

# National Healthcare Agreement: PI 04-Rates of current daily smokers, 2013 QS

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## Identifying and definitional attributes

<b>Metadata item type:</b>	Data Quality Statement
<b>METEOR identifier:</b>	511905
<b>Registration status:</b>	<a href="#">Health</a> , Superseded 14/01/2015

## Data quality

<b>Institutional environment:</b>	<p>The Australian Health Survey (AHS)/National Health Survey (NHS) was collected, processed, and published by the Australian Bureau of Statistics (ABS). The ABS operates within a framework of the <i>Census and Statistics Act 1905</i> and the <i>Australian Bureau of Statistics Act 1975</i>. These ensure the independence and impartiality from political influence of the ABS, and the confidentiality of respondents.</p> <p>For more information on the institutional environment of the ABS, including the legislative obligations of the ABS, financing and governance arrangements, and mechanisms for scrutiny of ABS operations, please see ABS Institutional Environment.</p>
<b>Timeliness:</b>	The AHS is conducted every three years over a 12 month period. Results from the 2011-12 NHS component of the AHS were released in October 2012.
<b>Accessibility:</b>	See <i>Australian Health Survey: First Results</i> (cat. no. 4364.0.55.001) for an overview of results from the NHS component of the AHS. Other information from this survey is also available on request.
<b>Interpretability:</b>	<p>Information to aid interpretation of the data is available from the <i>Australian Health Survey: Users' Guide</i> (cat. no. 4363.0.55.001) on the ABS website.</p> <p>Many health-related issues are closely associated with age; therefore data for this indicator have been age-standardised to the 2001 total Australian population to account for differences in the age structures of the States and Territories. Age standardised rates should be used to assess the relative differences between groups, not to infer the rates that actually exist in the population.</p>
<b>Relevance:</b>	The 2011-13 AHS collected self-reported information on smoker status from persons aged 15 years and over. This refers to the smoking of tobacco, including manufactured (packet) cigarettes, roll-your-own cigarettes, cigars and pipes, but excluding chewing tobacco and smoking of non-tobacco products. The 'current daily smoker' category includes respondents who reported at the time of interview that they regularly smoked one or more cigarettes, cigars or pipes per day.

**Accuracy:**

The AHS is conducted in all States and Territories, excluding very remote areas. Non-private dwellings such as hotels, motels, hospitals, nursing homes and short-stay caravan parks were also not included in the survey.

The exclusion of persons usually residing in very remote areas has a small impact on estimates, except for the Northern Territory, where such persons make up a relatively large proportion of the population. The response rate for the 2011-12 NHS component was 85 per cent. Results are weighted to account for non-response.

As it is drawn from a sample survey, the indicator is subject to sampling error. Sampling error occurs because only a small proportion of the population is used to produce estimates that represent the whole population. Sampling error can be reliably estimated as it is calculated based on the scientific methods used to design surveys. Rates should be considered with reference to their Relative Standard Error (RSE).

Estimates with RSEs between 25 per cent and 50 per cent should be used with caution. Estimates with RSEs greater than 50 per cent are generally considered too unreliable for general use.

Data for Northern Territory in 2011-12 is not comparable to previous years due to the increase in sample size.

This indicator generally has acceptable levels of sampling error for State/Territory by sex and age breakdown, for persons under the age of 65 years. For persons aged 65 years and over, rates should either be used with caution or are considered too unreliable for general use.

RSEs for adult smoking rates by State/Territory and remote areas are mostly greater than 25 per cent and should either be used with caution or are considered too unreliable for general use.

Adult smoking rates generally have acceptable levels of sampling error for State/Territory and SEIFA quintiles, though some rates for Tasmania, Australian Capital Territory and Northern Territory should either be used with caution or are considered too unreliable for general use.

The accuracy of current daily smoker rates, particularly at the finer disaggregation levels is expected to improve in the 2014 reporting cycle with the use of the core sample of 34,000 people. For information on AHS survey design, see the *Australian Health Survey: Users' Guide* (cat. no. 4363.0.55.001) on the ABS website.

**Coherence:**

The methods used to construct the indicator are consistent and comparable with other collections and with international practice. The AHS collected a range of other health-related information that can be analysed in conjunction with smoker status.

Other non-ABS collections, such as the National Drug Strategy Household Survey (NDSHS), report estimates of smoker status. Results from the recent NDSHS in 2010 show slightly lower estimates for current daily smoking than in the 2011-13 AHS. These differences may be due to the greater potential for non-response bias in the NDSHS and the differences in collection methodology.

## Source and reference attributes

**Submitting organisation:** Australian Bureau of Statistics

## Relational attributes

**Related metadata references:**

Supersedes [National Healthcare Agreement: P06-Proportion of adults who are daily smokers, 2010 QS](#)

[Health](#), Superseded 12/03/2015

Has been superseded by [National Healthcare Agreement: PI 04-Rates of current daily smokers, 2014 QS](#)

[Health](#), Superseded 14/01/2015

**Indicators linked to this  
Data Quality statement:**

[National Healthcare Agreement: PI 04-Rates of current daily smokers, 2013  
Health](#), Superseded 30/04/2014