Ma¯ori Smoking and Tobacco Use
2011

Summary

• Tobacco is a leading cause of preventable death in New Zealand.
• In 2009 the current smoking rate for Ma¯ori was 44 percent, still significantly higher than for non-Ma¯ori (18 percent) for both males and females.
• Ma¯ori in all age groups had higher smoking rates than non-Ma¯ori.
• Ma¯ori non-smokers were more likely than non-Ma¯ori to be exposed to second-hand smoke in their homes and cars.
• Ma¯ori were more likely to be asked by their health care worker about their smoking status, and to have been referred to quitting programmes or given quitting products by a health care worker in the past 12 months, compared with non-Ma¯ori.
• In 2009, 62.3 percent of Ma¯ori current or casual smokers had attempted to quit smoking in the past five years.
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Introduction

The Māori Smoking and Tobacco Use 2011 profile presents information related to the tobacco use of Māori compared with non-Māori, using findings from the Tobacco Use in New Zealand: Key findings from the 2009 New Zealand Tobacco Use Survey (NZTUS 2009).

The purpose of the profile is to provide an overview of Māori smoking and tobacco use with easy-to-use statistical information. It is not intended to be a comprehensive analysis of Māori tobacco use; however, it will be useful for those involved in Māori tobacco control research and policy, or in the provision of quitting products and services for Māori. The booklet style of this profile also means it is easily accessible to the general public.

For other indicators and more detailed analyses, refer to the online data tables for NZTUS 2009 at www.moh.govt.nz/moh.nsf/indexmh/dataandstatistics-survey or apply for confidentialised unit report files (CURFs) by emailing data-enquiries@moh.govt.nz

Presentation and statistical methods

Age standardisation allows comparison between ethnic groups with different age distributions. All indicators in this booklet have been age-standardised except when data are presented by age group and for youth. Direct age standardisation was used with reference to the World Health Organization (WHO) world population.

Indicators compare Māori with non-Māori using prioritised ethnicity when people identified with more than one ethnic group. Rates are based on the population aged 15–64 years unless otherwise specified.

Ninety-five percent confidence intervals (CIs) have been used in this booklet to quantify the sampling errors for estimates. They are represented by the vertical lines at the top of the bars in the bar graphs. When the CIs of two groups do not overlap, the difference in rates between the groups is statistically significant. Even when CIs overlap, sometimes the difference between the groups is statistically significant. If CIs overlap but a statistically significance difference is reported in this booklet, it indicates that a t-test has been undertaken to confirm the finding.

Refer to the Methodology section of NZTUS 2009 for more detail about the survey methodology and the statistical methods outlined above.

Caution should be used when comparing these rates with other published smoking rates because results in other publications may differ slightly due to differences in methodology.

Overall current smoking rates

A ‘current smoker’ is someone who has smoked more than 100 cigarettes in their lifetime and at the time of the survey was smoking at least once a month.

The NZTUS reported that in 2009 the prevalence of current smoking for the total population in New Zealand was 21 percent. Smoking rates were highest among Māori, at 44 percent – over double the rate of smoking for the non-Māori population (18 percent).

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Trends in current smoking for Māori

Figure 1 presents the current smoking rates for Māori for the years 2006 to 2009. There was no change in the current smoking rate for Māori males or Māori females over this period.

Figure 1: Current smoking among Māori 15–64-year-olds, by sex, 2006–2009

Sources: 2006 New Zealand Tobacco Use Survey (NZTUS); 2006/07 New Zealand Health Survey; 2008 NZTUS and 2009 NZTUS
Notes: Prioritised ethnicity has been used; age standardised to the WHO world population.

Current smoking rates

Figure 2 shows that in 2009 the current smoking rate for Māori females was more than three times that for non-Māori females: 48.3 percent compared with 16.2 percent respectively. Although the disparity was smaller for males, the current smoking rate for Māori males (39.3 percent) was still nearly twice as high as that for non-Māori males (20.3 percent), a statistically significant difference.

Figure 2: Current smoking among Māori and non-Māori aged 15–64 years, by sex, 2009

Source: 2009 New Zealand Tobacco Use Survey
Notes: Prioritised ethnicity has been used; age standardised to the WHO world population.
Smoking among youth (15–19 years)

Figure 3 shows that for Māori females aged 15–19 years the current smoking rate was 47.1 percent, compared with 13.1 percent for young non-Māori females. The prevalence of smoking is also significantly different between young Māori males (29.2 percent) and young non-Māori males (14.4 percent). Refer to the Māori youth section of the NZTUS survey report (page 22) for more indicators for this age group.

Figure 3: Current smoking among Māori and non-Māori aged 15–19 years, by sex, 2009

Source: 2009 New Zealand Tobacco Use Survey
Note: Prioritised ethnicity has been used.

Smoking among those aged 20–24 years

For both males and females, Māori aged 20–24 years are significantly more likely to smoke than non-Māori of the same age (Figure 4).

Among females, Māori had a current smoking rate of 60.8 percent compared with 24.5 percent of non-Māori. Similarly Māori males in this age group had a current smoking rate of 57.3 percent compared with 24.7 percent for non-Māori males.

Figure 4: Current smoking among Māori and non-Māori aged 20–24 years, by sex, 2009

Source: 2009 New Zealand Tobacco Use Survey
Note: Prioritised ethnicity has been used.
Smoking among those aged 25–44 years

Figure 5 shows the current smoking rates of Māori and non-Māori aged 25–44 years. Māori females are significantly more likely to smoke than non-Māori females of the same age (50.9 percent for Māori compared with 17.4 percent for non-Māori). Although statistically significant, the disparity between Māori and non-Māori males in this age group (37.7 percent for Māori compared with 22.3 percent for non-Māori) is smaller than that between females.

Figure 5: Current smoking among Māori and non-Māori aged 25–44 years, by sex, 2009

<table>
<thead>
<tr>
<th>Percent</th>
<th>Māori</th>
<th>Non-Māori</th>
</tr>
</thead>
<tbody>
<tr>
<td>70</td>
<td></td>
<td></td>
</tr>
<tr>
<td>60</td>
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<tr>
<td>50</td>
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<tr>
<td>40</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>37.7</td>
<td>22.3</td>
</tr>
<tr>
<td>10</td>
<td>50.9</td>
<td>17.4</td>
</tr>
<tr>
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</tr>
</tbody>
</table>

Source: 2009 New Zealand Tobacco Use Survey
Note: Prioritised ethnicity has been used.

Smoking among those aged 45–64 years

In 2009 the current smoking rate for Māori females aged 45–64 years was 41.7 percent compared with 12.8 percent for non-Māori females (Figure 6). Māori males in this age group were also significantly more likely to smoke compared with non-Māori males, among whom current smoking rates were 42.2 percent and 16.5 percent respectively.

Figure 6: Current smoking among Māori and non-Māori aged 45–64 years, by sex, 2009

<table>
<thead>
<tr>
<th>Percent</th>
<th>Māori</th>
<th>Non-Māori</th>
</tr>
</thead>
<tbody>
<tr>
<td>60</td>
<td></td>
<td></td>
</tr>
<tr>
<td>50</td>
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<tr>
<td>40</td>
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<td></td>
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<tr>
<td>30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>42.2</td>
<td>16.5</td>
</tr>
<tr>
<td>10</td>
<td>41.7</td>
<td>12.8</td>
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<tr>
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</tbody>
</table>

Source: 2009 New Zealand Tobacco Use Survey
Note: Prioritised ethnicity has been used.
Type of tobacco smoked

Māori current smokers were significantly more likely to smoke roll-your-own cigarettes than non-Māori current smokers. The prevalence of smoking roll-your-own cigarettes was 70.3 percent (CI 65.7–74.9%) for Māori current smokers compared with 57.4 percent (CI 53.2–61.6%) for non-Māori.

The most common reason that both Māori and non-Māori gave for smoking roll-your-own cigarettes was that they cost less than manufactured (tailor-made) cigarettes. The next most common reason that both Māori and non-Māori in this group gave was that roll-your-own cigarettes last longer and taste better.

Second-hand smoke exposure

Māori non-smokers are more likely than non-Māori non-smokers to be exposed to second-hand smoke in their homes and cars. Among those who do not smoke, 11.4 percent (CI 8.3–14.5%) of Māori were exposed to second-hand smoke in their homes in the past week compared with 6.4 percent (CI 5.2–7.6%) of non-Māori. Similarly, 13.9 percent (CI 10.3–17.5%) of Māori non-smokers were exposed to second-hand smoke in the car they travelled in during the past week compared with 6.1 percent (CI 5.2–7.1%) of non-Māori non-smokers.

Exposure to second-hand smoke at home in the past week in households with at least one child was significantly higher in Māori households2 than in non-Māori households. Among those households containing at least one child aged 0–14 years, 20.9 percent (CI 16.8–24.9%) of Māori households had at least one resident who had smoked anywhere inside the house in the past week compared with 7.9 percent (CI 6.2–9.5%) of non-Māori households.

Māori youth

The current smoking rate for Māori youth aged 15–19 years was significantly higher than for non-Māori. In this age group, 38.8 percent (CI 29.3–48.3%) of Māori were current smokers compared with 13.7 percent (CI 10.4–17.1%) of non-Māori. The findings for other smoking habits are described below.

Smoking initiation

There is a significant difference in the average age at which Māori and non-Māori youth (current smokers) had their first cigarette. On average, Māori youth had their first cigarette at a significantly earlier age (11.5 years) than non-Māori youth (12.7 years).

Type of tobacco

Among current smokers, the prevalence of young Māori who smoked roll-your-own cigarettes was not significantly different to that of young non-Māori.

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2 ‘Māori households’ are those where the respondent living in the household is Māori. ‘Non-Māori households’ are those where the respondent living in the household is non-Māori.
Source of cigarettes

In general, youth reported the main source of their cigarettes or tobacco was purchasing it themselves. Young smokers also got their cigarettes from family and friends. However, there were no significant differences between Māori and non-Māori youth in this area.

Quitting

Smoker regret

There was no significant difference between Māori and non-Māori current smokers in terms of the prevalence of those who said they would not smoke if they had their life over again.

Quit attempts

A total of 62.3 percent (CI 56.8–67.7%) of Māori current or casual smokers had tried to quit smoking in the past five years. This prevalence was not significantly different from that for non-Māori, for whom the prevalence was 64.1 percent (CI 60.8–67.3%).

A ‘recent quit attempter’ is a current or casual smoker who had succeeded in quitting smoking for at least 24 hours in the past 12 months. There was no significant difference in the proportion of Māori and non-Māori in this category.

Successful quitting

The proportion of Māori who had quit smoking in the past 6–12 months and had continued to abstain was not significantly different from the proportion of non-Māori in this category. However, the reason for the lack of statistically significant differences may be that only a small number of survey respondents were successful quitters, making it difficult to detect any differences between population groups.

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3 ‘Casual smokers’ are defined as smokers who smoke less than once per month.
Cessation

In total 32.6 percent (CI 24.5–40.7%) of Māori recent quit attempters used quitting products or advice in their most recent quit attempt. This prevalence was not significantly different from that for non-Māori, among whom the prevalence was 37.8 percent (CI 32.1–43.6%).

Use of Quitline and nicotine replacement therapy

Among those recent quit attempters who had used quitting products or advice, there was no significant difference between Māori (44.6%, CI 31.1–58.1%) and non-Māori (43.2%, CI 33.0–53.3%) in terms of the prevalence of using Quitline.

Similarly, there was no significant difference between Māori and non-Māori in the use of nicotine replacement therapy (NRT).

Use of the ABC approach by health care workers

The following findings indicate the extent to which current smokers experienced the ABC approach to smoking cessation, involving three key steps from health care workers as outlined below.

Step A: Ask about smoking status

Significantly more Māori (56.7%, CI 53.2–60.3%) had been asked about their smoking status by a health care worker in the past 12 months compared with non-Māori (46.7%, CI 44.7–48.6%).

Step B: Give Brief advice to stop smoking

There was no significant difference between Māori and non-Māori current smokers in terms of the proportion who had been provided with brief advice about quitting by a health care worker (57.3%, CI 51.2–63.5% for Māori; 50.8%, CI 45.6–56.0% for non-Māori).

Step C: Provide evidence-based Cessation support to those who wish to stop smoking

Māori current smokers who had seen a health care worker were more likely than non-Māori to have been referred to quitting programmes or given quitting products by a health care worker in the past 12 months. Specifically, 42.0 percent (CI 34.9–49.0%) of Māori current smokers had been offered cessation support compared with 35.9 percent (CI 30.8–41.0%) of non-Māori.

Overall ABC approach

Overall, there was no significant difference between Māori and non-Māori current smokers in terms of the proportion who received the ABC approach from a health care worker in the past 12 months (39.3%, CI 32.6–46.0% for Māori; 31.2%, CI 26.7–35.7% for non-Māori).

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4 Quitting products and advice were grouped into the following categories: nicotine replacement therapy, other medicinal therapy, the Quitline, general practitioner (GP), other health care worker, a friend or family member, something else (see Ministry of Health 2010 (note 1) for more detail).

5 ‘Health care workers’ include GPs, emergency department staff, specialist doctors, nurses, midwives, physiotherapists, counsellors, community support workers, cultural workers and oral health care workers.
Smokers quitting through the Quitline are five times as successful as those quitting without help.

Call the Quitline free or see www.quit.org.nz for:

• Practical advice, information and a personalised quit plan
  • Subsidised nicotine replacement products
• Online support community, calculators to measure your success and more
  • Txt2Quit texting service for support on your mobile

The Quitline is run by The Quit Group Te Roopu Me Mutu.