

Māori Smoking and Tobacco Use 2009

Summary

- Tobacco is a leading cause of preventable death in New Zealand.
- According to the New Zealand Health Survey, daily smoking among Māori decreased from 47 percent in 2002/03 to 38 percent* in 2006/07.
- In 2008 the New Zealand Tobacco Use Survey found that 46 percent* of Māori were current smokers, compared to 21 percent of non-Māori.
- Māori in all age groups had higher smoking rates than non-Māori.
- Māori women had the highest smoking rates, at 49 percent.
- Seventy-three percent of Māori smokers use roll-your-own tobacco.
- In 2008, over 11,700 Māori registered with a quit service, including the Quit Group's Quitline, web service and Txt2Quit service.
- In 2008, 18 percent of Māori quit smoking after accessing Quitline services, compared to 22 percent of non-Māori.

* These rates should not be compared as they are different measures of smoking and come from different surveys. See 'Presentation and interpretation of results' for further detail.

Citation: The Quit Group and the Ministry of Health. 2009. *Māori Smoking and Tobacco Use 2009*. Wellington: Ministry of Health.

Published in December 2009 by the
Ministry of Health
PO Box 5013, Wellington 6145, New Zealand

ISBN: 978-0-478-33972-7 (Print)
ISBN: 978-0-478-33973-4 (Online)
HP 4990

This document is available on the Ministry of Health's website:
<http://www.moh.govt.nz>



Contents

Introduction	1
Background	1
Presentation and interpretation of results	2
Trends in daily smoking	2
Current smoking rates	3
Smoking among 14–15 year olds	4
Smoking among 15–19 year olds	4
Smoking among 20–24 year olds	5
Smoking among 25–44 year olds	5
Smoking among 45–64 year olds	6
Type of tobacco smoked	6
Second-hand smoke exposure	6
Māori youth	7
Smoking influences	7
Sources of tobacco	7
Quit/me mutu services	7
Quitting behaviour	7
Quitline.....	7
Registrations with Quit services	8
Txt2Quit	8
Quit rates	9
Aukati Kaipaipa Smoking Cessation Services	9
References	10

Introduction

Tobacco smoking is the leading cause of preventable death in New Zealand, and is directly linked to almost 5000 deaths each year, approximately 400 of which are attributed to second-hand smoke exposure (Ministry of Health 2004a, Tobias and Turley 2005). Non-smokers on average live 15 years longer than long-term smokers. Approximately 13 New Zealanders die every day from smoking (Ministry of Health 2008a).

Tobacco use is linked to the following major health conditions (among others):

- lung cancer
- heart disease
- stroke
- chronic obstructive pulmonary disease (for example, emphysema and chronic bronchitis)
- other cancers, such as cancer of the mouth, pharynx and oesophagus.

For Māori, the impact of tobacco is significant. For the period 2000/04 lung cancer was responsible for over 31 percent of Māori cancer deaths, compared with 17 percent of non-Māori cancer deaths (Robson and Harris 2007). Cardiovascular disease (heart disease and stroke) death rates were two times higher for Māori than for non-Māori during the same period. Deaths due to respiratory disease were three times more frequent in Māori than non-Māori (Robson and Harris 2007).

Smoking and tobacco use in New Zealand is a focus for the Government. One of the six current health targets is to provide 'better help for smokers to quit'. The 2009/10 target states that:

Eighty percent of hospitalised smokers will be provided with advice and help to quit by July 2010; 90 percent by July 2011; and 95 percent by July 2012. Similar target for primary care will be introduced from July 2010 or earlier, through the PHO Performance Programme.¹

This booklet summarises what we know about Māori smoking and tobacco use compared to that of non-Māori. It presents data on daily smoking rates over time, current smoking rates by age group, the type of tobacco smoked, second-hand smoke exposure, the smoking habits of young Māori smokers, Quit services and information about Aukati Kaipapa.

Background

Research has shown that health risk factors such as whether a person smokes and how much they smoke need to be understood in relation to the life circumstances of individual smokers. For example, there is a strong link between deprivation² and smoking (Salmond and Crampton 2002). Links have also been found between income levels and smoking rates (O'Dea and Howden-Chapman 2000). These associations highlight that smoking is a contributing factor to health inequalities between Māori and non-Māori (Ministry of Health 2005). This is important to consider when interpreting the following smoking rates.

1 Refer to the Ministry of Health website (<http://www.moh.govt.nz/moh.nsf/indexmh/healthtargets-targets>) for more information about the 2009/10 health targets.

2 Deprivation is defined as a lack of income, employment, communication, transport, support, qualifications, owned home and living space (Salmond, Crampton and Atkinson 2007).

Presentation and interpretation of results

This booklet presents crude results for the total population, to show the actual percentage estimate of smoking in the population. Crude results are also presented for both Māori and non-Māori by age group. However, to show any differences between Māori and non-Māori not accounted for by age differences and to show trends over time, the figures here present age-standardised results. Age standardisation allows for comparisons between ethnic groups with different age distributions and between different time periods when age distributions in a population might have changed.

Two definitions of smoking are used in this booklet.

- Daily smoker – a person who is currently smoking one or more cigarettes per day.
- Current smoker – a person who has smoked more than 100 cigarettes in their lifetime and currently smokes at least monthly.

Daily smoking results have been used to show smoking trends over time, because the definition and survey questions for ‘current’ smokers have changed to align with international definitions, making comparability over time difficult.

Daily smoking rates and current smoking rates should not be compared in this booklet because they are different measures (as defined above) and they are from different surveys. Daily smoking rates are from the New Zealand Health Survey (NZHS) which has a sample population aged 15 years and over. Current smoking rates are from the New Zealand Tobacco Use Survey (NZTUS) which has a sample population aged 15 to 64 years. Because smoking prevalence is lower among older people, the prevalence of smoking was lower for those aged 15-plus than it was for 15–64 year olds.

In the results presented here, the 95 percent confidence interval (95 percent CI) gives an indication of the margin of error. Conventionally, when the confidence intervals of a set of results do not overlap, the difference is considered statistically significant at the 5 percent significance level. If the confidence intervals do overlap, the difference could be due to chance.

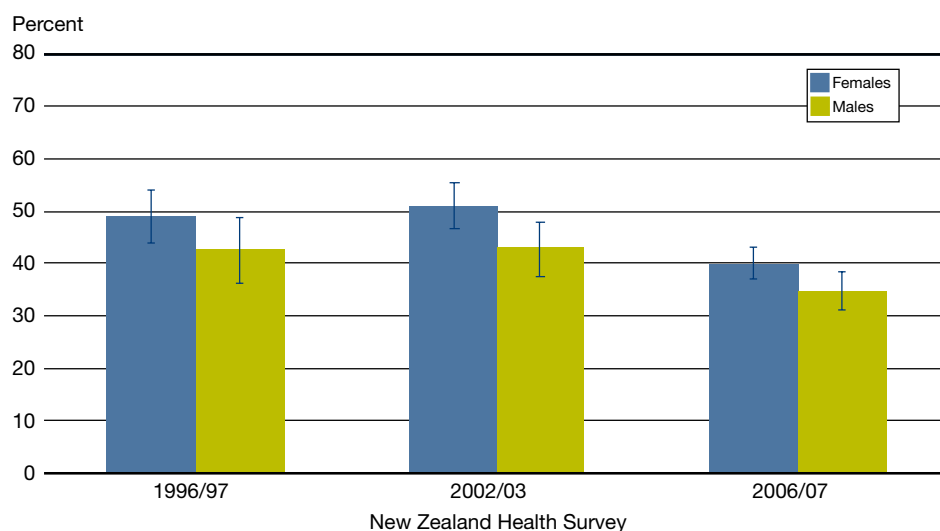
The results in this booklet may differ slightly from results already published, due to the use of ethnic-specific age-standardised data.

Trends in daily smoking

According to the latest NZHS, the daily smoking rate among Māori adults³ was 38 percent in 2006/07, a significant decrease from the 2002/03 and 1996/97 surveys, which found that almost half of Māori adults smoked every day (Ministry of Health 2008b). Daily smoking rates for Māori women have decreased from 49 percent to 40 percent over this time (Figure 1). Māori men have experienced a similar drop in daily smoking rates – from 43 to 35 percent.

³ Aged 15 years and over.

Figure 1: Daily smoking, Māori 15 years and over, by sex, 1996/97–2006/07



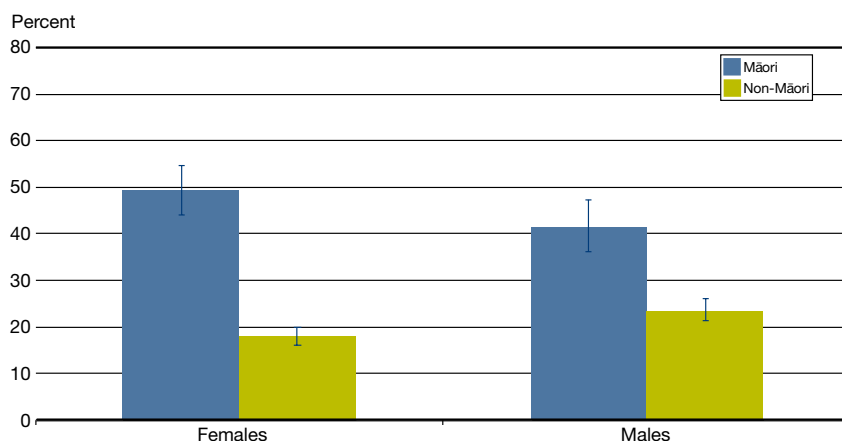
Source: New Zealand Health Survey 2006/07.

Current smoking rates

The NZTUS 2008 reported that in 2008 the prevalence of current smoking for the total population⁴ in New Zealand was 23 percent (Ministry of Health 2009a). Smoking rates were highest among Māori, at 46 percent – over double the rate of smoking for the non-Māori population (21 percent).

Māori women had the highest current smoking rate (49 percent), followed by Māori men (42 percent) (Figure 2). For non-Māori the rates of current smoking were 18 percent for females and 24 percent for males.

Figure 2: Current smoking, Māori and non-Māori age 15–64 years, by sex, 2008



Source: New Zealand Tobacco Use Survey 2008.

⁴ Rates are based on the 15–64 years population unless otherwise specified.

Smoking among 14–15 year olds

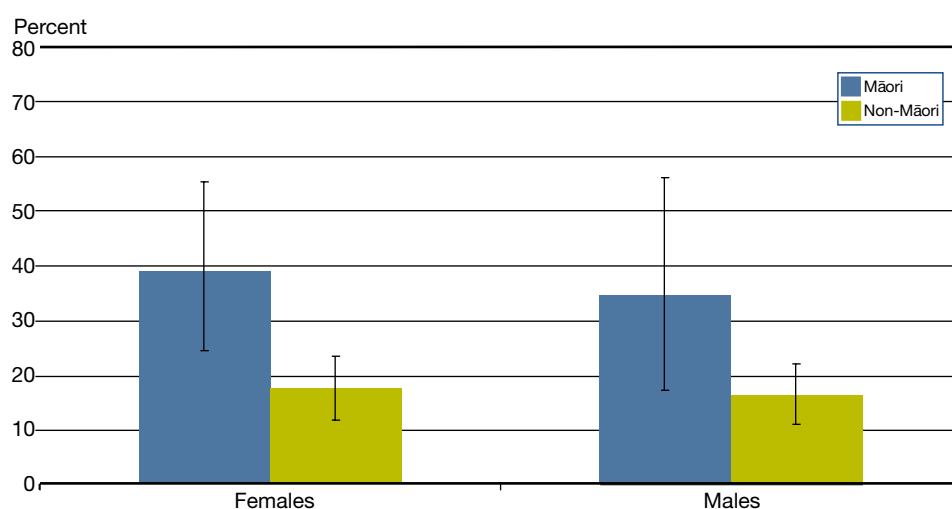
The Action on Smoking and Health Snapshot Survey, which reviews adolescent smoking trends, found in its 1999–2008 survey that in 2008 the daily smoking rate among 14–15 year old Māori girls was 22 percent. This was a marked decrease from 2003, when the rate was 34 percent. While this is an encouraging sign, it still indicates that almost a quarter of Māori 14–15 year old girls smoke. In comparison, the daily smoking rate for all 14–15 year old girls in 2008 was 8 percent.

The same survey showed that for Māori boys aged 14–15 years the daily smoking rate had decreased significantly, from 19 percent in 2003 to 13 percent in 2008. While these rates are much lower than those of Māori girls, they are still double that of the rate for all 14–15 year old boys (6 percent).

Smoking among 15–19 year olds

The smoking rate among Māori aged 15–19 is comparatively high: 39 percent of Māori teenage girls smoke cigarettes, compared with 18 percent of non-Māori girls of the same age (Figure 3). For teenage boys there is no significant difference.

Figure 3: Current smoking, Māori and non-Māori, aged 15–19 years, by sex, 2008

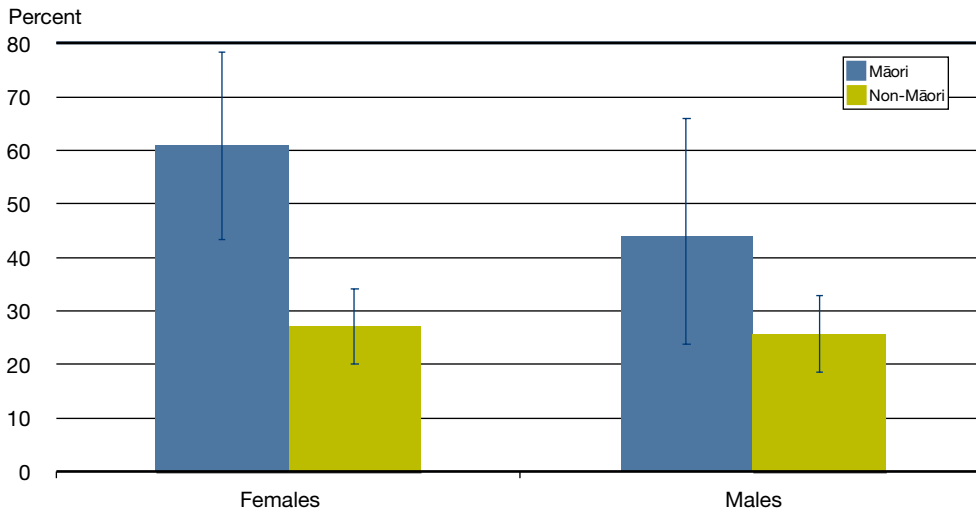


Source: New Zealand Tobacco Use Survey 2008.

Smoking among 20–24 year olds

Smoking rates for all women peak in this age group; however, the smoking rate for young Māori women is more than twice that of young non-Māori women. Sixty-one percent of Māori women aged 20–24 years are current smokers, compared to 28 percent of non-Māori women of the same age (Figure 4). The difference between Māori and non-Māori males in this age group is not significant.

Figure 4: Current smoking, Māori and non-Māori, aged 20–24 years, by sex, 2008

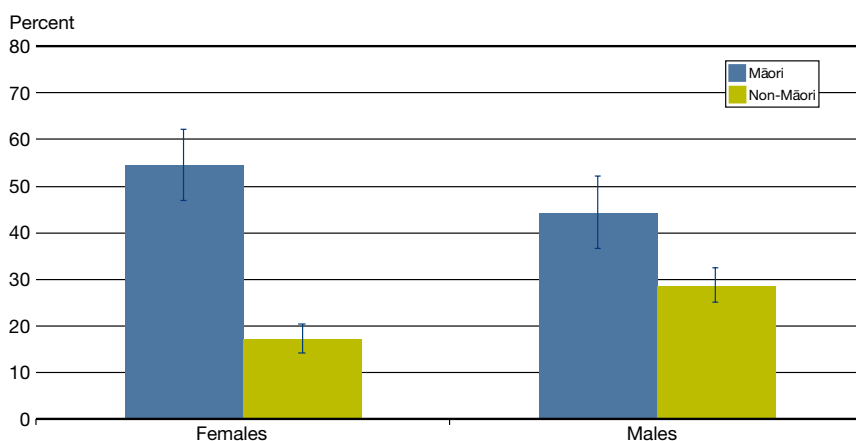


Source: New Zealand Tobacco Use Survey 2008.

Smoking among 25–44 year olds

While the rates of smoking for all women are highest in the 20–24 year age group, the biggest difference between Māori and non-Māori is in the 25–44 year group. Fifty-five percent of Māori women in this age group smoke (Figure 5): over three times the rate for non-Māori women of the same age (17 percent). Among men the difference between Māori and non-Māori is less severe, but still significant (44 percent, compared to 29 percent).

Figure 5: Current smoking, Māori and non-Māori, aged 25–44 years, by sex, 2008

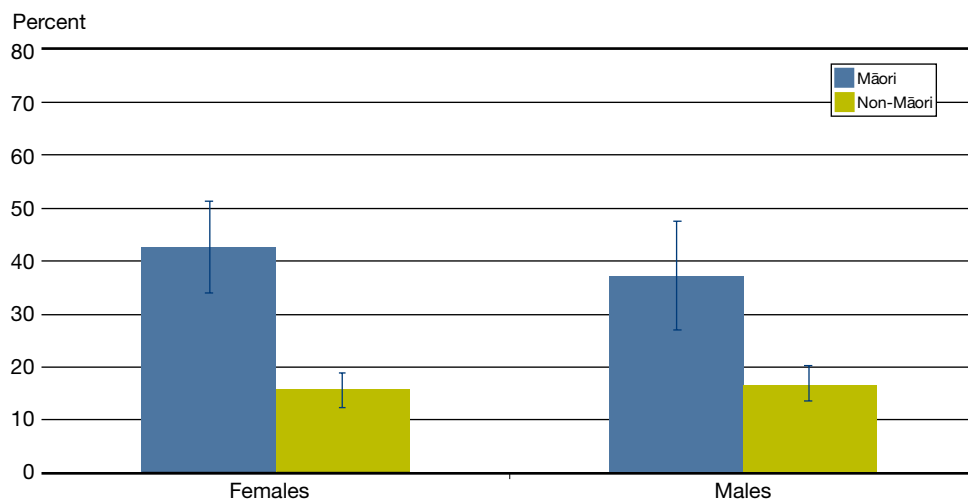


Source: New Zealand Tobacco Use Survey 2008.

Smoking among 45–64 year olds

The rate of Māori women smoking in this older age group is 43 percent, compared to 16 percent for non-Māori women (Figure 6). Among men, 37 percent of Māori and 17 percent of non-Māori in this age group are current smokers.

Figure 6: Current smoking, Māori and non-Māori, aged 45–64 years, by sex, 2008



Source: New Zealand Tobacco Use Survey 2008.

Type of tobacco smoked

A higher proportion of Māori smokers use roll-your-own (loose) tobacco – 73 percent, compared to 56 percent of non-Māori. Of those Māori who smoke roll-your-own cigarettes, 70 percent stated one of the reasons they do so is because they cost less than factory-made cigarettes (Ministry of Health 2009a): a similar percentage of non-Māori gave the same reason.

Research has shown that roll-your-own cigarettes are at least as harmful as factory-made cigarettes (Laugesen et al 2009).

Second-hand smoke exposure

Among non-smokers in 2008, almost twice as many Māori as non-Māori (13 percent and 7 percent respectively) reported exposure to second-hand smoke in their home in the past week (Ministry of Health 2009a). There was a similar pattern with respect to second-hand smoke exposure in cars. Of non-smokers, 13 percent of Māori had been exposed to second-hand smoke in the car they usually travelled in in the past week, compared to 6 percent of non-Māori.

Māori youth

Smoking influences

In 2008 young Māori smokers were more likely to report that other family members were smokers. Ninety-three percent of Māori smokers aged 15–19 years reported at least one of their family members smoked, compared to 75 percent of non-Māori smokers of the same age (Ministry of Health 2009a).

Sources of tobacco

In general, young smokers (74 percent) purchase tobacco themselves. However, among Māori youth, 51 percent reported obtaining tobacco from family members, compared to 12 percent of non-Māori (Ministry of Health 2009a).

A 2002 study (Scragg, Laugesen and Robinson) concluded that parental behaviour (including parental smoking and provision of money for tobacco) is a key determinant of smoking among New Zealand youth. This was reinforced by further research in 2007 (Scragg and Glover), which found that parental smoking is a risk factor that contributes to adolescent smoking in all ethnic groups. The study recommended prevention strategies targeted at parents to help limit the uptake of smoking by adolescents.

Quit/me mutu services

The Ministry of Health contracts the Quit Group to provide support, advice and subsidised nicotine replacement therapy (NRT) to smokers wanting to quit. The aim of the Quit Group is to reduce the number of New Zealanders who smoke, with a particular focus on Māori smokers.

Quitting behaviour

The NZTUS 2008 found that 56 percent of Māori smokers⁵ had attempted to quit smoking at least once in the five years leading up to the survey. Non-Māori showed similar quitting behaviour.

Thirty-one percent of Māori smokers who had made quit attempts in the 12 months prior to the survey received advice on how to quit smoking or used some form of quitting product in their last attempt to quit. Similar proportions of Māori and non-Māori reported receiving services or advice from Quitline (14 percent for Māori). Twenty-one percent of Māori had used NRT (Ministry of Health 2009b).

Quitline

The national Quitline has been operating as a quit-smoking helpline since 1999 in conjunction with mass-media campaigns – primarily on television – to encourage and assist people to quit smoking. The service aims to achieve at least 20 percent of calls to Quitline from Māori smokers wanting to quit. Quitline callers are offered access to heavily subsidised NRT, in addition to follow-up support and advice from Quitline advisors.

⁵ Includes current and previous smokers.

New callers to Quitline are asked where they obtained the Quitline 0800 telephone number. In 2008, 29 percent of all new callers said they obtained the Quitline number from television advertisements. Thirty-five percent of Māori callers had obtained the Quitline number in this way. A further 14 percent of Māori callers to Quitline had got the number from friends and family. The percentage of new callers who obtained the Quitline number from tobacco product packaging increased significantly to 22 percent: almost three times the rate of the previous 12-month period (7 percent). In February 2008 graphic health warnings were introduced on tobacco packaging, and the Quitline number features prominently on the packets as a part of this (The Quit Group 2008).

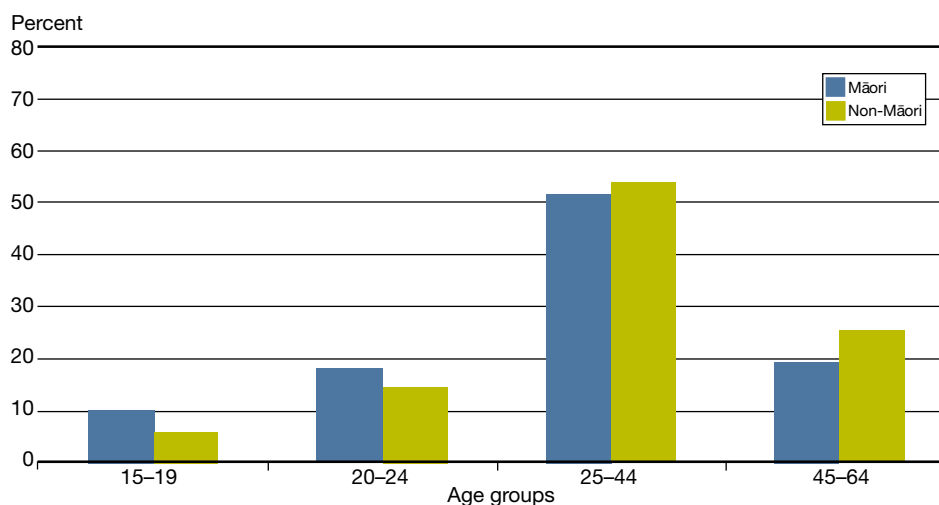
Registrations with Quit services

During 2008, 53,509 people registered with Quit services to quit smoking. This included 28,148 Quitline callers, 23,031 web clients and 2330 Txt2Quit clients⁶ (unpublished Quit Service monitoring data 2009).

Of those who registered, 22 percent (11,713) were Māori. This figure is similar to that of the previous year.

On average Māori registered with Quit services were slightly younger than non-Māori: 80 percent of registered Māori were 44 years of age or under, compared to 75 percent of non-Māori (Figure 7). Ten percent of Māori registrations were aged 15–19 and 18 percent were aged 20–24.

Figure 7: Total Quit service registrations, Māori and non-Māori, 15–64 years, 2008



Source: Unpublished Quit Service monitoring data 2009.

Txt2Quit

Txt2Quit is a new service offered by the Quit Group, primarily aimed at 16–24 year olds. Those who sign up are sent free texts to their mobile phones to motivate and support them while quitting. The service runs for 26 weeks.

During the first six months of the service, 30 percent (684) of all Txt2Quit registrations were Māori.

⁶ The Txt2Quit service was launched on 17 June 2008; therefore, the registrations listed above apply to the period 17 June to 31 December 2008.

Quit rates

In 2007/08 quit rates among Quitline service users were evaluated.

The quit rate⁷ at the six-month follow-up point was 21 percent, indicating that just over one in five respondents had not smoked in the seven days prior to the survey. The Māori quit rate was 18 percent: significantly less than the non-Māori quit rate of 22 percent.

Aukati Kaipaipa Smoking Cessation Services

In New Zealand there are specialist services that provide face-to-face support for smokers who want to quit. These services have a specific focus on Māori, Pacific peoples and pregnant women.

One of these services is the Aukati Kaipaipa quit smoking programme which takes a whānau based, Māori specific approach to quitting smoking in a Māori health setting. The Aukati Kaipaipa programme is delivered across the country by 32 service providers. There are 6610 quit smoking places available within this programme to provide face-to-face cessation support.

⁷ This rate measures 'intention to treat'; that is, it is assumed that people not able to be contacted six months after calling Quitline remain smokers. It is therefore a conservative measure of quit status.

References

- Gillespie J, Milne K, Wilson N. 2005. *Secondhand Smoke in New Zealand Homes and Cars: Exposure, attitudes, and behaviours in 2004*. New Zealand Medical Journal 118, no. 1227. URL: <https://www.nzma.org.nz/journal/118-1227/1782/>
- Laugesen M, Epton M, Frampton CMA, et al. 2009. Hand-rolled Cigarette Smoking Patterns Compared with Factory-made Cigarette Smoking in New Zealand Men. *BMC Public Health* 9, no. 194.
- Ministry of Health. 2004a. *Looking upstream: Causes of death cross-classified by risk and condition, New Zealand 1997*. Wellington: Ministry of Health.
- Ministry of Health. 2005. *Tobacco Facts 2005*. Wellington: Ministry of Health.
- Ministry of Health, 2008a. *Tobacco Control and Smoking: Health effects of smoking*. URL: <http://www.moh.govt.nz/moh.nsf/indexmh/tobacco-effects>
- Ministry of Health, 2008b. *A Portrait of Health: Key results of the 2006/07 New Zealand Health Survey*. Wellington: Ministry of Health.
- Ministry of Health, 2009a. *Tobacco Tends 2008: A brief update of Tobacco use in New Zealand*. Wellington: Ministry of Health.
- Ministry of Health. 2009b. *New Zealand Tobacco Use Survey 2008: Quitting results*. Wellington: Ministry of Health.
- O'Dea D, Howden-Chapman P. 2000. Income and income inequality and health. In: P Howden-Chapman, M Tobias (eds). *Social Inequalities in Health: New Zealand 1999*. Wellington: Ministry of Health.
- Paynter J. 2009. *National Year 10 ASH Snapshot Survey, 1999–2008: Trends in tobacco use by students aged 14–15 years*. Report for the Ministry of Health, Action on Smoking and Health and the Health Sponsorship Council. Auckland.
- Robson B, Harris R (eds). 2007. *Hauora: Māori Standards of Health IV: A study of the years 2000–2005*. Wellington: Te Rōpū Rangahau Hauora a Eru Pōmare.
- Salmond C, Crampton P. 2002. *NZDep2001 Index of Deprivation: User's manual*. Wellington: Department of Public Health, Wellington School of Medicine and Health Sciences.
- Salmond C, Crampton P, Atkinson J. 2007. *NZDep 2006 Index of Deprivation: User's manual*. Wellington: Department of Public Health, University of Otago, Wellington.
- Scragg R, Glover M. 2007. Parental and Adolescent Smoking: Does the association vary with gender and ethnicity? *New Zealand Medical Journal* 120, no. 1267: 1–11.
- Scragg R, Laugesen M, Robinson E. 2002. Cigarette Smoking, Pocket Money and Socioeconomic Status: Results from a national survey of 4th form students in 2000. *New Zealand Medical Journal* 115, no. 1158: 1–8.
- Scragg R, Laugesen M, Robinson E. 2003. Parental Smoking and Related Behaviours Influence Adolescent Tobacco Smoking: Results from the 2001 New Zealand national survey of 4th form students. *New Zealand Medical Journal* 116, no. 1187: 1–14.
- The Quit Group. 2008. *Quit Service Client Analysis Report July 2007–June 2008*. Wellington: The Quit Group.
- The Quit Group and the Ministry of Health. 2006. *Māori Smoking and Tobacco Use. Fact Sheet 1*. Wellington: Ministry of Health.
- Tobias M, Turley M. 2005. Causes of death classified by risk and condition, New Zealand 1997. *Australian and New Zealand Journal of Public Health* 29: 5–12.

Quitline

0800 778 778

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.



MINISTRY OF HEALTH