



Smoking and Alcohol Consumption

2003

Department of Human Services Eastern Metropolitan Region

Victorian Population Health Survey

The Victorian Population Health Survey is an annual statewide survey that the Department of Human Services (Health Surveillance and Evaluation Section, Public Health Group) undertakes in the second half of each calendar year to collect a wide range of information on the health of the adult Victorian population and the determinants of that health.

This fact sheet presents major findings from the Victorian Population Health Survey 2003 relating to smoking and alcohol consumption for persons aged 18 years or over in the department's Eastern Metropolitan Region. The results reported represent a snapshot for one year (2003).

Eastern Metropolitan Region

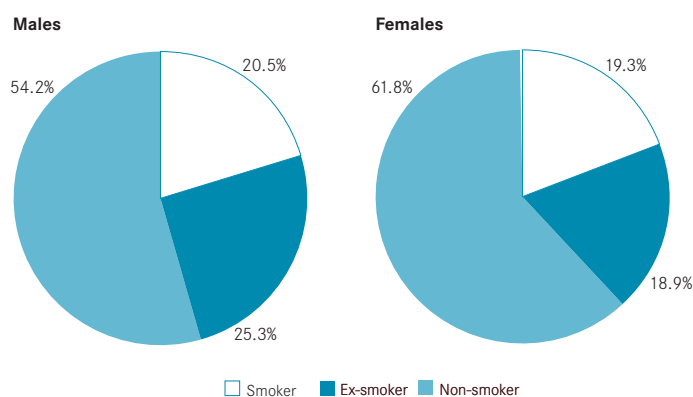
The Eastern Metropolitan Region had an estimated resident population of 973,957 people in 2003. It includes inner suburbs, large outer metropolitan suburbs and semi-rural townships. From the region, 835 respondents (or 11.1 per cent of the total sample of 7500 households) completed the population health survey in 2003.

Smoking

Smoking is the main cause—or a significant cause—of many diseases, including coronary heart disease, stroke and numerous cancers, and it is one of the leading causes of death in Victoria. Among all lifestyle-related risk factors, smoking is responsible for the greatest burden of premature death and disability in the state. Tobacco smoking accounts for almost 8.2 per cent of disability-adjusted life years for Victoria.¹

Current smokers are those who currently smoke daily or occasionally.² Ex-smokers are those who have smoked at least 100 cigarettes (or an equivalent amount of tobacco) in their lifetime but no longer smoke. Non-smokers are those who have never smoked or who have consumed fewer than 100 cigarettes during their lifetime. Figure 1 shows the proportion of males and females in the Eastern Metropolitan Region who were classified as current smokers, ex-smokers and non-smokers. The inset table summarises the proportions of males and females in the region and in Victoria who were current smokers, ex-smokers and non-smokers (table 1).

Figure 1: Smoking status, by sex – Eastern Metropolitan Region



¹ Department of Human Services Victoria, 2005, *The Victorian burden of disease study: morbidity and mortality in 2001*, Melbourne.

² The term 'occasionally' does not refer to a specific frequency. It is defined by the respondent who, when asked which of a number of alternative response options (including 'I smoke daily') best describes his or her smoking status, chooses the response option 'I smoke occasionally'.



Table 1: Smoking status, by sex
– Eastern Metropolitan Region and Victoria

	Eastern Metropolitan Region		Victoria	
	%	95% confidence interval	%	95% confidence interval
Males				
Current smoker	20.5	16.1–25.7	24.8	22.8–26.9
Ex-smoker	25.3	20.6–30.8	26.6	24.5–28.7
Non-smoker	54.2	48.3–60.0	48.4	46.0–50.8
Females				
Current smoker	19.3	15.7–23.5	20.3	18.8–21.9
Ex-smoker	18.9	15.5–22.8	20.2	18.7–21.8
Non-smoker	61.8	57.1–66.4	59.2	57.3–61.1
Persons				
Current smoker	19.9	17.0–23.1	22.5	21.2–23.8
Ex-smoker	22.0	19.0–25.2	23.3	22.0–24.6
Non-smoker	58.2	54.4–61.8	54.0	52.4–55.5

- Approximately one in five males and one in five females in the Eastern Metropolitan Region were current smokers (20.5 per cent and 19.3 per cent respectively).
- More than six in 10 females (61.8 per cent) in the region were categorised as non-smokers, compared with 54.2 per cent of males.
- There were no significant differences between the region and Victoria in the proportions of males or females who were current smokers, ex-smokers or non-smokers.

Current smokers, by selected characteristics

Table 2 presents the proportion of adults in the Eastern Metropolitan Region who were current smokers by selected characteristics.

Table 2: Proportion of current smokers
by selected characteristics
– Eastern Metropolitan Region and Victoria

	Eastern Metropolitan Region		Victoria	
	%	95% confidence interval	%	95% confidence interval
Age Group				
18–24 years	28.3	19.0–39.8	27.6	23.6–32.0
25–34 years	31.1	23.1–40.4	30.5	27.2–34.0
35–44 years	22.9	17.1–30.0	26.2	23.5–29.1
45–54 years	19.0	13.2–26.5	22.4	19.7–25.5
55–64 years	10.2	5.5–18.3	17.0	14.1–20.3
65+ years	5.5	2.6–11.1	8.8	7.0–10.9
Highest level of education				
Primary	11.2	6.9–17.7	13.5	9.0–19.6
Secondary	26.4	18.8–35.7	26.3	24.5–28.1
Tertiary	20.2	13.6–28.8	18.7	16.8–20.7
Household income per year				
Less than \$20,000	19.5	15.1–24.8	19.9	17.6–22.3
\$20,000 to less than \$40,000	5.0	0.7–28.2	27.6	24.6–30.9
\$40,000 to less than \$60,000	24.7	20.1–30.0	22.7	19.9–25.8
\$60,000 or more	16.8	13.2–21.1	21.1	18.8–23.6
Total	19.9	17.0–23.1	22.5	21.2–23.8

- The proportion of adults in the Eastern Metropolitan Region who were current smokers ranged from 5.5 per cent of those aged 65 years or over to more than one in three of those aged 18–24 years (31.1 per cent).
- For the region, there were no significant differences in the proportion of adults who were current smokers by annual household income.

Environmental tobacco smoke

Children are particularly susceptible to the effects of environmental tobacco smoke. Among places where exposure to tobacco smoke may occur, the home is probably the most significant source of exposure for children. Passive smoking increases the risk of lower respiratory illness, middle ear disease, and eye and nose irritation in children.³

The VPHS 2003 asked respondents to indicate whether their home situation is best described as one in which people smoke frequently, occasionally or not at all (that is, smoke-free). Table 3 presents the proportion of adults in the Eastern Metropolitan Region who reported that their homes were smoke-free by selected characteristics.



3 National Health and Medical Research Council, 1997, *The health effects of passive smoking: a scientific information paper*, Canberra; Australian Department of Health and Aged Care, 1998, *National drug strategy framework 1998–99 to 2002–03*, Canberra.



Table 3: Proportion of homes that were smoke-free – Eastern Metropolitan Region and Victoria

	Eastern Metropolitan Region		Victoria	
	%	95% confidence interval	%	95% confidence interval
Dependent children				
Yes	91.6	87.6–94.3	81.8	80.2–83.3
No	88.3	84.7–91.1	87.2	85.5–88.7
Education level				
Primary	92.2	72.1–98.2	82.6	76.0–87.6
Secondary	84.2	79.4–88.0	79.8	78.1–81.5
Tertiary	93.9	91.1–95.9	88.8	87.3–90.2
Household income per year				
Less than \$20,000	85.0	77.8–90.2	78.4	75.9–80.8
\$20,000 to less than \$40,000	87.7	79.9–92.7	81.9	79.2–84.4
\$40,000 to less than \$60,000	89.7	82.2–94.3	85.8	83.2–88.1
\$60,000 or more	93.7	90.0–96.1	88.7	86.6–90.5
Smoking status				
Current smoker	64.5	56.0–72.2	57.2	54.1–60.4
Ex-smoker	96.2	92.3–98.2	89.5	87.6–91.2
Non-smoker	95.9	93.3–97.5	92.6	91.3–93.7
Total	89.7	87.2–91.8	83.9	82.7–85.0

- Compared with those who had completed a secondary education, a significantly greater proportion of adults in the Eastern Metropolitan Region who had a tertiary education reported that their homes were smoke-free (84.2 per cent and 93.9 per cent respectively).
- Almost two thirds of current smokers (64.5 per cent) reported that their homes were smoke-free. Among households that included ex-smokers and non-smokers, the proportions with no smoking inside were 96.2 per cent and 95.9 per cent respectively. Compared with current smokers, a significantly greater proportion of non-smokers and ex-smokers reported that their homes were smoke-free.

Alcohol consumption

Regular excessive consumption of alcohol places people at increased risk of chronic ill health and premature death, and episodes of heavy drinking may place the person (and others) at risk of injury or death. In the short term, intoxication and acute alcohol-related problems include violence, risky behaviour, road trauma and injury. The significant psychosocial and economic consequences that arise from such patterns of drinking affect not only the individuals concerned but also their families and the wider community.

The VPHS 2003 included a number of questions on alcohol consumption. Information was collected about the short-term risks of alcohol consumption by asking *how frequently* individuals who were not abstainers drink an excessive amount of alcohol. Excessive intake of alcohol is defined in relation to the number of standard drinks that are consumed on a particular occasion. A standard drink is equal to one middy (285 ml) of full strength beer, one small serve (100 ml) of wine or one pub-standard nip (30 ml) of spirits—approximately 10 grams or 12.5 millilitres of alcohol (figure 2). (By law, the label on every container of an alcoholic drink has to show how many standard drinks there are in that container).

Figure 2: Examples of typical standard drinks



The *Australian Alcohol Guidelines*⁴ for the whole population (figure 3) indicate that males who drink up to six (6) standard drinks and females who drink up to four (4) standard drinks are at low risk of *short-term* harm due to alcohol consumption. Drinking more than these specified levels on heavier drinking days is classified as risky or high-risk in terms of possible alcohol-related harm in the short term.

4 National Health and Medical Research Council, 2001, *Australian alcohol guidelines: health risks and benefits*, Canberra.

Figure 3: Australian alcohol guidelines for risk to health in the short term, by sex

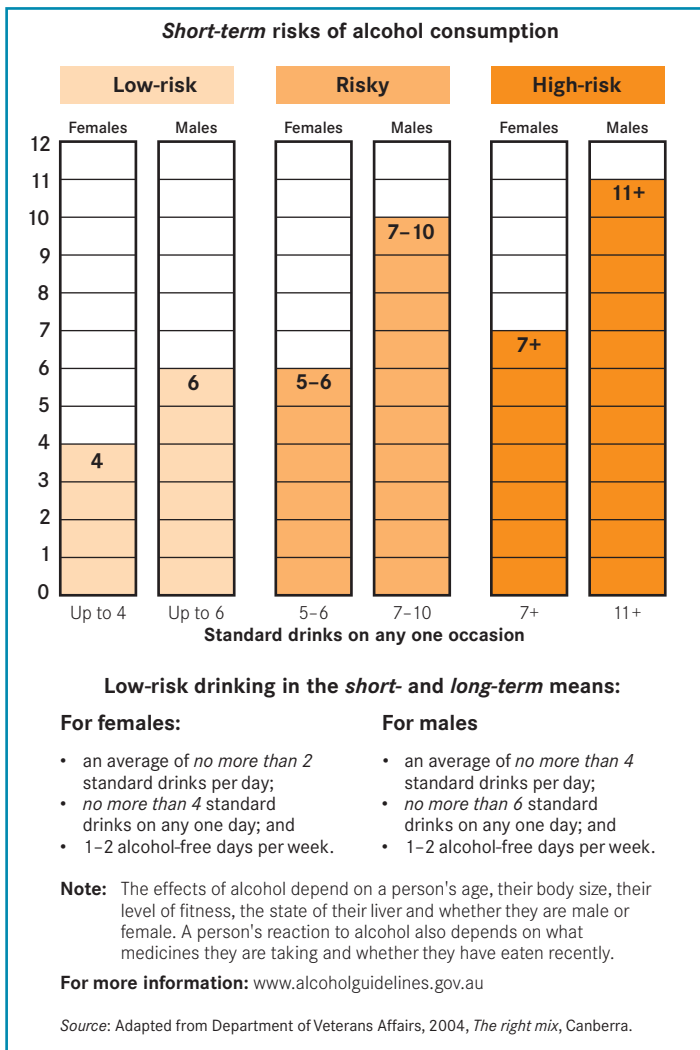
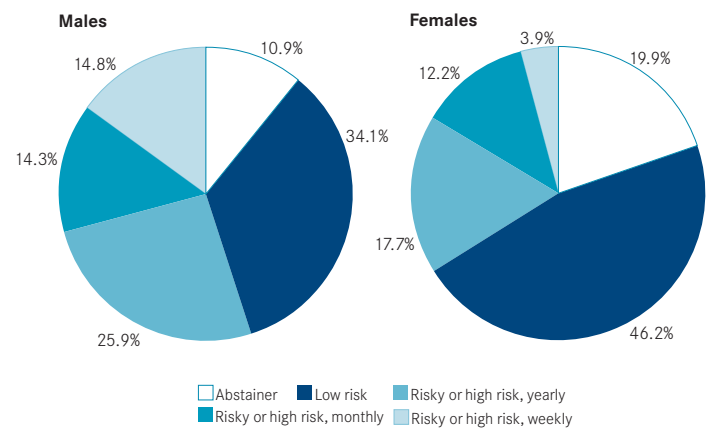


Figure 4 shows the proportion of males and females in the Eastern Metropolitan Region who were at no or low short-term risk of alcohol-related harm and those who were categorised as drinking alcohol at risky or high-risk levels on the occasions on which they drank alcohol.

Those who were not at risk of alcohol-related harm in the short term include total abstainers and those who did not exceed the guidelines in terms of the number of standard drinks consumed per drinking occasion (low risk). Total abstainers comprise abstainers (that is, those who had not had an alcoholic drink of any kind in the 12 months before the survey) and 'recent' abstainers.

Figure 4 also provides a further breakdown of the frequency with which alcohol was consumed at levels categorised as risky or high-risk in the short term. Drinking alcohol at risky or high-risk levels in the short term was categorised according to whether it occurs at least weekly, monthly or yearly.

Figure 4: Adherence to Australian guidelines for risk of alcohol-related harm in the short term, by sex – Eastern Metropolitan Region



- There was a significant difference in the proportion of males and females in the Eastern Metropolitan Region who were classified as abstainers. Approximately one in five females (19.9 per cent) in the region were abstainers, compared with 10.9 per cent of males.
- A significantly greater proportion of females in the region were classified as being at low risk of short-term alcohol-related harm in terms of their drinking behaviour compared with males in the region (46.2 per cent and 34.1 per cent respectively).
- The proportions of males and females in the region who reported that they drank at risky or high-risk levels at least weekly were significantly different (14.8 per cent and 3.9 per cent respectively).

Table 4 provides a breakdown of the proportion of adults in the Eastern Metropolitan Region who reported they drink at risky or high-risk levels *at least weekly*, by selected characteristics.





Table 4: Proportion of adults at *weekly* risk of short-term alcohol-related harm by selected characteristics – Eastern Metropolitan Region

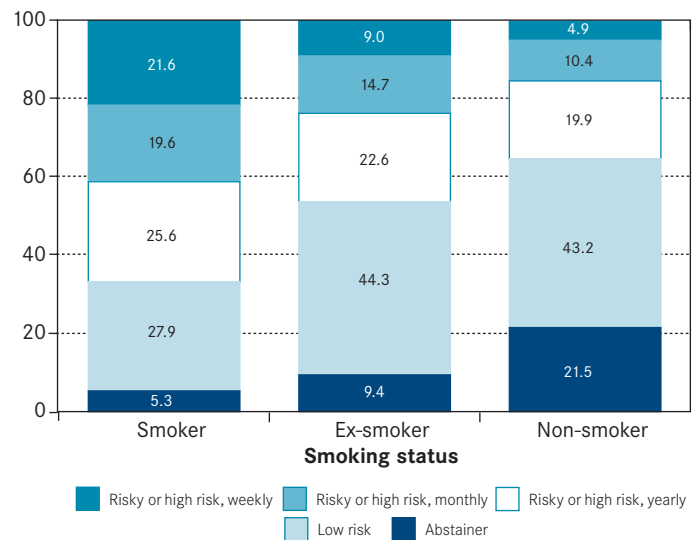
	Eastern Metropolitan Region		Victoria	
	%	95% confidence interval	%	95% confidence interval
Sex				
Males	14.8	11–19.6	14.6	13.1–16.3
Females	3.9	2.4–6.3	6.2	5.3–7.3
Age Group				
18–24 years	16.6	9.5–27.5	18.7	15.4–22.6
25–34 years	11.5	6.6–19.3	11.9	9.7–14.7
35–44 years	8.4	4.9–14.1	9.7	8.0–11.7
45–54 years	8.3	4.3–15.2	9.9	8.1–12.1
55–64 years	5.8	2.7–12	9.0	6.9–11.7
65+ years	4.9	1.9–11.7	3.9	2.7–5.5
Education level				
Primary	5.0	0.7–28.2	3.2	1.7–6.0
Secondary	10.8	7.5–15.2	12.4	11.1–13.8
Tertiary	7.8	5.3–11.3	8.3	7.0–9.7
Annual household income				
Less than \$20,000	4.7	2.1–10.2	6.7	5.3–8.5
\$20,000 to less than \$40,000	5.6	2.2–13.8	7.7	6.1–9.6
\$40,000 to less than \$60,000	11.9	6.9–19.6	12.7	10.6–15.3
\$60,000 or more	11.3	7.9–15.9	13.2	11.4–15.3
Total	9.1	7–11.7	10.3	9.4–11.2

- There were no significant differences between Victoria as a whole and the Eastern Metropolitan Region in the proportion of males and females who drank alcohol at risky or high-risk levels on at least one occasion per week.
- Approximately one in six adults (16.6 per cent) aged 18–24 years in the region reported drinking at risky or high-risk levels *at least weekly*, compared with 4.9 per cent of those aged 65 years or over.
- There were no significant differences in the proportion of adults who reported drinking at risky or high-risk levels at least weekly by annual incomes or highest level of education attained.

Smoking and alcohol consumption

Smoking and alcohol consumption are health behaviours for which individuals have a degree of control and that act directly to cause disease. Figure 5 provides a breakdown of the proportion of smokers, ex-smokers and non-smokers by their level of risk of short-term harm due to alcohol consumption.

Figure 5: Smokers, ex-smokers and non-smokers by risk of short-term alcohol-related harm – Eastern Metropolitan Region



- The proportion of adults in the region who were classified as abstainers was significantly greater for non-smokers (21.5 per cent), compared with current smokers and ex-smokers (5.3 per cent and 9.4 per cent respectively).
- The proportion of adults in the region who were at low risk of short-term harm from the consumption of alcohol was significantly greater for non-smokers (43.2 per cent) than for current smokers (27.9 per cent).

Table 5 shows the proportion of adults in the region and in Victoria who were at risk of short-term alcohol-related harm *at least once per week* by their smoking status.





Table 5: Proportion of adults at *weekly* risk of short-term alcohol-related harm, by smoking status – Eastern Metropolitan Region

Smoking status	Eastern Metropolitan Region		Victoria	
	%	95% confidence interval	%	95% confidence interval
Current smoker	21.6	15.1–29.9	20.1	17.6–22.9
Ex-smoker	9.0	5.4–14.7	9.6	7.9–11.5
Non-smoker	4.9	3.0–7.9	6.5	5.5–7.6
Total	9.1	7–11.7	10.3	9.4–11.2

- For Victoria as a whole, there was a significant difference in the proportion of adults who reported drinking alcohol at levels associated with short-term harm at least weekly by smoking status. Current smokers were approximately three times more likely to drink at risky or high-risk levels at least once per week compared with non-smokers (20.1 per cent versus 6.5 per cent) and more than twice as likely to do so than ex-smokers (20.1 per cent versus 9.6 per cent).
- In the Eastern Metropolitan Region, the pattern was similar but did not reach statistical significance. More than one in five current smokers (21.6 per cent) reported drinking at risky or high-risk levels *at least weekly*, compared with slightly less than one in 10 ex-smokers (9.0 per cent) and one in 20 non-smokers (4.9 per cent).

Rates

The 2001 Victorian population⁵ has been used when specifying population weights to ensure that the adjusted sample distribution is representative of the population by age group, gender and region. Differences between regions in the age and sex distribution of their populations may account, in part, for differences in overall region-specific rates.

Confidence intervals

The rates reported in this publication are based on information collected from a sample of adults, selected at random by household telephone number. As a result, they are subject to sampling variability. This means that the rates are estimates and may differ from those that would result if all adults in Victoria had been included in the survey.

One measure of the amount of variation associated with an estimate is the confidence interval. If several independent, random samples were drawn from the same population, and 95 per cent confidence intervals were to be calculated, then, on average, 19 of every 20 (95 per cent) such confidence intervals would contain the true population estimate. Estimates with wider confidence intervals reflect a higher degree of unreliability in the estimate and should be used with caution. Confidence intervals that do not overlap are interpreted as representing significant differences.

Additional information

The method of the Victorian Population Health Survey 2003 and other results may be found in the report, *Victorian Population Health Survey 2003: selected findings*. This report and other useful resources may be viewed or downloaded from the website www.health.vic.gov.au/healthstatus

VicHealth provided support for the Victorian Population Health Survey data analysis. Information about VicHealth’s initiatives to promote the health of Victorians is available at the website www.vichealth.vic.gov.au

For media enquiries please contact Bram Alexander, Department of Human Services Media Unit: (03) 9616 8803.

Source: *Victorian Population Health Survey 2003*, Public Health Group, Rural and Regional Health and Aged Care Services Division, Victorian Government Department of Human Services, Melbourne, Victoria.



⁵ Department of Infrastructure, 2001, *Population projections 2001*, Government of Victoria, Melbourne.