



Australian Government

Commonwealth Contract – Consultancy Services

Reference ID: E22-349817

Customer

Customer Name: Department of Health and Aged Care
Customer ABN: 83 605 426 759
Address: 23 Furzer Street
Phillip ACT 2606

Supplier

Full Name of the Legal Entity: Cancer Council Victoria
Supplier ABN: 61 426 486 715
Address: 615 St Kilda Road
Melbourne VIC 3004

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THE DEPARTMENT OF HEALTH AND AGED CARE

Statement of Work

C.A.1 Key Events and Dates

This Contract commences on the Contract Start Date or the date this Contract is executed, whichever is the latter, and continues for the Contract Term unless:

- a) it is terminated earlier or
- b) the Customer exercises the Contract Extension Option, in which case this Contract will continue until the end of the extended time (unless it is terminated earlier).

Event	Details
Contract Start Date:	on signing by both parties
Contract Term:	This Contract will terminate on Friday, 30 June 2023.
Contract Extension Option:	This Contract includes the following extension option(s): one extension of 6-months duration in total, which may be taken in whole or in part, and in any number or combination of time periods.

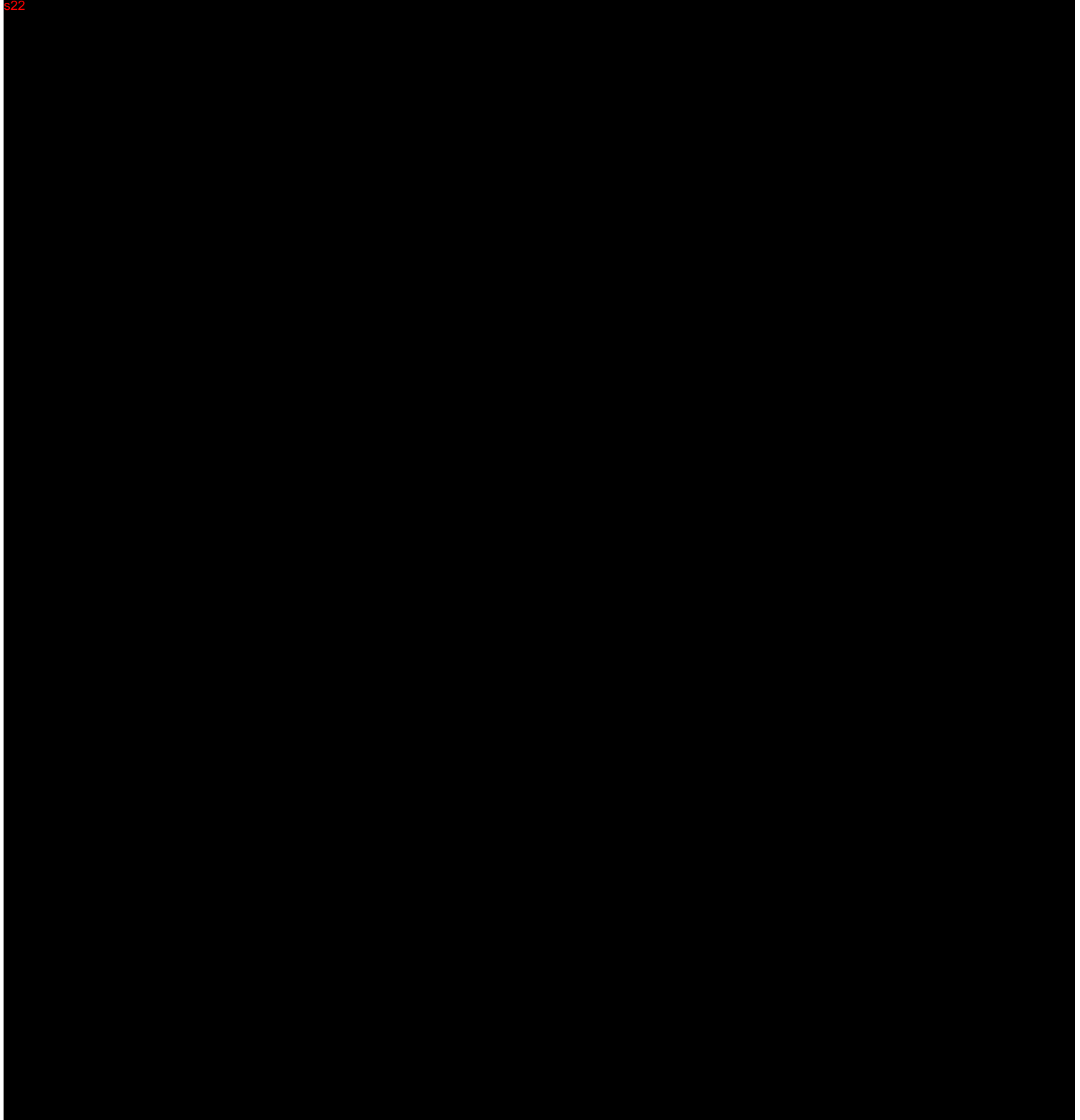
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C.A.2 The Requirement

The requirement involves three streams of service provision as follows:

Stream 1: Survey data series

The Department of Health and Aged Care (the Department) requires recent data on smoking and e-cigarette use among people aged 14+ in Australia, and expert analysis of this data. Cancer Council Victoria (CCV) will source the required data from Roy Morgan Research and deliver two reports providing synthesis of survey data on smoking and e-cigarette use among people aged 14+ in Australia, from January 2022 to March 2023.



C.A.2(a) Standards

The Supplier must ensure that any goods and services provided under this Contract comply with all applicable Australian standards and any Australian and international standards specified in this Statement of Work. The Supplier must ensure that it obtains copies of all relevant certifications and maintains records evidencing its compliance with those standards. If requested by the Customer, the Supplier must enable the Customer, or an independent assessor, to conduct periodic audits to confirm compliance with those standards.

Web Content Accessibility

As applicable, the Supplier must ensure that any website, associated material and/or online publications (where applicable) complies with the Web Content Accessibility Guidelines available at: <https://www.w3.org/WAI/intro/wcag>.

C.A.2(b) Security Requirements

None specified.

C.A.2(c) Work Health and Safety

Prior to commencement of this Contract, the Customer's Contract Manager and the Supplier's Contract Manager will identify any potential work health and safety (WHS) issues anticipated to arise during the term of this contract and assign management of each issue identified to the party best able to manage it. For all issues assigned to the Supplier, the Supplier will provide the Customer with a WHS plan for approval and no work will commence until the plan is approved unless agreed in writing by the Customer.

Throughout the Contract Term, the Customer and the Supplier will proactively identify and cooperate to manage any WHS issues that arise.

¹ Also see: [Ten years of world-leading reforms and reigniting the fight against tobacco addiction | Health Portfolio Ministers and Aged Care](#)

C.A.2(d) Delivery and Acceptance

Where the Customer rejects any deliverables under Clause C.C.11 [*Delivery and Acceptance*] the Customer will specify a timeframe in which the Supplier is required to rectify deficiencies, at the Supplier's cost, so that the deliverables meet the requirements of this Contract. The Supplier must comply with any such requirement. Rectified deliverables are subject to acceptance under Clause C.C.11 [*Delivery and Acceptance*].

The Supplier will refund all payments related to the rejected deliverables unless the relevant deliverables are rectified and accepted by the Customer.

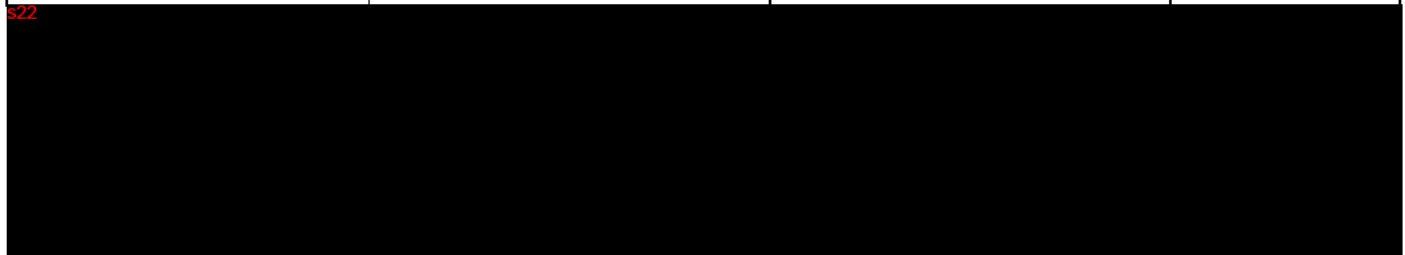
If the Supplier is unable to meet the Customer's timeframe, the Customer may terminate this Contract in accordance with Clause C.C.16 [*Termination for Cause*].

Item/Description	Delivered To	Delivery Address	Contact Phone	Delivery Date
Roy Morgan Research Data set: smoking and e-cigarette use among people aged 14+ in Australia (January 2022 to September 2022)	Tobacco Control Policy Section	s47E(d) @health.gov.au	02 6289 s47E(d)	Within one week of contract start date
Roy Morgan Research Data set: smoking and e-cigarette use among people aged 14+ in Australia (October 2022 to March 2023)	Tobacco Control Policy Section	s47E(d) @health.gov.au	02 6289 s47E(d)	14/04/2023

Milestone Description: Reports

During the term of this Contract the Supplier must provide the Customer with reports as set out in the table below:

Milestone Description	Contact for Delivery	Delivery Location/Email	Due Date
Stream 1a) Provision of report: survey data series on smoking and e-cigarette use among people aged 14+ in Australia, from January 2022 to September 2022.	Tobacco Control Policy Section	s47E(d) @health.gov.au	Within one week of contract start date
Stream 1b) Provision of report: survey data series on smoking and e-cigarette use among people aged 14+ in Australia, from October 2022 to March 2023.	Tobacco Control Policy Section	s47E(d) @health.gov.au	31/05/2023



C.A.2(e) Meetings

The Supplier is required to attend meetings as follows:

Meeting Type	Position Required	Frequency	Mode
Progress meetings with the Department	Nominated representatives	As required	Video conference

s22

C.A.2(h) Conflicts of Interest

The Supplier has declared that it has no Conflicts of Interest relevant to the performance of its obligations under this Contract.

All work undertaken as part of this project will accord with the Australian Government Guidance relevant to Article 5.3 of the World health Organization Framework Convention on Tobacco Control. The Supplier must disclose whether the Supplier or any member of the Supplier has ever:

- Engaged in work including but not exclusive to government relations work or regulatory affairs work for, or associated with the tobacco industry or e-cigarette industry, or intends to do so in the future; and/or
- Publicly advocated for or against, or conducted research and/or published research and/or opinion pieces on tobacco harm reduction.

To meet this obligation the Supplier and any members of the Supplier will be asked to disclose whether they have any direct or indirect links to, or conflicts of interest, or receive funding from the tobacco and/or e-cigarette industry by completing the Conflict of Interest declaration.

C.A.2(i) Public Interest Disclosure

For information about how to make a Public Interest Disclosure, please refer to the information provided on the Customer's website: <https://www.health.gov.au/contacts/public-interest-disclosure-contact>.

All Public Interest Disclosure matters (relating to this procurement) should be referred to:

Name/Position:	Contact Officer
Email Address:	s47E(d) @health.gov.au
Telephone:	02 6289 s47E(d)

C.A.2(j) Complaints Handling

Any complaints relating to this procurement should be referred to:

Name/Position:	Contact Officer
Email Address:	s47E(d) @health.gov.au
Telephone:	02 6289 s47E(d)

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C.A.3 Contract Price

The maximum Contract Price inclusive of GST and all taxes and charges will not exceed s22 as set out below.

Goods

Due Date	Item Description	Quantity	s22, s47(1)(b)	
Within one week of contract start date	Roy Morgan Research survey data January 2022 to September 2022 (pass-through reimbursement)	1		
14/04/2023	Roy Morgan Research survey data October 2022 to March 2023 (pass-through reimbursement)	1		

s22, s47(1)(a)

Services

Due Date	Milestone Description	s22, s47(1)(b)			
Within one week of contract start date	Stream 1a) Report: smoking and e-cigarette use among people aged 14+ in Australia from January 2022 to September 2022.				
30/06/2023	Stream 1b) Report: smoking and e-cigarette use among people aged 14+ in Australia from October 2022 to March 2023				
s22		s22, s47(1)(b)			

s22, s47(1)(b)

Adjustment to Fixed Pricing for Contract Variation/Extension

Any Variation/Extension will be negotiated between the parties.

C.A.3(a) Payment Schedule

Progress payments of the *Fixed Fees and Charges* (inclusive of any GST and all taxes and charges) will be made as follows:

Estimated Date	Milestone Description	Payment Amount	
upon receipt of deliverable	Acceptance of deliverable stream 1a: includes provision of Roy Morgan Research survey data January 2022 to September 2022 + development of report 1a	s22, s47(1)(b)	
14/04/2023	Provision of Roy Morgan Research survey data October 2022 to March 2023 (for stream 1b report)		
s22			
30/06/2023	Acceptance of stream 1b report	s22, s47(1)(b)	
s22			
s22, s47(1)(b)			
Total		s22, s47(1)(b)	

C.A.4 Contract Managers and Addresses for Notices

Contract Managers are responsible for issuing or accepting any written Notices under this Contract and are the contact points for general liaison.

C.A.4(a) Customer's Contract Manager:

The person occupying the position of: Tobacco Control Policy Section
Currently: s22
Telephone: 02 6289 s22
Email Address: s22@health.gov.au
Postal Address: 23 Furzer Street
Phillip ACT 2606

C.A.4(b) Customer's Address for Invoices:

Addressee Name/Position Title: s22, Tobacco Control Policy Section
Telephone: 02 6289 s22
Email Address: s22@health.gov.au;
s47E(d)

The Customer's preferred method of invoicing is by email.

C.A.4(c) Supplier's Contract Manager:

Name: s47F
Position Title: s47F Centre for Behavioural Research in Cancer
Email Address: s47F@cancervic.org.au
Postal Address: 615 St Kilda Road
Melbourne VIC 3004

C.A.4(d) Supplier's Address for Notices

Name: s47F
Position Title: s47F Centre for Behavioural Research in Cancer
Email Address: s47F@cancervic.org.au
Postal Address: 615 St Kilda Road
Melbourne VIC 3004

C.A.5 Specified Personnel

b47F



C.A.6 Subcontractors

None Specified

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Additional Contract Terms

An executed contract will incorporate the Commonwealth Contract Terms and also the following Additional Contract Terms:

C.B.1 Intellectual Property

The Customer owns the Intellectual Property Rights in the Material created under this Contract.

To the extent the Supplier or a third party holds any Intellectual Property Rights in any existing Material, the Supplier hereby agrees to licence the Customer to enable the Customer to exercise full rights and interests in the Intellectual Property Rights in any Material provided under this Contract. The Supplier agrees to create, execute or sign any documents and perform all acts which may be necessary to allow the use of those rights by the Customer for any purpose.

The Customer grants to the Supplier a non-exclusive, non-transferable, irrevocable, royalty-free licence for this Contract Term to exercise the Intellectual Property Rights in the Material for the sole purpose of fulfilling its obligations under this Contract. The licence in this clause is subject to any conditions or limitations of third parties that the Customer notifies to the Supplier.

Intellectual Property Rights in Goods provided under this Contract or pre-existing Intellectual Property of the Supplier, set out below (if any), will not change as a result of this Contract.

Pre-Existing Intellectual Property of the Supplier

Not Applicable

C.B.2 Confidential Information of the Supplier

Not Applicable

C.B.3 Payment Terms

The Customer must pay the amount of a Correctly Rendered Invoice to the Supplier within twenty (20) calendar days after receiving it, or if this day is not a Business Day, on the next Business Day.

C.B.4 Workplace Gender Equality Act 2012 (Cth)

Where the Supplier is a relevant employer under the *Workplace Gender Equality Act 2012* (Cth) (the WGE Act) the Supplier must provide evidence that it complies with its obligations under the WGE Act before commencement of any Contract and, if the term is more than 18 months, within 18 months of commencement and annually thereafter for the duration of the Contract.

If the Supplier becomes non-compliant with the WGE Act during the course of the Contract, the Supplier must notify the Customer's Contact Manager in writing within 10 Business Days. Compliance with the WGE Act does not relieve the Supplier from its responsibilities to comply with its other obligations under the Contract.

C.B.5 Confidentiality Undertaking

All Specified Personnel must provide a completed Confidentiality, Conflict of Interest, Privacy and Secrecy Deed Poll, in the form provided at Attachment A, relating to the non-disclosure of the Customer's Confidential Information

C.B.6 Sharing Materials

The Supplier may, at the discretion of the Customer, share the Material created under this contract with other employees of the Cancer Council Network on a case-by-case basis. The Supplier must obtain approval from the Customer on each occasion, by providing a request in writing to the Customer. The Customer will consider and respond to each request in a reasonable time period.

Commonwealth Contract Terms

C.C.1 Background

- 1.1 The Customer requires the provision of certain Goods and/or Services. The Supplier has fully informed itself on all aspects of the Customer's requirements and has responded representing that it is able to meet the Requirement.
- 1.2 Some terms used in these Commonwealth Contract Terms have been given a special meaning. Their meanings are set out in the Commonwealth Contracting Suite (CCS) Glossary and Interpretation or in the Contract.

C.C.2 Relationship of the Parties

- 2.1 By virtue of this Contract, neither Party is the employee, agent, officer or partner of the other Party nor authorised to bind or represent the other Party.
- 2.2 Each Party must ensure that its officers, employees, agents or Subcontractors do not represent themselves as being an officer, employee, partner or agent of the other Party.
- 2.3 In all dealings related to the Contract, the Parties agree to:
 - a) communicate openly with each other and cooperate in achieving the contractual objectives
 - b) act honestly and ethically
 - c) comply with reasonable commercial standards of fair conduct
 - d) consult, cooperate and coordinate activities to identify and address any overlapping work health and safety responsibilities aimed at ensuring the health and safety of workers and workplaces, and
 - e) comply with all reasonable directions and procedures relating to work health and safety, record keeping and security in operation at each other's premises or facilities whether specifically informed or as might reasonably be inferred from the circumstances.

C.C.3 Conflicts of Interest

- 3.1 The Supplier warrants that, other than as previously declared in writing to the Customer at the commencement of the Contract, no Conflicts of Interest exist, relevant to the performance by the Supplier of its obligations under the Contract.
- 3.2 At any time during the term of the Contract, the Customer may require the Supplier to execute a Conflicts of Interest declaration in the form specified by the Customer.
- 3.3 As soon as the Supplier becomes aware that a Conflict of Interest has arisen, or is likely to arise during the term of the Contract, the Supplier will:
 - a) immediately report it to the Customer
 - b) provide the Customer with a written report setting out all relevant information within three (3) Business Days, and
 - c) comply with any reasonable requirements notified by the Customer relating to the Conflict of Interest.

- 3.4 If the Supplier fails to notify the Customer as set out in this clause or does not comply with the Customer's reasonable requirements to resolve or manage Conflicts of Interest, the Customer may terminate or reduce the scope of the Contract in accordance with C.C.16 [Termination for Cause].

C.C.4 Precedence of Documents

- 4.1 The Contract is comprised of:
 - a) Additional Contract Terms (if any)
 - b) if the Contract is issued under a DoSO, the Contract Details Schedule
 - c) Statement of Work
 - d) Commonwealth Contract Terms
 - e) CCS Glossary and Interpretation, and
 - f) additional Contract annexes (if any), unless otherwise agreed in writing between the Parties.
- 4.2 If there is ambiguity or inconsistency between documents comprising the Contract, the document appearing higher in the list will have precedence to the extent of the ambiguity or inconsistency.
- 4.3 The Contract may be signed and dated by the Parties on separate, but identical, copies. All signed copies constitute one (1) Contract.

C.C.5 Governing Law

- 5.1 The laws of the Australian Capital Territory apply to the Contract.

C.C.6 Entire Agreement

- 6.1 The Contract represents the Parties' entire agreement in relation to the subject matter, at the time this Contract was executed.
- 6.2 Anything that occurred before the making of this Contract shall be disregarded (unless incorporated into the Contract in writing). However, the Supplier represents that the claims made in its Response to the ATM or the RFQ as relevant remain correct.
- 6.3 Any agreement or understanding to vary or extend the Contract will not be legally binding upon either Party unless in writing and agreed by both Parties.
- 6.4 If either Party does not exercise (or delays in exercising) any of its contractual rights, that failure or delay will not prejudice those rights.

C.C.7 Survival

- 7.1 All Additional Contract Terms (if any), plus clauses: C.C.14 [Liability of the Supplier] C.C.17 [Supplier Payments] C.C.20 [Transition Out], and C.C.21 [Compliance with Law and Policy], survive termination or expiry of the Contract.

C.C.8 Notices

- 8.1 A Notice is deemed to be delivered:
 - a) if delivered by hand - on delivery to the relevant address
 - b) if sent by registered post - on delivery to the relevant address, or

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- c) if transmitted by email or other electronic means when it becomes capable of being retrieved by the addressee at the relevant email or other electronic address.

8.2 A Notice received after 5:00 pm, or on a day that is not a working day in the place of receipt, is deemed to be delivered on the next working day in that place.

C.C.9 Assignment

- 9.1 The Supplier may not assign any rights under the Contract without the Customer's written consent. To seek consent, the Supplier must provide the Customer with a Notice, which includes full details of the proposed assignee and the rights the Supplier proposes to assign.
- 9.2 To decline consent, the Customer must provide a Notice to the Supplier, setting out its reasons, within twenty (20) Business Days, or such other time as agreed between the Parties, of receiving the Notice seeking consent. Otherwise, the Customer is taken to have consented.

C.C.10 Subcontracting

- 10.1 Subcontracting any part of, or the entire Supplier's obligations under the Contract, will not relieve the Supplier from any of its obligations under the Contract.
- 10.2 The Supplier must ensure that Subcontractors specified in the Contract (if any) perform that part of the Services specified in the Contract. The Supplier must not subcontract any part of its obligations under the Contract, or replace approved Subcontractors, without prior written consent of the Customer. The Customer's written consent will not be unreasonably withheld.
- 10.3 At the Customer's request, the Supplier, at no additional cost to the Customer, must promptly remove from involvement in the Contract any Subcontractor that the Customer reasonably considers should be removed.
- 10.4 The Supplier must make available to the Customer the details of all Subcontractors engaged to provide the Goods and/or Services under the Contract. The Supplier acknowledges that the Customer may be required to publicly disclose such information.
- 10.5 The Supplier must ensure that any subcontract entered into by the Supplier, for the purpose of fulfilling the Supplier's obligations under the Contract, imposes on the Subcontractor the same obligations that the Supplier has under the Contract (including this requirement in relation to subcontracts).

C.C.11 Delivery and Acceptance

- 11.1 The Supplier must provide the Goods and/or Services as specified in the Contract and meet any requirements and standard specified in the Contract.
- 11.2 The Supplier must promptly notify the Customer if the Supplier becomes aware that it will be unable to provide all or part of the Goods and/or Services

specified in the Contract and advise the Customer when it will be able to do so.

- 11.3 Any Goods must be delivered free from any security interest. Unless otherwise stated in the Contract, Goods must be new and unused. Any Services must be provided to the higher of the standard that would be expected of an experienced, professional supplier of similar services and any standard specified in the Contract.
- 11.4 The Customer may reject the Goods and/or Services within ten (10) Business Days after delivery or such longer period specified in the Contract ("Acceptance Period"), if the Goods and/or Services do not comply with the requirements of the Contract.
- 11.5 If during the Acceptance Period circumstances outside the Customer's reasonable control cause a delay in the Customer's evaluation of the compliance of the Goods and/or Services with the Contract, the Customer may give the Supplier a Notice before the end of the original Acceptance Period, setting out the reason for the delay and the revised Acceptance Period date (which must be reasonable having regard to the circumstances causing the delay).
- 11.6 If the Customer does not notify the Supplier of rejection within the Acceptance Period (as extended if applicable), the Customer will be taken to have accepted the Goods and/or Services, though the Customer may accept the Goods and/or Services sooner. Title to Goods transfers to the Customer only on acceptance.
- 11.7 If the Customer rejects the Goods and/or Services, the Customer must issue a Notice clearly stating the reason for rejection and the remedy the Customer requires. No payment will be due for rejected Goods and/or Services until their acceptance.

C.C.12 Licences Approvals and Warranties

- 12.1 At no cost to the Customer, the Supplier must obtain and maintain all Intellectual Property Rights, licences or other approvals required for the lawful provision of the Goods and/or Services and arrange any necessary customs entry for any Goods.
- 12.2 The Supplier must provide the Customer with all relevant third party warranties in respect of Goods. If the Supplier is a manufacturer, the Supplier must provide the Customer with all standard manufacturer's warranties in respect of the Goods it has manufactured and supplied.
- 12.3 To the extent permitted by laws and for the benefit of the Customer, the Supplier consents, and must use its best endeavours to ensure that each author of Material consents in writing, to the use by the Customer of the Material, even if the use may otherwise be an infringement of their Intellectual Property Rights and/or Moral Rights.

C.C.13 Specified Personnel

- 13.1 The Supplier must ensure that the Specified Personnel set out in the Contract (if any) perform

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the part of the Services specified in that item. The Supplier must ensure that Specified Personnel (if any) are not replaced without the prior written consent of the Customer. The Customer's written consent will not be unreasonably withheld.

- 13.2 At the Customer's reasonable request, the Supplier, at no additional cost to the Customer, must as soon as reasonably practicable replace any Specified Personnel that the Customer reasonably considers:
- a) is not performing the Supplier's obligations under the Contract to the standard or within the timeframe reasonably required by the Customer
 - b) is not a fit and proper person, or
 - c) is not suitably qualified to perform the Services.
- 13.3 Any Specified Personnel must be replaced with personnel that are acceptable to the Customer.

C.C.14 Liability of the Supplier

- 14.1 The Supplier will indemnify the Customer for any damage claim, cost or loss resulting from any negligent or wilful breach of its obligations or representations under the Contract by the Supplier or its officers, employees, agents or Subcontractors.
- 14.2 The Supplier's obligation to indemnify the Customer will reduce proportionally to the extent that the Customer has contributed to the claim, cost or loss.
- 14.3 Where the Supplier is a member of a scheme operating under Schedule 4 of the *Civil Law (Wrongs) Act 2002* (ACT), or any corresponding Commonwealth, State, Territory or legislation that limits civil liability arising from the performance of their professional services, and where that scheme applies to the Goods and/or Services delivered under the Contract, the Supplier's liability under this clause shall not exceed the maximum amount specified by that scheme or legislation.
- 14.4 The Supplier will maintain adequate insurances for the Contract and provide the Customer with proof when reasonably requested.

C.C.15 Termination or Reduction for Convenience

- 15.1 In addition to any other rights either Party has under the Contract,
- a) the Customer acting in good faith, may at any time, or
 - b) the Supplier, acting in good faith, may notify that it wishes to,
- terminate the Contract or reduce the scope or quantity of the Goods and/or Services by providing a Notice to the other Party.
- 15.2 If the Supplier issues a Notice under this clause, the Supplier must comply with any reasonable directions given by the Customer. The Contract will terminate, or the scope will be reduced in accordance with the Notice, when the Supplier has complied with all of those directions.
- 15.3 If the Customer issues a Notice under this clause, the Supplier must stop or reduce work in

accordance with the Notice and comply with any reasonable directions given by the Customer.

- 15.4 In either case, the Supplier must mitigate all loss and expenses in connection with the termination or reduction in scope (including the costs of its compliance with any directions). The Customer will pay the Supplier for Goods and/or Services accepted in accordance with C.C.11 [Delivery and Acceptance] and the Contract before the effective date of termination or reduction.
- 15.5 If the Customer issues a Notice under this clause, the Customer will also pay the Supplier for any reasonable costs the Supplier incurs that are directly attributable to the termination or reduction, provided the Supplier substantiates these costs to the satisfaction of the Customer.
- 15.6 Under no circumstances will the total of all payments to the Supplier exceed the Contract Price. The Supplier will not be entitled to loss of anticipated profit for any part of the Contract not performed.

C.C.16 Termination for Cause

- 16.1 The Customer may issue a Notice to immediately terminate or reduce the scope of the Contract if:
- a) the Supplier does not deliver the Goods and/or Services as specified in the Contract, or notifies the Customer that the Supplier will be unable to deliver the Goods and/or Services as specified in the Contract
 - b) the Customer rejects the Goods and/or Services in accordance with C.C.11 [Delivery and Acceptance] and the Goods and/or Services are not remedied as required by the Notice of rejection
 - c) the Supplier breaches a material term of the Contract and the breach is not capable of remedy
 - d) the Supplier does not remediate a material breach of the Contract which is capable of remediation within the period specified by the Customer in a Notice of default issued to the Supplier, or
 - e) subject to the Customer complying with any requirements in the *Corporations Act 2001* (Cth), the Supplier:
 - i. is unable to pay all its debts when they become due
 - ii. If incorporated – has a liquidator, receiver, administrator or other controller appointed or an equivalent appointment is made under legislation other than the *Corporations Act 2001* (Cth), or
 - iii. if an individual – becomes bankrupt or enters into an arrangement under Part IX or Part X of the *Bankruptcy Act 1966* (Cth).
- 16.2 Termination of the Contract under this clause does not change the Customer's obligation to pay any Correctly Rendered Invoice.

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C.C.17 Supplier Payments

- 17.1 If the Supplier is required to submit an invoice to trigger payment, the invoice must be a Correctly Rendered Invoice.
- 17.2 The Supplier must promptly provide to the Customer such supporting documentation and other evidence reasonably required by the Customer to substantiate performance of the Contract by the Supplier.
- 17.3 Payment of any invoice is payment on account only, and does not substantiate performance of the Contract.
- 17.4 If the Supplier owes any amount to the Customer in connection with the Contract, the Customer may offset that amount, or part of it, against its obligation to pay any Correctly Rendered Invoice.

C.C.18 Dispute Resolution

- 18.1 For any dispute arising under the Contract both the Supplier and the Customer agree to comply with (a) to (e) of this clause sequentially:
 - a) both Contract Managers will try to settle the dispute by direct negotiation
 - b) if unresolved within five (5) Business Days, the Contract Manager claiming that there is a dispute will give the other Contract Manager a Notice setting out details of the dispute and proposing a solution. The date the dispute Notice is issued will be the date of the Notice ("Notice Date")
 - c) if the proposed solution is not accepted by the other Contract Manager within five (5) Business Days of the Notice Date, each Contract Manager will nominate a more senior representative, who has not had prior direct involvement in the dispute. These representatives will try to settle the dispute by direct negotiation
 - d) failing settlement within twenty (20) Business Days of the Notice Date, the Customer will, without delay, refer the dispute to an appropriately qualified mediator selected by the Customer or, at the Customer's discretion, to the chairperson of an accredited mediation organisation to appoint a mediator, for mediation to commence within thirty (30) Business Days of the Notice Date or such other period as agreed by the Parties, and
 - e) If the dispute is not resolved within sixty (60) Business Days of the Notice Date, either the Supplier or the Customer may commence legal proceedings or, by agreement, continue the mediation process for a period agreed by the Parties.
- 18.2 Representatives for the Supplier and the Customer must attend the mediation. The nominated representatives must have the authority to bind the relevant Party and act in good faith to genuinely attempt to resolve the dispute.
- 18.3 The Supplier and the Customer will each bear their own costs for dispute resolution. The Customer will bear the costs of a mediator.

- 18.4 Despite the existence of a dispute, the Supplier will continue their performance under the Contract unless requested in writing by the Customer not to do so.

- 18.5 This procedure for dispute resolution does not apply to action relating to C.C.16 [Termination for Cause] or to legal proceedings for urgent interlocutory relief.

C.C.19 Transition In

- 19.1 The Supplier must perform all tasks reasonably required to facilitate the smooth transition of the provision of the Goods and/or Services from any outgoing supplier to the Supplier.

C.C.20 Transition Out

- 20.1 If the Contract expires or is terminated under C.C.16 [Termination for Cause] the Supplier must comply with any reasonable directions given by the Customer in order to facilitate the smooth transition of the provision of the Goods and/or Services to the Customer or to another supplier nominated by the Customer.

C.C.21 Compliance with Law and Policy

- 21.1 The Supplier must comply with, and ensure its officers, employees, agents and Subcontractors comply with all laws applicable to the performance of this Contract and warrants that it will not cause the Customer to breach any laws.
- 21.2 The Supplier must comply with, and ensure its officers, employees, agents and Subcontractors comply with any Commonwealth policies relevant to the Goods and/or Services.
- 21.3 The Supplier agrees to provide such reports and other information regarding compliance with applicable law and Commonwealth policy as reasonably requested by the Customer or as otherwise required by applicable law or policy.
- 21.4 If the Supplier becomes aware of any actual or suspected breach of the requirements set out in 21.A to 21.J below, or any other applicable law or Commonwealth policy, it must:
 - a) immediately report it to the Customer and provide a written report on the matter within three (3) Business Days unless otherwise set out in these Terms, and
 - b) comply with any reasonable directions by the Customer in relation to any investigation or further reporting of the actual or suspected breach.

21.A Access to Supplier's Premises and Records

- A.1 The Supplier must maintain and ensure its Subcontractors maintain proper business and accounting records relating to the supply of the Goods and/or Services and performance of the Contract.
- A.2 The Supplier agrees to provide to the Customer, or its nominee, access to the Supplier's or its Subcontractor's premises, personnel, computer systems, documents and other records, and all assistance reasonably requested, for any purpose associated with the Contract or any review of the Supplier's or the Customer's performance under

Commonwealth Contract Terms

the Contract, including in connection with a request made under the *Freedom of Information Act 1982* (Cth) or an audit or review by the Australian National Audit Office.

- A.3 Unless the access is required for an urgent purpose, the Customer will provide reasonable prior notice to the Supplier.
- A.4 If requested by the Supplier, the Customer will reimburse the Supplier's substantiated reasonable cost for complying with the Customer's request, unless the access is required for the purpose of a criminal investigation into the Supplier, its officers, employees, agents or Subcontractors.
- A.5 The Supplier must not transfer, or permit the transfer of, custody or ownership, or allow the destruction, of any Commonwealth record (as defined in the *Archives Act 1983* (Cth)) without the prior written consent of the Customer. All Commonwealth records, including any held by Subcontractors, must be returned to the Customer at the conclusion of the Contract.

21.B Privacy Act 1988 (Cth) Requirements

- B.1 In providing the Goods and/or Services, the Supplier agrees to comply, and to ensure that its officers, employees, agents and Subcontractors comply with the *Privacy Act 1988* (Cth) and not to do anything, which if done by the Customer would breach an Australian Privacy Principle as defined in that Act.

21.C Notifiable Data Breaches

- C.1 If the Supplier suspects that there may have been an Eligible Data Breach in relation to any Personal Information held by the Supplier as a result of the Contract, the Supplier must:
- immediately report it to the Customer, and provide a written report within three (3) Business Days, and
 - carry out an assessment in accordance with the requirements of the *Privacy Act 1988* (Cth).
- C.2 Where the Supplier is aware that there has been an Eligible Data Breach in relation to the Contract, the Supplier must:
- take all reasonable action to mitigate the risk of the Eligible Data Breach causing serious harm to any individual to whom the Personal Information relates
 - take all other action necessary to comply with the requirements of the *Privacy Act 1988* (Cth), and
 - take any other action as reasonably directed by the Customer.

21.D Personal Information

- D.1 The Supplier agrees to provide the Customer, or its nominee, relevant information (including personal information) relating to the Supplier, its officers, employees, agents or Subcontractors, for the purposes of preventing, detecting, investigating or dealing with a fraud or security incident relating to a Contract.

- D.2 When providing personal information of a natural person under this clause, the Supplier warrants it will have obtained the consent of or provided reasonable notification to the person in accordance with the *Privacy Act 1988* (Cth).

- D.3 Nothing in these clauses limits or derogates from the Supplier's obligations under the *Privacy Act 1988* (Cth).

21.E Confidential Information

- E.1 The Supplier agrees not to disclose to any person, other than the Customer, any Confidential Information relating to the Contract or the Goods and/or Services, without prior written approval from the Customer.
- E.2 This obligation will not be breached where:
- the relevant information is publicly available (other than through breach of a confidentiality or non-disclosure obligation), or
 - the Supplier is required by law, an order of the court or a stock exchange to disclose the relevant information, but any such request must be reported by Notice to the Customer without delay and the text of the disclosure provided in writing to the Customer as soon as practicable.
- E.3 The Customer may at any time require the Supplier to arrange for its officers, employees, agents or Subcontractors to give a written undertaking relating to nondisclosure of the Customer's Confidential Information in a form acceptable to the Customer.
- E.4 The Customer will keep any information in connection with the Contract confidential to the extent it has agreed in writing to keep such specified information confidential.
- E.5 The Customer will not be in breach of any confidentiality agreement if the Customer discloses the information for the purposes of managing the Contract or if it is required to disclose the information by law, a Minister or a House or Committee of Parliament, or for accountability or reporting purposes.

21.F Security and Safety

- F.1 When accessing any Commonwealth place, area or facility, the Supplier must comply with any security and safety requirements notified to the Supplier by the Customer or of which the Supplier is, or should reasonably be aware. The Supplier must ensure that its officers, employees, agents and Subcontractors are aware of, and comply with, such security and safety requirements.
- F.2 If directed by the Customer, the Supplier and its officers, employees, agents and Subcontractors are required to undertake a security briefing prior to being able to work inside a Commonwealth office, area or facility.
- F.3 The Supplier must ensure that all information, material and property provided by the Customer for the purposes of the Contract is protected at all times from unauthorised access, use by a third party, misuse, damage and destruction and is returned as directed by the Customer.

Commonwealth Contract Terms

F.4 The Supplier acknowledges that unauthorised disclosure of security-classified information is an offence. Legislation (including the *Criminal Code Act 1995* (Cth)) contains provisions relating to the protection of certain information and sets out the penalties for the unauthorised disclosure of that information.

21.G Criminal Code

G.1 The Supplier acknowledges that the giving of false or misleading information to the Commonwealth is a serious offence under section 137.1 of the schedule to the *Criminal Code Act 1995* (Cth).

G.2 The Supplier must ensure that its officers, employees, agents and Subcontractors engaged in connection with the Contract are aware of the information contained in this clause.

21.H Fraud

H.1 The Supplier must take all reasonable steps to prevent and detect Fraud in relation to the performance of this Contract. The Supplier acknowledges the occurrence of Fraud will constitute a breach of this Contract.

H.2 If an investigation finds that the Supplier or its officers, employees, agents or Subcontractors have committed Fraud, or the Supplier has failed to take reasonable steps to prevent Fraud, the Supplier must reimburse or compensate the Customer in full.

21.I Taxation

I.1 The Supplier agrees to comply, and to require its subcontractors to comply, with all applicable laws relating to taxation.

21.J Public Interest Disclosure

J.1 The Supplier must familiarise itself with the *Public Interest Disclosure Act 2013* (Cth) and acknowledges that public officials, including service providers and their Subcontractors under a Commonwealth contract, who suspect wrongdoing within the Commonwealth public sector may raise their concerns under the *Public Interest Disclosure Act 2013* (Cth).

J.2 Information for disclosers is available at <https://www.ombudsman.gov.au/Our-responsibilities/making-a-disclosure>.



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Commonwealth Contracting Suite Glossary and Interpretation

Glossary

In the Commonwealth Contracting Suite (CCS):

“Additional Contract Terms” means the terms and conditions set out in the section of the Approach to Market, RFQ or the Contract as relevant with the heading ‘Additional Contract Terms’.

“Additional DoSO Terms” means the terms and conditions set out in the section of the DoSO with the heading ‘Additional DoSO Terms’.

“Approach to Market” or **“ATM”** means the notice inviting Potential Suppliers to participate in the relevant procurement.

“Black Economy Policy” means the *Black economy – increasing the integrity of government procurement: Procurement connected policy guidelines March 2019* available at <https://treasury.gov.au/publication/p2019-t369466>.

“Business Days” means a day that is not a Saturday, a Sunday or a public holiday or bank holiday in the place concerned, as defined by the *Corporations Act 2001* (Cth), and also excludes the period between Christmas Day and New Year’s Day.

“Closing Time” means the closing time and date as specified in the Approach to Market.

“Commonwealth Contracting Suite” or **“CCS”** means the suite of proprietary documents developed for Commonwealth procurements.

“Commonwealth Procurement Rules” means the legislative instrument issued by the Finance Minister under section 105B of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act), which establishes the framework under which entities govern and undertake their own procurement.

“Confidential Information” means any information that any Party does not wish to be shared outside those involved in the Contract or Standing Offer Arrangement. It can include anything that has been acquired, developed or made available to any of the Parties in the course of the relationship between the Parties. It includes, but is not limited to, information:

- a) specifically identified as confidential in the Contract or DoSO
- b) where disclosure would cause unreasonable detriment to the owner of the information or another party, or
- c) where the information was provided under an understanding that it would remain confidential.

“Conflicts of Interest” means any real or apparent situation where the personal interests of the Supplier, its officers, employees, agents or Subcontractors could improperly influence the Supplier’s performance of the Contract or DoSO as relevant.

“Contract” means the documents (specified in the Commonwealth Contract Terms or the Commonwealth Purchase Order Terms as relevant) as executed or amended from time to time by agreement in writing between the Supplier and the Customer.

“Contract Details Schedule” means the section in a Contract issued under the DoSO with the heading ‘Contract Details Schedule’.

“Contract Manager” means the ‘Contract Manager’ for the Customer or Supplier representative (as relevant) specified in the Contract.

“Contract Price” means the maximum contract price specified in the Contract, including any GST component payable, but does not include any simple interest payable on late payments.

“Correctly Rendered Invoice” means an invoice that:

- a) is correctly addressed and includes any purchase order number or other Customer reference advised by the Customer’s Contract Manager and the name and specified contact details of the Customer’s Contract Manager
- b) relates only to the Goods and/or Services that have been accepted by the Customer in accordance with the Contract or a payment or milestone schedule identified in the Contract
- c) is correctly calculated and charged in accordance with the Contract
- d) is for an amount which, together with previously Correctly Rendered Invoices, does not exceed the Contract Price, and
- e) is a valid tax invoice in accordance with the GST Act.

“Customer” means the party specified in the Contract as the Customer.

“Deed of Standing Offer” or **“DoSO”** means the documents (specified in the Commonwealth DoSO Terms) as executed or amended by agreement in writing between the Lead Customer and the Supplier.

“Delivery and Acceptance” means the process by which Goods and/or Services are delivered to the Customer and accepted by the Customer as meeting the terms specified in the Contract.

Commonwealth Contracting Suite Glossary and Interpretation

“DoSO Manager” means the ‘DoSO Manager’ for the Lead Customer or Supplier representative (as relevant) specified in the DoSO.

“Electronic invoicing” or **“eInvoicing”** means the automated exchange of invoices directly between the Customer and Supplier’s software or financial systems via the Peppol network, as long as both Parties are Peppol eInvoicing enabled.

“Eligible Data Breach” means an ‘Eligible Data Breach’ as defined in the *Privacy Act 1988* (Cth).

“End Date” means the date specified in the Contract or DoSO (as relevant) on which the agreement ceases.

“Fraud” means dishonestly obtaining a benefit from the Commonwealth or causing a loss to the Commonwealth by deception or other means and includes alleged, attempted, suspected or detected fraud.

“General Interest Charge Rate” means the general interest charge rate determined under section 8AAD of the *Taxation Administration Act 1953* (Cth) on the day payment is due, expressed as a decimal rate per day.

“Goods and/or Services” means:

- a) the Goods and/or Services and any Material, and
 - b) all such incidental Goods and/or Services that are reasonably required to achieve the Requirement of the Customer,
- as specified in the Contract and, where relevant, offered under a Standing Offer Arrangement.

“GST” means a Commonwealth goods and services tax imposed by the GST Act.

“GST Act” means *A New Tax System (Goods and Services Tax) Act 1999* (Cth).

“Indigenous Procurement Policy” means the procurement connected policy as described at the National Indigenous Australians Agency website <https://www.niaa.gov.au/resource-centre/indigenous-affairs/indigenous-procurement-policy>.

“Intellectual Property Rights” means all intellectual property rights which may subsist in Australia or elsewhere, whether or not they are current or future or registered or capable of being registered, including without limitation in relation to, copyright, designs, trade marks (including unregistered marks), business and company names, domain names, databases, circuit layouts, patents, inventions, discoveries, know-how, trade secrets and confidential information, but excluding Moral Rights.

“Lead Customer” means the party specified in the DoSO as the Lead Customer.

“Material” means any material used or brought into existence as a part of, or for the purpose of producing the Goods and/or Services, and includes but is not limited to documents, equipment, information or data stored by any means.

“Moral Rights” means the rights in Part IX of the *Copyright Act 1968* (Cth), including the right of attribution, the right against false attribution and the right of integrity.

“Notice” means an official notice or communication under the Contract or DoSO (as relevant) in writing, from one Contract or DoSO Manager to the other Contract or DoSO Manager (as the case may be), at the postal address, or email address, or facsimile number set out in the Contract or DoSO or as notified by the relevant Party.

“Peppol” means the Pan-European Public Procurement On-Line framework as described at the Australian Taxation Office website <https://softwaredevelopers.at.gov.au/eInvoicing>.

“Party” or **“Parties”** means (as relevant) the Customer and Supplier specified in the Contract or the Lead Customer and Supplier specified in the DoSO.

“Personal Information” means information relating to a natural person as defined in the *Privacy Act 1988* (Cth).

“Potential Customer” means an Australian Government entity that is identified within the DoSO as being able to use the Standing Offer Arrangement.

“Potential Supplier” means any entity who is eligible to respond to an ATM.

“Pricing Schedule” means a schedule of maximum pricing rates that a Supplier can offer in an RFQ for Goods and/or Services as set out in the DoSO.

“Public Interest Certificate” means a certificate issued under section 22 of the *Government Procurement (Judicial Review) Act 2018* (Cth).

“Referenced Material” means any materials referenced in the ATM, including but not limited to, reports, plans, drawings or samples.

“Request for Quote” or **“RFQ”** means any notice inviting quotations to provide specific Goods and/or Services under the DoSO.

Commonwealth Contracting Suite Glossary and Interpretation

“Required Capabilities” means:

- a) in the DoSO ATM, the description of the Lead Customer’s required Goods and/or Services. These may be categorised into several descriptions of Required Capabilities.
- b) in the DoSO, the description of the Goods and/or Services that a Supplier is approved to offer.

“Requirement” means the description of the Goods and/or Services in:

- a) for the purposes of the Commonwealth ATM Terms, the section of the Approach to Market with the heading ‘The Requirement’
- b) for the purposes of the Commonwealth Contract Terms, the section of the Contract with the heading ‘The Requirement’, or
- c) for the purposes of the Commonwealth Purchase Order Terms, the Customer’s purchase order or similar ordering document setting out the Goods and/or Services.

“Response” means information provided by a Potential Supplier or Supplier demonstrating their capacity and capability to:

- a) provide the Requirement under the ATM or Request for Quote, or
- b) meet a Required Capability under the DoSO ATM.

“Satisfactory” in relation to the Black Economy Policy only, means the Statement of Tax Record meets the conditions set out in Part 6.b of the Black Economy Policy or, if the circumstances in Part 6.c of the Black Economy Policy apply, the conditions set out in Part 8 of the Black Economy Policy.

“Specified Personnel” means personnel specified in the Contract, or who are accepted by the Customer in accordance with clause C.C.13 [Specified Personnel].

“Standing Offer Arrangement” means the DoSO arrangement, any Contract that is executed under the DoSO and any other document that applies to it.

“Standing Offer Details” means the section of the DoSO with the heading ‘Standing Offer Details’.

“Statement of Requirement” means the section of the Approach to Market with the heading ‘Statement of Requirement’.

“Statement of Tax Record” means a statement of tax record issued by the Australian Taxation Office following an application made in accordance with the process set out at https://www.ato.gov.au/Business/Bus/Statement-of-tax-record/?page=1#Requesting_an_STR.

“Statement of Work” means the section or schedule of the Contract (as the case may be) with the heading ‘Statement of Work’.

“Subcontractor” means an entity contracted by the Supplier to supply some or all of the Goods and/or Services required under the Contract.

“Supplier” means a party specified in the Contract or the DoSO as the Supplier.

“Valid” in relation to the Black Economy Policy only, means the Statement of Tax Record is valid in accordance with Part 7.e of the Black Economy Policy.

Commonwealth Contracting Suite Glossary and Interpretation

Interpretation

In the Commonwealth Contracting Suite, unless stated otherwise:

- a) if any word or phrase is given a defined meaning, any other part of speech or other grammatical form of that word or phrase has a corresponding meaning
- b) words in the singular include the plural and words in the plural include the singular
- c) the words 'including', 'such as', 'particularly' and similar expressions are not used as and are not intended to be interpreted as words of limitation
- d) a reference to dollars is a reference to Australian dollars
- e) a reference to any legislation or legislative provision includes any statutory modification, substitution or re-enactment of that legislation or legislative provision
- f) clause headings are for reference only and have no effect in limiting or extending the language of the terms to which they refer, and
- g) the following clause references used in Commonwealth Contracting Suite documents refer to that section or part of the relevant CCS document listed in the table below:

Clause Reference	Section / Part	CCS Document
A.A.[x]	Statement of Requirement	CCS Approach to Market (ATM)
A.B.[x]	Commonwealth Approach to Market (ATM) Terms	
A.C.[x]	Additional Contract Terms	
C.A.[x]	Statement of Work	Commonwealth Contract
C.B.[x]	Additional Contract Terms	
C.C.[x]	Commonwealth Contract Terms	
P.C.[x]	Commonwealth Purchase Order Terms	Commonwealth Purchase Order Terms
D.A.[x]	CCS DoSO ATM	CCS Deed of Standing Offer (DoSO)
D.B.[x]	Commonwealth DoSO ATM Terms	
D.C.[x]	DoSO ATM Response Form	
D.D.[x]	CCS DoSO	
D.D.3(x)	Additional DoSO Terms	
D.E.[x]	Commonwealth DoSO Terms	
R.A.[x]	Schedule 1 - Statement of Work	CCS DoSO RFQ and Contract
R.B.[x]	Schedule 2 - Additional Contract Terms	
R.C.[x]	Schedule 3 - Supplier's Response Form	
R.D.[x]	Contract Details Schedule	

Contract Signing Page

The Parties agree that by signing this Commonwealth Contract – Goods and Services, they enter into a Contract comprising:

- a) Additional Contract Terms (if any)
- b) Statement of Work
- c) Commonwealth Contract Terms
- d) Commonwealth Contracting Suite Glossary and Interpretation
- e) Contract Annex 1 – Supplementary Information (if any).

EXECUTED as an Agreement

Signed for and on behalf of the **Commonwealth of Australia** as represented by Department of Health and Aged Care

ABN 83 605 426 759 by its duly authorised delegate in the presence of

Signature of witness

s47F [Redacted]

Signature of delegate

s47F [Redacted]

Name of witness (*print*)

s47F [Redacted]

Name of delegate (*print*)

Karlie Brown

Position of delegate (*print*)

Acting Assistant Secretary

Date:

24 February 2023

Executed by Cancer Council Victoria **ABN** 61 426 486 715 in accordance with Section 127 of the Corporations Act 2001:

Signature of Authorised Representative

s47F [Redacted]

Signature of Witness

s47F [Redacted]

Name of Authorised Representative (*print*)

s47F [Redacted]

Name of Witness (*print*)

s47F [Redacted]

Date: 20.02.2023

Date: 20.02.2023

Attachment A - Confidentiality, Conflict of Interest, Privacy and Secrecy Deed Poll

For people who work for an Organisation that has an agreement with the Department

Name	Confidentiality, Conflict of Interest, Privacy and Secrecy Deed Poll for persons that work for an Organisation that has an agreement with the Department
What should this template be used for?	<p>This template is to be used where an individual is working for an Organisation that has a direct contractual relationship with the Department. This may include arrangements where the Organisation is:</p> <ul style="list-style-type: none"> ✓ a service provider to the Department providing goods or services under a contract; ✓ a grant recipient performing activities under a funding agreement; or ✓ an entity that has entered into some other form of deed or MOU with the Department. <p>The person completing the Deed Poll may be an officer, employee, subcontractor, adviser or volunteer of the Organisation. The Organisation could be a State or Territory entity.</p>
What should this template not be used for?	<p>This template is not intended to be signed by:</p> <ul style="list-style-type: none"> ✗ people who work on-site with the Department, e.g. contractors, consultants, students; ✗ Departmental employees, including non-ongoing employees; ✗ representatives of a State or Territory where there is no agreement with the Department; ✗ statutory appointees; ✗ external committee members; or ✗ other kinds of external stakeholders (e.g. people who attend consultation workshops). <p>A different template is available for persons falling into each of the above categories.</p>
How to complete this template	<p><u>Instructions for the Department</u></p> <p>To prepare this template for use and signature remove this cover page and populate Items 2 and 3 in the Schedule. Do not amend any of the other terms and conditions of this Deed without seeking legal advice.</p> <p><u>Instructions for person completing the Deed Poll</u></p> <p>The person completing the Deed Poll should be instructed to:</p> <ul style="list-style-type: none"> ▪ complete Item 1 of the Schedule and make declarations as necessary in Item 4 of the Schedule; and ▪ sign the execution block.
What should be declared?	<p>Actual conflicts of interest, where a person has an interest (whether financial or non-financial) or an affiliation that affects or will affect their ability to perform work under the Agreement fairly and independently. Examples include where the person providing the declaration:</p> <ul style="list-style-type: none"> ▪ is advising on both sides of a transaction, including for the Department; ▪ directly receives funding from the Department under another agreement; ▪ is advising on an arrangement, or assisting formulating policy relating to an industry or business, in which they have a financial interest or on which they sit on a board. <p>Potential conflicts of interest, where a person has an interest (whether financial or non-financial) or an affiliation that may affect their ability to perform work under the Agreement fairly and independently. Examples include where the person providing the declaration:</p> <ul style="list-style-type: none"> ▪ will be working directly to a Departmental employee who is a relative; ▪ conducts work for other organisations who work for the Department; ▪ is involved in a selection process in which a relative or friend is an applicant; or ▪ has previously worked for, or received funding or gifts from, a company being recommended for a contract. <p>Perceived conflicts of interest, where a person has an interest (whether financial or non-financial) or an affiliation that could be perceived to affect their ability to perform work under the Agreement fairly and independently. For example, where the person:</p> <ul style="list-style-type: none"> ▪ partakes in recreational activities which could be perceived to be at odds with the Department's agenda or objectives under the Agreement; or ▪ has a reasonably close friendship with a senior member of the Department and they are regularly seen in public together.

Confidentiality, Conflict of Interest, Privacy and Secrecy Deed Poll

For people who work for an Organisation that has an agreement with the Department

Background

- A. The Organisation contracts with the Department under the Agreement.
- B. I perform work for the Organisation and will be assisting in the performance of the Organisation's obligations under the Agreement.
- C. I provide the undertakings set out below in respect of my work under the Agreement.

Operative provisions

1. Definitions

In this deed:

Agreement means the document described in Item 3 of the Schedule.

Confidential Information means information that is:

- (a) by its nature confidential;
- (b) identified as confidential by the Department or the Organisation; or
- (c) information that I know or ought to know is confidential,

but does not include information that is or becomes public knowledge other than by breach of this deed or any other confidentiality obligation.

Conflict of Interest means any circumstance in which I have an interest (whether financial or non-financial) or an affiliation that is affecting, will affect, or could be perceived to affect, my ability to perform work associated with the Agreement, fairly and independently.

Department means the Commonwealth of Australia represented by the Department of Health ABN 83 605 426 759.

I means the person named in Item 1 of the Schedule.

Information includes Confidential Information, Personal Information and Secret Information.

Organisation means the entity described in Item 2 of the Schedule.

Personal Information has the meaning given in the *Privacy Act 1988* (Cth).

Secret Information means information about an individual or organisation that is required to be kept secret by legislation administered by the Department (for example under the *Health Insurance Act 1973* (Cth) and the *National Health Act 1953* (Cth)).

2. Benefit of deed poll

I make this deed poll for the benefit of the Department and the Organisation.

3. Access to and disclosure of Information

I understand that:

- (a) in the course of performing work under the Agreement, I may receive or have access to Information, which I must protect from unauthorised use and disclosure;
- (b) I must not use or disclose the Information to any person except:
 - (i) in performance of the Agreement;
 - (ii) with the express written permission of the Department; or
 - (iii) where required by law or court order after notifying the Department;

- (c) if I disclose Information, I must make sure that any person with whom I share the Information has a “need to know” the Information and understands that the Information must be treated as confidential and that an offence could apply if the person further shares the Information; and
- (d) I must advise the Department and the Organisation immediately if I become aware of any unauthorised use or disclosure of the Information (including unauthorised access).

4. Deletion or delivery of Information

I acknowledge that:

- (a) the Department has obligations under the *Archives Act 1983* and that I must not delete the Department’s information unless in accordance with the Department’s policies; and
- (b) when requested by the Department or the Organisation, I must deliver or permanently and irreversibly delete, all Information in my possession or control using the methods and within the timeframes requested by the Department or the Organisation (whichever the case may be).

5. Declaring and managing Conflicts of Interest

- (a) I confirm that, to the best of my knowledge, as at the date of this deed, no Conflict of Interest exists or is likely to arise in my performance of the work associated with the Agreement except in relation to the Conflicts of Interest declared in Item 4 of the Schedule to this deed.
- (b) If a Conflict of Interest arises during the course of my work associated with the Agreement (whether directly or indirectly), or appears likely to arise, I understand that I must:
 - (i) immediately notify the Department in writing of the Conflict of Interest making a full disclosure of all relevant information relating to the Conflict of Interest; and
 - (ii) take such steps as the Department may reasonably require to resolve or otherwise deal with that Conflict of Interest.
- (c) I understand that I am required to complete and submit this deed annually to the Department for the duration of the period I am performing work under the Agreement.

6. Offence provisions

I understand that:

- (a) disclosure of the Information may be an offence under the *Crimes Act 1914* (Cth) and other laws; and
- (b) it is an offence under the *Criminal Code Act 1995* (Cth) to knowingly give false and misleading information to the Commonwealth or its officers or agents.

7. Not used

8. Waiver

I understand that provisions of this deed may not be waived except in writing by the Department and / or the Organisation, whichever the case may be.

9. Survival

This deed will survive the termination, suspension or completion of the Agreement.

10. Applicable law

This deed will be governed by, and construed in accordance with, the law of the Australian Capital Territory.

Schedule – Deed Details

Item	Description	Details
1.	Details of person completing Deed Poll	Name: Physical address: 615 St Kilda Road, Melbourne Phone: 03-9514xxx Email:
2.	Organisation details	Legal entity name: Department of Health and Aged Care ABN: 83 605 426 759
3.	Agreement	Title / Purpose: Tobacco and E-cigarette technical advice (contract ref E22-349817) Program: Tobacco and E-cigarette Control Date: XX February 2023
4.	Conflict of Interest Declaration	I declare that I have the following Conflicts of Interest in relation to my work under the Agreement: <i>(Insert details below or insert 'Nil')</i>

Execution

EXECUTED as a deed poll

SIGNED, SEALED and DELIVERED by

Name (print)_____
Name of witness (print)_____
Signature_____
Signature of witness_____
Date_____
Date



Australian Government

Department of Health and Aged Care

Ministerial Submission – Release of Report

MS23-000755

Version (1)

Date sent to MO: 30 May 2023

To: Minister Butler

Subject: Release of Cancer Council Victoria reports on vaping and smoking in the Australian population aged 14+ years

Critical date: N/A. You may wish to consider release on World No Tobacco Day 31 May.

Recommendations:

1. **Approve** the release of the Cancer Council Victoria (CCV) report on vaping and smoking in the Australian population aged 14+ years – February 2018 to September 2022 (Attachment A).

2. **Approve** the release of the CCV report on vaping and smoking in the Australian population aged 14+ years – February 2018 to March 2023 (Attachment B).

1. **Approved/Not approved/**
Please discuss

2. **Approved/Not approved/**
Please discuss

Signature:

Date: / / 2023

Media Release required? NO

Comments:

Contact Officer:	Celia Street	First Assistant Secretary, Population Health Division	Ph: (02) 6289 3694 Mobile: s47F
Clearance Officer:	Tania Rishniw	Deputy Secretary, Primary and Community Care Group	Ph: (02) 6289 1235 Mobile: s47F

Report Details:

- Cancer Council Victoria (CCV) has prepared 2 reports analysing smoking and vaping prevalence and trends, based on monthly survey data collected by Roy Morgan Research. The reports were prepared for the Department of Health and Aged Care under a contract for consultancy services.
- The **latest report** includes data covering the period February 2018 to March 2023 (**Attachment A**). The **first report** included data covering the period February 2018 to September 2022 (**Attachment B**).
- The latest CCV report estimates that as of the first quarter of 2023, there were over 3.5 million smokers and vapers in the Australian population, with current¹ smokers (11.8%) outnumbering current vapers (8.9%).
 - The report shows a rapid increase in the prevalence of current e-cigarette use between early 2020 and early 2023, particularly among people aged under 35.
- The latest CCV report also finds that between early 2020 and early 2023, the prevalence of current smoking appeared relatively stable over time for the overall Australian population aged 14+ years.
- Due to the nature of the samples collected and methodology used by Roy Morgan, all findings in this report should be considered preliminary until more robust and nationally representative survey data on tobacco and e-cigarette use is published from other sources² in 2023-24.
- A summary and analysis of findings from the CCV reports is at **Attachment C**.

Sensitivity

- Findings from the CCV reports are expected to attract stakeholder and media interest.
- On 2 May 2023, you announced a range of new measures to reduce rates of smoking and vaping. As part of this announcement, you noted that *'...under-25s are the only cohort in the community currently recording an increase in smoking rates'*.
- This statement was based on findings from the first CCV report, which showed:
 - Rates of current smoking among people aged between 14-17 years of age increased from ~3% in the first quarter of 2020 to ~7% in the third quarter of 2022.
 - Rates of current smoking among people aged between 18-24 years of age tended to slowly trend upwards to ~15% in late 2019 and then downwards to ~11% until early 2021 before rising again to a peak of ~16% in mid-2022.
- Findings in the latest CCV report show:
 - Rates of current smoking among people aged between 14-17 years of age increased from ~3% in the first quarter of 2020 to ~13% in the first quarter of 2023.
 - Rates of current smoking among people aged between 18-24 years of age remained relatively stable between first quarter of 2020 and the first quarter of 2023 (~10-12%). During this period, these rates increased between the first quarter of 2020 and mid-2022, before declining in the first quarter of 2023.

¹ 'Current' use for this report refers to the use of a tobacco or e-cigarette product at least once in the past month of being surveyed.

² These sources include but may not be limited to the 2022 Australian Secondary Students' Alcohol and Other Drug Survey, the 2022 National Drug Strategy Household Survey and the 2022 National Health Survey.

Timing:

The Department recommends publishing both CCV reports to facilitate timely and transparent public access to updated trends and patterns of use of tobacco and e-cigarette products.

Community Awareness:

Findings in the CCV reports provide a useful resource to raise awareness in the community of current trends and patterns of use of tobacco and e-cigarette products.

Should you agree to the publication of these reports, the Department will advise stakeholders that all findings should be considered preliminary until more robust and nationally representative survey data on tobacco and e-cigarettes is published from other sources in 2023-24.

Attachments:

- A:** Latest CCV report - February 2018 to March 2023
- B:** First CCV report - February 2018 to September 2022
- C:** Summary and analysis of CCV reports

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Current vaping and current smoking in the Australian population aged 14+ years: February 2018-March 2023

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Summary

This study used data from the Roy Morgan Research company national “Single Source” monthly survey of Australians aged 14+ years to investigate the prevalence of current vaping and current smoking from January 2018 to March 2023.

We aggregated monthly prevalence estimates over each six-month period and then for each year to present stable prevalence estimates for the population overall, and for the age groups 14 to 17, 18 to 24, 25 to 34, 35 to 49 and 50+ years.

We found a marked increase in the six-monthly population prevalence of current vaping that began in late 2020 and continued to early 2023. This increase in current vaping was particularly apparent among those aged under 35 years.

Six-monthly population prevalence of current smoking appeared relatively stable over time for the overall Australian population aged 14+ years. Estimates for those aged 14 to 17 years throughout 2020, 2021, 2022, and 2023 were erratic. However, overall, smoking prevalence has trended upward between 2020 and early 2023 among respondents aged 14 to 17 years.

In early 2023, the Australian population aged 14+ years contained over 3.5 million smokers and/or vapers, with current smokers (11.8% of the population) outnumbering current vapers (8.9%).

However, there were more current vapers than current smokers among those aged under 35 years. Among older age groups, the prevalence of smoking was higher than vaping, especially for those aged 50+ years.

Examining annual prevalence estimates further, while overall smoking prevalence was relatively stable over time, the annual prevalence of *exclusive smoking* appeared to gradually trend downwards, while the prevalence of *exclusive vaping* and *dual use of tobacco and e-cigarettes* both trended upwards with large increases from 2020 to early 2023. The increase in *exclusive vaping* and *dual use* from 2020 to 2023 was most observable among those aged under 35 years.

Finally, we investigated the age distributions of current vapers and current smokers in Australia (including dual users), finding that 34% of current vapers were aged under 25 years compared to just 16% of current smokers.

Introduction

Over the recent period, reports of high levels of use of e-cigarettes among young people have emerged.[1, 2] These high rates of use are cause for concern given the strong evidence that vaping in young people increases the likelihood of smoking uptake.[3]

While some people who smoke may have used e-cigarettes to stop using tobacco, many continue to use both tobacco and e-cigarettes (called dual use) which does not appreciably reduce the serious harms of smoking since even low-rate smoking substantially increases risk.[4, 5] Further, use of e-cigarettes has the potential to introduce independent or additive health risks.[6]

It is important to examine national level data to understand patterns of use of both e-cigarettes and tobacco in Australia. Government-funded surveys provide very important intelligence on the prevalence of health behaviours to guide policy decisions, yet can be usefully complemented by other surveys undertaken by state governments, public health organisations or reputable commercial enterprises where data have been analysed in a transparent manner.

This report presents recent population survey data collected by a well-respected national survey fieldwork company on time trends in current vaping and current smoking for the population overall aged 14+ years and for five age groups.

We further present data on exclusive vaping, exclusive smoking and dual use of tobacco and e-cigarettes for the population overall and for five age groups.

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Method

Survey design and participants

The Roy Morgan Research company supplied data from their national “Single Source” omnibus survey of Australians aged 14+ years. Data were available from five of Australia’s major capital cities (Sydney, Melbourne, Brisbane, Perth and Adelaide), in which 64% of the national population resided in 2021.[7]

Up to and including March 2020, the survey used a multi-stage household sampling frame to split cities into areas of approximately equal population size and then divided areas into segments. Beginning from a randomly selected address, households within segments were systematically approached and data were collected on weekends. Interviewers were instructed to recruit one person per household, asking for the youngest male and, if unavailable, then for the youngest female.

Due to the start of the COVID-19 pandemic and associated lockdowns, from April 2020 the survey moved to using a telephone sampling frame and survey administration. The sample design was comprised of three elements within a dual frame system (75% mobile phone, 25% landline): 35% address-based stratified random probability sampling, 45% random digit dial, and 20% targeted sample to ‘boost’ for difficult to reach populations. Respondent selection for landline interviews were based on the youngest person in the household, with one person interviewed per household. For mobile phone interviews, the mobile phone owner was interviewed.

Survey questions

Two questions determined current smoking behaviour, namely ‘do you now smoke factory-made cigarettes’ and ‘in the last month, have you smoked any roll-your-own cigarettes of tobacco?’ Participants were defined as current smokers if they answered yes to at least one of these two questions.

The question on e-cigarette use asked all participants between February 2018 and July 2022: “Next about vaping devices and e-cigarettes. Which of these have you used in the last month?” Response options were (1) ‘device with fillable cartridge (mod system)’, (2) ‘device with pre-filled cartridge (pod system)’, (3) ‘disposable device’, (4) ‘others’, (5) ‘have used a vaping device in the last month but don’t know which device’, and (6) ‘none – have not used a vaping device or e-cigarette in the last month’. Current vaping was defined by those who endorsed any of the first five response options to this question.

In September 2022 a new question was trialled to assess e-cigarette use. Half of participants were first asked “Have you used a vaping devices or e-cigarette in the last month?” and those who responded ‘yes’ were subsequently asked to indicate which type(s) they had used in the past month (using the response options listed above). The remaining half of participants were asked directly about their use of the types of devices they had used in the last month (as in February 2018 – July 2022). There were no significant differences in vaping prevalence by question asked. Therefore, commencing in October 2022, all respondents were asked only the new e-cigarette use question.

Outcomes and analysis

While the two survey questions on current smoking have been included in the survey each month for decades in the Roy Morgan Research company survey, the single question on e-cigarette use has been in place since February 2018. Consequently, our study compared estimates of current smoking and vaping from February 2018 to March 2023.

Data were weighted by age, sex, and city to provide representative monthly estimates of smoking and vaping for all these cities combined. Population weights were constructed using population estimates from the Labour Force Survey (Australian Bureau of Statistics) which were re-calibrated each month. Rim-weighting was additionally applied to more accurately reflect the population of smaller geographic areas in the 5 capital cities. From April 2020, rim-weighting was applied to control the sample interviewed using landline (versus mobile) telephone methods, due to the lockdown-associated methodology change. From May 2020, rim-weighting was applied to control the sample of those with low education and those who speak a language other than English, as they each have a lower interview rate.

As a preliminary investigation, we used monthly-level survey data on current smoking and current vaping to visualise the underlying data for the population overall and for key age groups. In particular, we explored whether prevalence estimates were associated with the method change in April 2020 and with periods of lockdown during the pandemic period. We used moving averages (averaging the estimates obtained for the current month, the previous month and the subsequent month) to smooth these monthly prevalence estimates.

Due to the wide variability in survey estimates per month—particularly for the younger age groups—we aggregated the data to the six-month level to assist in providing a more stable picture of trends over time for the population overall and for age groups. However, the data for 2023 covered three months only from January to March 2023. Also, the first six-month period contained aggregated data for five months only from February to June 2018 to exclude January of that year which used a different e-cigarette question.

Next, we examined time trends in *exclusive smoking*, *exclusive vaping* and *dual use* of these products in the population overall and for age groups. To do this, we aggregated data to the annual level for 2018 (February to December only), 2019, 2020, 2021, 2022, and 2023 (January to March only) to provide further stability in survey estimates for these more fine-grained categories of use, especially for the younger age groups.

Results

Preliminary analysis

Inspection of the monthly prevalence estimates of current vaping and current smoking showed no association of the survey method change with notable changes in estimates. Periods of lockdown—particularly in 2021—appeared to be associated with a lower prevalence of current vaping (see Appendix).

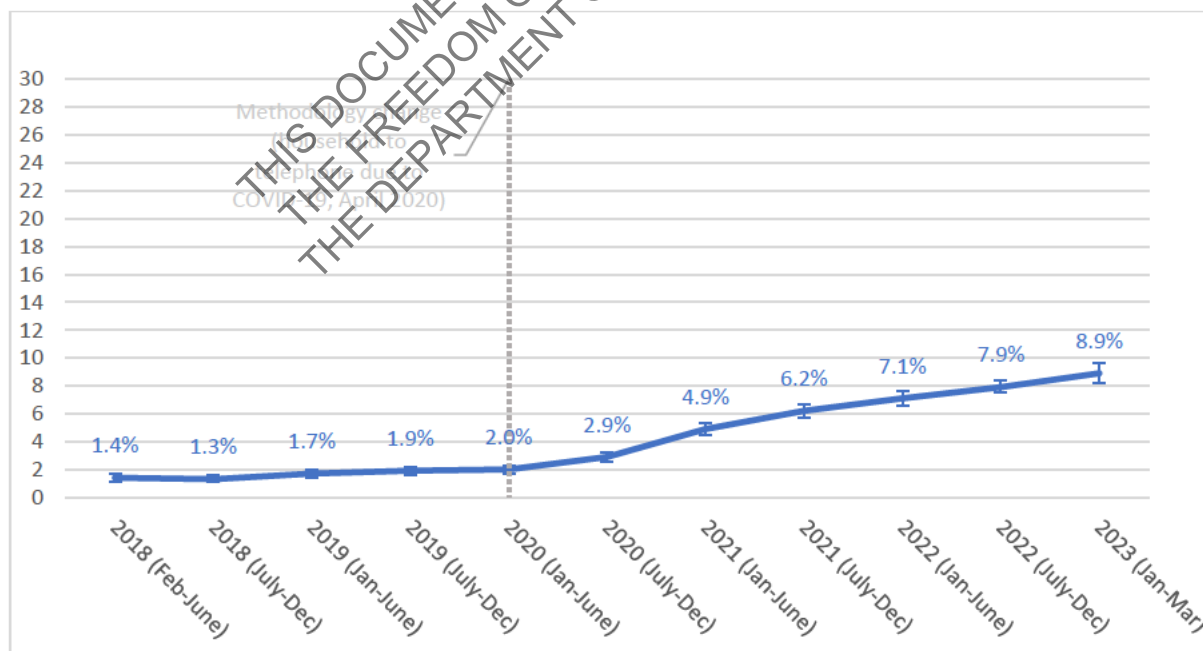
The preliminary analysis using the monthly survey data also showed the wide variability in prevalence estimates due to small monthly sample sizes for some age groups. This provided a strong rationale for aggregating the data to the six-month level to yield a larger sample size to provide more stability in estimates of current vaping and current smoking prevalence for age groups to better explore time trends.

Current vaping per six-month period

Figure 1 shows the prevalence of current vaping for the population aged 14+ years, along with 95% confidence intervals around the prevalence estimates.

The prevalence of current vaping increased markedly from the last six months of 2020 and continued to do so until the end of the available data series, with tight confidence intervals surrounding these prevalence estimates.

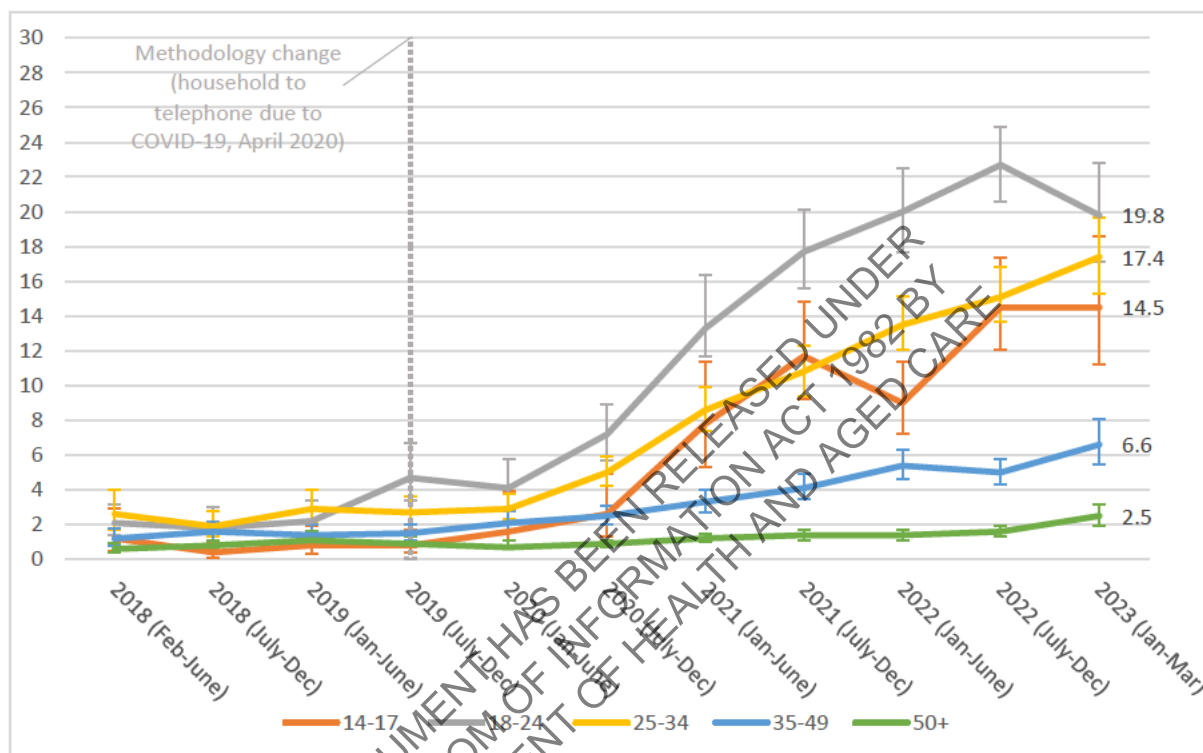
Figure 1: Six-monthly prevalence of current vaping for population aged 14+ years, 2018 to 2023 (weighted %).



Current vaping: used e-cigarettes in the past month. Error bars represent 95% confidence intervals around survey estimates.

Figure 2 shows the six-monthly prevalence of current vaping for five age groups, along with 95% confidence intervals around the prevalence estimates. There were wider confidence intervals around age group prevalence estimates, particularly in the two younger age groups and particularly for the three-month period of 2023.

Figure 2: Six-monthly prevalence of current vaping by age group, 2018 to 2023 (weighted %).



Current vaping: used e-cigarettes in the past month. Error bars represent 95% confidence intervals around survey estimates.

Among those aged 14 to 17 years, there was a very large increase in the six-monthly prevalence of current vaping throughout 2021 and thereafter, the rate of increase slowed. This age group had the third highest prevalence of current vaping in early 2023, after those aged 18-24 and 25-34.

Among those aged 18 to 24 years, the prevalence of current vaping rose steeply from late 2020 until the end of 2022, with evidence of a possible plateauing of prevalence in early 2023. This age group had the highest prevalence of vaping in early 2023.

Among those aged 25 to 34 years, the six-monthly prevalence of current vaping steadily increased from the last half of 2020 until the end of the available data series. This age group had the second highest prevalence of vaping in early 2023.

Among those aged 35 to 49 years, the prevalence of current vaping mostly gradually increased from early 2020 until the end of the available data series. This age group had the second lowest prevalence of current vaping in early 2023.

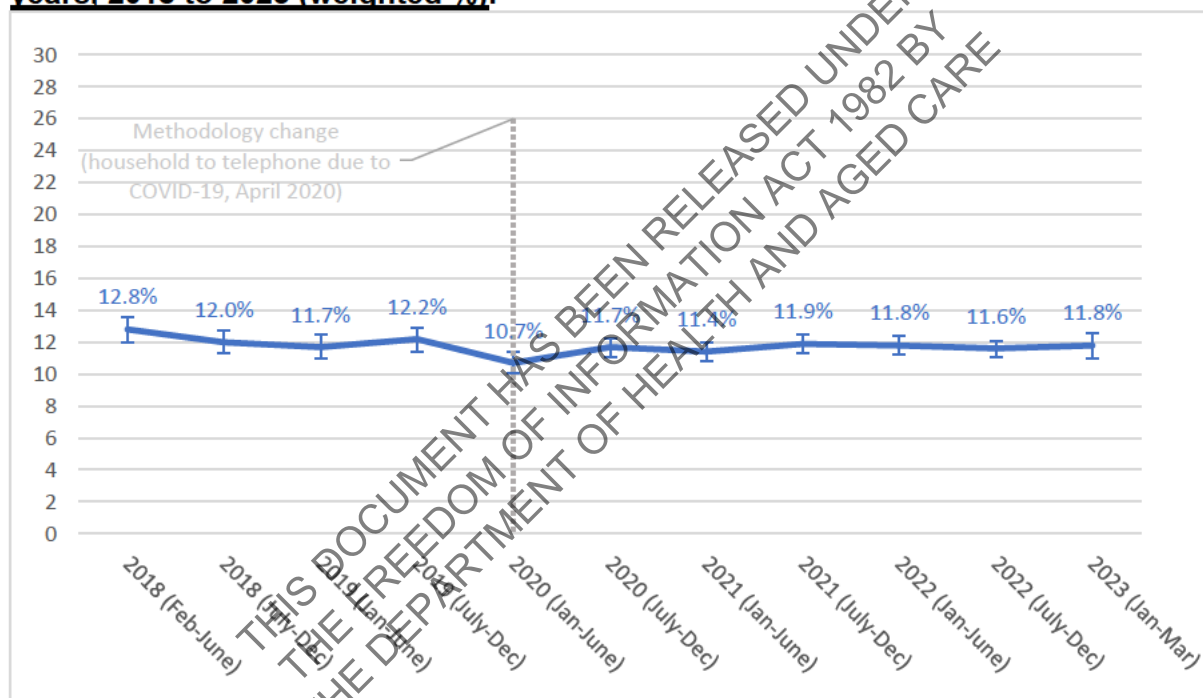
The lowest six-monthly prevalence of current vaping was observed between 2020 and early 2023 among those aged 50+ years. Six-monthly prevalence of current vaping remained relatively stable among this age group, with the exception of a slight increase observed in early 2023.

Current smoking per six-month period

Figure 3 shows current smoking prevalence for each six-month period for the population aged 14+ years.

Smoking prevalence was fairly stable over time with the exception of the period covering the start of the pandemic which indicated lower smoking prevalence.

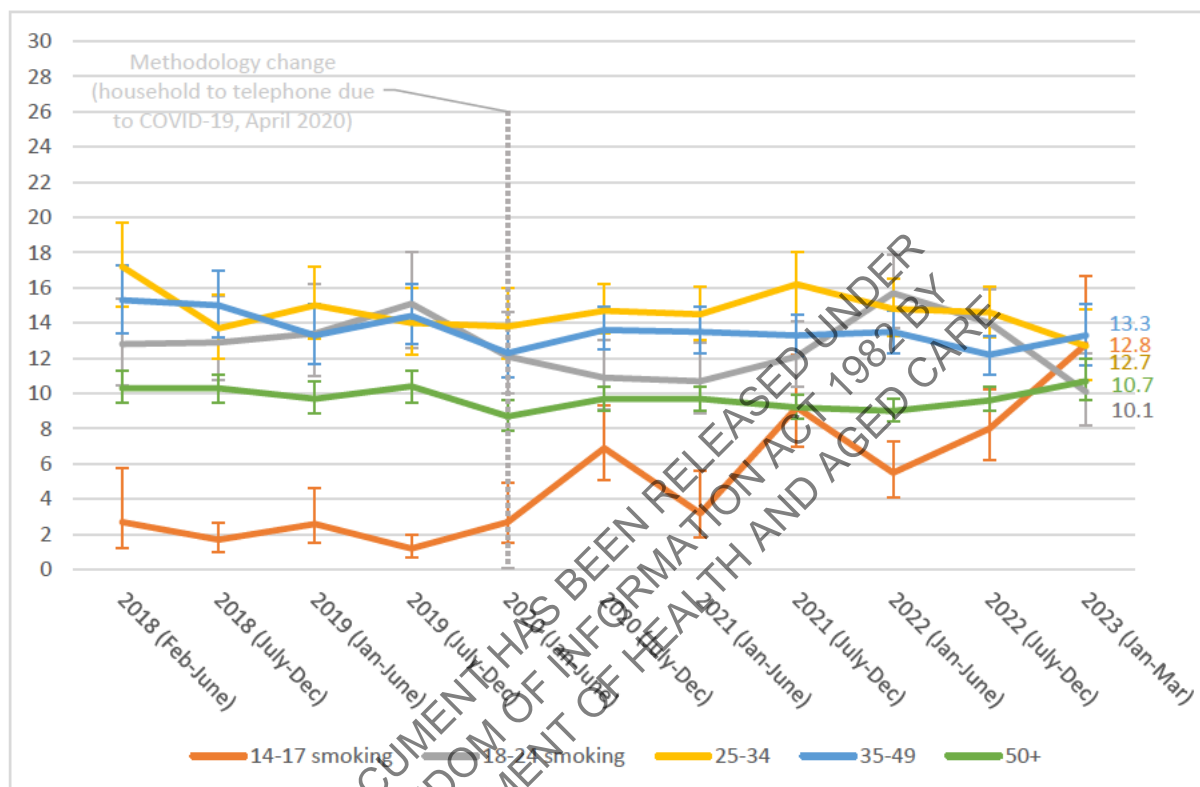
Figure 3: Six-monthly prevalence of current smoking for population aged 14+ years, 2018 to 2023 (weighted %).



Current smoking: smokes factory-made cigarettes or smoked roll-your-own cigarettes in the past month. Error bars represent 95% confidence intervals.

Figure 4 shows six-monthly prevalence of current smoking for five age groups over time. There were wider confidence intervals around age group current smoking prevalence estimates, particularly in the two younger age groups and particularly for the three-month period of 2023.

Figure 4: Six-monthly prevalence of current smoking by age group, 2018 to 2023 (weighted %).



Current smoking: smokes factory-made cigarettes or smoked roll-your-own cigarettes in the past month. Error bars represent 95% confidence intervals.

Among those aged 14 to 17 years, early in the series the prevalence of current smoking was consistently low and relatively stable. The variability of estimates increased in this age group from late 2020, although on average the smoking prevalence estimates over this more recent period tended to trend upwards, including for the most recent period in early 2023.

Among those aged 18 to 24 years, smoking prevalence tended to slowly trend upwards to late 2019 and then downwards until early 2021. Smoking prevalence then rose again to a peak in early 2022 before decreasing again to early 2023.

Current smoking prevalence tended to be relatively flat and highest among those aged 25 to 34 years and this was more consistently observed from early 2020. Smoking prevalence for this age group tended to decline from late 2021 to the end of the series.

Among those aged 35 to 49 years, the six-monthly prevalence of current smoking trended downwards to early 2020 and remained relatively flat thereafter.

Finally, among those aged 50+ years, the six-monthly prevalence of current smoking was fairly stable over time.

Smoking, vaping, and exclusive and dual use

Table 1 shows the prevalence for each year of smoking (aggregating data shown in Figures 3-4 to yearly totals), *exclusive smoking* (i.e. current smokers who did not currently vape), vaping (aggregating data shown in Figures 1-2 to yearly totals), *exclusive vaping* (i.e. those who currently vaped but did not currently smoke), vaping and/or smoking (i.e. those who currently vaped and/or smoked), and *dual product use* (i.e. those who currently vaped and smoked). Note that the final column contains data for the first three months of 2023 only, so confidence intervals for these estimates are wider than for other periods.

For the population aged 14+ years, the annual prevalence of *exclusive smoking* gradually trended downwards, while the prevalence of *exclusive vaping* and *dual use* both trended upwards with large increases from 2020 to 2023. The annual prevalence of vaping and/or smoking was relatively stable between 2018 and 2020, before large increases in 2021, 2022 and 2023.

Overall, the prevalence of *exclusive smoking* was higher than the prevalence of *exclusive vaping* or the prevalence of *dual use*.

Considering the total population in 2023, there were more current smokers (11.8% were *exclusive smokers* or *dual users*) than current vapers (8.9% were *exclusive vapers* or *dual users*). In 2023, 17% of the population aged 14+ vaped and/or smoked.

Table 1 also shows the prevalence of smoking and vaping for five age groups.

Exclusive vaping was most common in 2023 among 18 to 24 year olds and least common among those aged 50+ years.

Dual use was most common in 2023 among those aged 14 to 17 years, followed by those aged 18 to 24 years and 25 to 34 years, and least common among those aged 50+ years.

Exclusive smoking was highest in 2023 among those aged 35 to 49 years and those aged 50+ years.

For those aged 14-17 years, there were more current vapers (14.5%) than current smokers (12.8%) in early 2023. There were also more current vapers than smokers among those aged 18-24 years (19.8% cf. 10.1%) and those aged 25-34 years (17.4% cf. 12.7%). However, for all other older age groups, there were more current smokers than current vapers. Among those aged 35 to 49 years, 13.3% were current smokers and 6.6% were current vapers and among those aged 50+ years, 10.7% were current smokers and 2.5% were current vapers.

Table 1: Annual prevalence of smoking, vaping, vaping and/or smoking, exclusive and dual use of tobacco and e-cigarettes, 2018 to 2023* (weighted %).

	2018 % [95% CI]	2019 % [95% CI]	2020 % [95% CI]	2021 % [95% CI]	2022 % [95% CI]	2023 % [95% CI]
Total aged 14+ (n respondents=70,300)						
Smoking	12.3 [11.8,12.9]	11.9 [11.4,12.5]	11.2 [10.8,11.6]	11.6 [11.2,12.1]	11.7 [11.3,12.1]	11.8 [11.0,12.6]
Exclusive smoking	11.5 [10.9,12.0]	10.7 [10.2,11.2]	10.1 [9.7,10.5]	9.6 [9.3,10.0]	9.0 [8.6,9.3]	8.1 [7.5,8.8]
Vaping	1.4 [1.2,1.6]	1.8 [1.6,2.0]	2.5 [2.2,2.7]	5.5 [5.2,5.9]	7.5 [7.2,7.9]	8.9 [8.2,9.6]
Exclusive vaping	0.5 [0.4,0.6]	0.5 [0.4,0.7]	1.3 [1.2,1.5]	3.5 [3.3,3.8]	4.8 [4.5,5.1]	5.2 [4.7,5.8]
Vaping and/or smoking	12.8 [12.3,13.4]	12.5 [12.0,13.0]	12.5 [12.1,13.0]	15.2 [14.7,15.6]	16.5 [16.0,16.9]	17.0 [16.1,17.9]
Dual use	0.9 [0.7,1.1]	1.2 [1.1,1.4]	1.1 [1.0,1.3]	2.0 [1.8,2.2]	2.7 [2.5,2.9]	3.7 [3.2,4.2]
14-17 years (n respondents=3,806)						
Smoking	2.1 [1.3,3.5]	1.9 [1.3,2.9]	4.8 [3.7,6.3]	6.2 [4.8,8.0]	6.7 [5.6,8.1]	12.8 [9.6,16.7]
Exclusive smoking	1.9 [1.1,3.2]	1.6 [1.0,2.6]	4.2 [3.2,5.6]	3.4 [2.3,4.9]	2.3 [1.7,3.2]	2.0 [1.0,4.2]
Vaping	0.8 [0.4,1.5]	0.8 [0.4,1.4]	2.1 [1.2,3.5]	9.8 [7.9,12.0]	11.8 [10.2,13.6]	14.5 [11.2,18.6]
Exclusive vaping	0.5 [0.2,1.3]	0.5 [0.2,1.1]	1.5 [0.8,2.9]	6.9 [5.3,9.0]	7.4 [6.1,8.9]	3.8 [2.3,6.3]
Vaping and/or smoking	2.6 [1.7,4.0]	2.4 [1.7,3.5]	6.3 [4.9,8.2]	13.1 [11.0,15.6]	14.1 [12.4,16.1]	16.6 [13.0,20.9]
Dual use	0.3 [0.1,0.6]	0.3 [0.1,0.6]	0.6 [0.2,1.4]	2.9 [2.0,4.0]	4.4 [3.5,5.6]	10.7 [7.9,14.4]
18-24 years (n respondents=8,067)						
Smoking	12.9 [11.3,14.7]	14.2 [12.5,16.2]	11.5 [10.1,13.1]	11.4 [10.1,12.8]	14.9 [13.5,16.3]	10.1 [8.2,12.3]
Exclusive smoking	11.7 [10.1,13.4]	11.7 [10.0,13.5]	8.4 [7.2,9.8]	6.7 [5.7,7.9]	7.2 [6.3,8.2]	2.8 [2.0,4.0]
Vaping	2.0 [1.4,2.7]	3.5 [2.7,4.6]	5.6 [4.6,6.8]	15.5 [14.0,17.1]	21.4 [19.8,23.0]	19.8 [17.1,22.8]

	2018		2019		2020		2021		2022		2023	
	%	[95% CI]	%	[95% CI]	%	[95% CI]	%	[95% CI]	%	[95% CI]	%	[95% CI]
Exclusive vaping	0.8	[0.4,1.4]	0.9	[0.6,1.4]	2.5	[1.9,3.3]	10.8	[9.5,12.2]	13.7	[12.4,15.1]	12.5	[10.4,15.0]
Vaping and/or smoking	13.6	[12.0,15.5]	15.1	[13.3,17.2]	14.0	[12.5,15.7]	22.2	[20.4,24.0]	28.5	[26.8,30.3]	22.6	[19.8,25.7]
Dual use	1.2	[0.8,1.7]	2.6	[1.9,3.6]	3.1	[2.3,4.1]	4.7	[3.9,5.6]	7.7	[6.7,8.8]	7.3	[5.6,9.3]
25-34 years (n respondents=13,673)												
Smoking	15.3	[13.9,16.8]	14.5	[13.2,15.9]	14.3	[13.1,15.4]	15.3	[14.2,16.5]	14.7	[13.7,15.8]	12.7	[10.8,14.8]
Exclusive smoking	13.7	[12.3,15.1]	12.4	[11.2,13.8]	12.4	[11.4,13.6]	11.7	[10.7,12.8]	9.6	[8.8,10.6]	6.1	[4.8,7.6]
Vaping	2.3	[1.7,3.0]	2.8	[2.2,3.5]	3.9	[3.4,4.5]	9.7	[8.7,10.7]	14.3	[13.3,15.5]	17.4	[15.3,19.7]
Exclusive vaping	0.6	[0.4,1.0]	0.7	[0.5,1.0]	2.1	[1.7,2.6]	6.1	[5.3,6.9]	9.3	[8.4,10.2]	10.8	[9.2,12.6]
Vaping and/or smoking	15.9	[14.5,17.4]	15.2	[13.9,16.7]	16.4	[15.2,17.6]	21.4	[20.1,22.7]	24.0	[22.7,25.3]	23.4	[21.1,26.0]
Dual use	1.6	[1.1,2.3]	2.1	[1.6,2.7]	1.8	[1.5,2.2]	3.6	[3.0,4.3]	5.1	[4.4,5.8]	6.6	[5.2,8.3]
35-49 years (n respondents=17,757)												
Smoking	15.1	[13.8,16.5]	13.9	[12.7,15.1]	13.0	[12.0,14.0]	13.4	[12.5,14.3]	12.8	[12.0,13.6]	13.3	[11.6,15.1]
Exclusive smoking	14.2	[12.9,15.6]	13.0	[11.9,14.2]	12.1	[11.2,13.1]	11.8	[11.0,12.7]	11.1	[10.4,11.9]	11.1	[9.6,12.7]
Vaping	1.4	[1.1,1.8]	1.5	[1.1,1.8]	2.3	[1.9,2.7]	3.7	[3.2,4.2]	5.2	[4.7,5.8]	6.6	[5.5,8.1]
Exclusive vaping	0.5	[0.3,0.7]	0.6	[0.4,0.9]	1.4	[1.1,1.8]	2.1	[1.8,2.6]	3.5	[3.0,4.0]	4.4	[3.5,5.6]
Vaping and/or smoking	15.6	[14.3,17.0]	14.4	[13.3,15.7]	14.4	[13.4,15.5]	15.5	[14.6,16.5]	16.3	[15.4,17.2]	17.7	[15.8,19.7]
Dual use	0.9	[0.7,1.3]	0.9	[0.7,1.2]	0.9	[0.7,1.1]	1.6	[1.3,1.9]	1.7	[1.4,2.1]	2.2	[1.5,3.2]
50+ years (n respondents=26,996)												
Smoking	10.3	[9.7,10.9]	10.1	[9.4,10.7]	9.2	[8.7,9.8]	9.5	[9.0,9.9]	9.3	[8.9,9.8]	10.7	[9.6,12.0]
Exclusive smoking	9.8	[9.2,10.4]	9.3	[8.7,10.0]	8.8	[8.3,9.4]	8.9	[8.4,9.3]	8.6	[8.2,9.1]	9.5	[8.4,10.6]

Current vaping and current smoking prevalence | 12

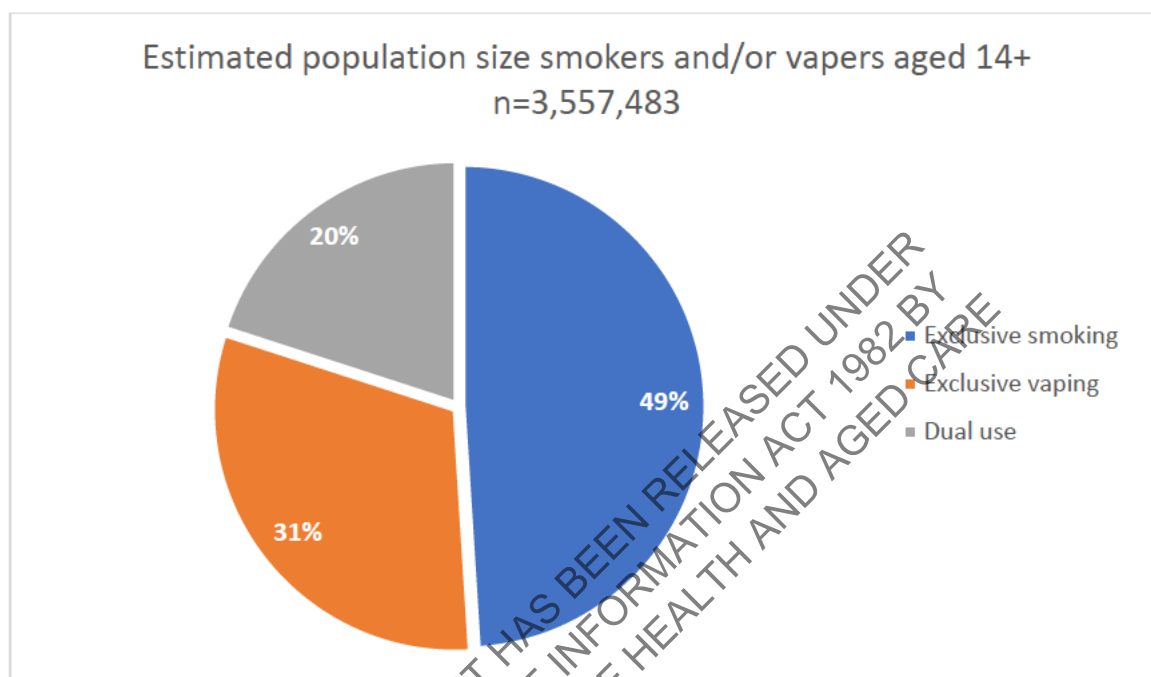
	2018		2019		2020		2021		2022		2023	
	%	[95% CI]	%	[95% CI]	%	[95% CI]	%	[95% CI]	%	[95% CI]	%	[95% CI]
Vaping	0.7	[0.6,0.9]	1.0	[0.8,1.3]	0.9	[0.7,1.0]	1.3	[1.1,1.5]	1.5	[1.3,1.7]	2.5	[1.9,3.2]
Exclusive vaping	0.3	[0.2,0.4]	0.3	[0.2,0.4]	0.5	[0.4,0.6]	0.7	[0.6,0.8]	0.8	[0.7,1.0]	1.2	[0.9,1.7]
Vaping and/or smoking	10.6	[10.0,11.2]	10.4	[9.7,11.0]	9.7	[9.2,10.3]	10.2	[9.7,10.7]	10.1	[9.6,10.7]	11.9	[10.8,13.2]
Dual use	0.5	[0.4,0.6]	0.7	[0.5,1.0]	0.4	[0.3,0.5]	0.6	[0.5,0.7]	0.7	[0.6,0.9]	1.2	[0.8,1.8]

Notes. *2018 includes February to December only, 2023 includes January to March only. Smoking: smokes factory-made cigarettes or smoked roll-your-own cigarettes in the past month, Vaping: used e-cigarettes in the past month, Exclusive smoking: current smoker but not current vaper, Exclusive vaping: current vaper but not current smoker, Vaping and/or smoking: current vaper and/or current smoker, Dual use: current smoker and current vaper.

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Figure 5 shows that considering only those in the population who were current smokers and/or vapers between October 2022 and March 2023 (the most recent update period of the data series), 49% were *exclusive smokers*, 20% *both smoked and vaped* and 31% *exclusively vaped*.

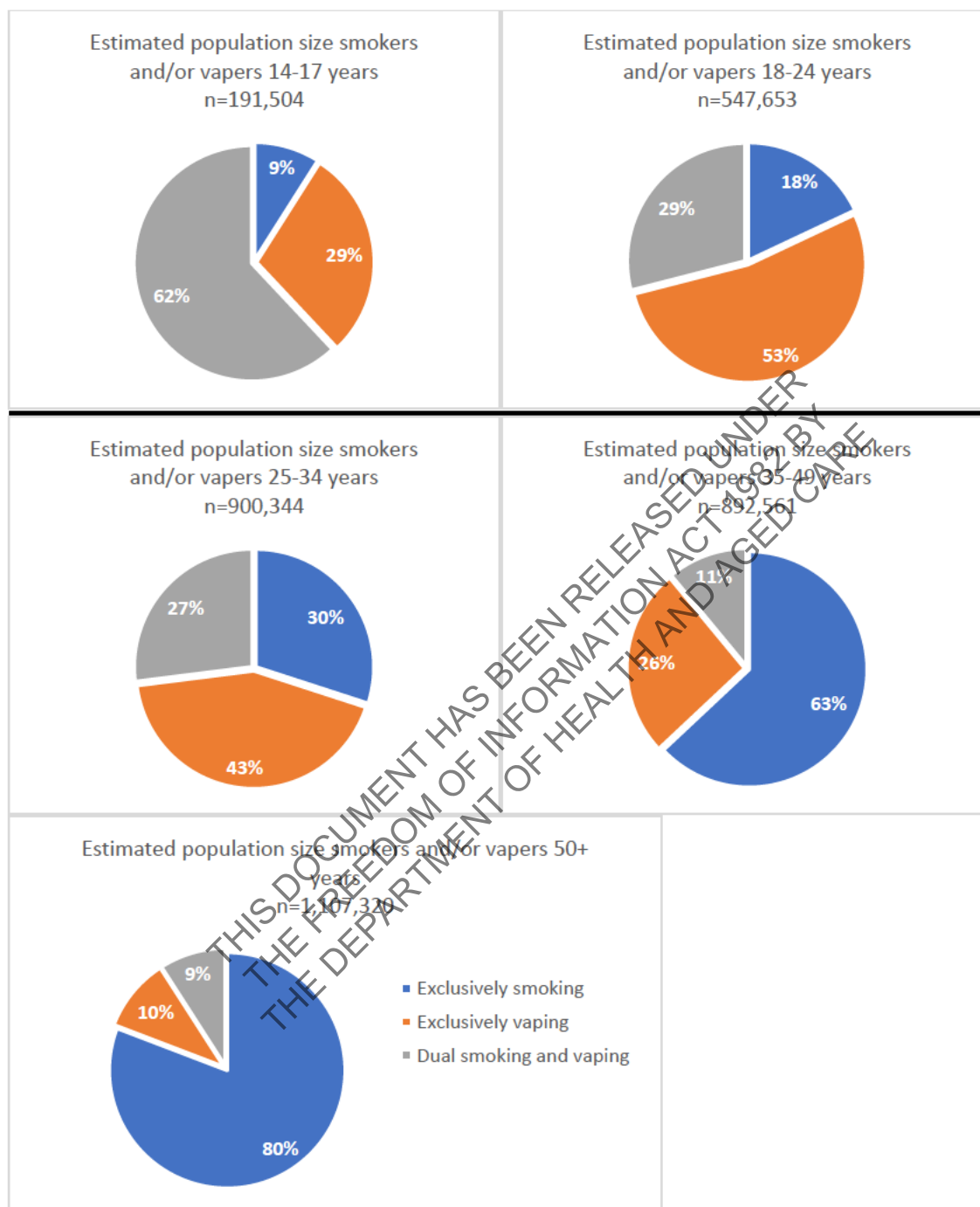
Figure 5: Distribution of product use among all smokers and/or vapers aged 14+ years, October 2022 - March 2023 (weighted %).



Notes. Estimated population size Australia wide. Exclusive smoking: current smoker but not current vaper. Exclusive vaping: current vaper but not current smoker. Dual use: current smoker and current vaper. Percentages may not add to 100 due to rounding.

Figure 6 (next page) shows that among all smokers and vapers within each age group, only among the three youngest age groups was *exclusive vaping* more common than *exclusive smoking*. Within the older age groups, *exclusive smoking* was more common than *exclusive vaping*. *Dual use of tobacco and e-cigarettes* was most common among the two youngest age groups and became less common with increasing age.

Figure 6: Distribution of product use among all smokers and vapers for five age groups, October 2022 - March 2023 (weighted %).

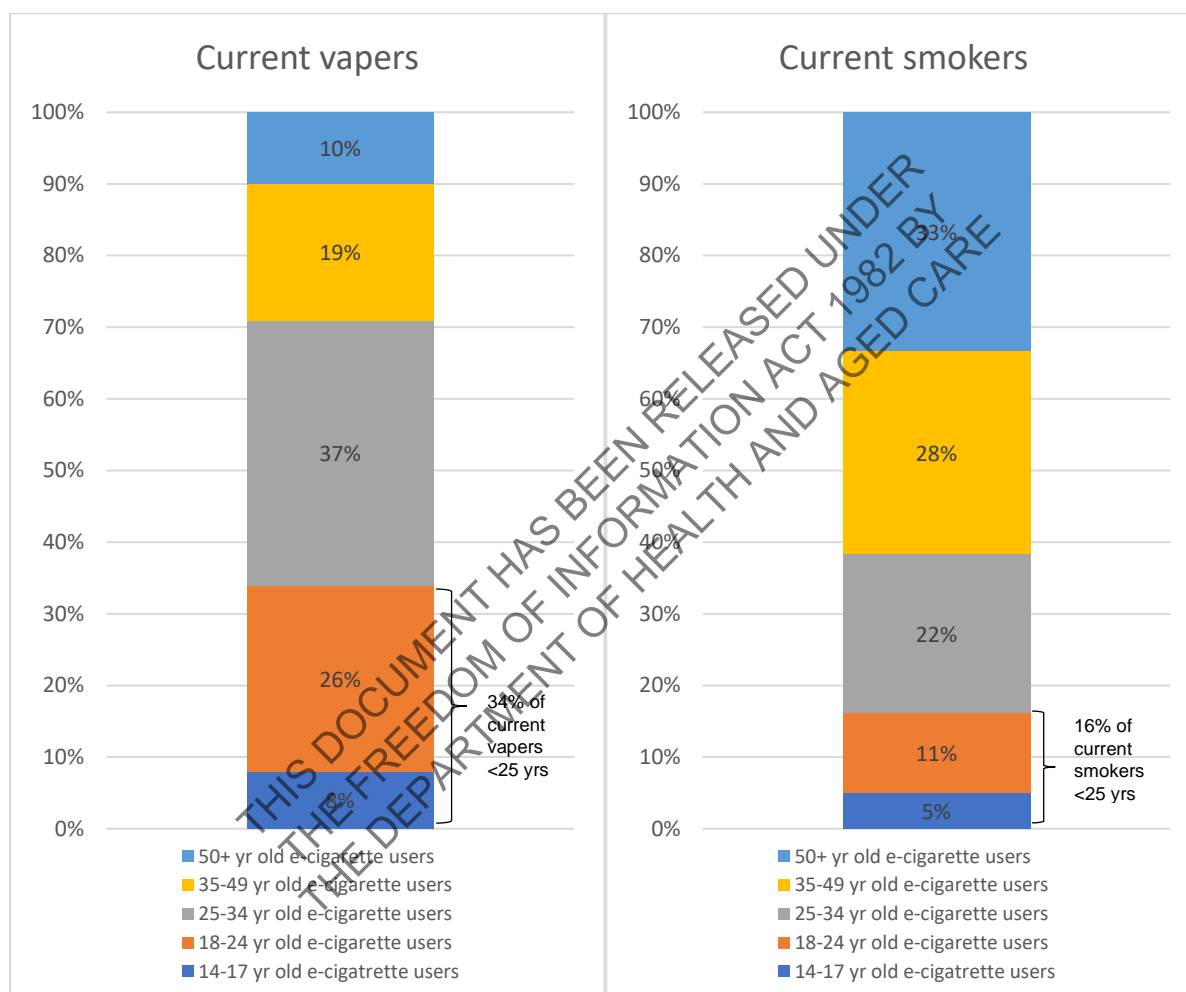


Notes. Estimated population size Australia wide. Exclusive smoking: current smoker but not current vaper. Exclusive vaping: current vaper but not current smoker. Dual use: current smoker and current vaper. Percentages may not add to 100 due to rounding.

Finally, we investigated the age distributions of current vapers and current smokers in Australia (including dual users).

Figure 7 shows that 34% of current vapers were aged under 25 years of age, compared to 16% of current smokers.

Figure 7: Distribution by age group for current vapers and current smokers in Australia, October 2022 – March 2023 (weighted %).



Current vapers: used e-cigarettes in the past month. Current smokers: smokes factory-made cigarettes or smoked roll-your-own cigarettes in the past month.

Discussion

This study found a large increase in the six-month population prevalence of current vaping from late 2020 and continuing till early 2023. The increase up to the end of 2022 was particularly apparent among those aged 14 to 17 years, 18 to 24 years, and 25 to 34 years. The annual prevalence of current vaping showed a consistent picture with large increases over time in the prevalence of *exclusive vaping* and *dual product use* between 2020 and early 2023 in the overall population.

While six-monthly population prevalence of current smoking appeared relatively stable over time, within this, the annual prevalence of *exclusive smoking* appeared to gradually trend downwards over time, while the prevalence of *dual use of tobacco and e-cigarettes* trended upwards with large increases between 2020 and early 2023. There were also different patterns by age group: while overall smoking prevalence remained relatively stable for respondents aged 35 and older, from early 2022 to early 2023, there were increases in smoking prevalence among those aged 14-17, while smoking among those aged 18-24 was more similar to late 2020 / early 2021 levels.

In late 2022 to early 2023, the Australian population aged 14+ years was estimated to contain over 3.5 million smokers and vapers, with current smokers (11.8% of the population) outnumbering current vapers (8.9%). However, among those aged 14 to 17 years, 18 to 24 years, and 25 to 34 years there were more current vapers than current smokers. Among older participants, the prevalence of smoking was higher than vaping, especially for the 50+ years age group.

The Australian Bureau of Statistics has reported data from the National Health Survey and supplementary surveys conducted in late 2020 and early 2021 that approximately 2.2% (+/-0.4) of Australians 15 years and older were currently using e-cigarettes in that period.[8] This is similar to the 2.5% we found here for those 14+ years in 2020 and somewhat lower than the 5.5% we report for 2021. The ABS reported prevalence of 4.8% (+/-2.4%) in late 2020 and early 2021 among those aged 18 to 24 years, similar to the 5.6% we found here for 2020, but markedly lower than the 15.5% we report for the entire year of 2021. These differences between surveys may be attributable to different time periods and definitions of current vaping¹ and the varying survey methods.

The Australian vaping prevalence estimates reported here are lower than current vaping estimates for Victoria reported by our group using telephone surveys in November 2018+November 2019 (n=8,000) but slightly higher than our estimate from a further very large survey over the first five months of 2022 (n=12,000).[9] These surveys found 3.0% of Victorians aged 18+ years were current vapers in 2018+2019 increasing to 6.1% in early 2022. Among those aged 18 to 24 years, the figures were 7.2% in 2018+2019

¹ The ABS define current vaping as 'currently using e-cigarettes or vaping devices daily, weekly or less than weekly', whereas the Roy Morgan survey question defined current vaping as 'used an e-cigarette or vaping device in the past month'.

increasing to 17.6% in 2022. Again, variation in estimates between surveys may reflect varying survey periods, differing definitions of vaping², and jurisdictional differences.

Strengths of the Roy Morgan Research survey series are its use of consistent questions to measure smoking and vaping, its large sample size overall and for most age groups, and the surveying of the population each month which permits more flexible aggregation of data over time periods to yield a greater sample size in subgroups to assist in discerning longer-term trends.

Limitations of the survey include the smaller sample sizes in some months especially for the 14 to 17 age group from 2020 that made prevalence estimates highly variable. For this reason, we aggregated monthly data to the six-month level to examine time trends within age groups in the binary outcomes of current smoking and current vaping. We further aggregated data to the year level to examine the overall picture across the years within age groups of *exclusive smoking*, *exclusive vaping* and *dual use* of products. However, since the data for 2023 could only be aggregated for the first three months, age group variability in prevalence estimates was highest for this most recent data point, particularly for the two youngest age groups.

The change in sampling method from households to telephone could have affected prevalence estimates but estimates at and around the month of method change suggest no observable change in prevalence at this time (see Appendix). Rather, the changes in prevalence we observed tended to emerge later in 2020 and into 2021.

Lockdown periods may have influenced preparedness to participate in surveys, to accurately self-report one's smoking and/or vaping, and also the likelihood of being a current smoker and/or current vaper. For this reason, we represented the most substantial periods of lockdown in our graphs and observed that such periods may have been associated with less likelihood of vaping among younger age groups. Lockdown periods provide more opportunity for parental scrutiny and under these circumstances, young people may be more likely to under-report some undesired behaviours.[10] There is also some evidence that young teenagers had less opportunity to engage in vaping behaviours during prolonged periods of lockdown.[1]

Finally, while our data series did not cover Australia as a whole, it was comprised of respondents in the largest Australian capital cities of Sydney, Melbourne, Brisbane, Perth and Adelaide which covers 64% of the population aged 14+ years.[7] Smoking prevalence tends to be higher in rural than urban locations[11] so smoking prevalence for the nation may be slightly higher.

² The Victorian Smoking and Health Survey defined current vaping as 'currently vaping either daily, weekly, monthly but less than weekly, or less than monthly'.

Acknowledgements

We thank the Roy Morgan Research company for provision of the dataset used in this report.

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Appendix: Preliminary inspection of month-level estimates of current vaping and current smoking

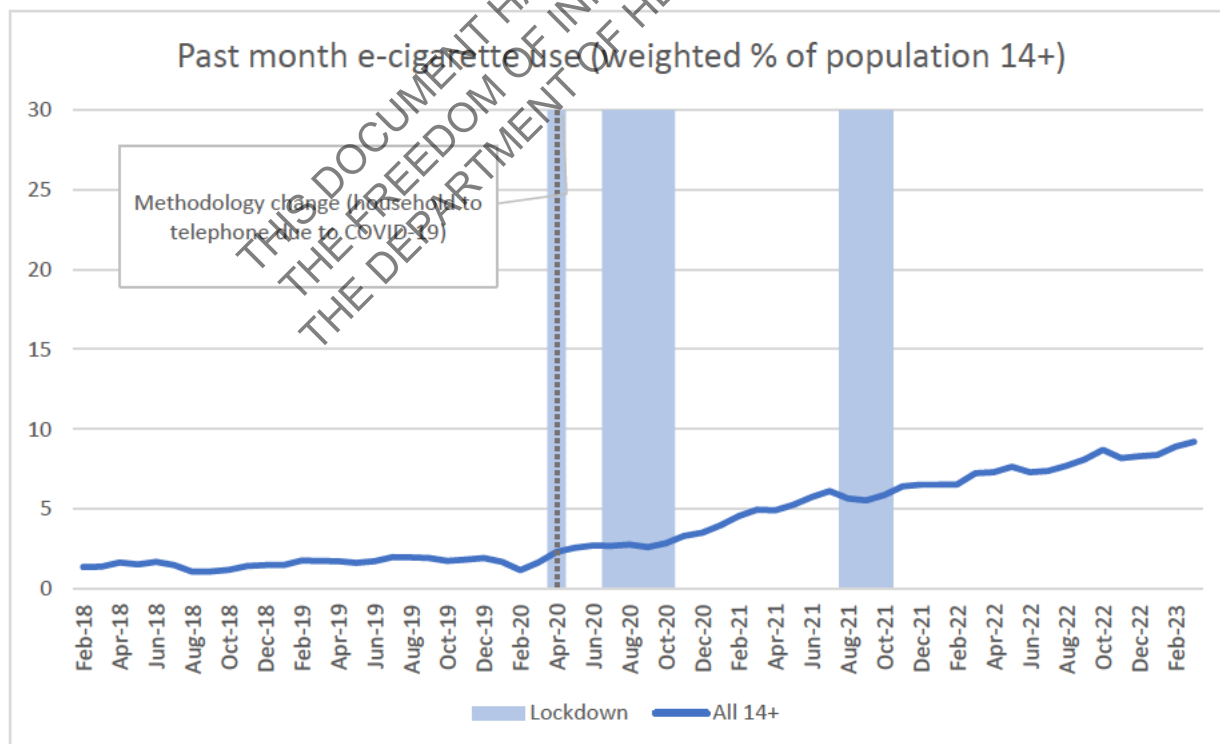
Current vaping per month

Figure A1 shows the monthly prevalence of current vaping (vaped in the past month) for the population aged 14+ years from February 2018 to March 2023, plotted against shaded periods when at least one of the cities was locked down for >15 days of a month.

The change from household sampling to telephone sampling was not associated with any notable change in current vaping prevalence estimates.

Overall, the prevalence of current vaping increased markedly later in the series, mostly likely commencing from the last quarter of 2020. We observed a plateauing of that increase during the lockdown period of 2021 and a return to an escalation of vaping prevalence thereafter.

Figure A1: Monthly prevalence of current vaping for population aged 14+ years, February 2018 to March 2023 (weighted %)



Shaded areas show >15 days of month in lockdown across at least one entire city (Sydney, Melbourne, Brisbane, Perth, Adelaide). Moving average applied (x, x-1, x+1) to smooth monthly trend lines. Current vaping: used e-cigarettes in the past month.

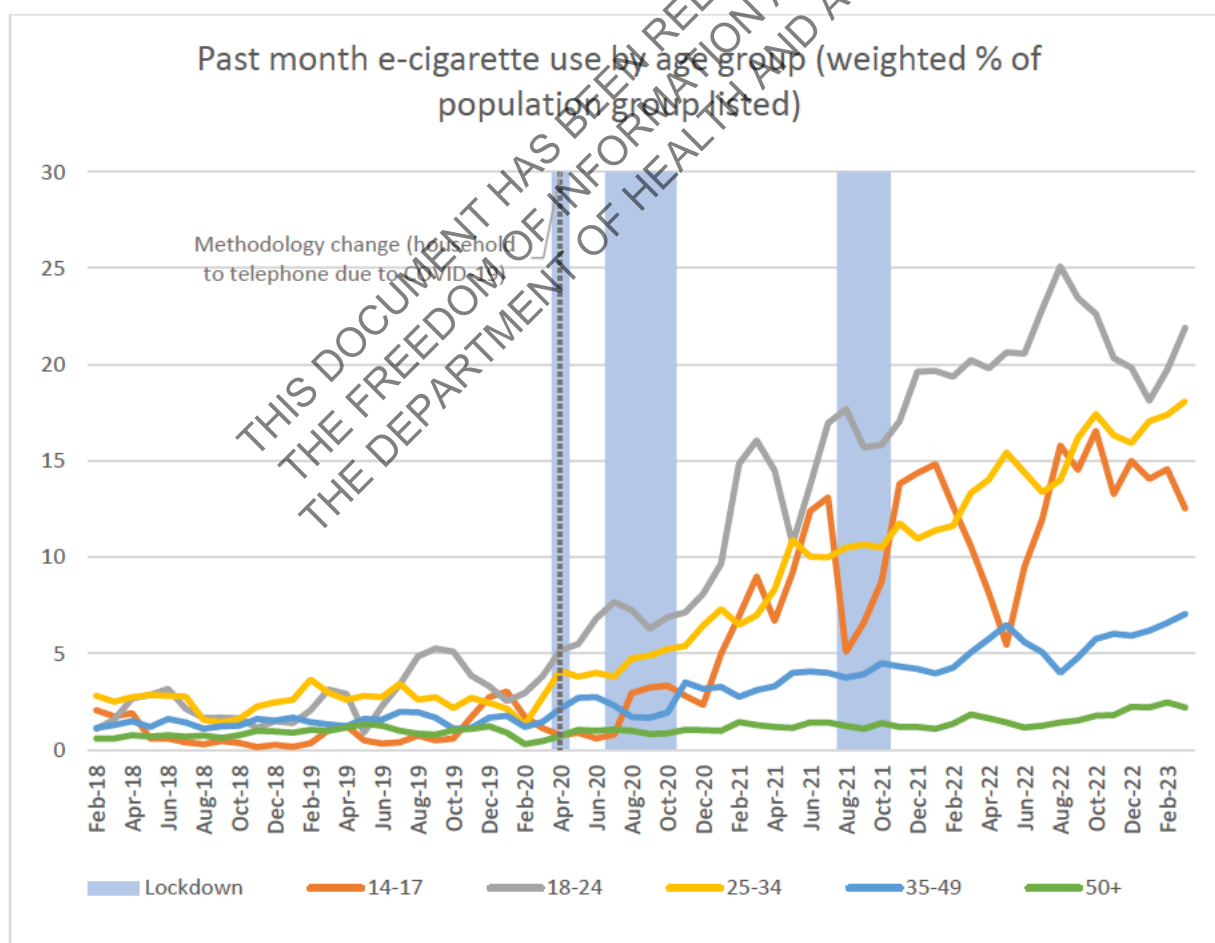
Figure A2 shows the monthly prevalence of current vaping for five age groups from February 2018 to March 2023.

Again, the change from household sampling to telephone sampling was not associated with any notable change in current vaping prevalence estimates within age groups. Despite using monthly moving averages to smooth estimates, monthly prevalence estimates were highly variable for the two youngest age groups, particularly later in the series.

Current vaping prevalence markedly increased over time among those aged 14 to 17 years, 18 to 24 years and 25 to 34 years (although there was very high variability in estimates for 14-17 year olds). Towards the end of the series, vaping prevalence was highest in these age groups. Those aged 35 to 49 years showed a slower and smaller increase in prevalence of current vaping, and current vaping was consistently low among those aged 50+ years.

Vaping prevalence estimates appeared lower in the two younger age groups over the 2021 period of lockdown.

Figure A2: Monthly prevalence of current vaping by age group, February 2018 to March 2023 (weighted %).



Shaded areas show lockdown >15 days of month in lockdown across at least one entire city (Sydney, Melbourne, Brisbane, Perth, Adelaide). Moving average applied (x, x-1, x+1) to smooth monthly trend lines. Current vaping: used e-cigarettes in the past month.

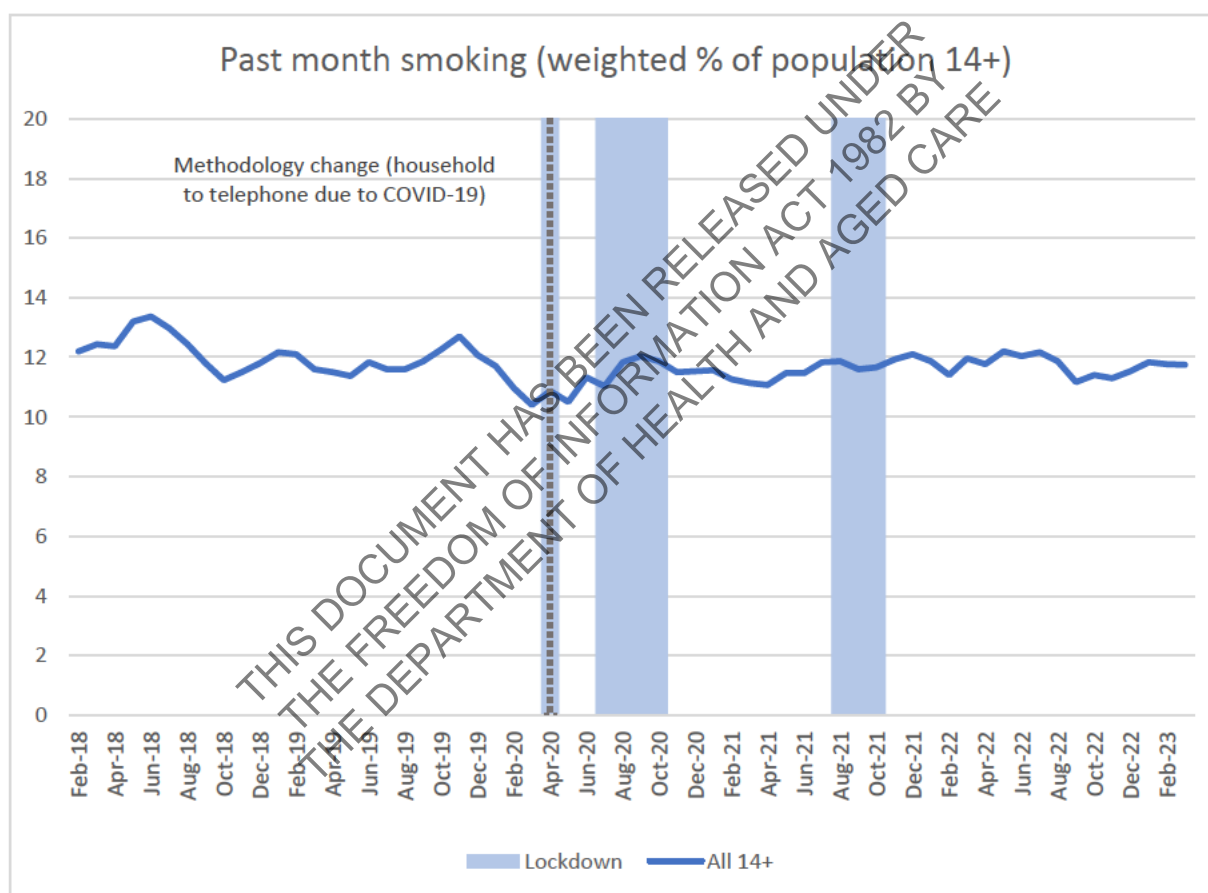
Current smoking per month

Figure A3 shows the prevalence of current smoking for the population aged 14+ years from February 2018 through March 2023.

The change in survey sampling in April 2020 was not associated with any notable change in the estimates.

Overall, prevalence appeared to be slowly declining until mid to late 2020, after which prevalence appeared to level off or marginally increase.

Figure A3: Monthly prevalence of current smoking for population aged 14+ years, February 2018 to March 2023 (weighted %).



Shaded areas show lockdown >15 days of month in lockdown across at least one entire city (Sydney, Melbourne, Brisbane, Perth, Adelaide). Moving average applied (x, x-1, x+1) to smooth monthly trend lines. Current smoking: smokes factory-made cigarettes or smoked roll-your-own cigarettes in the past month.

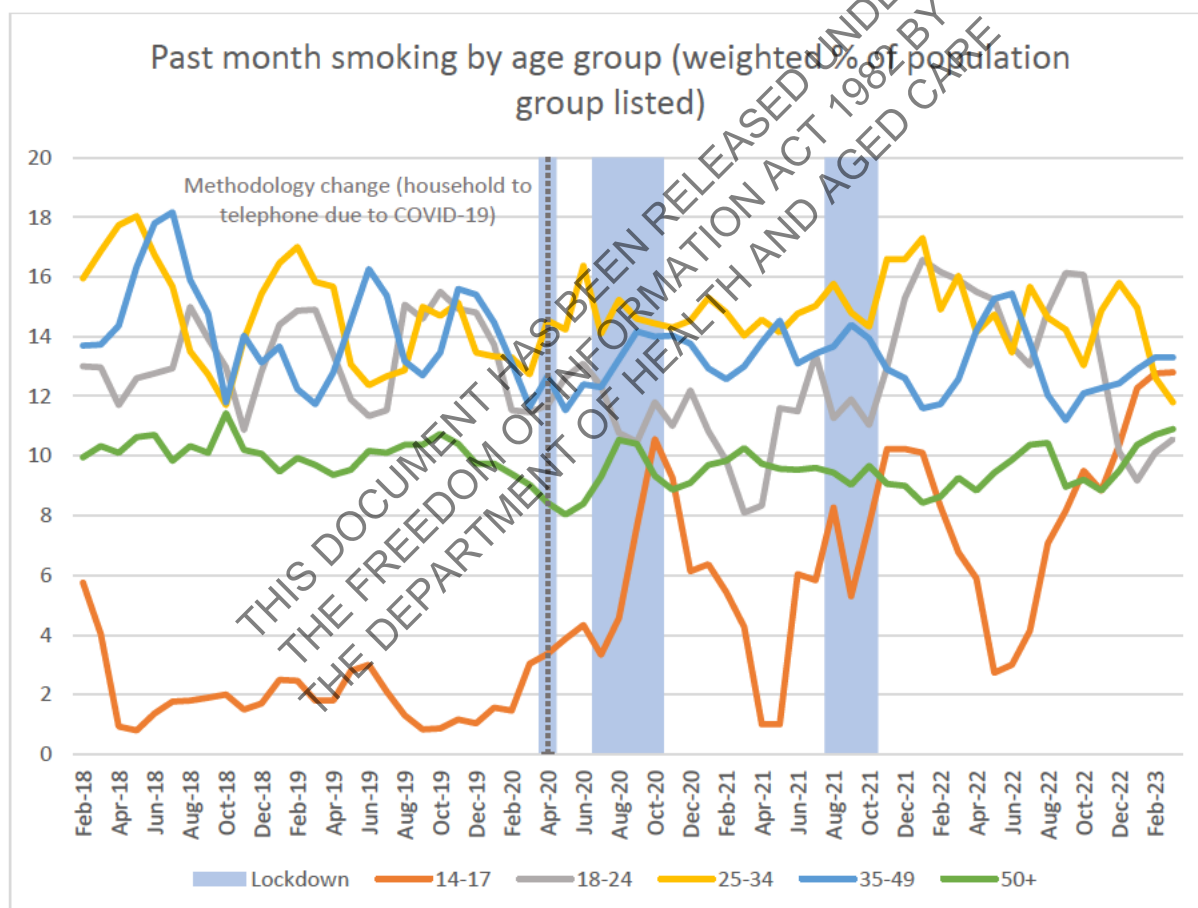
Figure A4 shows prevalence of current smoking each month for five age groups from February 2018 to March 2023.

The change from household sampling to telephone sampling was not associated with any notable change in current smoking prevalence estimates within age groups.

Despite using monthly moving averages to smooth estimates, monthly smoking prevalence estimates became highly variable for the 14 to 17 year age group from late 2020 and in some months moved much closer to estimates of smoking prevalence in the adult age groups.

Monthly current smoking prevalence was generally highest throughout the data series among those aged 18 to 24 years, 25 to 34 years, and 35 to 49 years.

Figure A4: Monthly prevalence of current smoking by age group, February 2018 to March 2023 (weighted %).



Shaded areas show lockdown >15 days of month in lockdown across at least one entire city (Sydney, Melbourne, Brisbane, Perth, Adelaide). Moving average applied (x, x-1, x+1) to smooth monthly trend lines. Current smoking: smokes factory-made cigarettes or smoked roll-your-own cigarettes in the past month.

Current vaping and current smoking in the Australian population aged 14+ years: February 2018-September 2022

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January 2023

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Summary

This study used data from the Roy Morgan Research company national “Single Source” monthly survey of Australians aged 14+ years to investigate the prevalence of current vaping and current smoking from January 2018 to September 2022.

We aggregated monthly prevalence estimates over each six-month period and then for each year to present stable prevalence estimates for the population overall, and for the age groups 14 to 17, 18 to 24, 25 to 34, 35 to 49 and 50+ years.

We found a marked increase in the six-monthly population prevalence of current vaping (vaped in the past month) that began in late 2020 and continued throughout 2022. **This increase in current vaping was particularly apparent among those aged under 25.**

Six-monthly population prevalence of current smoking appeared relatively stable over time for the overall Australian population aged 14+ years, although estimates for those aged 14 to 17 years throughout 2020, 2021, and 2022 were erratic and some were unexpectedly high. **Smoking prevalence increased between 2020 and 2022 among respondents aged under 25.**

In 2022, the Australian population aged 14+ years contained over 3.5 million smokers and/or vapers, with current smokers (11.8% of the population) outnumbering current vapers (7.3%).

However, there were more current vapers than current smokers among those aged 14 to 17 years and 18 to 24 years. Among older age groups, the prevalence of smoking was higher than vaping, especially for those aged 35 to 49 years and 50+ years.

Examining annual prevalence estimates further, while annual prevalence of overall smoking prevalence was relatively stable, the annual prevalence of *exclusive smoking* appeared to gradually trend downwards, while the prevalence of *exclusive vaping* and *dual use* of tobacco and e-cigarettes both trended upwards with large increases from 2020 to 2022. **The increase in exclusive vaping and dual use from 2020 to 2022 was most observable among those aged under 25.**

Finally, we investigated the age distributions of current vapers and current smokers in Australia (including dual users), finding that 39% of current vapers were aged under 25 years compared to just 16% of current smokers.

Introduction

Over the recent period, reports of high levels of use of e-cigarettes among young people have emerged.[1, 2] These high rates of use are cause for concern given the strong evidence that vaping in young people increases the likelihood of smoking uptake.[3]

While some smokers may have used e-cigarettes to stop using tobacco, many continue to use both tobacco and e-cigarettes (called dual use) which does not appreciably reduce the serious harms of smoking since even low-rate smoking substantially increases risk.[4, 5] Further, use of e-cigarettes has the potential to introduce independent or additive health risks.[6]

It is important to examine national level data to understand patterns of use of both e-cigarettes and tobacco in Australia. Government-funded surveys provide very important intelligence on the prevalence of health behaviours to guide policy decisions, yet can be usefully complemented by other surveys undertaken by state governments, public health organisations or reputable commercial enterprises where data have been analysed in a transparent manner.

This report presents recent population survey data collected by a well-respected national survey fieldwork company on time trends in current vaping and current smoking for the population overall aged 14+ years and for five age groups.

We further present data on exclusive vaping, exclusive smoking and dual use of tobacco and e-cigarettes for the population overall and for five age groups.

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Method

Survey design and participants

The Roy Morgan Research company supplied data from their national “Single Source” omnibus survey of Australians aged 14+ years. Data were available from five of Australia’s major capital cities (Sydney, Melbourne, Brisbane, Perth and Adelaide), in which 64% of the national population resided in 2021.[7]

Up to and including March 2020, the survey used a multi-stage household sampling frame to split cities into areas of approximately equal population size and then divided areas into segments. Beginning from a randomly selected address, households within segments were systematically approached and data were collected on weekends. Interviewers were instructed to recruit one person per household, asking for the youngest male and, if unavailable, then for the youngest female.

Due to the start of the COVID-19 pandemic and associated lockdowns, from April 2020 the survey moved to using a telephone sampling frame and survey administration. The sample design was comprised of three elements within a dual frame system (75% mobile phone, 25% landline): 35% address-based stratified random probability sampling, 45% random digit dial, and 20% targeted sample to ‘boost’ for difficult to reach populations. Respondent selection for landline interviews were based on the youngest person in the household, with one person interviewed per household. For mobile phone interviews, the mobile phone owner was interviewed.

Survey questions

Two questions determined current smoking behaviour, namely ‘do you now smoke factory-made cigarettes’ and ‘in the last month, have you smoked any roll-your-own cigarettes of tobacco?’ Participants were defined as current smokers if they answered yes to at least one of these two questions.

The question on e-cigarette use asked all participants between February 2018 and July 2022: “Next about vaping devices and e-cigarettes. Which of these have you used in the last month?” Response options were (1) ‘device with fillable cartridge (mod system)’, (2) ‘device with pre-filled cartridge (pod system)’, (3) ‘disposable device’, (4) ‘others’, (5) ‘have used a vaping device in the last month but don’t know which device’, and (6) ‘none – have not used a vaping device or e-cigarette in the last month’. Current vaping was defined by those who endorsed any of the first five response options to this question. In September 2022 a new question was trialled to assess e-cigarette use. Half of participants were first asked “Have you used a vaping devices or e-cigarette in the last month?” and those who responded ‘yes’ were subsequently asked to indicate which type(s) they had used in the past month (using the response options listed above). The remaining half of participants were asked directly about their use of the types of devices they had used in the last month (as in February 2018 – July 2022). There were no significant differences in vaping prevalence by question asked.

Outcomes and analysis

While the two survey questions on current smoking have been included in the survey each month for decades in the Roy Morgan Research company survey, the single question on e-cigarette use has been in place since February 2018. Consequently, our study compared estimates of current smoking and vaping from February 2018 to September 2022.

Data were weighted by age, sex, and city to provide representative monthly estimates of smoking and vaping for all these cities combined. Population weights were constructed using population estimates from the Labour Force Survey (Australian Bureau of Statistics) which were re-calibrated each month. Rim-weighting was additionally applied to more accurately reflect the population of 27 smaller geographic areas in the 5 capital cities. From April 2020, rim-weighting was applied to control the sample interviewed using landline (versus mobile) telephone methods, due to the lockdown-associated methodology change. From May 2020, rim-weighting was applied to control the sample of those with low education and those who speak a language other than English, as they each have a lower interview rate.

As a preliminary investigation, we used monthly-level survey data on current smoking and current vaping to visualise the underlying data for the population overall and for key age groups. In particular, we explored whether prevalence estimates were associated with the method change in April 2020 and with periods of lockdown during the pandemic period. We used moving averages (averaging the estimates obtained for the current month, the previous month and the subsequent month) to smooth these monthly prevalence estimates.

Due to the wide variability in survey estimates per month—particularly for the younger age groups—we aggregated the data to the six-month level to provide a more stable picture of trends over time for the population overall and for age groups. We note that the first six-month period contained aggregated data from February to June 2018, as the e-cigarette question asked in January 2018 differed from that asked in all later periods. The final six-month period covered July to September 2022.

Next, we examined time trends in exclusive smoking, exclusive vaping and dual use of these products in the population overall and for age groups.

To do this, we aggregated data to the annual level for 2018 (February to December only), 2019, 2020, 2021, and 2022 (January to September only) to provide further stability in survey estimates for these more fine-grained categories of use, especially for the younger age groups.

Results

Preliminary analysis

Inspection of the monthly prevalence estimates of current vaping and current smoking showed no association of the survey method change with notable changes in estimates. Periods of lockdown—particularly in 2021—appeared to be associated with a lower prevalence of current vaping (see Appendix).

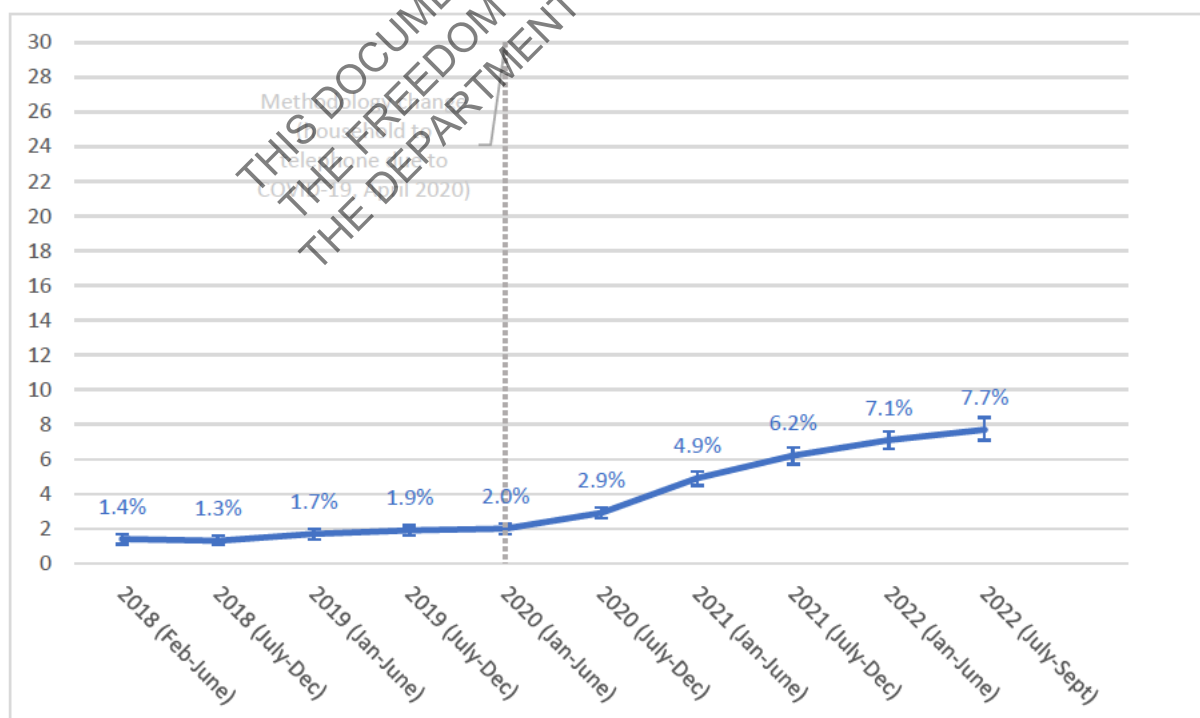
The preliminary analysis using the monthly survey data also showed the wide variability in prevalence estimates due to small monthly sample sizes for some age groups. This provided a strong rationale for aggregating the data to the six-month level to provide more stability in estimates of current vaping and current smoking prevalence for age groups to better explore time trends.

Current vaping per six-month period

Figure 1 shows the prevalence of current (past month) vaping for the population aged 14+ years, along with 95% confidence intervals around the prevalence estimates.

The prevalence of current vaping increased markedly from the last six months of 2020 and continued to do so until the end of the available data series, with tight confidence intervals surrounding these prevalence estimates.

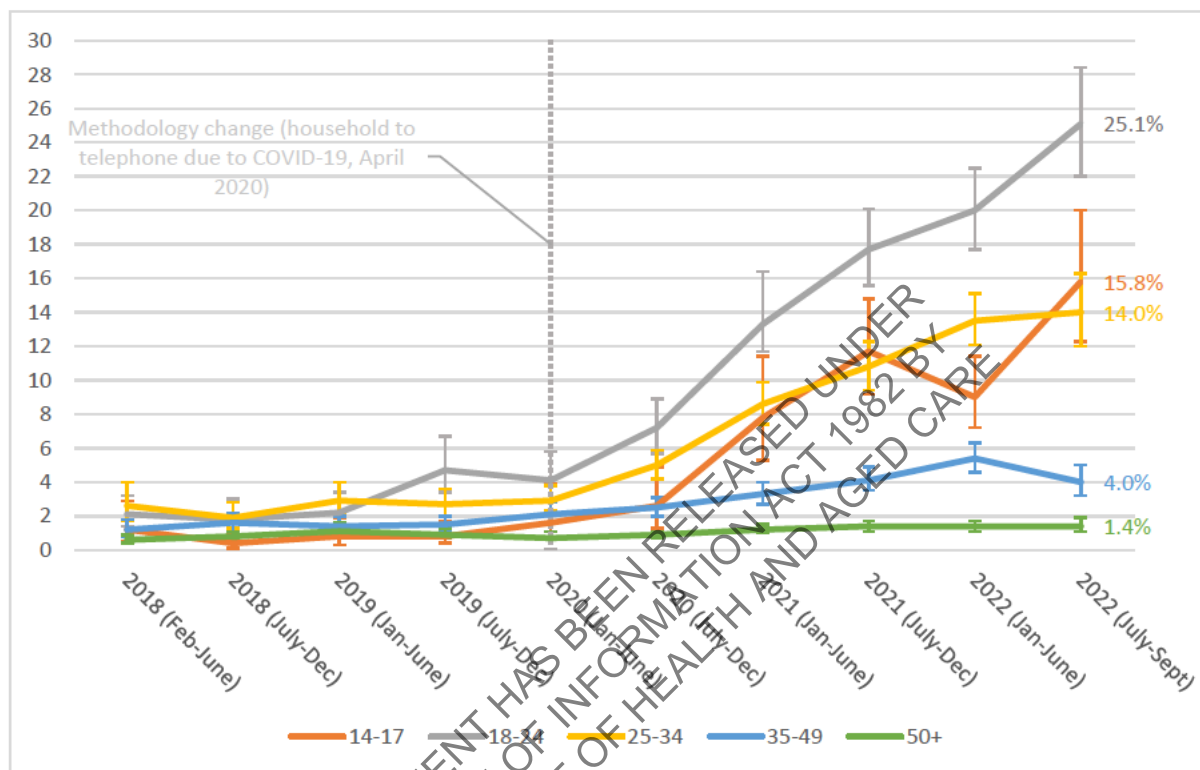
Figure 1: Six-monthly prevalence of current vaping for population aged 14+ years, 2018 to 2022 (weighted %).



Current vaping: used e-cigarettes in the past month. Error bars represent 95% confidence intervals around survey estimates.

Figure 2 shows the six-monthly prevalence of current vaping for five age groups, along with 95% confidence intervals around the prevalence estimates.

Figure 2: Six-monthly prevalence of current vaping by age group, 2018 to 2022 (weighted %).



Current vaping: used e-cigarettes in the past month. Error bars represent 95% confidence intervals around survey estimates.

Among those aged 14 to 17 years, there was a very large increase in the six-monthly prevalence of current vaping throughout 2021. Vaping prevalence among 14-17-year-olds decreased in the first half of 2022, before increasing to their highest levels in July-September 2022. This age group had the second highest prevalence of current vaping in July-September 2022, after those aged 18-24.

Among those aged 18 to 24 years, vaping prevalence showed an increase in late 2019 followed by somewhat of a plateau in early 2020. From late 2020, the prevalence of current vaping began to rise in this age group, followed by a very large acceleration in prevalence that continued until the end of the available data series. This age group had the highest prevalence of vaping throughout 2022.

Among those aged 25 to 34 years, the six-monthly prevalence of current vaping steadily increased from the last half of 2020, with a somewhat slowed rate of increase in late 2022.

Among those aged 35 to 49 years, the prevalence of current vaping increased from early 2020 and this rate of increase continued until the first half of 2022. In July-September

2022, vaping prevalence slightly decreased and this age group had the second lowest prevalence of current vaping throughout 2022.

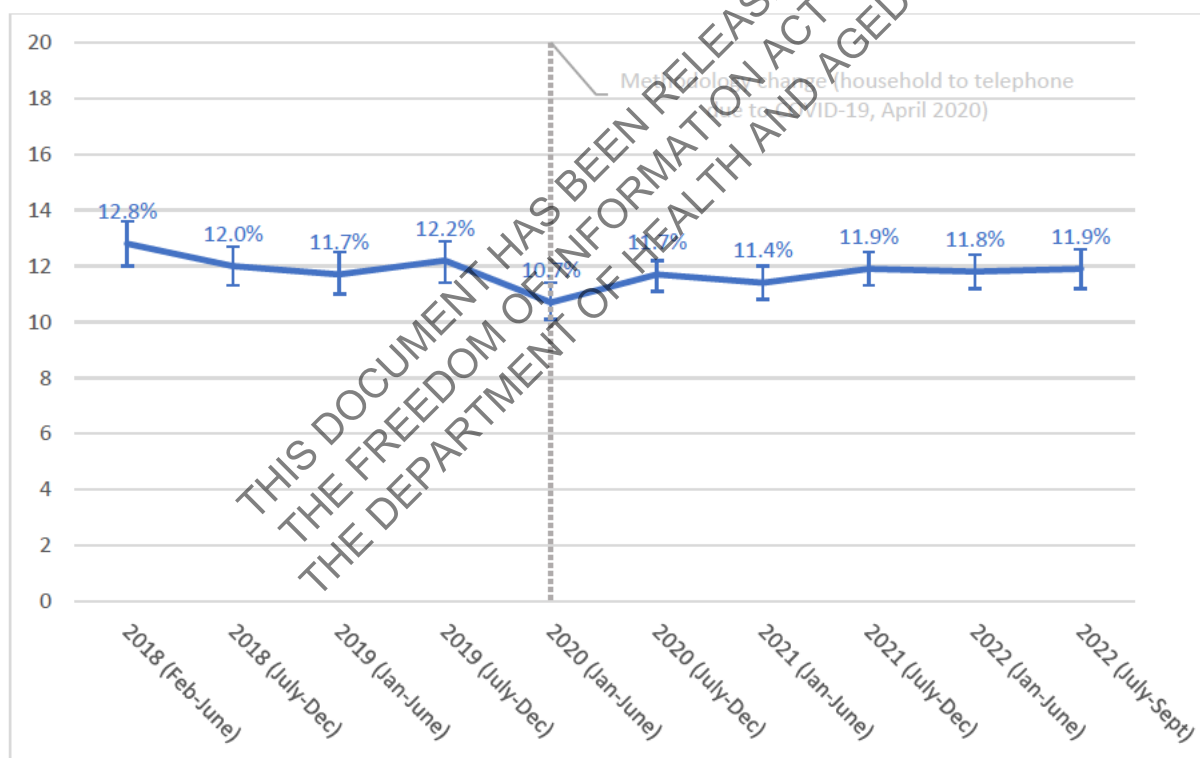
The lowest six-monthly prevalence of current vaping was observed between 2020 and 2022 among those aged 50+ years, with no clearly observable increase in use over the entire period.

Current smoking per six-month period

Figure 3 shows current smoking prevalence for each six-month period for the population aged 14+ years.

Smoking prevalence was fairly stable over time with the exception of the period covering the start of the pandemic which indicated lower smoking prevalence.

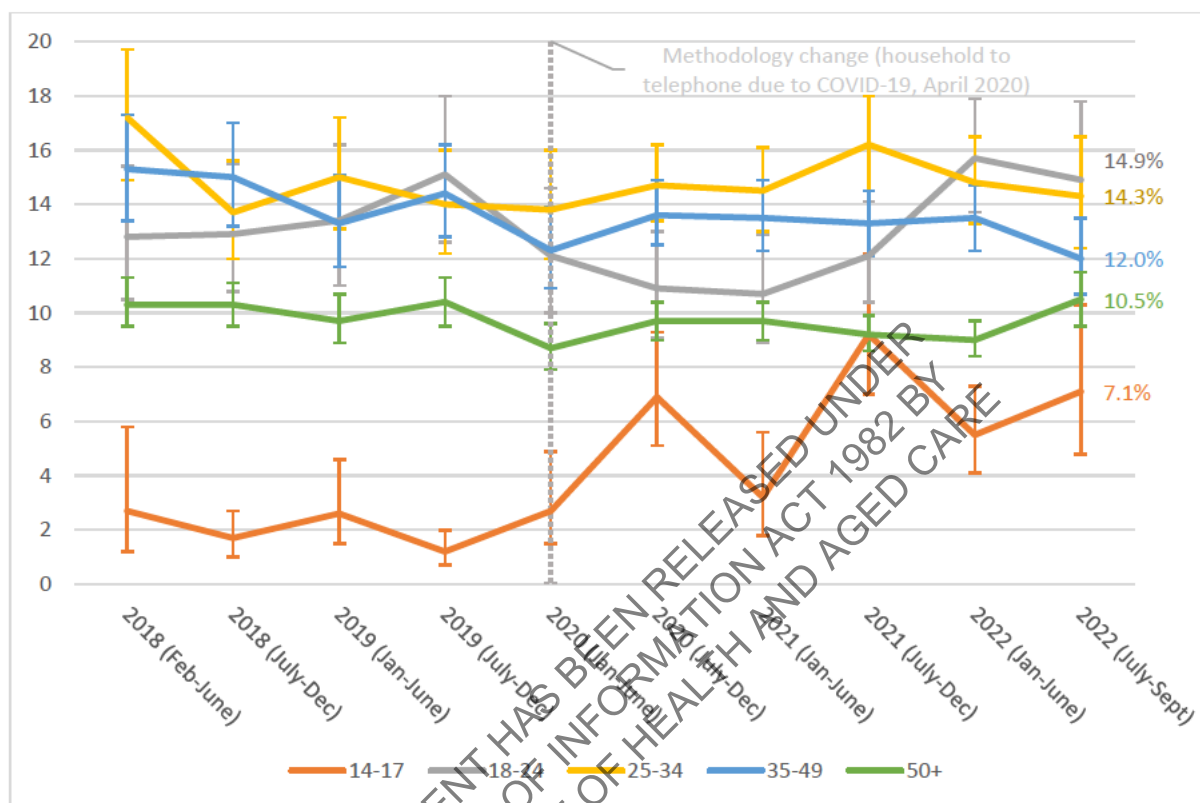
Figure 3: Six-monthly prevalence of current smoking for population aged 14+ years, 2018 to 2022 (weighted %).



Current smoking: smokes factory-made cigarettes or smoked roll-your-own cigarettes in the past month. Error bars represent 95% confidence intervals.

Figure 4 shows six-monthly prevalence of current smoking for five age groups over time.

Figure 4: Six-monthly prevalence of current smoking by age group, 2018 to 2022 (weighted %).



Current smoking: smokes factory-made cigarettes or smoked roll-your-own cigarettes in the past month. Error bars represent 95% confidence intervals.

Among those aged 14 to 17 years, the prevalence of current smoking was consistently low and relatively stable early in the series. The variability of estimates increased in this age group from late 2020, although on average the smoking prevalence estimates over this more recent period tended to trend upwards.

Among those aged 18 to 24 years, smoking prevalence tended to slowly trend upwards to late 2019 and then downwards until early 2021 before rising again in late 2021 to a peak in early 2022.

Current smoking prevalence tended to be relatively flat and highest among those aged 25 to 34 years and this was more consistently observed from early 2020, although prevalence was slightly higher among 18-24 year olds throughout 2022.

Among those aged 35 to 49 years, the six-monthly prevalence of current smoking trended downwards to early 2020 and remained relatively flat thereafter.

Finally, among those aged 50+ years, the six-monthly prevalence of current smoking trended towards a marginal decline over time to early 2020, then increased very slightly and remained stable through to the end of the series.

Smoking, vaping, and exclusive and dual use

Table 1 shows the prevalence for each year of smoking (aggregating data shown in Figures 3-4 to yearly totals), exclusive smoking (i.e. current smokers who did not currently vape), vaping (aggregating data shown in Figures 1-2 to yearly totals), exclusive vaping (i.e. those who currently vaped but did not currently smoke), vaping and/or smoking (i.e. those who currently vaped and/or smoked), and dual product use (i.e. those who currently vaped and smoked).

For the population aged 14+ years, the annual prevalence of exclusive smoking gradually trended downwards, while the prevalence of exclusive vaping and dual use both trended upwards with large increases from 2020 to 2022. Vaping and/or smoking was relatively stable between 2018 and 2020, before large increases in 2021 and 2022.

Overall, the prevalence of exclusive smoking was much higher than the prevalence of exclusive vaping or the prevalence of dual use.

Considering the total population in 2022, there were many more current smokers (11.8% were exclusive smokers or dual users) than current vapers (7.3% were exclusive vapers or dual users). In 2022, 16.5% of the population aged 14+ vaped and/or smoked.

Table 1 also shows the prevalence of smoking and vaping for five age groups.

Exclusive vaping was most common in 2022 among the younger age groups and least common among those aged 50+ years.

Dual use was most common in 2022 among those aged 18 to 24 years and 25 to 34 years, and least common among those aged 50+ years.

Exclusive smoking was highest in 2022 among those aged 25 to 34 years and 35 to 49 years, followed by those aged 50+ years.

For those aged 14-17 years, there were more current vapers (11.3%) than current smokers (6.0%) in 2022. There were also more current vapers (21.7%) than smokers (15.4%) among those aged 18-24 years. However, for all older age groups, there were more current smokers than current vapers. Among those aged 25 to 34 years, 14.6% were current smokers and 13.7% were current vapers, while among those aged 35 to 49 years, 13.0% were current smokers and 4.9% were current vapers. Finally, among those aged 50+ years, 9.5% were current smokers and 1.4% were current vapers.

Table 1: Annual prevalence of smoking, vaping, vaping and/or smoking, exclusive and dual use of tobacco and e-cigarettes, 2018 to 2022* (weighted %).

	2018 % [95% CI]	2019 % [95% CI]	2020 % [95% CI]	2021 % [95% CI]	2022 % [95% CI]
Total aged 14+ (n respondents=63,374)					
Smoking	12.3 [11.8,12.9]	11.9 [11.4,12.5]	11.2 [10.8,11.6]	11.6 [11.2,12.1]	11.8 [11.4,12.3]
Exclusive smoking	11.5 [10.9,12.0]	10.7 [10.2,11.2]	10.1 [9.7,10.5]	9.6 [9.3,10.0]	9.2 [8.9,9.6]
Vaping	1.4 [1.2,1.6]	1.8 [1.6,2.0]	2.5 [2.2,2.7]	5.5 [5.2,5.9]	7.3 [6.9,7.7]
Exclusive vaping	0.5 [0.4,0.6]	0.5 [0.4,0.7]	1.3 [1.2,1.5]	3.5 [3.3,3.8]	4.7 [4.4,5.1]
Vaping and/or smoking	12.8 [12.3,13.4]	12.5 [12.0,13.0]	12.5 [12.1,13.0]	15.2 [14.7,15.6]	16.5 [16.0,17.1]
Dual use	0.9 [0.7,1.1]	1.2 [1.1,1.4]	1.1 [1.0,1.3]	2.0 [1.8,2.2]	2.6 [2.3,2.8]
14-17 years (n respondents=3,431)					
Smoking	2.1 [1.3,3.5]	1.9 [1.3,2.9]	4.8 [3.7,6.3]	6.2 [4.8,8.0]	6.0 [4.8,7.6]
Exclusive smoking	1.9 [1.1,3.2]	1.6 [1.0,2.6]	4.2 [3.2,5.6]	3.4 [2.3,4.9]	2.9 [2.1,4.1]
Vaping	0.8 [0.4,1.5]	0.8 [0.4,1.4]	2.1 [1.2,3.5]	9.8 [7.9,12.0]	11.3 [9.5,13.4]
Exclusive vaping	0.5 [0.2,1.3]	0.5 [0.2,1.1]	1.5 [0.8,2.9]	6.9 [5.3,9.0]	8.2 [6.7,10.1]
Vaping and/or smoking	2.6 [1.7,4.0]	2.4 [1.7,3.5]	6.3 [4.9,8.2]	13.1 [11.0,15.6]	14.2 [12.2,16.5]
Dual use	0.3 [0.1,0.6]	0.3 [0.1,0.6]	0.6 [0.2,1.4]	2.9 [2.0,4.0]	3.1 [2.3,4.3]
18-24 years (n respondents=7,315)					
Smoking	12.9 [11.3,14.7]	14.2 [12.5,16.2]	11.5 [10.1,13.1]	11.4 [10.1,12.8]	15.4 [13.8,17.2]
Exclusive smoking	11.7 [10.1,13.4]	11.7 [10.0,13.5]	8.4 [7.2,9.8]	6.7 [5.7,7.9]	7.6 [6.5,8.8]
Vaping	2.0 [1.4,2.7]	3.5 [2.7,4.6]	5.6 [4.6,6.8]	15.5 [14.0,17.1]	21.7 [19.8,23.7]

	2018	2019	2020	2021	2022
	% [95% CI]	% [95% CI]	% [95% CI]	% [95% CI]	% [95% CI]
Exclusive vaping	0.8 [0.4,1.4]	0.9 [0.6,1.4]	2.5 [1.9,3.3]	10.8 [9.5,12.2]	13.8 [12.3,15.5]
Vaping and/or smoking	13.6 [12.0,15.5]	15.1 [13.3,17.2]	14.0 [12.5,15.7]	22.2 [20.4,24.0]	29.3 [27.2,31.4]
Dual use	1.2 [0.8,1.7]	2.6 [1.9,3.6]	3.1 [2.3,4.1]	4.7 [3.9,5.6]	7.9 [6.7,9.3]
25-34 years (n respondents=12,384)					
Smoking	15.3 [13.9,16.8]	14.5 [13.2,15.9]	14.3 [13.1,15.4]	15.3 [14.2,16.5]	14.6 [13.4,16.0]
Exclusive smoking	13.7 [12.3,15.1]	12.4 [11.2,13.8]	12.4 [11.4,13.6]	11.7 [10.7,12.8]	10.0 [9.0,11.2]
Vaping	2.3 [1.7,3.0]	2.8 [2.2,3.5]	3.9 [3.4,4.5]	9.7 [8.7,10.7]	13.7 [12.5,15.0]
Exclusive vaping	0.6 [0.4,1.0]	0.7 [0.5,1.0]	2.1 [1.7,2.6]	6.1 [5.3,6.9]	9.1 [8.1,10.2]
Vaping and/or smoking	15.9 [14.5,17.4]	15.2 [13.9,16.7]	16.4 [15.2,17.6]	21.4 [20.1,22.7]	23.7 [22.2,25.3]
Dual use	1.6 [1.1,2.3]	2.1 [1.6,2.7]	1.8 [1.5,2.2]	3.6 [3.0,4.3]	4.6 [3.9,5.4]
35-49 years (n respondents=15,986)					
Smoking	15.1 [13.8,16.5]	13.9 [12.7,15.1]	13.0 [12.0,14.0]	13.4 [12.5,14.3]	13.0 [12.1,14.0]
Exclusive smoking	14.2 [12.9,15.6]	13.0 [11.9,14.2]	12.1 [11.2,13.1]	11.8 [11.0,12.7]	11.3 [10.4,12.2]
Vaping	1.4 [1.1,1.8]	1.5 [1.1,1.8]	2.3 [1.9,2.7]	3.7 [3.2,4.2]	4.9 [4.3,5.6]
Exclusive vaping	0.5 [0.3,0.7]	0.6 [0.4,0.9]	1.4 [1.1,1.8]	2.1 [1.8,2.6]	3.2 [2.7,3.7]
Vaping and/or smoking	15.6 [14.3,17.0]	14.4 [13.3,15.7]	14.4 [13.4,15.5]	15.5 [14.6,16.5]	16.2 [15.2,17.2]
Dual use	0.9 [0.7,1.3]	0.9 [0.7,1.2]	0.9 [0.7,1.1]	1.6 [1.3,1.9]	1.7 [1.4,2.1]
50+ years (n respondents=24,259)					
Smoking	10.3 [9.7,10.9]	10.1 [9.4,10.7]	9.2 [8.7,9.8]	9.5 [9.0,9.9]	9.5 [8.9,10.1]
Exclusive smoking	9.8 [9.2,10.4]	9.3 [8.7,10.0]	8.8 [8.3,9.4]	8.9 [8.4,9.3]	8.8 [8.3,9.4]

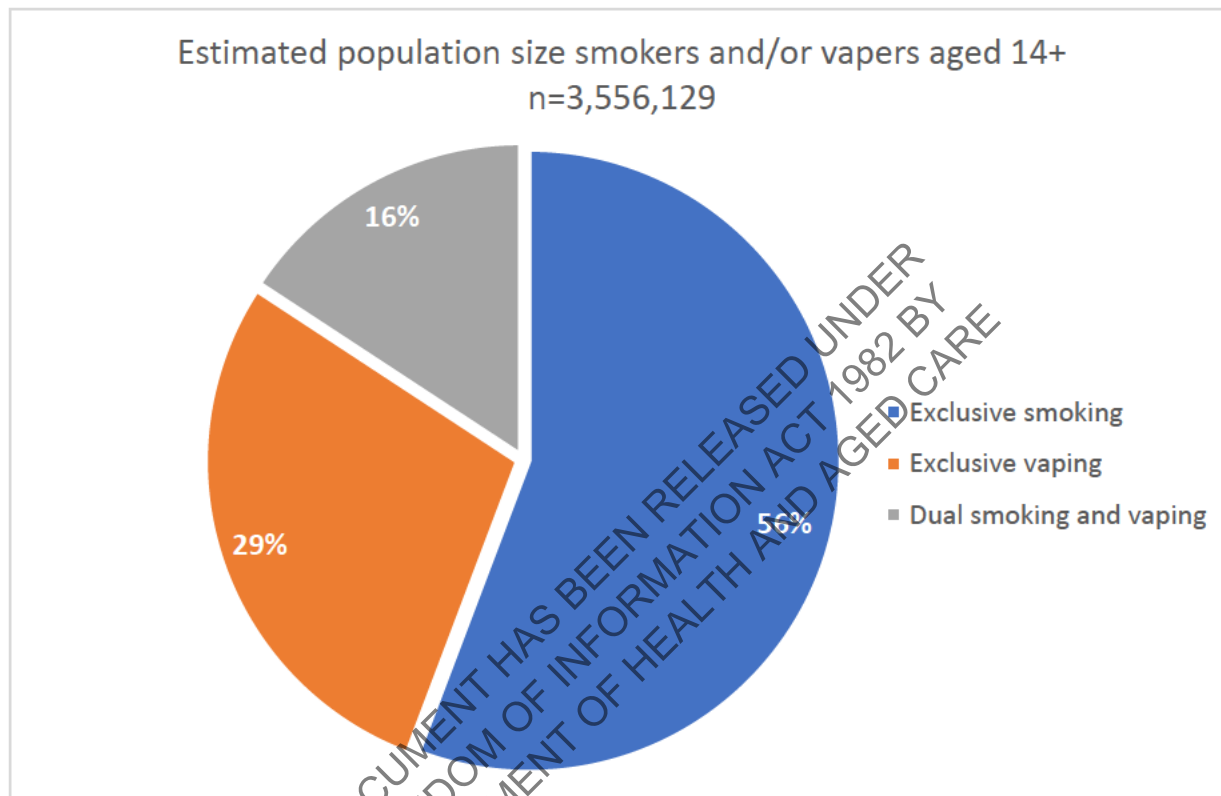
	2018		2019		2020		2021		2022	
	%	[95% CI]	%	[95% CI]	%	[95% CI]	%	[95% CI]	%	[95% CI]
Vaping	0.7	[0.6,0.9]	1.0	[0.8,1.3]	0.9	[0.7,1.0]	1.3	[1.1,1.5]	1.4	[1.2,1.7]
Exclusive vaping	0.3	[0.2,0.4]	0.3	[0.2,0.4]	0.5	[0.4,0.6]	0.7	[0.6,0.8]	0.7	[0.6,0.9]
Vaping and/or smoking	10.6	[10.0,11.2]	10.4	[9.7,11.0]	9.7	[9.2,10.3]	10.2	[9.7,10.7]	10.2	[9.7,10.8]
Dual use	0.5	[0.4,0.6]	0.7	[0.5,1.0]	0.4	[0.3,0.5]	0.6	[0.5,0.7]	0.7	[0.5,0.9]

Notes. *2018 includes February to December only, 2022 includes January to September only. Smoking: smokes factory-made cigarettes or smoked roll-your-own cigarettes in the past month, Vaping: used e-cigarettes in the past month, Exclusive smoking: current smoker but not current vaper, Exclusive vaping: current vaper but not current smoker, Vaping and/or smoking: current vaper and/or current smoker, Dual use: current smoker and current vaper.

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Figure 5 shows that considering only those in the population who were current smokers and/or vapers in 2022 (January-September), 56% were exclusive smokers, 16% both smoked and vaped and 29% exclusively vaped.

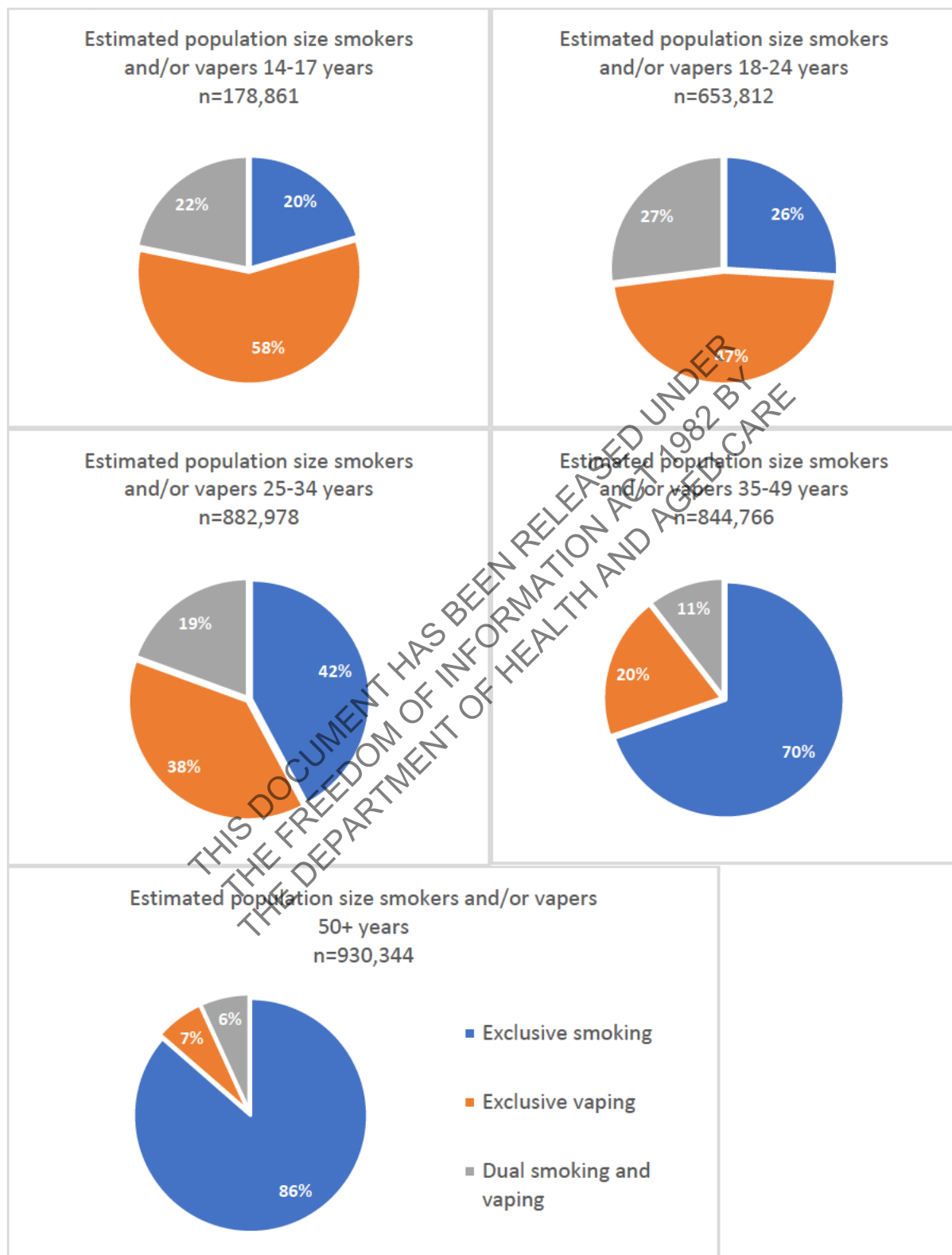
Figure 5: Distribution of product use among all smokers and/or vapers aged 14+ years, 2022 (January – September, weighted %).



Notes. Estimated population size Australia wide. Exclusive smoking: current smoker but not current vaper. Exclusive vaping: current vaper but not current smoker. Dual use: current smoker and current vaper. Percentages may not add to 100 due to rounding.

Figure 6 (next page) shows that among all smokers and vapers within each age group, only among the two youngest age groups was exclusive vaping more common than exclusive smoking. Within the older age groups, smoking was more common than vaping.

Figure 6: Distribution of product use among all smokers and vapers for five age groups, 2022 (weighted %).

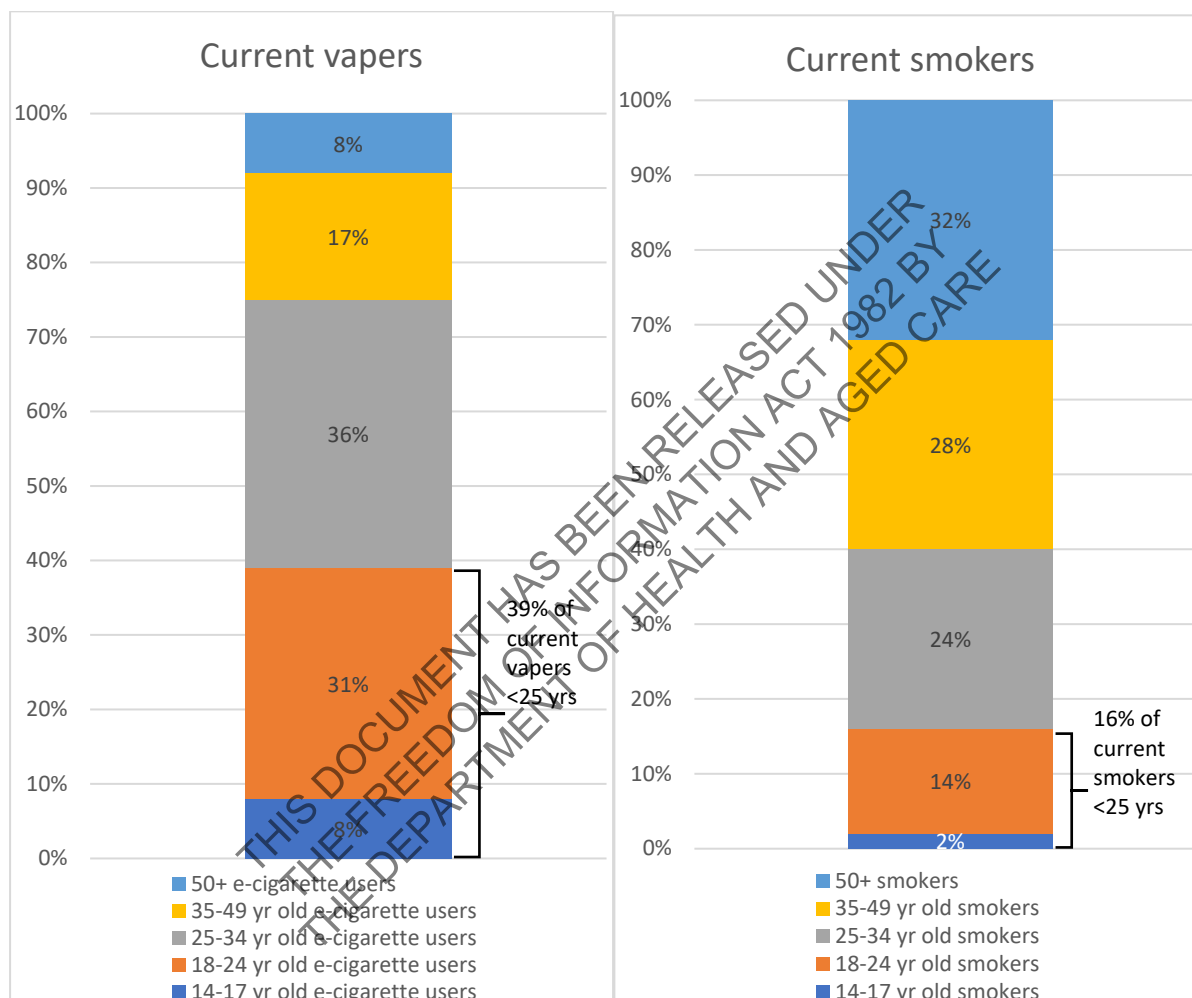


Notes. Estimated population size Australia wide. Exclusive smoking: current smoker but not current vaper. Exclusive vaping: current vaper but not current smoker. Dual use: current smoker and current vaper. Percentages may not add to 100 due to rounding.

Finally, we investigated the age distributions of current vapers and current smokers in Australia (including dual users).

Figure 7 shows that 39% of current vapers were aged under 25 years of age, compared to 16% of current smokers.

Figure 7: Distribution by age group for current vapers and current smokers in Australia, 2022 (January-September, weighted %).



Current vapers: used e-cigarettes in the past month. Current smokers: smokes factory-made cigarettes or smoked roll-your-own cigarettes in the past month.

Discussion

This study found a large increase in the six-month population prevalence of current vaping from late 2020 and continuing throughout 2022. This increase was particularly apparent among those aged 14 to 17 years, 18 to 24 years, and 25-34 years. The annual prevalence of current vaping showed a consistent picture with large increases over time in the prevalence of exclusive vaping and dual product use between 2020 and 2022 in the overall population, but especially for the three youngest age groups.

While six-monthly population prevalence of current smoking appeared relatively stable over time, within this, the annual prevalence of exclusive smoking appeared to gradually trend downwards over time, while the prevalence of dual use of tobacco and e-cigarettes trended upwards with large increases between 2020 and 2022. There were also different patterns by age group: while overall smoking prevalence remained relatively stable for respondents aged 25 and older, there were increases in smoking between 2021 and 2022 in those aged 14-17 and 18-24.

In 2022, the Australian population aged 14+ years was estimated to contain over 3.5 million smokers and vapers, with current smokers (11.8% of the population) outnumbering current vapers (7.3%). However, among those aged 14 to 17 years and 18 to 24 years, there were more current vapers than current smokers. Among older participants, the prevalence of smoking was higher than vaping, especially for the two older age groups aged 35 to 49 years and 50+ years.

The Australian Bureau of Statistics has reported data from the National Health Survey and supplementary surveys conducted in late 2020 and early 2021 that approximately 2.2% (+/-0.4) of Australians 15 years and older were currently using e-cigarettes in that period.[8] This is similar to the 2.4% we found here for those 14+ years in 2020 and somewhat lower than the 5.5% we report for 2021. The ABS reported prevalence of 4.8% (+/-2.4%) in late 2020 and early 2021 among those aged 18 to 24 years, similar to the 5.6% we found here for 2020, but markedly lower than the 15.5% we report for 2021. These differences between surveys may be attributable to different time periods and definitions of current vaping¹ and the varying survey methods.

The Australian prevalence estimates reported here are lower than current vaping estimates for Victoria reported by our group using telephone surveys in November 2018+November 2019 (n=8,000) but higher than our estimate from a further very large survey over the first five months of 2022 (n=12,000).[9] These surveys found 3.0% of Victorians aged 18+ years were current vapers in 2018+2019 increasing to 6.1% in early 2022. Among those aged 18 to 24 years, the figures were 7.2% in 2018+2019 increasing to 17.6% in 2022. Again, variation in estimates between surveys may reflect varying survey periods, differing definitions of vaping², and jurisdictional differences.

¹ The ABS define current vaping as 'currently using e-cigarettes or vaping devices daily, weekly or less than weekly', whereas the Roy Morgan survey question defined current vaping as 'used an e-cigarette or vaping device in the past month'.

² The Victorian Smoking and Health Survey defined current vaping as 'currently vaping either daily, weekly, monthly but less than weekly, or less than monthly'.

Strengths of the Roy Morgan Research survey series are its use of consistent questions to measure smoking and vaping, its large sample size overall and for most age groups, and the surveying of the population each month which permits more flexible aggregation of data over particular time periods to ensure a greater sample size in subgroups for discerning longer-term trends.

Limitations of the survey include the smaller sample sizes in some months especially for the 14 to 17 age group in 2020-2022 that made prevalence estimates highly variable. For this reason, we aggregated monthly data to the six-month level to examine time trends within age groups in the binary outcomes of current smoking and current vaping. We further aggregated data to the year level to examine the overall picture across the years within age groups of exclusive smoking, exclusive vaping and dual use of products.

The change in sampling method from households to telephone could have affected prevalence estimates but estimates at and around the month of method change suggest no observable change in prevalence at this time (see Appendix). Rather, the changes in prevalence we observed tended to emerge later in 2020 and into 2021.

Lockdown periods may have influenced preparedness to participate in surveys, to accurately self-report one's smoking and/or vaping, and also the likelihood of being a current smoker and/or current vaper. For this reason, we represented the most substantial periods of lockdown in our graphs and observed that such periods may have been associated with less likelihood of vaping among younger age groups. Lockdown periods provide more opportunity for parental scrutiny and under these circumstances, young people may be more likely to under-report some undesired behaviours.[10] There is also some evidence that young teenagers had less opportunity to engage in vaping behaviours during prolonged periods of lockdown.[1]

Finally, while our data series did not cover Australia as a whole, it was comprised of respondents in the largest Australian capital cities of Sydney, Melbourne, Brisbane, Perth and Adelaide which covers 64% of the population aged 14+ years.[7] However, smoking prevalence tends to be higher in rural than urban locations[11] so smoking prevalence for the nation may be slightly higher.

Acknowledgements

We thank the Roy Morgan Research company for provision of the dataset used in this report.

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Appendix: Preliminary inspection of month-level estimates of current vaping and current smoking

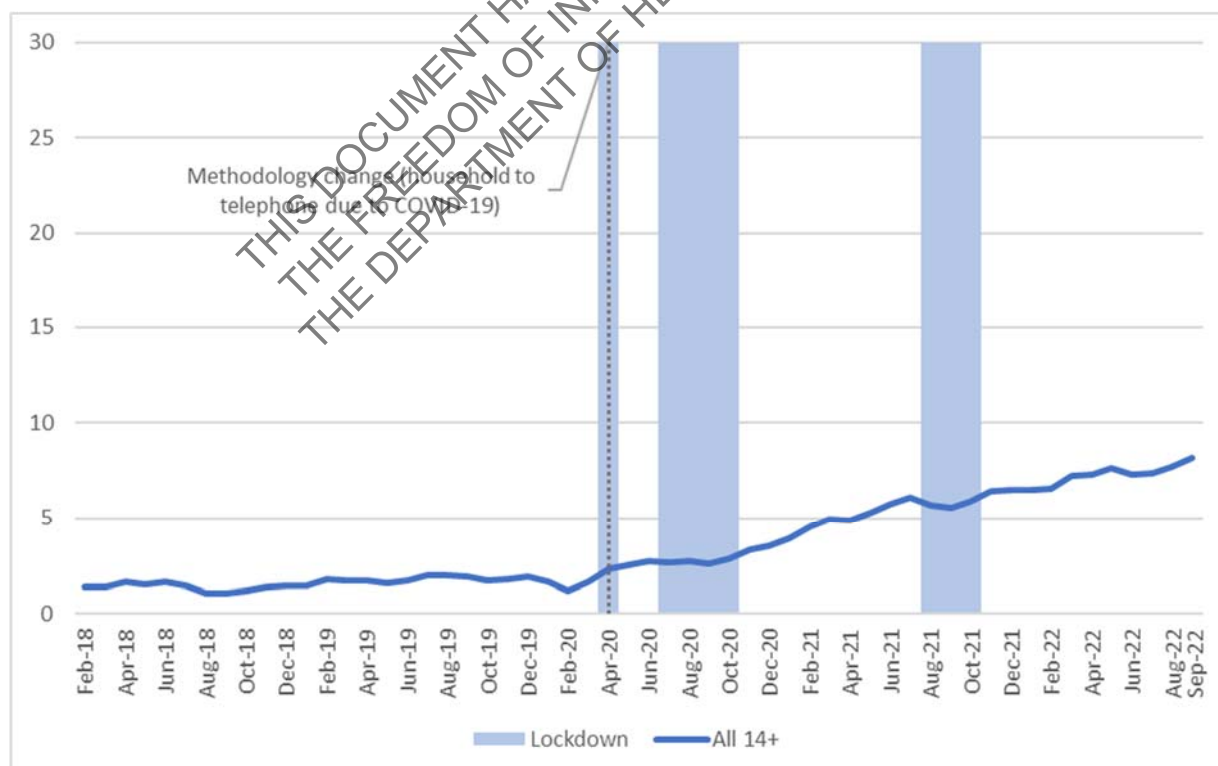
Current vaping per month

Figure A1 shows the monthly prevalence of current vaping (vaped in the past month) for the population aged 14+ years from February 2018 to September 2022, plotted against shaded periods when at least one of the cities was locked down for >15 days of a month.

The change from household sampling to telephone sampling was not associated with any notable change in current vaping prevalence estimates.

Overall, the prevalence of current vaping increased markedly later in the series, mostly likely commencing from the last quarter of 2020. We observed a plateauing of that increase during the lockdown period of 2021 and a return to a stable escalation of vaping prevalence thereafter.

Figure A1: Monthly prevalence of current vaping for population aged 14+ years, February 2018 to September 2022 (weighted %).



Shaded areas show >15 days of month in lockdown across at least one entire city (Sydney, Melbourne, Brisbane, Perth, Adelaide). Moving average applied (x, x-1, x+1) to smooth monthly trend lines. Current vaping: used e-cigarettes in the past month.

Figure A2 shows the monthly prevalence of current vaping for five age groups from February 2018 to September 2022.

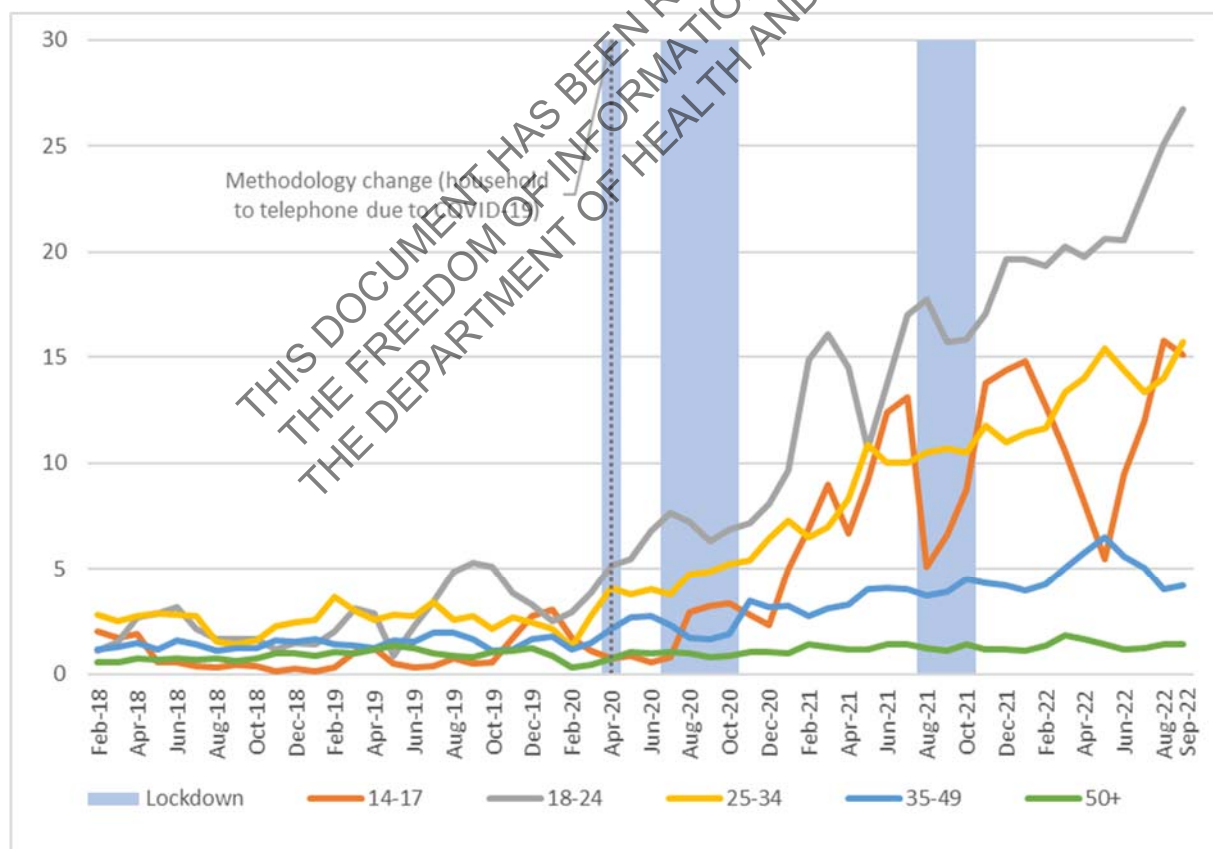
Again, the change from household sampling to telephone sampling was not associated with any notable change in current vaping prevalence estimates within age groups.

Despite using monthly moving averages to smooth estimates, monthly prevalence estimates were highly variable for the two youngest age groups, particularly later in the series.

Current vaping prevalence markedly increased over time among those aged 14 to 17 years, 18 to 24 years and 25 to 34 years (although there was very high variability in estimates for 14-17 year olds). Towards the end of the series, vaping prevalence was highest in these age groups. Those aged 35 to 49 years showed a slower and smaller increase in prevalence of current vaping, and current vaping was consistently low among those aged 50+ years.

Vaping prevalence estimates appeared lower in the two younger age groups over the 2021 period of lockdown.

Figure A2: Monthly prevalence of current vaping by age group, February 2018 to September 2022 (weighted %).



Shaded areas show lockdown >15 days of month in lockdown across at least one entire city (Sydney, Melbourne, Brisbane, Perth, Adelaide). Moving average applied (x, x-1, x+1) to smooth monthly trend lines. Current vaping: used e-cigarettes in the past month.

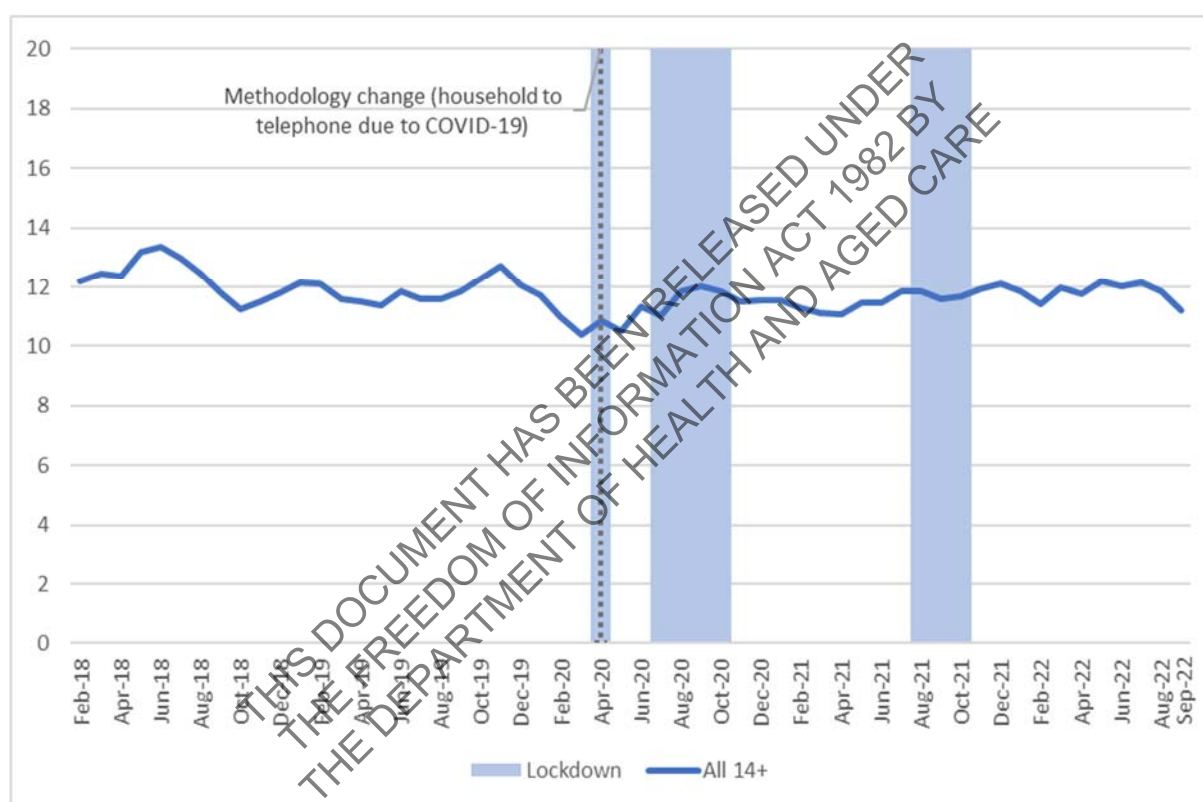
Current smoking per month

Figure A3 shows the prevalence of current smoking for the population aged 14+ years from February 2018 through September 2022.

The change in survey sampling in April 2020 was not associated with any notable change in the estimates.

Overall, prevalence appeared to be slowly declining until mid to late 2020, after which prevalence appeared to level off or marginally increase.

Figure A3: Monthly prevalence of current smoking for population aged 14+ years, February 2018 to September 2022 (weighted %).



Shaded areas show lockdown >15 days of month in lockdown across at least one entire city (Sydney, Melbourne, Brisbane, Perth, Adelaide). Moving average applied (x, x-1, x+1) to smooth monthly trend lines. Current smoking: smokes factory-made cigarettes or smoked roll-your-own cigarettes in the past month.

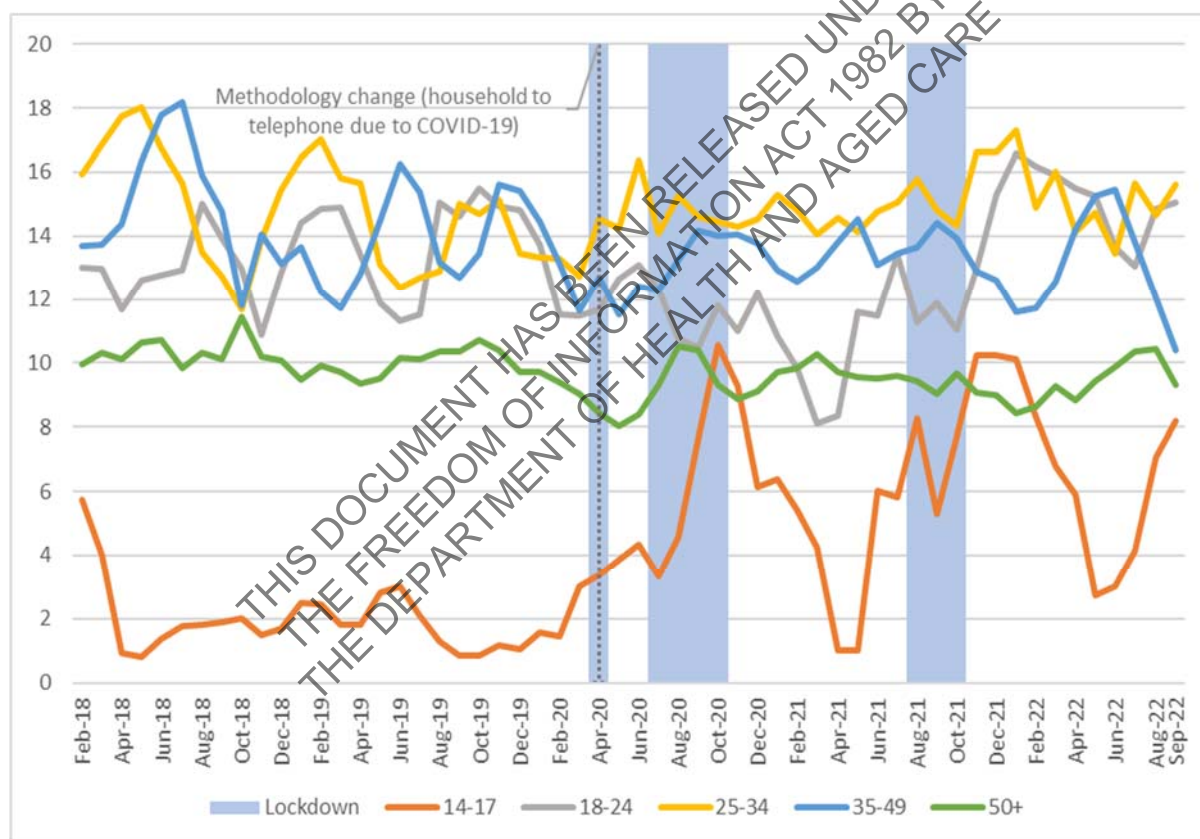
Figure A4 shows prevalence of current smoking each month for five age groups from February 2018 to September 2022.

The change from household sampling to telephone sampling was not associated with any notable change in current smoking prevalence estimates within age groups.

Despite using monthly moving averages to smooth estimates, monthly smoking prevalence estimates became highly variable for the 14 to 17 year age group from late 2020 and in some months moved much closer to estimates of smoking prevalence in the adult age groups.

Monthly current smoking prevalence was generally highest throughout the data series among those aged 18 to 24 years, 25 to 34 years, and 35 to 49 years.

Figure A4: Monthly prevalence of current smoking by age group, February 2018 to September 2022 (weighted %).



Shaded areas show lockdown >15 days of month in lockdown across at least one entire city (Sydney, Melbourne, Brisbane, Perth, Adelaide). Moving average applied (x, x-1, x+1) to smooth monthly trend lines. Current smoking: smokes factory-made cigarettes or smoked roll-your-own cigarettes in the past month.

Attachment C

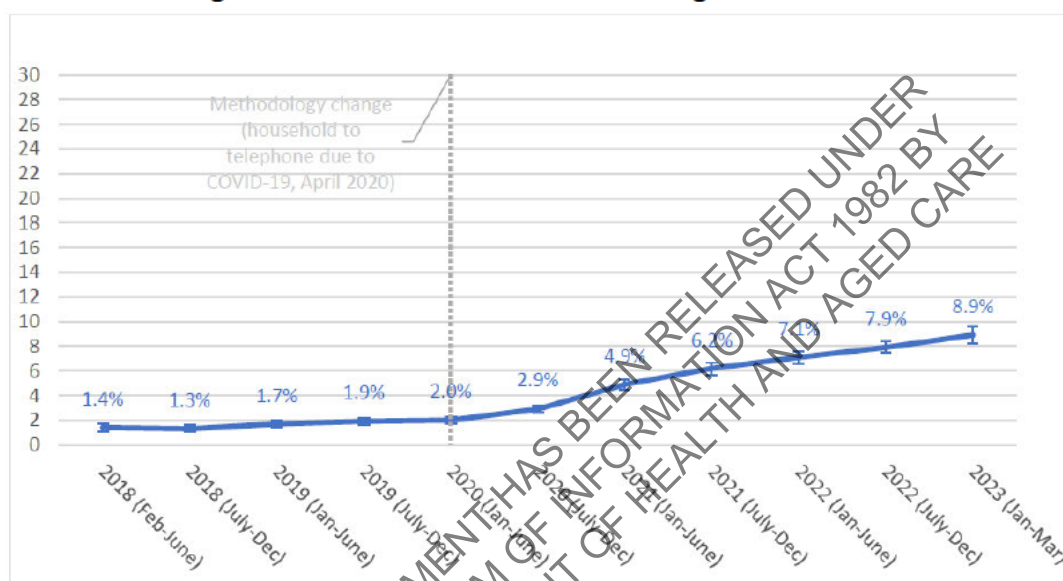
Summary of CCV reports:
Current vaping and current smoking in the Australian population aged 14+ years

Key findings

- In early 2023, the Australian population aged 14+ years was estimated to contain over 3.5 million smokers and vapers, with current smokers (11.8% of the population) outnumbering current vapers (8.9%).

Trends in vaping prevalence

- The report indicates a marked increase in the prevalence of vaping in Australia. The increase began in late 2020 and continued through 2023.



Current vaping: used e-cigarettes in the past month. Error bars represent 95% confidence intervals around survey estimates.

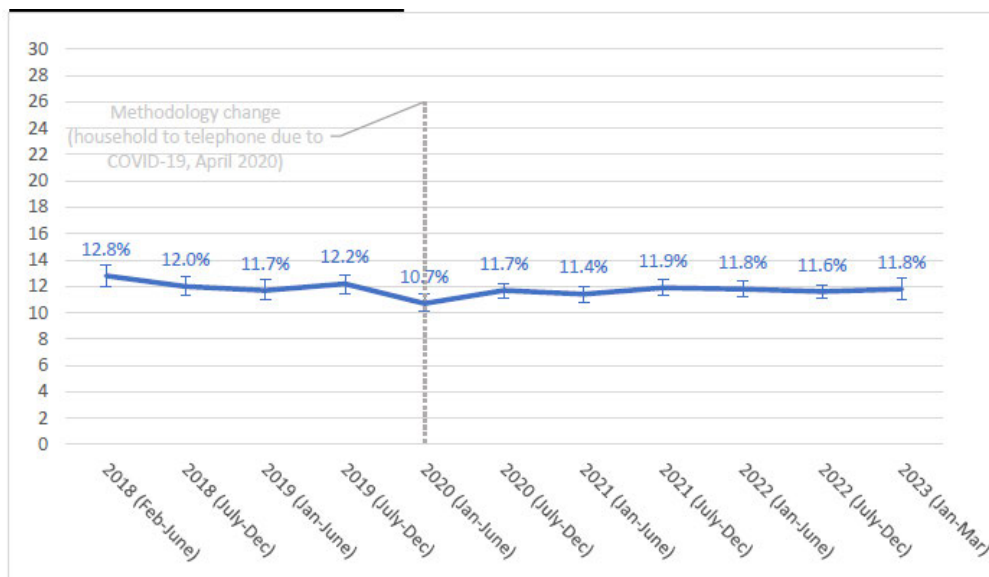
Figure 1. Six-monthly prevalence of current vaping for population aged 14+ years 2018 to 2023 (weighted %)

- Between 2020 and 2023, the prevalence of persons currently vaping (defined by any use of an e-cigarette or vaping product in the last month) increased most noticeably in the following age groups:

Age group	Early 2020	Early 2023
14-17 years	2.1%	14.5%
18-24 years	5.6%	19.8%
25-34 years	3.9%	17.4%

Trends in smoking prevalence

- Six monthly population prevalence of current smoking appeared relatively stable over time for the overall Australian population aged 14+ years (see Figure 2).
- The annual prevalence of *exclusive smoking* appeared to gradually trend downwards over time, while the prevalence of *dual use of tobacco and e-cigarettes* trended upwards with large increases between early 2020 and early 2023.



Current smoking: smokes factory-made cigarettes or smoked roll-your-own cigarettes in the past month. Error bars represent 95% confidence intervals.

Figure 2. Six-monthly prevalence of current smoking for population aged 14+ years, 2018 to 2023 (weighted %)

- Estimates for those aged 14 to 17 years throughout 2020, 2021, 2022, and 2023 were erratic and should be interpreted with caution. However, current smoking prevalence among respondents aged 14 to 17 years trended upward between early 2020 (~3%) and early 2023 (~13%).

Analysis

- The finding that current smoking rates in the general population have stayed relatively stable between early 2020 and early 2023 suggests that new measures and investments in tobacco control by all Australian governments are warranted:
 - The development of new tobacco control legislation which you announced in November 2022, and the new tobacco control measures you announced as part of the 2023-24 Budget will provide an important contribution to further reducing smoking prevalence.
 - It is likely that additional regulatory and non-regulatory measures as outlined in the National Tobacco Strategy 2023-2030 will be required to reach the Government's 2030 smoking targets for the general population and First Nations people.
- The rising prevalence of vaping in the community continues to pose significant risks to tobacco control and population health in view of:
 - Increasing levels of current vaping reported, particularly among young people;
 - Evidence of high levels of dual use of e-cigarettes and tobacco products; and
 - Surrounding evidence that:
 - vaping increases the likelihood of smoking uptake, particularly among young people;
 - the population level effectiveness of e-cigarettes on smoking cessation is limited; and
 - e-cigarette use poses a range of direct risks to physical and mental health.

- The Department will continue to monitor trends and patterns of use of tobacco and e-cigarette products as part of a wider set of monitoring and evaluation activities to support the implementation of the National Tobacco Strategy 2023-2030.

Background

- The reports are based on analyses of data from the Roy Morgan Research company national "Single Source" monthly survey of Australians aged 14+ years.
- The survey samples include participants living in Sydney, Melbourne, Brisbane, Perth and Adelaide. The authors suggest that the actual prevalence of smoking may be higher across Australia, as population surveys usually show that smoking prevalence is higher in rural areas. However, some studies indicate that the prevalence of persons who use vaping products may be higher in urban areas.
- The data in the CCV reports should not be compared to other nationwide surveys or reports. This report codes any "yes" response to questions about smoking in the last month as a "current smoker", whereas Australian Bureau of Statistics surveys differentiates answers based on a respondent's frequency of smoking.

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Minister	Minister Butler
PDR Number	MS23-000755
Subject	Publication of Cancer Council Victoria Analysis of Vaping and Smoking data in Australia
Critical Date	NA
Contact Officer	Celia Street (02) 6289 3694 s47F
Clearance Officer	Tania Rishniw (02) 6289 1235 s47F
Division/Branch	Primary and Community Care Population Health
Has Budget Branch been consulted if there are financial implications?	Not Applicable

Adviser/DLO comments:	Returned to Dept for: REDRAFT <input type="checkbox"/> NFA <input type="checkbox"/>
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