Fact sheet

Smoking inequality trends by disability and income in Australia, 2001 to 2020

CRE–DH
Centre of Research Excellence in Disability and Health

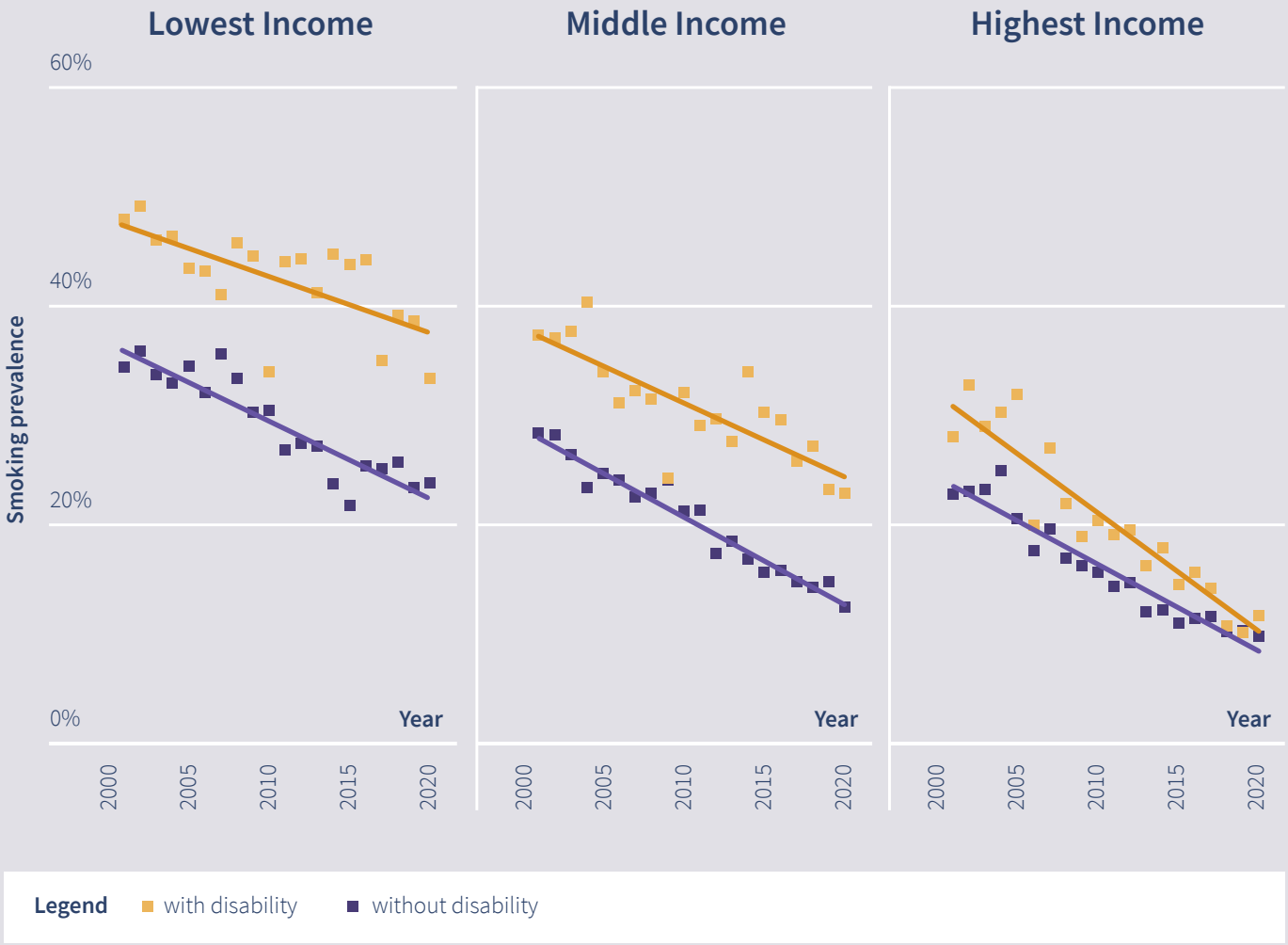
In 2020, people with disability were twice as likely to smoke than people without disability.

But is this the case for all people with disability? Or, like the general population, are people with disability who experience poverty and social exclusion, more likely to smoke? In this factsheet we show that people with disability on low incomes, have much higher levels of smoking than people without disability on low incomes. However, this is not the case for people with disability on high incomes, where there is very little difference in smoking between people with and without disability.

For this research, we used data from the Household, Income and Labour Dynamics in Australia (HILDA) survey. A survey collecting information on the economic and social characteristics, health and family life of people living in Australia. We used survey responses collected from 2001 – 2020.

Key facts

- People with disability are more likely to smoke than people without disability.
- People on low-income and middle incomes are more likely to smoke than those on high incomes.
- The gap in smoking, between people with and without disability, is widening in low- and middle-income groups.
- But the gap in smoking between people with and without disability is closing in the high-income group.



What does this mean?

Overall, disability-related inequalities in smoking are persistent or worsening. But this is not true across the board. For people on high incomes, there is now little to no difference in smoking levels between people with and without disability. Worryingly, for poorer people, this is not the case. There are widening gaps in smoking for people with disability (in comparison to those without disability) especially among those on the lowest incomes.

This study covers a period where tobacco taxes increased in Australia. New taxation was introduced in 2010 followed by annual increases from 2013, successfully reducing overall smoking. Given their effectiveness, it is plausible some of the reductions in smoking among people with disability are attributable to tobacco tax hikes. However, previous research has shown that, apart from tobacco tax increases, tobacco control policies tend to be least effective among disadvantaged groups.

Our data shows that, while tobacco control policies appear to be reducing smoking (good news for public health), people with disabilities, especially those on low incomes, are being left behind (bad news for social equity).

Health policy should focus both on improving average health and reducing inequalities. In this case, tobacco tax increases could be combined with interventions specifically designed for people with disability.

Without a focus on spreading the benefits of effective smoking cessation across low-income groups with disability, health inequalities for people with disability will worsen.

About this study

These findings are from:

Disney, G., Petrie, D., Yang, Y., Aitken, Z., Gurrin, L., & Kavanagh, A. (2023). Smoking Inequality Trends by Disability and Income in Australia, 2001 to 2020. *Epidemiology* 34(2), 302-309. https://www.doi.org/10.1097/EDE.0000000000001582

People with a range of disabilities were included in the study. We placed people into disability subgroups including: sensory; psychological; intellectual; physical disability and acquired brain injury; and "other" disabilities. These are based on disability groupings used in Australia's main source of data on disability prevalence (the Survey of Disability Ageing and Carers).

We calculated household income in each year by adding the income from each of the adults in the household. People were placed in 3 subgroups: low-, middle- and high-income.

People under 50 years old make up 11% of the total disease burden contributed to smoking. To avoid including inequalities where smoking caused the disability reported we restricted the age range to between 15-44 years of age.

Further information

The Centre of Research Excellence in Disability and Health (CRE-DH) generates evidence to guide social and health policy reform with the aim of improving the health of Australians with disability aged 15-64 years and reducing avoidable (inequitable) health and wellbeing disparities between Australians with and without disability.

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