

# Hazardous alcohol use is common in New Zealand smokers: National survey data

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## Introduction

Regular heavy drinking may lower rates of quitting smoking [1]. There is also the suggestion that quitting services need to improve their recognition of problematic alcohol use and/or be able to refer clients to integrated services for smokers and drinkers. Given this background, we aimed to describe the patterns of hazardous alcohol use in a national cohort of smokers.

## Methods

The New Zealand (NZ) arm of the International Tobacco Control Policy Evaluation Survey (ITC Project) uses as its sampling frame a nationally representative survey: the NZ Health Survey (NZHS). From this sample we surveyed adult smokers in two survey waves (n=1376 and n=923). We used the AUDIT (measured in the NZHS) for assessing hazardous drinking. All results presented are for Wave 1 (unless otherwise stated) and are weighted and adjusted for the complex sample design. Further details of the methods (including response rates, attrition and weighting processes) are available in online reports [1].

## Results

In this nationally representative sample of smokers, 33.1% (95%CI: 29.6 – 36.5) had a hazardous drinking pattern (AUDIT score  $\geq 8$ ), which is much higher than the adult non-smoker population of NZ (at 13.1%, 95%CI: 12.2 – 14.0) (Figure 1). Hazardous drinking patterns were significantly more common among: younger smokers (eg, 59.0% in 18-24 year olds); men (40.7%); Māori (42.1%) and Pacific peoples (52.1%), (compared to European/Others at 29.2%) (Figures 1 & 2). This was also so for those with some level of individual deprivation (37.5% vs 28.7% with no deprivation); and those reporting financial stress at 47.2% (Figure 2).

Figure 1: Proportion of smokers with hazardous drinking patterns (AUDIT scores  $\geq 8$ ) by age and sex; and with a comparison with the NZHS sample of NZ adults

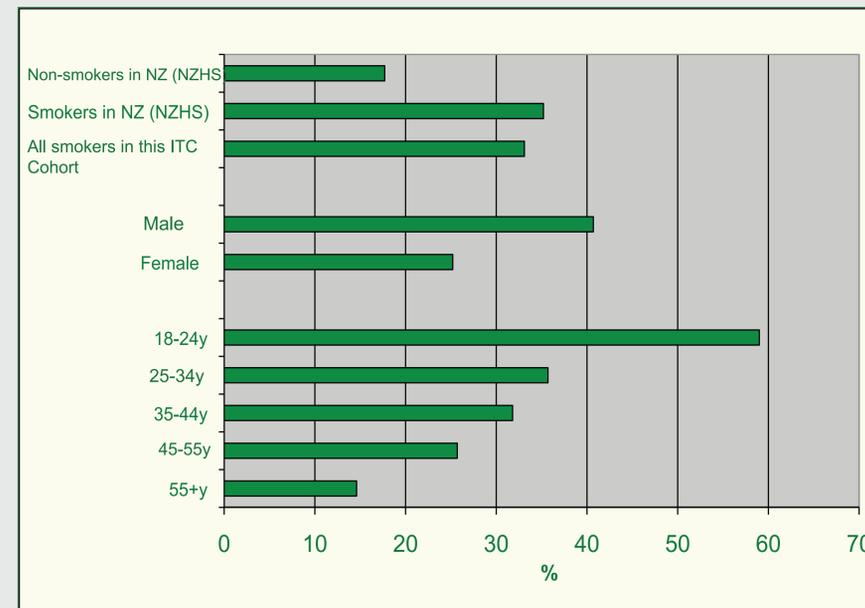
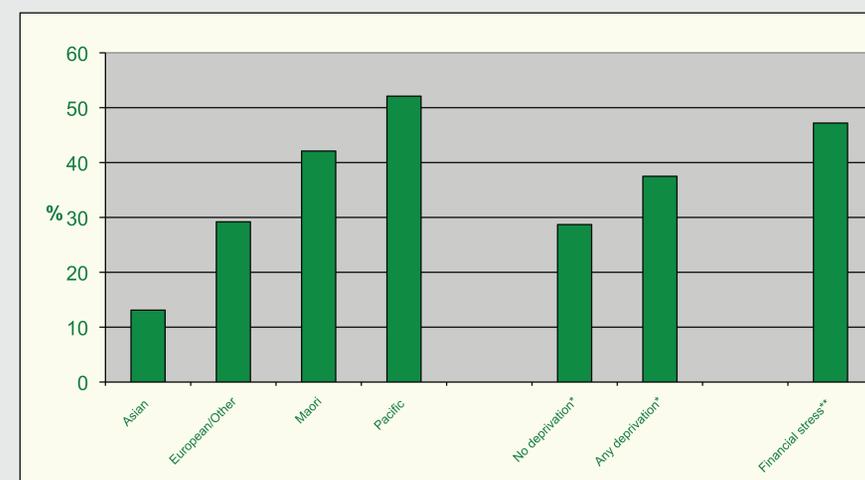


Figure 2: Proportion of smokers with hazardous drinking patterns (AUDIT scores  $\geq 8$ ) by ethnicity, deprivation and financial stress



\* Using a NZ-specific measure of individual deprivation (NZiDep).

\*\* Unable to pay any important bills on time.

Those with a hazardous drinking pattern at baseline were: subsequently less likely to intend to quit in the future, to have ever tried to quit, and to have successfully quit in Wave 1 (several months after the baseline NZHS) or in Wave 2, though none of these results were statistically significant. Some non-quitters were significantly more likely to have certain elevated AUDIT score components – a finding that we are studying further.



## Conclusions

- These findings indicate that hazardous drinking patterns are elevated in NZ smokers (compared to non-smokers) and particularly in some groups eg, Māori and Pacific smokers.
- Given the overall evidence around the interactions between alcohol use and smoking, policy-makers should consider enhancing alcohol control interventions to advance tobacco control. This could benefit cancer control (given synergies between alcohol and smoking in cancer causation) and contribute to reducing the ethnic inequalities in overall health (and cancer) which exist in countries like New Zealand.

## Acknowledgements

The ITC Project (NZ) team thank: the interviewees who kindly contributed their time; the Health Research Council of New Zealand which has provided the funding (grant 06/453); and our other project partners (see: <http://www.wnmeds.ac.nz/itcproject.html>).

## References

- [1] Kahler et al. *Drug Alcohol Depend* 2009;100: 214-20.
- [2] See an *Online Methods Report* by Wilson and 2 reports by Clark at: <http://www.wnmeds.ac.nz/itcproject.html>