

NHS 2004/5: Tobacco and Alcohol Fact Sheet

This fact sheet presents summary results for tobacco and alcohol consumption from the National Health Survey (NHS) conducted from August 2004 to June 2005. A total of 2,873 Tasmanians aged 15 years and over participated.

Tobacco

In 2004/5, 24.1% of Tasmanians aged 18 years and over reported to be daily smokers. This is slightly above the proportion of Tasmanians reporting to be daily smokers in 2001; however, this difference is not statistically significant.

Smoker Status, 18 Years and Over, Tasmania, 2001 and 2004/5

	2001	2004-5
Daily smoker	22.0%	24.1%
Occasional smoker	2.4%*	1.3%

*RSE = >25%; NHS 2001, State Table No 30; NHS 2004/5 Table No 20

From 1989/90 to 2004/5, the proportion of Tasmanians who smoked decreased by 3.4%, and the proportion of ex-smokers increased by 9%.

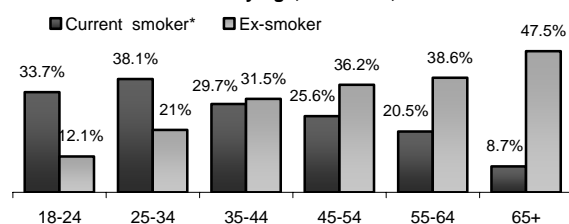
Smoker Status, 18 Years and Over, Tasmania, 1989/90 - 2004/5

	Current smoker*	Ex-smoker	Never smoked
1989/90	28.8%	23.3%	47.9%
1995	25.5%	31.8%	42.7%
2001	24.4%	26.5%	49.1%
2004/5	25.4%	32.3%	42.2%

* daily or occasional smoking; NHS 1995, Table 1; NHS 2001 State Table No 30; NHS 2004/5 Table No 20

Smoking is more prevalent in younger age groups, particularly among people aged 18-34 years. The proportion of ex-smokers increases with age, from 12.1% for those aged 18-24 years to 47.5% for those 65 years and over.

Smoker Status by Age, Tasmania, 2004/5



*daily or occasional smoking; NHS 2004/5 Confidentialised Unit Record File

The proportion of male smokers aged 18-34 years has increased since 2001, while the proportion of female smokers aged 18-34 years has decreased. These differences are not statistically significant, but may indicate an emerging trend.

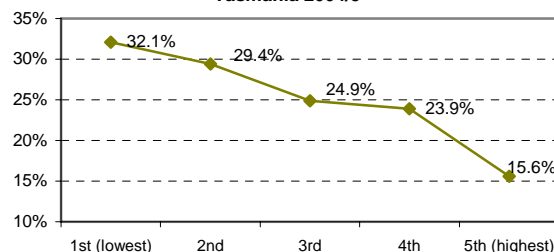
Current Smokers*, 18-34 Years by Gender, Tasmania 2001 and 2004/5

	2001	2004/5
Males	29.5%	39.6%
Females	39.6%	32.7%
Persons	34.6%	36.2%

*daily or occasional, NHS Confidentialised Unit Record Files

The figure below shows that prevalence of smoking declines with rising household income levels from 32.1% in the lowest income quintile to 15.6% in the highest income quintile.

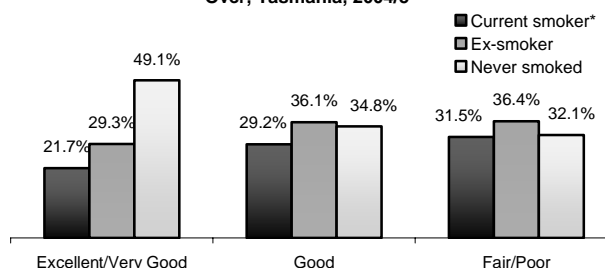
Current Smokers* by Household Income Quintiles, Tasmania 2004/5



*daily or occasional smoking; NHS 2004/5 Confidentialised Unit Record File

Of those who reported their health as excellent/very good in the survey, 21.7% were current smokers and 49.1% had never smoked. A weak, but statistically significant, association between smoking and self-assessed health was demonstrated for age groups 18-34 years, 35-64 years, and for 65 years and over, with a Cramer's V of between 0.12 and 0.16 for each age group.

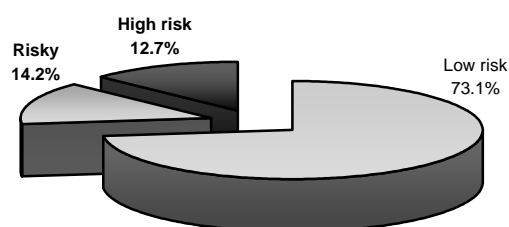
Smoker Status by Self-Assessed Health, 18 Years and Over, Tasmania, 2004/5



*daily or occasional smoking; NHS 2004/5 Confidentialised Unit Record File

Tobacco use, when combined with alcohol consumption, increases the risks of oral, pharyngeal, and oesophageal cancers.¹ Emerging evidence suggests that smoking and alcohol consumption in combination reduce the age of onset of colorectal cancer by 7.8 years.²

Current Smokers* by Long-Term Alcohol Consumption Risk Level, Tasmania 2004/5



*daily/occasional smoking; NHS 2004/5, Confidentialised Unit Record File

The figure above shows that of all current smokers in 2004/5, 12.7% are at high risk and 14.2% are at medium risk of harm from alcohol consumption. This means that 26.9% of current smokers in Tasmania (24,575 persons) face a particularly high risk of some cancers as a consequence of high alcohol consumption.

Alcohol (Long Term Harm)

Alcohol consumption is associated with short term harm, such as road injuries and violence, and long term harm, such as liver cirrhosis and cancer.

Evidence suggests that alcohol consumption is associated with cancers of the mouth, throat, oesophagus and breast³, that it may be associated with lung cancer among males who have never smoked,⁴ and that it is responsible for a reduction in the onset of bowel cancer by 5.2 years.⁵

The NHS uses measures of low risk, risky and high risk consumption to quantify alcohol consumption levels associated with long term harm. These categories are based on the average daily consumption of alcohol in the week preceding the survey.

Measures of risky or high risk consumption for chronic long-term harm used in the NHS are defined by the following NHMRC guidelines.

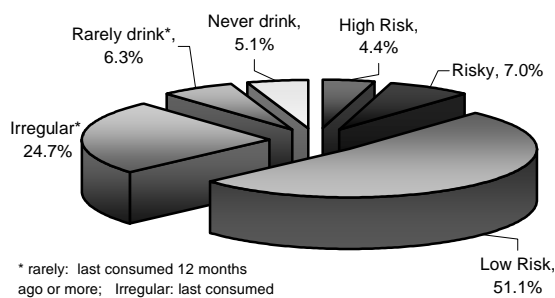
Risk of Harm in the Long Term, NHMRC Guidelines, 2001

	Males – daily limit	Females – daily limit
Low Risk	up to 4 drinks*	up to 2 drinks
Risky	5-6 drinks	3-4 drinks
High Risk	7 or more drinks	5 or more drinks

*standard drinks

Under the current NHMRC guidelines, 11.4% of Tasmanians aged 18 years and over consume alcohol at risky and high risk levels, and 51.1% are classified at low risk.

Alcohol Consumption Levels, 18 Years and Over, Tasmania 2004/5



* rarely: last consumed 12 months ago or more; Irregular: last consumed 1 week to less than 12 months ago

NHS, 2004/5, Table 20

Risky and high risk consumption causing long-term chronic harm was most prevalent among Tasmanians aged 25-34 years, although the proportions of risky/high risk drinkers among those aged 35-44 years and 55-64 years were relatively high as well. Those aged 65 years and over have the lowest proportion at risk of long term harm from alcohol.

Alcohol Consumption Risk Levels for Long Term Harm by Age, Tasmania 2004/5

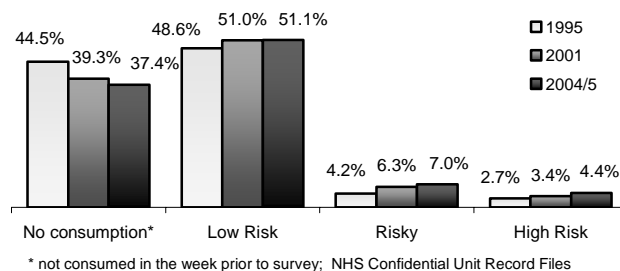
	18-24	25-34	35-44	45-54	55-64	65+
Low Risk	50.9%	51.6%	54.3%	55.8%	46.4%	46.4%
Risky	5.9%*	7.5%	10.7%	6.8%	7.0%	4.1%*
High Risk	2.4%*	7.9%	3.8%	4.7%	7.4%	0.4%**
Not consumed (week prior to survey)	40.8%	32.9%	31.2%	32.6%	39.2%	49.2%

*RSE>25% **RSE>50%; NHS 2004/5 Confidentialised Unit Record File

Alcohol consumption levels associated with a risk of long term harm have increased since 1995. The proportion of Tasmanians reporting no alcohol consumption in the week prior to the survey has decreased by 7.1% since 1995, and the proportions reporting risky and high risk drinking levels have increased.

The 2.8% growth in risky consumption levels since 1995 represents a relative increase of 66%. Similarly, high risk consumption represents a relative increase of 63% over the last 10 years. **The increase in risky and high risk alcohol consumption levels from 1995 to 2004/5 is statistically significant at the 95% CI.**

Alcohol Consumption Risk Levels for Long Term Harm, Tasmania, 1995, 2001, 2004/5



* not consumed in the week prior to survey; NHS Confidential Unit Record Files

The proportions of Tasmanians consuming alcohol at risky/high risk levels associated with long term harm have more than doubled for most age groups since 1995. **The increase in risky/high risk alcohol consumption levels from 1995 to 2004/5 is statistically significant at the 95% CI for Tasmanian adults in the age range 25 to 64 years.**

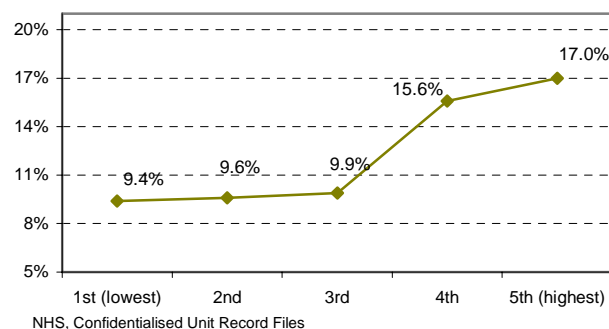
Risky/High Risk Alcohol Consumption by Age, Tasmania 1995, 2001, 2004/5

	1995	2001	2004/5
18-24	10.2%	13.9%	8.3%
25-34	7.3%	9.2%	15.4%
35-44	6.0%	10.8%	14.5%
45-54	5.7%	12.9%	11.5%
55-64	6.5%	9.9%*	14.4%
65+	6.5%	2.6%*	4.5%*

*RSE >25%, **RSE >50%; NHS, Confidentialised Unit Record Files

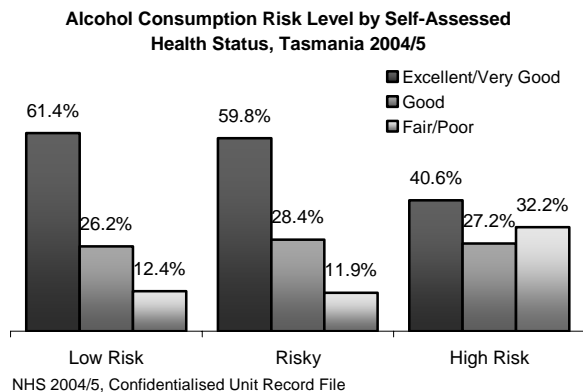
While smoking is more prevalent among lower income groups, risky and high risk alcohol consumption is more prevalent among higher income groups, as shown in the graph below. Of all Tasmanians in the 5th household income quintile, 17% may experience long term harm by consuming alcohol at risky or high risk levels, compared to only 9.4% of Tasmanians in the lowest income quintile.

Risky/High Risk Alcohol Consumption by Household Income Quintiles, Tasmania 2004/5

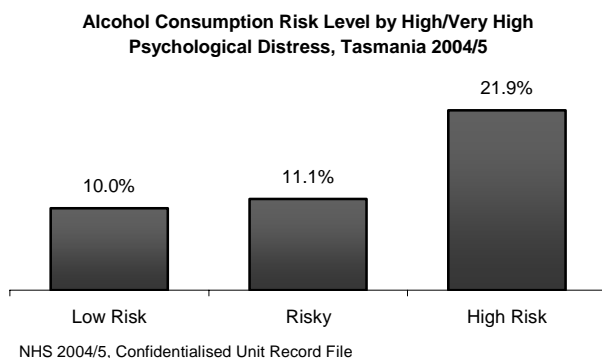


NHS, Confidentialised Unit Record Files

The graph below shows that Tasmanians at low risk of long term harm from alcohol consumption are much more likely to rate their health as excellent/very good and less likely to rate their health as fair/poor than Tasmanians who consume alcohol at high risk levels.



Tasmanians who consume alcohol at high risk level have a much higher prevalence of high levels of psychological distress than those who consume alcohol at low risk levels.



Note

Inferring the impact of alcohol related harm in Tasmania from the NHS results should be done with caution as recent research has cast some doubt on the NHMRC Guidelines' classification of harm, particularly the category of 'low risk'.

Research shows that the regular consumption of as little as two US standard drinks per day (equivalent to 3 standard drinks in Australia) increases the risk of oral, pharyngeal, and oesophageal cancer, as well as the risk of colon and breast cancer.⁶ Less than one drink per day (less than 1.5 standard drinks in Australia) has been associated with a 30% higher death rate from breast cancer in post menopausal women,⁷ and the consumption of any alcohol is associated with a younger age at colon cancer presentation.⁸

¹ Ogden G.R., Alcohol and Oral Cancer, *Alcohol*, Vol.35, No.3, 2005; Austoker J, Cancer Prevention in Primary Care, *British Medical Journal*, Vol.308, 1994, pp.1549—1552

² Zisman AL et al, Associations between the Age of Diagnosis and Location of Colorectal Cancer and the Use of Alcohol and Tobacco, *Archives of Internal Medicine*, Vol.166, 2006, pp.629-634

³ Standridge JB, Alcohol Consumption: An Overview of Benefits and Risks, *Southern Medical Journal*, Vol 97, No 7, 2004, pp 664-672

⁴ Freudenheim JL et, Alcohol Consumption and Risk of Lung Cancer: A Pooled Cohort Study, *American Journal of Clinical Nutrition*, Vol.82, No 3, 2005

⁵ Zisman AL et al, op.cit.

⁶ Standridge JB et al, op.cit.

⁷ Ibid.

⁸ Zisman AL et al, op.cit.