Cancer prevention:
Tobacco control

Introduction

While smoking rates have declined considerably in recent years, smoking still causes more than 46,000 hospitalisations each year in NSW, and age-related mortality rates among Australian smokers are approximately three times more than those of people who have never smoked.

Smoking during pregnancy also contributes to an increased risk of maternal and infant complications, including spontaneous abortion, pregnancy and labour complications, stillbirth, low birth weight and sudden infant death syndrome.

The NSW Tobacco Strategy 2012–2017 sets out the actions that the NSW Government is taking to reduce the harm tobacco imposes on our community.

Quitting smoking at any time results in substantial health gains, including improving the prognosis of people even after the diagnosis of cancer.

Evidence suggests that quitting when newly diagnosed with cancer can enhance a person’s response to treatment, decrease the side-effects of treatment and decrease the risk of cancer recurrence.[1]

Good clinical care includes identification of smoking status and, for clients who do smoke, offering support to manage their nicotine dependence and quit. Health professionals are encouraged to identify teachable ‘moments’ for all people; particularly pregnant women (or women planning to get pregnant) who smoke.

Provision of brief, simple advice from a doctor about quitting smoking increases the likelihood that someone who smokes will successfully quit and remain a non-smoker 12 months later.[2]

All health professionals are encouraged to refer clients who smoke to the iCanQuit website (iCanQuit.com.au) or the NSW Quitline: (13 78 48). Information on how to refer a patient to Quitline can be found at www.cancerinstitute.org.au/quitline/health-professionals

References:

Notes:
• Health network and/or speciality network indicators are not calculated for tobacco control, as they do not form geographical boundaries with resident populations. This applies to St Vincent’s Health Network, Sydney Children’s Hospitals Network, and Justice Health and Forensic Mental Health.
Adult smoking prevalence in NSW has declined, from 22.5% in 2002 to 13.5% in 2015.

There is variation in smoking prevalence between NSW local health districts (LHDs). For example, in 2015, smoking prevalence in non-metropolitan LHDs was higher than in metropolitan LHDs.

In NSW, adult smoking prevalence was higher among males (15.5%) than females (11.6%) in 2015.

In 2014, 9.3% of women smoked during pregnancy in NSW. The proportion of women who smoke during pregnancy is higher in non-metropolitan LHDs than metropolitan LHDs, and smoking during pregnancy is more prevalent among Aboriginal women than non-Aboriginal women.

In 2014, smoking prevalence among young people aged 12 to 17 years in NSW was 6.7%.
Smoking prevalence in adults*, by LHD (ranked), 2002 and 2015

Notes:
1. Differences between 2015 and 2002 adult smoking rates should not be interpreted as a change in trend. Data between years may be subject to random variation.
2. Data source: NSW Population Health Survey (sourced from HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health. Available at: www.healthstats.nsw.gov.au). Data presented here are based on data available on the HealthStats NSW website at the time of data extraction.
3. Actual estimates are shown in this graph.

* Persons aged 16 years and over.
Smoking prevalence in adults*, trend, NSW, 2002–2015**

* Persons aged 16 years and over.

** Mobile phone numbers have been included in the survey sample since 2012. Any significant differences observed between 2011 and 2012 estimates should be interpreted with caution, as they may reflect both real and survey design changes.

Notes:
1. Data source: NSW Population Health Survey (sourced from HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health. Available at: www.healthstats.nsw.gov.au). Data presented here are based on data available on the HealthStats NSW website at the time of data extraction.
2. Actual estimates are shown in this graph.
Current smoking prevalence in adults*, by gender and age, NSW, 2015

* Persons aged 16 years and over.

Notes:
1. Data source: NSW Population Health Survey (sourced from HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health. Available at: www.healthstats.nsw.gov.au). Data presented here are based on data available on the HealthStats NSW website at the time of data extraction.
2. Actual estimates are shown in this graph.
Proportion of women who smoked during pregnancy, by LHD (ranked), 2010 and 2014

Notes:
1. Differences between 2014 and 2010 adult smoking rates should not be interpreted as a change in trend. Data between years may be subject to random variation.
2. Data source: NSW Perinatal Data Collection (sourced from HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health. Available at: www.healthstats.nsw.gov.au). Data presented here are based on data available on the HealthStats NSW website at the time of data extraction.
3. Actual estimates are shown in this graph.
4. Refer to Appendices for LHD figures.
Proportion of women who smoked during pregnancy, trend, by population type, NSW, 2010–2014*

* Mobile phone numbers have been included in the survey sample since 2012. Any significant differences observed between 2011 and 2012 estimates should be interpreted with caution, as they may reflect both real and survey design changes.

Notes:
1. Data source: NSW Perinatal Data Collection (sourced from HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health. Available at: www.healthstats.nsw.gov.au). Data presented here are based on data available on the HealthStats NSW website at the time of data extraction.
2. Actual estimates are shown in this graph.
Proportion of Aboriginal women who smoked during pregnancy, by LHD (ranked), 2010 and 2014

Notes:
1. Differences between 2014 and 2010 adult smoking rates should not be interpreted as a change in trend. Data between years may be subject to random variation.
2. Data source: NSW Perinatal Data Collection (sourced from HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health. Available at: www.healthstats.nsw.gov.au). Data presented here are based on data available on the HealthStats NSW website at the time of data extraction.
3. Actual estimates are shown in this graph.
4. The figures for Northern Sydney LHD are not available, due to very small numbers of women who smoked during pregnancy.
Proportion of non-Aboriginal women who smoked during pregnancy, by LHD (ranked), 2010 and 2014

Notes:
1. Differences between 2014 and 2010 adult smoking rates should not be interpreted as a change in trend. Data between years may be subject to random variation.
2. Data source: NSW Perinatal Data Collection (sourced from HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health. Available at: www.healthstats.nsw.gov.au). Data presented here are based on data available on the HealthStats NSW website at the time of data extraction.
3. Actual estimates are shown in this graph.
4. The figures for Northern Sydney LHD are not available, due to very small numbers of women who smoked during pregnancy.
5. Refer to Appendices for LHD figures.
Current smoking prevalence in young people*, by LHD (ranked), 2014

Notes:
1. Data source: NSW School Students Health Behaviours Survey (sourced from HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health. Available at: www.healthstats.nsw.gov.au). Data presented here are based on data available on the HealthStats NSW website at the time of data extraction.
2. Actual estimates are shown in this graph.
3. As a result of survey design, some LHDs were grouped for data collection and reporting. These LHDs are shown separately on the graph above but the same (grouped) result is reported.
4. Refer to Appendices for LHD figures.

* Persons aged 12 to 17 years.
Cancer prevention
Skin protection

Introduction

Australia has the second-highest rate of skin cancer in the world. It is estimated that around 95 per cent of melanoma skin cancers and around 99 per cent of non-melanoma skin cancers could be prevented through reduced exposure to ultraviolet radiation.[1]

The NSW Skin Cancer Prevention Strategy provides a roadmap for government, non-government and community organisations to work together to:

- increase implementation of comprehensive and effective sun protection policies and guidelines
- improve access to adequate shade
- increase the adoption of sun protection behaviours.

Significant progress continues to be made in all of these areas; however, all health professionals are encouraged to remind clients of the importance of life-long sun protective behaviours. Healthy lifestyle programs should also encourage participants to practice sun-safe behaviours when outdoors.

Key findings

- In NSW, 60.7% of secondary school students in 2014 had a preference for a tan.
- The proportion of students who had a preference for a tan varies between local health districts, ranging from 44.3% to 73.7%.

References:

Notes:
- Health network and/or speciality network indicators are not calculated for skin protection, as they do not form geographical boundaries with resident populations. This applies to St Vincent’s Health Network, Sydney Children’s Hospitals Network, and Justice Health and Forensic Mental Health.
Proportion of students* who have a preference for a tan (light to very dark), by LHD (ranked), 2014

* Students aged 12 to 17 years.

Notes:
1. Data source: NSW School Students Health Behaviours Survey (sourced from SAPHaRI, Centre for Epidemiology and Evidence, NSW Ministry of Health).
2. Actual estimates are shown in this graph.
3. The figures for Far West LHD are not available, due to very small numbers.
Cancer prevention: Alcohol consumption

Introduction

There is strong scientific evidence that drinking alcohol directly increases the risk of several cancers, including:

- liver
- colon and rectum (bowel)
- breast (for women)
- mouth, throat (larynx and pharynx)
- oesophagus [1]

Alcohol use increases the risk of cancer, even when consumption is within limits set by the National Health and Medical Research Council (NHMRC). The more a person drinks (in particular, higher frequency over a longer period of time), the higher the risk of developing an alcohol-related cancer.

It is estimated that around five per cent of all cancers diagnosed each year in NSW are attributable to long-term alcohol use.[2]

Good clinical care includes identifying a history of alcohol consumption and providing patients with relevant and timely information about the effects of alcohol and avenues for support.

Key findings

- In NSW, 72.6% of adults who consumed alcohol in 2014 did so at levels within the NHMRC guidelines.
- Generally, the proportion of adults who consumed alcohol at levels within NHMRC guidelines has increased since 2002.

References:


Notes:

- Health network and/or specialty network indicators are not calculated for alcohol consumption, as they do not form geographical boundaries with resident populations. This applies to St Vincent’s Health Network, Sydney Children’s Hospitals Network, and Justice Health and Forensic Mental Health.
Proportion of adults* who consume alcohol at levels within NHMRC guidelines**, by LHD (ranked), 2002 and 2014

NHMRC= National Health and Medical Research Council.
* Persons aged 16 years and over.
** Two or fewer standard drinks a day when they consume alcohol.
Notes:
1. Differences between 2014 and 2002 proportions should not be interpreted as a change in trend. Data between years may be subject to random variation.
2. Data source: NSW Population Health Survey (sourced from HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health. Available at: www.healthstats.nsw.gov.au). Data presented here are based on data available on the HealthStats NSW website at the time of data extraction.
3. Actual estimates are shown in this graph.
Proportion of adults* who consume alcohol at levels within NHMRC guidelines**, trend, NSW, 2002–2014

NHMRC= National Health and Medical Research Council.
* Persons aged 16 years and over.
** Two or fewer standard drinks a day when they consume alcohol.

Notes:
1. Data source: NSW Population Health Survey (sourced from HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health. Available at: www.healthstats.nsw.gov.au). Data presented here are based on data available on the HealthStats NSW website at the time of data extraction.
2. Actual estimates are shown in this graph.
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