they assess frequency and quantity of cigarettes smoked. The study is able to assess changes in smoking behaviour over time. A series of published papers are available.

At every phase of the study (first clinic visit, late pregnancy, 6 months, 5, 14, 21 and 27 years after the birth) mothers are asked the following questions:

- In the last week how often did you smoke cigarettes?
- In the last week how many usually smoked per day?

Mothers are asked additional questions during particular phases of the study.

Child exposure to tobacco smoking is assessed in maternal reports up to the child reaching 14 years of age. Subsequently, the children are asked questions about their own smoking behaviour.


31.4 Frequency: Irregular

31.5 Commenced: 1981

31.6 Most recent: 2002, continuing

31.7 Sample size at wave 1: 8,556

31.8 Strengths: This longitudinal study is able to demonstrate the path by which risk factors have an effect on obstetric morbidity and mortality.

31.9 Limitations: This broad longitudinal study may lack depth in certain areas in order to cover a wide range of factors. There was a diminished response rate with each phase (although this is expected in such studies).
32. 45 and Up Study

32.1 Data Custodian: Sax Institute

32.2 Available for analysis: Yes, by completing an application form on the Sax Institute website

32.3 Purpose: Over 250,000 men and women from the NSW population aged 45 years and over participate in the 45 and Up Study to help researchers understand how Australians are ageing. Data include a baseline questionnaire, 5-yearly repeat questionnaires linkage to routinely collected health data (i.e., with ethics approval), and more intensive measures from sub-studies conducted within the cohort. The whole cohort will be resurveyed in 2012-2015 for the first follow-up.

Tobacco-related questions ask about how many hours a week participants are exposed to passive smoke at home; if they have ever been a regular smoker; and how many cigarettes they smoke on average daily.

32.4 Frequency: Five yearly

32.5 Commenced: February 2006 (pilot in 2005)

32.6 Most recent: First wave of 5 year follow-up of baseline participants commenced in September 2012 and is ongoing (follow-up data not available at the time of developing this resource).

32.7 Sample size (year): Approximately 260,000

32.8 Strengths: Provides a unique longitudinal dataset.

32.9 Limitations: A limitation of the study is the lack of large-scale clinical data on biological measures. It is intended that many of these will be gathered as part of sub-studies within the cohort.
33. Footsteps in Time – Longitudinal Study of Indigenous Children (LSIC)

33.1 Data Custodian: Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA)

33.2 Available for analysis: Yes, apply to FaHCSIA

33.3 Purpose: The aim of the study is to better understand what impacts on Indigenous children’s lives over time and how these children can be best supported to grow up strong and resilient. The parents and carers of two groups of children, typically aged between 6 to 18 months (B cohort) and 3½ - 5 years (K cohort), were interviewed in 2008 for wave 1. Participating children are visited each year. Information is collected on parental smoking habits and methods of quitting.

Initially interviews were conducted with a parent or primary carer of an Aboriginal or Torres Strait Islander child, usually the mother. In addition over 265 interviews were conducted with fathers or other significant carers. To date more than 1,200 of the original 1,680 families have participated in subsequent interviews. These interviews have formed the basis for the annually released LSIC key summary reports. http://www.fahcsia.gov.au/about-fahcsia/publications-articles/research-publications/longitudinal-data-initiatives/footprints-in-time-the-longitudinal-study-of-indigenous-children-lsic

33.4 Frequency: Annual

33.5 Commenced: April 2008

33.6 Most recent: 2013 (Wave 4)

33.7 Sample size at wave 1: >1,680

33.8 Strengths: A comprehensive longitudinal study on Indigenous youth and children.

33.9 Limitations: Retention could be improved.
34. Growing up in Australia: The Longitudinal Study of Australian Children (LSAC)

34.1 Data Custodian: Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA)

34.2 Available for analysis: Yes, general release can be accessed by all. In-confidence data is available for FaHCSIA staff and can only be accessed by those who show a genuine need for it. Both datasets are accessed using the application form.

34.3 Purpose: A long-term research project following a large group of children and their families over the years as they grow and learn. There are currently two cohorts of children. When the study began in 2004, they were 3-19 months and 4-5 years old respectively. The participants are the study child, and his/her parents, child care providers and teachers. Parental smoking is reported. At each main wave, age appropriate developmental outcomes are measured including: children’s health, physical development, emotional wellbeing and intellectual and social development. [http://www.growingupinaustralia.gov.au/](http://www.growingupinaustralia.gov.au/)

34.4 Frequency: Every two years

34.5 Commenced: March 2003

34.6 Most recent: March 2012

34.7 Sample size at wave 1: Approximately 10,000

34.8 Strengths: A large, population-based sample, with repeated health and mental health measurements on the same scale reported by both parents and teachers.

34.9 Limitations: Some underrepresentation of families from disadvantaged backgrounds. Data were more often missing in socioeconomically disadvantaged families which may have affected prevalence estimates.

35. Busselton Health Study

35.1 Data Custodian: University of Western Australia (UWA)

35.2 Available for analysis: Investigators may apply for access

35.3 Purpose: The adult residents of the town of Busselton, in the south-west of Western Australia, have been involved in a series of cross-sectional health surveys since 1966. To date, over 20,000 men, women and children of all ages have taken part in the surveys. The data provides important information on common diseases and their relationships to risk factors, lifestyle and environmental variables. Several research projects have been conducted within the Busselton Health Study.
http://www.busseltonhealthstudy.com/

35.4 Frequency: Every three years from 1966 to 1981 then intermittent

35.5 Commenced: 1966

35.6 Most recent: 2013

35.7 Sample size at wave 1: 3,539

35.8 Strengths: Regarded as one of the longest running epidemiological research programs in the world.

35.9 Limitations: Because data are not available for non-responders in the survey, the sample cannot be definitively stated as representative of the Busselton population. However, there are no indications that responders differed from non-responders, demographically or otherwise.

35.10 Publications: At least 20 articles have been published on smoking:
http://www.busseltonhealthstudy.com/publications.html
36. The Western Australian Pregnancy Cohort (Raine) Study

36.1 Data Custodian: Raines Study Executive Committee, Telethon Institute for Child Health Research (TICHR), University of Western Australia (UWA)

36.2 Available for analysis: Subject to research project application approval. Expressions of interest form.

36.3 Purpose: Initially, 2,900 mothers were followed through pregnancy and child birth, and 2,868 offspring were recruited for long term follow-up to study the origins of health and disease. National and international collaborations with the Raine Study are continuing to develop and add value to the cohort and expand research opportunities. [http://www.childhealthresearch.org.au/our-research/projects-index/r/raine-study-(overview).aspx](http://www.childhealthresearch.org.au/our-research/projects-index/r/raine-study-(overview).aspx)

36.4 Frequency: Repeated when the survey sample was aged 1, 2, 3, 5, 8, 10, 14, 17, 18 and 21

36.5 Commenced: 1989

36.6 Most recent: 2011

36.7 Sample size at wave 1: 2,900 women in early pregnancy and 2,868 offspring were followed up during childhood and adolescence.

36.8 Strengths: Considered to be one of the largest successful prospective cohorts of pregnancy, childhood and adolescence in the world.

36.9 Limitations: Participants were generally representative of the West Australian population but included a slightly higher proportion from higher income groups.

36.10 Publications: A number of publications reporting on smoking related issues have been produced from this study: [http://www.rainestudy.org.au/research/resource/publications](http://www.rainestudy.org.au/research/resource/publications)
37. **2000 Stories Victorian Adolescent Health Cohort Study**

37.1 **Data Custodian:** Murdoch Children’s Research Institute (MCRI)

37.2 **Available for analysis:** Contact Australian Social Science Data Archives. There are also several publications mostly free to access on PubMed.

37.3 **Purpose:** In 1992, 1,943 Year 9 students (14-15 years of age) were selected to participate in this study. Participants completed 6 interviews at school age (from Years 9 – 12), and 3 interviews in young adulthood (aged around 21, 24 and 29 years). Over 75% of the original cohort participated in the most recent completed round of interviews in 2007-09. This study is currently undertaking its tenth round of interviews as the participants reach the age of 35 years. 2000 Stories is aimed at improving understanding of adults and how adolescent experiences, health and lifestyles may affect physical and emotional health in adulthood. It includes tracking the smoking habits of the participants over time.  

37.4 **Frequency:** Every 6 months

37.5 **Commenced:** 1992

37.6 **Most recent:** 2013

37.7 **Sample size at wave 1:** Approximately 2,000

37.8 **Strengths:** Nearly representative sample, high rates of participation and frequent measures during participants' teenage years and 20-years of follow-up.

37.9 **Limitations:** Surveys were self-administered via laptops during the adolescent waves, whilst a telephone interview strategy was used in the adult waves. Prevalence estimates may vary slightly as a result, however, it is unlikely to have caused a systematic bias in patterns of association.
38. International Youth Development Study (IYDS)

38.1 Data Custodian: Murdoch Children’s Research Institute (MCRI)

38.2 Available for analysis: Requests to access data to investigators via the project manager

38.3 Purpose: This is a long-term study that looks at the development of healthy and problem behaviours among young people in Victoria, Australia and the state of Washington, United States. IYDS is one of the first studies designed to examine whether or not differences in Australian and American cultures and schools affect youth development. The original sample included approximately 1,000 students at each of three year levels i.e., fifth, seventh and ninth grade, in both Victoria and Washington, providing a sample of approximately 6,000 participants. The study continues to follow-up participants into young adulthood. In 2012 (8th wave of data collection), 83% of the original Victorian sample participated. The study intends to follow-up participants from both Victorian and Washington cohorts in 2014. Participants are asked about their lifetime and tobacco use. http://www.mcri.edu.au/research/research-projects/international-youth-development-study/

38.4 Frequency:
   Annual (2002-2008)
   Biannual (2010 & 2012) – Victorian cohorts
   2014 – Washington & Victorian cohorts

38.5 Commenced: 2002

38.6 Most recent: 2013

38.7 Sample size at wave 1: Approximately 6,000

38.8 Strengths: IYDS is a relatively long running study with school-aged participants. Excellent retention rates. Able to cross-nationally compare the policy environment and its effect on adolescent and young adult substance use.

38.9 Limitations: A relatively small sample. Future studies should include a measure of self-reported smoking on the school grounds as well as the peer use measure currently used.
39. Household, Income and Labour Dynamics in Australia (HILDA) Survey

39.1 Data Custodian: The Melbourne Institute

39.2 Available for analysis: Academic and other researchers can apply to use the General Release datasets for their research

39.3 Purpose: The Household, Income and Labour Dynamics in Australia (HILDA) Survey, a household-based panel study which began in 2001, aims to collect longitudinal data on household composition, employment, income and wealth, and health and wellbeing. The panel members are followed over time. The funding has been guaranteed for sixteen waves, though the survey is designed to continue beyond that.

Smoking data is collected as part of a self-completion questionnaire which is completed by a subset of interviewed respondents (about 90% of all respondents complete this). The key data collected are: (i) current smoking status; and (ii) if a smoker, how many cigarettes smoked per week. Data on individual tobacco expenditure was only collected in wave 1. Since wave 5 (2005) HILDA has been collecting data every year on weekly tobacco expenditure, but only at a household level. In wave 7 (2007) questions were also asked (as part of the interview) about the smoking history of respondents.

http://www.melbourneinstitute.com/hilda/

39.4 Frequency: Annual

39.5 Commenced: 2001

39.6 Most recent: 2012

39.7 Sample size (year):

<table>
<thead>
<tr>
<th>Year</th>
<th>Sample Size</th>
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<tr>
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<td>13,041</td>
</tr>
<tr>
<td>2001</td>
<td>13,969</td>
</tr>
</tbody>
</table>

39.8 Strengths: Longitudinal survey that collects data on a wide range of variables including the quantity and frequency of substance use. A very useable dataset.

39.9 Limitations: One group underrepresented is migrants, although this survey includes other population sub-groups. In 2011 a new top up sample was added (n=4009) to help deal with under-representation of new migrants.
40. Australian Longitudinal Study on Women’s Health (ALSWH)

40.1 Data Custodian: Research Centre for Gender, Health and Ageing, University of Newcastle

40.2 Available for analysis: Yes

40.3 Purpose: The Australian Longitudinal Study on Women’s Health (ALSWH) is a longitudinal survey of over 40,000 women in three cohorts aged 18-23, 45-50 and 70-75 when surveys began in 1996. A new cohort of at least 10,000 young women aged 18-23 will be recruited in 2012 and 2013. ALSWH assesses women’s physical and mental health, as well as psychosocial aspects of health (such as socio-demographic and lifestyle factors) and their use of health services. It includes questions about their smoking prevalence rates.


40.4 Frequency: Triennial

40.5 Commenced: 1996

40.6 Most recent: 2013

40.7 Sample size at wave 1: >40,000

40.8 Strengths: Large nationally representative sample derived from Medicare records. Fifteen years of data. High retention rate.

40.9 Limitations: Survey is tailored to age cohorts (some questions were not asked of all cohorts).
41. Ten to Men

41.1 Data Custodian: Funded by the Commonwealth Department of Health and Ageing, run by University of Melbourne, School of Population Health

41.2 Available for analysis: No, wave 1 data collection currently in progress

41.3 Purpose: In 2010, the Australian Government released the National Male Health Policy to address the special health needs of Australian males. As part of that policy the Australian Longitudinal Study on Male Health (Ten To Men) was commissioned. Ten To Men is a new longitudinal study of Australian men and boys between 10 and 55 years. It is aimed at identifying factors that contribute to poorer health outcomes in Australian males in general and in particular sub-groups of men and boys. The study aims to generate information that can inform government policy and program development in male health.

There are four different questionnaires: boys (10 to 14 years), parents of boys, adolescents (15 to 17 years), and adult males (18 to 55 years). Questions about risk and protective factors cover a range of social and environmental determinants of male and a range of individual level health behaviours including diet, exercise, smoking, consumption of alcohol and other drugs.


41.4 Frequency: Biennial

41.5 Commenced: 2010

41.6 Most recent: 2013 – in progress

41.7 Sample size at wave 1: Approximately 432,000

41.8 Strengths: A large longitudinal study, the first to focus exclusively on male health and wellbeing.

41.9 Limitations: It does not include sub-groups such as Aboriginal males, men with intellectual disabilities, veterans and males in the criminal justice system.
42. **Australian Diabetes, Obesity and Lifestyle Study (AusDiab)**

42.1 **Data Custodian:** Baker IDI Heart and Diabetes Institute

42.2 **Available for analysis:** Apply in writing to Baker IDI, data available to researchers for a fee

42.3 **Purpose:** Australian longitudinal population-based study examining the natural history of diabetes, pre-diabetes, heart disease and kidney disease. The field survey measures physical and cognitive ability, smoking status and blood samples. A cohort study.


42.4 **Frequency:** 1999/2000; 2004/2005; 2011/2012

42.5 **Commenced:** 1999

42.6 **Most recent:** 2012

42.7 **Sample size (year):** 6,186 (2011/12) 8,798 (2004/05) 11,247 (1999/00)

42.8 **Strengths:** Population-based sample from 42 randomly selected districts throughout Australia. Followed the same participants for 13 years.

42.9 **Limitations:** Possibility of selection biases, as only 56.7 per cent of participants without diabetes at baseline attended follow-up. Limited sample size.
Tobacco-Related Specific Population Datasets

43. Australian Secondary Students' Alcohol and Drug Survey (ASSADS)

43.1 Data Custodian: Centre for Behavioural Research in Cancer, Cancer Council Victoria

43.2 Available for analysis: Yes, by request to the data custodian

43.3 Purpose: A national school-based survey that asks secondary school students a core set of questions about their lifetime and current use of tobacco, including their source of cigarettes, with state-specific supplementary questions about smoking attitudes and practices. This is a collaborative survey funded by the Commonwealth Department of Health and ageing and all states and territories. The data custodian is the Cancer Council Victoria. States own their own state data, which is pooled to provide national estimates.

Comprises a random sample of students enrolled in randomly selected schools across all Australian states and territories. This study involves interviews of approximately 20,000 teenagers aged 12-17 years (and reports on 12-15 year olds and 16-17 year olds), including Indigenous teenagers, with a self-completed questionnaire every three years. State-specific data are available at: http://www.cancervic.org.au/module_research/module_research_projects/project_tobacco_and_alcohol_us.html


43.4 Frequency: Triennial

43.5 Commenced: 1984

43.6 Most recent: 2011

43.7 Sample size (year):
   20,000 (1993) 20,000 (1990)
   20,000 (1987) 20,000 (1984)

43.8 Strengths: Has been active for a long period of time. The large sample size permits state comparisons. Data collected in-person by research staff at schools. Core questions remain consistent between survey waves and across states.
43.9 **Limitations:** Excludes 16-17 year olds who do not attend school and this proportion has varied over time.

43.10 **Publications:** All ASSAD survey reports and publications produced by Cancer Council Victoria are available at:
http://www.cancervic.org.au/about-our-research/behavioural/cbrc-tobacco/publications_research_area_tobacco_control.html#1Tobacco%20and%20alcohol%20use
44. NSW Inmate Health Survey (IHS)

44.1 Data Custodian: New South Wales Department of Health

44.2 Available for analysis: Yes

44.3 Purpose: In 1996, 2001 and 2009 the NSW Corrections Health Service conducted Inmate Health Surveys to assess the health issues and trends for prisoners in the NSW prison system and to establish an evidence base for the development and evaluation of health service delivery for this disadvantaged group.

Tobacco consumption was recorded in the IHS, along with other health information.

44.4 Frequency: Intermittent

44.5 Commenced: 1996

44.6 Most recent: 2009

44.7 Sample size (year):
   996 (2009)
   747 (2001)
   789 (1996)

44.8 Strengths: This broad-ranging examination of prisoner health provides reliable evidence of the needs of individuals incarcerated in NSW. Urine and blood samples are included.

44.9 Limitations: Indicators used were not directly comparable with measures used in state and national surveys of health outcomes and behaviours.

44.10 Publication:
45. Young people in Custody Health Survey (YPiCHS)

45.1 Data Custodian: Juvenile Justice NSW

45.2 Available for analysis: From reports only

45.3 Purpose: This survey examined the physical and mental health needs of young people in custody using a broad definition of health, including social and demographic factors, physical and mental health, and intellectual and educational performance. Blood samples and a brief physical assessment are undertaken. Includes information on how many young people in custody report tobacco as their substance of choice and how many have ever tried smoking tobacco.

45.4 Frequency: Intermittent

45.5 Commenced: 2003

45.6 Most recent: 2009

45.7 Sample size (year):
   361 (2009)
   242 (2003)

45.8 Strengths: The survey included an extensive array of physical health tests, a lengthy health questionnaire and psychological tests. The 2009 YPICHS provides important information to inform policy and practice across a range of sectors.

45.9 Limitations: Because smoking is not allowed in juvenile detention, participants may have under-reported their smoking behaviours while in detention. As only 40 females were involved in the study, extrapolation of the study results should be made with caution. Translation services were not available for non-English speaking young people in custody so they were not included in the survey.

45.10 Publications:
46. National Police Custody Survey (NPCS)

46.1 Data Custodian: Australian Institute of Criminology (AIC)

46.2 Available for analysis: From reports only

46.3 Purpose: This periodic monitoring program stems from the recommendations of the Royal Commission into Aboriginal Deaths in Custody. Data is collected for every occasion a person is taken into custody and physically lodged in a police cell, at any location in Australia during a one month period. The survey aims to obtain information on the extent and nature of police custody incidents in order to identify flows into and out of police custody, and to provide comparisons of those in custody over time. Tobacco offences are included; however, NPCS smoking behaviour is not reported.

46.4 Frequency: Irregular

46.5 Commenced: 1988

46.6 Most recent: 2007

46.7 Sample size (year): 27,047 (2002)

46.8 Strengths: Provides a comprehensive national dataset of criminal offences and demographics of offenders.

46.9 Limitations: Problems with missing data for several variables. Survey only conducted for a one month period every year. “Tobacco offences” are aggregated with several other types of offence, including trespass, offensive language, etc. In this format the data is of limited use.

47. National Prisoner Health Data Collection (NPHDC)

47.1 Data Custodian: Australian Institute of Health and Welfare (AIHW)

47.2 Available for analysis: Yes. Full report for $38 and free to download from AIHW website.

47.3 Purpose: Prison entrants, prisoners in custody using the prison health clinic, and prisoners taking prescribed medication are invited to participate in the NPHDC over a specified 2-week period. In 2012, prisoners preparing to be discharged within 4 weeks of the collection were added to the NPHDC to gather information about their health status and experiences during their current incarceration. Questions asked include age at which the prison entrants smoked their first full cigarette; smoking status (current, ex-smoker, non-smoker) of entrants and dischargees; smoking rates (daily, weekly or occasionally); intentions of prison entrants to quit smoking; and success with quitting smoking in prison. The 2012 NPHDC report is due for release in late July 2013.

47.4 Frequency: Intermittent (under negotiation at time of writing)

47.5 Commenced: 2009

47.6 Most recent: 2012

47.7 Sample size (year): Between 549-794 (2009, 2010 and 2012)

47.8 Strengths: The NPHDC is a rich data source, containing a set of information with no parallel either nationally or internationally. The indicators reported are aligned to the National Health Performance Framework which adds strength to the study. The collection aims to eventually include all prisoners in all jurisdictions.

47.9 Limitations: While the NPHDC is a national data collection, not all states and territories have participated in every wave. All jurisdictions participated in the first collection (2009), but in 2010, Victoria and New South Wales did not participate and in 2012, Western Australia did not participate. While data was collected from both entrants and dischargees, they are discrete populations and comparisons between the two cannot be drawn. Further, due to difficulties in accessing dischargees, the participation rate was substantially lower among entrants.

47.10 Publications:  
48. National Aboriginal and Torres Strait Islander Health Survey (NATSIHS)

48.1 Data Custodian: Australian Bureau of Statistics (ABS)

48.2 Available for analysis: ABS Cat. No. 4715.0

48.3 Purpose: The NATSIHS was conducted in remote and non-remote areas throughout Australia in 2004–05. It was designed to collect a range of information from Aboriginal and Torres Strait Islander people about their health-related issues, including smoking prevalence rates, health status, risk factors and actions, and socioeconomic circumstances. The NATSIHS involved a random selection of dwellings within a random selection of discrete Indigenous communities and outstations across Australia from a specially developed Indigenous Community Frame, constructed using 2001 Census counts and information collected in the 2001 Community Housing and Infrastructure Needs Survey.


48.4 Frequency: Planned for ever six years

48.5 Commenced: 2004-2005

48.6 Most recent: 2013


48.8 Strengths: Considerably large indigenous sample. Personal interview design. High response rate (78%). Questions were formerly part of the National Health Survey (2001) and methodology is similar so results are directly comparable.

48.9 Limitations: The NATSIHS only surveyed people aged 18 years and over about tobacco.
49. National Aboriginal and Torres Strait Islander Social Survey (NATSISS)

49.1 Data Custodian: Australian Bureau of Statistics (ABS)

49.2 Available for analysis: ABS Cat. No. 4714.0.55.005

49.3 Purpose: The survey provides information about the Aboriginal and Torres Strait Islander populations for a wide range of social and health concerns including smoking prevalence rates, education, culture and labour force participation. Information was collected by personal interview from approximately 10,000 Aboriginal and Torres Strait Islander people aged 15 years and over throughout Australia, including those living in remote areas. Involved a random selection of dwellings within a random selection of discrete Indigenous communities and outstations across Australia from a specially developed Indigenous Community Frame, constructed using Census counts and information collected in the Community Housing and Infrastructure Needs Survey.


49.4 Frequency: Data collected continuously and summarised in reports annually. Planned for every six years.

49.5 Commenced: 1994

49.6 Most recent: 2008

49.7 Sample size (year): 13,300 (2008)

49.8 Strengths: Personal interview design. Extensive measures were used to increase response rates. Underreporting does not appear to be a problem as the mean cigarette consumption reported per person is the same as that estimated by store turnover in 22 remote NT communities.

49.9 Limitations: Sampled only private households, not those in hostels, short-stay caravan parks, prisons and other correctional facilities, and hospitals at the time of the survey.
50. People living with psychotic illness 2010

50.1 Data Custodian: Commonwealth Department of Health and Ageing

50.2 Available for analysis: Yes

50.3 Purpose: The second national survey of psychotic illness was conducted in 2010 to provide updated estimates of the number of people being treated for psychosis and to determine who these people are, the health services they receive and the impact of these illnesses. For tobacco use, the key measure was the proportion of individuals currently smoking.

50.4 Frequency: 10 yearly

50.5 Commenced: 1997-1998

50.6 Most recent: 2010

50.7 Sample size (year): 1,126 (1997-1998)

50.8 Strengths: The survey shows that people with psychotic illness have substantially poorer physical health than the general population and remain at considerably greater risk of higher levels of smoking.

50.9 Limitations: The main focus of the 2010 survey was on consumers of public specialised mental health services administered by state/territory governments. It did not cover people with psychotic illness who were being treated only in private sector or by their general practitioner.

50.10 Publications: 
References


Appendix 1: Excluded Tobacco-Related Datasets


Data Custodian: Australian Institute of Health and Welfare (AIHW) and the Commonwealth Department of Health and Ageing

Available for analysis: Yes

Purpose: The forerunner to the National Drug Strategy Household Survey. Personal interview with Australians aged 14 years and over. The questionnaire asked respondents about their degree of concern about various social issues and drugs. Respondents were also asked for opinions about the availability of drug information and services, the adequacy of government efforts to deal with drug problems.

http://ada.edu.au/social-science/00610


Reason for exclusion: Last collection was undertaken in 1993, data considered to be too old.
b. Drug Use Careers of Offenders (DUCO)

**Data Custodian:** Australian Institute of Criminology (AIC)

**Available for analysis:** DUCO data will need to be requested from the AIC.

**Purpose:** DUCO was an Australian Government Attorney-General's Department funded project that sought to measure drug use amongst sentenced offenders. Participants were asked about their tobacco use. Over a period of three years, DUCO reported on three different offender populations. The adult male population was sampled in 2001 and adult female inmates in 2003-2004. Juvenile detainee data was also collected. Data were collected by cross-validating correctional administrative data, with face to face interviews with persons who have been incarcerated. Participation was voluntary and anonymous. Names and addresses were not collected, and the data were presented in aggregate form.


**Occurred:** 2001

**Reason for exclusion:** Other prisoner collections are more recent and ongoing
c. Northern Territory Health and Wellbeing Survey: non-indigenous population

**Data Custodian:** Northern Territory Department of Health

**Available for analysis:** Yes. Appears in open access collection.

**Purpose:** This was the first large-scale population health survey in the Northern Territory to provide statistically robust information on the residents of metropolitan, rural and remote regions. Information on a range of health related topics was collected by telephone from 2,498 residents aged 18 years and over from metropolitan, rural and remote areas. The information provided by the respondents was used to assist the Department of Health in developing and refining policies and programs aimed at improving the health of the population.


**Occurred:** 2000

**Reason for exclusion:** Not ongoing
d. Tasmanian Population Health Survey (TPHS)

Data Custodian: Menzies Research Centre

Available for analysis: Yes.

Purpose: This was an extension of the Victorian Population Health Survey and was the first survey of its kind in Tasmania and is a source of high quality information on the health of Tasmanians aged 18 years and over. Used CATI.


Occurred: 2009

Reason for exclusion: Not ongoing
e. Risk Factor Prevalence Survey

Data Custodian: National Heart Foundation of Australia

Available for analysis: Yes. Australian Social Science Data Archives.

Purpose: Personal interview including smoker status of Australians aged 25-64 years living in the six state capital cities.

http://www.ada.edu.au/social-science/00794

Occurred: Three surveys between 1980 and 1989

Reason for exclusion: Historical
f. Surveys by Cancer Council Victoria, 1974-1998

**Data Custodian:** Centre for Behavioural Research in Cancer, Cancer Council Victoria

**Available for analysis:** Subject to approval processes

**Purpose:** Surveys undertaken by research groups under the auspices of Cancer Council Victoria (formerly the Anticancer Council of Victoria) at three-yearly intervals, from 1974-1998. Previous to the NHS.

**Occurred:** 1974-1998

**Reason for exclusion:** Historical
g. Tobacco and Illicit Consumption Surveys (TAICS)

Data Custodian: WA Department of Health

Available for analysis: Subject to approval processes

Purpose: Surveys conducted on tobacco and illicit drugs consumption in Western Australia between 1984 and 1997.

Occurred: 1984-1997

Reason for exclusion: Historical
h. Statistics on Tobacco Excise

Data Custodian: Australian Taxation Office (ATO)

Purpose: Excise duty is levied on certain goods manufactured or produced in Australia, including tobacco products.


Occurred: Ongoing from 1977

Reason for exclusion: Although it is an objective measure, this is a proxy measure for consumption because most tobacco is imported.